

ADX CASE Form

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4

ECHO **Autism**: Advanced Diagnosis Case Presentation Form

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Melinda Odum, LCSW; Alicia Curran, BS**

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

Email our program coordinator **Michael Hansen** at michaelhansen@health.missouri.edu if you have any questions or comments.

PLEASE NOTE: Project ECHO de-identified case discussions do not create or otherwise establish a clinician-patient relationship between any University of Missouri Health Care clinician and any patient whose case is being discussed in a Project ECHO setting. All information is deidentified and the participants and content experts are engaged in case-based learning.

Clinician Information

Presenting Clinician Name:	<input type="text" value="Trixie Pujol"/>	
Clinic/Facility Name:	<input type="text" value="Kipepeo Therapies"/>	City: <input type="text" value="Nairobi, Kenya"/>
ECHO ID:	<input type="text" value="DX109"/>	
Presentation Date:	<input type="text" value="01-24-2024"/> M-D-Y	
Presentation Type:	<input checked="" type="radio"/> New <input type="radio"/> Follow Up	

Patient Information

Sex assigned at birth:

Male Female

Gender patient identifies with:

- Male Female Non-binary Other Prefer not to respond

Patient Age:

Race:

- Multiracial
 White/Caucasian
 Native Hawaiian/Pacific Islander
 Black/African American
 Asian
 American Indian/Alaskan Native
 Prefer not to say
 Other

Ethnicity:

- Hispanic/Latino or Spanish Origin
 Not Hispanic/Latino or Spanish Origin
 Prefer not to say

Insurance:

- None
 Medicaid
 Private

Insurance Company:

Patient Outcomes

Is this patient an existing patient or a new patient?

- Existing patient
 New patient

Who referred the individual to you (ECHO Autism Clinician)?

If other, please specify:

Do you know if the person who referred this patient to you are also part of ECHO Autism Communities?

- Yes
 No
 I Don't Know

Is this patient currently on another waitlist for a diagnostic evaluation?

- Yes
 No
 I Don't Know

How long did the patient wait to see you, the ECHO Autism Clinician, to START their autism assessment?

How long did it take you to complete your assessment?

Estimate the total time between receipt of referral to when you will give/gave family diagnosis?

2-3 weeks ▾

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

Miles

40

Approximately, how long does it take the patient to drive to your office?

Hours:

1 hour

Minutes

0 minutes

List the questions you would like help with.

1)

My client is from the USA but has lived in Kenya most of her life. Her parents are Christian missionaries and she attends a Christian Missionary school that is very conservative. Her parents and other adults around her have wondered if she wants to be diagnosed Autistic in order to have an "identity". She has been on the internet searching for "who she is", according to her parents.

In the past few years she has been questioning her gender, identity and sexuality as well as struggling with friendships. She now identifies as bi-sexual/a -sexual and as non-binary and possibly trans. She uses the pronoun "they/them" and has changed her name to a more gender neutral name. For the sake of this case presentation I will refer to her as she/her in order to reduce confusion. In person and in her report i will use her preferred pronouns.

In my intake sessions she shared that being Nuevo diverse would be more acceptable than being gay or trans at her school.

2)

In March of 2020, when COVID closed schools in Kenya, she stayed with her family and grandparents in their home in Kenya. She was in 7th grade and finished the year online. She then started 8th grade online and in Jan, 2021 she returned to in person school. In the summer of 2021 her family went to the USA for 6 months and she started 9th grade in the USA at a public school. At this time it was the first time she really was exposed to different sexuality and gender identities and feels this is when it became clear to her that she had questions about her own identity. It was the first time she had words for what she had felt.

