

Pediatric Psychiatry in the Primary Care Setting ECHO®

Session 2 Notes and Resource Sheet

June 1, 2022



DIDACTIC PRESENTATION

“Aggressive Behaviors and Outbursts”
Nadia Mendiola, MD

[Recording](#)

[Presentation Slides](#)

CASE SUMMARY

In summary, this is the case of an 8-year-old with a pattern of growth failure and developmental delay since birth who is receiving thyroid replacement therapy, as well as several medications for ADHD, asthma, and allergies.

She has been on the wait list for outpatient counseling for over a year, was previously in counseling at age 5 with a psychologist, but only attended 2 sessions, and has recently completed COPE program with PCP.

High levels of anxiety are emerging at home and school that result in significant meltdowns. She is living in a blended family, exposed to parental fighting and a mother that has been dealing with her own psychiatric problems.

CLARIFYING QUESTIONS

Has there ever been family/parenting assessments?	Yes.
Why aren't the other kids with mom/ dad?	Mom's kids are with biological father due to her mental health issues, not sure about dad's kids
Is there any trauma history?	Witnessing a lot of fighting at home.
Where there any changes at home in January that may have precipitated the changes of behavior.	Mom started attending day treatment programs at Acadia, dad is very frustrated, and things seem to be coming to a head.
Are there any known supports for the family and patient?	Teachers, guidance counselor, & camp counselors for the patient but not a lot for the family
Does the patient have any coping mechanisms or special interests?	Really likes arts and crafts.
How much of her struggles are a result of mom's health, the issues between mom and dad, or lack of structure at home?	Mom has said they give in to her demands and are not great at setting limits
Has she been on an SSRI?	Not currently, mom is hesitant.

KEY CLINICAL RECOMMENDATIONS

Look at this situation through a trauma/ anxiety lens, may be able to get off current ADHD meds. Try some SSRIs, if there are issues related to bi-polar then go that route with meds.

Look at psychosocial factors, anxiety/ trauma; take off Concerta and look at long lasting Alpha 2.

Since she has a case manager, consider encouraging the parents to look into HCT. The case manager can do a referral.

If an OT evaluation has not been done, looking at sensory dysregulation may be helpful. She may need sensory input or sensory breaks.

If child does not have IEP or 504 at school, may suggest starting this process. Maine Parent Federation (Family Navigators), as well as her Case Manager can assist the family. Would want to get accommodations written into the child's plan.

Look into connecting with a Child Life Specialist in the area who runs a Child Life Therapy Clinic.

Get the patient involved in activities that she enjoys (i.e. art camp).

Continue doing a wonderful job caring for this patient and family!

Please note: Reach out for a consult through the MPBHP access line: 1-833-672-4711.

KEY RESOURCES

Understand how grief is impacting behavior

- Refer back to Center for Grieving Children: <https://www.cgcmaine.org/>
- Preference for a male counselor
 - Christine Linnehan, LCPC, works with CGC and may have ideas regarding males and grief. 207-883-7706

Look into family therapy

Look into community programs

- Big Brothers/ Big Sisters: <https://www.somebiggs.org/>
- Boys & Girls Club: <https://www.bgcmaine.org/>
- Boys to Men program <https://maineboystomen.org/youth-programs/>
- Connect with a coach or upperclassman

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.