

Children's TiPS

Therapy: Autism Spectrum Disorder

By: Ryan Anderson, PhD

Autism Spectrum Disorder (ASD) is a clinically diagnosed developmental disability. It is characterized by difficulty with communication and other social skills as well as overly strong interests and repetitive behaviors. It is thought to affect 1 in 68 school-age children, with higher prevalence rates for males (1 in 42) than females (1 in 18).

During the toddler and preschool years, many children with ASD will first present as developmentally delayed—perhaps in a single area of development (e.g., language) or in multiple domains. It is critical that these children be referred for early intervention (EI) services, and the referral should be made even before a definitive diagnosis of autism is made or ruled out. The American Academy of Pediatrics (AAP) recommends multiple levels of screening for ASD, beginning with the M-CHAT-R at the 18- and 24-month well-child visits. In addition to being an important screening tool, the M-CHAT-R can be helpful in organizing your discussion with parents regarding concern for autism. When ASD evaluation is indicated, it is best to have a straightforward discussion with parents about the reason for evaluation as well as what to do in the weeks or months leading up to evaluation. Engaging with EI services is a critical first step that will help the child to develop skills and permit other professionals to get to know the child.

A child diagnosed with autism will have varying needs depending on age, ability, and environmental demands. Most (if not all) preschool and younger school-age children will benefit from intensive behavior therapies. In Pennsylvania, this involves connecting with a Behavioral Health Rehabilitation Service provider (BHRS or “wraparound”). A good quality provider will work with the family to establish a treatment plan, covering several core areas: training of



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Special points of interest

- TiPS Spring Conference will be held in Pittsburgh on Friday, March 23, 2018

Therapy (cont.)

purposeful social and communication skills, lessening of socially limiting behaviors such as narrow interests and repetitive behaviors, and reducing the impact of disruptive behaviors (e.g., noncompliance, aggression). Older children or teens may need to re-enter treatment to learn new skills; for example, more sophisticated social skills such as those needed to navigate the transition to middle school, or strategies for managing anxiety associated with increased awareness of one's disability. With ASD, co-occurring behavioral health problems such as anxiety disorders and ADHD are common. Some children will benefit from adjunct pharmacotherapy, though it is important to keep in mind that there are no medications that produce direct improvement in or reduction of the core features of ASD.

During the preschool years, it is critical that children with ASD spend time with children without disability in the context of a structured education program. In most cases, a child with ASD will qualify for a Section 504 Service Agreement or Individualized Education Program (IEP). Both are important documents that, when set up correctly, have tremendous potential to promote success at school. It is important to begin planning for the transition to adulthood at an early age. This means engaging with therapies early in life to establish effective communication skills that will provide the groundwork for self-advocacy and independent living. Not all children with ASD will live independently, but all should be given the opportunity to exercise the highest level of independence possible given their strengths, challenges, preferences, and abilities. It is never too early to think about the future and, in fact, disability law mandates that the IEP must include transition planning by the time a child is 14 years of age to allow sufficient time to explore postsecondary educational opportunities, workplace skills, living arrangements, access to healthcare, and the many associated factors (e.g., guardianship, financial planning) that are often necessary for a successful transition to adulthood. School districts are required to designate a transition coordinator to assist with this process.

In addition to psychosocial and educational interventions, children with ASD often have special medical healthcare needs. These can range from concern for a genetic etiology (e.g., Fragile X, Tuberous Sclerosis, Angelman) to gastrointestinal problems (e.g., constipation, reflux), eating and feeding problems (e.g., swallowing problems, sensory aversion), sleep problems (e.g., obstructive sleep apnea; OSA), and neurological problems (e.g., seizure). When attempts to diagnose and treat the child in the primary care setting prove unfruitful, subspecialty medical referral should be considered. In addition to the medical aspects of treatment, many children with ASD also will require adjunct behavioral intervention to assist with adherence to the medical regimen (e.g., desensitization to positive airway pressure for a child diagnosed with OSA) or to directly treat a behavior thought to be causing or strongly contributing to the medical problem (e.g., problematic feeding habits associated with constipation).

Some children presenting with ASD and medical healthcare needs will be difficult to examine. In some cases, this is attributable to lack of verbal communication. Knowledge of the way a child communicates is a critical piece of information for healthcare providers to obtain. For instance, some children with ASD may engage in disruptive behavior to communicate discomfort or pain (e.g., head banging due to pain associated with ear infection); some children may exchange pictures or use gesture; and some children will use spoken language. Taking steps to learn how a child communicates to express pain or to answer "yes/no" questions, inquiring about techniques (e.g., distraction) that can be used to keep a child calm during exam, and reducing or eliminating unpleasant environmental stimuli (e.g., bright lights, unpleasant textures) are important factors to consider when delivering primary care.

