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Guideposts for the Treatment of Autism

Optum is committed to assuring our members are receiving the highest quality evidence based and person-centered care available. Optum recognizes the time demand on staff and providers and offers this resource to give rapid access to evidence based strategies and guidance from professional organizations. These key components from several best practice guidelines will serve as a common language among Optum, providers and members that allows us to all work together in a member-centric manner. We want to partner to provide the highest quality care to our members.

Assessment:

1. Regardless of age, the child evaluated…should have standardized assessment of psychoeducation, adaptive, and language abilities, including pragmatic or social language (AAP, 2020)
2. Assess factors that may increase the risk of behaviors (of concerns):
   - Communication impairments that impact ability to understand situations and express needs
   - Co-existing physical disorders
   - Co-existing behavioral disorders
   - Physical environment, including lighting and noise
   - How behaviors change in social environments
   - How the child reacts to change
   - How others may inadvertently reinforce challenging behaviors
   - The predictability and structure of the environment
   - Assess family ability handle own physical and mental health needs
   - Assess family level of support (NICE, 2013)
3. Continuously monitor progress using valid and reliable assessment tools:
   The assessment process required for the initial development of Comprehensive treatment programs may take 20 hours or longer. Subsequent assessments and assessments for Focused treatments that involve a small number of uncomplicated goals often require fewer hours. The functional assessment process for severe problem behavior is often complex and may require considerably longer durations. Assessment of overall progress toward comprehensive treatment goals should be summarized at regular intervals (for example, on a semiannual basis). (CASP, 2014)

Treatment:

4. Should incorporate caregivers and be adjusted to the individual's developmental level
   - Aim to increase caregivers understanding or the young person's patterns of communication and interaction
   - Include therapist modeling of interventions and video-interaction feedback
   - Include techniques to expand the young person's communication, interactive play and social routines.
   - Consider peer mediation for school aged children
   - Offer families emotional support, including siblings

- Help families plan for the future care and transition to adult services
- Support access to leisure and enjoyable activities
- Support coping skills and ability access community resources including access to public transportation if appropriate
- Support access to educational, housing, and support services, including respite
- Help create practical supports in the care plan, including short breaks and emergency plans (NICE, 2013)

5. When prioritizing the order in which to address multiple treatment targets, the following should be considered:
    a. Behavior that threatens the health or safety of the client or others or that constitutes a barrier to quality of life (for example, severe aggression, self-injury, property destruction, or noncompliance)
    b. Absence of developmentally appropriate adaptive, social, or functional skills that are fundamental to maintaining health, social inclusion, and increased independence. (CASP, 2014)
6. When the focus of treatment involves increasing socially appropriate behavior, treatment may be delivered in either an individual or small-group format. When conducted in a small group, typically developing peers or individuals with similar diagnoses may participate in the session. (CASP, 2014)
7. Evidence-based interventions: provide these for core social and restrictive and repetitive behaviors (RRB), attend to social skills development in school, community, BH and family settings. (AAP) Use evidence-based treatments such as discrete trial teaching, naturalistic teaching strategies, and functional communication training targeting a variety of skill areas, including communication, social, and adaptive skills. (CASP, 2014) Research shows that medication is most effective when used in combination with behavioral therapies. There is no medication that can cure ASD or all of its symptoms, but some medications can be helpful to treat specific symptoms associated with ASD, especially certain behaviors. (NIH, 2021)
8. Cognitive behavior therapy (CBT) focuses on the connection between thoughts, feelings, and behaviors. Treatment would involve the person with ASD and/or parents to address specific goals to identify and change thoughts that lead to problem behaviors in particular situations. This is recommended for individuals with some types of ASD to deal with anxiety, as well as helping people with ASD cope with social situations and better recognize emotions. (NIH, 2021)

Early Diagnosis and Treatment:

