

## My Experience with Mental Illness and Autism

My greatest strength is my empathy, which motivates me to inspire positive change in the world, following the advice of Mahatma Gandhi: to be the change I wish to see. As a patient of autism, depression, and anxiety, my desire to make an impact has manifested itself in mental health advocacy within my school community and a desire to become a doctor treating mental health patients such as myself.

My career goal inspired me to apply for the Bachelor of Health Sciences at the University of Ottawa. As an interdisciplinary program, this degree will equip me with the knowledge of biological science necessary to succeed in medical school and enable me to learn more about mental illness and effective forms of treatment, as effective treatment is often multifaceted, including knowledge from fields of social sciences including psychology and sociology, as well as from biological and pharmaceutical sciences. The knowledge that I am on a course to positively impact the world in the long term through my career is reassuring and exciting. However, I know that the mental health crisis that affects youth in Canada and around the world is present and immediate.

For this reason, I decided to join the Jack.org Wellness Team at my school to take immediate action. [Jack.org](https://www.jack.org/) is an organization that raises awareness for mental health and provides mental health resources to students. I felt that my school's community and faculty could offer more mental health support due to my own experience feeling unsupported as I dealt with mental health issues. Upon reflection, I realized I could be the person to spearhead this initiative. I decided to reach out to the staff lead of my school's Jack.Org Wellness Team with the idea of a student-led mental health-focused newsletter. This newsletter would include guidance from professionals on the issues high school students face, positive affirmations, self-care tips, and mental health resources for struggling students. I was invited to attend the first Executive Wellness Team meeting of the school year and share my idea with the team's student leads. Following this meeting, I joined the team as a cabinet member, which enabled me to offer my input on mental health initiatives within the school.

The team agreed to review my proposal, discuss it, and provide feedback. The team eventually decided that a student-led newsletter would be challenging to facilitate for several reasons. Taking their feedback into account, I devised the idea of a poster campaign that displays self-care tips, positive affirmations, and mental health resources, run by the team rather than other students. We decided to present this to our broader team and invite them to participate in designing the posters, fostering a sense of community and teamwork within the group, which is vital to achieving our goals. Upon discussion with other students on the team, we realized the conversation around mental health can often be very narrow, not considering the difficulties certain groups face. One such group is international students, of whom Holy Cross has dozens. Although the Holy Cross community is very welcoming, international students are often left without guidance on adapting to their new life in Canada. Fortunately, I worked with a team member who is also an international student to develop a sub-campaign targeted at my school's international student community. We provided guidance and resources to help navigate the challenges these individuals face. One resource was a collection of tips for a new Canadian's first winter in Canada, including outdoor and indoor activities one could do, as well as recommendations for winter clothing and where to buy it. In sum, my experience as an individual with mental health issues and autism has led me to work towards positive change in

my community. Through these experiences, I have learned the importance of listening to others in a team setting, as well as the valuable skills of dealing with professional rejection and facilitating plans developed in a team environment. These skills will be beneficial as I progress with my studies in Health Sciences at the University of Ottawa and in my future career as a medical doctor.

This passport is valid for all countries unless otherwise specified. The bearer must comply with any visa or other entry regulations of the countries to be visited.

SEE OBSERVATIONS BEGINNING ON  
PAGE 5 (IF APPLICABLE)

Ce passeport est valable pour tous les pays, sauf indication contraire. Le titulaire doit se conformer aux formalités relatives aux visas ou aux autres formalités d'entrée des pays où il a l'intention de se rendre.

VOIR LES OBSERVATIONS DÉBUTANT À  
LA PAGE 5 (LE CAS ÉCHÉANT)

Butt Bueber

**Signature of bearer - Signature du titulaire**



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PASSPORT  
PASSEPORT

# CANADA



Passport No./N° de passeport  
**AS156445**

Type/Type  
P

Issuing Country/Pays émetteur  
**CAN**

Surname/Nom  
**PRUEFER**

Given names/Prénoms  
**BRETT OWEN**

Nationality/Nationalité  
**CANADIAN/CANADIENNE**

Date of birth/Date de naissance  
11 JAN / JAN 07

|          |                                  |
|----------|----------------------------------|
| Sex/Sexe | Place of birth/Lieu de naissance |
| M        | KINGSTON CAN                     |

Date of issue/Date de délivrance  
06 JUNE/JUIN 22

Date of expiry/Date d'expiration  
06 JUNE/JUIN 27

Issuing Authority/Autorité de délivrance  
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Ontario

# Ontario Secondary School Diploma Diplôme d'études secondaires de l'Ontario

This Diploma is granted to  
Ce diplôme est décerné à

**Brett Pruefer**

a student of  
élève de

*Holy Cross Catholic Secondary School*

who has fulfilled the requirements for the Ontario Secondary School Diploma  
in accordance with the provisions of the Ministry of Education, Ontario.

qui a rempli les exigences prescrites pour l'obtention du diplôme d'études secondaires de l'Ontario,  
en vertu des dispositions du ministère de l'Éducation de l'Ontario.



