

EI Recommendations

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Record ID

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ECHO Autism Early Intervention

Ages 0-8 Years

Recommendations Form

**Brett Moore, DO; Brittney Stevenson, MOT, OTR/L;
Michelle Dampf, MA, CCC-SLP; Laura Barnes, MS, BCBA, LBA;
Michelle Haynam, MS Ed.**

Email our clinic coordinator **Sarah Towne** at sarahtowne@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: Jamie Isreal

ECHO ID: EI0044

Presentation date: 09-25-2023

Presenting Question:

See Below

Additional Identified Concerns:

-How do we handle behavior episodes? Do you believe the behavior is medically related?
-What other interventions do you recommend for behavior?
-What can we do for discipline?

After review of information provided and discussion of the case, the following recommendations are provided:

1)

- Referral to an autism center for a formal autism evaluation
- Private OT and speech therapy during the summertime to help with communication behaviors
- Offer mom any visuals that the team comes up with for school which would include any visual charts for potty training or anything that is used to reinforce behavior.
- Making sure that family is following up with specialists to make sure that medical needs are not adding to any behaviors

2)

- Complete a functional assessment to determine the function/"why" of the behavior prior to implementing a new behavior plan. Consulting with a BCBA to complete the assessment and create the plan would be really helpful, if there is one available in your area. If not, you may talk to your school administration to have a BCBA consult on a short-term basis would be beneficial, due to the high-magnitude challenging behavior and complex presentation of this child.
 - o Through the Thompson Center, TEAM has offered free training and follow-up support for teachers and classrooms. They will hopefully be resuming these services in the near future and this may be a really helpful resource for you! Their contact information is 573.884.1619 or TCtrainings@missouri.edu
- Focus on implementing antecedent strategies (i.e., strategies we implement before the behavior has occurred to help set everyone up for success), instead of focusing on responding to behavior when it has already started (e.g., think "preventative" instead of "putting out fires").
 - o These can include environmental arrangement (i.e., how the classroom is set up - making sure access to dangerous items or expensive equipment is limited or hard to get to), providing lots of access to positive social interactions and his favorite things when he is engaging in positive behavior, visual supports and schedules, providing choices whenever possible, and behavioral momentum (e.g., start with "easy" tasks that he is likely to complete and build up to a more difficult task).
- Teach appropriate "replacement" behaviors: When you have identified the function of the behavior, focus on teaching strategies that will help your student meet that need with a lesser response effort. For example, if a child engages in tantrum behavior in order to gain access to a preferred activity, focusing on teaching appropriate ways to request that activity will give that child an easier, more appropriate way to access that activity, without engaging in a tantrum. The appropriate requesting behavior will replace the tantrum behavior when reinforced by the people around him!
- Regarding how medical issues may contribute to behavioral issues, I recommend indicating on a graph or chart when the illnesses occur so you can more clearly see whether the challenging behavior spikes may overlap with medical issues.

3)

- Build off of daily school tasks which are going well. Stack an activity that is slightly challenging after a task he typically does well with.
- Communicate with mom the need to prioritize repairing glasses and FM system. Explore local resources to find more indestructible frames for glasses.
 - o https://www.amazon.com/FONHCOO-Blocking-Unbreakable-Computer-Christmas/dp/B08B4R75BY/ref=asc_df_B08B4R75BY?tag=bingshoppinga-20&linkCode=df0&hvadid=80814196415801&hvnetw=o&hvqmt=e&hvbmt=be&hvdev=c&hvlocint=&hvlocphy=&hvtargid=pla-4584413745489557&psc=1
 - o Recommend mom ask pediatrician to help locate a local optical provider who accepts their insurance.
- Work with OT on creating social narrative with coping skills. Work on inventory of things that do support him reaching a calmer state (swinging outside, soft music in headphones, squish ball, soft blanket, etc) - then you can create social narrative around how he can access those items.
- This is an excellent article to better understand the behavior often seen in CHARGE syndrome: <https://onlinelibrary.wiley.com/doi/10.1002/ajmg.c.31588>
- Children with CHARGE syndrome can often seek sensory input more than others but also get overwhelmed easily by sensory input. Include specific sensory input that he enjoys throughout his day to support his self-regulation. This could look like providing a more active sensation in the morning such as drinking through a straw, crashing into pillows or swinging on the swing (this would be based on his preferences and what he finds regulating). Have a way for him to request these activities easily but also build them into his day as well to support his regulation

4)

Be sure that he has functional communication to be able to indicate his needs such as hunger, pain, illness, etc.

Get classroom amplification system for FM system, can go through Missouri Assistive Technology for school grant to get reimbursed for system.

Behavior specialist or other to complete ABC data prior to implementation of behavior plan

Complete inventory of things that are reinforcing for student

Use of social narratives to explain expected behaviors

Use of First/Then charts so he can see what he is earning

Use of visual schedule so he can do a non-preferred and then preferred activity or toy

Collaborate with OT and SLP to see what their targets are for this student

ABCs of Behavior: <https://www.youtube.com/watch?v=iV61q2EOuyE>

Behavior in children with hearing loss article: <https://www.professionalaudiologicalservices.com/behavior-in-children-with-hearing-loss/>

Autism or Charge Presentation: https://www.chargesyndrome.org/wp-content/uploads/2020/11/C16-Autism-or-CHARGE-Maier_-Belote.pdf

Connect family with developmental specialist/pediatrician to get evaluation for autism with a team of professionals

Connect family with Missouri Family to Family parent mentoring: 800-444-0821 <http://mofamilytofamily.org/support-advice>

Regional office referral for family to <https://dmh.mo.gov/dev-disabilities/regional-offices>

5)

6)

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12)

The following toolkits/resources may be helpful:

General ASD Information

- A Parents Guide to Autism
- A Grand Parents Guide to Autism
- 100-Day Kit

Medical

- Managing Constipation Guide
- Dental Guide
- Exploring Feeding Behavior in Autism
- Sleep Strategies Guide
- Sleep Strategies for Teens Guide
- A Parent's Guide to Toilet Training

Medications

- Melatonin Guide
- Medication Decision Aid for Parents
- Safe Medication Toolkit

Behavior

- ADHD Resources- https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/Home.aspx
- Anxiety Strategies Guide
- A Parent's Guide to Applied Behavior Analysis

- Behavioral Health Treatment Guide
- Challenging Behaviors Tool Kit
- Haircutting Training Guide
- A Parent's Guide to Pica
- Visual Supports

Adolescent/Transition

- Healthy Bodies for Boys
- Healthy Bodies for Girls
- Puberty and Adolescent Guide

Safety

- Big Red Safety Toolkit

Financial

- Financial Resources in Missouri
- Financial Planning Tool Kit

Websites

- Autism Navigator - www.autismnavigator.com
- Essentials for Parenting Toddlers and Preschoolers - <https://www.cdc.gov/parents/essentials/videos/index.html>
- OCALI - www.ocali.org
- Learn the Signs Act Early - <https://www.cdc.gov/ncbddd/actearly/index.html>

Additional comments and recommendations:

We recommend that you present this case again in:

Signature: *Brittney Stevenson, MOT, OTR/L ; Michelle Dampf, MA, CCC-SLP*

Date:

 M-D-Y

Form Status

Complete?