Project ECHO Ontario
Child and Youth Mental Health

Case Discussion Summary

TeleECHO clinic session date: February 5, 2019 **ECHO ID#:** 5020520

Initial Presentation ☒ **Follow-up Presentation** ☐

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Thank you for presenting your patient at Project ECHO® Ontario Child and Youth Mental Health's TeleECHO clinic session. The following is a summary of the case and suggestions made during the clinic session.

I. Identifying information

10-year-old girl of South East Asian descent (first generation Canadian) who has experienced several episodes at home and one at school of losing control if her things were rearranged on her desk. Onset was approximately one and a half years ago. She lives with her parents and younger brother, is an average student and has friends. There have been no major changes in her life and no illnesses.

II. Learning Partner Question

Q1. What is on the differential? Other questions I should ask?
Q2. Strategies I can use with the child and the parents?
Q3. If the parents were open or I am able to change their mind what resources are in Scarborough for his child?

III. Case Formulation

This presentation could point to several diagnoses or life problems (see A1. below), although none of the criteria for disorders would meet the dysfunction criterion that accompanies DSM-V disorders. You have already ruled out several of the disorders or problems with your questioning or your knowledge of her history. Given that her extreme over-reaction to displacement of objects on her desk has spilled over into school, it is important to try to intervene now, when the problems are still relatively mild. Your questions are a good structure for the Formulation, so essentially you can find this material distributed throughout the answers to those questions.

IV. Answers to Questions

A1. A complete differential diagnosis (including life problems) list follows, with comments on ruling in or out the diagnosis. In general, a diagnosis, even of family problems, may be premature. But this doesn't mean that this wouldn't be an ideal time to teach her some skills in emotion regulation. If you can persuade the family to let her see your Social Worker (SW), that would probably be the least threatening for the family and that person is very likely to be able to train her in emotion regulation. Sometimes an Occupational Therapist (OT) can also be very helpful in this regard and perhaps that type of referral may be more acceptable to them. See A2. and Resources for some ideas about engaging the parents.

1. **Obsessive Compulsive Disorder (OCD) –** Although she has gotten very upset if some internal order about her things has been disturbed, she would not at this time meet criteria for OCD and would not meet the dysfunction criterion. If you want to be sure that you just haven't missed other obsessions and compulsions because you didn't ask about them, you can administer the Child-Yale Brown Obsessive Compulsive Scale to her and to a parent.

Although she is unlikely to have OCD right now, given that the peri-pubertal age range is one of the times when incidence peaks, you may be looking at very early signs of OCD, so we do recommend that you continue to monitor her for more manifestations.

A sub-category of OCD to consider is PANDAS, but you have already determined that this had a gradual onset and she was not ill before, so these factors effectively rule this disorder out.

2. **Autism Spectrum Disorder (ASD)** – The only feature of ASD that this child has is the over-reaction to environmental change and that arousing stimulus is so specific that it is highly doubtful that she has ASD. Other signs or symptoms such as poor eye contact and inability to make friends are missing from her presentation. On the other hand, children with mild ASD (formerly called Asperger Syndrome) are sometimes easy to miss until the environmental demands become complicated enough that they cannot manage them.

3. **Panic Disorder or Generalized Anxiety Disorder** - One of the anxiety disorders could possibly be operating here. The best way to determine this is to give her and a parent the Scale for Anxiety Related Emotion Disorders (SCARED) and see if she meets criteria for any of the disorders. We doubt that she will, but it is remotely possible.

4. **Family relational issues,** such as conflict with parents or siblings, although you have asked about these things, so you have ruled this out.

5. **Periodic emotional dysregulation** associated with the onset of puberty is possible. She is obviously in the Latency Stage of childhood, but may also be quite close to menarche. Sometimes this can be an age in which emotion regulation can be more difficult.

A2. Parents may be more receptive to engaging in services for the purpose of ensuring that the child works to her academic potential. The symptoms do not seem severe at this time but if they get worse, there could be an impact on academic performance.

1. Psychoeducation about anxiety and emotional regulation to child and parents.
   - E.g., everyone gets anxious, upset or angry sometimes but there are times when the feelings are harder to control.
     - Can explain "fight or flight" response that can occur to relatively benign triggers.
     - When the "fight or flight" response is in action, it is harder to think clearly and logically.
     - Reducing the level of emotional arousal can help the child regain higher order thinking capacity.