9. Early and effective intervention: avoid delays in Dx and Tx; intervention for deficits should take place as soon as need is evident. Intervention most effective if early, intense and involves the family. Research has demonstrated that interventions using principles of behavioral intervention are associated w/skill acquisition and improved outcome. There is evidence that training parents to support developmental skill building is helpful. PCPs should help families learn to interpret evidence (to) make informed decisions about care. (AAP, 2020) very young children may start with a few hours of therapy per day with the goal of increasing the intensity of therapy as their ability to tolerate and participate permits (CASP, 2014) All children be screened for Autism Spectrum Disorder (ASD) at ages 18 and 24 months, along with regular

developmental surveillance. Toddlers and children should be referred for diagnostic evaluation when increased risk for developmental disorders (including ASD) is identified through screening and/or surveillance. Children should be referred for intervention for all identified developmental delays at the time of identification and not wait for an ASD diagnostic evaluation to take place (AAP, 2020).

Support:

10. Case manager who can coordinate treatment, care, support and transition to adult care is key to ensure appropriate interventions. Especially key for certain populations:
    - Foster care
    - Minority ethnic groups
    - Individuals with regressions in behavior
    - Co-existing conditions such as: visual and hearing impairments, comorbid medical conditions, motor disorders, intellectual disability, lack of spoken language, comorbid mental health diagnosis. (NICE, 2013)
11. Provide ancillary services such as speech and language therapy, occupational therapy, and physical therapy (CASP, 2014)
12. Consider interventions for sleep problems. Assess reason for sleep problem, day/night sleep patterns, sleep environment, etc. Propose treatments that take into account sleep environment, levels of daily activity, comorbid medical conditions (NICE, 2013)
13. Consider interventions for feeding issues (NICE, 2013)

Recovery:

14. Discharge and transition planning from all treatment programs should generally involve a gradual step down in services. Discharge from a Comprehensive ABA treatment program often requires six months or longer. For example, a client in a Comprehensive treatment program might step down to a Focused treatment model to address a few remaining goals prior to transitioning out of treatment. (CASP, 2014)
15. Involve the young person in the planning when possible. (NICE, 2013)

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Guideposts Details

Assessment:

1. Regardless of age, child evaluated…should have standardized assessment of psychoeducation, adaptive, and language abilities, including pragmatic or social language (AAP)
2. Assess factors that may increase the risk of behaviors (of concerns):
    - Communication impairments that impact ability to understand situations and express needs
    - Co-existing physical disorders
    - Co-existing behavioral disorders
    - Physical environment, including lighting and noise
    - How behaviors change in social environments
    - How the child reacts to change
    - How others may inadvertently reinforce challenging behaviors
    - The predictability and structure of the environment
    - Assess family ability handle own physical and mental health needs
    - Assess family level of support (NICE)
3. Continuously monitor progress using valid and reliable assessment tools: The assessment process required for the initial development of Comprehensive treatment programs may take 20 hours or longer. Subsequent assessments and assessments for Focused treatments that involve a small number of uncomplicated goals often require fewer hours. The functional assessment process for severe problem behavior is often complex and may require considerably longer durations. Assessment of overall progress toward comprehensive treatment goals should be summarized at regular intervals (for example, on a semiannual basis). (CASP)

Background Information:

Assessment for the diagnosis of Autism is based on the DSM-5 TR, which includes five specific criteria: persistent problems in social communication and social interaction across multiple settings; restricted, repetitive patterns of behavior interests or activities of multiple types; symptoms starting in the early developmental period (although it times symptoms are not obvious until social demands exceed the individual's capacities or strategies); symptoms cause clinically significant impairment in important areas of current functioning; and that the disturbances are not better explained by intellectual disability or global developmental delay. This last criterion for diagnosis is complicated, as intellectual disability and Autism can occur together, and to make the diagnosis of both Autism and intellectual disability, the individual's social communication should be below that expected for their overall developmental level. To gather and clarify the information needed for an Autism diagnosis, a comprehensive diagnostic evaluation is necessary, and will vary by age. Once an Autism diagnosis is made, the assessment should also identify if this is with or without accompanying intellectual or language impairment.

