

## EI Case Presentation

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4

# ECHO Autism Early Intervention

## Ages 0-8 Years

### Case Presentation Form

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

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 **Sarah Towne** at [sarahtowne@health.missouri.edu](mailto: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:**

**ECHO ID:**

**Clinic/Facility:**

**Provider Phone Number:**

**Provider Fax Number:**

**Presentation date:**

M-D-Y

# Patient Data

Biological Gender:

Male  Female  Unsure

Patient Age:

3

1

Insurance:

▼

Insurance Company:

Race:

White/Caucasian ▼

Ethnicity:

Not Hispanic/Latino ▼

# Patient Outcomes

Who referred the child to you?

Preschool/School/Head Start ▼

How long has the child been in your care?

He came in for an evaluation/He will receive Ite

Has the patient received a diagnosis?

Yes ▼

If so, when?

2022

By which physician?

Dr. Kenney

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

How long has the patient been in your care?

ECSE care since September 2023

Is the patient in individual or group intervention?

Individual ▼

How often do you see the patient?

He is scheduled for services 2 x a week, althoug

How many sessions have you had with the patient?

Who typically accompanies the patient to clinic appointments?

Mom

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

Miles:

Hours:

Minutes:

# List the questions you would like help with.

1)

2)

3)

## 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

### If C-section, why?

Mother experienced an unusually long labor. The child's head got stuck in the birth canal resulting in a C-Section.

### Presentation:

Breech  Head first

### Were there newborn problems?

Yes  No

**If yes, explain:**

Due to being stuck in the birth canal, his head was mis-shaped and he had cuts on his eyes and mouth.

**Please check all of the following that apply:**

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

**Comments:**

## 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:**

Child refuses to begin tasks by banging head on the floor after flailing his body back. Recently has begun to lean forward to bang his head and does it with greater intensity.

# Medical/Psychiatric History

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

### Diagnosis/Illness:

Traumatic birth

Torticollis

Per MRI Brain medical report from Dana Gabriela Mazuru-Witten MD dated 2/8/23:

Patient had an MRI brain without and with IV contrast.

Comparison to CT head January 14, 2021.

November 28, 2022

Findings: Mild volume loss of the supratentorial white matter with mild prominence of the lateral ventricles, overall improved from the prior CT. The supra- and infratentorial brain parenchyma otherwise shows normal gray-white matter differentiation and signal. No abnormal enhancement, mass or mass effect is seen. No hemorrhage, fluid collection or infarction. Mildly prominent bilateral posterior periventricular perivascular spaces. Flow voids are identified in the major intracranial vessels. The basilar cisterns are patent. The pituitary, infundibulum, optic chiasm and sella are normal. No cerebellar ectopy or crowding of the foramen magnum is seen.

Again visualized vermian hypoplasia with moderate amount of retrocerebellar posterior fossa extra-axial fluid communicating with the enlarged fourth ventricle.

The extracranial soft tissues, paranasal sinuses, and orbits appear unremarkable.

Impression:

Cerebellar hypoplasia with prominent posterior fossa extra-axial fluid. Mild prominence of lateral ventricles with mild white matter volume loss.

No acute intracranial abnormalities.

Per EEG report from Yu-Tze Ng, MD, dated 2/8/23: This video-EEG is normal during patient's sleep and very brief states.

Per a medical report from Northeast Missouri Health Council from Dr. Michelle Kenney dated 2/15/23, male child was diagnosed with Autism. STAT testing was positive. DSM interview positive for all A and B categories. MCHAT High Risk. Has a history of developmental regression, speech and social delays. Will refer to Judevine for ABA therapies, will send referral to First Steps for ST, OT and ABA, new packet given including regional center information, sb40 info, Thompson Center Next Steps and Autism Speaks info.

Per First Steps DAYC 2 Evaluation Report dated 6/26/23, male child failed a hearing test around October of 2022. He had tubes put in his ears in November, 2022. They retested his hearing in Feb of 2022, and his hearing had improved.

Per the First Steps Individualized Family Service Plan dated 7/24/23, male child was diagnosed with ASD in February '23 via MCHAT and STAT. He was diagnosed with cerebellar hypoplasia per MRI in Feb '23 along with Autism Spectrum Disorder.

