



**ECHO Session Date:** 12/18/2025

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:** preschool

**Summary:**

This preschool-aged student, despite having no formal diagnosis, displays significant sensory dysregulation, aggressive behaviors, and severe self-harm, including head banging and biting. The student, who has a history of homelessness and developmental regression, currently receives 25–30 hours of weekly Behavioral Intervention and is managed with 1mg of Guanfacine, which has helped reduce self-harming incidents. While the student shows strengths in motor activities and a burgeoning interest in verbal communication and toileting, he remains non-verbal and requires full-time 1:1 support in a self-contained setting. The primary goals are to transition the student to kindergarten by improving his functional communication and independence in activities of daily living, while seeking specific tools and feedback from the ECHO panel to better address his complex sensory needs and disruptive behaviors.

**Questions:**

I would like additional tools to support this client's sensory needs. I would like feedback on interventions currently being provided and constructive feedback on additional ways to support the client.

**RECOMMENDATIONS:**

**Key Takeaways**

- Given the child's history, unresolved questions, and the likelihood of significant adversity during a vulnerable neurodevelopmental stage, there is concern about possible trauma exposure. This child would benefit from a stable medical home and coordinated, trauma-informed, developmentally grounded care.
- Safety, regulation, and communication are foundational and should precede further skill acquisition.
- Establishing a medical home, ensuring school-based protections, and supporting caregivers are critical to long-term outcomes.

**Systems of Care, Evaluation, and Planning**

- Establish or confirm a medical home to support coordinated, longitudinal, trauma-informed care
- Complete a comprehensive developmental evaluation, including assessment for autism spectrum disorder, to guide services and supports
- Pursue early childhood special education evaluation and IEP development prior to kindergarten to ensure safety, continuity, and appropriate accommodations
- Coordinate care across behavioral intervention, speech therapy, occupational therapy, primary care, and school-based services
- Recognize that behavioral regression and self-harm may be influenced by early trauma and instability, even in the absence of a formal diagnosis

**Safety & Risk Reduction**

- Safety related to self-harm is the highest immediate priority
- If escape is a function of self-harm, consider the child to be at risk for elopement/wandering.
- Develop a safety plan that includes:
  - Elopement prevention strategies
  - Environmental safety planning
  - Supervision considerations as outdoor time increases
- Strongly consider swim lessons due to wandering risk and water safety concerns
- Explore protective headgear (helmet) with a gradual desensitization plan to reduce risk of skin or brain injury from head banging
- Ensure safety planning extends to home, community, and future school settings

**Therapeutic Recommendations:** Therapeutic interventions should prioritize regulation and communication as mutually reinforcing goals.

**Communication**

- Continue intensive speech therapy.
- Expand communication to be multimodal, incorporating visual supports, symbols or core boards, and choice boards.
- Increase vocabulary beyond “more” and “all done” to support protest, requests, and functional communication that may reduce self-harm.

**Occupational Therapy & Regulation**

- Pursue formal occupational therapy with a focus on emotional regulation, sensory integration, and stress modulation.
- Increase outside time, gross motor play, and rhythmic movement.
- Swings, linear movement, music, and rhythm were strongly recommended as regulating strategies.
- Monitor demand load carefully, recognizing that rapid progress may increase stress.

**Trauma-Informed Care & Family Support**

- The child’s history strongly suggests exposure to trauma, including housing instability and caregiver disruption.
- Parents should be supported with resilience-building and trauma-informed parenting resources.
- Recommended resource: [Rise Above ACES](#) – Resource Page (these approaches align with trauma-informed work supported through the Idaho Children’s Trust Fund and Head Start programs.)