

ADX CASE Form

Response was completed on 03/29/2024 10:23am.

Record ID

8

ECHO Autism: Advanced Diagnosis Case Presentation Form

**Valeria Nanclares, Psy. D.; Kristin Sohl, MD;
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:

Bre-Ann Slay

Clinic/Facility Name:

City:

ECHO ID:

DX113

Presentation Date:

04-10-2024 M-D-Y

Presentation Type:

New 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:

5

Months

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:

What is the main language spoken in the home?

English

Which other languages are spoken in the home?

- English
 Arabic
 Burmese
 Chinese (e.g., Mandarin, Cantonese)
 French
 Navajo
 Spanish
 Tagalog
 Vietnamese
 Other

What is the child's dominant language when communicating with others?

English

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)?

Other 

If other, please specify:

Parent

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?

1 month 

How long did it take you to complete your assessment?

1.5 months 

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

3 months 

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

Miles

5

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

Hours:

Hours

Minutes

Minutes

List the questions you would like help with.

1)

Diagnosis, and if it's not ASD, what should we be considering?

2)

How do I make sense of the inconsistencies between all three SRS scores to parent since there is no validity measure on the SRS?

3)

Birth History

Exposures during pregnancy:

Smoking Alcohol Valproic Acid Street drugs Other Unknown

Gestational age:

Weeks

Birth weight:

7

8

Delivery mode:

Vaginal C-section

Presentation:

Breech Head first

Head circumference:

Inches

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:

Development History

Please indicate the age (in months) when milestone was achieved.
If unknown, please type unknown.

Uses single words:

5-6 months

Uses 2-3 word phrases:

5-6 months

Speak in full sentences:

6-7 months

Walking:

8 months

Daytime bladder control:

Nighttime bladder control:

Bowel control:

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:

Medical/Psychiatric History

Please list all diagnoses or illnesses:

Diagnosis/Illness:

Please list current medications and supplements:

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:

Medical Testing

Have the following medical tests been performed?

Vision screening

Yes No Unknown

Audiologic (hearing) screening

Yes No Unknown

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

Comments:

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:

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?

3 ▾

Who lives in the home?

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

Biological Mother ▾

Age:

34

Gender:

Female ▾

Relationship:

Biological Father ▾

Age:

Years

Gender:

Male ▾

Relationship:

Sister ▾

Age:

3

Gender:

Female ▾

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

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 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:

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)

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:

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

Client graduated PCIT in August 2023

Screeners

Name of Screening Tool:

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

Social Responsive Scale Questionnaire, Second Edition (SRS-2)

Date of Administration (most recent):

02-29-2024

M-D-Y

Total Score:

50

Please describe any notable comments or concerns:

Parent report was a total score of 50 (Within Normal Limits), Teacher 1 Form was a total score of 77 (Severe), and Teacher 2 Form was a total score of 56 (Within Normal Limits)

Comments:

Adaptive Functioning Test

Name of Test:

Other



Name of Other Test:

Conners-EC

Date of Administration (most recent):

M-D-Y

Total Score:

Comments:

Intelligence/Developmental Testing

Name of Test:

WPSI-IV



Date of Administration (most recent):

03-07-2024

M-D-Y

Full Scale:

111

or Mullen ELC

Verbal Score:

120

Nonverbal Score:

98

or Mullen VS

Comments:

uneven cognitive profile; Superior range in VCI and VSI but Average range in all other indices

Other Tests/Assessments

Were any other tests or assessments completed?

Yes

No

Name of Test:

KCPT-2

Date of administration:

03-07-2024

M-D-Y

Score:

Comments:

response patterns indicated greater emphasis on accuracy over speed, slower reaction times, and inconsistency in response speed. Overall indicated challenges with inattentiveness and vigilance

Name of Test:

Conners Early Childhood

Date of administration:

03-07-2024

M-D-Y

Score:

Comments:

Parent form indicated Very Elevated scores on the following Behavior Scales: Defiant/Aggressive Behaviors, Aggression, Social Functioning/Atypical Behaviors, Mood and Affect, Emotional Lability, and GI Total. Elevated scores in areas of Inattention/Hyperactivity, Defiance/Temper, Social Functioning, Atypical Behaviors and Restless/Impulsive. Behavior often affects child's learning and interactions with other children and occasionally affects home life.

Teacher Form indicated Very Elevated scores in the following areas: Inattention/Hyperactivity, Defiant/Aggressive Behaviors, Defiance/Temper, Aggression, Social Functioning/Atypical Behaviors, Social Functioning, Atypical Behaviors, Anxiety, Mood and Affect, Restless/Impulsive, Emotional Lability, and GI Total.

House Tree Person and Kinetic Family Drawing were also administered.

