



AUTISM SPECTRUM DISORDER IN CHILDREN AGES 6-17

NY START RICHMOND KINGS REVIEW OF CHILDREN BEING SERVED

SHARON CYRUS-SAVARY, EBONY MEDAS & MADELINE ROSENSWEET

INTRODUCTION

At the NY START Region 4 Richmond Kings Team, children (6 to 17 years old) comprise about 30% of its current referrals (September 2016 - March 2017). Among these children, almost 70% of them have been diagnosed with autism spectrum disorder and all currently reside in the family home. In this poster presentation, primary referral problems of these young individuals are discussed as well as the concerns of their support systems. A review of two individuals will highlight how NY START Richmond Kings has collaborated with their systems to enhance their capacity to provide ongoing support to these children. To facilitate NY START Richmond Kings' future work for this vulnerable population with a strong need for support, ongoing training and potential linkage services is proposed to be included in the team's service delivery. Such as, training to families and schools about autism spectrum disorder, strategies to improve sleep patterns of children with autism spectrum disorder and linkage services for occupational therapy evaluations to establish a sensory profile of the child, etc.

CRISIS INTERVENTION AND PREVENTION – Application of the Public Health Model

Primary interventions – access to services, treatment planning, integrating health & wellness, service linkages

- Coordination with Medicaid Service Coordinator to obtain appropriate services and provide appropriate linkages (i.e. therapy, respite services)
- Reframing for the system regarding their views/perceptions
- Consultation with psychiatrist, medical director, hospital, and system
- Providing training to individual's circle of support

Secondary interventions – identification of stressors, crisis planning and prevention, crisis intervention, respite

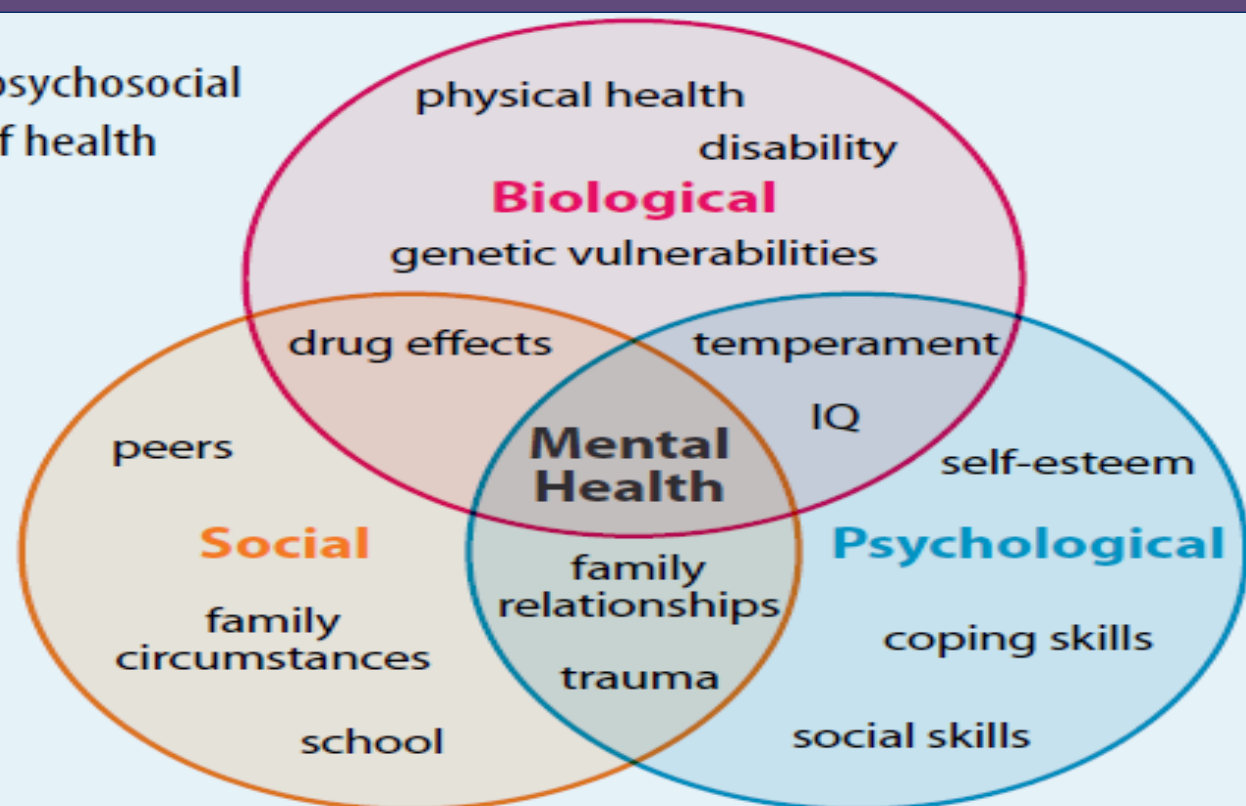
- Development and implementation of the Cross-Systems Crisis Prevention and Intervention Plan
- Identification of Strengths, Interests, and Abilities
- Linked behavioral dyscontrol to vulnerabilities, triggers, & interventions
- Identifying self-soothing skills
- Assisting systems with identifying ways to increase individual's time in the community