2. Provide psychoeducation regarding the provisional diagnosis, if there is one to child and parents.

3. Talk to parents about the importance of staying calm, spending quality time with child, noticing and praising good coping and emotional regulation, validating child's concerns without feeding need for over-reassurance.
   - If child really needs treatment, can emphasize that these symptoms have the potential to interfere more and more with basic functioning – like sleeping and eating … which can lead to lower school grades.
   - Consider introducing parents to Collaborative Problem Solving (CPS) if applicable (if it's more an issue with emotional regulation as opposed to OCD).
   - Assist with family communication.

4. Talk to child about strategies regarding reducing anxiety/emotional dysregulation.
   - 5-4-3-2-1, belly breathing, visual imagery, progressive muscle relaxation, mindfulness – routine activities to reduce overall arousal level.
   - Have child identify triggers and physical sensations to suggest arousal level is increasing. – Have her use the different tools she has been practicing. – She can also "boss back" anxious/OCD thoughts.

- If the child has a full blown panic attack or emotional outburst, it is time to "ride the wave", knowing these feeling will eventually settle – coping statements can be very helpful in this situation, such as "I know this feeling won't last forever"

5. Determine if there are other stressors contributing and help parents become their child's advocate, e.g., at school. Parents may not be willing to seek out community mental health treatment, but they may consent to the child speaking to a social worker or counsellor at school – emphasis can be on ensuring that child is working to academic potential.

A3. See Resources Section.

V. Resources

- In the South Asian culture, mental health concerns can be a taboo subject that is seen as shameful or considered a personal weakness. As the patient's family is not currently willing or ready to work with your team's social worker, the mother may get to a point where she can access a service that is more culturally appropriate for her such as the **South Asian Women's Centre** - http://www.sawc.org/ The main office is located in Toronto but there is a satellite office located at 2761 Markham Rd. Unit 11 in Scarborough. This service is a voluntary, non-profit organization providing a variety of programs and services including supportive counselling and wellness education. The patient's mother can refer herself by calling 416-840-4425 or filling out an electronic form that is emailed to the centre: http://www.sawc.org/contact/
- The parents may be more open to contact the school and ask for assistance from a **school social worker.** Or, they may provide you with permission to contact the school to advocate on their behalf. Should this be an option, a consent (http://www.health.gov.on.ca/english/providers/project/priv_legislation/consent/consent_disclose_form.pdf) needs to be signed by the parents and faxed to the school prior to the call.
- **eMentalHealth.ca** has a tip sheet "Obsessive Compulsive Disorder in Children & Youth: Information for Parents & Caregivers" that could be read with the parents to help them understand the concerns - https://www.ementalhealth.ca/Toronto/Obsessive-Compulsive-Disorder-OCD-in-Children-and-Youth-Information-for-Parents-and-Caregivers/index.php?m=article&ID=8876
- Should the parents want to investigate the patient's sensory issues, a tip sheet from eMentalHealth.ca on "Sensory Processing Problems in Children & Youth" can help understand this issue - https://www.ementalhealth.ca/Toronto/Sensory-Processing-Problems/index.php?m=article&ID=8890. An Occupational Therapist with an expertise in sensory assessments can be found via the **College of Occupational Therapists of Ontario**: https://www.coto.org/you-and-your-ot/how-to-find-an-ot After the assessment, a "sensory diet" is created to assist with sensory needs. Please note that this will be a fee for service.
- Should parents determine that their child requires counselling services, **East Metro Youth Services** is the community funded child and youth mental health agency. For more information, the family can view the website: http://emys.on.ca/ The agency is located at 1200 Marham Rd, Suite 200 in Scarborough. Services can be accessed via a call to the Intake Coordinator at 416-438-3697 or via their free What's Up Walk-In clinic at the Scarborough office from monday to saturday. For more information: http://www.whatsupwalkin.ca/

☒ These suggestions have been reviewed by the hub specialists.

Please contact us with any additional questions/clarifications.

Consider presenting follow-up for this patient case or any other patient cases at a future clinic session.

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