Dated at  
Délivré à

**Kingston, Ontario**

the  
ce

day of  
jour de

**June 2025**

Minister of Education / Ministre de l'Éducation

Principal of School / Directeur ou directrice de l'école



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REVISED OFFER

July 24, 2025

Brett Owen Pruefer  
1413 Avondale Crescent  
Kingston ON K7P 2V2

Student number: 300464235

Dear Brett Owen Pruefer,

Congratulations! We are pleased to inform you that you have been admitted to the University of Ottawa in the:

**Honours Bachelor of Health Sciences  
2025 Fall Term  
Offered in English**

We ask that you carefully read this offer and respond by June 2, 2025 to secure your place in the program.

Given your outstanding record, you have been awarded an Admission Scholarship of \$2,000. To keep this scholarship, your final admission average must be 85% or higher.

To determine if we can offer you a better scholarship (if you have not yet received the maximum amount), we will recalculate your scholarship average once we receive your final 4U/4M grades in July. Therefore, we recommend that you continue to work hard to achieve the best possible results in your 4U/4M courses.

Our [scholarship program](#) is one of the most generous in the country.

The Faculty of Health Sciences strives for excellence in its teaching and places a strong emphasis on research. We offer undergraduate, graduate and postgraduate programs in both official languages in a wide range of health-related fields. We have partnered with more than 250 clinical agencies and community organizations to give our students the best clinical experiences and training possible. Our educational requirements allow us to give our students the innovative training they need to ensure and promote the health and well-being of individuals and populations alike. Our graduates become experts and professionals in a range of health-related disciplines or recognized researchers who are highly sought-after by top employers.

The Faculty of Health Sciences strives for perfection, and our innovative teaching methods and state-of-the-art research programs are earning us a place among national and international leaders. In choosing the Faculty of Health Sciences, you are choosing excellence and investing in a great future.



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The University guarantees you a room in residence. In order to reserve your room, follow the instructions on the [Housing Portal](#) and be sure to pay the housing deposit by the [deadline](#).

We will send you more information on course enrolment once you have accepted your offer of admission.

If you have any questions about this offer, or about the University of Ottawa, feel free to [contact us at the Admissions Office](#). In the meantime, it is your responsibility to ensure that we always have an accurate email address on file since we will be sending you regular updates and information on what is going on at the University.

We look forward to welcoming you as a University of Ottawa student!

Sincerely,

Jacques Beauvais  
Provost and Vice-President, Academic Affairs



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## OFFER OF ADMISSION TERMS AND CONDITIONS

|                          |                                     |
|--------------------------|-------------------------------------|
| <b>Term</b>              | 2025 Fall Term                      |
| <b>Faculty or School</b> | Faculty of Health Sciences          |
| <b>Program</b>           | Honours Bachelor of Health Sciences |
| <b>Language of study</b> | English                             |
| <b>Classification</b>    | Full-time                           |

### Admission scholarship

- An admission scholarship of \$2,000 will be applied towards your tuition fees in two equal installments at the beginning of the academic term as long as you are registered full-time for the two terms. You should also note that you must maintain a final admission average of at least 85% to retain your scholarship.

The value of this admission scholarship is based on your admission average and is offered in conjunction with this offer of admission. It is not applicable to any other offer of admission.

If you qualify for OSAP funding, we will inform the Ministry of Colleges and Universities that you will be receiving this scholarship or bursary.

### Additional information

This offer of admission is valid only for the program, year and term indicated on the offer of admission.

- If you are an Ontario resident, as defined by the Ontario Student Assistance Program (OSAP), and you need assistance paying for your education, OSAP may be able to help. Learn more about OSAP, including how much assistance you can receive and how to apply.

### Respond to your offer of admission

Accept or decline your offer before June 2, 2025, by clicking **Respond to your offer** at the bottom of your **Admission file**.

Now that you have received a decision, [find out what comes next](#).



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### **Disclaimer**

The requirements, tuition fees, schedule, and course list for this program are subject to change without notice. Not all courses are offered every term and the number of places in each course is limited. Your place in any given course is not guaranteed. Courses may be delivered in person, through distance education, entirely online, or in any combination of these methods. Course delivery method(s) may vary from term to term without notice.

### **Release of liability**

The University of Ottawa shall not accept liability toward any individual or group that suffers any loss whatsoever arising from errors, delays, interruptions, or cancellations of its operations or services owing to circumstances beyond its reasonable control.



## PSYCHOLOGICAL ASSESSMENT REPORT

Clinic Date: June 27, 2024

Report Date: September 16, 2024

**REFERRAL INFORMATION:** Brett is a 17 year old male who was referred to KidsInclusive by Dr. Janet Watt, Family Physician, for an assessment to determine if Brett meets diagnostic criteria for Autism Spectrum Disorder. In Brett's referral it indicates that his mental health counsellor at Maltby Centre had recommended the autism assessment for continuing to learn about his experience and support needs. Significant symptoms of anxiety, depression, and intrusive thoughts were noted in the referral, with mental health symptoms first documented at age 12. Dr. Watt described Brett to be bright and motivated to learn about his brain and support needs.

