

ECHO Autism Early Intervention (0-8 years old)

Response was completed on 05/07/2022 11:08am.

Record ID

15

ECHO Autism Early Intervention

Ages 0-8 Years

Case Presentation Form

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Complete this form to the best of your ability. This survey is individualized and should only be completed and submitted by the listed provider. A unique confidential patient ID number (ECHO ID) has been provided that must be utilized when identifying your patient during clinic.

Email our clinic coordinator **Christy Kidwell** at kidwellcf@health.missouri.edu if you have any questions or comments.

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any UMH clinician and any patient whose case is being presented in a Project ECHO setting.

Presenting Provider Name:	<input type="text" value="Doyle Mueller"/>
Clinic/Facility Name & City:	<input type="text" value="SENBOX School"/>
Provider Phone Number:	<input type="text" value="+84 89 8482324"/>
Provider Fax Number:	<input type="text"/>
Echo ID:	<input type="text" value="EI0029"/>
Presentation date:	<input type="text" value="2022-05-09"/> Y-M-D

Patient Data

Biological Gender:

Male Female Unsure

Patient Age:

6

(Yrs)

7

(Mos)

Insurance:

None

Insurance Company:

none

Race:

Asian

Ethnicity:

Not Hispanic/Latino

Patient Outcomes

Who referred the child to you?

Family

Has the patient received a diagnosis?

Yes

If so, when?

By which physician?

Paediatrician

How long did the patient have to wait to see you?

none

How long has the patient been in your care?

6 weeks

Is the patient in individual or group intervention?

Group

How often do you see the patient?

ever day

How many sessions have you had with the patient?

30

Who typically accompanies the patient to clinic appointments?

none

How far did the patient travel to get to your office?

Miles:

Hours:

Minutes:

List the questions you would like help with.

1)

ASD ? or delayed?

2)

TEAM QUESTIONS

Intervention style?

How does the lack of congenital flexibility impact the student's development in the future?

How soon if not intervened? Time of change for habit?

How to support his lack of cognitive development? (walking 2 floors)

How long for a change of flexibility can occur?

3)

TEAM QUESTIONS

What recommends for the touching of genitals touching.

At this age concerning or not?

Birth History

Exposures during pregnancy:

Smoking Alcohol Valproic Acid Street drugs/other Unknown

Other:

Gestational age:

(weeks)

Birth weight:

(lbs)
(oz)

Delivery mode:

Vaginal C-section

Presentation:

Breech Head first

Were there newborn problems?

Yes No

Please check all of the following that apply:

- In NICU
- Required intubation
- Seizures
- Birth defects
- Feeding issues in infancy
- Other

Comments:

3 special schools
2 years after school support for food, math, SLT

Development History

Communication Ability (Please indicate the child's highest communication/s)

- Nonverbal (e.g., no functional words)
- Uses single words
- Uses 2-3 word phrases
- Uses sentences
- Chats with other
- Uses gestures (e.g., pointing, waving and/or leads other to wants/needs)

Behavior Concerns

- Short attention span
- Hyperactivity
- Obsessive-compulsive
- Aggressive
- Hurting animals or other people
- Unusual or excessive fears
- Depression
- Defiant
- Self-injury (e.g., head banging, biting, scratching, cutting, picking, etc.)
- Toileting issues, accidents
- Irritability/Moodiness
- Hallucinations

Comments:

can follow actions of 3-5 visual and verbal prompts: toilet, drink water, eat food,

Vietnamese verbally: I want water, "pee" for toilet

... needs visuals and support from teachers (about 15 times) to sit in the chair when participating in learning activities.

After the end of the activity, ... did not accept to return to class after playing, lying on the floor and complaining for about 15 minutes. ...

has difficulty following instructions to brush teeth. ... has not accepted brushing at noon (after finishing meals).

... has not accepted to go upstairs (2nd floor). has difficulty changing the play area.

Motivator: anything to create a knocking sound
A wooden spinner (powerful motivator) however, he went up to the last step (unsuccessful)

... can go up to the last step, but ... turns back and runs into the room.

Medical/Psychiatric History

How long has the child been in your care?

