

K12 Behavioral Health in the Classroom STUDENT CASE RECOMMENDATION FORM

Presenter Credential: School Counselor

Thank you for presenting your student at ECHO Idaho – K12 Behavioral Health in the Classroom 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: K-2

Summary: Student diagnosed with Pathological Direct Avoidance Disorder, Autism, and anxiety. The student struggles with direct demands, often entering fight, flight, or freeze mode, and exhibits behaviors like eloping and creating physical barriers around himself to avoid interaction. He may become aggressive, particularly when feeling pressured, and sometimes seeks to involve other students in negative behaviors. He is currently taking mood stabilizers and anti-anxiety medication, which have helped regulate his emotions. Interventions so far include visual schedules, a calm space for self-regulation, one-on-one support, and limited school attendance. The student is on an IEP, with accommodations like scaffolded assignments and access to the Resource Room. The family hopes for the student to maintain emotional stability and avoid disruption, both in school and at home.

Question: The school seeks advice on alternative interventions for students who cannot take medication and how to balance instructional pressure with the student's needs.

Recommendations: First, we want to acknowledge the incredible work your team is doing. It's clear you are going above and beyond to support this student, and your consistency is making a difference. One of our panelists, Dr. Womack, has seen students with similar challenges go on to thrive—one went from severe aggression to becoming a top student and debate team star. Your efforts now will absolutely pay off in the long run.

- Build on Effective De-escalation Strategies
 - Continue using the father's techniques to calm the student but begin transitioning this support to staff to foster independence.
 - o Develop a plan to gradually reduce parental involvement while keeping de-escalation consistent.
 - Since routine changes (e.g., father's absence over break) are major triggers, proactively prepare the student with visual schedules and structured conversations.
 - Maintain a predictable school environment to help minimize unexpected disruptions.
- Manage Escalations Thoughtfully
 - Keep the current approach of assessing safety before deciding whether to send the student home or return him to class.
 - Continue using both general education and SLC rooms effectively to provide appropriate support based on his needs.
- Track Behavior & Medication Impact
 - Implement a simple escalation tracking system (1-10 scale) with two staff members recording observations.
 - Use this data to guide decisions on intervention strategies and medication effectiveness in collaboration with the prescribing physician.

This information is privileged and confidential. It is intended only for the use of the presenter listed above. Any dissemination, distribution or copying of this communication is prohibited. The above recommendations have been made based on the information presented during ECHO Idaho. Project ECHO case consultations 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.

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- Stay Consistent & Keep the Long-Term Perspective
 - Your consistency is one of the most impactful tools in supporting this student. Keep reinforcing structure, expectations, and encouragement.
 - Though progress takes time, the work you're doing now lays the foundation for long-term success.

Consider presenting follow-up for this student case or any other student cases at a future ECHO Clinic session.

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