**Neurobehavioral & Psychological Report**

**REASON FOR REFERRAL:**

{{Patient First Name}} {{Patient Last Name}} is a {{Patient Age}}-{{Patient age unit}}-old with social communication and related concerns that may indicate the presence of autism spectrum disorder. By definition, individuals with autism must show symptoms *early* in developmental period, these symptoms must cause *clinically significant difficulties* and must *not be better explained* by the presence of an intellectual disability or global delay. I met with {{Patient First Name}} on {{Evaluation Date}}, to complete this assessment and shared the results with {{Preferred Pronouns 2}} {{Caregiver type}} on {{Results Shared Date}}.

**ASSESSMENT PROCEDURES:**

Autism Diagnostic Observation Schedule – 2nd Edition (ADOS-2), {{Module used}}

Social Communication Questionnaire (SCQ): Completed by {{Preferred Pronouns 2}} {{Caregiver type}}

Social Responsiveness Scale – 2nd Edition (SRS-2): Completed by {{Preferred Pronouns 2}} {{Caregiver type}}

**BACKGROUND:**

Home: {{Patient First Name}} lives in {{Residence City/State}} with {{Preferred Pronouns 2}} {{Narrative}}.

Primary concerns: {{Patient First Name}}’s {{Caregiver type}} reported the following concerns:

{% for bullet in CaregiverPrimaryConcerns %}

1. {{ bullet }}{% endfor %}

**MEDICAL/ DEVELOPMENTAL HISTORY:**

Diagnoses:

{{Diagnosis History}}

Medications:

{{Medications}}

**EDUCATIONAL BACKGROUND:**

[[District Grade School Setting]]

Services: {{Services}}

Scores are reported here as standard scores with a mean of 100 and standard deviation of 15. Scores between 85 and 115 are considered within normal limits.

**BEHAVIORAL PRESENTATION:**

[[Behavioral Presentation]]

**ASSESSMENTS:**

*Autism Diagnostic Observation Schedule - Second Edition (ADOS-2), {{Module used}}*

The ADOS-2 is a semi-structured, standardized assessment of communication, social interaction, and play or imaginative use of materials. The ADOS-2 consists of standard activities that allow the examiner to observe behaviors that have been identified as important to the diagnosis of autism spectrum disorders at different developmental levels and chronological ages. {{Module Description}}.   
  
***{{Patient First Name}}'s performance during the ADOS-2 was above the cut-off criterion and was clearly consistent with the presence of autism spectrum disorder.***

**SRS Report Information**

**DEVELOPMENTAL HISTORY**:

{{Patient First Name}}’s {{Caregiver type}} provided information on {{Preferred Pronouns 2}} social-communication, repetitive behaviors, and other concerns, and those exhibited across {{Preferred Pronouns 2}} early development.

[[Developmental History]]

**DIAGNOSTIC FORMULATION:**

{{Patient First Name}} {{Patient Last Name}} is a {{Patient Age}}-year-old with a history of social communication concerns. This evaluation consisted of observations, interview, and the administration of three standardized autism diagnostic measures. *Across all measures administered today, {{Patient First Name}}’s scores indicated that {{Preferred Pronouns 2}} social behaviors, patterns of interest, and developmental course are consistent with the presence of an autism spectrum disorder.*

To meet criteria, individuals most show (A) persistent deficits in social communication and interactions *and* (B) restricted, repetitive patterns of behavior, interest, or activity. Social communication and interaction difficulties are manifested as deficits in social reciprocity, nonverbal communication, and relationships. Restricted, repetitive patterns of behavior, interests, or activities include motor movements, intense interests, insistence on sameness, and sensory sensitivities. *Based on observation, history, and standardized measures, {{Patient First Name}} meets the criteria for autism spectrum disorder*.

Based on {{Preferred Pronouns 2}} presentation and chart review, I believe that {{Patient First Name}} has severe delays in cognitive and adaptive behavior that are linked to {{Preferred Pronouns 2}} autism spectrum disorder.

