

MOADD Recommendation Form

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MOADD ECHO

Recommendations Form

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Email our program coordinator Sarah Towne at sarahtowne@health.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 clinician and any individual whose case is being presented in a Project ECHO setting.

ECHO ID: MOADD072

Presenting Provider: Amy Jo Clark

Presentation date: 2024-03-06

Presentation Type: [ccmh_present_type]

Presenting Question:

* must provide value

Resources for Safely transitioning to Adulthood

Wants to move out of family home at 18 but needs 24 hour support and supervision due to self-harm for hospital seeking behaviors, claims of overdosing or suicidal attempts, unable to take medications on own or have access to medications, unable to complete daily living task on own. Best course of action for guardianship, mom prefer a partial guardianship where there is a plan in place if something happens to her. Current safety plan has helped to avoid mutiple acute hospitalizations, how can mom help keep that in place? How the treatment team can keep them safe when they turn 18.

Additional Identified Concerns:

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

Select the appropriate area:

Mental Health ▼

Please list recommendations:

- I am glad to hear that they are already in DBT. This is where this individual needs to be right now. Given that there has been so much progress, it is possible that involvement in intensive DBT will help them take ownership over their behavioral choices further. Learning crisis stabilization/self-management skills is a core component of DBT, and these are the exact issues that this client is in need of essential daily self-care skills such as medication self-management no doubt would be a core component of the DBT intervention.

- The importance of DBT- specifically, ramping up the intensity of the DBT will be crucial in preparing this individual for taking on more independence in their life. This should be the primary focus of this individual's treatment as they approach adulthood. This should also allow them to participate more actively in future planning, which I see as crucial in their buy-in overall.
- It may be helpful to consider in addition to therapy services through your local CMHC/CCBHO, which can offer ACT-TAY services. This can ensure that your youth receives consistent support from a dedicated team, that can help plan and support their transition into adult services, including an ACT program.

Select the appropriate area:

Trauma ▼

Please list recommendations:

- Related to the above family dynamics issues that are ongoing and seemingly need to be addressed, I am surprised that there is no trauma-specific diagnoses currently active. While DID diagnosis may encompass past traumatic experiences, I am also wondering if "triggers" for ongoing self-harm behaviors are in some ways triggered by past trauma. While trauma is addressed tangentially through DBT oftentimes, it may be important to keep trauma-specific therapy interventions at the forefront of ongoing interventions.
- Eye Movement Desensitization Reprocessing (EMDR) is recommended to address concerns with trauma and has shown to be effective for individuals who are considered to have Dissociative Identity Disorder and other trauma related disorders.

Select the appropriate area:

Behavioral ▼

Please list recommendations:

- Engage this individual in a comprehensive independent living skills program (e.g., teaches activities of daily living) that can further allow her to develop ownership for her own independence through learning successful self-care/daily living strategies.
- Concerns regarding the usage of the Safe Room, especially with the youth's trauma history. It is considered a last resort of intervention for individuals on the DMH-DBH side (DOR 4.140) and a Prohibited Practice for DMH-DD (9 CSR 45-3.090). It is strongly recommended to avoid using it as an isolation/time-out room within the home, which was indicated during the presentation. Frequent utilization of strategies of isolation and restraint on this youth is also highly discouraged, who has already experienced a high level of trauma that may lead to a potential diagnosis of Dissociative Identity Disorder. Restraint should only be utilized if the youth is a danger to themselves or others. Concerns about training family members in restraint. Is critical incident support being provided to the family when restraint needs to occur? If not, consider develop a debrief for instances occur. Concerns regarding re-traumatization from existing reactive behavioral strategies, consider a peer BCBA or peer BCBA group to review and offer alternative strategies. Would you like to see data on how often restraint and safe rooms are utilized?
- I recommend that the Behavior Support Review Committee, a peer professional committee, review the Behavior Support Plan to offer insights into more preventative and proactive strategies.

Select the appropriate area:

Medications ▼

Please list recommendations:

- I am glad that the client is doing well on clozapine. I would focus on slowly, gradually, titrating off of other medications one by one over many months to determine what the patient truly needs to maintain their wellness. I suspect that many of these medications won't be needed as this individual grows in their DBT skills and emotion recognition and regulation. I will defer to the psychiatrist on which ones to target, but getting off of dual antipsychotics would be a priority of mine if possible, mostly to avoid the long-term negative side effects that can come from this.

