Georgia Department of Community Health

Georgia Families 360°

Monitoring and Oversight Committee

Date: November 14, 2019

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Mission:

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Purpose:

Shaping the future of A Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.

Agenda

2:00PM: Welcome and Introductions: Lori Abramson, DCH

2:10-3:25PM: Autism Services and Utilization in the GF 360° Population:
Intro: Bhavini Solanki-Vasan

- DOE overview of school age services: Debra Reagin/DOE
- DPH overview of Babies Can't Wait and other pre-school programs
  Lisa Pennington and Synita Griswell/DPH
- DFCS overview of available programs: Tonya Malone/DFCS-EPAC
- Amerigroup overview of ASD benefit: Bhavini Solanki-Vasan and Dr. Osoba/AGP
- ABA utilization report 2018-2019: Bhavini Solanki Vasan/AGP

3:25-3:30 PM: Adjournment: Next Meeting Thursday February 13, 2PM

Autism Diagnosis and Interventions

Olu Osoba, MD

Behavioral Health Medical Director, Amerigroup

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Autism Diagnosis

- **DSM, Fifth edition criteria –** According to the DSM, Fifth edition (DSM-5) criteria, a diagnosis of ASD requires all of the following:
- Persistent deficits in social communication and social interaction in multiple settings; demonstrated by deficits in all three of the following (either currently or by history):
- Social-emotional reciprocity (e.g. failure to produce mutually enjoyable and agreeable conversations or interactions because of a lack of mutual sharing of interests, lack of awareness or understanding of the thoughts or feelings of others)
- Nonverbal communicative behaviors used for social interaction (e.g. difficulty coordinating verbal communication with its nonverbal aspects [eye contact, facial expressions, gestures, body language, and/or prosody/tone of voice])

Autism Diagnosis

- Developing, maintaining, and understanding relationships (e.g., difficulty adjusting behavior to social setting, lack of ability to show expected social behaviors, lack of interest in socializing, difficulty making friends even when interested in having friendships)
- Restricted, repetitive patterns of behavior, interests, or activities; demonstrated by ≥2 of the following (either currently or by history):
- Stereotyped or repetitive movements, use of objects, or speech (e.g., stereotypies such as rocking, flapping, or spinning); echolalia (repeating parts of speech; repeating scripts from movies or prior conversations)
- Insistence on sameness, unwavering adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., ordering toys into a line)

Autism Diagnosis

- Highly restricted, fixated interests that are abnormal in strength or focus (e.g., preoccupation with certain objects [trains, vacuum cleaners, or parts of trains or vacuum cleaners]); perseverative interests (e.g., excessive focus on a topic such as dinosaurs or natural disasters)
- Increased or decreased response to sensory input or unusual interest in sensory aspects of the environment (e.g., adverse response to particular sounds; apparent indifference to temperature; excessive touching/smelling of objects)
- The symptoms must impair function (e.g., social, academic, completing daily routines).

Autism Diagnosis

- The symptoms must be present in the early developmental period. However, they may become apparent only after social demands exceed limited capacity; in later life, symptoms may be masked by learned strategies.
- The symptoms are not better explained by intellectual disability (formerly referred to as mental retardation) or global developmental delay.

Differential Diagnosis

Condition	Features that may help distinguish the condition from ASD
Global developmental delay/intellectual disability	•Social responsiveness and communication appropriate for developmental level
Intellectual giftedness	•Normal pragmatic language skills •Intense interests are functional, varied, and can be explained by the child •Social interaction is generally enjoyed
Social (pragmatic) communication disorder	•Absence of restricted, repetitive patterns of behavior, interests, or activities
Developmental language disorder	•Normal reciprocal social interactions •Normal desire and intent to communicate •Appropriate imaginative play
Language-based learning disorder	•Normal reciprocal social interactions •Normal desire and intent to communicate •Appropriate imaginative play •Pragmatic language more typical than in ASD •Desire to communicate (even if competency is lacking)
Nonverbal learning disorder	•Impairment in social skills and pragmatic language milder than in ASD •Lack of restricted, repetitive patterns of behavior, interests, or activities
Hearing impairment	•Normal reciprocal social interactions •Normal eye-to-eye gaze •Facial expressions indicate intention to communicate