Brett was seen for an assessment by:

- Dr. Rachael Quickert, Psychologist

Brett attended his assessment appointment with his mother, Ms. Michelle Pruefer. Brett provided written consent for the assessment. His assessment process included a file review of information shared by his family physician, questionnaires completed by Brett, his mother, and his teacher, a clinical interview of symptoms, strengths, and support needs, and behavioural observations collected through engagement with Brett.

| STRENGTHS  | SUPPORT NEEDS  |
|--|--|
| <ul style="list-style-type: none"><li>• Bright and enjoys learning about topics of interest</li></ul>  | <ul style="list-style-type: none"><li>• Longstanding mental health symptoms in need of support and intervention through the lens of his neurotype</li></ul>            |
| <ul style="list-style-type: none"><li>• High self-awareness and ability to express his needs</li></ul> | <ul style="list-style-type: none"><li>• Challenges with executive functioning</li></ul>  |
| <ul style="list-style-type: none"><li>• Kind and compassionate</li></ul>                               | <ul style="list-style-type: none"><li>• Looking to build self-understanding to direct supports in preparation for university and the transition to adulthood</li></ul> |

| BACKGROUND INFORMATION:    |   |
|----------------------------|---|
| <b>Family Unit:</b>        | <ul style="list-style-type: none"><li>• Family structure: Brett lives with his mother, father, and 15 year old sister</li></ul>                 |
| <b>Community Supports:</b> | <ul style="list-style-type: none"><li>• School: Holy Cross Secondary School (grade 12)</li><li>• Community program(s): None currently</li></ul> |

Additional details regarding Brett's medical history may be contained within his KidsInclusive client record.

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**RELEVANT BIRTH, HEALTH AND DEVELOPMENTAL HISTORY:**

Ms. Pruefer reported no complications with her pregnancy with Brett. She did not endorse medication or substance use during that time. Brett was born two weeks late. Ms. Pruefer described being in labour for two days, and having an emergency C-section. Brett briefly experienced nuchal cord, and was monitored in hospital for three days following the delivery. No concerns were identified. He weighed 8 pounds 3 ounces at birth.

Brett was remembered to be early with his speech milestones and read early. He was reported to speak in sentences by 18 months, and has had an advanced vocabulary throughout his lifetime. No developmental delays were recalled. Social communication differences were remembered early on, including struggles connecting to same-age peers and navigating friendships (see details below). Difficulties managing changes in routine and transitions were also remembered in childhood, as well as sensory sensitivities (i.e., to food and loud and busy environments), and engagement in repetitive behaviours (e.g., sucking his thumb until age ten). Ms. Pruefer remembered taking Brett to a play therapist for a brief period of time during his childhood. He also received brief intervention for anger management and emotion regulation at age eight.

As noted above, Dr. Watt shared brief documentation of Brett's mental health needs. Anxiety symptoms were first identified at age 12, and mood symptoms in August of 2021 (age 14). Brett described social difficulties increased in late 2021, and expressed feeling disconnected from others and struggling to initiate and sustain friendships. Brett has engaged in counselling through Maltby Centre and a counsellor in private practice. Brett added that he was diagnosed with obsessive-compulsive disorder via telehealth in 2023. Brett takes 75mg of Effexor XR per day. He had previous trials on Sertraline and CipraleX, which Dr. Watt documented limited efficacy and side effects. There is a family history of anxiety, depression, schizophrenia, and bipolar disorder.

With regards to physical health, Brett did not report having any medical conditions, serious illnesses or hospitalizations, nor concussion history. He endorsed several food and environmental allergies.

Brett is planning to apply to health sciences programs at university, with a goal of attending medical school. He reported primary challenges with mental health symptoms that have persisted despite intervention (medication and therapeutic support), and executive functioning challenges (e.g., with time management, organization, task initiation, meeting deadlines). Brett has not had an Individual Education Plan (IEP) or formal school supports.

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**QUESTIONNAIRE RESULTS:**

Brett, his mother, and his teacher completed several questionnaires to assess his symptoms of neurodivergence. Note that no questionnaire is diagnostic of a condition on its own. Questionnaires can be used as data points to support a broader assessment.

Brett completed the Autism Quotient (AQ), a self-report measure of autism symptoms. Brett had a total score of 31, which is one point below the cut-off often consistent with the autistic experience (conservative cut-off of 32; other literature indicating scores in the high 20's may be suggestive of autism traits). It is noted that some autism screeners will miss high masking individuals.