In Jan of 2022 she returned to her school in Kenya as a boarding student for the rest of 9th grade. In June of 2022 she got COVID and soon after, during the summer, she expressed feeling depressed. She began 10th grade boarding again at the same school and started to see a school counselor. In Dec 2022 was diagnosed with POTS (Postural orthostatic tachycardia syndrome). In Jan of 2023 she started to have anxiety and panic attacks and not go to class and was put on Lexapro. She started having suicidal ideation and self harming and paranoia. She was referred to a Kenyan Psychiatrist and put in an inpatient psychiatric hospital for a week to transition off the Lexapro and onto Zoloft and Quetiapin.

In March the school felt they could not longer support her and she needed more help. She began seeing a psychologist online and finished the term from home. In April of 2023 she went to Turkey to an inpatient psychiatric hospital for 2 weeks and then went to the USA to go to an intensive outpatient program but they could not find one near the town the live in in the USA. She continued online therapy with the lady int he USA and started seeing a psychiatrist from the same company and she stabilised. The psychiatrist thought the client may be bi-polar. She has just recently (Jan 2024) ruled that possibility out. She returned to her school in Kenya living on campus with her family in August of 2023 for 11th grade. She ha remained in a stable condition but in October of 2023 she started having neck jerks and her doctor thought it may be from the Zoloft so moved her Wellbutrin in November of 2023. She continues on this and is doing much better. She is staying on Quetiapine as she is worried about having paranoia if she comes off of it.

3)

Her therapist and psychiatrist feel that her symptoms are very similar to social anxiety and she was referred to me to settle my clients mind and rule out autism.

Her first session with me she was very nervous and she did not speak in full sentences and whispered a lot of the time. It was as if she had a learning difficulty, but I knew she is quite bright from my. My intern thought she had a cognitive delay. The ADOS showed more clear signs of autism. But it is a complex case.

Birth History

Exposures during pregnancy:

Smoking Alcohol Valproic Acid Street drugs Other Unknown

Gestational age:

Birth weight:

Delivery mode:

Vaginal C-section

Presentation:

Breech Head first

Head circumference:

Were there newborn problems?

Yes No Unsure

Please check all of the following that apply:

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

Comments:

She was born premature at 31 weeks through natural delivery. She stayed in the NICU for a week and then in the special nursery for 5 more weeks until she was ready to come home. She had a feeding tube through her nose. Parents visited daily and did "kangaroo care" with her. No cause was found for the premature birth.

Development History

Please indicate the age (in months) when milestone was achieved.

If unknown, please type unknown.

Uses single words:

12 months

Uses 2-3 word phrases:

18 months

Speak in full sentences:

2 years

Walking:

14 months

Daytime bladder control:

2.5 years

Nighttime bladder control:

3 years ?

Bowel control:

3 years

Social smile:

?

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

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

Behavior Concerns

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

Please check all that apply

Do parents share your concern about autism?

Yes No

Has there been significant loss of an acquired skill or skills?

Yes No

Comments:

Child is 16. Parents are a bit confused and unsure

Medical/Psychiatric History

Please list all diagnoses or illnesses:

Diagnosis/Illness:

anxiety/depression

Age:

15

Date - Year:

2022-2023

Professional making diagnosis:

Psychiatrists in USA and Kenya

Diagnosis/Illness:

Please list current medications and supplements:

Medication:

Bupropion

Dosage:

150 mg

Age when started:

16

Reason for medication:

anxiety/depression

Is it helping?

Yes No

Medication:

Quitipine

Dosage:

100 mg

Age when started:

15

Reason for medication:

anxiety/depression

Is it helping?

Yes No

Medication:

Fluvoxamine

Dosage:

100 mg

Age when started:

15

Reason for medication:

anxiety/depression

Is it helping?

Yes No

Medication:

Additional Conditions

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:

had COVID in 2021, soon after depression started.
diagnosed with POTS after COVID- still has some symptoms at times.
She has very intensive and painful menstrual periods. I have referred her to a gynaecologist. Though her mother said this month (Jan 2024) she had a very mild period.

Medical Testing

Have the following medical tests been performed?

