AAP-CA3 DEVELOPMENTAL-BEHAVIORAL PEDIATRICS

# NAVIGATING SYSTEMS OF CARE

## FOR OLDER CHILDREN/ADOLESCENTS

CHAPTER TOWN HALL EVENT

## WEDNESDAY, NOVEMBER 10 (6:30 PM - 8 PM)

AAP-CA3 San Diego & Imperial Counties INCORPORATED IN CALIFORNIA
AMERICAN ACADEMY OF PEDIATRICS • CALIFORNIA CHAPTER 3
American Academy of Pediatrics
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# By the end of today's session, you should be able to…

1. Understand the evaluation pathways for older children presenting with complex developmental and behavioral concerns, including Autism Spectrum Disorder
2. Describe therapeutic services available for adolescents with Autism Spectrum Disorder
3. Describe the role of Schools and the San Diego Regional Center in evaluation and support of older children and adolescents
4. Identify community resources for transition of care for adolescents with neurodevelopmental conditions

# Panelists

**YI HUI LIU, MD, MPH** — DEVELOPMENTAL- BEHAVIORAL PEDIATRICIAN

**WENDY PAVLOVICH, MD** — PEDIATRICIAN

**JEFF ROWE, MD** — CHILD AND ADOLESCENT PSYCHIATRIST

**SHIRLEY FETT, FNP-BC, PC-PMHS** — TRIAGE CLINICIAN

**KIM GAINES, PHD** — PSYCHOLOGIST

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# Case Presentation: 11.5 y/o F

- Presenting for “second opinion” on behavioral concerns, specifically, increasing shyness, lack of engagement in social activities, stress about her body changes for 6 months.
- She has been referred and started mental health therapy for anxiety, concerns for depression, but parents concerned that it isn’t helping and wonder if she has Autism.
- Historians: Patient, Mother and Father
- Language: Spanish (parents), English (patient)

# 11.5 y/o F – Current Concerns

## Parents Have Noticed

- Concern and stress about pubertal changes
- Washes and bathes frequently
- Wearing larger clothing and sweatshirts, even when it is hot
- Seems anxious about going to school
- Fears “something is going to happen”
- Continues to like her own activities, particularly drawing
- No longer engaging with familiar family members

## Patient Says

- Worried about what might happen in the future
- Worried about “things I need to do the next day”
- She is shy and would like to be less shy, but doesn’t know how
- Wants to keep herself clean as she grows
- Likes drawing - mostly animals
- Has one friend at school, female
- Wants to go to school
- Enjoys math

## Teacher Reports to Parents

- “Reserved, quiet, in her own world”
- Answers questions appropriately when asked
- Passing academic work
- More difficulty with language arts, specifically spelling and creative writing assignments
- Few social interactions observed
- No bullying

# Case Presentation – History “Always shy…”

**PMH:**

- Full-term, no complications, obesity, allergic rhinitis
- No known neonatal infections, seizures, head trauma, lead exposure

**FH:**

- Mother – postpartum depression, grief
- Father – no known issues
- Paternal half brother (19 y/o): Schizophrenia
- Paternal half brother (24 y/o): Autism Spectrum

**Social:**

- Born in San Diego
- Lives with mother, father only at this time
- Travels back and forth to Mexico
- Family immigrated from Mexico
- Older ½ brothers (father’s first wife) used to live with family but have moved out

**Development:**

- Speech delay/disorder with speech services until ~3 years
- Mother has always helped her stay on task as she gets distracted by drawing and organizing things in her workspace

**Early Childhood**:

- Picky eating - sensitive to things touching or mixing
- Relationships - cousins as friends
- Activities - mostly inside play, always interested in papers - sorting and stacking, coloring and drawing
- No history of IEP, 504 plan, or other school-based support or services

**ROS:**

- No seizure, no “spacing out”, no injuries
- No sleep changes, no appetite changes
- No self harm, no suicidal ideation or attempt

# Case Presentation – Physical Exam

## General

- BMI> 95th percentile
- GAD-7 score = 0; PHQ-9 Score = 0
- Gen: well groomed, school uniform, large puffy jacket, non-dysmorphic
- HEENT, Chest, Abdomen, Skin all WNL, SMR 3 wearing a bra