Brett also completed the Camouflaging Autistic Traits Questionnaire (CAT-Q). The CAT-Q assesses social camouflaging behaviours, which refer to a collection of behaviours that are used to hide or make up for social differences or difficulties often associated with autism. Higher scores indicate a greater degree of camouflaging strategies. When compared to a normed sample of individuals *without autism* (i.e., taking the perspective of the null hypothesis that Brett does not have autism), Brett's overall score on the CAT-Q was in the 99<sup>th</sup> percentile, indicating self-report of camouflaging at a higher rate than many allistic individuals (individuals without autism). With regards to subscales, Brett scored in the >99<sup>th</sup> percentile for compensation, which are strategies used to make up for social difficulties or differences (e.g., developing a script for social situations). Brett scored in the 89<sup>th</sup> percentile for masking, which are strategies used to hide social difficulties or differences (e.g., making conscious changes to facial expressions to appear interested or relaxed). Brett scored in the 91<sup>st</sup> percentile for assimilation, which are strategies used to fit in during social interactions (e.g., forcing oneself to interact with others). When compared to a general normative sample regardless of neurotype, Brett's overall camouflaging score was in the 92<sup>nd</sup> percentile. His compensation and masking scores remained elevated (98<sup>th</sup> and 83<sup>rd</sup> percentiles, respectively), and his assimilation score dropped into the average range. To summarize, Brett endorsed engaging in a range of social camouflaging behaviours, especially with regards to compensation (making up for social differences and difficulties). Even when compared to a normative sample of all autistic individuals, Brett was still up in the 96<sup>th</sup> percentile for compensation.

Brett's mother and teacher also completed a symptom measure of his autism symptoms. They each completed the Social Responsiveness Scale - 2nd Edition questionnaire (SRS-2). The SRS-2 examines an individual's ability to recognize social cues, interpret social behaviours, engage in reciprocal social interactions, and motivation to interact with others. Higher percentiles indicate greater reported symptoms and/or impairment. Ms. Pruefer reported that her son experiences clinically significant difficulties with recognizing social cues (84<sup>th</sup> percentile; right at the clinical cut-off), engaging in reciprocal social interactions (86<sup>th</sup> percentile), and with social motivation (97<sup>th</sup> percentile). She endorsed Brett to have a number of strong interests, repetitive behaviours, and sensory sensitivities (92<sup>nd</sup> percentile). Ms. Pruefer scored Brett below the clinical cut-off for his ability to understand social situations. The total score was in the mild range of autism symptoms, suggesting clinically significant symptoms that may lead to mild to moderate interference in daily life. Brett's teacher, Ms. Samantha Mahoney, also completed the SRS-2. She scored Brett below the clinical cut-off across all indices. This pattern of discrepant scores between self-report, parent report, and teacher report is common in high-masking

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individuals (symptoms reported to the highest degree by the individual themselves, reported to a lesser degree by the parent, and lowest symptom endorsement by the teacher; impairments are likely masked at school).

Ms. Mahoney also completed the KidsInclusive School Strengths and Needs Questionnaire, which provides further qualitative information on a student's needs at school. Ms. Mahoney described Brett to be a "respectful, collaborative, and highly intellectual student. He works well with his peers, seeks teacher support when needed, and works hard in class to ensure his best effort is put forward." She did not indicate any support needs at school, or any current supports in place. Ms. Mahoney described Brett to be "quite independent" and that he "does not require reminders to stay on task (or to) submit work on time."

Brett brought his grade 11 report card to the appointment, dated April 19, 2024 (semester two, term one). Grades were in the 80's and 90's, and Brett's learning skills and work habits (responsibility, organization, independent work, collaboration, initiative, and self-regulation) were rated to be "excellent" across all courses barring one "good" for self-regulation in chemistry. Comments on his academic progress were very positive.

Finally, Brett completed the Adult ADHD Self-Report Scale (ASRS) as a screener for Attention-Deficit/Hyperactivity Disorder (ADHD). As Brett is a year younger than the age where the ASRS is typically employed (18 years), it was used for descriptive purposes to identify symptoms and to support further assessment via his clinical interview (see below). Brett's pattern of symptom endorsement suggested struggles with attention, executive functioning, and regulating his energy level, with highest symptom endorsement related to avoiding and delaying tasks that would involve a lot of thought, fidgeting when sitting for long periods of time, and feeling overly active or "driven by a motor."

## CLINICAL INTERVIEW AND OBSERVATIONS

### SOCIAL COMMUNICATION:

**Verbal****Communication:**

Observations: Brett was clear and direct in his communication style. His vocabulary was strong and he used formal language. Spontaneous, open-ended questions appeared more difficult for him to answer. When asked to describe himself towards the beginning of the appointment, he reflected that "a list with adjectives could help." On a few occasions he asked questions to clarify what Dr. Quickert's intent was so that he could answer her query as accurately as possible.

Information reported: As discussed above, Brett was advanced in his language milestones and has had a formal vocabulary throughout his lifetime. He described comfort expressing himself, especially in sharing factual information. Difficulties speaking about emotions were endorsed.