6 weeks

Please list all diagnosis, surgeries, illnesses and or any significant medical history:

Diagnosis/Illness:

ASD (via parent info)

Age:

6

Date - Year:

Professional making diagnosis:

Diagnosis/Illness:

Please list current medications and supplements:

Medication:

Please check all of the following that apply:

- Seizures
- Tic Disorder
- Staring spells
- Toe walking
- Hypertonia
- Hypotonia
- Microcephaly
- Macrocephaly
- Chronic stomach ache/pain/reflux
- Chronic constipation
- Chronic diarrhea
- Chronic ear infections
- Food allergy
- Environmental allergies
- Skin problems (e.g., rash, eczema)

Comments:

Testing

Have the following tests been performed?

Chromosomal Microarray

Yes No Unknown

Karyotype

Yes No Unknown

Fragile X DNA

Yes No Unknown

MRI of the brain

Yes No Unknown

EEG

Yes No Unknown

Sleep study

Yes No Unknown

Lead blood level

Yes No Unknown

Audiologic (hearing) exam

Yes No Unknown

Vision screening

Yes No Unknown

Academic testing

Yes No Unknown

Intelligence testing

Yes No Unknown

Comments:

2 weeks of school observation. ... is observed through play activities such as swing, trampoline, daily activities such as eating, hygiene, sleeping and table activities such as colour, number, drawing, writing,

Body Movement: ... can move hands and legs not restricted in daily activities, with sufficient skills for fine movement and gross movement

Dietary/Nutrition/Metabolic

Please check all of the following that apply:

- Problem eater (Less than 10 foods)
- Picky eater (Less than 20 foods)
- Special Diet
- Pica (Eating/craving non-food items)
- Chewing or swallowing issues
- History of growth concerns - Overweight
- History of growth concerns - Underweight

Which beverages does the child drink regularly?

Water Milk Juice/Sweetened beverages

Approximately how much **water** does the child drink per day?

200ml (6.7oz)

(oz)

How often is **water** accessible?

At meals/snack times Access to water available all day

Approximately how much **milk** does the child drink per day?

230ml (7oz)

(oz)

Does child drink more than 24 oz **milk** per day?

Yes No Unknown

How often is **milk** accessible?

At meals/snack time Access to fluids available all day

Comments:

does not like dishes such as: mango, Yogurt, orange juice

did not eat (less sugar) Yogurt:

... pushed the Yogurt box out and put it on the table when the teacher gave it to him

... After the teacher put some Yogurt (half a spoon)

... lies on the floor and refused for about 30 minutes.

Sleep History

Rarely = never or 1 time/week; **Sometimes** = 2-4 times/week; **Usually** = 5 or more times/week

Does the child fall asleep within 20 minutes? If yes, how often?

No Rarely Sometimes Usually Unsure

Does the child awaken more than once during the night? If yes, how often?

No Rarely Sometimes Usually Unsure

Comments:

sleep 2x. in the middle of the of 30 sessions

Trauma/Abuse History

	No	Yes	Suspected
Trauma/Abuse History	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Abuse	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

unknown

Social History

Child resides with:

Has legal custody of the child:

Biological parents are:

How many people live in the home *not* including the child?

Who lives in the home with the child?

Relationship (1/2 sib, step-parent, etc.):

Age:
(yrs) (mos)

Gender:

Relationship:

Age:

(yrs) (mos)

Gender:

Relationship:

Age:

(yrs) (mos)

Gender:

Relationship:

Age:

(Yrs)

Gender:

List other significant caregivers that live outside the home (e.g., family, friends, grandparents, neighbor):

Comments:

Family History

Condition/Disorder

	Mom	Dad	Brother	Sister
Genetic Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder (e.g., epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Concerns (e.g., Depression, Anxiety Disorder, Bipolar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood deaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dysmorphology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Substance abuse

Comments:

unknown

Child Care or Educational History

What is the child's current child care or educational placement? (Please check all that apply)

- Parents provide full time child care at home
- In-home child care (other caregiver)
- In-home day care
- Day care center
- Preschool
- Head Start or Early Head Start
- Homeschool
- 1st Steps
- Public School
- Private School

Does the child participate in either of the following?

