

DEVELOPING NEW MODELS OF MEDICAL AND MENTAL HEALTH CARE FOR ADULTS AND YOUTH WITH AUTISM SPECTRUM DISORDER.

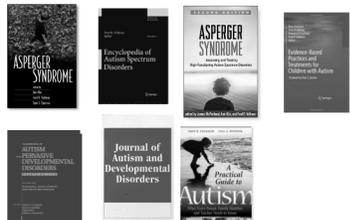
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SCIENCE OF AUTISM OCT 27, 2023



1

CONFLICTS OF INTEREST

- VARIOUS GRANTS!
- BOOKS AND JOURNALS




2

2

BEFORE WE START!



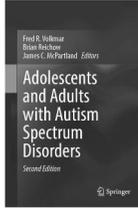
As a reminder! These talks are offered free of charge although we provide out visiting speakers with a modest honorarium. If you have enjoyed this or other talks please consider making a small contribution to the Autism Center here at Southern – our website is below. As you will see at the end of the this talk we are considering some new programs that also need your support – if you are interested in discussing this please email: volkmarf1@southern.edu – many thank!!!!!!

<https://www.southernct.edu/giving/autism-center>

3

PERSONAL BACKGROUND

- ARRIVING AT YALE 1980
 - FIRST DINNER AT ROSENBERG HOUSE
 - INTRODUCTION TO QUALITY RESIDENTIAL PROGRAMS FOR ADULTS
- SUBSEQUENT EXPERIENCE
 - SUPERVISION OF FELLOWS IN CHILD PSYCHIATRY
 - INTERACTION WITH OTHER MEDICAL PROFESSIONALS
- 2nd EDITION OF BOOK ON ADOLESCENTS AND ADULTS IS JUST ABOUT TO COME OUT!



4

OVERVIEW (NOTE EMPHASIS ON ADULTS)

- BACKGROUND – DEVELOPMENT OF CONCEPTS
- DIAGNOSTIC ISSUES & COMORBIDITY
- STATUS OF TREATMENT APPROACHES
- GAPS IN COVERAGE
- POTENTIAL FOR NEW MODELS
- SPECIFIC NEEDS AND LACK OF INFORMATION
- WHAT MIGHT BE SOME NEW MODELS OF DELIVERING CARE?
- NEW APPROACHES TO TRAINING!!!!

5

DEVELOPMENT OF THE FIELD

- 1980S
 - OFFICIAL RECOGNITION
 - GRADUAL INCREASE IN AWARENESS, RESEARCH, TREATMENT PROGRAMS
- 1990S
 - RESEARCH INCREASED AS DID PROGRAMS
- 2000 – PRESENT
 - EXPLOSION OF RESEARCH
 - FOCUS ON EVIDENCE BASED TREATMENTS
 - NRC REPORT
 - CONTINUED EVOLUTION OF EVIDENCE BASED PRACTICE

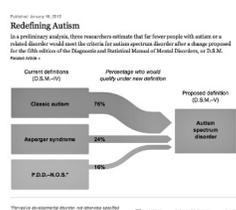
6

DIAGNOSTIC ISSUES

- CATEGORICAL AND DIMENSIONAL APPROACHES
 - ISSUES: WHERE DO THE DIMENSIONAL APPROACHES COME FROM?
 - WORK ON SCHOOLS AGE CHILDREN (BOYS) WITH BORDERLINE TO MILD ID
- CATEGORICAL - DSM- AND ICD
 - DSM-1980 - HEAVYLY TAXONOMIC
 - DSM-IV - MAJOR SHIFT
 - AUTISM FIRST RECOGNIZED NEW CLASS ITEM - PRO, ATTYPICAL PRO
 - MAJOR DIMENSIONAL (SOCIAL, COMMUNICATIVE)
 - DSM-IV-R - AUTISTIC DISORDER (AD)
 - POLYTHETIC 3 CATEGORIES, OVERLY BROAD
- DSM-IV (2000) WERE ICD-10
 - INTERNATIONAL FIELD TRIAL, ABOUT 1000 CASES, POLYTHETIC DEFINITION
 - DSM WANTS TO GET A DIMENSIONAL OF AUTISTIC DISORDER
- DSM-5 - USES RESEARCH INSTRUMENTS
 - 3 CATEGORIES, COMMO MONOTHETIC AND POLYTHETIC
 - 12 WAYS TO GET 6 DIAGNOSES
 - LEVELS OF SEVERITY AND SPECIFIC

9

HOW WELL DOES DSM-5 WORK?



