Mental Health Case PRESENTATION Form

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ECHO Autism
Mental Health

Case Presentation Form

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Complete this form to the best of your ability. This survey is individualized and should only be completed and submitted by the listed clinician. A unique confidential client ID number (ECHO ID) has been provided that must be utilized when identifying your client during clinic.

As a reminder, this ECHO Autism: Mental Health program is focused on adapting cognitive-behavioral therapy for autistic people with mental health disorders. We invite you to present a case of a child, adolescent, or adult with autism (or suspected autism if no formal diagnosis) who could benefit from cognitive-behavioral therapy as part of a comprehensive approach to treatment for mental health disorders. We will be focusing on mental health treatment, not autism assessment or diagnosis.

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-client relationship between any Expert Hub clinician and any client whose case is being presented in a Project ECHO setting.

ECHO ID: MH058

Presenting Clinician: Heather Richter

Co-Presenter Name(s):

Presentation Date: 2024-04-08 Y-M-D

Presentation Type:

(•) New ( ) Follow Up

Please answer the following questions about your clinic or practice:

What type of Clinic/Facility are you? Community Mental Health Center

Clinic/Facility Name & City: Compass Health, Clinton

Clinic/Facility State: Missouri

Clinic/Facility Phone Number: 660-885-8131

Clinic/Facility Fax Number:

Answer the following questions about your client:

Gender:

( ) Male (•) Female ( ) Trans Women ( ) Trans Man ( ) Nonbinary ( ) Other

Client Age: 40 (Yrs)

Age: Months 10 (Mos)

Insurance: Private

Insurance Company: United Health Care

Race: White/Caucasian

Ethnicity: Not Hispanic/Latino

What problem(s) would like help with for your client(s)?

Please list top three problems:

1)

skin picking- picks at scabs, or different "textures" on her skin. Bites her nails, chews the skin around her nails. Worries these areas are going to get infected. As a way to cope with this, she has tried painting her nails, but then she picks the polish off - so it just delays picking behaviors which then resumes. She states that she also plucked out her eyebrows when she tried painting her nails. We've discussed this may be a stimming behavior, we've explored whether its anxiety based. We need some suggestions for this.

2)

Depression: Struggles with motivation and focus. She states that she leaves things go to the point there will be severe consequences if she doesn't do the thing she needs to do- such as laundry "I have to have clean clothes to wear to work". She bought and moved into her own home in the fall, she has been unmotivated to unpack her boxes since she moved. She has only found 1 fork, 1 plate, and 1 glass to use from the kitchen supplies. She just keeps rewashing these to use. She has not been motivated to go through boxes or unpack. She states that she has papered 2 shelves in her kitchen, and this is preventing progress with going through the boxes. Focus is a real issue. "If I'm not interested in it then it is very hard to stay focused unless there are bad consequences".

3)

Possible ADHD diagnosis. Possibly need to address trauma issues.

Please list three strengths of your client:

1)

Educated- has a bachelor's degree in graphic arts. Started taking classes for accounting (tuition reimbursement through her work).

2)

Employed- works in customer service at a local bank. It's a good job, has good benefits. But she struggles with the social interaction aspect of the job and feeling overwhelmed by noise, lights and people.

3)

She is intelligent and able to problem solve to figure things out on her own. Fixed her own dryer recently. Bought a house on her own, found financing on her own.

What motivates your client?

She likes to read and write. She has a big book collection. She would love to sit and read all day.

Does your client have any restricted interests (i.e., special interests or intense interests)? If so, please list here:

Writing and reading. She has lots of books, sometimes has several copies of the same book. She worked in a book store at one time. She participates in a writing group in which they publish written works .

Does this client have an autism diagnosis? (●) Yes ( ) No ( ) Unknown

If Yes, age at diagnosis: 38 (Yrs)

Who made diagnosis:

Autism testing was done by a psychologist at Compass Health.

Comments:

She states that she always knew that there was something different about her. She did research and discovered that she had many characteristics of Autism. She sought out counseling, and the counselor made the referral for testing. This was a couple years ago, through Compass Health.

Development History

Communication Ability **(Please indicate the client's highest communication)**

- [ ] Nonspeaking (i.e., no functional words)
- [ ] Uses single words
- [ ] Uses 2-3 word phrases
- [x] Uses sentences
- [x] Chats with others (e.g., reciprocal conversation)
- [x] Uses gestures (e.g., pointing, waving and/or leads other to wants/needs)
- [ ] Uses AAC Communication and/or devices

Sensory Concerns

- [x] Sensitive to noise
- [x] Textures
- [ ] Smells non-food items
- [ ] Sensitivity to touch
- [x] Sensitivity to crowds of people
- [x] Sensitivity to lights
- [ ] High pain tolerance
- [ ] Low pain tolerance

Severity Level of Sensory Concerns:

