Assessment and Treatment of Individuals with ASD and Co-occurring Mental Health Diagnoses

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Overview

• Past Practices / Current Directions in supporting people with ASD and Co-occurring Behavioral Health conditions
• Clinical challenges in obtaining an accurate psychiatric diagnosis
• Common Psychiatric Diagnosis in Individuals with Autism
• Role of Functional Behavior Assessments (FBA) in assessing target symptoms and challenging behavior
• Discussion on practical ways to monitor / track response to interventions
• Case Presentations
Dual Diagnosis- ASD/MI

- ASD and Mental Illness and are two separate disabilities

- **Autism Spectrum Disorder (ASD)** is a term that describes a group of complex disorders of brain development. ASD is characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors or areas on interest. (Autism Speaks) Core features of ASD will be expressed differently in each person, even though people will have the same diagnosis.

- **Mental Illness** is a condition that impacts a person's thinking, feeling or mood and affects and his or her ability to relate to others and function on a daily basis. (National Alliance on Mental Illness -NAMI) Mental Illness will be expressed differently in each person, even though people will have the same diagnosis.
<table>
<thead>
<tr>
<th>past practices</th>
<th>current best practice</th>
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<tbody>
<tr>
<td>culture of control</td>
<td>recovery, culture of care and support</td>
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<tr>
<td>protocols—one size fits all</td>
<td>treatment is individualized</td>
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<td>diagnosis not accurate</td>
<td>more accurate diagnosis</td>
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<td>old generation meds</td>
<td>treating- diagnosis/symptoms</td>
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<td>Behavior Modification</td>
<td>Positive Behavior Supports</td>
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<tr>
<td>reduction / punishment</td>
<td>teaching alternatives</td>
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<td>limited knowledge of etiology of behavior</td>
<td>functional behavior assessments descriptive behavior analysis</td>
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Determinants of Challenging Behavior in DD/ASD

Biological Risk Factors  Behavioral Phenotypes
Tuberous Sclerosis          Fragile X Syndrome
Angelman’s Syndrome         Landau Kleffner
William’s Syndrome          Lennox Gastaut Syndrome

Developmental Risk Factors
Delays in Developmental Milestones
Delays or Unusual Communication
Feeding / Eating
Limited and Poor Social Skills
Motor / Sensory delays

Psychological Risk Factors
Labeling
Rejection
Segregation
Restricted Opportunities
Victimization (bullying)/Abuse/Trauma

Almost half of teens with autism bullied: Archives of Pediatrics & Adolescent Medicine
By Andrew M. Seaman, Reuters September 3, 2012
Complexity

Health/Medical

Mental Health

Trauma

Neurological

ODP / Positive Practices
Autism Spectrum Disorder

- Persons with ASD are a highly heterogeneous groups, and great clinical variability.

- No two individuals are alike.
- Treatments and support services need to be individualized and specific to each person and family.
- Treatment is often multi-faceted and requires cross-systems collaboration and an interdisciplinary team approach.
- Accurate diagnoses and treatment require expertise, time, patience, and team work.
Clinical Service Findings in ASD/MI

• Continued difficulty in securing effective and appropriate diagnostic, clinical, and psychiatric services for people with ASD and co-occurring Behavioral Health conditions.

• Lack of expertise and qualified mental health providers resulted in excessive use of medication and the provision of inadequate care and treatment.

• Continued split between systems and services MH/I/DD/Medical/BHMCO’s.
Impact of psychiatric co morbidity

- Increased health care utilizations and costs
- Increase likelihood of contact with police
- Increase likelihood of multiple placements
- Increase likelihood of admission to a psychiatric hospital
- Decrease adherence to treatment regimens
- Higher potential for drug interactions due to use of multiple medication
- Increased likelihood of medical complications
Factors influencing accurate psychiatric diagnosis

Belief that all persons with Autism have Mental Illness or Autism causes Mental Illness

The psychiatrist can not secure an accurate diagnosis without relying on the patients self report

The psychiatrist must formulate the diagnosis alone in a 1 hour office visit

“Diagnostic Overshadowing”

Medication masking

Medical condition that masks the psychiatric illness
Psychiatric Diagnosis and Behavioral Equivalents in individuals with Developmental Disabilities
Why is diagnosis important?

