AUTISM SPECTRUM DISORDER TEMPLATE
IMPRESSIONS AND RECOMMENDATIONS
ALL AGE VERSION

SUMMARY:

PtName is a XX-year-old boy/girl who came to the clinic to [restate chief concern and problem behaviors].

Today, we concluded that PtName meets diagnostic criteria for Autism Spectrum Disorder from the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5 299.00) based on the results of [ALL THAT APPLY]:

☐parent reports,
☐parent and teacher behavioral rating scales,
☐parent and teacher social skills rating systems,
☐neuropsychological assessment,
☐neurobehavioral testing
☐clinical observations

Autistic Spectrum Disorder is defined by core *behavioral symptoms*. PtName shows the core symptoms of qualitative impairment in social communication/interactions and restricted or repetitive patterns of behavior, interests or activities. In PtName we found evidence of:

A. Persistent deficits in social communication and social interaction across multiple contexts as manifested by the following, currently or by history (3 out of 3 criteria):

1. Deficits in social and emotional reciprocity (abnormal social approach; failure of normal back and forth conversation; reduced sharing of interests, emotions, or affect; failure to initiate or respond to social interactions; etc.).
2. Deficits in nonverbal communicative behaviors used for social interaction (poorly integrated verbal and nonverbal communication; abnormalities in eye contact and body language or deficits in understanding the use of gestures; decreased facial expressions and nonverbal communication, etc.).
3. Deficits in developing maintaining and understanding relationships (difficulties adjusting behavior to suit various social contexts; difficulties in sharing imaginative play; difficulties in making friends; absence of interest in peers, etc.).

- Severity Level 1: Requiring support
- Severity Level 2: Requiring substantial support
- Severity Level 3: Requiring very substantial support

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by the following, currently or by history (at least 2 out of 4 criteria):

1. Stereotyped or repetitive motor movements, use of objects, or speech (hand flapping, simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic or scripted phrases, etc.).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take some route or eat same food every day, etc.).

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3. Highly restricted, fixated interests that are abnormal in intensity or focus (strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests, etc.).
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement, etc.).

- Severity Level 1: Requiring support
- Severity Level 2: Requiring substantial support
- Severity Level 3: Requiring very substantial support

Severity level may change over time depending on his/her response to treatment. The DSM-5 states that severity categories should not be used to determine eligibility for and provision of services.

A diagnosis of Autism spectrum disorder requires that the core symptoms are pervasive and that they interfere with the child's functioning. We found that PtName has difficulties with

- ☐ family relationships,
- ☐ peer friendships
- ☐ social interactions with teachers and other adults,
- ☐ learning,
- ☐ taking care of him/herself
- ☐ participating in school or community activities.

Autism spectrum disorder has a neurobiological basis and is commonly inherited. In PtName's case, relatives—XX--also have Autism Spectrum Disorder. In PtName's case, relatives—XX—also have conditions with features similar to autism spectrum disorder, including mood disturbance, ADHD, language disorders, or learning problems.

Autism spectrum disorder is associated with other genetic, environmental, or neurological conditions. In PtName's case, he/she was born premature/was exposed to valproate in utero/ has a genetic or chromosomal condition known as X/has features associated with a genetic or chromosomal condition.

Autism spectrum disorder is often comorbid with other neurodevelopmental, mental, or behavioral conditions. In PtName's case, he/she also has attention-deficit/hyperactivity disorder, disruptive behavior, impulse control or conduct disorders, anxiety, depression, bipolar disorder, tics or Tourette's disorder, self-injury, feeding, elimination, or sleep disorders, etc.

We considered several alternative explanations for PtName's behaviors.

- ☐ There is no evidence of anxiety, depression, tic disorders or global developmental delays that might mimic autism spectrum disorder.
- ☐ Hearing has been evaluated and is intact.

Though PtName has several areas of weakness, we also want to highlight his/her strengths

- ☐ Emerging abilities, such as XXX
- ☐ Cooperativeness with unfamiliar adults
- ☐ Improvements over time or after therapy
- ☐ A committed and supportive family
- ☐ An outstanding intervention plan

DIAGNOSIS (DSM-5): 299.00 Autism Spectrum Disorder

- Severity Level 1, 2, 3 for social communication
- Severity Level 1, 2, 3 for repetitive behaviors
- With or without accompanying intellectual impairment
- With or without accompanying language impairment (nonverbal, single words only, phrase speech, full sentences, fluent speech)
- Associated with a known medical or genetic condition or environmental factor (e.g. Fragile X syndrome, epilepsy, very low birth weight, etc.; specify and use additional code)
- Associated with another neurodevelopmental, mental, or behavioral disorder (e.g. ADHD, etc.; specify and use additional code)
- With catatonia (DSM-5 293.89)

RECOMMENDATIONS:

We have developed recommendations for education and behavior management, based on several references, including an excellent book entitled *Educating Children with Autism*, published in 2001 by the Committee on Educational Interventions for Children with Autism for the National Resource Council. We developed medical recommendations based on a practice guideline, published by the American Academy of Pediatrics and by the American Academy of Neurology.

Autism spectrum disorder is a chronic condition with symptoms likely to last a lifetime, although symptoms may change over time and in response to treatment. A team approach is necessary. Therefore, we underline the importance of a *medical home* for PtName. For most children, the child's *primary care pediatrician* or *family physician* serves as the medical home. The family members are also members of the medical home team. The medical home team collects all information on the child and assists the family with coordination of care. The medical home team provides continuity over several years and can assist the child and family in interactions with the early intervention, educational, and social services systems and other medical services. We will work with you, PtName's primary care pediatrician, as the lead for PtName's medical home team as you establish and monitor plans for PtName.