- Early Intervention Services (First Steps or Birth-3 Program)
- Early Childhood Special Education (ECSE)

If the child attends child care or school outside the home, what is the typical schedule?

- Full Day
- Part Day

Does the child have an IEP or 504 plan?

Yes ▾

What services and how many minutes does the child receive?

Under what category is the child eligible for services?

- Autism
- Deaf-blindness
- Emotional Disturbance
- Hearing Impaired/Deafness
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech/Language Impairment
- Traumatic Brain Injury
- Visual Impairment/ Blindness
- Young Child with a Developmental Delay (YCDD)

Comments:

Outside Resources

Resources:

- Bureau of Special Health Care Needs
- Behavioral Therapy/ABA
- Easter Seals
- Division of Family Services (DFS)
- Physical Therapy (PT)
- Parents as Teachers (PAT)
- WIC
- Counseling
- Regional Center (Dept. of Mental Health)
- Speech Language Therapy (SLT)
- Psychiatric Services
- First Steps
- Occupational Therapy (OT)
- Social Security Disability (SSI)
- None of the above
- Other

Is this service provided in an outpatient or school setting?

School Setting ▼

Comments

1:1 to 3:1 intervention key
Activity-based intervention, TEACCH, AAC,

Likes: .. likes to play trampoline and bing swing, playing a scooter, gym bike,
tapping pen and objects on the table

Do not like: ...
the first day guided the teacher turns on the lights

has not accepted to go upstairs to change the location.

Colours: ... can identify the colours of the colour button such as yellow, red, green, blue, black, and orange when the teacher asks to get the colour in words.
... matching colour button on the wooden board.

For the first time, ... did not know how to arrange the colours in vertical rows. ... performs 5 minutes

The second time, on April 5, ... carried out the colour button arrangement, the supported ... by modelling the yellow button, then ... could complete the task of independence in 3 minutes

... able to based colour matching activities ... completed in 8 minutes of independence

Number: ... can identify and count the sequence of numbers from 1 to 20 in English and Vietnamese. ... while writing, and count when asked

math activities add dotes to values 1 to 5, but not the other way
has not distinguished larger and smaller numbers.
has not been able to add values together.

Draw: ...
independent repetitivedraws a repeated image (big and small circles and numbers, or an animal image
refuses hand over hand guidance after 1 minute, with the wish to draw the parens mentioned.

put both hands on the table and trace his own fingers. ... continued to draw another shape. holding tripod grip.

can paper trace stickman

is about 1 minute, then let go and continue drawing repeat images as above.

Drawing images under the theme of wild animals
Tracing lion, snake, giraffe, and rhino in 11 minutes independently

latter tracing activities ... he ignores the letters but follows the bottom line

... often writes characters or draws a similar picture in every writing activity. ...
can write a sequence of numbers from 1 to 20 independent (on A4 paper)

.... has not been able free to write his name ... but copy 4 letters in 7 minutes

trace words independently such as a lion, a snake, a giraffe, and a rhino for himself for 10 minutes

----- Proposed areas for IEP -----

Follow instructions: return to his chair when notified. Routine, accepting the conclusion
Ending to play from 2 to 3 notices.

Cognitive Flexible: Go to the second floor to play, change the direction of moving down the stairs (to the left)

Focus: Focus on writing and drawing activities for 5 minutes. Reduce pen typing

Eating: Practice eating dishes such as bread, fruit and juice, yoghurt

Lifeskill: improve brushing teeth

Communication: PECS LV 2

Reduce/ play with genitals

The floor posture, sitting at the table - reducing the pen on the table, focusing on the task in 5 minutes of independence

Social Communication

A1. Deficits in social-emotional reciprocity. (Click all that apply)

- Unusual social initiations (e.g., intrusive touching, licking or others)
- Use of others as tools (e.g. child uses your hand to initiate a task)
- Failure to respond when name called or when spoken directly to
- Does not initiate conversations
- Lack of showing or pointing out objects of interest to other people
- Lack of responsive social smile
- Failure to share enjoyment, excitement or achievements with others
- Does not show pleasure in social interactions
- Failure to offer comfort to others
- Only initiates to get help

A2. Deficits in nonverbal communicative behaviors used for social interaction (check all that apply)

