

# 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](mailto: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.**

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**ECHO ID: MH055**

**Presenting Clinician: Patti Mingus**

**Presentation Date: 2024-02-26**

**Presentation Type: New**

**Presenting Question:**

\* must provide value

How to help client get to the point of being able to discuss cognition? How to help client remain more present-focused? How to help client learn to trust himself?

**Additional Identified Concerns:**

potential for violence, DV history

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

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1)

Great job, Patti. This is a tricky case, which hit on a lot of the issues that others regularly see in their clients as well. It was very helpful to discuss.

It will be helpful to teach the client about the purpose of therapy and how it works. Consider returning to psycho-education and discuss with him why you ask the questions you ask, why homework is assigned, and any other "why" that may not make sense to him. Don't rush this phase, as it may be challenging for him to grasp the "why" piece, and it is essential to the process.

Likewise, it may help to remind him that you'll need to redirect if things go away from working toward his goals. It can help to let him know specifically why you will be redirecting and how it fits the CBT model. Consider having a list of his goals which is out and visible during sessions.

Consider using electronic timers and reminders, such as in his phone, to help with homework follow through. You can use session time to set the reminders, rather than relying on him remembering to do so later. Also consider apps that allow the client to record and track his emotions, and most of these have reminder options.

You can try using more visuals. An inventory of pleasurable activities may be useful. Both depression and autism can make it difficult to generate ideas, and an inventory can help him come up with ideas for behavioral activation. Drawing out situations and writing in the emotions, internal dialogue and spoken dialogue may also help him better

2)

It would be really beneficial if both the client and his wife set up and attend marriage counseling, if they have not yet done so. Deescalating arguments and healthy communication involves that both partners work together to develop the tools needed to maintain the health of a relationship. Having additional professional supports can also provide the client's wife with guidance on effectively communicating her feelings and needs.

Continue to address unresolved feelings of anger and intrusive thoughts that are rooted in past experiences. Work with the client to identify specific settings that might trigger past experiences. While avoiding these type of settings may not eliminate triggers entirely, it can be significantly helpful in reducing their impact. Encourage the client to expand their support network of friends and others. This can help distract them from ruminating on unresolved anger. Too much isolation is what often sets the stage for getting stuck in past negative experiences.

It is important to prioritize setting up work or a career that empowers the client and gives them a sense of purpose. Continue to explore with the client on what areas of focus or topics he is passionate about, or what activities he engages in where he loses track of time. For example, if he really enjoys video games, is it worth exploring jobs or careers that would involve developing video games or working at a place that sells or manufactures video games?

**3)**

From a psychiatric perspective, this case presentation highlights the need for a clear differential diagnosis and consultation with a psychiatrist and a neurologist, as the presenter emphasized. The primary care doctor is prescribing multiple medications, as well as doubling up on classes of medications. This increases the risk of an adverse outcome significantly. This may be appropriate if it is an effective regimen, however the rationale as well as the target outcomes need to be clearly defined so that the medication can be approached in an organized fashion.

**4)**

Try to get the patient to keep a daily life journal. Maybe putting thoughts and feelings in to paper he can identify his off set feelings.

Try to keep visuals around patient's bedroom in reminders of hygiene or maybe making a hygiene schedule like stated in the echo little things, such as showering or brushing ones teeth can help build confidence and maybe not feel so uncomfortable in social situations.

**5)**

I would recommend supporting this individual to find personal buy-in for the therapy process. As I stated during the session, he is likely feeling that therapy is mandated and not of his own desire. I might also suggest supporting him to explore what each perceived "slight" towards him means so that you can gain some context regarding his thought processes. Regarding emotional management, I might recommend some of the skills taught through DBT, which is an off-shoot of CBT.

Lastly, I am making an assumption here and do not want to appear offensive, working in a chicken plant is a very difficult place to work and typically means that the individual has exhausted all other viable options. I wonder about his ability to cognitively process the expectation related to his homework. He may need the assignments broken down in to very simple steps. You might consider focusing less on tasks that require reading and writing and more on activities that can be presented visually and that he can respond in kind.

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## The following toolkits/resources may be helpful:

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### 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](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](http://www.autismnavigator.com)
- Essentials for Parenting Toddlers and Preschoolers - <https://www.cdc.gov/parents/essentials/videos/index.html>
- OCALI - [www.ocali.org](http://www.ocali.org)

## Additional comments and recommendations:

**We recommend that you present this case again in:**

not necessary, unless you have new information and wou

**Signature:** *Rachel Loftin PhD.*

**Date:**

02-28-2024

M-D-Y

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**Form Status**

**Complete?**

Complete ▼