Tertiary interventions – emergency room, frequent contact with emergency responders

- Crisis response services 24 hour crisis line
- Crisis follow-up

BIOSPYCOSOCIAL

The biopsychosocial model of health



CASE STUDY – PACO & BRIAN



KINGS CASE STUDY

Paco a 15 year old male was referred to START due to increased ER visits related to verbal/physical aggression (i.e. yelling and hitting family members), and property destruction (i.e. throwing household objects). Paco is diagnosed with autism spectrum disorder, mild intellectual disability, unspecified impulse disorder, and oppositional defiant disorder. His medical conditions include asthma, seizure disorder, and pre-diabetes. He resides at home with his mother, younger brother and nephew. The increase in aggression is primarily due to changes in the level of contact with family members, loud noises (i.e. firecrackers), and adjusting to his nephew moving in to the family home. At the time of referral Paco was connected to respite services during school holidays and on the waitlist to receive behavior management intervention.

- NY START weekly outreach to ensure system stability and develop the Cross System Crisis Intervention and Prevention Plan (CSCPIP)
- Training on the CSCPIP to support the family during times of crisis
- Collaboration with the Medicaid Service Coordinator (MSC) linkage to an out-patient therapist to address Paco's increased levels of anxiety and development of self-soothing skills
- Clinical Education Team (CET) and Comprehensive Service Evaluation (CSE) were completed
- Tool Kit developed by START team and family
- Sensory evaluation was recommended by START team - completed by school OT
- NY START medication consult scheduled with Paco's system to provide education on the effects of anti-psychotic medications on Paco's seizure threshold.
- Paco's system trained on sensory integration to assist them in better understanding Paco's vulnerabilities

