



ECHO Session Date: 4/17/25

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:

Summary:

This student, currently in 5th grade and diagnosed with Level 3 Autism, spends the full day in a self-contained classroom with full-time support from a BI and additional staff during escalations. She demonstrates strengths in technology use, reading, and gross motor skills, and has a growing ability to communicate using her AAC device. Passionate about scripting and recreating media scenes, her interests include various animated shows and characters, though they change frequently. Despite these strengths, the student faces significant behavioral challenges, including self-harm, aggression, disrobing, and climbing, which are increasingly difficult to manage as she enters puberty. She uses various accommodations and modifications in instruction, setting, and scheduling, with ongoing evaluations for AAC and educational planning. A behavior intervention plan and crisis plan are in place, and the family and school team hope to reduce meltdowns and identify effective de-escalation strategies.

Recommendations:

First, thank you for sharing this case. Kudos to you and your staff for the dedication you have for this child. Below are key recommendations:

Students with these very complex sensory, motor, and regulatory profiles need strong occupational therapy intervention and really trying to help this student restore and reset her nervous system.

General Strategy:

- Dramatically reduce demands and stressors until regulation improves.
- Focus all efforts on building safety and predictability.
- OT and staff should help identify the student's "window of tolerance" and maintain within it through proactive, not reactive, strategies.
- Revisit the Functional Behavior Assessment to better understand sensory-driven behaviors like self-harm.

Occupational Therapy:

- Increase the intensity and involvement of OT services.
- Reduce all possible stressors in the environment by possibly exploring an alternate quiet, low stimulation space with her sensory preferences and special/high interest "things" available.
- Ensure access to very quiet predictable spaces with highly responsive adults that coregulate by cues of safety (soft slow voice and posture) to support the students nervous system regulation.
- This will take time, and it will be important to reduce expectations of what "school" should look like and respond to the student's basic regulatory needs and build nervous system resilience over time.
- Focus more on co-regulation and strewing—presenting sensory-based activities without demands to reduce stress.

- [Here](#) is an Instagram post by Casey Ehrlich, PhD, (@peaceparent) she explains how she uses this "strewing" technique with autistic children.
- Consider using an alternate, minimally stimulating room filled with the student's interests to reduce overwhelm and provide control over sensory input.

Communication & Visual Supports:

- Minimize verbal directions; rely more on visuals, whiteboards, and written prompts.
- Ensure all staff have access to quick ways to communicate non-verbally (e.g., whiteboards).

Medical and Physical Health:

- Rule out conditions that could cause pain (e.g. infected tooth, constipation, etc.)
- Investigate sleep quality more deeply as a potential contributor to dysregulation.
- Address constipation with a combination of nutrition (fiber, hydration), medical support, and possibly [St. Luke's Pediatric Gastroenterology](#).
- Constipation resources:
 - [Autism Speaks - Parent's Guide to Managing Constipation in Children with Autism](#)
 - [Healthy Children.Org - Constipation](#)
 - [Bristol Stool Chart](#)
 - [CHOC – How Much Water Should Kids Drink](#)
- Start early preparation for puberty with period storyboards and period underwear to normalize and desensitize.

Behavioral Supports:

- Consider ABA services if accessible, especially to support functional communication and behavior tracking.
- Emphasize early morning sensory input and motor activity to promote self-regulation.

Staff Support & Safety:

- It is tough for these students and for the staff also. It may help the staff to reframe her "behaviors" as stress responses as this level of dysregulation is autonomic and protective for her.
- Use protective gear like Kevlar or cut-resistant sleeves to reduce injury risk from biting.
- Implement soft blocking pads to ensure staff safety during escalations without restraint.
- Promote staff rotation to prevent burnout and ensure consistency in care.

Family Support:

- Encourage and support parental self-care and engagement by identifying activities that bring calm or joy to the caregiver.
- Recognize barriers the mother may face in accessing services and help facilitate that process.