Surgery for Tubes in his ears November 2022

Staring spells that may be seizure

February 2023 Cerebellar hypoplasia per MRI, Autism Spectrum Disorder

**Age:**

**Date - Year:**

**Professional making diagnosis:**

### Diagnosis/Illness:

# Please list current medications and supplements:

**Medication:**

melatonin and a prescription medication

**Dosage:**

**Age when started:**

**Reason for medication:**

to aid his sleep

**Is it helping?**

Yes  No

**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

**Results:**

see below in comment section

**EEG**

Yes  No  Unknown

**Results:**

see below in comment section

**Sleep study**

Yes  No  Unknown

**Lead blood level**

Yes  No  Unknown

**Audiologic (hearing) exam**

Yes  No  Unknown

**Results:**

see below in comment section

**Vision screening**

Yes  No  Unknown

**Results:**

see below in comment section

**Academic testing**

Yes  No  Unknown

**Results:**

see below in comment section

**Intelligence testing**

Yes  No  Unknown

**Comments:**

Per Neurology CH Clinic Note by Robin Riggins RN, CPNP dated 11/28/22: Complaint: New patient appointment for head banging, developmental delay, rocking, staring spells and non-verbal. Impression: pt is a 2 year old male with history of traumatic delivery, torticollis after birth required a helmet and PT who has a speech delay, exhibits head banging, rocking back and forth, lines and stacks objects a certain way, this is concerning for autism and he is having staring spells that may be seizure. Referred to Thompson Center. Will obtain sedated EEG first available and MRI of brain. Findings: Mild volume loss of the supratentorial white matter with mild prominence of the lateral ventricles, overall improved from the prior CT. The supra- and infratentorial brain parenchyma otherwise shows normal gray-white matter differentiation and signal. No abnormal enhancement, mass or mass effect is seen. No hemorrhage, fluid collection or infarction. Mildly prominent bilateral posterior periventricular perivascular spaces. Flow voids are identified in the major intracranial vessels. The basilar cisterns are patent. The pituitary, infundibulum, optic chiasm and sella are normal. No cerebellar ectopy or crowding of the foramen magnum is seen. Again visualized vermian hypoplasia with moderate amount of retrocerebellar posterior fossa extra-axial fluid communicating with the enlarged fourth ventricle. The extracranial soft tissues, paranasal sinuses, and orbits appear unremarkable. Impression: Cerebellar hypoplasia with prominent posterior fossa extra-axial fluid. Mild prominence of lateral ventricles with mild white matter volume loss. No acute intracranial abnormalities.

Per EEG report from Yu-Tze Ng, MD, dated 2/8/23: This video-EEG is normal during patient's sleep and very brief states.

Per First Steps DAYC 2 Evaluation Report dated 6/26/23, pt failed a hearing test around October of 2022. He had tubes put in his ears in November, 2022. They retested his hearing in Feb of 2022, and his hearing had improved. On 9/26/23, pt passed a functional hearing screening administered by Sarah Hoehne, M.S., CCC-SLP.

Data Reviewed and Results: Per the First Steps Individualized Family Service Plan dated 7/24/23, Pt passed a functional vision test. pt's eyes are off-set due to torticollis

On September 26, 2023, the Brigance Diagnostic Inventory of Early Development III (IED III) Academic/Cognitive Domain was administered by Alisha Claybrook and Lynn Kizzire, ECSE Teachers, to assess Child's intellectual/cognitive skills. Child achieved the following composite score: Literacy 83, Mathematics <80, and Academic Skills/Cognitive Development 80. Child's mother reported that Child is able to complete 3 of 10 targets with book and text questions (shows interest in books, listens to stories (read to him individually) and turns a book right side up. Child was unable to complete the literacy and mathematics sections of the evaluation due to refusal (saying NO). Child did not look at the book, he tried to kick it away, and avoided the book. Child said NO to the majority of questions asked of him.

## 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

**Comments:**

Child drinks from a flip top soft spout cup or a cup with straw lid (both Contigo brand and non-spill). Child has spontaneously drank from an open cup, spilling the cup on himself. Child will use feeding utensils when he wants to using a fistful grasp and exhibiting some decreased control.

Child is a very picky eater. He will drink anything including Pediasure which supplements his nutrition. Child will eat BBQ chips, apples if peeled and sliced thin, and ice cream. Child will sometimes eat chicken nuggets, macaroni and cheese, and ravioli.

Child is able to complete 9 of 16 eating targets (sucks well, brings hand to mouth, open mouth when presented food, refuses food, munches or mouths food, feeds himself crackers, drinks from an open cup held by and adult, will return a cup to the table after drinking from the cup, and ask for food when hungry using picture communication or nonverbal).

## 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:

Per interview with Kirksville Coordinator for Judevine Center for Autism dated 10/10/23: Child began attending Judavine Monday through Friday in the mornings at the beginning of the school year. Mom was oversleeping and would miss several sessions. Child was tired as well. Child began attending Monday through Friday from 11:30 am to 2:00 pm about a month ago. Child still gets tired around 1:30 pm, but is not falling asleep. Child's biggest struggle is refusals and tantrums.

## Trauma/Abuse History

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

Traumatic birth

## 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:

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

Grandparents

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 checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

## 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
- No

**Comments:**

Evaluation has just been completed. IEP is scheduled.

## 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 Physical Therapy provided in an outpatient or school setting?**

- Outpatient
- School Setting
- Both

### Is Speech Language Therapy provided in an outpatient or school setting?

- Outpatient
- School Setting
- Both

### Is Occupational Therapy provided in an outpatient or school setting?

- Outpatient
- School Setting
- Both

### Comments

## 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****Proposed Recommendations:**

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

1)

2)

3)

4)

5)

6)

Form Status

Complete?

Complete ▼