• Provides a common understanding of a condition(s) and how it is typically treated

• Diagnosis helps tailor the treatment plan and medical management

• Assists the person and family with education and recovery

• Matches data collection / analysis to the presenting concerns

• Necessary for reimbursement
More common types of psychiatric disorders in Autism Spectrum Disorder

• Depression and Mood Disorders
• Anxiety Disorders and OCD
• Intermittent Explosive / Impulse Control Disorder
• Post Traumatic Stress Disorder
• Adjustment Disorder
• Psychotic Disorders (NOS)

Less Common, but increasing

Drug, Alcohol and Substance Abuse
Personality Disorders
The Diagnostic Process
Diagnostic challenges for clinicians

Intellectual distortion – person is unable to label and report on his/ her own experience (feelings to words)

Psychosocial masking – fleeting / limited eye contact and atypical social reciprocity, may lead a clinician to the miss-assumption of an anxiety D/O or psychiatric symptoms (suspiciousness / anxiety / paranoia)

Cognitive disintegration – (meltdowns)a stress induced disruption of information processing may presents as psychotic features (talking or mumbling to self, self talk, imaginary friend, thinking out loud)
Functional Behavior Assessments (FBA)
The purpose of the Functional Behavior Assessment (FBA) is an attempt to understand, from multiple perspectives, the variables that surround the reason function, etiology, purpose for the occurrence of behavior.
Most common Challenging Behaviors studied using FBA
Matson (2011)

- Self Injurious Behavior
- Aggression
- Stereotypies
- Tantrums
- Destruction of property
- Inappropriate speech / vocal tics
- Inappropriate meal time / food refusal / pica
- Noncompliance
Gathering information / Data for the FBA

• **Interview:** - Indirect
  Functional Behavioral Interviews (FBI) Parent /Caregiver/ Teacher
  Person Interview
  Rating Scales
  Review of performance and behavioral data

**Direct Observation:** Direct
  Antecedent - Behavior - Consequence
General Motivations for Behavior

Observable
• Gaining access to tangible items
• Get attention, acknowledged by others
• Escape / Avoidance terminate / prevent unpleasant situations and experiences
• Sensory (Positive / Negative)

Beyond the Observable
• Internal Medical (Seizures, Hypo/Hyperglycemia, IBS)
• Internal Psychiatric – Depression, Anxiety, Psychoses
# Functional Assessment Recording Sheet

NAME: __________________________                                    DATE: ________________

<table>
<thead>
<tr>
<th>DATE / TIME LOCATION</th>
<th>THOSE PRESENT</th>
<th>ACTIVITY</th>
<th>ANTECEDENT ANALYSES</th>
<th>BEHAVIOR ANALYSES</th>
<th>CONSEQUENCE ANALYSES</th>
<th>RESULTS</th>
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Etiology

- Aggression
- Noises
- Cutting
- Perseveration
- Purging
- Ruminating food
- Noncompliance
- Obsessions

Anxiety
Etiology

Self Injury
Denied request
irritable

Fetal Position

Pain
Physical / Emotional

yelling screaming
asked to participate in group
isolation

Body Rocking
Etiology

- Blank staring
- Aggression (Grabbing, Biting)
- Eye Rolling
- Irritability
- Covering ears
- Vomiting
- Unusual smells

seizures
Tics versus Self Stimulation and Repetitive Behavior patterns

**Tics**
- Brief and Intermittent
- Face, neck, shoulders, arms and whole body when complex
- Not purposeful
- Waxing and waning
- Urge and premonitory sensations