Vision screening

Yes No Unknown

Results:

nothing wrong

Audiologic (hearing) screening

Yes No Unknown

Results:

nothing wrong

Lead blood level

Yes No Unknown

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

Comments:

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

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

Does the child co-sleep? If yes, how often?

No Rarely Sometimes Usually

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

No Rarely Sometimes Usually

Does the child snore loudly?

No Rarely Sometimes Usually

Does the child seem tired during the day? If so, how often?

No Rarely Sometimes Usually

Is this a problem?

Yes No

Comments:

Not sure, there is so much going on.

Trauma/Abuse History

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

Comments:

None noted, but I have wondered and asked both the client and the professionals, parents. Was told that she has not apparent trauma.

Social History

Individual resides with:

Biological Parents



Has legal custody:

Both parents ▾

Biological parents are:

Married ▾

How many people live in the home *not* including the individual being evaluated?

4 ▾

Who lives in the home?

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

Biological Mother ▾

Age:

43

Gender:

Female ▾

Relationship:

Biological Father ▾

Age:

42

Gender:

Male ▾

Relationship:

Brother ▾

Age:

14

Gender:

Male ▾

Relationship:

Sister ▾

Age:

10

Gender:

Female ▾

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

Grandparents- live in USA
Mentor- at school

Comments:

Family History

Condition/Disorder

	Mom	Dad	Brother	Sister	Mat GM	Mat GF	Pat GM	Pat GF
Genetic Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention-deficit/hyperactivity disorder (ADHD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not much noted. A maternal aunt and cousin who struggle with Mental health issues, but not known what condition. Father apparently has "mild" ADHD

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)
- Day care center
- Preschool
- Head Start or Early Head Start
- School (K-12)

Grade level:

Eleventh Grade ▾

Does the child participate in any of the following?

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

Comments:

No

Current Resources:

- Speech Language Therapy (SLT)
- Occupational Therapy (OT)
- Physical Therapy (PT)
- First Steps
- Parents as Teachers (PAT)
- Behavioral Therapy/ABA
- WIC
- Children's Division
- Counseling (play, trauma informed, PCIT)
- Psychiatric Services
- Regional Office for Developmental Disabilities (Dept. of Mental Health)
- Bureau of Special Health Care Needs
- Easter Seals
- Social Security Disability (SSI)
- Other
- None of the above

Please check all that apply

Comments

Child is seen virtually by a psychiatrist and a psychologist in the USA

Screeners

Name of Screening Tool:

- CARS-2
- M-CHAT
- SCQ Current
- SCQ Lifetime
- SRS-2
- Other

Comments:

GARS

Adaptive Functioning Test

Name of Test:

Date of Administration (most recent):

M-D-Y

Comments:

None done

Intelligence/Developmental Testing

Name of Test:

Date of Administration (most recent):

M-D-Y

Full Scale:

or Mullen ELC

Verbal Score:

Nonverbal Score:

or Mullen VS

Comments:

None done. She is bright and does well academically in a rigorous American Curriculum school.

Other Tests/Assessments

Were any other tests or assessments completed?

Yes

No

Autism Diagnostic Observation Schedule Revised

Date of Administration:

12-14-2023

M-D-Y

Module:

3

Was the administration valid?

Yes

No

Please note any validity concerns:

(Note any circumstances with performance, such as fatigue, interruptions, changes to standard administration, etc. Ex: E-codes)

Social Affect (SA) Score:

10

Restricted Repetitive Behaviors (RRB) Total:

7

Overall Total:

17

Comparison Score:

9

Classification:

Autism

DSM-5

Instructions: Based on all available information provided during the parental interview and direct observation via the ADOS-2 and other development assessments, please use DSM-5 criteria to complete the following checklist. Please note any discrepancies between parent interview and direct observations.