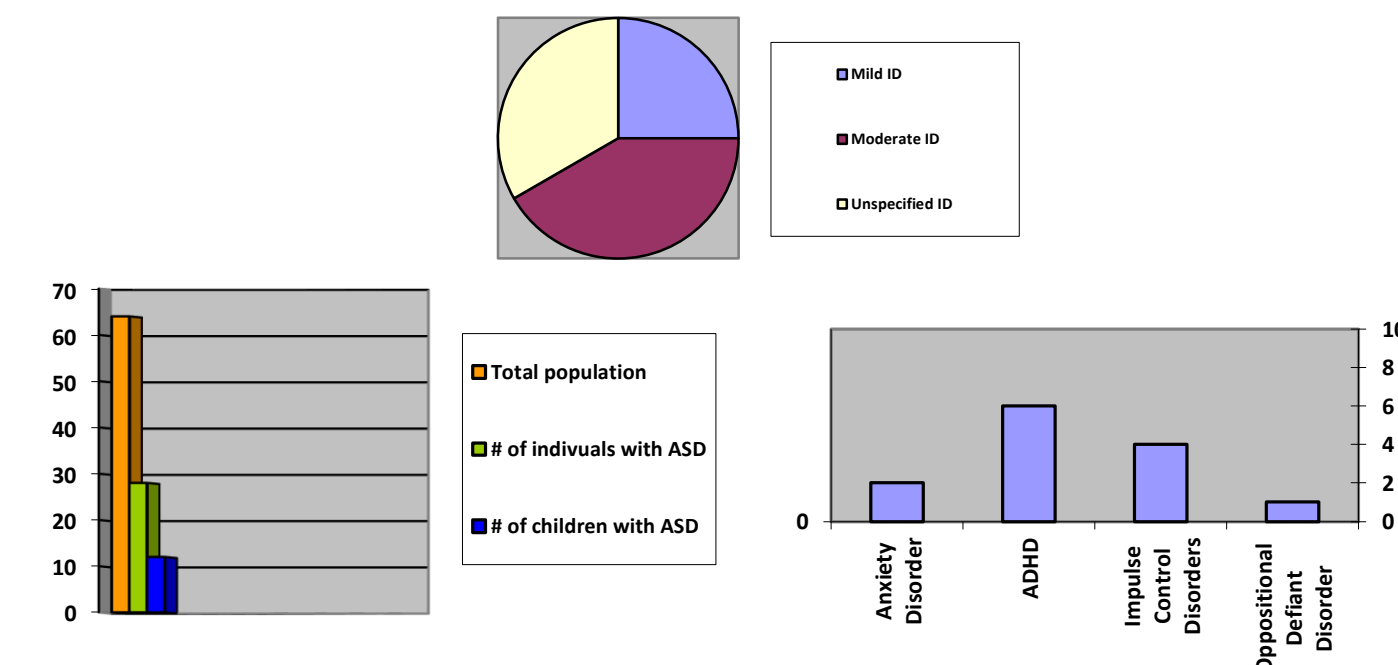
RICHMOND CASE STUDY

Brian a 13 year old male was referred to START due to physical and verbal aggression (i.e. yelling and hitting family members, teachers, and peers), property destruction (breaking items), and visual hallucinations. Brian is diagnosed with autism spectrum disorder, mild intellectual disability, and anxiety disorder. His medical diagnosis includes pre-diabetes. Brian was hospitalized on several occasions due to emotional and behavioral dysregulation and suicidal ideation.

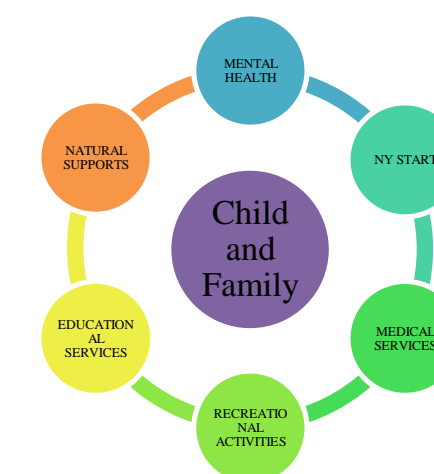
- Utilization of Crisis line led to decrease in ER visits and hospitalizations
- Medication consult with START Team Medical Director and Brian's medication changes were discussed
- Brian's school and mother have been trained on the CSCPIP
- NY START team attended several meetings with the school and is collaborating on Brian's transition from middle to high school
- NY START collaboration with Brian's school therapist on identifying self-soothing strategies and safety assessments
- Collaboration with the Medicaid Service Coordinator (MSC) to provide linkage to community habilitation services
- Utilization of sensory toys – stress balls from Brian to squeeze when emotionally dysregulated
- Therapy services provided to Brian's sister via NY START linkage partner
- NY START provided training on autism spectrum disorder and anxiety disorder

PROGRAM DATA

NY START Richmond Kings is currently serving 64 individuals. Approximately 44% (n=28) are diagnosed with autism spectrum disorder (ASD), of this population 19% (n=12) are children. The charts below reflect the level of intellectual disability and mental health diagnoses among children with ASD.



SYSTEMIC CONSULTATION & LINKAGES



- Linkages to out-patient mental health services and family therapy
- Referrals for sensory evaluation
- Implementation of sleep charts
- Medication consultation
- Recommendation and linkages to community extracurricular activities
- Referrals for respite services and alternative therapies
- Support provided for day habilitation and residential referrals
- NY START participation in medical and psychiatry appointments
- Outreach with systems to encourage increased involvement from natural supports (i.e. parents, friends, neighbors, grandparents)
- NY START participation in system meetings –systemic consultation & coordination of care with residential and day program staff, families, and schools

TRAINING

- Training on provisional and cross-system crisis prevention and intervention plans
- Autism Spectrum Disorder
- Anxiety and IDD
- Autism Spectrum Disorder and Anxiety
- Trauma-Informed Care
- Attention-Deficit Hyperactivity Disorder & IDD
- Sensory Integration
- Mother stated "After watching the video that shows the sensory world through an autistic child's eyes, I can better understand why he gets so dysregulated. It seems frightening!"