## Psych

- Mood described as "good"; affect flat
- Initially no eye contact, then fixed eye contact on provider, holding eye contact for long periods of time, not referencing parents when they speak
- Tapping fingers together, repetitive, rest of body very still with shoulders hunched
- While speaking with family, took a book and used her finger to trace lines of text, repetitively
- Denies hearing or seeing things that she knows are not real
- Denies SI/HI
- Can recall what family had for dinner the night before, activities they did the preceding weekend

## Neuro

- A&O x3
- CN II-XII grossly intact
- 5/5 strength upper and lower extremities
- Sensation intact to light touch in bilateral upper and lower extremities
- Reflexes 2+ bilaterally in biceps, BR, triceps, patella, and Achilles with no ankle clonus
- Normal finger-to-nose and rapid alternating hand movements
- Neg Romberg
- Normal gait

# Mentimeter Word Cloud Activity

Question: What are possible diagnosis or explanations for what we are seeing?

**STEP 1.**

GET YOUR
**MOBILE DEVICE** READY

**STEP 2.**

GO TO **MENTI.COM**
ON YOUR **MOBILE BROWSER**

**STEP 3.**


**ENTER THE CODE** LISTED AT THE
TOP OF THE PAGE

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# Questions: What do we think is going on?

- What questions would a DBP ask?
- What questions would a Psychiatrist ask?
- Which diagnoses would you consider?
- How reasonable is it to think of neurodevelopmental conditions such as Autism?
- What information would be most helpful for the general pediatrician to gather in preparation for referral?
- Which screening tools would you recommend a PCP use?
- Would it be reasonable to start any pharmacologic treatment in this case as the general pediatrician?

**Some Possible Diagnoses**

- Depression
- Anxiety
- OCD
- Autism spectrum disorder
- Trauma
- Learning disorder
- Temperament
- FASD
- Selective Mutism

# Part 1: Evaluation

# Questions: How to plan for evaluation?

What does an evaluation consist of at this age?

How do evaluations at this age differ from those in early childhood?

What are options for further evaluation?

What are options for an evaluation for autism in this age group?

How do we sequence evaluations?

# Systems of Care for Older Children and Adolescents

**What evaluation can they do? What services would they provide?**

- San Diego Regional Center
- School-Based Systems of Care
- Psychology
- Psychiatry
- Developmental-Behavioral Pediatrics

# San Diego Regional Center

- **Intake Eligibility**:
  - Regional Center eligibility criteria are defined by law, the California Welfare and Institutions Code.
  - Diagnoses which may qualify a person for Regional Center services include: Autism, Cerebral Palsy, Intellectual Disability, Epilepsy, and conditions closely related to an intellectual disability.
  - The developmental disability must originate prior to age 18 and be expected to continue indefinitely.
  - There must be substantial disability in three or more areas: self-care, language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
  - Learning disabilities, or disabilities that are solely psychiatric or physical in nature, are not included in the definition of developmental disabilities.
- **Process**:
  - Families should contact the San Diego Regional Center to begin the Intake inquiry process.
- **Tip**:
  - Primary Care Physicians can assist in the intake process by providing a letter to the family prior to the process that they can include in the intake inquiry. The letter can state the concerns for suspicion of a developmental disability, such as ASD.
- **Services**:
  - If the applicant is found eligible, a Service Coordinator will begin the service planning process. Potential services can be found on the San Diego Regional Center website. Families will be required to use generic resources for services when these are available.

# Psychological Evaluation

Evaluations for Developmental Disabilities generally include:

- Cognitive or intelligence testing (e.g., Bayley, WPPSI, WISC, etc.)
- An adaptive measure (e.g., Vineland)
- Specific testing for autism (e.g., ADOS, CARS, etc.)

The Regional Center evaluations are mainly for the purpose of determining eligibility.

Insurance funded assessments through the community, such as Rady Children's Hospital, may be more comprehensive.