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| <b>Nonverbal Communication:</b>          | <p>Observations: Brett demonstrated fleeting eye contact and muted expression during interactions with him. His gaze was strong at times, but became inconsistent during sustained chatting. Brett's social orienting was different than neurotypical norms. His eyes and body language were oriented towards supplied fidget items at times in the assessment, although he was clearly attending to the interview and fully engaged in conversations, despite differences in his non-verbals. Brett appeared to communicate best when his hands were busy and when he was not making direct eye contact.</p> <p>Information reported: Brett reported longstanding differences in eye contact, and consciously employing eye contact as a skill. Ms. Pruefer remembered difficulties getting his attention as a child. Brett endorsed practicing his facial expressions as a child and consciously employing them during social exchanges.</p>  |
| <b>Social and Emotional Reciprocity:</b> | <p>Observations: Brett answered a variety of questions about his experience and support needs. Social chatting and conversation was initiated and sustained by Dr. Quickert. Brett spoke with purpose to share information. When silence was left, or leading prompts dropped that Brett could take to continue conversations, he rarely continued the "small chat." This was true even when speaking about his interests.</p> <p>Information reported: Brett expressed enjoying social conversations, especially with close others. He reflected greater comfort in deep conversations, versus surface level "small chat." Brett described the process of social chatting to be a learned and deliberately employed social skill, versus something he engages in automatically (as commonly described in the neurotypical experience). He reported preparing for conversations with individuals he does not know well, and brainstorming topics to discuss so that he does not run out of ideas. He endorsed writing down what he plans to say, on occasion. Brett reflected that others' can misinterpret him at times (e.g., missing or misreading his jokes). He described being quite attentive to others, and a conscious process of reading others' intentions and needs. Brett reflected struggles knowing how to respond to others' emotions at times.</p> |
| <b>Interactions and Relationships:</b>   | <p>Information reported: Brett described himself to be personable, noting that he developed this as a skill over time. His mother added that he is compassionate and empathetic. Brett described himself as a young child to struggle socially. He reported having few friends when he was young, and remembered difficulties connecting with others. Ms. Pruefer recalled Brett to be mature for his age, and to struggle to connect to the interests of same-age peers. She described other children to approach Brett, but he would appear uninterested. Brett remembered being frustrated by other children, and finding them to be "unpredictable." He reported spending time on his own at recess. Throughout high school, Brett endorsed paying attention to his social approach and efforts to cultivate supportive relationships. He reported an increase in his rate of</p>   |

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relationships, but struggling to find deep connections and to determine who might be best suited for being a close friend. Brett reflected that he “can’t expect moral perfection” from his friends. Struggles navigating group dynamics were noted. Brett reported that it is generally easier to connect to females and in one-on-one situations. His sister has been a good source of friendship.

**RESTRICTIVE AND REPETITIVE BEHAVIOUR:**

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| <b>Repetitive Motor Movements and Use of Objects:</b> | <p>Observations: Brett fidgeted in repetitive patterns throughout the appointment with supplied fidget items.</p> <p>Information reported: Brett endorsed longstanding repetitive patterns of fidgeting. He noted pulling the threads off of his clothing and chewing on his sweaters when he was younger. At present time, he reported bouncing his leg, and tapping and twisting his fingers. He described seeking order and organization (e.g., how objects are arranged on his desk). Brett remembered engaging in repetitive patterns of play as a child (e.g., repeating the same scenarios with his toys).</p> |
| <b>Repetitive Speech and Sound Use:</b>               | <p>Information reported: Brett endorsed using scripted and repetitive language (e.g., planning for conversations, repeating phrases used by others).</p>  |
| <b>Insistence on Sameness/Routines/Rituals:</b>       | <p>Information reported: Brett described himself to struggle when situations turn out different than he expected. He described researching new situations ahead of time, and difficulties accommodating unexpected demands and when plans are disrupted. He reflected challenges shifting between activities (i.e., transitioning). Ms. Pruefer remembered transitions being difficult to navigate when Brett was young, and that he needed more time to adjust to changes in routine (e.g., back to school after the holidays).</p>  |
| <b>Strong and Specific Interests:</b>                 | <p>Information reported: Brett described himself to have interest-directed attention and to focus intently on his passions. He is interested in language-learning, music, and psychology. He described himself to have a detail-focused brain, and to notice patterns that others may miss. When Brett was younger, he had strong interests that he would research facts about (e.g., pirates, dinosaurs, Harry Potter, Indigenous culture). Brett endorsed engaging with his interests repetitively (e.g., watching YouTube videos over and over). He noted collecting items (e.g., bottle caps).</p>                |

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| <b>Sensory Differences:</b> | Information reported: Brett endorsed sensory differences to sound and texture. He reported struggles with “wet” and “rubbery” foods and sauces, and cleaning his cutlery with a napkin prior to using them. Difficulties with foods mixing together were described. Sensitivity to certain frequencies of noise were endorsed, and previously struggling with crowds and loud and busy environments. Ms. Pruefer noted that they would arrive at birthday parties early so that Brett could adjust to the people and noise. |
|-----------------------------|---|

