

## EI Case Presentation

Response was completed on 02/09/2024 9:41am.

Record ID

9

# ECHO Autism Early Intervention

## Ages 0-8 Years

### Case Presentation Form

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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:

7

10

Insurance:

None ▼

Insurance Company:

Race:

White/Caucasian ▼

Ethnicity:

Not Hispanic/Latino ▼

# Patient Outcomes

Who referred the child to you?

Other ▼

Other:

school district

How long has the child been in your care?

6 mo, but saw him as a first steps child

Has the patient received a diagnosis?

Yes ▼

If so, when?

By which physician?

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

started services prior to age 2

How long has the patient been in your care?

6 mo

Is the patient in individual or group intervention?

Individual ▼

How often do you see the patient?

30 min per week

How many sessions have you had with the patient?

treated by a COTA and I supervise

Who typically accompanies the patient to clinic appointments?

His aide or he is dropped off by his aide

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

Miles:

Hours:

Minutes:

## List the questions you would like help with.

1)

How to help him overcome impulsivity/ limited understanding of cause and effect as it relates to safety and repetitive behaviors.

2)

Improve his social skills and peer play.

3)

Explore behavioral strategies to improve compliance and help him be more available to learn with his peers.

## Birth History

### Exposures during pregnancy:

Smoking  Alcohol  Valproic Acid  Street drugs/other  Unknown

### Other:

He has a good family. We just had his IEP meeting and mom is very involved.

### Gestational age:

40

(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:**

He has always been a picky eater with a fair amount of options, but mom is having trouble getting him to like alternatives to regular bread and healthier foods.

## 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:**

He is very sweet and has a steel trap memory. I had not seen him for 2 years and on our first visit he came to me and said "Hi Miss Shelly." without a prompt. He is bright but Language skills are still somewhat echoic as he repeats phrases over and over. He can verbalize a rule. Example: He will say " no flushing the toilet." but then run in and do it anyway. He can cognitively process things, but lacks the ability to apply them. He is not aggressive, but tends to run or avoid non preferred tasks. He is getting better with using if/then stratiges. We are certainly moving forward, but having some additional tools to help with the "OCD" tendencies and impulsivity would allow him to move forward more quickly.

## Medical/Psychiatric History

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

**Diagnosis/Illness:**

autism  
seasonal allergies

He qualifies for school services for math, written expression and reading  
He also receives OT and speech and language services.

**Age:**

3

**Date - Year:**

**Professional making diagnosis:**

**Diagnosis/Illness:**

## Please list current medications and supplements:

**Medication:**

allegry meds

**Dosage:**

**Age when started:**

**Reason for medication:**

**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:**

Mom recently had him tested for some allergies and it was indicated that he has gluten and dairy allergies.

## 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

**Results:**

normal

**Vision screening**

Yes  No  Unknown

**Results:**

normal

**Academic testing**

Yes  No  Unknown

**Results:**

SLD in

**Intelligence testing**

Yes  No  Unknown

**Results:**

full Scale IQ:70 (Weschler non verbal)

**Comments:**

His language has exploded since he was tested in Jan of 22. He was also given the WIAT with the following scores:

Subtests Standard Scores

Word Reading 85  
Reading Comprehension 69  
Spelling 63  
Alphabet Writing Fluency 64  
Math Problem Solving 66  
Numerical Operations 57

Composites Standard Score

Total Reading 76  
Basic Reading 85  
Reading Comprehension 69  
Broad Math 61  
Mathematics Problem Solving 66  
Math Calculation 57  
Written Expression 62

## 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?**

(oz)

**How often is **water** accessible?**

- At meals/snack times    Access to water available all day

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

(oz)

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

- Yes    No    Unknown

**How often is **juice** accessible?**

- At meals/snack time    Access to juice available all day

**Comments:**

## 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

Is this a problem?

Comments:

## 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:

## Social History

Child resides with:

Biological Parents

Has legal custody of the child:

Biological parents are:

Married



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

4 ▼

## 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) (mos)

Gender:

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

He has two siblings. I believe they have good family support from grandparents.

Comments:

## Family History

### Condition/Disorder

	Mom	Dad	Brother	Sister
Genetic Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Autism Spectrum Disorder</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intellectual Disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Learning Disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Seizure Disorder (e.g., epilepsy)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental Health Concerns (e.g., Depression, Anxiety Disorder, Bipolar)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Childhood deaths</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Birth defects</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dysmorphology</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

Unsure of family history or presence of Autism in other relatives.

## 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

### What services and how many minutes does the child receive?

speech and language 60 min per week  
OT 30 min per week

He is served in a special education classroom for all academic areas except science, social studies and specials.

### 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

### 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**

The student attends a full day of school and has been recently moved into the "behavior school" due to his inability to remain seated and attentive. He is distracted and disruptive to his peers. He has a one on one aide. He has compulsory behaviors that often involve flushing the toilet or trying to run water in the sink. He seems to pick something to obsess about for a day or two and then moves on to something else. He can state rules and safety things, but cannot control an impulse to do something anyway. His language is repetitive as he will fixate on phrase and repeat it to himself over and over. He is very sweet and wants to be successful but impulsivity over rides his cognitive abilities. He struggles to answer yes/no questions, He can write his name and has some copy skills, knows most of his letters and is reading at and mid 1st grade level. He has so many great skills, but just is unable to fully function with his peers due to his limited understanding of social norms, impulsivity, attention to learning and control of his compulsive and somewhat obsessive tendencies. Mom has recently taken him to a new pediatrician who is looking more deeply into blood work, allergies and seems to be giving good guidance on nutrition etc.

**Proposed Recommendations:**

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

1)

2)

3)

4)

5)

6)

**Form Status**

**Complete?**

Complete ▼