The next step, functional assessment, is critical to developing the comprehensive ABA treatment plan. The functional assessment, usually conducted by a Board Certified Behavior Analyst (BCBA) integrates the information gleaned during the diagnostic evaluation as a foundation. Typically, the functional assessment includes caregiver interviews, structured measures and rating scales, and direct observation, usually across different settings such as home and school. The functional assessment should also discuss other diagnoses or medical conditions that can affect the treatment

plan and progress. A key component of the functional assessment is the collection of baseline data, where deficits and excesses in defined behaviors are measured. The baseline data provides the foundation for later reassessment, measuring progress on shorter term targets that lead to the attainment of longer-term treatment goals.

If the functional assessment is not able to identify the reasons for certain behaviors of concern, a functional analysis, where situations are manipulated to gather more specific data, may be necessary. Areas typically addressed in a functional assessment and forming the foundation of the comprehensive ABA treatment plan include social communication, language and interaction skills; restrictive and repetitive behaviors, interests, and activities; self-injurious, aggressive, destructive or risk related behaviors; and adaptive/functional behavior. Replacement skills should also be identified and assessed. Additionally, the family is included in the functional assessment to determine their skill level, coping, and other needs which are a critical part of the ABA treatment plan.

Treatment:

4. Should incorporate caregivers and be adjusted to the individual's developmental level
    - Aim to increase caregivers understanding or the young person's patterns of communication and interaction
    - Include therapist modeling of interventions and video-interaction feedback
    - Include techniques to expand the young person's communication, interactive play and social routines.
    - Consider peer mediation for school aged children
    - Offer families emotional support, including siblings
    - Help families plan for the future care and transition to adult services
    - Support access to leisure and enjoyable activities
    - Support coping skills and ability access community resources including access to public transportation if appropriate
    - Support access to educational, housing, and support services, including respite
      Help create practical supports in the care plan, including short breaks and emergency plans (NICE)
5. When prioritizing the order in which to address multiple treatment targets, the following should be considered:
    a. Behavior that threatens the health or safety of the client or others or that constitutes a barrier to quality of life (for example, severe aggression, self-injury, property destruction, or noncompliance)
    b. Absence of developmentally appropriate adaptive, social, or functional skills that are fundamental to maintaining health, social inclusion, and increased independence. (CASP)
6. When the focus of treatment involves increasing socially appropriate behavior, treatment may be delivered in either an individual or small-group format. When conducted in a small group, typically developing peers or individuals with similar diagnoses may participate in the session. (CASP)
7. Evidence-based interventions: provide these for core social and restrictive and repetitive behaviors (RRB), attend to social skills development in school, community, BH and family settings. (AAP) Use evidence-based treatments such as discrete trial teaching, naturalistic teaching strategies, and functional communication training targeting a variety of skill areas, including communication, social, and adaptive skills. (CASP, 2014) Research shows that medication is most

effective when used in combination with behavioral therapies. There is no medication that can cure ASD or all of its symptoms, but some medications can be helpful to treat specific symptoms associated with ASD, especially certain behaviors. (NIH)

8. Cognitive behavior therapy (CBT) focuses on the connection between thoughts, feelings, and behaviors. Treatment would involve the person with ASD and/or parents to address specific goals to identify and change thoughts that lead to problem behaviors in particular situations. This is recommended for individuals with some types of ASD to deal with anxiety, as well as helping people with ASD cope with social situations and better recognize emotions. (NIH)

Background Information:
People living with Autism have needs that will change throughout their lifetimes. A person-centered, evidenced based approach is important to support a member's treatment journey. Treatment should incorporate a multi-disciplinary approach when appropriate AND should engage caregivers to the extent possible. This could include Applied Behavior Analysis interventions, outpatient CBT, psychopharmacology, and school supports. Autism treatment should focus on core deficits of Autism, and promote functional skills, future independence, and practical supports for the family.

