

ADX CASE Form

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10

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:

Aislinn Bos

Clinic/Facility Name:

Compass Health Network

City:

Rolla, MO

ECHO ID:

DX115

Presentation Date:

04-24-2024

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:

18

11

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:

School-based therapist


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?

1.5 months 

How long did it take you to complete your assessment?

2-3 weeks 

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

2 months 

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

Miles

80

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

Hours:

1

Minutes

45

List the questions you would like help with.

1)

What additional considerations should I keep in mind for autism diagnoses in high-masking adolescents/young adults?

2)

Resources and recommendations, particularly around transition to adulthood and further education.

3)

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:

Mom reported smoking cigarettes daily during pregnancy.

Development History

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

Uses single words:

Unknown but reportedly "on time"

Uses 2-3 word phrases:

Unknown but reportedly "on time"

Speak in full sentences:

Unknown but reportedly "on time"

Walking:

Unknown but reportedly "on time"

Daytime bladder control:

Unknown but reportedly "on time"

Nighttime bladder control:

Unknown but reportedly "on time"

Bowel control:

Unknown but reportedly "on time"

Social smile:

Unknown but reportedly "on time"

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:

Did speech therapy in pre-K/kindergarten due to pronunciation difficulties.

Medical/Psychiatric History

Please list all diagnoses or illnesses:

Diagnosis/Illness:

ADHD combined presentation

Age:

13

Date - Year:

2018 or 2019

Professional making diagnosis:

pediatrician

Diagnosis/Illness:

social anxiety disorder

Age:

Date - Year:

October 2023

Professional making diagnosis:

LCSW following a psych eval

Diagnosis/Illness:

Please list current medications and supplements:

Medication:

Adderall

Dosage:

20mg

Age when started:

18

Reason for medication:

to improve attention. He tried other stimulants

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:

Reported to exhibit tics that were more severe when he was younger. Occur primarily when he is overstimulated or upset.

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

Is falling asleep a problem?

Yes No

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

Are nighttime awakenings a problem?

Yes No

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:

Trouble falling asleep because he can't "power down" his brain. Usually does not feel rested upon waking, and sometimes is tired at the end of the school day and takes a nap.

Trauma/Abuse History

	No	Yes
Trauma/Abuse History	<input 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:

Has legal custody:

Biological parents are:

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

Who lives in the home?

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

Childhood deaths

Birth defects

Dysmorphology

Substance use disorder

Comments:

Mom has bipolar disorder and possibly ADHD (undiagnosed). Dad may have OCD (undiagnosed). Uncle has schizophrenia.

Suspects his parents, grandpa, and older brother may be autistic, but they are not diagnosed.

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:

Twelfth 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:

attends private school and has some informal accommodations

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

Compass Health school-based therapy

Screeners

Name of Screening Tool:

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

Social Communication Questionnaire (SCQ) Lifetime

SCQ Lifetime Screen Date:

03-01-2024

SCQ Lifetime Score:

10

Is the risk cut off met:

Yes No

Please describe any notable comments or concerns:

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

Date of Administration (most recent):

03-01-2024

Total Score:

T-scores. Parent=72; teacher=78

Please describe any notable comments or concerns:

Parent report

Awr=67

Cog=66

Com=66

Mot=77

RRB=76

Teacher report

Awr=64

Cog=79

Com=77

Mot=80

RRB=72

Comments:

Adaptive Functioning Test

Name of Test:

Date of Administration (most recent):

Comments:

Intelligence/Developmental Testing

Name of Test:

Other

Name of Other Test:

WAIS-IV

Date of Administration (most recent):

10-30-2023

Full Scale:

103

or Mullen ELC

Verbal Score:

VCI=105

Nonverbal Score:

PRI=104

or Mullen VS

Comments:

Not administered by me, from a previous evaluation.

WMI=92

PSI=108

Other Tests/Assessments

Were any other tests or assessments completed?

Yes

No

Name of Test:

BASC-3 parent report

Date of administration:

04-08-2024

Score:

Comments:

At-risk elevations: anxiety, attention problems, ADLs

Clinically significant elevations: withdrawal, adaptability, leadership, functional communication

ADHD probability and Autism probability indices also clinically significantly elevated. Elevations on executive functioning indices.