- DSM-5
 - ABOUT 25% OF CASES WITH IQ>70 LOSE LABEL
 - ABOUT 90% OF ASPERGER'S AND PDD-NOS CASE (DSM-IV) LOSE LABEL
 - YOUNG CHILDREN (<3) AT RISK AS WELL
 - ISSUES WITH 'MISSED' CASES
 - NEW SCD CATEGORY IS NOT A SOLUTION TO THIS
 - NEED FOR DIAGNOSTIC STABILITY
 - CURRENT DSM-5 – TWO FACTOR APPROACH SOLUTION!
 - HIGHER COGNITIVE FUNCTIONING AND LATER DIAGNOSED ADULTS AT ESP, RISK FOR LOSS OF LABEL

10

SOME PROBLEMS OF DIAGNOSIS IN ADULTS

- MAY BE A TENDENCY TO UNDERDIAGNOSE WOMEN AND CERTAIN OTHER GROUPS
 - VOLKMAR, ET AL. (2021). " [CHILD PSYCHIATRY](#) 33(2): 425-433.
- MISSED DIAGNOSIS CAN BE A PROBLEM FOR SOME ADULTS
- STUDY OF LARGE SAMPLE (667) COLLEGE STUDENTS USED 2 DIFFERENT APPROACHES
 - FOUND .7% (N=5) OR 1.9% (N=13) HAD UNDIAGNOSED ASD
 - WHITE, ET AL. (2021). " [AUTISM](#) 15(6): 683-701.
- CONVERSELY
 - SOME STUDENTS MAY "GROW OUT" OF AUTISM (OPTIMAL OUTCOME ASD)
 - FEIN, ET AL. (2013). " [JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY](#) 54(2): 195-205.
 - BUT STILL OFTEN HAVE SOME SIGNS/FEATURES OF THE CONDITION.
- MOST IMPORTANTLY SERVICES FOR ADULTS OFTEN LIMITED EXCEPT FOR THOSE (30% OR SO) WITH INTELLECTUAL DISABILITY!

12

CO-MORBIDITY



- DIFFERENT APPROACHES TO PROBLEM OF COMORBIDITY
 - DSM VS ICD
- DEFINITIONAL ISSUES, "DIAGNOSTIC OVERSHADOWING"
- NATURE OF AVAILABLE DATA
- CASE REPORTS VS. CLINIC SERIES VS. REPRESENTATIVE SAMPLES

13

WHICH MENTAL HEALTH DISORDERS ARE INCREASED IN ADULTS

- STRONG EVIDENCE FOR
 - ANXIETY, DEPRESSION AND SUICIDALITY
- MODERATE EVIDENCE FOR
 - GENDER ISSUES, SUBSTANCE ABUSE
- WEAKER EVIDENCE
 - EATING DISORDER, OCD, TS, BIPOLAR
- NOTE CHILDHOOD ONSET ATTENTIONAL ISSUES MAY PERSIST
- ALSO NOTE THINGS ARE INTER-RELATED
 - NO JOB → DEPRESSION → OVEREATING & OBESITY → MEDICAL COMPLICATIONS

14

NOTE THE MANY (MANY) LIMITATIONS IN AVAILABLE DATA IN ADULTS: THE EVIDENCE BASE IS GROWING BUT REMAINS LIMITED

- FEW GOOD STUDIES BEFORE 2000
 - NONE WITH SAMPLES >100
- RECRUITMENT INTO STUDIES IS CHALLENGING
 - MULTISITE STUDIES A NECESSITY
- STUDIES ARE TIME-CONSUMING AND COSTLY
 - FEDERAL FUNDING KEY: NIMH, NICHD
- GENERALIZABILITY ISSUES:
 - SOME (DRUG) STUDIES EASIEST TO DO IN ADULTS W IQ SCORES >70
 - SOME SUGGESTION OF POTENTIAL AGE RELATED DRUG EFFECTS (E.G. SSRIS)
 - ISSUES WITH PSYCHOLOGICAL APPROACHES, E.G., CANT JUST GENERALIZE FROM CHILDREN
- WE HAVE COMPARATIVELY MUCH LESS WORK ON ADULTS WITH ASD WITH POSSIBLE EXCEPTION OF PSYCHOPHARMACOLOGY.

15

WHICH MEDICAL DISORDERS ARE INCREASED IN ADULTS?

