

EI Recommendations

Record ID

12

ECHO Autism Early Intervention

Ages 0-8 Years

Recommendations Form

**Brett Moore, DO; Brittney Stevenson, MOT, OTR/L;
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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: Shelly Mantel

ECHO ID: EI0054

Presentation date: 04-08-2024

Presenting Question:

See Below

Additional Identified Concerns:

communication. He has been in our program for 2 full years and we have made little 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.

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

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

1)

-Individual Visual Schedule for the day

-Visual Schedule for therapy times, specific routines of the day (Arrival time, bathroom, hand washing, ect)

-Choices: offer choices as often as possible even if he doesn't want to do anything, give him choices then help him make a decision

-Activity time the adult picks the activity and have him pick the location: rocking chair or table

-Use wanted activities: Jack Hartman songs, rocking in his rocking chair, swing on the playground, Sensory buckets, tickles to pair with a harder task that he needs to complete in a 1st then situation

-Use pictures of Himself, adults, and classmates then these pictures can be used to make choices with as well

2)

- Sort of like food chaining, keep good data on ANY activity he initiates (rocking chair, knocking over block towers, etc). Try to facilitate an opportunity for him to engage in a SUPER similar activity (rocker board, knocking over stacked plastic cups, etc). This can help expand his repertoire of enjoyable activities and opportunities to make choices using PECS.
- Provide family with autism-specific support and resources for caregivers. Autism Speaks has some great caregiver resources.
- Try a visual schedule for a highly specific, 2-3 step common routine (such as the taking off coat and putting into cubby routine). Connect it with a big reward for completing 1 step without a prompt (such as lots of tickles, deep pressure).
- Continue to build joint attention skills and cause/effect skills with highly preferred activities. Consider using a big switch button or easy way for him to turn on the Jack Hartman song and teach that cause/effect.
- Start thinking about what information would be best to pass on to the Kindergarten teacher.

3)

- When working to get him to make a choice, use the prompt hierarchy so you are not jumping straight to physical assistance: Prompt Hierarchy: <https://allisonfors.com/wp-content/uploads/2021/01/A.png>
- Use a yes/no board: a sheet of paper with "Yes" on one side and "no" on the other side
- Encourage parents to treat the heavy metal treatment because those issues can negatively impact a lot of life areas
- Use pictures of preferred items: rocking chair, swing, tickles, outside, oatmeal, preferred song/video
- Start with establishing joint attention with his preferred objects/actions
- Model without expectation for him to communicate, either with PECS, Sign, or speech-generating device
- Enter his world to establish joint attention and shared enjoyment while he is enjoying the activity (i.e. swing, song, tickles, etc.)
- Can use visual supports...a good resource/website is: <https://www.iidc.indiana.edu/irca/resources/visual-supports/index.html>

4)

I would talk with the family about his sleep to see if he snores (possibly talk to PCP to discuss this as he may need a sleep study).

I would like to know what kind of treatment for heavy metal toxicity. Lead would have to be really high to do chelation therapy. Mercury toxicity is very uncommon in the US and most of the time is from ingestion from sources like fish, I would be surprised if the heavy metal toxicity was Mercury or other heavy metal. Not sure what treatment they were using or who was monitoring it as chelation therapy is not something that is recommended as it can have some bad side effects.

5)

6)

7)

8)

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10)

11)

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?

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