# Child and Adolescent Psychiatry

- When to send to child and adolescent psychiatry
- Evaluation components (2-3 hours face-to-face/data collection)
  - Record review
  - Mental status evaluation
  - Talk with parents/caregivers about developmental/sentinel events
  - Potentially talking to collaterals (e.g., other people who may be able to inform)
  - Typically does not include testing
- Formulation (v diagnosis) to devise treatment plan
  - May make a clinical diagnosis

# Developmental-Behavioral Pediatrics

- Referral/consultation questions
  - Diagnosis, Second opinion
  - Etiologic workup
  - Medication management
  - Behavioral guidance
  - Care planning/coordination
- Evaluation - older child/adolescent
  - Interview/observation
  - Developmental, academic, behavioral/mental health screening/assessment
  - Physical examination
  - Records review, additional contacts

- Services
  - Psychoeducation
  - Diagnosis
  - Medical workup
  - Medication management
  - Behavioral guidance
  - Recommendations/referrals
    - Therapies
    - Programs
    - Resources
  - Forms - IHSS, conservatorship, EFMP
  - Care planning/coordination

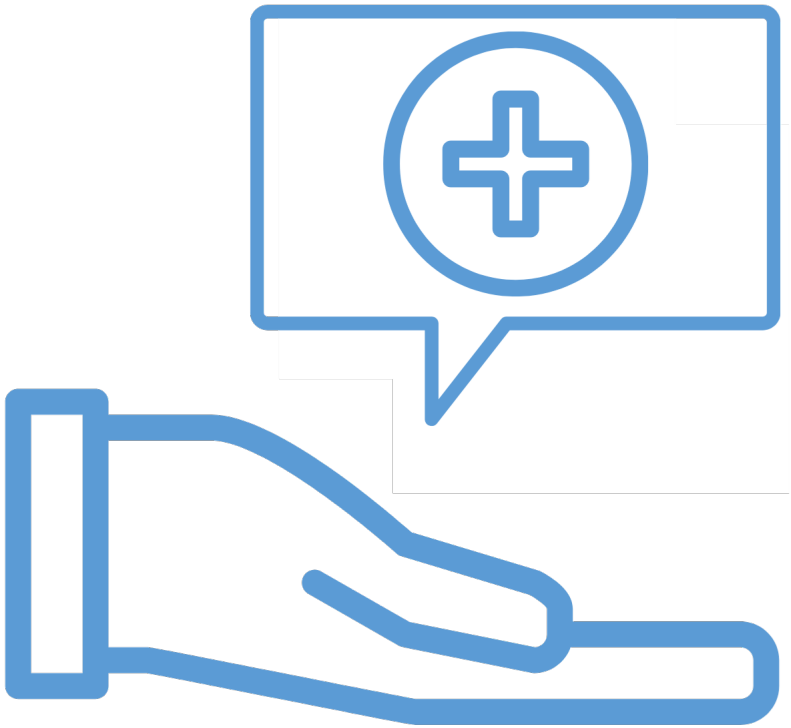
# School

- Circumstances for seeking a school evaluation
- Components of a school evaluation
- Eligibility versus Diagnosis
- School timeline
- Tip: Write a letter of support (not a prescription!)

# Case: Diagnosis

- Now almost 12 years old
- Working dx - adjustment disorder with depressed mood and autism spectrum disorder

# Part II: Treatment/Management



# Question: What are the treatment and resource options for Autism in the older child/adolescent?

How do we support, empower, and build on strengths?

Is Applied Behavioral Analysis (ABA) an appropriate therapy option? What are other treatment options?

What are the Mental Health Services and Resources? What type of therapy?

# Pharmacological Therapy for Mood with ASD

# Fast Forward…
# Case Presentation 16-year-old Female with Autism

Patient is now 16 years old & returns for a routine physical exam.

- Parents ask about planning for the future.
- Has been doing well in her schoolwork, has improved social skills, still needs help with organization
- Parents want to know how to prepare for her becoming an adult, including employment and independent living.

# Questions: Supporting Future Needs

1. What are the tasks involved in transition of services?

2. How and when (age) should parents and patients prepare?

3. What does the general pediatrician need to know to support successful transition to adult care?

4. What supports are available for the adolescent patient/ young adult patient?

# Takeaways

- Use a strengths-based approach
- Be thoughtful about sequencing
  - Avoid overwhelm with too many simultaneous referrals
  - There are multiple options
  - Set realistic expectations and backup plans when things are not going as planned
- You are not alone - phone a friend and collaborate
  - SmartCare
  - Insurance-based services - Mental Health and ABA even if patient is not eligible for SDRC services

# Questions for the Expert Panel

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# We Task You to …

Familiarize yourself with service providers in your area who perform ASD evaluation of older children and adolescents

Connect with SDRC for older children and adolescents with neurodevelopmental conditions

Understand tasks of transition to adulthood for adolescents with ASD.
Assess and support patients/parents in the process

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# THANK YOU!