- A MAJOR CAVEAT!
- PROBABLY EPILEPSY (VOLKMAR AND NELSON, 1990)
- POSSIBLY PARKINSON'S (STARKSTEIN, ET AL. 2015)
- DRUG SIDE EFFECT ISSUES AND POLYPHARMACY (WHITNEY ET AL 2021)
- OBESITY, LACK OF EXERCISE AND RISK FOR HBP, TYPE 2 DIABETES, ETC. (MCCAY AND MORGAN 2020)
- SLEEP ISSUES (HALSTEAD, 2021)

16

PSYCHOLOGICAL TREATMENTS

- COMPLICATED EARLY HISTORY REGARDING PSYCHOANALYSIS
- RECENT WORK HAS ATTEMPTED TO ADAPT METHODS FROM CBT FOR DEPRESSION AND ANXIETY IN CHILDREN AND ADULTS (SCARPA, ET AL., 2013; BEHMER, 2021; GAUS & ATWOOD, 2021; WHITE ET AL., 2018),
- SIMILAR ADVANCES IN EVIDENCE BASED SOCIAL SKILLS TEACHING AND EXECUTIVE FUNCTIONING SKILLS APPROACHES (E.G., LAUGERSON, ET AL 2017; GAURAE, 2013)

CBT for Children & Adolescents with High-Functioning Autism Spectrum Disorders

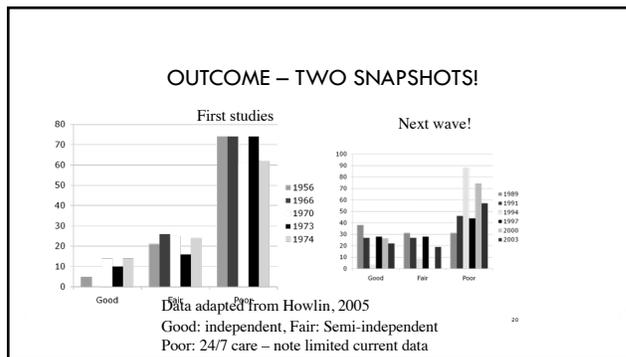
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17

WHAT DOES ALL THIS MEAN FOR OUTCOME?!

- DEVELOPMENT OF EFFECTIVE EVIDENCE BASED TREATMENTS FOR CHILDREN
 - A RANGE OF KINDS, PROGRAMS, & METHODS
- INCREASED AWARENESS → EARLIER DIAGNOSIS → BETTER OUTCOMES (MOSTLY)
- INTEGRATION OF CLINICAL WORK AND RESEARCH, E.G., WE ARE NOW SEEING BRAIN CHANGES (EEG, MRI) IN RESPONSE TO TREATMENT!
- NOTE: IMPORTANT CHALLENGES FOR SCREENING!
- ON BALANCE OUTCOME HAS SUBSTANTIALLY IMPROVED BUT 30% WILL CONTINUE TO NEED HIGH LEVELS OF ADULT SUPPORT

19



20

IF YOU HAVE AUTISM WHERE IS THE BEST PLACE TO LIVE????

33

23

UTAH !!!!!!!

BARRETT ET AL 2009



- 41 INDIVIDUALS WITH AUTISM (MEAN AGE 31 YEARS)
- OUTCOME DATA
 - MEAN IQ 89
 - INDEPENDENT: 48%
 - SEMI-INDEPENDENT: 33%
 - EMPLOYED: 66%
 - LONG TERM RELATIONSHIP: 20%
 - NOTE GEOGRAPHIC LOCATION
 - ALSO LIMITATIONS OF EARLY PREDICTORS

24

OUTCOME STUDIES: THE GOOD NEWS!

- OVERALL OUTCOME HAS CLEARLY IMPROVED (NOT JUST DUE TO CHANGES IN DIAGNOSTIC PRACTICE BUT SEEMS TO BE A REAL CHANGE)
- RATES OF ASSOCIATED INTELLECTUAL DISABILITY AND INABILITY TO COMMUNICATE VERBALLY HAVE MARKEDLY DECREASED
- MORE AND MORE STUDENTS GOING TO COLLEGE OR TRADE SCHOOL AND ENTERING WORK FORCE
- MORE AND MORE ADULTS SEEKING FRIENDSHIPS AND ROMANTIC RELATIONSHIPS

25

OUTCOME STUDIES: THE LESS GOOD NEWS!



