

**CASE SUMMARY**

In summary, this is the case of recently turned 5 yo female that started as a new patient in December 2023, and had not had previous medical care since 9 months old. She is non-verbal, withdrawn from affection, has a background of trauma and likely sexual assault. She has not started school yet due to not being toilet trained but will hopefully start kindergarten in the fall. Key questions are how to differentiate between autism and PTSD/adjustment disorder, as well as services that should be lined up for the patient.

**KEY QUESTION(s)**

- 1. Is getting child psychiatry involved ASAP the best way to differentiate between autism and PTSD/adjustment disorder?**
- 2. What, if any, services would you have lined up quickly for this patient?**

**CLARIFYING QUESTIONS**

Is there evidence for assault/ neglect?	<i>Yes, ER visit, Spruwink evaluation. Will they return to medical appointments now that dad is back?</i>
Is DHHS involved and does she have case management?	<i>Case management is not involved, a report was made for DHHS, unsure if she is being seen for DHHS</i>
What made them seek care initially?	<i>The father was no longer involved and family was in crisis looking for help with behaviors.</i>
Are there other kids in the home?	<i>Two older boys who go to school and are in the home</i>
Do we know about familial supports or existing contacts and supports for the family? Have you approached the family?	<i>Paternal grandfather is involved in child's care, father is back in the home and is 'more supportive' unsure of other supports.</i>
Does this mother have a primary care provider? I always ask parents what they are doing for their own care/health?	<i>Unsure</i>
Is there any documentation of the sexual assault?	<i>CPS referral made for a safe nurse but no further diagnostic information</i>
Is there the paperwork from the CDS eval?	<i>Not at this time</i>
Do we know if the father is anti-medical care at this time? Could he be a barrier to treatment?	<i>Unsure at this time</i>
Is there concern that mom/dad has a history of ASD or needs mental health support?	<i>Not at this time</i>

## KEY RECOMMENDATIONS & RESOURCES

The first question for Autism suspicion is not non-verbal, rather it is – Does the child have restrictive, repetitive behaviors? This child has experienced abuse/neglect, and there is significant development delay, but it seems unlikely that the child's non-verbal status is merely connected to the trauma, as much as the Autism diagnosis.

Safety is #1 concern, then child needs intensive ABA treatment program, and more ASD focused treatments. Child psychiatry is not top of the list. A developmental behavioral pediatrician would be the next level of care; referral to a Behavioral Health Program.

## Safety

- Continue to lean on DHHS and continue to report concerns for neglect.
- Connect with CPS to be sure this is an open and active case with an assigned caseworker.
- Talk to mom at next appt, if dad is not present, about safety in the home + if there are larger concerns for DV or parental MH issues.
- Webpage on reporting: <https://www.maine.gov/dhhs/ocfs/provider-resources/reporting-suspected-child-abuse-and-neglect>
- Phone number to report: 1-800-452-1999
- User friendly online mandated reporting: <https://som01.my.site.com/mrp/s/>
- Dr. Adrienne Carmack is a resource for community providers who have a concern or question on how to proceed: [adrienne.w.carmack@maine.gov](mailto:adrienne.w.carmack@maine.gov)

## Supports for Patient

- Push back on the CDS denial of accepting information – HIPAA is not as strict with care coordination
  - When you refer to child development services, ask the families to sign an authorization form to share info: [https://www.maine.gov/oe/sites/maine.gov/oe/files/inline-files/AuthorizationToRequestShareInformationAndRecords\\_12-19-2016.pdf](https://www.maine.gov/oe/sites/maine.gov/oe/files/inline-files/AuthorizationToRequestShareInformationAndRecords_12-19-2016.pdf)
- Case Management: A case manager is a great eyes-on tool for providers that can add insight and be a critical piece to the home environment creating connections based on family needs for support.
  - For Katie Beckett, or Maine Care help call Family Information Specialist, Judy Demerchant
    - Telephone: (207)493-4135 e-mail: [judy.demerchant@maine.gov](mailto:judy.demerchant@maine.gov)
  - Find a Provider | Department of Health and Human Services (maine.gov)
    - <https://www.maine.gov/dhhs/oads/providers/provider-directory/case-management>
  - There are some agencies that do private pay for targeted case management, like [COR Health](#), but it's not an affordable option for most families.
  - This is the specific list for Targeted Case Management Agencies for your region:
    - <https://www.maine.gov/dhhs/ocfs/support-for-families/childrens-behavioral-health/services/find-a-provider/providers-region2-mr-cm>
- Look for specialized section 28 services to support the child in the home
- Connect to a trauma informed therapist, like through Maine Children's Home could be helpful. Regular behavioral techniques are not always the most helpful for children exhibiting trauma responses.
  - <https://www.mainechildrenshome.org/>
- Dental is very important and could contribute to behavioral dysregulation.
  - UNE dental school in Portland may be a resource for families with MaineCare
  - More Info on Dental Care: [Dental Care Options.](#)

## Supports for Family

- Primary care provider for mom
- Gear Parent Network is recommended for parents with emotional challenges
  - <https://gearparentnetwork.org/>
- Maine Autism Society <https://www.asmonline.org/>
  - The mom may find this group informative and practical.
- Help Me Grow <https://www.maine.gov/dhhs/ocfs/support-for-families/child-development>
- Maine Parent Federation does a lot of training and support around transition from CDS to kindergarten, as well as youth to adult <https://www.mpf.org/>
- Free behavior modification app designed by Karen Bears PhD for parents of children with Autism: <https://www.attendbehavior.com/maine>
  - For more info on the Attend Behavior App, contact Melinda Corey, Help Me Grow outreach specialist: [Melinda.corey@maine.gov](mailto:Melinda.corey@maine.gov)

## School Recommendations

- She could qualify for a special purpose preschool that wouldn't disqualify her due to toilet training
- OT may be able to support ideas for toileting; it sounds like potentially a sensory issue, although given trauma history, could definitely be related to that as well.
- Reach out to the school in advance to express concern and see if they can help set up supports.
- Such as a referral to the [Maine Early Childhood Consultation Partnership \(ECCP®\)](#)
- Get her caught up on vaccinations.

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

**PLEASE NOTE:** *The recommendations in this document rely on the information provided during the relevant Project ECHO case consultation. Recommendations are provided to assist case presenters make decisions and may not be appropriate in all cases. Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any MPBHP clinician and any patient whose case is being presented in a Project ECHO setting.*