**OTHER NEEDS:**

|   |   |
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| <b>Attention and Executive Functioning:</b> | Information reported: Brett reported challenges with executive functioning (e.g., organization, time management, task initiation). He described himself to have interest-directed attention and a one-track mind. Brett noted being easily distracted by his environment. Once tasks are organized and he has one at the forefront, he reported doing well at completing the task. Getting started on the task is often most difficult. Brett reported having a strong memory. He described himself to frequently fidget in repetitive patterns, and to feel restless, associated with his level of anxiety and overstimulation. He reflected that his restlessness is improving.   |
| <b>Mental Health and Emotions:</b>          | Information reported: Although mental health needs were not assessed in depth for the purposes of this assessment, they were screened. Brett was described to experience overwhelm in childhood associated with sensory overload, and managing unexpected changes and transitions. He received support for emotion regulation. Anxiety symptoms were first documented by his physician at age 12, and mood symptoms at age 14. Brett endorsed patterns of intrusive thoughts that were diagnosed as obsessive-compulsive disorder (OCD) in 2023. He also endorsed anxiety regarding school performance, relationships, and evaluation by others, which appears secondary to navigating differences in social communication. At present time, Brett described his mood to fluctuate regularly (with moods often lasting hours to days), associated with current stressors and demands. He described himself to be frequently tired, low in mood, and irritable. Brett endorsed internalizing his emotions, although irritability is the emotion most observable to others. He reported some challenges with identifying and expressing his emotions. Brett takes Effexor XR daily and has engaged in therapy at several times in his life, but reports continuing to feel anxious, low, overwhelmed, and irritable. He reported that distraction and connection are the best coping strategies at present time. Brett has had a break from counselling, but has plans to return in the fall of 2024. |

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**Daily Living:**

Information reported: Brett reported having the skills to complete activities of daily living, but struggling with organization, task initiation, and transitioning amongst tasks to complete them. Overwhelm and mental health needs impact Brett's capacity and resources to complete daily tasks with consistency. He benefits from support for regulating emotions, supporting his mental health, and assisting with his executive functioning (e.g., organization, getting started on tasks). No challenges with sleep were endorsed.

**SUMMARY AND CONCLUSIONS:**

Brett is a bright and caring 17 year old who can learn deeply about his interests. Neurodivergent traits were remembered throughout his childhood (e.g., social and relational differences, sensory sensitivities, struggles with transitions and change, repetitive behaviours). High school appeared to be a time of finding his stride academically, but struggling to a greater degree with his mental health. He reports anxiety, low mood, and intrusive thoughts which have persisted over the past five years despite medication and therapy. It is noted in the diagnostic criteria for autism that impairments may not be clear until expectations of one's environment exceed their coping capacity. Brett described employing his pattern recognition skills and social motivation towards learning the rules for social engagement and connection. As such, his impairment was less clear during childhood, but with the increasing demands of adolescence, differences and support needs have become more evident, manifesting in his persistent mental health symptoms.

Brett presents with longstanding differences in social communication, describing social cues to be consciously identified and navigated. He reported struggling to relate to same-age peers throughout his childhood, and cultivating skills to navigate social situations (e.g., practicing facial expressions in the mirror, writing scripts of what to say to others). Differences in social reciprocity were described (e.g., struggles with determining what to ask of others to keep conversations going), and challenges understanding and maintaining friendships. Differences in eye contact and social orienting were observed and reported. Brett endorsed repetition in his speech, behaviour, engagement with objects (e.g., collecting and arranging items) and exploration of his interests (e.g., re-watching videos). Brett seeks structure, and struggles to manage unexpected change, unanticipated demands, and times of transition. Sensory differences to sound and texture were identified, influencing Brett's diet and potentially playing a role in his concentration. Brett is pursuing this assessment to learn about his brain to inform supports for his mental health and academics.

This assessment was completed to determine whether Brett's experience could be understood in the context of a diagnosis of Autism Spectrum Disorder. Autism is a neurodevelopmental disorder that is broadly characterized by two core areas: 1) persistent deficits with social communication and interaction, and 2) restricted, repetitive patterns of behaviour, interests, activities, and sensory sensitivities. Based on the observations made, and information shared by Brett, his family doctor, his mother, and documented in his medical file, **Brett meets the DSM-5-TR diagnostic criteria for Autism Spectrum Disorder (ASD)**, which affects his experience of the world and can inform supports for his future.

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Brett presents with challenges with executive functioning (e.g., organization, task initiation) in need of support and accommodation. These struggles are currently understood through the lens of autism and his mental health needs, rather than as a distinct diagnosis. As autism supports and accommodations are put in place, should executive functioning challenges remain that appear distinct from his autism and mental health needs (e.g., anxiety, mood, and OCD symptoms), assessment for attention-related diagnoses may be beneficial in the future.

Brett's mental health needs are understood in the context of late-diagnosed autism. Many of Brett's autistic traits were reported to some degree in childhood, and he has spent many years working hard to cope in a world not designed for differences in social communication, information processing, sensory regulation, and coping. Over time, continually engaging in the hard work of coping without accommodation for neurodevelopmental differences can be associated with co-occurring mental health needs. This may be implicated in his anxiety, overwhelm, and low mood symptoms. Understanding his autistic brain and experience can inform intervention alongside more traditional support for mental health symptoms. It will also be beneficial to ensure accommodations are put in place at home and school for autistic differences. Implementing autism-informed therapeutic intervention and autistic accommodations is anticipated to improve his mental wellness, reduce his level of anxiety and overwhelm, and to support him in sustaining his energy and ability to move towards his goals. This is an important time to implement supports to avoid autistic burnout. See resources and recommendations below.