- ABOUT 30% OF INDIVIDUALS REMAIN SIGNIFICANTLY DISABLED WITH IQ < 70 AND LIMITATIONS IN DAILY LIFE SKILLS (VIVANTI 2019)
- AT AGE 18/21 YOU **FALL OFF THE CLIFF** IN TERMS OF ENTITLEMENTS AND SUPPORTS
- EVEN WITH A COLLEGE DEGREE **ONLY ABOUT 50% WHO SEEK WORK GET IT** AND THOSE WHO GET IT **ARE PAID AT LEVELS MORE LIKE HIGH SCHOOL GRADUATES** (SOLOMON, 2020)
- THIS IS IN STARK CONTRAST TO **ALL OTHERS** WITH DISABILITIES
- **NO DATA** AT ALL ON RELATIONSHIPS AND CHILDREN

26

27

GOOD NEWS!: COLLEGES GREW OUT OF MONASTERIES!



- MORE AND MORE STUDENTS WITH ASD GOING TO COLLEGE
- COLLEGES PROVIDE
 - ORDER AND STRUCTURE
 - USE ROUTINES AND SCHEDULES
 - MANY THINGS PREDICTABLY AVAILABLE
 - FOOD, BOOKS, ENTERTAINMENT
- TO SOME EXTENT
 - YOU CAN MINIMIZE SOCIAL INTERACTION!



27

THE LESS GOOD NEWS: NEW CHALLENGES IN COLLEGE! HIGH SCHOOL VS. COLLEGE

- CLASSES: 4 TO 5 HOURS A DAY VS. 4 TO 5 CLASSES A WEEK
- FREQUENT TESTS/HOMEWORK VS. OCCASIONAL EXAMS
- TEACHERS PROVIDE CONTENT VIA TEXTBOOK VS. EXPECTATIONS FOR STUDENT LEARNING
- MAX CLASS SIZE 25 TO 30 VS. UP TO SEVERAL HUNDRED
- ONE BUILDING (FOR 4 YEARS) VS. MANY BUILDINGS (FOR 4 YEARS)

28

28

WHAT ARE THE ACADEMIC CHALLENGES?

- TIMED/UNTIMED TESTS IS EASIEST!
- PROBLEM AREAS:
 - ESSAY QUESTIONS
 - ENGLISH COURSES/PAPERS
 - FOREIGN LANGUAGES
 - GROUP WORK/LABS
 - CLASSROOM BEHAVIOR
- JUDICIAL AFFAIRS
 - STRICT CONDUCT CODES PARTICULARLY RELATIVE TO SEXUALITY ISSUES!

29

29

OTHER CHALLENGES IN COLLEGE COLLEGE STUDENT NEEDS

- EXECUTIVE FUNCTION:
 - SELF-ADVOCACY, SELF-MOTIVATION, STUDY HABITS, CLASSROOM 'ETIQUETTE' (STAY IN SEAT, DON'T INTERRUPT, ETC.), PLANNING AND MULTI-TASKING
 - RESIDENTIAL LIFE AND SOCIAL SUPPORTS
 - THE USUAL SUPPORTS MAY HELP SOME BUT OTHER SUPPORTS ARE NEEDED
 - DATING & SEXUALITY
- MENTAL HEALTH ISSUES

30

30

SUPPORTS VARIABLY AVAILABLE

- STUDENT (NOT PARENTS) MUST SELF-IDENTIFY
- ACADEMIC ACCOMMODATION
 - UNTIMED TESTS, TUTORS, NOTES, ETC.
- SOCIAL
 - AWARENESS OF ISSUES FOR/WITH PEERS, NEED FOR LONG TERM ("LIFE COACHING") SUPPORTS
- MENTAL HEALTH SUPPORTS
 - PLAN IN ADVANCE ESP. IF STUDENTS NEED OR HAVE HAD LONG TERM COUNSELING/MEDS
 - STUDENT MUST GIVE PERMISSION FOR FOLKS TO WORK TOGETHER
 - CBT APPROACHES MODIFIED FOR ASD

31

31

A WORD ON 'HIGH FUNCTIONING'

- IN DESCRIBING OUTCOME I USED TO SAY TWO FACTORS PREDICTED:
 - NONVERBAL IQ AND
 - SPOKEN LANGUAGE AT AGE 5 YEARS
- I HAVE NOW ADDED TO THIS THREE IMPORTANT THINGS
 - ADAPTIVE SKILLS (STREET SMARTS)
 - EXECUTIVE FUNCTIONING/MULTITASKING SKILLS (E.G., DRIVING)
 - **MOTIVATION** – THIS ONE IS HARD TO INSTILL IF IT IS NOT THERE



32

MAN WITH ASPERGER'S IQ 140

34

THE FLIP SIDE- WHAT IS LOW FUNCTIONING AUTISM?

