



Outcomes/ Best Practices Autism Spectrum Disorder Discussion Call Minutes

Tuesday, May 15, 2018

12:15-1:00 pm EST

DISCUSSION TOPIC: Sharing Resources & Ideas for Treating Children with Autism Spectrum Disorder

Topics to Guide Discussion:

- Strategies for teaching and assessment
- Therapy Dosing
- Effective treatment approaches (1:1 vs group, specific treatment strategies)
- Teaching and assessment of social skills
- Behavior modification strategies
- Success with ABA vs. social skills and play skills approaches
- Treating children with ASD with other co-morbidities (ex:/ orthopedic conditions)
- Transition to community resources
- Interface between school services and outpatient therapy

1. Introductions

IPRC organizations represented on call:

- Children's Healthcare of Atlanta
- Children's Specialized Hospital
- Good Shepherd Rehab Network
- Gillette Children's Specialty Healthcare
- HSC Pediatric Center
- IWK Pediatric Centre
- Joe DiMaggio Children's Hospital
- Kennedy Krieger Institute
- Moss Rehab / Einstein
- The Children's Institute
- Cindi Hobbes, IPRC Director and Facilitator

2. Group Discussion

a. What outcome measures and evaluation tools are currently being used with this population? This is a compilation of all rehab measures discussed.

- i. History Profile 2nd Ed
- ii. VMI
- iii. BOT-2
- iv. SELF 5
- v. CASL 2 - Comprehensive Assessment of Spoken Language, Second Edition
- vi. CCC-2
- vii. AAC Profile
- viii. Sensory Profile
- ix. Peabody
- x. ELAP/LAP
- xi. Functional Communication Profile
- xii. Social Language Developmental Tests
 - Used for higher functioning children
- xiii. GAS (Goal Attainment Scale)
- xiv. PLS
- xv. COPM (Canadian Occupational Performance Measure)
 - Patient and family identify top priorities to track/assess
- xvi. CSBS (Communication Symbolic and Behavioral Scales)
 - Use for under 2 years old
 - Provides insight into social skills, eye gaze, gestures at a very young age
 - Good Screening tool
 - Can be administered to older children as well (but not scored) to gain insight into this area
 - Captures play skills
- xvii. Group Discussed:
 - These tests must often be modified in administration due to the needs of this population. The commentary of the evaluation reflects the changes made in administration.
 - Testing with this population are often completed by parent and clinician report and do not assess the satisfaction of the child with the desired assessed behavior.
 - Consensus on the lack of overarching measures for the population; no uniformity on “best tests and measures”

- Time constraints an issue for testing in evaluation sessions

- b. What is your current therapy dosing for this population? Trends?
- i. One organization shared their approach to Dosing:
 - For children prior to Kindergarten, seen 2x/wk (usually ST, OT) – sometimes it is co-treat. Effective for one clinician to education family while other is working with child
 - at school age, decrease to 1 x/wk
 - utilize group treatments for older children
 - PT infrequently sees this population
 - ii. Another organization’s dosing approach:
 - 30 min sessions
 - 1-3 x/wk
 - No group sessions
 - iii. Group discussed one clinician’s concern regarding wrap around services and high dosage of adult directed time
 - Discussed the difference between “Therapy” (Adult Directed Activity) and “Support” (Adults helps child participate in what is already going on)
 - Wrap around services usually provided by behavioral therapist or behavioral support with training in ABA
 - Discussed article published in 2018 regarding ABA therapy and association with PTSD by Henny Kupferstein
 - Article link:
https://hennykdotcom.files.wordpress.com/2018/02/aia_evidence-of-increased-ptsd-symptoms-in-autistics-exposed-to-applied-behavior-analysis.pdf
- c. What treatment approaches / philosophies do you employ or have found effective?
- i. DIR/ Floortime - Relationship based perspective
 - Group discussed one clinician’s frustration with inability to find providers in her area that offer this approach
 - ICDL DIRectory <http://www.iclldirectory.com/>
 - ii. Hanen: It takes Two to Talk - works on engagement and establishing relationships
 - Run classes for parents
 - iii. ABA – drill based approach; group generally did not recommend

- d. Does your organization utilize group treatments?
- i. One organization described their groups:
 - Pragmatic Groups (ST/Psych teams)
 - Social Thinking Program
 - Usually 1x/wk for 1 hr
 - ii. Another Organization described their groups:
 - Groups for 2 year olds – 18/19 years
 - Reimbursement good
 - Usually 45 min session/ 1 x/wk
 - Groups run indefinitely but change seasonally in 10-12 wk segments
 - Social Thinking Segments
- e. Are any organizations including Physical Therapists on the treatment team for this population? What goals/impairment areas are they addressing?
- i. Core strengthening
 - ii. Toe walking
 - iii. Vision/sensory needs
 - iv. Breathing Exercises (Mary Massery approach)
 - v. Reflex integration
 - vi. Bilateral Coordination
- f. How does your organization handle transition to school or community services?
- i. One organization described a hospital program run by clinicians (CTRS) and volunteers that provided leisure activities for kids with special needs
 - Nominal fee collected from families for these activities
 - Extensive fundraising
 - ii. Resource binder maintained with community resources and activities (such as clubs, YMCA)
 - iii. Maintain good relationships with local school therapists
 - Problem solve together
 - Feedback for IEPs

Discussion Summary submitted by: Cindi Hobbes