- Impairments in social use of eye contact
- Impairment in the use and understanding of body postures (e.g. facing away from listener)
- Impairment in the use and understanding of gestures (e.g. pointing, waving, nodding head)
- Abnormal volume, pitch, intonation, rate, rhythm, stress, prosody or volume in speech
- Lack of coordinated verbal and nonverbal communication (e.g. inability to coordinate eye contact or body language with words)

A3. Deficits in developing, maintaining, and understanding relationships

- Inability to take another person's perspective (4 years or older)
- Does not notice another person's lack of interest in an activity
- Lack of response to contextual cues (e.g. social cues from others indicating a change in behavior is implicitly requested)
- Inappropriate expressions of emotion (laughing or smiling out of context)
- Lack of imaginative play with peers
- Does not try to establish friendships
- Lack of cooperative play (over 24 months of age)
- Lack of interest in peers
- Withdrawn; aloof; in own world
- Prefers solitary activities

Restricted/Repetitive Behavior

B1. Stereotyped or repetitive motor movements, use of objects, or speech

- Lining up toys
- Nonfunctional play with objects (Examples: dropping items repetitively, holding objects for long periods of time without purpose)
- Repetitively turns on/off lights
- Echolalia
- Idiosyncratic phrases (Example: "crunchy water" for ice)
- Hand flapping
- Rocking
- Flicking fingers in front of eyes
- Opening/closing doors
- Spinning
- Unusually formal language (Example: little professor talk)
- Jargon or gibberish past developmental age of 24 months
- Use of "rote" language
- Pronoun reversal and/or refers to self by own name
- Repetitive vocalizations (Examples: unusual squealing, repetitive humming)
- Abnormal posture (Examples: toe walking, intense full body posturing)
- Excessive teeth grinding
- Repetitive picking

B2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior

- Difficulty with transition
- Unusual routines
- Repetitive questioning about a particular topic
- Extreme distress with small changes
- Rigid thinking patterns (Examples: inability to understand humor or nonliteral aspects of speech such as irony)
- Greeting rituals or other verbal rituals
- Compulsions (Example: must turn in a circle three times before entering a room)
- Need to take some route or eat same food every day

B3. Highly restricted, fixated interests that are abnormal in intensity or focus

- Strong attachment to or preoccupation with unusual objects (Examples: fans, elevators)
- Excessively circumscribed or perseverative interests (Examples: dinosaurs, alphabet, shapes)
- Being overly perfectionistic
- Excessive focus on nonrelevant or nonfunctional parts of objects (Example: overly focused on wheels on car)
- Attachment to unusual inanimate object (Example: measuring cup or ring from canning jar)
- Unusual fears (Example: people wearing earrings or hats)

B4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment

- Apparent indifference to pain/temperature
- Adverse response to specific sounds or textures (Examples: tactile defensiveness, significant aversion to nail cutting)
- Excessive smelling, licking or touching of objects
- Visual fascination with lights or movement (Examples: close visual inspection of objects or self for no clear purpose)
- Excessive movement, seeking behavior

Additional Comments

... played swing for about 10 minutes after 10 times the notice ended the playtime, end of the game and crying, lying under the grass for 15 minutes.

... grab the teacher's hair to tear, the foot row and tried to run to the swing

... often put his hand in his pants and touch his genitals. During the lunch break,
... lay in bed and put his hand in his pants for about 30 times.

When reminded by the teacher, ... reached out and then continued his behaviour when he was crying on the floor.

Proposed Recommendations:

Based on my assessment, the following recommendations are proposed for the child:

1)

For cooking to flexibility variety of play activities and art activities in writing activities are being continued to use in short 1:1 but regular sessions. AAC visual support, language practice, scheduling,

2)

For calming and relaxation regular breaks of trampolining, water play, and play and Clay play

3)

More powerful motivators Will be looked for or will be created in play sessions

4)

A routine will be established to continue to go up to the second floor and then reach other areas to increase walking,

5)

The student will work with a variety of other staff of a time to increase cognitive flexibility and focus on acquired skills

6)

Food items such as yoghurt will be transitioned with a mix of already except the food items

Form Status

Complete?

Complete ▼