- ABOUT 30% OR SO LESS RESPONSIVE TO TREATMENT
- WE NEED TO UNDERSTAND MORE ABOUT THIS GROUP
 - ARE THERE SPECIFIC MARKERS – THIS IS A COMPLEX ISSUE
- TERMINOLOGY HERE IS MURKY
 - 2 LEVELS OF SUPPORT AS IN DSM-5 HAS ITS ISSUES
 - CATHY LORD HAS SUGGESTED PROFOUND AUTISM AS A TERM BUT...
 - EVEN THE MORE ABLE PEOPLE WITH HIGH IQ NEED SUPPORTS
- SPECIAL ISSUES FOR CARE IN THIS GROUP
 - USE OF SPECIFIC VISUALS, TECHNOLOGY
 - RISK FOR ABUSE, ETC.

35

A FEW OTHER COMPLEXITIES FOR ADULTS

- LEGAL ENTITLEMENTS TO SUPPORT
 - MOVE FROM IDEA TO ADA AS STUDENTS GRADUATE
 - ADA DOES COVER WORKPLACE (AND COLLEGE) SUPPORTS
 - BUT IS MUCH LESS EXPANSIVE THAN IDEA, SELF-IDENTIFICATION IS IMPORTANT
- BULLYING CAN CONTINUE TO BE A PROBLEM IN ADULTHOOD
 - CYBERBULLYING IS A PROBLEM FOR MANY REASONS
 - WORKPLACE BULLYING CAN BE A MAJOR PROBLEM (COVERED BY ADA)
- LEGAL ISSUES – 7 FOLD INCREASE RISK OF LEGAL INVOLVEMENT
- DRIVING (AND LACK THEREOF) CAN BE A MAJOR VOCATIONAL PROBLEM!
- HAVING A JOB IS A MAJOR DETERMINANT OF ADULT LIFE SATISFACTION!

36

ADVERSE CHILDHOOD EXPERIENCES (ACES) AND AUTISM

- ACES – TRAUMATIC EVENTS IN CHILDHOOD
 - VIOLENCE, ABUSE, NEXT, SUICIDE IN FAMILY MEMBER ETC.
 - HAVE IMPORTANT MEDICAL AND MENTAL HEALTH IMPACT ON ADULTS
 - ALSO IMPACT ON SUBSTANCE ABUSE, JOB SUCCESS, EDUCATION ETC.
- IN AUTISM
 - A SMALL LITERATURE ON THIS TOPIC
 - IMPACT IN PARTICULAR OF
 - BULLYING
 - POVERTY/LOW INCOME
 - PARENTAL STRESS
 - MENTAL HEALTH PROBLEMS
- PROBABLY EVEN GREAT IMPACT IN ASD THAN OTHER GROUPS GIVE FEW POTENTIAL COPING MECHANISMS, ISOLATION, LACK, OF SUPPORTS

37

SERVICES FOR ADULTS IN THE U.S.

- SHATTCK ET AL TRIED A META-ANALYSIS
- ESSENTIALLY WE HAVE A CRAZY QUILT OF SERVICES
 - TREMENDOUS STATE TO STATE VARIATIONS
 - WIDE RANGE POTENTIALLY AVAILABLE BUT MANY OBSTACLES AND STATE TO STATE VARIATIONS
 - SIMILAR TO EUROPE IN MANY RESPECTS
 - OBSTACLES MAY HAVE TO DO WITH ELIGIBILITY REQUIREMENT (E.G., IQ), LACK OF COMMUNICATION OF VARIOUS PROVIDERS, LITTLE DATA ON NEEDS,
 - SERVICES MIGHT INCLUDE SUPPORT, GROUP LIVING, MEDICAID, JOB HELP, SOCIAL SKILLS AND INDIVIDUAL THERAPY, ETC. ETC.