○ Minimal ◉ Moderate ○ Severe

Behavior Concerns

- [x] Anxious or worries
- [ ] Short attention span
- [ ] Hyperactivity
- [ ] Obsessive-compulsive
- [ ] Aggressive towards others
- [ ] Hurting animals or other people
- [ ] Unusual or excessive fears
- [x] Depression
- [ ] Defiant
- [x] Self-injury (e.g., head banging, head punching, biting, scratching, cutting, picking, etc.)
- [ ] Toileting issues, accidents
- [ ] Irritability/Moodiness

- [ ] Hallucinations
- [ ] Food seeking
- [ ] Pica (i.e., eating non-food items)
- [ ] Public Masturbation
- [ ] Inappropriate sexualized behaviors
- [ ] Property destruction
- [ ] Fascination with water
- [ ] Elopement/Wandering
- [ ] Impulsivity
- [ ] Homicidal concerns
- [ ] Suicidal concerns
- [ ] Involuntary movements

You indicated that the client has self-injurious behaviors. If the client engages in head banging or head punching, did you assess for a concussion?

○ Yes ○ No ◉ N/A

Severity Level of Behavior Concerns

○ Minimal ◉ Moderate ○ Severe

Examples of developmental or behavioral concerns:

skin picking, hair pulling, nail biting

Has there been a significant loss of skills? (e.g., daily living, self-help, academic)

○ Yes ◉ No

Comments:

sensory concerns while at her job. She gets very overwhelmed by the noise, lights, and people while working. She takes her break by going in the break room and turning the lights out and relaxing on her break.

Mental Health Treatment History

Please list current psychosocial treatments (note: medications are not included in this section):

Treatment type (e.g., cognitive-behavioral therapy, play-based therapy, family therapy):

Individual CBT. Trauma focused treatment. She has been educated on cognitive triad; we have tried to identify unhelpful thought patterns that contribute to her mood/anxiety. She struggled with the concept of "self-talk". She has been educated on behavioral activation; she is trying this. We have explored ways for her to break down big tasks to make it easier and more likely she can accomplish things. We have explored various coping strategies for motivation, depression, and focus. Explored ways to manage the skin picking.

Frequency type (e.g, weekly, monthly) bi-monthly

Age when started: 40 (Yrs)

Reason for treatment:

depression- very sad at times, "lifeless", no energy, can't sleep or wants to sleep all the time, no appetite, irritability, difficulty concentrating. She has seasonal depression- worsens a lot during the winter. Past history of suicidal thoughts, one attempt when she was 19 by cutting her wrist.

skin picking- nails, skin, hair pulling.

anxiety- around social settings

Is it helping? (●) Yes ( ) No

Comments:

She states that having someone to talk to has helped her. Last time we reviewed her progress she states that she feels like she has not figured out "the root of her depression".

Treatment type (e.g., cognitive-behavioral therapy, play-based therapy, family therapy):

Treatment type (e.g., cognitive-behavioral therapy, play-based therapy, family therapy):

Are there any psychosocial treatments that have been previously tried, but discontinued? If so, please list treatments here and explain why they were discontinued.

Medical/Psychiatric History

How often does this client receive care from your facility?

Please list all diagnoses or illnesses:

Age of diagnosis:

(Yrs)

Diagnosis/Illness:

Major depressive disorder, recurrent, moderate (F33.1)
Generalized anxiety disorder (F41.1)
Autism spectrum disorder (F84.0)
Excoriation Disorder L98.1
Ehelers Danlos Syndrome

Date - Year:

Professional making diagnosis:

Diagnosis/Illness:

Please check all of the following that apply:

- [ ] Seizures
- [ ] Heart Problems
- [ ] Constipation
- [ ] Nausea/Vomiting

- [ ] Vision Changes
- [ ] Fever
- [ ] Trouble Swallowing
- [ ] Stomach ache/pain/reflux
- [ ] Staring Spells
- [ ] Dental carries/pain
- [ ] Diarrhea
- [ ] Chronic Ear Infections
- [ ] Headaches
- [ ] Menstrual
- [ ] Environmental Allergies
- [x] Skin Problems (e.g., rash, eczema)

Please list current medications and supplements:

Medication:

Comments:

1. Ambien - 5 MG ORAL
2. Cymbalta - 60 MG
3. Wellbutrin SR - 150 MG
4. metFORMIN HCl - 500 MG

Are there any medications that have been tried, previously, but discontinued? If so, please list medications and explain why they were discontinued.

Preventative Health

Has the client had a well-check visit in the past 12 months?

- ( ) Yes
- ( ) No
- (•) Unknown

Have you had communication with the client's primary care physician/nurse practitioner?

- ( ) Yes
- (•) No

Resources

Resources (Check all that apply):

- [ ] Special Health Care Needs
- [ ] Behavioral Therapy/ABA
- [ ] Missouri Autism Project
- [ ] Speech Language Therapy (SLT),
- [ ] Physical Therapy (PT)
- [ ] Occupational Therapy (OT)
- [ ] Regional Office/SB40 Board (Dept. of Mental Health)
- [ ] Juvenile Office
- [ ] Children's Division
- [x] Community Mental Health Center
- [ ] Community Psychiatric Rehab
- [ ] Community Psychiatrist
- [ ] Social Security Disability (SSI)
- [ ] Waiver Services
- [ ] None of the above
- [ ] Other-Any other service provider

Comments:

Testing

Have the following tests been performed?

