MULTI-DISCIPLINARY ASSESSMENT AND TREATMENT OF ADULTS WITH AUTISM AND CO-OCCURRING MENTAL HEALTH DISORDERS

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OUTLINE

• INTRODUCTION
  – AUTISM and CO-OCCURRING DISORDERS
  – SAPPA

• METHODS

• OUTCOMES
  • ULTRA-SHORT SURVEYS

• CONCLUSIONS
INNOVATION PROJECT INN-03

The goal of the Innovation Project (INN-03), funded through California Proposition 63, the Mental Health Services Act (MHSA)

MULTI-DISCIPLINARY ASSESSMENT AND TREATMENT OF ADULTS WITH AUTISM AND CO-OCCURRING MENTAL HEALTH DISORDERS

was to test and evaluate a supportive assessment tool that would increase access for individuals to the mental health services system and expand treatment options.
WHY THIS PROJECT

• Improved access to mental health services for clients with Autism and Co-Occurring disorders and their families

• Overcame existing barriers
  – **First,** the California State Mental Health Specialty Service Medical Necessity guidelines specifically exclude Autism as a qualifying primary diagnosis for treatment and reimbursement.
  – **Second,** lack of understanding and awareness regarding individuals with classic autism and co-occurring mental health disorders.
AUTISM AND CO-OCCURRING DISORDERS (1)

• For people with autism, the poorest long term prognosis and outcomes are being experienced by those with the severest intellectual impairment and those who develop psychiatric problems:
  – although some adults can achieve good levels of independence, many remain dependent upon their families or other support services;
  – few live alone, have close friends, or permanent employment;
  – communication generally is impaired, and reading and spelling abilities are impacted.
Although some symptoms of autism may show improvement over time, the majority of individuals with autism may need substantial support throughout their lives.

Despite the impact of mental health problems on outcomes in autism, there has been little exploration of mental health problems in persons with autism.
SAPPA (1)

• We investigated whether the Schedule for the Assessment of Psychiatric Problems Associated with Autism (and Other Developmental Disorders - SAPPA) by Bolton and Rutter (1994) could be utilized in a clinical setting and assist in diagnosing co-occurring mental health disorders.

• The SAPPA is a semi-structured investigator-based interview with an informant.
SAPPA (2)

• SAPPA provides a framework for use by the clinician experienced in the psychiatric assessment of persons with autism and with intellectual disabilities (Bradley and Bolton, 2006).

• In this project, the original SAPPA psychiatric diagnoses (available at pg. 67 of the SAPPA survey) were adjusted to better reflect the DSM-IV-TR
SELECTION OF PARTICIPANTS

- **116 consumers** with autism and potential co-occurring mental health disorders living in Santa Clara County were identified through referrals from SARC, HOPE, other mental health agencies and clinics, and the Santa Clara County Mental Health Call Center.
- Individual assessments from medical records to ensure there was a previous diagnosis of autism present.
- Parents, caregivers or consumers all signed informed consent forms prior to participation in the study.
ASSESSMENT OF OUTCOMES

• Outcomes were measured using two ultra-brief surveys:
  – the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS)

• They have been evaluated against existing longer measures
• They involve a simple methodology that can be easily implemented by most services.
• The simplicity of scoring procedures leads to measurements that are easily interpreted.
• The cost of materials is low
  – service providers can repeatedly administer the surveys without significant cost.
• The implementation procedures of the scales are usually simple
  – minimal training required in the administration, scoring and interpretation of results
PSYCHIATRIC ASSESSMENT (1)

• SAPPA interviews were administered by licensed clinicians experienced in developmental and psychiatric evaluations.
  – All were experienced in diagnosis of autism as well mental health disorders as they present in individuals with developmental disabilities.

• Interviews were completed with information provided by either parents (67%) or caregivers (28%)

• 72% of the informants were in contact with the clients every day, 23% once a week and 4% every month.
PSYCHIATRIC ASSESSMENT (2)

• The first part of the SAPPA focuses on identifying episodes of behavioral change against the background of usual baseline behaviors for the individual.

• Behavioral changes include problems that may have been present from an early age:
  – self-injurious, hyperkinetic, obsessive, compulsive and other anxiety-type behaviors, tics, stereotypies, ...

• A significant part of the interview is spent establishing baseline behaviors for the individual against which any episode of change in behavior is evaluated.
Consumers’ ethnicity (Hope, blue bars), compared against the Santa Clara County’s latest census data (green bars) - source US Census Bureau (available on line at quickfacts.census.gov/qfd/states/06/06085.html).
Age distribution of consumers involved in this study. The median age is 22 years, average age 27.1 years, standard deviation 10.5 years – 80% of clients have an age between 18 and 35 years old.
Gender distribution of consumers involved in this study. Male to female ratio is 5.1:1
Living arrangements

- Independent: 0%
- Home Residence: 60%
- Board/Care Home: 40%

Total Clients: 116
CO-OCCURRING DISORDERS

LEFT - Percent of probable against definitive diagnoses
RIGHT - Number of co-occurring definite diagnoses per client

