

## Management of Psychiatric Symptoms in Children with Autism Spectrum Disorder (ASD) Clinical Pearls for Primary Care Providers

### I: Clinical History

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Multi-informant assessment: gather history from youth, parent/guardian, others who know youth well as indicated <input type="checkbox"/> Collaborate with and gather collateral information from school	<p><b>Pearl:</b> Find more about Autism screening on the CDC website: <a href="https://www.cdc.gov/ncbddd/autism/hcp-screening.html">https://www.cdc.gov/ncbddd/autism/hcp-screening.html</a></p> <p>American Academy of Child and Adolescent Psychiatry Autism Practice Parameters: <a href="https://www.jaacap.org/article/S0890-8567(13)00819-8/pdf">https://www.jaacap.org/article/S0890-8567(13)00819-8/pdf</a></p>
<input type="checkbox"/> Assess current functioning in different areas (family, peers, school, community)	<p><b>Pearl:</b> Persons with autism may have developmental problems in multiple areas of functioning, including cognitive functioning, social, communication, imagination, and adaptive skills.</p>
<input type="checkbox"/> Assess social functioning in different areas (family, peers, school, community)	<p><b>Pearl:</b> Social interactions will be impaired across multiple domains; however, they may be most notable with same-aged peers. Some children with ASD are much better interacting with younger children and/or adults. Difficulties in social competence will be in excess of what should be expected despite any intellectual impairments.</p>
<input type="checkbox"/> Assess for developmental progress and history of early milestone delays	<p><b>Pearl:</b> Deficits in the development of expressive language are one of the most frequent sources of initial concern for parents in children who will be later diagnosed with ASD. If there is a history of language delay - consider a speech and hearing assessment.</p>
<input type="checkbox"/> Assess for delay in learning progress concerns	<p><b>Pearl:</b> Educational assessment and assessment of learning disorders through the school or psychological testing can clarify possible co-morbidities.</p>
<input type="checkbox"/> Assess for history of clinically significant trauma experiences	<p><b>Pearl:</b> History of current or remote trauma or neglect may increase complexity of assessment and treatment planning. Consider a MCPAP consultation or referral to specialty care.</p>
<input type="checkbox"/> Assess for typical day from waking, meals, afterschool, and bedtime transition	<p><b>Pearl:</b> Get parental guidance around specific parenting challenges, and begin to provide a framework for the parent to think about enhancing daily structure.</p>
<input type="checkbox"/> Assess for current or previous parental behavioral efforts	<p><b>Pearl:</b> Target parental guidance, the role of positive parenting, and encouragement, empowering parenting vs discipline.</p>
<input type="checkbox"/> Assess for current or previous mental health providers	<p><b>Pearl:</b> Collaboration and information-sharing with current mental health providers is essential to quality care.</p>
<input type="checkbox"/> Assess sleep	<p><b>Pearl:</b> Assess sleep onset, sleep quality, and independent sleep. Provide guidance about recommended sleep amounts based on age.</p>
<input type="checkbox"/> Assess screen time use	<p><b>Pearl:</b> Understanding screen time amount and use, and utilize AAP Tools and the AAP Family Media Plan. <a href="http://www.healthychildren.org/English/media/Pages/default.aspx">www.healthychildren.org/English/media/Pages/default.aspx</a></p>

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## II: Mental Status Examination

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Behavior observation – assessment of level and type of interaction with clinician	<b>Pearl:</b> Observe the patient’s ability to make eye contact, respond appropriately to questions, and engage in play. Note repetitive behaviors, flattened affect, and difficulty with back-and-forth conversation.
<input type="checkbox"/> Parent – child and child – sibling interaction observation	<b>Pearl:</b> Does the child respond to parents and siblings appropriately? Does the child make eye contact with family without being reminded?
<input type="checkbox"/> Interview with child	<b>Pearl:</b> Games or drawing tasks help with establishing a rapport with the child. Assess if the child can engage in back-and-forth play, and note if the child draws the examiner’s attention to appropriate things.
<input type="checkbox"/> Interview with teen	<b>Pearl:</b> Inquire about interests, friends, activities, and academics.
<input type="checkbox"/> Interview with parents	<b>Pearl:</b> Children with ASD might tell you they have friends but may not understand that they do not have “typical” social relationships. It will be important to discuss with the parent privately to get the parent’s honest opinion about the child’s relationships.