**DIAGNOSES**:

{{Result of the evaluation}}

**AUTISM SPECTRUM DISORDER DSM-V CHECKLIST**

A. Persistent deficits in social communication and social interaction across contexts (MUST HAVE SYMPTOMS IN ALL THREE AREAS):

1. Deficits in social emotional reciprocity: {% for bullet in SocialReciprocity %}

* {{ bullet }}{% endfor %}

2. Deficits in nonverbal communicative behaviors used for social interaction: {% for bullet in NonverbalComm %}

* {{ bullet }}{% endfor %}

3. Deficits in developing, maintaining, and understanding relationships: {% for bullet in Relationships %}

* {{ bullet }}{% endfor %}

B. Restricted, repetitive patterns of behavior, interests, or activities (MUST HAVE 2):

1. Stereotyped or repetitive motor movements, use of objects, or speech: {% for bullet in RepetitiveBehaviors %}

* {{ bullet }}{% endfor %}

2. Insistence on sameness, inflexible adherence to routines or ritualized behavior: {% for bullet in SamenessRoutines %}

* {{ bullet }}{% endfor %}

3. Highly restricted, fixated interests that are abnormal in intensity or focus: {% for bullet in RestrictedInterests %}

* {{ bullet }}{% endfor %}

4. Hyper- or hypo-reactivity to sensory aspects of the environment: {% for bullet in SensoryReactivity %}

* {{ bullet }}{% endfor %}

C. Symptoms present in the early developmental period – {{Symptoms present in the early developmental period}}

D. Symptoms cause clinically significant impairment – {{Symptoms cause clinically significant impairment}}

E. These difficulties are not better explained by intellectual disability or global delay

**RECOMMENDATIONS:**

Considering the results of this evaluation, the following recommendations are made to support {{Patient First Name}}’s development in academic, home, and community settings:

***Developmental Pediatrics Appointment.*** I believe that {{Patient First Name}} would benefit from being seen by a developmental medical provider as part of comprehensive care related to the diagnosis described here. An appointment can be made by calling one of the following local specialty clinics or at URMC and Rochester Regional Health Center:

* University of Rochester Medical Center, Levine Autism Clinic at 585-275-2986,

<https:/www.urmc.rochester.edu/childrens-hospital/developmental-disabilities/services/levine.aspx>

* Rochester Regional Health Center, Developmental Behavioral Pediatrics Program at 585-922-4698, <https://www.rochesterregional.org/services/pediatrics/developmental-behavioral-pediatrics-program>

***Feeding Treatment & Support.*** {{Patient First Name}} presents with a range of concerns related to mealtime behavior and food variety, so I recommend that {{Preferred Pronouns 2}} parents seek out support from one of the following local agencies. I am happy to discuss this in detail.

* University of Rochester Medical Center -

<https://www.urmc.rochester.edu/childrens-hospital/developmental-disabilities/services/feeding-disorders.aspx>

* Step-by-Step - <https://www.sbstherapycenter.com/feeding-therapy>
* Mealtime Rediscovered - <https://mealtimerediscovered.com/>

***Levine Autism Clinic.*** I recommend that {{Patient First Name}}’s {{Caregiver type}} refer to the Levine Autism Clinic Facebook page for information about services, supports, events, and information that may be of help:

<https://www.facebook.com/DBPeds.GCH/>

***Parent to Parent.*** (<http://parenttoparentnys.org/offices/Finger-Lakes/>) This group could help to connect {{Patient First Name}}’s family with another family in their area who knows more about local resources and supports related to {{Patient First Name}}’s age-level and interests.

***Autism Speaks 100 Days 100 Kit.*** I would recommend that {{Patient First Name}}’s {{Caregiver type}} refer to this kit to help structure their next steps in determining {{Patient First Name}}’s care. The kit contains information and advice collected from trusted and respected experts.

<http://www.autismspeaks.org/community/family_services/100_day_kit.php>

***Caregiver Support.*** I encourage {{Patient First Name}}’s {{Caregiver type}} to review these resources:

* AutismUp - <https://autismup.org/support/family-navigator>
* Autism Council of Rochester - <https://www.theautismcouncil.org/>
* Camp Puzzle Peace - <www.familyautismcenter.com/>
* Rochester Regional Center for Autism Spectrum Disorders -

<https://www.urmc.rochester.edu/strong-center-developmental-disabilities/programs/rochester-regional-ctr-autism-spectrum-disorder.aspx>

***Educational Placement.*** The matter of which setting {{Patient First Name}} is educated in feels of paramount concern given {{Preferred Pronouns 2}} current skills and areas of need. I encourage {{Preferred Pronouns 2}} {{Caregiver type}} and school team to engage in ongoing conversations about placement options available for next year. I recommend that discussions about educational placement and programming be held within the CPSE meeting process.