Social determinants of health (SDOH) should be considered when creating the treatment plan. Addressing transportation, education and housing needs in the context of treatment is a shared responsibility among care providers and Optum.

Early Diagnosis and Treatment:

9. Early and effective intervention: avoid delays in Dx and Tx; intervention for deficits should take place as soon as need is evident. Intervention most effective if early, intense and involves the family. Research has demonstrated that interventions using principles of behavioral intervention are associated w/skill acquisition and improved outcome. … is evidence that training parents to support developmental skill building is helpful. PCPs… help families learn to interpret evidence (to) make informed decisions about care. (AAP) very young children may start with a few hours of therapy per day with the goal of increasing the intensity of therapy as their ability to tolerate and participate permits (CASP). All children be screened for Autism Spectrum Disorder (ASD) at ages 18 and 24 months, along with regular developmental surveillance. Toddlers and children should be referred for diagnostic evaluation when increased risk for developmental disorders (including ASD) is identified through screening and/or surveillance. Children should be referred for intervention for all identified developmental delays at the time of identification and not wait for an ASD diagnostic evaluation to take place (AAP).

Background Information:
Early Intervention is a significant predictor of outcome, the earlier treatment can begin the better the overall outcome. Early Diagnosis is also key, and children should be routinely screened at pediatric wellness visits starting as early as 18 months of age.

Support:

10. Case manager who can coordinate treatment, care, support and transition to adult care is key to ensure appropriate interventions. Especially key for certain populations:
    - Foster care
    - Minority ethnic groups
    - Individuals with regressions in behavior

- Co-existing conditions such as: visual and hearing impairments, comorbid medical conditions, motor disorders, intellectual disability, lack of spoken language, comorbid mental health diagnosis. (NICE)

Background Information:
Case management plays an important role in assisting individuals diagnosed with Autism Spectrum Disorder and their families. Autism Spectrum Disorder is a lifelong disorder that often requires different levels of support at different ages and can vary based on the individual. Often there are co-existing conditions such as visual and hearing impairments, comorbid medical conditions, motor disorders, intellectual disability, lack of spoken language, comorbid mental health diagnosis which make the disorder more complex. Key populations may require more extensive case management services such as individuals in foster care, and minority ethic groups. Developmental time periods such as newly diagnosed individuals and individuals transitioning from adolescence to adulthood, or individuals with severe behaviors or a regression in behavior might be pivotal points where case management and care coordination are the most impactful.

Case management can not only offer support to families, but also helps individuals and families navigate complex resources and systems including behavioral health, the medical system, specialized educational services, multiple outpatient services, and community resources and programing.

Each state can have variable resources and each member's insurance benefits can vary. In addition, individual needs can vary between individuals' strengths. Creating an individualized case management approach for each individual is important.
Additional resources for newly diagnosed families:

100 Day Kit for Young Children | Autism Speaks
100 Day Kit for School Age Children | Autism Speaks
Autismspeaks.org Autism Education & Resources | Autism Speaks

11. Provide ancillary services such as speech and language therapy, occupational therapy, and physical therapy (CASP)

Background Information:
Various developmental therapies such as speech and language therapy, occupational therapy, and physical therapy can be additional modalities.

Speech and language therapy can help improve communication and social skills. The therapy can potentially assist the member with basic speech skills such as using single words and phrases to tell others what they want, making comments and responding to simple questions. Speech therapy can also help with more advanced skills such as using language for social skills for example, back and forth conversation.

Occupational therapy can improve everyday skills, to become more independent with physical, motor, social or cognitive skills. Some of these skills can include independent dressing, using the bathroom, and fine motor skills (i.e., writing, coloring).

Physical therapy can improve age-appropriate motor skills, improve strength, balance and posture. Physical therapy might assist with low muscle tone and coordination.