As a pediatric healthcare provider, you have a unique opportunity to improve the quality of life for persons with autism and their families. Though you will not be directly providing most interventions, familiarity with their basic principles and means of access is an important step toward empowering people with autism to receive high quality, well-timed healthcare. □

Care Coordination: Connecting and Engaging with Autism Resources

By: Taylor Naus, LSW

Establishing behavioral health services can be a daunting and frustrating task. Knowing where to start can be half of the battle. When you have developmental concerns about a child, referral to early intervention (EI) services is recommended as the first step. Some providers will refer families to outside testing known as Autism Diagnostic Observation Schedule (ADOS) to confirm diagnosis and open a gateway to approved services. Contacting your state's local Autism Connection website or Autism Speaks chapter can better assist with locating approved and certified evaluators. Knowing the various levels of care and their processes can be a great first step as well.

One form of therapy often used for individuals with Autism is Behavioral Health Rehabilitation Services (BHRS). BHRS services can assist children with functioning and transitioning effectively with their everyday needs within the home and community. Often providers will contact TiPS to have one of the care coordinators assist the family in connecting to BHRS services. The referral process includes the following:

- 1.) Assist family with application for Medical Assistance through Compass at <https://www.compass.state.pa.us/compass.web/Public/CMPHome>
- 2.) Identifying CASSP Coordinator for their county to assist with locating independent prescriber to complete a best practice evaluation to determine level of appropriate services with a behavioral specialist consultant (BSC), mobile therapist (MT), or therapeutic support staff (TSS)



- 3.) Assist family with locating agency that could staff prescribed case
- 4.) Chosen agency will then work with children and family through individualized behavioral treatment plan in a brief treatment model to provide skills for family and children to implement
- 5.) Every 6 months, the family and agency will participate in an Inter-Agency Service Planning Team Meeting (ISPT) to review current recommendations for treatment and next steps for treatment

Additional services to supplement ongoing care are social skills support groups and support groups for families. Nationwide foundations often have a resource guide for families to locate support groups within communities. These programs can provide clients with skills to better understand and control their emotions and perceptions of others as well as acknowledge families concerns and avoid a sense of isolation. Information on support and social skill groups for families can be at:

- ◆ <https://www.autismspeaks.org/resource-guide>
- ◆ <https://autismofpa.org/support-groups/> □

TiPS Conference

- TiPS Spring Conference will be held in Pittsburgh on Friday, March 23, 2018
- Registration can be found through www.wpic.pitt.edu/oerp/conferences/
- You can also receive registration information by emailing us at wpatips@chp.edu

For Enrolled Practices

We will be reaching out to the following practices to set up a yearly practice visit:

- Somerset Pediatrics
- Carlow University Health Center
- Northside Christian Health Center
- Community Health Clinic
- Cole Memorial – Port Allegany
- Healthy Beginnings

Welcome

Children's TiPS would like to give a warm welcome to the newest members of our team:

Psychiatrist, Dr. Anna Jolliffe
Care Coordinator, Nanelle Florence, MSW
Care Coordinator, Meghan Donahoe, LSW

Psychiatry: Use of Psychotropic Medications for Individuals with Autism Spectrum Disorder

By: Victoria Winkeller, MD

Individuals with a diagnosis of autism spectrum disorder often experience symptoms such as anxiety, mood lability, obsessive/compulsive behaviors, sleep problems, inattention, hyperactivity, impulsivity, self-injurious behaviors and aggression. Studies have shown an increased rate of co-morbid anxiety disorders and ADHD in children and adolescents with autism spectrum disorder. Pharmacotherapy should be considered to target these symptoms, depending on the severity and functional impairment in a variety of domains, including at home and in school. However, medications are not necessarily the first line treatment for behavioral challenges in this population. It is important to evaluate for possible contributing medical illnesses, such as constipation or headaches, particularly when there is a sudden change in behaviors. There are no medications that have demonstrated efficacy for targeting the core features of autism, such as the problems with social communication or repetitive, restrictive behaviors.

