

# Lunch and Learn Series: Case Consultation Through — the Lens of the MCAAP

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# For the next 45 Minutes We Will

## 1 | Case Overview



## 2 | How does the MCAAP inform decision making



## 3 | Interventions/ Treatment Planning



# Case History

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12-year-old, 7th grade female identified

Early Intervention due to speech delay, asthma, allergies, bilateral ear tubes (x2)

History is significant for neglect, abuse, caregiver instability; mobility; foster care; Department of Children and Families involvement, including C & P

Reported trauma history (adult took naked video of her) at an early age, later recanted allegation

Diagnoses: Anxiety, Depression, and Post Traumatic Stress Disorder.

# Family History

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One of six biological siblings, including two half-siblings who are her father's children; and two of her mother's children were adopted by a family member.

Has not had regular contact with her father since age 4 or 5.

Currently lives at home with her mother, who is expecting another child, step father, her two sisters (ages 13 and 12), and younger brother (age 3). Mother described her as "evil".

Family history significant for substance abuse, neglect, physical abuse, legal issues, and psychiatric disorders.

# Treatment and Placement History

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The Department of Children and Families has been involved since she was age 3

Therapy since age 5: in a span of 5 years she had four ( 4) outpatient therapist for differing periods of time.

Home removal, group home x3, Intensive foster care for 2.5 years

Mentoring services for 3 months

Youth Mobile Crisis calls x 8 (suicidal ideation with plan, intent and means)

# Recent Testing Results

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Receives academic and therapeutic supportive services through an IEP

Current cognitive abilities: Average abilities in Visual Spatial and Processing speed; Low Average abilities in Verbal Comprehension and Fluid Reasoning; and Very Low abilities in Working Memory.

Academic abilities: Reading within the Low Average range (encoding, decoding and comprehension); Math within the Low Average range; and Written Expression is diverse: low average spelling, and average writing samples.

## Testing Results (continued)

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Results of psychosocial scales documented: inattention, hyperactivity, aggression, rule breaking behaviors, anxiety, limited social skills, ineffective interpersonal skills, elopement from class, physical fights, limited adaptability, and executive functioning deficits.

intense fear of separation.

increasing inability to regulate her emotional (erratic moodiness and persistent anxiety and dejection).

# Testing Results (continued)

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Described herself as “being a bad kid”

Past thoughts of killing/harming herself

Limited trust in anyone and unwillingness to discuss her past

Hallucinations/Illusions: “demons” with command to harm self and others

Experiencing intrusive thoughts about what she wants to do to herself and to others



# Problematic Sexual Behavior and Behavioral Issues

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Age 7: 3 separate incidents with 3 different children: engaged in voyeurism of another child undressing; asked another child to show her their genitals (males); and attempted to engage another peer (at group home) in touching of genitals

Ongoing sexualized discussions/language (at home and in school)

Aggression, fighting, elopement from class, disciplinary incidents ( 82 incidents in 4th grade and 136 in 5th grade)

# Problematic Sexual Behavior and Behavioral Issues (cont'd)

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Firsetting - began age 7, and then emerged again after returning home from foster care.

6th grade - alleged that a peer raped another peer at school and she “witnessed” it. (DA investigated and it was unsupported).

7th grade - privately messaged a teacher in a virtual classroom “Hi daddy”. “Fuck me I’m horny” “daddy fuck me” “I’m horny fuck me”

# The MCAAP

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- I. Explanatory, Demographic, and Descriptive Information
- II. Presentation and Response to the Assessment Process
- III. Treatment and Placement History
- IV. Family History
- V. Psychosocial History
- VI. History of Problematic Sexual Behavior and Behavioral Issues
- VII. Sexual Behavior Risk and Needs Assessment/RNR
- VIII. Protective Factors
- IX. Recommendations

# Sexual Behavior Risk and Needs Assessment/RNR

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Thinking about her from an RNR model.....

Progression of behaviors over time, reemergence of behaviors once returned home.

Control and need for competency

Counterphobic behaviors

Argument between treatment for trauma and treatment for PSB

# Recommendations

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1. TF-CBT and TF-PSB - by the same therapist, at the same time.
2. Interventions for working memory (scaffolding, chunking, mnemonics, etc)
3. DBT - distress tolerance, interpersonal effectiveness, mindfulness, and emotional regulation.
4. Safety Planning in School
5. Social Skills Training and Group - determination of the deficit area; demonstrate appropriate social skills via explanation and explicit modeling; apply learned social skills in contrived scenarios; provide feedback and reinforcement for appropriate responses; apply the learned social skills in an actual situation
6. Family Therapy - to work through Mom's anger and to provide support and supervision.
7. Psychiatric evaluation and medication management for symptoms associated with Depression and Anxiety
8. Collaboration between all agencies, home, and school

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*Q & A*