**Team KY Case Presentation Feedback Elizabeth McLaren, First Steps DI**

**Oct 27, 2020**

Summary of Findings:

**Areas of Strength**

* **Family**
  + Attentive to child’s needs, proactive in accessing and seeking services.
  + Resilient
  + Experience with foster care system
  + Experience with adopted older sibling
  + Passionate about child’s development and well-being
  + Motivated to seek, follow, and integrate resources for the child/family
  + PCIT
  + Parents eager for intervention and support services
  + Marcus’s daycare has experience working with children with trauma, low teacher-child ratio
  + Foster family supportive
  + Have resources in their toolbox
* **Child**
  + Has been with family for year; has good bond with family
  + Is vibrant and has tenacity
  + First Steps services
  + Consistent childcare is trauma informed
  + Charismatic
  + Strong communication skills
  + Attachment with sibling shows social and play skills
  + Resilient
* Enthusiastic/energetic/fun
* Receives early intervention/OT/DI
* Attends same childcare program 5 days/week
* Marcus and foster parents attend PCIT regularly
* No placement disruption
* Strong attachment with foster family

**Areas of concern**

* While child is social and makes friends, impulsivity with hitting behaviors may impact peer relationships
* Stressful family experiences due to perceived negative behavior at school

**Suggestions/strategies**

* Consider Montessori preschool
* Stay with same therapist for continuity of care (child has disrupted attachments in the past, so this is important)
* Add TF-CBT or Bounce program, if intervention can be provided by same therapist or same agency for consistency and to preserve relationship
* Reframe challenging behaviors for parents (those same behaviors that may be frustrating now will serve Marcus well in future)
* Have pointed conversation with parents about what their goals for Marcus are so team can make appropriate referrals
* Marcus likely has Medical Card – discuss use of medical card to access services (OT, Speech, etc.) if they continue to use private childcare/preschool
* Remember that disrupted attachment and numerous placements can be traumatic
* For transitions, use lanyard with visual schedules, worn by child and/or adult
* Maintain predictability and consistent routine
* Sensory assessment
* Assessments for ADD/ASD/Trauma to ensure proper interventions and supports; local CMHC may offer testing
* Incorporate visual supports – social stories for safety and instruction
* Incorporate choice into child’s routine
* Assess transitions and seek to ease transitions
  + Intentional co-regulation for bedtime
* Document behavior for unannounced visits –before and after
* Utilize Mountain Comp/school based therapy
* Explore virtual services that may be available
* Try to schedule visits with biological parents and include them in therapeutic interactions/interventions
* Explore UK-MAT, new clinic at UK for kids with autism
* Four Rivers offers autism/ADHD testing
* UK-TIPS (mentioned by Miriam)
* Look into night terrors and what might be causing them: medication, food, trauma
* Help foster family prepare for bio parents before and after visits
* Incorporate activities that Marcus likes to do
* Long term planning with foster/bio family
  + Open adoption?
  + Define bio family roles
  + Establish boundaries

**Resources recommended**

* TF-CBT
* Bounce Program
* On-going social worker for family
* Long-term resources based on assessment (ADHD/ASD/Trauma)
* Parent support group
* Sensory diet

**Contact Information**

If there are any questions or comments concerning the feedback on this presentation, please contact the SCOPE staff at [caroline.gooden@uky.edu](mailto:caroline.gooden@uky.edu) or [christine.hausman@uky.edu](mailto:christine.hausman@uky.edu)