To determine if autism spectrum disorder is caused by a medical condition, we recommend the following additional medical assessments and tests:

1. We recommend a full audiological assessment to rule out the possibility that a hearing loss is contributing to communication problems. A referral was made to Audiology at Lucile Packard Children's Hospital or an audiologist familiar with children in the community.
2. Autism may be associated with chromosomal or genetic conditions. We recommend the following evaluation: karyotype, Fragile X DNA studies, and comparative genomic hybridization (CGH; to detect deletions and duplications of DNA). Findings may inform parents about medical conditions associated with the genetic abnormality, heritability risk, and/or provide an explanation for the child's differences in development and behavior. In some cases, the exact significance of a result is unclear; in these cases, parent blood may be sent to clarify the results and/or a genetics referral may also be helpful. These specialized genetic tests may take 4-8 weeks to complete, and we will follow-up with the family regarding the results. [comment on insurance authorization].
    - ☐ Other genetic tests: MECP2, PTEN, TS complex
    - ☐ Other tests

The main treatments for autism spectrum disorder are *educational interventions, behavior management, and family support.* Other treatments may be appropriate, including medication.

1. Educational intervention
    - PtName appears to qualify for ☐early intervention/ ☐special education on the basis of

autism spectrum disorder.

- The usual program for a young child with autism spectrum disorder is very intensive. We recommend a minimum of **25 hours per week total** across all different services (i.e., Classroom, Speech/language therapy, and Behavior Therapy, etc.). We recommend that the child participate in these services for the entire year, with no summer break.
- The goals of the intervention are to build basic skills in socialization and communication. To meet these goals, the children must be able to attend to the physical and social environment, imitate adults and other children, regulate behavior to the degree it does not interfere with learning. Many children with autism spectrum disorder have associated difficulties, such as irritability, oppositional behavior, aggression, and inattention. These behaviors may also be targets for intervention.
- The goals should be broken down into **specific measurable objectives** for the child's Individual Family Service/Educational Plan. Examples for PtName might be the following: EXPAND
- Frequent communication between teachers and parents is important so that progress can be monitored. We recommend the use of a communication notebook or other method for daily to weekly communication.
- To the extent that it is possible and leads positive outcomes, young children with autistic spectrum disorder should be educated in settings that include typically developing children.
- Other specific educational recommendations as appropriate to the child are as follows:
  - ☐ Specific goals, such as improvements in self-help skills
  - ☐ Specific strategies, such as Picture Exchange Communication Strategies (PECS) or object exchange
  - ☐ Transition plans are important as children progress from early intervention to preschool OR preschool to kindergarten

2. Behavioral management
   - We made the following recommendations for behavioral intervention:
     - ☐ **Applied Behavioral Analysis (ABA)**. A trained provider, educated in the principles of ABA should be part of the team. ABA is designed to reinforce skills that promote "readiness to learn", such as attending to tasks, increasing attention span, making eye contact, choosing between items, and developing communication skills. Behavioral training can also focus on skills such as behavioral flexibility and independent adaptive skills in self-care, such as toilet training. Behavioral training should also be used to teach novel skills and mastered tasks can be generalized to a larger group setting such as a small classroom.
     - ☐ **Pivotal Response Training (PRT)**. PRT is a naturalistic form of Applied Behavior Analysis (ABA) that parents use with their child during natural interactions and daily family routines. PRT groups are conducted through Child and Adolescent Psychiatry at LPCH/Stanford (650-723-7704). Contact information for the program was provided during the clinic visit.
     - ☐ **Developmental and social intervention program.** We recommended a developmental and social intervention program because PtName has demonstrated readiness to learn and social motivation.
     - ☐ **Foundations of behavior management**. We counseled the family regarding behavior management during the visit. Specifically, we discussed the following: EXPAND
   - We also advised that PtName's parents and family receive training in these techniques in order to use them in family interactions at home.

3. Family support

- We recommend that PtName be evaluated through the **__Regional Center** to determine eligibility for services. Regional Centers provide service coordination and support to children with specific diagnoses and to their families.
- To increase the family's knowledge about the condition, we provided a packet for them at the time of the visit. It included a handout from the National Institute of Mental Health entitled, **A Parent's Guide to Autism Spectrum Disorder**. It included other high quality readings.
- We also recommend the **'100 Day Kit'** available on the Autism Speaks website: (http://www.autismspeaks.org/community/family_services/100_day_kit.php
- Stanford Autism Center at Packard Children's Hospital offers an *Educational Series for Parents.* Information on the series is available at 650 721-6327 or at http://www.lpch.org/clinicalSpecialtiesServices/ClinicalSpecialties/autism/community.html

4. Other interventions
   - ☐ Speech/language therapy
   - ☐ Social skills therapy
   - ☐ Other

5. Medication treatment. In consultation with the parents, we recommended the following medical management steps: EXPAND
   - ☐ Medication for sleep onset problems
   - ☐ Medication for maladaptive behaviors associated with ASD
   - ☐ Other

We arranged for PtName to return for a follow-up visit in two to three months to assess HIS/HER progress.

Thank you for allowing me to participate in the care of PtName and his/her family. Should you have any additional questions or concerns, please do not hesitate to contact the clinical nurse coordinator, Cheryl Goldfarb-Greenwood, RNC, MSN, CNS, or me at 650-725-8995.