Date of Completion:

01-23-2024

M-D-Y

Section A: Social Communication

A1. Deficits in social-emotional reciprocity;

ranging from abnormal social approach and failure of normal back and forth conversation, to reduced sharing of interests, emotions or affect; to failure to initiate or respond to social interactions.

0 (Absent) 1 (Subthreshold) 2 (Present)

Justify or explain your observations of this behavior:

For her age and intelligence, she did not initiate social interactions and the back and forth conversation was in response to questions asked by the clinician and follow up questions or comments. She did not ask the clinician anything.

A2. Deficits in nonverbal communicative behaviors used for social interaction;

ranging from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body-language or deficits in understanding and use of gestures; to total lack of facial expressions and nonverbal communication.

0 (Absent) 1 (Subthreshold) 2 (Present)

Justify or explain your observations of this behavior:

Poor integration of non verbals and facial expressions geared towards clinician.
She uses eye contact but not always at the right times. Very little facial expressions directed towards clinician.

A3. Deficits in developing, maintaining, and understanding relationships;

ranging from difficulties adjusting behavior to suit various social contexts; difficulties in sharing imaginative play or making friends; to absence of interest in peers.

0 (Absent) 1 (Sub-Threshold) 2 (Present)

Justify or explain your observations of this behavior:

She has always struggled to maintain deep friendships and prefers to be on the fringe of people. At home she prefers to be alone in her room. In school she wants to be near others but not always engaging. She appears to struggle to understand how social interactions with peers work. She is awkward and does have other "quirky" friends.

Section B: Restricted/Repetitive Behavior

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

such as simple motor stereotypes, lining up toys or flipping plates, echolalia, idiosyncratic phrases.

0 (Absent) 1 (Sub-Threshold) 2 (Present)

Justify or explain your observations of this behavior:

She has repetitive finger movements.

Flat affect and talks in a low voice, sometimes whispers or talks in partial sentences, but perfectly capable of speaking in full sentences.

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

such as extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat the same foods every day.

0 (Not Present) 1 (Sub-Threshold) 2 (Present)

Justify or explain your observations of this behavior:

She has some issues with foods and says she prefers to do things the same way.

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

such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests.

0 (Absent) 1 (Sub-Threshold) 2 (Present)

Justify or explain your observations of this behavior:

She has a love of rocks and likes to have them, hold them, collect them and sometimes talk about them.

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

such as apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement.

0 (Absent) 1 (Sub-Threshold) 2 (Present)

Justify or explain your observations of this behavior:

She is sensitive to noise, light, heat, touch. Does not like sports

Section C: History of Delays

C1: Symptoms must be present in early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learning strategies later in life)

Absent Present

Justify or explain your observations of this behavior:

This is not completely clear. Very mixed feedback from parents. Other professionals feel some of this has just started. She says she masked until the middle of 9th grade.

Section D: Impairment

D1: Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning

Absent Present

Justify or explain your observations of this behavior:

Symptoms cause difficulties in social situations. But is mixed with so many other factors.

Section E: Clinical Diagnosis

E1: Autism Spectrum Disorder

* must provide value

Absent Present

In order for ASD to be checked as Present all items in Section A must be checked Present (or by history), at least 2 items from Section B checked Present (or by history), C1 checked Present, and D1 checked Present.

Section F: Specifiers

Level One:
Requiring support

Level Two:
Requiring
substantial support

Level Three:
Requiring very
substantial support

**F1: Social Communication Severity
Level:**

F2: Restricted and Repetitive
Severity Level:



Yes

No

F3: With intellectual impairment:



F4: With language impairment:



How confident are you in your diagnostic determination?