Autism Diagnostic Observation Schedule Revised

Date of Administration:

03-07-2024

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:

11

Restricted Repetitive Behaviors (RRB) Total:

3

Overall Total:

14

Comparison Score:

8

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:

03-21-2024

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:

parent and teacher indicated client has difficulty sharing interests and engaging in reciprocal communication. this was also observed on assessment day where the majority of the child's socialization surrounded a restricted interest of cats. When given social bids the child did not take them but would respond appropriately to questions that were asked. Child was observed initiating and responding to peers in the classroom during snack time

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:

inconsistent reports of appropriate eye contact across settings. Teacher and parent reported avoidance of eye contact but during school observation and day of testing child's eye contact was appropriate. Teacher reported struggles to integrate verbal and non verbal communication. Child often had a confused/angry look on their face during school observation and at the beginning of assessment day. There were several emphatic gestures such as smiles, nodding their head, but was limited in descriptive gestures. For example, during the demonstration task, client motioned and attempted to show how to brush their teeth pretended to brush and kept hand in a closed fist to turn off the faucet and only said "wash it." Before the ADOS-2, client had a greater range of facial expressions but appeared more anxious and beginning whispering answers during ADOS-2 when supervisor was in the room

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:

teacher reported client to have difficulty adjusting behavior to suit different social contexts; parent, teacher, and observations made on testing day showed the child prefers to play alone. During school observation, client was observed to talk to kids at her lunch table. Parent reported that during a birthday party for a peer, the client stayed with the peer whose birthday it was the majority of the time and the peer had to tell her they were going to play with other friends. Client reportedly said they didn't know anyone else. Make believe play was observed during test day as well. Client is reported to be rigid in play and if peers are not cooperating with what and how she wants to play it results in aggressive behavior

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:

parent and teacher reported the child to line up toys, no observations of this during test day; teacher also reported the child to run in circles, no observations of this during test day

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:

parent and teacher reported child to need to do things in a particular order, has extreme distress at small changes, struggles with transitions, must follow routines, and has rigid thinking. parent reported child's form of play is organizing.

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:

parent and teacher reported an intense interest in cats, was also observed on test day. Child's answers and conversation revolved mainly around cats and answers to questions often involved things regarding cats or reasons regarding cats. Ex. When asked what dislikes were child said, "water because cats don't like water" and during assessment child reported various different types of cats and other facts about them. *However, child's parent reported she reads encyclopedia type books and memorizes the facts in them. Child was also observed to have an intense interest in violence, death, and dying and was observed to have play themes of people and things dying. (Ex. "First the cat died" "He died" "And with my gun....." etc)

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:

parents reported child to be sensitive to loud sounds and the feeling of wet clothing. Parent reported that when there are loud sounds the child will cover her ears and verbalize her discomfort. Morning of test day parent reported that when getting dressed, child's toe got caught on a hold in her jeans to which she did a stiff but wiggle type movement, and on the way to appt got hand sanitizer on her pants and she expressed her dislike both verbally and non verbally. Reactions to sensory sensitivities are reported to be inconsistent with parent reported sometimes they aren't a big deal and other times they are. In times of emotional dysregulation, child reportedly has a history of rolling herself up in rugs, hiding under tables, and throwing things.

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:

parents report challenges being present since the age of 3 years old

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 have lead to child's last strike at day care as well as impairments in family functioning due to reports of a time when parents would receive a call from school just after they had dropped her off due to behavioral and emotional challenges

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:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
F2: Restricted and Repetitive Severity Level:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
F3: With intellectual impairment:	<input type="radio"/>	Yes	No <input checked="" type="radio"/>
F4: With language impairment:	<input type="radio"/>		<input checked="" type="radio"/>

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)

parent reported child to be "bright" have incredible memory, kind, creative, empathetic, and curious

2)

teacher reported child to be "extremely intelligent," loves being involved in small group activities and does very well when she knows the subject being discussed

3)

On the day of testing, the child reported her strength to be "my golden hair and I'm so funny"

We observed the child to be enthusiastic, engaged in sharing what she is interested in, and enjoyed putting puzzles together. Child also reported some tasks to be "too easy" on the VSI and PSI on the WPPSI-IV

Please list three primary challenges for the individual:

1)

Emotional dysregulation that results in hitting other children and teachers, destroying property, running from teachers (not eloping) during transition periods from recess back inside, and verbal aggression (ex. "I hope you die," saying she wants to kill or stab people, etc). These emotional dysregulation periods are reported to be inconsistent and parent reports when child is on a "good streak" she does fine but one bad day cascades into several days and into longer week periods of emotional outbursts.

2)

Focusing Attention. Parent reported child to have difficulty sustaining attention, does not listen when spoken to, has trouble finishing tasks and avoids tasks that require more sustained effort. Child reportedly fidgets often, leaves her seat, runs/climbs where inappropriate, talks excessively, blurts out, interrupts and has trouble waiting her turn

3)

Social skills. child reportedly is slow to warm up, has difficulty sharing interests, struggles with reciprocal communication, talks at people, struggles responding when interactions are not on her terms, does not understand her role in social relationships, prefers to play alone, and avoids peer interaction. Child also reportedly has a fear of peer rejection due to an incident that happened with a peer at school

Proposed Recommendations:

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**

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**

Form Status

Complete?

Complete ▼