

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Youth Behavioral Health Services
Session: Community Based Resources
Name: Tiffany Henderson
Date: 9/19/2024



Patient Information

Gender: Male Female

Age: 16

Race:

- American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander Multi-racial Other
 Black/African American White/Caucasian Prefer not to say

Ethnicity:

- Hispanic/ Latino Not Hispanic/Latino Prefer not to say

Strengths and Preferences (goals, motivators, preferences, Important to the individual)

Client is athletic and wants to play sports at the collegiate level. When client puts her mind to something she is very determined and focused. Client is funny. Client has a lot of friends and enjoys doing social activities. Client can earn good grades when she applies herself.

Relevant Social and Trauma History (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)

Client currently lives with her mother, maternal grandparents, and younger brother. Client's father died unexpectedly a couple of years ago. Client was home at time of father's death. Client is currently on diversion for aggression towards mother. Client reports ongoing conflict between herself and adults in the home. Client does identify maternal aunt, aunt's husband, and maternal uncle as supports who live in the area. Client has experienced at least two sexual assaults. Client is involved in school and club sports. Client makes friends easily and enjoys being out in the community. Client does not currently work and is not interested in seeking employment currently.

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Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
Client is reportedly healthy and current on all wellbeing checks	Client is not currently taking medications. Client has history of taking trazodone 100mg po qhs abilify 2mg po qhs methylphenidate ER 18mg po qam prozac 20mg po qam
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
N/A	NA
Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)	
Client started using marijuana freshman year. Client reports daily marijuana use, occasional unspecified pill use, and alcohol use. Client has done inpatient substance use treatment. Client reported she uses to help her relax, has used when by herself, has used to the point of forgetting things she has done while under the influence, friends and family have encouraged her to stop, she has driven the vehicle while under the influence.	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
Client has diagnoses of MDD, ADHD, and DMDD. Client is suspected of having PTSD but has not endorsed sufficient symptoms for diagnoses, ongoing assessment. Client has history of suicide attempt, self-harm behaviors, and engaging in risky behaviors such as sneaky out of the home, using substances, and promiscuity. Client began seeing outpatient therapist in 2022. Client went to out of state rehab facility and was there for 72 days. Client has done IOP. Client has had acute hospitalizations.	
Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)	

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Client and mother are currently participating in ABFT based therapy. Client on SED Waiver and mother is participating in Parent Support. Client is participating in case management services. Client has history of doing FFT and individual therapy. Client has history of doing inpatient substance use treatment. Client and mother have participated in treatment to varying degrees.

Barriers to Treatment

Client and mother have not discussed traumatic events that client has experienced. Client does not go to mother or view mother as a source of support. Client and mother both have a difficult time sharing their emotions. Client describes mother as having high expectations with little empathy.