

Mental Health RECOMMENDATION Form

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Record ID

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ECHO Autism Mental Health

Recommendations Form

**Rachel Loftin, PhD; Alexander Westphal, MD, PhD;
Matt Waggoner, PLPC; Ellie Madigan, Family Advocate;
Lindsey Nebeker, Autistic Consultant**

Email our clinic coordinator **Brandy Dickey** at dickeyb@missouri.edu if you have any questions or comments.

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any UMH clinician and any patient whose case is being presented in a Project ECHO setting.

ECHO ID: MH054

Presenting Clinician: Koby Gooden

Presentation Date: 2024-02-12

Presentation Type: New

Presenting Question:

* must provide value

How to address impulsivity, communication with stepfather, and social challenges?

Additional Identified Concerns:

Client experiences some bullying at school and some school staff refuse to use her identified pronouns.

After review of information provided and discussion of the case, the following recommendations are provided:

1)

Talk with the family about school placement options. Is there a choice of placement that is more validating of trans identity? I think it will be hard to make real progress with her mental health until she feels more secure and comfortable during the school day.

Increase the amount of emotion identification and recognition work that you do with the client, and incorporate visual supports into this. You can bring in dragons, for instance, and make it more of a matching task than a conversation that demands a lot of expressive language .

Encourage use of visual supports (including written rules) at home. Encourage a clearly designated spot for the tablet, as well as clear written expectations for the time it should be placed there.

Consider referring for home-based parent supports to help with implementation. Obviously, it will be important for anyone working with the family to be validating of the client's gender identity and neurodivergence.

Consider writing out scripts she can use in situations that are likely to get her into trouble, such as scripts she can reference to let her stepfather know she did not complete a chore. It may also be helpful to use social stories for these types of situations.

She is very vulnerable to abuse as a trans young woman. Make sure she has good sexuality education and understands boundaries and limits, as well as information about consent and pleasure. This can be added to her IEP or addressed in therapy. I am concerned that she is drawn to younger peers, as this can look like an inappropriate relationship, even when it is not. As a trans kid, she will be under even more scrutiny. Good education can help her to understand what is appropriate with younger peers.

One of your peers mentioned the great idea of reducing opportunities to lie. Instead of asking, "did you switch the laundry over", parents can say, "I see the laundry hasn't been switched over..."

It is very easy to misconstrue trauma signs as ADHD. She may be appropriately diagnosed, but I would keep in mind that the behaviors that can look like ADHD may be trauma.

She may enjoy checking out the Autistic Women & Nonbinary Network. <https://awnnetwork.org/>

Here are some recommendations:

Approach to Information/Resources:

Maintain the approach of breaking down dissemination of autism resources into smaller, more digestible chunks for both the client and her family.

Highlight the abundance of resources available for individuals with late diagnoses.

Social Connection:

Despite the client's assertion of disinterest in successful peer friendships with people in her similar age range, there may be an underlying desire for connection.

Continue to recognize her interest in understanding social interactions. Acknowledge the client's struggle with bullying and consider alternative avenues for socialization.

Community Engagement:

Encourage networking or connecting with other individuals in the autism community, potentially online and within LGBTQ+ circles. Many individuals in these intersectional communities were diagnosed later in life, so they may offer relatable experiences for the client. A few resources are listed below.

Continued Family Support:

Embrace clear communication with the family regarding expectations for the client.

Be explicitly clear with the family on how to set expectations of the client. Consider working together on writing down an actual list or providing specific instructions for implementing strategies and offer additional support if needed.

The family (mom, stepdad, grandmother) may want to seek their own therapy supports, to explore the root of their hesitance in executing strategies on the client (incentivizing desired activities in exchange for completing tasks) and address any underlying concerns.

Interest Integration:

Explore ways to connect the client's interests in anime and Legos with academic subjects she tends to avoid.

Use analogies or creative approaches to bridge the gap between her hobbies and academic tasks.

Academic Progress:

Acknowledge and celebrate the client's improvement in academics as an encouraging sign of growth and development.

Other Resources:

Autistic Women and Nonbinary Network

Autistic Self Advocacy Network (ASAN)

Spectrums: Autistic Transgender People in Their Own Words. <https://www.amazon.com/gp/product/1787750140/>

Coming Out, Again: Transition Stories. <https://www.amazon.com/gp/product/1787752402>

Trans-Autism (infographic) <https://neurodivergentinsights.com/autism-infographics/special-edition-trans-autism>

My Journey With Asperger's And My Gender Transition

3)

For this client, I would set a firm routine on schoolwork and then she'll be able to do her reading, etc.

Give frequent breaks and give small sections at a time to help with not overloading the client and causing anxiety.

Help the grandmother get in touch with the teachers to find out beforehand when tests and projects are due so they can anticipate and get work done easier.

Explain to the family that with the IEP, the teachers and the administration are there to helpThe child but also the family doing school work at home. An example I have is that my son has difficulty writing so they have handwritten notes that they give us copies of that he can study with. We get told we in advance when tests are so you can study.

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The following toolkits/resources may be helpful:

General ASD Information

- Learn the Signs Act Early
- What is Autism Toolkit
- Parents Guide to Autism
- G. Parents Guide to Autism ATN
- 100 Day Kit
- The mental health guide for autistic college students: https://www.vanderbilt.edu/autismandinnovation/wp-content/blogs.dir/2498/files/sites/342/2022/06/College_Mental_Health_Guide_-_Full_graphics.pdf
- For autistic women: <https://www.vanderbilt.edu/autismandinnovation/for-autistic-women/>
- Autistic fatigue/burnout: <https://www.autism.org.uk/advice-and-guidance/topics/mental-health/autistic-fatigue/autistic-adults>
- Reading list: <https://www.autism.org.uk/advice-and-guidance/topics/mental-health/autistic-fatigue/autistic-adults>
- Intro to Neurodiversity Autism Perspective: <https://neuroclastic.com/autism-101-resources-from-the-autistic-community/>
- Masking: <https://neuroclastic.com/masking-and-mental-health-implications/>

Medical

- Constipation Toolkit ATN
- Dental Guide

- Feeding Toolkit
- Sleep Toolkit
- Sleep Toolkit for Teens
- Toilet Training Guide

Medications

- Melatonin Toolkit
- Medication Decision Aid
- Safe Medication Toolkit

Behavior

- ADHD Toolkit
- Anxiety Toolkit
- Applied Behavior Analysis Guide
- Behavior Guide
- Challenging Behaviors Toolkit
- Haircutting Toolkit
- Pica Toolkit
- Visual Supports

Adolescent/Transition

- Healthy Bodies for Boys
- Healthy Bodies for Girls
- Puberty/Adolescent Toolkit

Safety

- Big Red Safety Toolkit

Websites

- Autism Navigator - www.autismnavigator.com
- Essentials for Parenting Toddlers and Preschoolers - <https://www.cdc.gov/parents/essentials/videos/index.html>
- OCALI - www.ocali.org

Additional comments and recommendations:

Thank for bringing this case, Koby. It sounds like you've been doing very good work with this kid.

We recommend that you present this case again in:

if you see any change/area where further consultation would be

Signature: *Rachel Loftin PhD.*

Date:

02-13-2024

M-D-Y

Form Status

Complete?

Complete ▼