Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information
Series: Behavioral Health
Session: Polyvagal Theory
Name: Courtney Seibert, LMSW and Brandy Jackson, LBSW
Date: 9/3/2026

Patient Information
Gender: ☐ Male ☒ Female
Age: 9
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)

Member is verbal in her needs and wants. Member enjoys reading and enjoys making new fidgets for herself and her siblings. Member verbalizes liking herself as a person, and notes she is interesting. Member verbalizes understanding that she is adopted and feels this is a strength. Member enjoys animals and wants to travel. Member loves her little brother and has imaginary friends (Wendy, Nobody and Casper).

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

Member is a 9 year old, female, who is currently residing with her maternal grandparents and her six siblings. Member was adopted by her maternal grandparents at age 7 Y/O and was previously in foster care (since 2021), after biological mother gave birth to the youngest sibling at home. Youngest three siblings were positive for substances upon entering foster care. Member has a history of depression, GAD, PTSD and ADHD. Member continuously endorses sadness related to being adopted and not being able to see her biological mother, as well as increase in worry about her biological parents and grief about her grandfather's passing.

Member's trauma symptoms include nightmares and fearfulness. Member was made to sleep in the garage and was not given healthy food when she was in foster care. She has reported unwanted sexual touching by a boy in a foster care setting, as well as by a boy at school. She has been previously exposed to domestic violence involving her biological mother and has been hit by her sister. Biological mother and father reportedly use substances. Grandmother reports biological mother once took member to a "strange mans" house and they had to spend the night. Member was scared of the man and hid behind the couch. Grandmother suspects the member was sexually abused. Biological mother is expecting another child, at this time, and grandmother has reported being unable to take in the baby at this time, causing member jealously and grief.

Member is in the fourth grade and does have an IEP for speech and ADHD and receives extra help at school. Academic concerns include difficulty with math, forgetfulness, and speech therapy (since preschool).

Member receives outpatient services with the local CCBHC, including individual and family therapy, and grandmother is attempting to schedule a SED Waiver assessment for member. Grandmother reports that when member was in foster care, placement attempted to get a psychological evaluation completed, although this was never successfully done.
Member is currently taking the following medications:
Fluoxetine 10mg daily
Lisdexamfetamine (Vyvance) 10mg in the morning with breakfast
Risperidone .25mg at bedtime daily

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Member had 3 acute hospital stays in the last month at two different hospitals. Member's recent hospitalizations were due to physical aggression towards others (pulling sister's hair, throwing a toy at sister resulting in bruise on her face, threatening to hit them with metal poles, chasing them through the house threatening to kill them, threatening to kill grandmother and calling her names, etc.). Member has also reported suicidal ideations including wanting to "run away and murder myself." Member acquired a knife and was threatening to harm herself. Member has a history of eating inedible objects such as plastic, paper and alcohol wipes.

Member has endorsed stressors and triggers including her sisters' behavior and reports they have always been mean to her. Member is the oldest and she indicates she has attempted to redirect her sister's behavior by pleading them to stop; they then proceeded to break her toy. Member reports she cannot go upstairs or downstairs due to baby gates that are locked with a gunlock that her grandparents have the key to. Member's triggers also include the lack of relationship with her parents, especially with her biological mother and the unborn baby.

Relevant Medical History (Diagnosis, conditions, etc.)	**Medication Summary** (Name, dose, frequency, route)
Member's current diagnoses are: Adjustment Disorder with Disturbance of Emotion Attention Deficit Hyperactivity Disorder, Combined type	Member is currently taking the following medications: Fluoxetine 10mg daily Lisdexamfetamine (Vyvance) 10mg in the morning with breakfast Risperidone .25mg at bedtime daily
Lab Summary (Test, result, date, etc.)	**Toxicology Summary** (Test, result, date, etc.)
NA	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)

No concerns of substance use with member has been reported. Member's biological parents use substances, and member has been exposed in the past due to parent's usage. Member's siblings tested positive for substances upon being placed in Foster Care in 2021.

Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)

Member's first psychiatric hospitalization was due to suicidal ideation and physical aggression. Member was hospitalized after taking apart her bed, and using the metal poles to self harm (hit herself on the head). Member was also physically aggressive towards siblings by throwing toys, hitting, kicking and punching.

Member was hospitalized again due to suicidal ideation and physical aggression. Member endorsed suicidal ideation and acquired a knife to harm herself with and was hitting herself in the face. She was stopped by her grandfather and brother. Member noted she would wait until her grandparents went to sleep and use the knife to kill herself then. Member was also refusing to use her safety plan.

Member was then again hospitalized due to suicidal ideation and self-harming. She was again hitting herself with the metal bars from her bed, eating alcohol wipes, paper, and some plastic in an effort to harm herself. She was punching herself resulting in her grandmother restraining her to keep her from harming herself. Member was attempting to break the lock on the door that locks the door where the sharps are kept stated she wanted to kill herself and her siblings.

Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)

Member has been acutely hospitalized three times in the last month due to escalating behaviors. These admissions have been a result of self-harming behaviors, suicidal ideation, physical aggression and homicidal ideation. Member's behaviors continue to become increasingly more aggressive towards herself and others.

Member does receive outpatient services through the local CCBHC including weekly individual therapy and family therapy.

Barriers to Treatment
Member refuses to use her safety plan. Grandmother has been attempting to make contact with the CCBHC in an attempt to schedule a SED Waiver assessment for member, in hopes to receive additional services and resources. CCBHC has not returned phone calls and does not answer when grandmother calls. Member's SHP Case Manager has also attempted to make contact with the CCBHC with grandmother, with no success.