Name of Test:

BASC-3 self report

Date of administration:

04-08-2024

Score:

Comments:

At-risk elevations: atypicality, depression, sense of inadequacy, hyperactivity, self-reliance

Clinically significant elevations: social stress, anxiety, interpersonal relations, self-esteem

Autism Diagnostic Observation Schedule Revised

Date of Administration:

04-09-2024

Module:

4

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)

Some overactivity presenting as frequent fidgeting/bouncing of his leg. Minimal to no interference with tasks.

Social Affect (SA) Score:

4

Restricted Repetitive Behaviors (RRB) Total:

0

Overall Total:

4

Comparison Score:

2

Classification:

Non-Spectrum

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:

04-19-2024

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:

- Does not join with others unless explicitly invited to join the interaction. He speaks when spoken to but rarely initiates or asks questions.
- Described not knowing when others want to talk to him or not and doesn't initiate because he doesn't want to bother others. He more easily approaches people he knows well. Has to put thought into what he is going to say.
- During eval, slightly reduced quality of social overtures. He commonly talked on and on with limited awareness of when to let me speak and that he had given enough information to answer questions.

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:

- poorly integrated eye contact. He consistently looked at me when I spoke but not while he spoke or during joint interactions.
- facial expressions somewhat flat and not consistently directed toward me
- used a variety of gestures

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:

- Client, parent, and teacher all reported difficulties making friends. He talked about having 2-3 friends he hangs out with and usually feeling satisfied with that. He has a lot in common with these friends, and they reportedly have more social issues than he does.
- Socially awkward, quiet, and introverted.
- It was easier for him to make friends when he was younger.

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:

Echolalia and stereotyped speech reported but not observed, so it is unclear

- Used to line up toys and insisted on fixing them if they were disturbed. Similarly, his Legos had to remain built and stored so they wouldn't get broken apart.

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:

- Major challenge area for him. He is very rigid with routines, which can cause academic issues. For example, he has a particular morning routine he has to follow, so if he wakes up late, he will then be late to school because he has to go through all those steps. He is late for school nearly every day.
- Very distressed at small changes. Becomes anxious when he doesn't have enough time to mentally prepare for transitions
- Plans and prepares ahead for things, then struggles to follow through with plans.

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:

- Strong interest in history, politics, and sports. His mind will wander to random historical facts and can get stuck thinking/talking about them and have difficulty moving on. Generally, only brings them up with people he knows well, but with them, will bring up random facts.
- Some fixations on sports and history statistics.
- Peers have pointed out the oddity of his fixation on his interests.

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:

reported but not observed during the evaluation

- Bothered/frustrated by small sounds when it's quiet. E.g., the sound of the AC while taking a test or people clicking their pens
- Gym buzzers, alarms, etc. cause discomfort
- Prefers smooth clothing materials and soft items
- When he was young, he stared at dust in the air for extended periods
- Likes spicy and sour foods

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:

- Present since early childhood.
- Supported and taught skills as a child. He went to small private schools that were able to accommodate his needs. When he got to high school (a bigger private school), he began struggling more significantly.
- As he has gotten older, he has become increasingly aware of being different, thus contributing to masking of behaviors.

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:

- Constantly behind on academic work. Major decline in grades beginning in high school, had to stop taking honors classes.
- Negative self-esteem and gives up easily, which also impacts social and academic functioning.

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"/>	<input type="radio"/>	<input checked="" type="radio"/>
F4: With language impairment:	<input type="radio"/>	<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)

Motivated and has goals for his future.

2)

Kind and caring. He was super easy to work with during the evaluation.

3)

Great support from his family, good relationships with them.

Please list three primary challenges for the individual:

1)

Insistence on routines but then struggles to follow routines effectively. Then becomes very overwhelmed when they go awry. General executive functioning and attention deficits.

2)

High levels of stress. "Paralyzing stress". Becomes fixated on things and gets overwhelmed when they don't go as he expects or when he doesn't have enough time to prepare. Very stressed about schoolwork and concerned about graduating on time.

3)

Negative self-esteem. Risk for depression

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**

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

Please specify other co-occurring conditions:

ADHD

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**

Please specify other tools to learn more about ASD:

I always provide my autistic adolescent and young adult clients with the link to the Autistic Self Advocacy Network

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 ▼