

MOADD Recommendation Form

Response was completed on 04/09/2024 10:07am.

29

MOADD ECHO

Recommendations Form

**Amber Stockreef, M.Ed., BCBA, LBA;
Greg Cejas, MD;
Seth Allen, Licensed Psychologist;
Shawna Shelton, BSN, RN;
Laura Shapiro, MSW, ACSW, LCSW;
Margaret Frey, M.Ed.;
Lisa Nothaus, BS**

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: MOADD075

Presenting Provider: Kamryn Staley

Presentation date: 2024-04-03

Presentation Type: [ccmh_present_type]

Presenting Question:

* must provide value

Client recently had a second psychological evaluation with autism testing completed in February 2024. They diagnosed her with ODD and Intermittent Explosive Disorder. The psychologist throughout the evaluation wrote that he believed she has Fetal Alcohol Syndrome, but he himself cannot diagnose her that because it has to be her primary doctor. She was also given the IQ of 70, which fell into the very low range, but according to them she did not meet criteria to be diagnosed Borderline Intellectual Functioning. Back in April 2023, she had her first psychological evaluation and was given an IQ of 59 and a diagnosis of Developmental Disorder of Scholastic Skills.

Additional Identified Concerns:

DMH has denied services for her because she doesn't meet criteria and doesn't have the right diagnosis. We are currently trying to work on getting a referral from her PCP for a neuro-psychological testing to be done. This was recommended by COE so we could possibly see if she actually does actually have fetal alcohol syndrome. She was diagnosed with ADHD years ago and has been on Adderall since. She has been in care since August 2020. I became her case worker in September 2022. Since the first time I met her, I knew something was different about her and I wondered if she was autistic. I got her set up with a psych eval at Midtown and asked for autism testing, but they for some reason did not do that. So in December I was finally able to get her scheduled into Compass Health in Raymore and they were willing to do another psychological test with ADOS testing. I thought that her ADHD could be a misdiagnosis for the Autism, because even though she gets distracted very easily and cannot pay attention to save her life, she is still hyper with the medication. I now believe that the ADHD could be a misdiagnosis for the fetal alcohol syndrome. She is 13 years old, but mentally she acts like a 8-9 year old.

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

Select the appropriate area:

Medical ▼

Please list recommendations:

- Criteria for FASD diagnosis: <https://fasdunited.org/fasd-faqs/>
- Sometimes, public legal records are good places to find evidence of maternal alcohol use. A quick records search during the timeframe of her pregnancy could help. Medical records from birth can also help.
- With concern for possible FAS for the client, consider meeting with a geneticist for further evaluation.
Clinician for possible consideration for this evaluation:
- Dr Stephen Braddock
SSM Health Cardinal Glennon Children's Hospital
- 1465 South Grand Boulevard
 - o St. Louis, MO 63104-1003
 - o Phone number: 314-577-5639
- Pinning down the fetal alcohol syndrome diagnosis is very important, and should be possible to diagnose via his psychiatrist (though the client may require referral to a specialist following this for more specific treatments). This diagnosis has important clinical implications in terms of response to medications, as these patients often do not respond as you may otherwise expect. Agree with Shawna regarding the importance of genetic testing as well.
- Encourage continuing to pursue further neuropsychological testing to help with clarification of diagnosis. Clarification and confirmation of her diagnoses will be key to knowing which resources, services, and support organizations are available.

Select the appropriate area:

Behavioral ▼

Please list recommendations:

- I've attached a nice tool that I've used quite a bit in the education setting, it's a Motivation Assessment Scale - and can easily help determine the 'why' behind behavior, which can make it easier to support an individual through behaviors.
- Consider conducting an FBA in the current setting to help evaluate the function of some of the behaviors that you are seeing. The results of the FBA can be utilized to create a behavioral/care plan with more specific intervention strategies and tools. It would be great to eventually be able to replace the use of restraints with other strategies that may be more effective and lessen the opportunity for more trauma to the client.
- Working to help her build healthy social skills with peers. Since forming friendships with others is clearly something that is important to this young lady, having therapists, staff, peers work together with her to teach and learn new skills. Using role-playing to help foster these techniques and skills may also be helpful!
- Behavior therapy will be effective for this youth, Applied Behavior Analysis or CBT would be best to help build skills and responses when the youth feels certain emotions. The therapies will also help identify emotions.
- Positive behavior support training is recommended for all staff, caregivers and anyone working with this youth to adjust discipline approach to focus more on what youth should be doing and less about stopping or interrupting a behavior.

Select the appropriate area:

Mental Health ▼

Please list recommendations:

- I also have concern that this individual may have features of an attachment disorder given her history of trauma/neglect and some hoarding behaviors described- recommend discussing this with his psychiatrist and assessing for this possibility, as this diagnosis also has a different approach in treatment (primarily via attachment-based therapies).
- Continue seeking appropriate counseling to address concerns around trauma and grief/loss. The youth has experienced a lot of trauma and loss in her life. Mother, siblings, aunt, as well as having to leave the only homes she has known.
- Looking into Community Mental Health Center services such as peer support services for both youth and potential caregivers.
- Connect with the previous mental health centers to reestablish services for continuity of care. They should still be monitoring the youth's progress and planning for discharge back to the community to prepare for transitioning the youth to another provider.
- That provider should also be working with the family members in identifying what supports would be necessary in order for the youth to move back or to their home.
- Treatment Family Home or therapeutic foster home may be a potential option for this youth to transition from residential to permanent caregiver. This will allow for an easier transition and give potential permanent caregivers more time to develop skills and have skills modeled for them on how to intervene with youth. It also creates a potential natural support for that potential caregiver.

Select the appropriate area:

Medications ▼

Please list recommendations:

- You may not see benefits from Lamictal until it is slowly titrated up to a therapeutic dose of 5mg per kg of weight of the patient, so be patient with the medication.

Select the appropriate area:

Family Supports ▼

Please list recommendations:

- As Amber suggested ... find out what the Aunt would need. If wrap around service can be provided, she might consider having the youth back in her home. Not just services specifically for the youth, but also services for the Aunt. What would the Aunt qualify for that would make her caregiving easier? Respite? Homemaker services? Peer support?

Select the appropriate area:

Other ▼

Please list recommendations:

- I love that you're supporting her through the special education referral process - I believe that there are previously uploaded documents that can help teams to understand how this process works, and how to help. Also please look at the documents on discipline, and how to support through that process as well.
- Continue to pursue Division of DD services.
 - o Be sure to gather any documentation from the current residential stay regarding special education and IQ testing this will help in supporting diagnoses and pursuing those supports.
- The school and her support team work to help this youth develop appropriate relationships with her peers and others. She appears to have a very strong desire to be accepted and loved, but doesn't have all the skills she needs to form safe reciprocal relationships. Explore Circle of Friends as a facilitated approach to consider.
 - o Example: [https://www.unl.edu/asdnetwork/what-circle-friends#:~:text=Circle%20of%20Friends%20\(CoF\)%20is,development%20in%20special%20needs%20populations.](https://www.unl.edu/asdnetwork/what-circle-friends#:~:text=Circle%20of%20Friends%20(CoF)%20is,development%20in%20special%20needs%20populations.)

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:

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

Date:

 M-D-Y

Form Status

Complete?

 ▼