**NEXT STEPS:****GENERAL**

Dr. Quickert and Kenzie Hampton, Family Resource Consultant, held a follow-up session with Brett and his parents in July of 2024 to discuss his diagnosis and next steps for support.

There are many recommendations shared below. Brett and his supports are encouraged to take the recommendations that are helpful and to leave the others. It will take time to work through these recommendations and many people benefit from support from service providers in addressing them.

**FAMILY RESOURCE**

**Family Resource Consultative Services** can be accessed through KidsInclusive upon request. Please call the number below if you have questions or concerns.

- Kenzie Hampton: 613-544-3400 ext. 3107 | Toll Free: 1-855-544-3400 ext. 3107

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**RECOMMENDATIONS**

- **Learning about Autism:** Brett is encouraged to learn about autism and how this lens can help him to understand his experience of the world and support needs. The KidsInclusive Introduction to Neurodiversity workshop would be a great next step. A recording of the workshop can be found here: <https://www.youtube.com/watch?v=LJKoTzJvQZY>. The following website has compiled resources for learning about neurodivergence and autism: <https://notanautismmom.com/2022/01/15/books-for-autistic-adults/>
- **Connecting with Community:** Brett is encouraged to connect with neurodivergent individuals who share elements of his experience and common interests. He may benefit from attending social events that include an agenda or activity to increase the level of structure and predictability of the interaction (e.g., interest-based clubs with programming, volunteer opportunities). Exploring opportunities related to his interests may be a helpful starting point for connection.
- **Therapeutic Recommendations:** Brett may benefit from therapeutic support as he learns more about his autistic brain and how the lens of autism informs his social and emotional experience. Mental health treatment of his anxiety, mood, and obsessive-compulsive symptoms will be beneficial. The lens of autism can inform content- and process-related considerations for therapy, with the primary recommendation being that Brett and his therapist distinguish what is an autism trait (which should be accommodated and supported), and what is a mental health symptom (which should be treated). An article describing this distinction is here: <https://neurodivergentinsights.com/blog/autistic-anxiety>

Brett would benefit from neuroaffirming support for identifying, communicating about, and regulating his emotions. The frame of autism will be beneficial for understanding triggers to emotions and stress responses, and what is regulating for him. Knowledge of Brett's autistic brain provides important context for ensuring strategies match his cognitive and communication style. Tools such as an emotion wheel may be helpful for providing language for emotions, as well as regular check-ins (e.g., mind-body scans) to draw Brett's attention to his emotional and physical needs. Specific work on interoception may be helpful, while holding that distress tolerance strategies may be needed for Brett to be able to slow down and be present with strong or painful emotions. With regards to coping, a neuroaffirming dialectical behaviour therapy frame may be beneficial, focused on growing distress tolerance and emotion regulation skills that incorporate sensory strategies, body-based coping (e.g., grounding with the five senses, deep breathing, progressive muscle relaxation) and repetitive behaviours (e.g., mindful stimming). "The Neurodivergent Friendly Book of DBT Skills" may be a helpful resource for Brett to explore independently or with the support of a therapist.

Specific treatment for Brett's anxiety, mood, and obsessive-compulsive symptoms incorporating the lens of autism will be beneficial, although potentially after autism accommodations and initial work on neurodivergent distress tolerance have occurred. Validated treatment for obsessive-compulsive disorder (i.e., cognitive-behavioural intervention) is recommended with added nuance and support for

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autistic differences and needs. In general, body-based and behavioural interventions may have slightly greater efficacy than an approach that is fully cognitive, although Brett and his therapist are encouraged to explore his unique needs and tailor treatment with that in mind. Here is a resource examining the intersection of autism and OCD: <https://neurodivergentinsights.com/autism-infographics/autism-and-ocd?rq=ocd>

With regards to Brett's mood, autistic burnout is an important added layer for understanding neurodivergent mood symptoms, as Brett may be presenting with mood symptoms, burnout symptoms, or both. Information on autistic burnout can be found here: <https://neurodivergentinsights.com/autism-infographics/autism-and-burnout>. Knowledge of autistic burnout can be helpful for addressing current needs, and/or preventative strategies to reduce the likelihood of burnout in the future.

Brett's family are encouraged to support Brett in advocating for accommodations and implementing coping skills (i.e., co-regulating with him), following his lead as to the kind and amount of support that is needed. They may be interested in participating in the Emotion Regulation workshop offered at KidsInclusive, which provides parents with a frame of understanding autistic emotions and strategies for support. They have been added to the list and will be receiving information via email. This would be a good "step two" after watching the Intro to Neurodiversity workshop listed above.

