

EI Case Presentation

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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 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:

5

4

Insurance:

Medicaid ▾

Insurance Company:

Race:

▾

Ethnicity:

▾

Patient Outcomes

Who referred the child to you?

Preschool/School/Head Start ▾

How long has the child been in your care?

3 years

Has the patient received a diagnosis?

Yes ▾

If so, when?

during first steps

By which physician?

William Wright

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

began services through first steps

How long has the patient been in your care?

three years

Is the patient in individual or group intervention?

Individual ▾

How often do you see the patient?

weekly

How many sessions have you had with the patient?

many

Who typically accompanies the patient to clinic appointments?

In preschool program

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

Miles:

Hours:

Minutes:

List the questions you would like help with.

1)

communication. He has been in our program for 2 full years and we have made litte progress in communication. He has a few signs and we had great success with initial stages of PECS used during lunch or snack as he is very motivated by food, but we cannot get him to engage to make choices for play or learning tasks.

2)

Finding ways to motivate him to engage and show interest in play. Very Limited peer interaction. Has developed relationship with adults in his life. He as a litter sister in the same classroom and he does not even acknowledge her as his sister of someone he knows.

3)

Birth History

Exposures during pregnancy:

Smoking Alcohol Valproic Acid Street drugs/other Unknown

Other:

Dad has a history of substance use and unsure about mom, but a fairly unstable situation. Maybe some exposure to anti depressants or other over the counter meds during pregnancy

Gestational age:

34.5 weeks

(weeks)

Birth weight:

7

(lbs)

8

(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:

Mom reports he was developing normally until 18 months. He hit all developmental milestones and had several words. He had a strong reaction to his 18 mo vaccines, ran a fever for a few days and then all progress stopped. He lost language and become isolated. He stopped sleeping and became a fussy eater. Mom reported more and more social isolation.

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:

His biggest behavior is just crying, laying down on the floor if he can't have his way. He is not aggressive toward others, but is often inconsolable. He will pinch himself or some head banging if really upset. His crying becomes more intense until we figure out what he wants.

Medical/Psychiatric History

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

Diagnosis/Illness:

Mom recently had him tested for heavy metals and he tested positive for lead and I believe mercury. Mom said he did not tolerate the supplements needed to help clear them from his system so nothing further is being done as far as I know.

Age:

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

Results:

Audiologic (hearing) exam

Yes No Unknown

Results:

normal

Vision screening

Yes No Unknown

Results:

normal

Academic testing

Yes No Unknown

Results:

PEP3: severe rating with scores all below 18 months

Intelligence testing

Yes No Unknown

Results:

in progress

Comments:

He is currently going through his school age testing. He has been given the BES-4 and the Vineland, The Sensory Processing Measure was completed and a nonstandardized OT assessment. Still waiting on the other test results.

He is just not progressing in any real skill area. He still is not able to place basic puzzle pieces, but mostly because he just does not engage. He is not sorting consistently despite our belief that he has more skills than he demonstrates. He will engage in a table top craft with encouragement and we have seen some growth in eye contact with preferred adults.

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 milk does the child drink per day?

 (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

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:

He has a small pallet of food choices, but he eats well the things he likes. His preferece is peanut butter and jelly or pizza. He will eat a burger or hot dog off the bun. He wil eat an apple without the skin, oatmeal, any sort of junk food, some crackers or dry cereal.

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:

He has had sleep issues since the changes at 18 months. Mom would go for days without a solid nights sleep because he would only sleep a few hours at a time. He is napping well at school and really don't know how he is doing at home now, but he often has very dark circles under his eyes. He is very slow to wake up. Mom reported when he was little he would wake up happy if he woke up on his own, but if she had to wake him for some reason he would cry and carry on for a very long time.

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:

The family has been through ups and downs with the parents marriage. Lots of together and apart over the years.

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) (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 4 older siblings and one younger. The oldest child does provide care for the little ones at times, but not aware of other care givers

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

Comments:

There is uncertain history of substance abuse with both parents. Mom would be more on the prescription drug side and dad also some history.

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?

He is receiving both OT, Speech and special instruction weekly for 60 minutes each and is in the integrated ECSE classroom.

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 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

Client has been on our service through first steps and now 2 years of preschool. We just can't seem to move him to the next level of communication or social engagement. He did amazing with PECS for food requests and was making choices from a field of three items. We attempted to get him to make requests for toys or show any interest in making choices and he just has no initiation. He will go and get his water bottle from the rack for a drink and follows the school routine with minor verbal prompts. He will stand in line and move between tasks, he eats with his peers in the lunch room, and loves to play outside. He has a history of pica with dirt or tree bark outside if not watched closely. He watches his peers play but has not interacted or initiated play in any way even with direct assistance. He enjoys swinging and going down the slide and will do this on his own. He loves being tickled and will laugh and smile when an adult interacts with him. He likes to rock and sits in his little rocker on the edge of the classroom carpet and watch his peers. He will get up and try to do the movements if an adult initiates it with him. He has a history of great challenges with sleep. When he was little he would only sleep for a few hours a night and mom tried melatonin and aschwaganda but results were inconsistent. He still often has dark circles under his eyes and his crying and whinning are worse on days he is tired. He always naps at school and is often difficult to wake up. He is not potty trained and shows no sign or interest. He teacher tried a schedule but no progress as of yet. Home life is not stable with parents in and out of relationship, some substance issues and very inconsistent home routine. We had little compliance during first steps and he often has device to play on at home. The TV was a big part of his early years and he still will sit and watch his "shows" for hours if not redirected.

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

He is very aloof unless he is hungry or is not allowed to have more of something he wants. He can become upset if the environment is over stimulating, but not always. He often just withdraws to his own world if in a high stim setting. He requires prompts to engage in tasks, but then will perform a few turns of a requested task. Example being during clean up time he will place toys into bins once prompted with a hand over hand example.

Proposed Recommendations:

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

1)

2)

3)

4)

5)

6)

Form Status

Complete?

Complete ▼