Interprofessional (IPP) Kindergarten Autism Spectrum

Case Example

Hannah is a 5-year-old girl who received a diagnosis of autism spectrum disorder (ASD) at 4 years old. At that time, her nonverbal cognitive abilities were consistent with a mild intellectual disorder. Birth and medical history are unremarkable. According to mom, Hannah has a large vocabulary and speaks in short sentences but does not communicate or play with others. Mom reported that Hannah does not make eye contact, bangs her head on the floor when upset, and resists physical contact such as hugs. Mom also noted that Hannah is a “picky” eater and eats only a few different types of foods. According to mom, the doctor at their community health center noted that Hannah “is way too thin” and needs a more balanced diet. Hannah’s current placement in kindergarten is of concern to Hannah’s mother and family due to her lack of progress and some “peculiar” behaviors.

The initial team of the speech-language pathologist (SLP), audiologist, classroom teacher, special education teacher, family, occupational therapist (OT), psychologist, and administrator met. After reviewing Hannah’s history, the team decided to invite the school nurse and contract with a nutritionist. The team developed the following assessment plan, with areas assigned as follows:

**SLP:** verbal and nonverbal language and social communication skills

**Psychologist:** cognitive and academic testing and report on Hannah’s performance

**Audiologist:** hearing screening and evaluation of classroom acoustics

**Classroom Teacher:** evaluation of functional classroom performance

**OT:** sensory and self-help skills

**Nurse:** screening of Hannah’s current vision, height and weight

As a team, the SLP, psychologist, and OT evaluate Hannah’s response to different classroom-based instructional strategies.

Results of a language evaluation indicated severe receptive and expressive language deficits and a significant pragmatic disorder. Pragmatically, Hannah’s social communication was noted for an absence of any eye contact with others, few attempts to communicate or play with adults or peers, difficulties with turn-taking, inappropriate repetition of words and phrases, and inattention to nonverbal behaviors of others such as gestures and facial expressions.

Teachers reported the following four observations: (a) Hannah’s language and social skills deficits impact her relationship with peers; (b) she requires repeated exposure and practice to
learn and retain new skills; (c) she does not participate in group activities; and (d) some of her behaviors are distracting to her classmates.

The audiologist reported that Hannah passed a bilateral pure-tone hearing screening at 20 dB and demonstrated normal middle ear function bilaterally, indicating adequate hearing for communication development. Classroom acoustics were deemed adequate.

The OT’s evaluation revealed difficulties in several areas of sensory processing, including visual perceptual skills, participation in daily activities, self-help skills, and responses to touch and to environmental sounds.

The nutritionist indicated that Hannah’s body weight was extremely low—in the 8th percentile for her age and height. Hannah’s dietary status was determined to be severely compromised based on the results of a parent interview assessment tool. Lab work showed low blood count and significant dietary deficiencies. The nurse concurred with the nutritionist’s findings.

Evaluation results were shared and discussed by the IPP team at a group meeting, who together agreed upon the following set of recommendations:

1. Additional language intervention services focused on increasing Hannah’s use of social communicative messages (both verbal and nonverbal) to be provided both in the classroom and via pull-out services.
2. The family will have lab work repeated every 6–8 months.
3. Hannah will receive occupational therapy to increase sensory awareness and tolerance of sensory stimuli in the environment.
4. Special education will focus on behavioral issues.
5. Hannah’s family will receive nutritional counseling.
6. The IPP team will consider recommending a change to Hannah’s educational placement—from a general education kindergarten setting to a developmentally appropriate class co-taught by general education and special education teachers.

Over a 6-month period, data indicated (a) significant weight gain, an increase in overall nutritional health, and tolerance for a more varied diet, but her food choices remained quite limited; (b) an increase in communicative utterances (words and phrases) with little change in communicative gestures; and (c) a higher tolerance for physical contact and for small-group instructional activities. The team scheduled an appointment for educational testing. Hannah’s mother and family were delighted with Hannah’s progress and felt that they were part of a team that was truly helping their child.

The team communicates weekly to monitor Hannah’s progress in all treatment areas and to perform scheduled checks for weight gain and blood work. SLP and OT intervention services will be ongoing and will be coordinated with the team—including Hannah’s family. The team scheduled meetings every 4–6 weeks for the duration of the school year.

(The team should ensure that all communication aligns with the Family Educational Rights and Privacy Act [FERPA] and the Health Insurance Portability and Accountability Act [HIPAA].)