



Poster #  
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# IMPROVING OUTCOMES FOR A TRANSITIONAL AGE PATIENT WITH AUTISM THROUGH A SYSTEMS OF CARE APPROACH

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No Conflicts  
of Interest



## Case Description

I worked with a 15 year old male with autism who had received multiple services since age 2. His mother and grandmother initially came for an appointment in July 2015. They stated that their concerns were sleep problems and the patient needed dental care that a local hospital was unable to provide. I went over sleep hygiene with his mother and gave her a referral for a clinic that could do dental work. I also addressed his obesity through engaging the family in implementing a diet and exercise plan for him and involving his pediatrician.

The patient came to clinic with his mother in October. His mother stated that sleep improved slightly and that he had lost 19 lbs. She heard from the school however that his behavior was “out of control” in the middle of the day. She stated he had perseverated on and received sensory stimuli from water and also had issues where he took his clothes off during the day. His medication regimen consisted of a typical antipsychotic, benzodiazepine, and alpha agonist. She also mentioned his behavior could be an issue during afterschool time.

Drexel University’s Child and Adolescent Psychiatry Fellowship has a systems of care rotation that allows fellows to go into an autism school to actively observe and participate in the classroom milieu as well as provide consultation to school staff over a longitudinal time period. I informed his mother that I would see his school behavior and performance and we could discuss a treatment plan. When I went to school, I saw the patient spent much of the day working towards taking naps which he was angry if he could not get and slept a large part of the day. I now understood why he was not sleeping at night. I discussed his care with his 1:1 TSS (therapeutic staff support) worker, teacher, teacher’s aide, and the principal of the school. I learned that relative to now, his behavior was more unmanageable the previous year in school. I called his mother and discussed modifications in his medication regimen, rescheduling the medications so he would be less drowsy during the day, in addition to the sleep hygiene habits she had implemented.

As a follow up, I went back to school and saw that he was better able to engage and learn at school with the medications changed. His TSS worker and teacher’s aide agreed, but stated he continued to jump in puddles and try to put his foot in the toilet. I discussed with the principal how his IEP (individualized educational plan) had previously had him scheduled for times where he could take a shower though staff had not been continuing this. We discussed re-implementing this. By December, the family returned for a visit and felt he had improved.

In February, his behavior deteriorated as he had been more agitated and had poor impulse control and we discussed re-adding a TSS at home, which his mother was reluctant to do due to previous bad experiences. I went back to the patient’s school and learned that he continued to behave well in school throughout this period and it was only at home that he had difficulty. I also educated the family about pursuing an autism waiver for him which would extend the services for the patient as he transitions into adulthood and contacted the case manager to help the family pursue this.

In April, the patient’s mother returned, and stated that the patient had attacked his maternal grandmother. We identified a former worker at the school who the patient and family liked and made arrangements for this person to be his TSS at home. The patient and patient’s mother returned in May and mother stated that the patient had not been violent at home for a month and a half though continued to get angry if he did not receive things immediately. The patient’s behavior was more manageable for his family such that mother was not actively pursuing out of home placement for him.

## Discussion

- 1) There is currently limited literature on models of care for transitional age youth with Autism<sup>1</sup>.
- 2) Transitional youth with Autism Spectrum Disorders can present serious challenges to traditional health treatment models.
- 3) Autistic youth can have difficulty expressing their needs, which can manifest as aggression.
- 4) In traditional treatment settings youth with Autism Spectrum Disorder are much more likely than their peers to be involved in multiple systems and treatment is either serial or parallel, neither model which is optimally effective.
- 5) A system of care approach allows for integration and coordination of services across settings, which can assist in targeting psychopharmacological treatment and avoid overmedication or reliance solely on psychopharmacology.
- 6) Children naturally function within multiple systems, usually including their families, schools, communities, and primary health; care is optimal when systems are organized to coordinate and integrate these services.
- 7) The system-of-care movement has been successful in providing new strategies for service delivery and financing.
- 8) System-of-care model appears to be beneficial in reducing use of residential and out-of-state placements and achieving improvements in functional behavior in youths with severe emotional and behavioral disorders who are served in multiple systems.

## Implications

The outcome of this patient’s treatment demonstrates how through collaboration across multiple systems of care, a high risk transitional youth was able to avoid residential placement for a year, apply for an autism waiver for needed services, improve his functioning in school, lose weight, get adequate dental care, and restart the process of working with a TSS at home. The ability to evaluate this patient and coordinate care through different systems, provided a more comprehensive view and holistic treatment for this adolescent’s needs and mobilize strengths within each system of care.

## References

1. Watson R, Parr JR, Joyce C, May C, Le Couteur AS. Models of transitional care for young people with complex health needs: a scoping review. *Child Care Health Dev.* 2011 Nov;37(6):780-91. doi: 10.1111/j.1365-2214.2011.01293.x. Review. PubMed PMID: 22007977.
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