38

RESIDENTIAL SERVICES FOR ADULTS

- NEED FOR GREATER FLEXIBILITY
- INVOLVEMENT OF PARENTS AND FAMILY AS WELL AS INDIVIDUALS
- NEW FOR NEW (SOMETIMES RETURN TO OLD MODELS)
- ASKING PEOPLE FOR AUTISM WHAT THEY WANT
 - SAFETY
 - MINIMALLY INTRUSIVE
 - GOOD INTERNET
- AS AN OVERLY SIMPLISTIC GENERALIZATION IT COSTS ABOUT \$250,000 A YEAR RIGHT NOW

39

INTERNET AND ADULTS

- SOME VERY GOOD ASPECTS
 - EASIER TO RELATE
 - 24/7
 - MINIMIZES SOME ASPECTS OF SOCIAL INTERACTION
- BAD NEWS
 - 24/7
 - SAFETY
 - INACCURATE INFORMATION
 - SOME BLACK HOLES OUT THERE
 - CYBERBULLYING CAN BE A PROBLEM



40

THE CORE SOCIAL PROBLEM IN AUTISM

- AS YET NO SPECIFIC DRUG TREATMENTS
 - ALTHOUGH SOME EFFORTS ARE UNDERWAY –
 - PEOPLE ARE LOOKING INTO OXYTOCIN AND RELATED COMPOUNDS
- BACKGROUND WORK IN ANIMALS
- PROBLEMS WITH ADMINISTRATION AND
- HOW DO YOU MONITOR BENEFITS?

41

CHALLENGES FOR CARE OF ADULTS

- VERY LIMITED RESEARCH
- LITTLE FEDERAL FUNDING (SEE MINDING THE GAP PAPER)
 - OVERFOCUS ON INFANTS AND YOUNG CHILDREN
- LIMITED TREATMENT RESEARCH
- VERY LITTLE SOCIAL POLICY WORK
- NEED FOR NEW MODELS OF CARE
 - MEDICAL
 - PSYCHIATRIC
 - RESIDENTIAL
 - OCCUPATIONAL SUPPORTS

42

WHAT ARE SOME OF THE BEST STATES AND WHAT KINDS OF SERVICE ARE PROVIDED?

- SOME OF THE BEST STATES INCLUDE COLORADO, NEW YORK, CONNECTICUT, MARYLAND, N CAROLINA, UTAH
- SERVICES PROVIDED MIGHT INCLUDE
 - VOC REHAB/OCCUPATIONAL SUPPORTS
 - DAY PROGRAMS
 - RESIDENTIAL PROGRAMS
 - INDIVIDUAL THERAPIES (VARIOUS TYPES)
- ISSUES HAVE TO DO WITH
 - LOCATION (RURAL IS CHALLENGING), INTENSITY OF NEED, FAMILY SITUATION AND S,
 - STATE SPECIFIC ENTITLEMENTS AND LACK OF FLEXIBILITY

43

ADDRESSING THE KNOWLEDGE GAP COURSE ON ADULTS WITH AUTISM – TENTATIVE TOPIC LIST

<ol style="list-style-type: none"> 1. INTRODUCTION TO COURSE, OVERVIEW OF OUTCOME 2. BEHAVIORAL SUPPORTS FOR ADULTS 3. TECHNOLOGY AND INTERNET 4. MENTAL HEALTH ISSUES 5. PSYCHOTHERAPY (CBT FOCUSED) 6. MEDICAL ISSUES 	<ol style="list-style-type: none"> 7. HOUSING- OPTIONS AND OPPORTUNITIES 8. RECREATION AND LEISURE TIME 9. VOCATIONAL ISSUES 10. LEGAL ISSUES & BULLYING 11. AGING AND FAMILY SUPPORT 12. REVIEW AND DISCUSSION
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44

POSITIVE EFFECTS OF DRUG TREATMENTS IN AUTISM -1980 -PRESENT

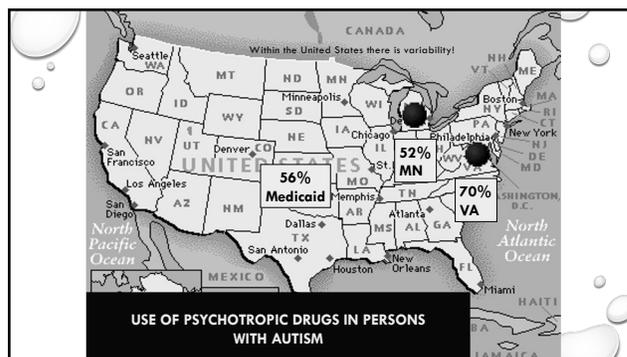
- HALOPERIDOL IN 1980
- NEW ATYPICAL NEUROLEPTICS
- STUDIES OF ANTI-DEPRESSANTS AND SSRI'S
- SOME NEW AGENTS IN DEVELOPMENT