Clients = 116
Co-occurring definite mental health diagnoses

Clients = 116

<table>
<thead>
<tr>
<th>Co-occurring Definite Diagnosis</th>
<th>Percentage of Clients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imp Cont</td>
<td>30%</td>
</tr>
<tr>
<td>Anxiety Dis</td>
<td>15%</td>
</tr>
<tr>
<td>OCD</td>
<td>8%</td>
</tr>
<tr>
<td>Major Depresn</td>
<td>6%</td>
</tr>
<tr>
<td>ADHD</td>
<td>6%</td>
</tr>
<tr>
<td>Tics</td>
<td>5%</td>
</tr>
<tr>
<td>Psychosis</td>
<td>4%</td>
</tr>
<tr>
<td>Bipolar</td>
<td>4%</td>
</tr>
<tr>
<td>Sexual Dis</td>
<td>3%</td>
</tr>
<tr>
<td>Phobic</td>
<td>2%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1%</td>
</tr>
<tr>
<td>Eating Dis</td>
<td>1%</td>
</tr>
</tbody>
</table>
Co-occurring probable mental health diagnoses

- Major Depresn: 33.33%
- Anxiety Dis: 12.5%
- Imp Cont: 12.5%
- Bipolar: 8.75%
- ADHD: 5%
- OCD: 5%
- Psychosis: 5%
- Phobic: 2.5%
- Tics: 2.5%
- Eating Dis: 1.25%
- Schizophrenia: 1.25%
- Sexual Dis: 1.25%
TREATMENT OPTIONS

Clients = 116

(a)

- Medication Mgt
- Individual Counseling
- Collateral
- Social Skills Group
- Art Therapy
- Case Mgt
- Declined Treatment

Percentages of clients (%): 40%, 20%, 10%, 10%, 10%, 0%, 0%

Clients = 116

Introduction
Methods
Results
Conclusions
Treatment choices per client

![Bar chart showing percentage of clients choosing different numbers of treatment choices.](chart.png)
94% of the clients involved in this study had at some point received psychototropic medication. Antidepressant (70% of clients), antipsychotic (63%) and mood stabilizer (47%) medications have been the most frequently prescribed.
57% of the clients are multi-medicated, taking 3 or more psychototropic drugs.
Outcomes (1)

Outcome Rating Scale (ORS)

Name: ____________________________  Age (Yrs): ______  Sex: M / F

Session #: ___ Date: ________

Who is filling out this form? Please check one: Self  Other

If other, what is your relationship to this person?

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. If you are filling out this form for another person, please fill out according to how you think he or she is doing.

Individually

(Personal well-being)

Rated at: ____________________________

Interpersonally

(Family, close relationships)

Rated at: ____________________________

Socially

(Work, school, friendships)

Rated at: ____________________________

Overall

(General sense of well-being)

Rated at: ____________________________

Modified after The Heart and Soul of Change Project

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Session Rating Scale (SRS V.3.0)

Name: ____________________________  Age (Yrs): ______  Sex: M / F

Session #: ___ Date: ________

Please rate today’s session by placing a check on the box nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected.

Rated at: ____________________________

We did not work on or talk about what I wanted to work on and talk about.

Rated at: ____________________________

The therapist’s approach is not a good fit for me.

Rated at: ____________________________

There was something missing in the session today.

Rated at: ____________________________

Approach or Method

The therapist’s approach is a good fit for me.

Rated at: ____________________________

Overall

Overall, today’s session was right for me.

Rated at: ____________________________

The Heart and Soul of Change Project

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Amazing is all in a day’s work.
## Outcomes (2)

### Outcome Rating Scale (How have you been feeling ... ?)

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<thead>
<tr>
<th></th>
<th>N</th>
<th>ME</th>
<th>AV</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal well-being</strong></td>
<td>109</td>
<td>8</td>
<td>7.6</td>
<td>2.5</td>
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<tr>
<td><strong>Interpersonally</strong></td>
<td>109</td>
<td>9</td>
<td>7.7</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Socially</strong></td>
<td>107</td>
<td>7</td>
<td>7.0</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>109</td>
<td>8</td>
<td>7.9</td>
<td>2.0</td>
</tr>
</tbody>
</table>

### Session Rating Scale (Please rate today’s session ...)

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>ME</th>
<th>AV</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relationship</strong></td>
<td>105</td>
<td>10</td>
<td>8.9</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Goal and Topics</strong></td>
<td>104</td>
<td>10</td>
<td>8.7</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Approach</strong></td>
<td>104</td>
<td>10</td>
<td>9.2</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>103</td>
<td>10</td>
<td>8.9</td>
<td>1.7</td>
</tr>
</tbody>
</table>
SUMMARY

This Innovation project was the first study to document the prevalence of psychiatric illnesses associated with autism in an epidemiological sample of 116 individuals in Santa Clara County.

It was also the only Innovation project in California that addressed any issues pertaining to individuals diagnosed with autism.

Our experience indicates that a semi-structured interview using information gathered from an Informant/Caregiver like SAPPA may help clinician to better identify the Co-Occurring Mental Health disorders. Some adjustments are required when using SAPPA in a mental health clinic.

It helped consumers and caregivers in gaining access to mental health services, obtaining a precise mental health diagnosis and choosing among alternative treatments that most suit their personal needs and preferences.
Conclusions

• The SAPPA research tool provided a first step in the clinical assessment of co-occurring mental health disorders in autism, while requiring modifications for clinical use, particularly in length, and current diagnostic terminology and use in the California mental health system.

• Clients and parent/caregivers expressed satisfaction with treatment options and care.
• Thank you for your attention

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