Chromosomal Microarray

○ Yes ○ No ◉ Unknown

Karyotype

○ Yes ○ No ◉ Unknown

Fragile X DNA

○ Yes ○ No ◉ Unknown

MRI of the brain

○ Yes ○ No ◉ Unknown

EEG

○ Yes ○ No ◉ Unknown

Sleep study

○ Yes ○ No ◉ Unknown

Lead blood level

○ Yes ○ No ◉ Unknown

EKG

○ Yes ○ No ◉ Unknown

Audiologic (hearing) exam

○ Yes ○ No ◉ Unknown

Vision screening

◉ Yes ○ No ○ Unknown

Results: wears glasses

Dental check-up

○ Yes ○ No ◉ Unknown

Academic testing

○ Yes ○ No ◉ Unknown

Intelligence testing

○ Yes ○ No ◉ Unknown

Other notable findings neuropsychological and psychological testing

○ Yes ○ No ◉ Unknown

Additional comments:

states that she has sensory processing delay

Sleep History

No = never; **Rarely** = 1 time/week; **Sometimes** = 2 **-** 4 times/week; **Usually** = 5 or more times/week

Does the client fall asleep within 20 minutes? If yes, how often?

○ No ○ Rarely ○ Sometimes ○ Usually

Does the client co-sleep? If yes, how often?

◉ No ○ Rarely ○ Sometimes ○ Usually

Does the client awaken more than once during the night? If yes, how often?

○ No ○ Rarely ○ Sometimes ○ Usually

Does the client snore loudly?

○ No ○ Rarely ○ Sometimes ○ Usually

Does the client seem tired during the day? If so, how often?

○ No ○ Rarely ◉ Sometimes ○ Usually

Is this a problem?

○ No ○ Rarely ◉ Sometimes ○ Usually

Comments:

Trauma/Abuse History

	Yes	Suspected	No
Trauma/Abuse History	◉	○	○
Physical Abuse	◉	○	○
Sexual Abuse	○	○	◉
Intrauterine Exposure to Alcohol/Drugs	○	○	◉

Comments:

She becomes dysregulated when talking about her mom. States that her mom is very critical of her. Didn't want her mom to help her move because she didn't want to hear mom's critical statements about her belongings. She talked about being the "invisible" sibling. Suspect emotional abuse by mom. Talks fondly of her father.
Client reports a history of physical and verbal abuse by her older brother in childhood.
Client reports that her younger brother was verbally abusive toward her.
Client reports that her parents never intervened with her brothers in terms of the physical and verbal abuse.
Client reports that she saw her older brother be violent toward her younger siblings.
Client reports that her brother molested one of her younger sisters.

Social History

Client resides with: Other

Other: lives on her own, by herself

Has legal custody of the client: Other

Other: self

Have the rights of the biological parents been terminated?

○ Yes ◉ No ○ Unsure

Biological parents are: Married

List other significant caregivers that live outside the home (e.g., family, friends, grandparents, neighbor)

none

Comments:

Significant family history of Autism, Several siblings and their children have been diagnosed with Autism.

Family History

Condition/Disorder

	Mom	Dad	Brother	Sister	Mat GM	Mat GF	Pat GM	Pat GF
Genetic Disorders	☐	☐	☐	☐	☐	☐	☐	☐
Autism Spectrum Disorder	☐	☐	☐	☑	☐	☐	☐	☐
Intellectual Disability	☐	☐	☐	☐	☐	☐	☐	☐
Learning Disability	☐	☐	☐	☐	☐	☐	☐	☐
Seizure Disorder (e.g., epilepsy)	☐	☐	☐	☐	☐	☐	☐	☐
Mental Health Concerns (e.g., Depression, Anxiety Disorder, Bipolar)	☐	☐	☑	☑	☐	☐	☐	☐
Substance abuse	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

Ehelers Danlos syndrome- joint pain frequently, finds it hard to do a standing job.
Pre-Diabetes

Educational History

Grade in School: Post Secondary Education

Ever repeat a grade? ○ Yes ◉ No

Are there learning problems? **(Please check all that apply)**

☐ Math ☐ Reading ☐ Writing

Can this patient read? Yes

Legal History

Does the client have a prior or current legal case? No

Case Details

What is going well in your treatment with this client?

Good rapport has been established. She attends all her sessions, even when she has been under the weather or tired. She states that talking has helped.

What current barriers do you face?

Understanding the skin picking and how to help her with this.
Client struggles with the concept of "self talk" and cognitive coping strategies.

Are there any steps you have taken to improve your process?

Attending the Echo Autism training.

Please indicate if you use any of the following strategies with this client:

- [ ] 1. Use of visual aids
- [x] 2. Incorporation of patient's special interest onto the session
- [ ] 3. Increased involvement of family members
- [ ] 4. Accommodations for patient's sensory sensitivities
- [ ] 5. Explicit didactics about emotions
- [ ] 6. Posted agenda of therapy session

Form Status

Complete? Complete