

MCI/ESP Checklist to Prepare for MCPAP for ASD-ID Consultations

Before calling MCPAP for ASD-ID, please gather the following information from the youth's provider or family if possible. Having this information on hand during a MCPAP for ASD-ID consultation will help ensure a smooth and efficient process.

Youth's Providers
Name and phone number of youth's prescriber
Name and phone number of youth's ABA
Current Crisis and Clinical Presentation
1. Describe current situation and presentation of the youth you are evaluating.
2. Where is the youth currently and who is with them?
3. Would you describe them as aggressive? If so: <ul style="list-style-type: none"> • How severe? • Yelling and screaming leading up to and during evaluation? • Throwing objects/breaking things leading up to and during evaluation? • Hurting other people leading up to or during this evaluation? • How frequently has aggression been coming up?
4. What other behaviors are occurring?
5. Are there certain times/circumstances when you are almost certain that this behavior will occur? Are there common triggers for these behaviors?
6. What does the current environment look like for the child? Are there many people? Is it busy? Is there a quiet place available, if needed?
7. Does the family report that the child understands their daily routine (e.g., meals, bedtime, time to wake up, when screen time is coming to an end, time for school)? Are there reported difficulties when those routines are changed or interrupted?
8. Does the child let others know what they want or need? How is this typically communicated?
9. Does the child have access to things in the environment (people/materials/activities) that would be considered reinforcing to them?
10. What has worked for the family in the past to help de-escalate behavior? Could we attempt any previous strategies that have been successful? If not, why?
Medication
1. What medications is the youth taking and at what dose?
2. Have there been any recent changes to the medication?
3. Does the youth's family/provider feel that the medications are working?
4. Is the youth generally compliant with medications?
Medical Issues
1. Are there any medical conditions that may be the cause of this crisis? Please describe.
2. Does the youth have any of the following medical issues? <ul style="list-style-type: none"> • Seizures • Sleep problems • Appetite/nutrition issues • Constipation
3. Are there other medical conditions of concern?

(continued)



Identifying a Resolving Stimulus

1. Initial de-escalation strategies:
 - Is there a known repertoire of effective coping strategies for the child?
 - Have these coping strategies been tried?
2. Do any of the following conditions effectively reduce/extinguish the behavior?
 - a. **Escape** - Systematically removing all demands/potential aversive stimuli
 - b. **Attention** - Attempting to provide attention
 - c. **Tangible/Access** - Systematically providing access to preferred items (safely)
 - d. **Sensory** - Does the child:
 - Avoid/seek (circle one) auditory stimulation?
 - Avoid/seek (circle one) visual stimulation?
 - Avoid/seek (circle one) tactile stimulation?
 - Avoid/seek (circle one) kinesthetic stimulation?
 - Avoid/seek (circle one) olfactory stimulation?
 - Engage in any repetitive motor movements?
 - Have any insistence on sameness, routines, and/or rituals?
 - Have any restricted or fixated interests?

Safety Plan

1. Does the youth currently have a safety plan in place?
2. Does the family/provider feel that it has been helpful?

Current Services Youth is Receiving

1. What services are the youth currently receiving?