

Approach 2: Core Area of Need

Area of Need	Skills Supported	Types of Supports/Services Available	Additional Considerations for Pediatric Clinicians
Social skills	<ul style="list-style-type: none"> • Social communication • Peer interaction • Peer conversation • Understanding social cues 	<p>School (including EI) and/or clinical interventions that focus on engagement of the child with others:</p> <ul style="list-style-type: none"> • For toddlers/very young children: Naturalistic Developmental Behavioral Interventions: e.g. Early Start Denver model, Pivotal Response Treatment • For children with less interest in social engagement: <ul style="list-style-type: none"> • Behavioral interventions: e.g. Applied Behavioral Analysis, discrete trial training • Social Interventions/Social Curricula for school aged, children who are verbal: Program for the Education and Enrichment of Relational Skills (PEERS), Social Thinking model 	<ul style="list-style-type: none"> • Many available options and models to support social skill development in children on the spectrum. • Encourage families to explore their available options and work with therapists to establish goals that are individualized, developmentally appropriate and non-aversive.
Self-injurious or aggressive behavior	<ul style="list-style-type: none"> • Functional communication skills • Replacement of interfering behavior with adaptive behavior • Safety strategies 	<ul style="list-style-type: none"> • Therapies that support functional communication like speech and language therapy (Example: Picture Exchange Communication System (PECS) or Augmentative and Alternative Communication (AAC)). • Referral to a behavioral therapist who can assess behavior through a Functional Behavioral Assessment (FBA). • If the behavior is happening at school, parents may request (in writing) an FBA to help the school understand the behavior and how to address it. 	<ul style="list-style-type: none"> • These behaviors are difficult to assess and typically are a form of communication. • Assess for pain and other underlying medical factors when self-injury/aggression begins or when there is a change in pattern. • Optimize functional communication for the child and engage behavioral specialists to help reduce the interfering behavior.

Restrictive Eating	<ul style="list-style-type: none"> • Increased food acceptance • Increased texture acceptance • Well-balanced nutritional intake 	<ul style="list-style-type: none"> • Speech or occupational therapist with experience in feeding. • Pediatric dietician to assess nutritional intake for growth and adequate nutrition. • Calorie supplements may be recommended following the nutritional assessment. 	<ul style="list-style-type: none"> • Consider routine lab evaluation to evaluate for significant vitamin and mineral deficiencies.
Toe Walking	<ul style="list-style-type: none"> • Functional ambulation/gait 	<ul style="list-style-type: none"> • State EI program or school district special education services for evaluation • Gait evaluation from professionals including pediatric physical therapy, physical medicine and rehabilitation, orthopedics and/or neurology • Orthotics based on evaluation and recommendations 	<ul style="list-style-type: none"> • Toe walking may result from increased need for proprioceptive (sensory input) or may be from an underlying neurologic issue. • Consider referral for gait assessment in children with toe-walking to further assess treatment need and options.
Adaptive skills	<ul style="list-style-type: none"> • Self-care including dressing, undressing, hygiene • Utensil/cup use for feeding • Coloring/writing with crayons/pencils 	<ul style="list-style-type: none"> • School-based supports to assess adaptive and fine motor skills • Clinical occupational therapy for assessment and treatment planning • Inclusion of adaptive skills among IEP goals addressed in school settings and/or through OT in other settings • Home supports/services may also focus on these skills 	<ul style="list-style-type: none"> • Monitor muscle tone and strength when considering adaptive and fine motor skill needs as low tone in hands and mouth can affect these skills and require intervention.