***Components of Effective Treatment.*** A body of research has accumulated about effective treatment for children with autism. A list of components of this presented below. How these are implemented is best determined by those who work with {{Patient First Name}}.

* Comprehensive curriculum focusing on teaching a wide range of skills, including attention to the environment, imitation, comprehension and production of language, functional communication, toy play, and peer interaction.
* Supportive teaching environments structured to maximize attention to tasks.
* Emphasis on providing children with predictability and routine.
* Functional behavior analytic approach to assessing and treating behaviors.
* Systematic intervention for facilitating transitions from home to school setting.
* Consultation with a professional with expertise in autism-related interventions.

***Elopement Plan.*** Given {{Patient First Name}}’s predisposition to wander and bolt if not closely monitored, I think that it is medically necessary for {{Preferred Pronouns 2}} team to have in place a series of preventative and responsive procedures related to {{Preferred Pronouns 2}} elopement. This could be done in consultation with the school team (teacher, social worker) and a behavior specialist.  
Resources to consider include:

* Big Red Safety Toolkit -

<https://nationalautismassociation.org/docs/BigRedSafetyToolkit.pdf>

* Angel Sense - <https://www.angelsense.com/gps-tracker-lifesaving-features/>

***Developmental Disabilities Regional Office (DDRO).*** I discussed DDRO case management and Medicaid Waiver services with {{Patient First Name}}’s {{Caregiver type}}. To qualify for services, a person must have a diagnosis of a developmental disability along with documentation of cognitive and/or adaptive deficits. Based on {{Preferred Pronouns 2}} presentation and chart review, I believe that {{Patient First Name}} ought to quality for OPWDD waiver services due to {{Preferred Pronouns 2}} adaptive and cognitive delays. More information on Front Door Sessions can be found online at: <https://opwdd.ny.gov/get-started/information-sessions>

Information can be obtained through the Office of Persons with Developmental Disabilities (OPWDD), **Front Door Office Finger Lakes** at 855-679-3335

***Evidence-Based Therapies.*** I would encourage {{Patient First Name}}’s family to consider seeking services that are informed by the principles of applied behavior analysis (ABA). In particular, I would recommend that {{Patient First Name}} receive intensive intervention under the supervision of a licensed professional or board-certified behavioral analyst.  
  
Resources to consider include:

* Autism Learning Partners - <https://www.autismlearningpartners.com/>
* Living Soul - <https://livingsoulllc.com/>
* Proud Moments - <https://discover.proudmomentsaba.com/rochester.html>
* TruNorth Autism Services -   
  <https://www.trunorthautism.com/>

***In the Driver’s Seat.*** I encourage {{Patient First Name}} and {{Preferred Pronouns 2}} family to review this resource as it relates to self-direction processes and service utilization: <https://inthedriversseat.org/>

***Services & Supports.*** I think there is value in making sure that {{Preferred Pronouns 2}} services and related supports use approaches that target social engagement and peer relationships, as well as flexibility. I think a social skills approach within the context of group speech therapy makes sense. I would strongly encourage thinking of {{Patient First Name}}’s educational and social emotional needs from the perspective of {{Preferred Pronouns 2}} being on the autism spectrum.

***Encouraging Flexibility.*** Based on {{Preferred Pronouns 2}} presentation and pattern of perseveration, I think that there could be value in considering specific supports to teach flexibility.

* Unstuck and On Target - <https://www.unstuckandontarget.com/>

***Social Skills.*** I think that providing support with navigating social situations could provide a positive benefit to {{Patient First Name}}’s overall health and education care plan.

* Children’s Friendship Program -

<https://www.semel.ucla.edu/socialskills/research/childrens-friendship-program>

* Social Thinking - <https://www.socialthinking.com/>

***Accommodations.*** I would recommend that a designated location be determined for assessments, especially those with a timed component. There is also value providing {{Patient First Name}} with additional time and supports to remember to ask for accommodations.

***Hearing Assistive Technology.*** Given {{Patient First Name}}'s presentation, results of assessments, and behavioral observations across settings, we recommend trialing the use of a hearing assistive technology to address concerns related to auditory filtering and attention.