Differential Diagnosis

Landau-Kleffner syndrome	•Usually have typical development until approximately 3 to 6 years of age •Typically presents with auditory verbal agnosia (behaving as if deaf)
Rett syndrome	•Female predominance •Head growth deceleration •Stereotypic hand movements •Gait abnormalities •Abnormal respiratory pattern
Fetal alcohol spectrum disorder	•Characteristic facial features (not always present): • Short palpebral fissures • Thin vermillion border • Smooth philtrum
Attachment disorder	•History of severe neglect or mental health issues in caregiver •Social deficits tend to improve in appropriate caregiving environment
Attention deficit hyperactivity disorder	•Normal pragmatic language skills •Normal nonverbal social behavior •Normal imaginative play •Lack of restricted, repetitive patterns of behavior, interests, and activities
Anxiety disorder (includes social anxiety and selective mutism)	•Normal nonverbal social behavior and imaginary play •Lack of circumscribed interests •Absence of restricted, repetitive patterns of behavior, interests, or activities
Obsessive compulsive disorder	•Normal social skills •Normal pragmatic language •Symptoms are a source of anxiety rather than a pleasure
Stereotypic movement disorder	•Normal social skills •Normal pragmatic language
Tic disorder/Tourette syndrome	•Normal social skills •Normal pragmatic language

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Autism Interventions

- Intensive behavioral interventions seek to target the defining symptoms of ASD (i.e., deficits in social communication/interaction and restricted, repetitive interests, behaviors, and activities.
- They are based upon the principles of behavior modification. One such intensive behavioral intervention, Applied Behavior Analysis (ABA), seeks to reinforce desirable behaviors and decrease undesirable behaviors.
- The goals of ABA are to teach new skills and generalize learned skills by breaking them down into their simplest elements. The skills are taught through repeated reward-based trials.
- To maximize success, intensive behavioral programs should have a low student-to-therapist ratio. They may be delivered in a variety of settings (e.g., home, self-contained classroom, inclusive classroom, community)
- Examples of specific intensive behavior intervention programs include.

Autism Diagnosis and Interventions

- Discrete trial training (DTT), which is the most structured form of intensive behavior therapy; it was developed by Ivar Lovaas.
- Contemporary ABA programs, which occur in more naturalistic settings; they include pivotal response training (PRT), language paradigms, and incidental teaching (teaching as events occur in the context of the natural environment).
- Early intensive behavioral intervention (EIBI).
- These intensive behavioral programs have some evidence of effectiveness in randomized and observational studies.
- However, many other interventions use behavioral principles including identifying a target behavior, and using behavioral modification and shaping as part of the treatment.

Autism Diagnosis and Interventions

- **Effectiveness** – Intensive behavioral intervention programs have a larger body of supportive evidence than other types of interventions.
- One reason for this is that ABA methodology requires collection and analysis of detailed data about the child's response to therapy.
- When performed in the manner in which it was developed, ABA includes intensive data collection, which provides appropriate monitoring of efficacy of individual treatment programs and promotes change in programs and goals when needed.
- However, in practice, not all interventions are applied as initially intentioned, which may affect their effectiveness.

Autism Diagnosis and Interventions

References:

- 1. Laura Weissman, MD; Autism Spectrum Disorder in children and Adolescents: Behavioral and educational interventions (Up to date)
- 2. Marilyn Augustyn, MD: Autism Spectrum Disorder; Evaluation and Diagnosis

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Next Meeting: Thursday February 13, 2:00-3:30 PM
2 Peachtree Street, 36th Floor, Managed Care Boardroom

Georgia Department of Community Health

Georgia Families 360° Better Care, Better Futures.

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