

Session 45 Notes and Resource Sheet

CASE SUMMARY

A 15-year-old female with ADHD, unstable mood, and risky behaviors has a history of family alcoholism, suspected abuse, and sexual trauma, with ongoing DHHS involvement. She resists medication, struggles with school attendance and relationships, but shows strengths in sports, peer connections, and academics when supported.

KEY QUESTION(s)

1. What supports would you recommend?
2. What other trauma informed strategies do you feel could be helpful?

CLARIFYING QUESTIONS

How is the students peer group?	<i>Tricky. They often gravitate towards kids who partake in risky behaviors.</i>
Any current or past substance use?	<i>Suspected current use.</i>
Besides ADHD are there any other diagnosis?	<i>Depression and suspected reactive detachment.</i>
Does he have Maine care?	<i>Yes, and has a BHP in home.</i>
Does the student talk about her future beyond high school?	<i>Yes, very grandiose and often. They talk about being successful but also set very unrealistic goals for themselves, i.e. graduating early, buying a house, etc.</i>

KEY RECOMMENDATIONS & RESOURCES

Care Coordination & Communication

- Getting releases to share information with the pediatrician so multiple supportive systems can work together.
- Open communication between all resources - psychiatrist, LCPC, current home placement, school, coaches, pediatrician, DHHS.
- Having a team meeting with all the adults involved and **the student present** to give them power to share their thoughts and see all adults aligned in support. This may be easier to arrange using Zoom.
- Having an official diagnosis can also help with access to care

KEY RECOMMENDATIONS & RESOURCES Cont'd.

Safety & Risk Reduction

- Focusing on the student's ongoing safety, minimizing retraumatization from repeating their story across systems.
- Looking at risk reduction for both the student's concerns and providers' concerns, focusing on concrete next steps.
- Education around substance use and exploring how to use Narcan to help the student and peer group stay safe.

Access & School Supports

- Ensuring the student has a **504 plan** for school-day supports.
- Focusing on absence intervention, such as an individualized plan to reduce absences; partial days, flex. schedule, gradual re-entry, etc. This could give some stability/consistency with at least one member of her multidisciplinary team that participates in her care.

Therapeutic & Peer Supports

- Stable, consistent therapy to address impulsive behavior and help protect from making fatal decisions.
- Discussions about traumatic events and choices to guide the student into young adulthood.
- Dialectical Behavioral Therapy (DBT), structured peer support groups, or peer-focused systems to build on strengths from team-based activities like sports.

Family & Long-Term Support

- The student has several maladaptive coping mechanisms and focusing on supporting the student and family over time and helping correct to healthier strategies can show the student that there are adults who want to help them even if they make unhealthy choices.

You may always reach out for a consult through the MPBHP access line 1-833-672-4711.