- Not confident
- Slightly confident
- Moderately confident
- Very confident

Strengths and Challenges

Please list three strengths for the individual:

1)

She is quite bright and does well academically

2)

She is very artistic and will likely pursue studying art in university

3)

She is a kind and gentle person

Please list three primary challenges for the individual:

1)

Making and keeping friends

2)

Her current social and cultural situation in her school

3)

Identity seeking in a very conservative setting

Proposed Recommendations:

Select from the following next step options for this individual and family:

Services to Support Developmental Progress

- Speech Language Therapy (SLP)**
- Occupational Therapy (OT)**
- Physical Therapy (PT)**
- Applied Behavioral Analysis (ABA)** - (The goal of behavior therapy is to increase behaviors that are helpful and decrease behaviors that are harmful or affect learning. Family may benefit from the implementation of techniques for understanding and changing behavior based on the principles of applied behavior analysis)
- State-based Early Intervention program (e.g., First Steps)** - (Every state has a program to support children birth to 3 who are at-risk or identified with developmental delay. Autism is typically considered an automatic qualifying diagnosis for supports and services. It is a critical first step for many children with developmental delays.)
- Early Special Education Services** - (Local school districts have early childhood programs for children between 3 and 5 years old with developmental delays who are determined to be eligible for services. Classroom based support and peer interactions are critical at an early age)
- Head Start/Early Head Start** - (This federal program supports local child learning centers to provide high-quality, developmentally appropriate learning for children. Local communities offer different programs. This website can help determine what is available in the community: <https://headstartprograms.org/>)
- Parent/Caregiver Skills Training** - (Parent training allows parents to become active participants in their child's learning and development. It can help parents learn about effective ways to support their child's skills, building and learn strategies to manage their interfering behaviors. *Help is in your hands* is a free resource by University of California-Davis with modules to show parents and clinicians how to help young children with autism connect, communicate, and learn through various activities and play exercises. Family can create a login and access all modules and videos for free at <https://helpisinyourhands.org/course>)
- Picture Exchange Communication System (PECS)** - (PECS can be successful at helping children understand the idea of symbolic communication in a manner that maximizes their visual strengths as well as how to initiate communication. Link to website <https://pecs.com/>)
- ADEPT (Autism Distance Education Parent Training)** - (Clinicians at the University of California-David developed these online, on-demand learning modules to help parents/caregivers learn more about behavior and autism. The following are particularly helpful: Module 1: Strategies for Teaching Functional Skills; Module 2: Positive Behavior Strategies for Your Child with Autism)
- Other**

Please specify for Outpatient Clinical Occupational therapy:

- Continue current therapy
- Increase current therapy
- Prescribe clinical outpatient occupational therapy to address adaptive skills

Community Resources/Connections

- ECHO Autism Community Connections** - (The University of Missouri ECHO Autism Community Connections Program helps support people on the spectrum and their families who receive a diagnosis by a community-based clinician. Trained Connectors help patients/families connect to clinician recommended services and supports, as well as navigate any barriers they may face. To get started, patients/families need to complete the Release of Information by accessing this link: <https://redcap.link/echoautismconnections>.)
- Regional Office** - (To access support coordination and referral to the Missouri Autism Project. Find the local regional office and contact information by county. The website can be found at <https://echoautism.org/new-diagnosis-under-age-4/> then scroll down to Missouri Resources)
- ParentLink Warm Line** - (ParentLink connects you with a Family Support Specialist who offers no-cost parenting strategies, behavior and resource guidance. Call Toll Free at 1-800-552-8522 / Local 573-882-7323, Text: 585-FAMILY1 (585-326-4591), OR email parentlink@missouri.edu your parenting questions to parenting experts. Available Monday-Friday 8:00 am - 10:00pm and Saturdays and Sundays 12:00pm - 5:00pm. The website can be found at <https://echoautism.org/new-diagnosis-under-age-4/> then scroll down to Missouri Resources)
- Autism Speaks Rapid Response Team** - (Personalized autism information and resources for any step in the autism path can be found at <https://www.autismspeaks.org/autism-response-team-art>)
- United for Children** - (This organization supports daycare professionals in helping successfully integrate children with autism and other developmental needs into daycare settings. They may also have some funding available for inclusion-based daycare. Call 1-800-467-2322 ext 32 OR visit www.unitedforchildren.org)
- Parents as Teachers** - (This is a parent education program that helps to establish positive partnerships between home, school and the community and plays a vital role in supporting families and children from the very beginning toward school readiness. Contact the local school district for more information.)