***Additional Suggestions.*** Given {{Patient First Name}}'s reading difficulties, I recommend the following:

* Enlarged font with strategic spacing between lines of text for assignments
* Hearing assistive technology to rule-out potential auditory or attention concerns

*In so far as {{Patient First Name}}'s difficulties could be attributed to, in part, to auditory processing or filtering concerns, I think there’s value in trialing the use of a hearing assistive tech.*

***Home/Community Based Supports.*** Based on the report by {{Preferred Pronouns 2}} {{Caregiver type}} and our observations today, we recommend considering therapeutic supports through organizations that provide specialized care. To that end, we recommend the following organizations:

* URMC Pediatric Behavioral Health and Wellness:

<https://www.urmc.rochester.edu/childrens-hospital/behavioral-health-wellness/outpatient>

***Coordinated Care.*** We encourage collaboration between home, school, and medical providers to ensure a unified approach to supporting {{Patient First Name}}’s needs across settings.

***Therapeutic Supports.*** Based on the report by {{Preferred Pronouns 2}} {{Caregiver type}} and our observations today, we recommend considering therapeutic supports through organizations that provide specialized care. To that end, we recommend the following organizations:

* URMC Pediatric Behavioral Health and Wellness:

<https://www.urmc.rochester.edu/childrens-hospital/behavioral-health-wellness/outpatient>

* Genesee Valley Psychology: <https://gviproc.org/about>

***Therapeutic Supports.*** Based on {{Patient First Name}}'s history of mental health and inter-related social concerns, we think there is value in pursuing coordinated healthcare such as:

* <https://www.rochesterregional.org/services/adult-mental-health/pros>
* <https://www.hhuny.org/>

***Executive Functioning Accommodations.*** {{Patient First Name}} will need frequent check-ins to review {{Preferred Pronouns 2}} daily and weekly activities to make sure {{Preferred Pronouns 1}} remains on target with longer-term assignments. Organization of materials is a critical component of this process, and, as such, we recommend daily adult support to initiate and complete work for {{Patient First Name}}.  
  
One approach that might be worth pursuing at school would be:

* Unstuck & On Target -

<https://www.unstuckontarget.com/>

***Support.*** We think that {{Patient First Name}} would benefit from the school’s behavioral specialist to accommodate {{Preferred Pronouns 2}} day-to-day management needs at school. We encourage opportunities to engage with {{Preferred Pronouns 2}} peers as well as executive functioning suggestions outlined above.

***Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)***{{Patient First Name}} may benefit from vocational support to help maintain employment and supported {{Preferred Pronouns 2}} independent living. Information can be found on the NYSD Department’s website: <https://www.acces.nysed.gov/vr>

***Occupational Therapy.*** Based on {{Patient First Name}}'s parents’ report, there is a clear pattern of concerns related to auditory aversions that set to the occasion for potential elopement. As such, I would recommend reaching out to URMC Pediatric Occupational Therapy:

* <https://www.urmc.rochester.edu/locations/pediatric-neurology>

***Pediatric Neurology Consultation.*** I observed {{Patient First Name}} to move {{Preferred Pronouns 2}} face and eyes in a repetitive manner that appeared involuntary; I noted repetitive vocalization of sounds and potential throat-clearing. Based on this, I recommend that {{Patient First Name}}'s parents consult with URMC Pediatric Neurology to determine if these behaviors reflect specific tics or Tourette's syndrome. More information can be found here can be found by calling 585-275-2808 or going to   
<https://www.urmc.rochester.edu/locations/pediatric-neurology>

***Therapeutic Supports.*** {{Patient First Name}} would benefit from accessing therapeutic services to support {{Preferred Pronouns 2}} adaptive functioning and mental health concerns. We would recommend:

* Presence Developmental Services -

<https://presencedevelopmental.com/about-us>

I remain available to {{Patient First Name}} and {{Preferred Pronouns 2}} {{Caregiver type}} to help coordinate care moving forward. *If you have questions or concerns about this evaluation, please contact me at* [*bryan@bryanharrisonphd.com*](mailto:bryan@bryanharrisonphd.com)*. I am happy to discuss this report in detail with you*.  
  
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Dated: {{Date Report Sent to Patient}}