

University of Idaho

K12 Supporting Students with Autism STUDENT CASE RECOMMENDATION FORM

Project ECHO Idaho (ECHO) case presenters are responsible for ensuring that no personally identifiable information (PII) nor protected health information (PHI) is shared during an ECHO session, in compliance with HIPAA privacy laws, to ensure patient privacy and confidentiality. Panelists and participants involved in reviewing the case may provide recommendations, suggestions, or considerations based on the information presented during an ECHO session. The professional practitioner presenting the case is free to accept or reject the advice and remains in control of the patient's care. ECHO case presentations are informal consultations that do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in an ECHO session.

ECHO Session Date: 12/19/24

Thank you for presenting your student at ECHO Idaho – K12 Supporting Students with Autism session. Please keep in mind that your School District policies and Health Services procedures, medication administration protocols, process guidelines, remain the guiding principles to your practice.

After review of the case presentation and discussion of this student's case among the ECHO Community of Practice, the following suggestions have been made:

Student Grade Level: 5th grade

Summary:

The student, a 6th grader diagnosed with autism and ADHD, spends the entire day with general education peers and receives partial adult support during targeted activities. Despite being creative, intelligent, and academically above average, he faces significant challenges, including self-regulation, difficulty handling failure, poor peer relationships, task avoidance, and emotional outbursts. Previous interventions include social skills training, behavior support, and a two-year placement in a therapeutic learning program. The student is on an IEP with accommodations such as visuals, extended test time, and sensory breaks, and also receives counseling and medication (Quilivant and Risperidone). With a traumatic family history, his grandmother is his primary caregiver. The goal is to help him transition to middle school with greater independence and better self-regulation.

Questions:

- How do we teach him self-regulation? We have been doing social skills for long, social stories, preparing to lose games and we don't seem to see much progress.
- How do we foster more independence for the student while also supporting the classroom teacher and the learning of other students.

Recommendations:

- Trauma-informed lens:
 - Shift the perspective to understand what has happened to the student rather than focusing solely on the behaviors.
 - Recognize that the student's responses are shaped by his history of trauma and his highly elevated baseline emotional state.
- Sensory regulation:
 - Develop a sensory room tailored to the student's needs, incorporating tools and strategies like rhythmic activities or soothing soundscapes.
 - Embed predictable, regular walks with an adult partner to help regulate the nervous system.



- Co-regulation and self-regulation:
 - Train adults interacting with the student, including his grandmother, to model and teach coregulation skills, as self-regulation builds through coregulation.
 - This may include consistent, supportive interactions and soft, structured guidance.
- Dietary and health interventions:
 - Introduce feeding therapy to address the student's limited diet (Little Caesars pizza and Hershey's bars) and associated health concerns like constipation, which may impact his irritability and focus.
- Medication review:
 - Evaluate the dosage and effects of medications like Risperidone to ensure they are not contributing to fatigue or oversedation, potentially exploring alternatives with fewer sedative properties.
- Individualized social skills development:
 - Break down social skills into discrete, teachable components to better target and reinforce appropriate behaviors in a step-by-step manner.
- Behavioral and emotional support:
 - Provide access to an alternate space with sensory items and clear expectations, allowing for regulated activities like Google Dictate or listening to stories.
 - Focus on reducing task demands until the student becomes more emotionally and behaviorally stable.
- Support for caregiver:
 - Encourage self-care and training for the student's grandmother to improve her ability to manage stress and support the student's emotional needs effectively.
- Collaboration and consistency:
 - Ensure all staff involved in the student's support are on the same page with strategies and interventions, fostering predictability and stability in the student's environment.

Resources:

Grief & Loss in Childhood: How to Help Your Child Cope (American Academy of Pediatrics)

Solving Sleep Problems in Children with Autism Spectrum Disorder: A Guide for Frazzled Families by Terry Katz, PhD and Beth Ann Malow, MD, MS