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Additional resources on therapies from Autismspeaks.org Autism Education & Resources | Autism Speaks

- Speech Therapy guide Speech Therapy | Autism Speaks
- Occupational Therapy guide Occupational Therapy (OT) | Autism Speaks

12. Consider interventions for sleep problems
    - Assess reason for sleep problem, day/night sleep patterns, sleep environment, etc.
    - Propose treatments that take into account sleep environment, levels of daily activity, comorbid medical conditions (NICE)

Background Information:
For sleep difficulties there is a 40-80% prevalence rate in ASD compared to typically developing children. These sleep difficulties are often more severe with the most common concern being insomnia. There are often reported difficulties with sleep onset, sleep duration, and sleep maintenance.

Sleep difficulties in children and adolescents with ASD could influence daytime learning abilities and cognitive functioning, behavioral disturbances (i.e., hyperactivity, inattention, aggression), daytime sleepiness, and overall quality of life.

Resource: Sleep in children with autistic spectrum disorder - PubMed (nih.gov)
- Parent Guide Booklet: ATN/AIR-P Strategies to Improve Sleep in Children with Autism | Autism Speaks

13. Consider interventions for feeding issues (NICE)

Background Information:
Gastrointestinal and feeding disorders are a common clinical comorbidity with ASD and gastrointestinal disorders/feeding disorders are highly prevalent in ASD. GI dysfunction may present in an atypical fashion such as hand on abdomen, facial grimacing, constant eating and drinking, aggression, self-injurious behaviors, and sleep issues. There can be chronic constipation, abdominal plain, chronic diarrhea, GERD, IBD, and Colitis. Feeding disorders can present as only eating a limited range of foods, food refusal, limited food repertories, and high frequency single food intake. This may be affected by sensory sensitivity.

Resources:
Gastrointestinal Symptoms and Feeding Problems and Their Associations with Dietary Interventions, Food Supplement Use, and Behavioral Characteristics in a Sample of Children and Adolescents with Autism Spectrum Disorders - PubMed (nih.gov)

Gastrointestinal issues and Autism Spectrum Disorder - PMC (nih.gov)

Additional resources re: feeding from Autismspeaks.org

- Parent Guide Booklet: ATN/AIR-P Guide to Exploring Feeding Behavior in Autism | Autism Speaks

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Recovery:

14. Discharge and transition planning from all treatment programs should generally involve a gradual step down in services. Discharge from a Comprehensive ABA treatment program often requires six months or longer. For example, a client in a Comprehensive treatment program might step down to a Focused treatment model to address a few remaining goals prior to transitioning out of treatment. (CASP)
15. Involve the young person in the planning when possible. (NICE)

Background Information:

Discharge should be reviewed and evaluated, and discharge planning should start when:

- the client has achieved treatment goals OR
- the client no longer meets the diagnostic criteria for ASD (as measured by appropriate standardized protocols) OR
- the client does not demonstrate progress towards goals for successive authorization periods OR
- the family is interested in discontinuing services OR
- the family and provider are unable to reconcile important issues in treatment planning and delivery (CASP, 2014)

Guidelines Referenced:

AAP, 2020	American Academy of Pediatrics, January 2020, Executive Summary: ID, Eval, and Mgmt of Children w/ASD
BHCOE, 2023	Behavioral Health Center of Excellence; Suggestions for Ethically Fading Out ABA Services. Downloaded 8/2023. Suggestions for Ethically Fading Out ABA Services | Behavioral Health Center of Excellence Accreditation (bhcoe.org)
CASP, 2014	Council of Autism Service Providers. (2014). Applied behavior analysis treatment of autism spectrum disorder: Practice guidelines for healthcare funders and managers.
NICE, 2013	National Institute for Health and Care Guidance, Autism Spectrum Disorders in under 19s: support and management. 8/28/2013
NIH, 2021	NIH Autism Treatment 2021 – Behavior Management Therapy; General Guidance; Cognitive Behavior Therapy; Early Intervention; Educational and School-based Therapies; Joint Attention Therapy; Medication