Select the appropriate area:

Medical ▼

Please list recommendations:

- Consideration for genetic testing. Given strong family history of mental health concerns, developmental concerns, familial autism diagnosis, etc.; genetic testing may be helpful in identification of any underlying genetic involvement or possible long term medical concerns associated with the client's constellation of symptoms. Findings, if any, might also be helpful in the care and transition planning with them.
- Recommend continued discussion and pursuing additional cognitive and developmental testing to help clarify a baseline for them on level of functioning. Since there has been some concerns in the past with their willingness to participate in such evaluations, might be helpful to explain to the client the rationale for such an evaluation and how this will help with transition planning to another placement of such that they are interested in moving into. May help to get more "buy in" from them to participate to the best of their ability at the time of the evaluation.
- With some of the regression that was noted on the case presentation form, would also recommend consideration of diagnostic testing. Specifically, would consider looking into getting an EEG and MRI of brain. Sometimes sudden behavioral changes can also be associated with seizures or brain abnormalities. Could help to rule in/rule out any medical involvement.
- Family Forward | Safer, Healthier Relationships for Children and Families (familyforwardmo.org) for a trauma-informed ADOS and Brain Mapping assessment with sensory and somatic therapeutic techniques to incorporate into therapy. Also consider IOP/DBT program when transitioning to home share a list if needed

Select the appropriate area:

Family Supports ▼

Please list recommendations:

- I do have a concern about the reported impact of the family dynamics on current functioning. It may be essential to involve the family, particularly the mother, in transition planning. However, the individual needs to be actively involved in the decision-making process going forward, which could further strengthen ownership over health self-care choices that would support successful independent living.
- Connect the mom to peer supports with the intent of making a connection to a peer(s) that have had similar lived experiences. I know she is connected to a Family Support Partner, but I would like to see her connect with another parent who has navigated through a similar diagnosis AND with a peer who also has experience with multiple family members with mental health diagnoses.
 - o MO Family-to-Family for peer support / mentor connections:
 - <https://mofamilytofamily.org/>
 - 1-800-444-0821
- Connect youth and mom with specific resources to help begin the conversations and taking steps to transition to the adult phase of life.
 - o LifeCourse Planning Tools, including informational webinars:
 - <https://www.lifecoursetools.com/lifecourse-learning/getting-started-with-ctlc/>
 - Planning Trajectory Tool, Experiences Booklet, Quick Guides (transition)
 - <https://www.lifecoursetools.com/lifecourse-library/exploring-the-life-stages/>
 - o Autism Speaks Transition. Good information for mom and youth to explore even though there is not an Autism diagnosis. Includes an overview of the legal concerns (guardianship, financial considerations etc.)
 - <https://www.autismspeaks.org/sites/default/files/2018-08/Transition%20Tool%20Kit.pdf>
 - o Because there was mention of the youth experiencing abuse in the past and her need to feel safe, I suggest she explore and learn about recognizing and reporting abuse. However, being aware of possible triggers, I suggest her team review materials to make sure they are appropriate and adapt them to fit her needs, if necessary.
 - <https://www.lifecoursetools.com/lifecourse-library/exploring-the-life-domains/abuse-awareness-and-prevention/>
 - Provide information to mom/family to explore resources from the National Family Support Technical Assistance Center. NFS-TAC has many tool kits for families to explore on a variety of relevant topics.
 - o <https://www.familyandcaregiver toolkit.org/resources>

Select the appropriate area:

Please list recommendations:

Other recommendations:

The following toolkits/resources may be helpful:

Medical

- Constipation Management Tool Kit
- Dental Tool Kit
- Feeding Behavior Tool Kit
- Sleep Tool Kit
- Sleep Tool Kit for Teens

Medications

- Melatonin Tool Kit
- Medication Decision Aid
- Safe Medication Use Tool Kit

Behavior

- ADHD Resource Center -
https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/Home.aspx
- Anxiety Tool Kit
- Parent's Guide to Applied Behavior Analysis for Autism
- Intro to Behavioral Health Treatments Tool Kit
- Challenging Behaviors Tool Kit
- Haircutting Tool Kit
- Pica Tool Kit
- Visual Supports

Trauma Resources

- The Road to Recovery - Supporting Children with Developmental and Intellectual Disabilities Who Have Experienced Trauma from NCTSN: <https://www.nctsn.org/resources/road-recovery-supporting-children-intellectual-and-developmental-disabilities-who-have>
- National Child Traumatic Stress Network: <https://www.nctsn.org/resources/age-related-reactions-traumatic-event>

Adolescent/Transition

- Healthy Bodies for Boys
- Healthy Bodies for Girls
- Puberty and Adolescent Tool Kit
- ACT-TAY Program (Assertive Community Treatment for Transitional-Age Youth)

Resources

- MO Family to Family - <https://mofamilytofamily.org/>
- Funding Options for Dual Diagnosis

Safety

- Big Red Safety Toolkit

Education Resources

- Child Compliant Checklist
- Comparison of the IDEA Complaint System Options
- Special Education Mediation in Missouri
- Vocational Rehabilitation Transition Brochure
- 200-Special Education Process
- 300-Discipline

Websites

- Autism Navigator - www.autismnavigator.com
- OCALI - www.ocali.org
- Missouri Pre-Employment Transition Services - cehd.missouri.edu/outreach/pre-employment-transition-services/

Additional comments and recommendations:

We recommend that you present this case again in:

6 months

Signature: *Amber Stockreef, M.Ed., BCBA, LBA*

Date:

03-11-2024

Form Status

Complete?

Complete ▼