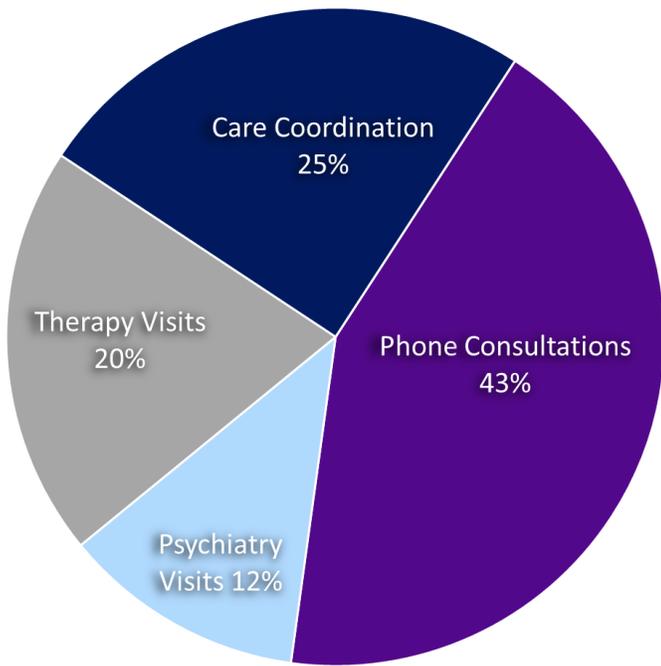
Psychotropic medications may help children and adolescents with autism spectrum disorder get more benefit from behavioral interventions and achieve greater educational and academic success. They may also allow these individuals to be in less restrictive environments, such as by targeting severe aggression and self-harm. In general, individuals with a diagnosis of autism tend to be more sensitive to medications and thus may experience more profound side effects, such as irritability with use of a stimulant or a selective serotonin re-uptake inhibitor (SSRIs). I typically approach this by starting medications at a lower than standard starting dose and increasing more slowly. As with most treatment approaches for mental health diagnoses, a combination of medication and interventions such as behavioral, physical, occupational and/or speech therapies tend to result in the best outcome for the patients.

Risperidone and aripiprazole are approved by the Food and Drug Administration to treat irritability associated with autism, often manifested by tantrums and aggressive behaviors. Given the risk of side effects with anti-psychotic medications, an alpha-agonist such as guanfacine or clonidine may be considered first, despite the fact that there is less literature to support their use. This depends on the severity of the presenting symptoms.

It is also important to evaluate for potential intellectual impairment, as approximately 50% of individuals with autism spectrum disorder have a severe intellectual disability, and this can impact behavioral treatment approaches for the individual and caregivers.

Recommended Resources:

- American Academy of Child and Adolescent Psychiatry (AACAP) Parents' Medication Guide for Autism Spectrum Disorder
 - *This may be helpful to provide to a family when considering a medication and/or when referring a patient for an evaluation with a mental health provider
- AACAP Practice Parameter for the Treatment of Children and Adolescents with Autism Spectrum Disorder □



TiPS Activity Data: UPMC and CHIP

- ◆ On July 1, 2017, Children’s TiPS began accepting UPMC Health Plan commercial and Children’s Health Insurance Plan (CHIP) insurances.
- ◆ From July 1, 2017 to December 31, 2017, TiPS completed 83 consults, 23 psychiatry appointments, 39 therapy appointments, and had 48 referrals to our care coordination for patients with UPMC or CHIP insurance. □

“Excellent and timely service. TiPS was helpful and responsive to patient needs and was able to facilitate a more soon mental health appointment.” - a provider after using TiPS

Meet the TiPS Team—Staff Highlight

Megan McGraw, LCSW

Your Job Title/Location:

Behavioral Health Therapist II, TiPS Lawrenceville and Bass-Wolfson Pediatrics

Education:

BA from University of Pittsburgh, MSW from University of Pittsburgh

Certifications:

LCSW, Trauma Informed Care

About You:

I was born and raised in Erie, PA but moved to Pittsburgh in 2004 for college and never left. I love the city and live in the Lawrenceville neighborhood.

Your Favorite Food:

Ice cream, any kind! Caramel, mint and coffee are the best.

About Your Job:

I am a therapist embedded in a primary care setting as well as part of the TiPS Team. I work with kids and their families for short term and long term treatment. As a therapist for TiPS I get to meet a variety of different kids and families, often with complex medical and behavioral health histories. In the pediatric setting I most frequently treat patients with anxiety, depression and AD/HD using evidenced based interventions.

What do you like to do in your free time:

I like to try new restaurants and breweries around Pittsburgh, and spend time with friends and my dog. □



Contact Us

Phone: 1-844-972-8477

Email: wpatips@chp.edu

Website: www.chp.edu/tips

Children's TiPS

Our provider-to-provider service gives primary care clinicians (PCCs) access to on-call psychiatrists, Monday through Friday, 9 a.m. to 5 p.m. When a PCC calls, the Children's TiPS team will connect him or her with a child and adolescent psychiatrist within the same day, often within thirty minutes. Our TiPS psychiatrists can answer questions about medications, diagnoses, screening tools, resources, and other topics. TiPS psychiatrists can also refer patients to our care coordinators or licensed therapists if needed.



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A Behavioral Health Newsletter for Pediatric Primary Care Clinicians

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