

Brandon's Story

Brandon is the 15-year-old son of Racheal, who lives in a small city in central Wisconsin with her fiancé, Ben. Ben is a clerk for the local government, and Racheal is the co-owner of an auto parts store. Brandon has two older sisters, Tammy and Molly, who both live at home. Brandon's biological father passed away when Brandon was an infant, and Ben has lived with the family for almost seven years.

When Brandon was four, Racheal began noticing differences in his behavior. He appeared more aggressive than other children, both towards his parents and towards the other children in his preschool class. As Brandon grew older, his aggressive behaviors seemed to intensify, and he also began to exhibit destructive behaviors. Currently, Brandon does not display these behaviors. Ben and Racheal believe this is because there are no expectations currently placed on Brandon. They believe if they were to put demands on him, these behaviors would resurface.

Brandon was diagnosed with autism when he was 7, anxiety disorder when he was 8, and depression when he was 12. Brandon has had several psychiatric hospitalizations, beginning when he was 8. There have been no hospitalizations in the past two years. There is some history of mental illness, as Brandon's sister Tammy also has mental health concerns and receives formal support from the county.

Brandon was born biologically female but identifies as male. Ben and Racheal have been supportive of his transition ever since Brandon came out to them, almost five years ago.

Brandon is a bright child, with an IQ of 129, but has extreme difficulty participating in school and community life. He has an individualized education program (IEP) under emotional behavioral disability, which includes a behavior intervention plan. The school has been supportive and flexible, and Brandon is only expected to attend twice a week for one hour. During this time, Brandon is fully supervised for safety reasons. Due to anxiety, Brandon does not always comply with this schedule.

Brandon also needs supervision at home, and Racheal works from home, only checking in on her business on the days when Brandon is at school. Brandon has a history of running from home, school, and other activities. This occurs one to three times per week. Brandon is often unable to speak while in this state. Brandon has a GPS bracelet.

Brandon cannot do activities alone but will sometimes go out with his mother. He is resistant to personal care. He can shower and brush his teeth but only does so sporadically, two to three times per month. Brandon also changes his clothes only once a week and wears long-sleeves, regardless of the weather.

About a year ago, Brandon began to refuse psychiatric medications and appointments with his psychiatrist and therapist. Racheal and Ben claim these refusals are due to his anxiety and inability to participate in counseling. They are currently looking for another therapist with whom Brandon might feel comfortable.

Summary

Brandon has been diagnosed with autism, anxiety disorder, and depression. He has a hard time participating in activities, and cannot do so alone. He attends school for two hours a week. Racheal and Ben are supportive of Brandon, especially of his transition from female to male, but do not put expectations on him in fear that his behaviors will begin to escalate. Brandon has recently begun refusing medication and counseling.

Follow-Up Suggestions and Recommendations

- 1. To the greatest extent possible, continue to implement a support plan to promote Brandon's quality of life. Possible additions to his current support plan may include vocational or various volunteer activities, etc.*
- 2. Explore formal and informal sources of support, including Medicaid programs, that may help to support treatment objectives such as health maintenance, use of medications, and school attendance.*
- 3. Support and promote domains of safety in Brandon's life, including sexual contraception and basic protective behaviors.*
- 4. Explore opportunities for Brandon to connect with peers, including formal peer support alliances and informal peer connections.*
- 5. Contract with consultant to re-evaluate school IEP.*