45

MAJOR ADVANCES OVER THE PAST DECADE

- FEW GOOD STUDIES BEFORE 2000
 - NONE WITH SAMPLES >100
- RECRUITMENT INTO STUDIES IS CHALLENGING
 - MULTISITE STUDIES A NECESSITY
- STUDIES ARE TIME-CONSUMING AND COSTLY
 - FEDERAL FUNDING KEY: NIMH, NICHD
- THE EVIDENCE BASE IS GROWING
- CONSIDERABLE VARIATION FROM STATE TO STATE

46



47

PROBLEMS WITH DRUG TREATMENT'S

- POLYPHARMACY IS QUITE COMMON
- MY PERSONAL RECORD IS A PERSON ON 12 DIFFERENT AGENTS!
- NEED FOR THOUGHTFUL APPROACH THAT USES DATA
- NEED FOR TRAINING OF PRESCRIBERS IN WORK WITH ASD POPULATION

48

PSYCHIATRIC PROBLEMS: MORE ABLE INDIVIDUALS

- IN ADOLESCENTS AND YOUNG ADULTS
 - DEPRESSION AND SUICIDALITY
 - GOOD DRUG AND PSYCHOTHERAPY TREATMENTS
 - PROBLEMS WITH ANXIETY ARE COMMON
 - PERHAPS SUBSTANCE ABUSE, GENDER ISSUES
 - (NOTE ANXIETY AND DEPRESSION ALSO SEEM MORE COMMON IN FAMILY MEMBERS THAN WOULD USUALLY BE EXPECTED)

49

WHAT IS NEEDED I?

- GREATER FOCUS ON THE NATIONAL LEVEL
 - NEEDS ASSESSMENT IN ADULTS
 - UNDERSTAND STATE --TO--STATE VARIATIONS
 - IMPACT OF FEDERAL LAW /POLICY CHANGES
 - AWARENESS OF THE DIVERSITY OF ADULT OUTCOME AND LIMITED INFORMATION CURRENTLY AVAILABLE

50

WHAT IS NEEDED II?

- BETTER TRAINING FOR THOSE PROVIDING CARE
 - MEDICAL CARE:
 - GENERAL PRACTITIONERS, INTERNISTS
 - NURSE PRACTITIONERS MAY BE EASIEST TO TRAIN
 - MENTAL HEALTH CARE
 - CHILD PSYCHIATRISTS ARE ALL TRAINED AS ADULT PSYCHIATRISTS BUT MAY HAVE LIMITED EXPOSURE
 - NEUROLOGISTS AND SOME OTHER SPECIALTY GROUPS
 - TRAINING FOR GENERAL PSYCHIATRISTS
 - ALSO FOR NURSE PRACTITIONERS! (COULD BE SAME PEOPLE DOING MEDICAL CARE)
- NEW MODELS OF CARE
 - SPECIALIZED TRAINING FOR NURSE PRACTITIONERS, SOCIAL WORKERS, AND PSYCHOLOGISTS (AMONG OTHERS) TO DEVELOP A CADRE OF SUPPORTERS WHO CAN PROVIDE SPECIALIZED CARE AND SUPPORT

51

TRAINING

- BASIC INFORMATION ON AUTISM AS IT RELATES TO ADULTS
 - RANGE OF SYNDROME, HALLMARKS OF SAME, APPROACH TO PATIENTS-E.G. GIVE EXTRA TIME, BE DELIBERATE, DON'T OVERWHELM, ETC.
- GUIDELINES TO CARE
 - SEVERAL GOOD BOOKS AVAILABLE
 - ALSO PRACTICE GUIDELINES, THE NICE GUIDELINES FOR ADULTS ESP. GOOD
 - BOTH PSYCHOPHARM AND PSYCHOLOGICAL APPROACHES
 - ISSUES RELEVANT TO INTERVENTION – CURRICULA FOR SOCIAL SKILLS, DATA, AND SO FORTH
 - SUPPORT FOR A RANGE OF LIVING ARRANGEMENTS
 - AWARENESS OF LOCAL/STATE SERVICES

52

THE END!



53

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55

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56

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57

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58

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59