Co-Occurring Conditions

- Sleep
- Constipation
- Feeding
- Seizures
- Other

Tools to Learn more about Autism Spectrum Disorder

- Tool Kit: A Parent's Guide to Autism** - (This guide provides information about what autism is, shares common reactions to getting the diagnosis, reminding parents to take care of themselves, tips to manage the stress that they may experience, sharing tips for supporting siblings, advocating for your child, and building a support network, vignettes of stories from families and frequently asked questions. This tool kit can be found at <https://echoautism.org/new-diagnosis-under-age-4/> then click A Parent's Guide to Autism)
- Tool Kit: 100 Day Kit for Young Children** - (This guide is designed to provide you with the information and tools you need to make the best possible use of the days following the diagnosis. It is a comprehensive tool filled with facts and resources such as information about symptoms, treatment, legal rights and advocacy. This tool kit can be found at <https://echoautism.org>)

[/new-diagnosis-under-age-4/](#) then click 100 Day Kit for Newly Diagnosed Families of Young Children)

- Tool Kit: A Grandparent's Guide to Autism** - (This guide will help provide a better understanding of autism, as well as tips, tools, and real-life stories of how to guide and support the child and family immediately after the diagnosis and beyond. This tool kit can be found at <https://echoautism.org/family-support/> then click A Grandparent's Guide to Autism)
- Tool Kit: An Introduction to Behavioral Health Treatments** - (This toolkit provides behavior basics and information that may help the family understand the functions of a child's behaviors, in addition to basic strategies of increasing appropriate behavior. This tool kit can be found at <https://echoautism.org/behavior-basics/> then click Introduction to Behavioral Health Treatments)
- Sibling Developmental Monitoring** - (Given the increased autism risk in siblings of children with a diagnosis of ASD, consider sharing the CDC's "Learn the Signs. Act Early." resources with the family to monitor the younger sibling's developmental milestones.)
- Autism Navigator - About Autism in Toddlers and Video Glossary** - (This self-paced program will teach families about autism symptoms and supports and intervention to help their child thrive. Autism Navigator also has information about evidence-based supports for everyday activities and developmental growth charts to recognize and monitor meaningful outcomes. Family can create a login and access modules and videos at <https://autismnavigator.com/courses/>)
- Behavior Videos** - (The following videos offer some practical tips that may be helpful for this family: ABCs of Behavior and Reinforcement. The videos can be found at <https://echoautism.org/behavior-basics/> then click Video Tool Kit: ABCs and Video Tool Kit: Reinforcement)
- Other**

Support for Parents/Family/Caregivers

- Family to Family Peer Mentor Program** - (This program is a parent to parent/peer support network for parents/caregivers of children with developmental disabilities or special healthcare needs. This is a support system where families can ask questions, problem solve and receive support from peer mentors with similar experiences. You can find the link to their website at <https://echoautism.org/new-diagnosis-under-age-4/> then scroll down to Missouri Resources)
- Missouri Parents Act (MPACT)** - (This organization provides families training and/or an advocate to support them in navigating the education system related to school-based supports and services through the Individuals with Disabilities Education Act (IDEA) and the Individual Education Plan (IEP) process. The link to the Missouri programs can be found at <https://echoautism.org/education/> then click MPACT Parent Training & Information. Information about programs in other states can be found at <https://www.parentcenterhub.org/find-your-center/>)
- Other**

Please specify other Parents/Family/Caregiver Supports:

Virtual or online support group for client with autistic peers. Support for her parents to better understand her ASD.
If dx is correct

Form Status

Complete?

Complete ▾