**Stereotypies**
- Rhythmic and slower
- Whole body, trunk, hands and fingers
- May be purposeful
- More stable over time
- No premonitory sensation
Etiology

GI problems

Temper Tantrums
Rumination
Breath holding
Hyperventilation
Irritability
Constipation
Rapid Cycling
Motivations / Etiology for Behavioral Concerns

- Biological (Genetics – Behavioral Phenotypes)
- Physiological (Hunger, Thirst, Pain)
- Medical (Dental, Seizures, Apnea, Hypoglycemia)
- Psychiatric / Emotional / Behavioral
- Medication (Side Effects)
- Developmental Delay / Trauma
- Environment (including caregiver interactions)
- Cognitive / Executive Functioning Deficits (Processing)
- Communication (Expressive / Receptive)
- Social Skills Deficits
- Attention (gaining access to preferred items)
- Escape Avoidance (unpleasant situations / experiences)
- Sensory (Self Stimulation)
Interventions
Best Practice for Interventions

Biological
Genetics / Medical / Medicine

Recovery

Psychological

Social
Best Practice Models

- Use Bio-Psycho-Social Model
- Successful programs have teaching environments and generalization strategies across settings
- Application of Applied Behavioral Analytic Approach
- Interventions are based in Positive Approaches
- Active person and family involvement
- Motivations before Medications
- Multi-dimensional intervention approach
- Data Collection – ways to measure response to interventions
Case Presentation

Laura  Age: 25
Above average Intellectual ability
Case Presentation

Chris    Age: 31
Significant Cognitive Impairment
Case Presentation

Amanda   Age: 18
Average Intellectual ability
Case Presentation

Thomas  Age: 36
Superior Range of Intelligence
Treatment Principles

• Step 1: Conduct Functional Behavior Assessment

• Step 2: Develop Hypothesis about the etiology of the symptoms / Challenging Behavior

• Step 3: Select a medication or behavioral intervention which is directed to primary cause of the persons symptoms or challenging behavior
Treatment Principles, con’t

• Step 4: Specify what will constitute a therapeutic trial of selected drug or adequate response time for a behavior plan to take effect

• Step 5: Start treatment / intervention only after an objective monitoring system is in place

• Step 6: Decide in advance what will constitute a positive treatment response
Assessing Your Behavior Support Plan

• Is the plan individualized and based on knowledge of the person?

• Is the plan supported by a Functional Behavior Assessment?

• Is the plan based in a Positive Approaches Philosophy?

• Does the plan include ways to increase alternative behaviors?

• Does the person / family according to their ability have the opportunity to participate in the development of the plan?

• Does the plan operate from a Least Restrictive Model?

• Does the plan include a Data Base?

• Does the plan include an Individual Safety or Crisis Plan?
Least Restrictive Treatment Model

Complete Functional Behavior Assessment

Adapt the environment including physical space (prevention), designated areas of the residence school for treatment, increased staffing patterns / observation up to including 1 to 1

Communication Adaptations

Begin Interruption / Redirection (verbal and physical)

Counseling / Behavior Programs

Relaxation Training

Ask person to go to calming area

Removal of the person to calming area

Blocking Pads

Physical redirection / If the person resists – Staff Time Out

Behavior Interventions are unsuccessful / Imminent risk and danger

Implement Individualized Safety Plan – Crisis Intervention
Providing Good Clinical Care includes:

• Establishing trust between all partners

• Respect the opinions of all team members

• Be consistent and predictable

• Include the consumer and family in developing the plan

• Secure expertise when necessary (consultants)

• Communicate / Disseminate latest research and treatment information
Providing Good Clinical Care includes:

Treatment is fully intergraded with other disciplines (medicine neurology, sleep, GI)

Treatment plans are team based and developed in the Positive Approaches Philosophy

Be Creative / Think out of the box

Team work
Questions & Answer
References


References