- Medical Consultation: Brett's is encouraged to continue regular consultation with his family physician to ensure that his medication remains effective in addressing his mental health symptoms.
- Sensory Regulation: Brett would benefit from support and tools to manage and regulate his sensory experience (e.g., use of headphones, breaks in quiet environments to recharge). Sensory regulation could be explored as part of therapy (e.g., examining his sensory profile, avoiding or limiting overwhelming sensory experiences when possible, implementing tools and strategies for support, and increasing regulating sensory experiences).
- Daily Living: Brett is encouraged to capitalize on his preference for routine and predictability in helping him to navigate daily life demands. Schedules, alarms, timers, and reminder apps may be helpful to support him in initiating tasks and transitioning between them. Brett is encouraged to break tasks down into concrete steps and to seek support from people close to him to assist with these tasks (e.g., "body doubling"). Focusing on one step or task at a time, limiting distractions, and tailoring tasks to his interests would be helpful. Using pacing systems may be beneficial to avoid all-or-nothing expenditure of energy, and ensuring practical tasks are balanced with incorporating time and energy towards his mental and physical wellness. See information here: <https://neurodivergentinsights.com/blog/how-to-use-pacing-systems> As Brett's mental health needs are addressed and autistic differences are accommodated, he should have greater capacity for daily tasks.

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## RECOMMENDATIONS FOR SCHOOL

Formal Identification by the School Board: It is recommended that Brett and his family request a review by the Identification, Placement and Review Committee (IPRC) to create an Individual Education Plan (IEP) to address his learning and coping needs at school, given his diagnosis of autism and identified support needs related to executive functioning and mental health. We encourage Brett, his family, and school staff to work together to identify strategies that are helpful in supporting him.

The following accommodations can be considered:

- Access to a quiet space: Brett would benefit from access to a quiet space to complete work and write tests and exams. This will be supportive of his concentration and sensory regulation.
- Sensory devices: Brett may benefit from the use of noise cancelling headphones or earbuds in classes and during tests and exams.
- Supports for attention: Brett will benefit from opportunities to move his body during learning activities and testing, as movement is supportive of his learning, attention, and coping. This may include fidgeting, drawing, getting up from his seat, and taking breaks from the room to go on a walk to down-regulate his sensory system and re-focus his attention.
- Supports for executive functioning: Brett will benefit from support for organization and planning for assignments, potentially through learning strategies resources. Access to class notes ahead of time, a note taker, and/or audio recording lessons (if permitted by the teacher) may be beneficial due to communication and information processing differences. Furthermore, Brett will benefit from structure for his learning whenever possible. This could include giving syllabi with clear expectations for assignments, weekly to-dos, and clear deadlines. Clear and direct assignment and test instructions, and breaking tasks into steps when possible, will be beneficial for his understanding and demonstrating his knowledge.
- Use motivation and interests: Brett will be best able to participate in learning activities and demonstrate his knowledge if his interests are incorporated. Whenever possible, consider using Brett's areas of interest in learning (e.g., allowing him to select the topic of assignments to align with his interests and motivation).
- Methods of evaluation: Brett will benefit from clear, literal, and explicit directions for learning activities and testing to support autistic differences in information processing and communication. He would benefit from opportunities to check his understanding of questions on tests and examinations (i.e., what the test question is asking of him). Presentations and group work will have an added social communication demand on Brett versus allistic (i.e., non-autistic) students. This is important for teachers to keep in mind, and to discuss with Brett how best to evaluate his knowledge of course content, considering accommodations when social communication demands may be exceeding current coping capacity (e.g., completing assignments independently, presenting to a smaller group).

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- Extra time for tests and examinations: Brett may benefit from extra time during exams and tests for planning and organizational needs, providing support for communication and understanding test questions (i.e., clarifying the intent of questions), as well as to engage in body breaks in support of his focus and anxiety management. He is encouraged to speak with his teachers to identify the supports needed and associated timelines to match these supports.
- Exam and classroom scheduling: Limiting the number of exams or tests on the same day would be beneficial, whenever possible, to limit overwhelm and to allow enough time for Brett's regulation resources to replenish.
- Connecting with mental health supports: Brett is encouraged to seek support for his coping and regulation needs in the community as well as through school. This may include connecting with the school counsellor, and taking time for coping and regulation when needed. Use of neuroaffirming coping strategies, including sensory regulation, coping through movement, and body-based regulation strategies is recommended. Due to Brett's high-masking autistic presentation, it is important for others to recognize that his level of overwhelm and the work that he is doing to cope on a daily basis may not be immediately evident. Brett demonstrates high self-awareness, and consulting him regarding his experience and support needs will be most important.

Electronically authenticated by:

- Rachael Quickert, Ph.D., C. Psych., Psychologist  
Phone: 613-544-3400 ext. 3201 | Toll Free: 1-855-544-3400 ext. 3201

**Please Note:**

**Due to the developing and changing nature of children and adolescents, the information and recommendations included in this report are meant for current use.**

cc: Brett Pruefer, Client  
KidsInclusive Records

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