## III: Medical Workup

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Perform general standard medical assessment	<b>Pearl:</b> General medical assessment is part of good medical care for youth. Notable physical features that may be observed in ASD are: head circumference > 97 <sup>th</sup> percentile and mild hypotonia. Be sure to check height and weight.
<input type="checkbox"/> Review the developmental history	<b>Pearl:</b> Pay particular attention to social-emotional and language milestones, early communicative behaviors (pointing, use of eye contact, response to name), play skills (preoccupation with parts of toys, inappropriate use of toys), difficulties with transitions, repetitiveness, ritualized or stereotypical behaviors, sensory issues, and any regression.
<input type="checkbox"/> Review pregnancy and birth history, if available	<b>Pearl:</b> Fetal alcohol syndrome can present with symptoms of ASD.
<input type="checkbox"/> Assessment of medical conditions that can present with symptoms of ASD (learning disabilities, hearing impairment, vision impairment, speech delay)	<b>Pearl:</b> Neuropsychological testing can be utilized to explore the possibility of learning disabilities, either privately or through school.
<input type="checkbox"/> Assessment for other psychiatric conditions that can present with symptoms of ASD (social anxiety, depression, psychosis)	<b>Pearl:</b> Onset of symptoms may help distinguish ASD from other psychiatric conditions. ASD should be present from a very young age. Other psychiatric conditions often develop later.
<input type="checkbox"/> Assessment of medical conditions and concurrent medical treatments that may affect treatment planning	<b>Pearl:</b> Twenty percent of children with ASD also have epilepsy. Children with ASD may be more susceptible to GI disturbance and sleep issues.
<input type="checkbox"/> Assessment of whether any genetic disorders may be present	<b>Pearl:</b> Evaluate for dysmorphic features. ASD can be comorbid with Fragile X and Tuberous Sclerosis, Angelman syndrome, or Smith-Lemli-Opitz syndrome among others.

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## IV: Differential Diagnosis and Co-Morbidities

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Anxiety disorders - i.e., social anxiety, generalized anxiety	<b>Pearl:</b> Anxiety is commonly comorbid with ASD. Children with ASD can have rigidity and difficulty with change/transitions, as well as sensory issues, all of which can cause anxiety. Children with more mild ASD may be aware that they are socially awkward, which can cause social anxiety.
<input type="checkbox"/> Learning disorders/intellectual disability	<b>Pearl:</b> Learning disorders and intellectual disabilities are very common. Encourage a school assessment. Parents may need additional school support, IEP.
<input type="checkbox"/> Depression	<b>Pearl:</b> Depression can be comorbid with ASD. Normal early social development with social withdrawal later in life might signal depression as opposed to ASD.
<input type="checkbox"/> Early psychosis	<b>Pearl:</b> Early onset and prodromal psychosis for teens may present with troubles with cognitive function, thought blocking, loss of initiative, and social isolation. This would be a change from baseline, as opposed to ASD, which should be present in a very young child.
<input type="checkbox"/> ADHD	<b>Pearl:</b> ASD is commonly comorbid with ADHD. Utilize regular ADHD screening (Vanderbilt forms from home and school, history taking).
<input type="checkbox"/> Reactive attachment disorder or severe early deprivation	<b>Pearl:</b> These can present like ASD. Consider them in children with a history of trauma or neglect.
<input type="checkbox"/> Rett disorder	<b>Pearl:</b> Development is normal initially, with the onset of sx between 5-48 months, in F > M, head growth deceleration, and severe intellectual disability.
<input type="checkbox"/> Social communication disorder	<b>Pearl:</b> Social communication disorder is distinguished from ASD by the absence of restricted, repetitive patterns of behavior, interests, or activities.
<input type="checkbox"/> Obsessive compulsive disorder	<b>Pearl:</b> Individuals with OCD typically find their thoughts and behaviors distressing, while those with ASD do not. Children with OCD usually have normal social and communication skills.
<input type="checkbox"/> Oppositional defiant disorder	<b>Pearl:</b> Due to rigidity, people with ASD can become emotionally dysregulated when things don't go as they anticipated. Sometimes this can be hard for caregivers to understand as they may not have even known what the child was expecting.

## V: Treatment Planning

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Review child's strengths and weaknesses and develop goals for treatment	<b>Pearl:</b> Goals may include: improve social functioning and play skills, improve communications skills, improve adaptive skills, decrease nonfunctional (repetitive) or negative behaviors, and promote academic functioning.
<input type="checkbox"/> Referrals	<b>Pearl:</b> Consider early intervention for younger children; ST, OT, and/or PT as appropriate.
<input type="checkbox"/> School	<b>Pearl:</b> The child will need evaluation for an IEP and social, emotional, and academic supports in school as appropriate.

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Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Therapy	<p><b>Pearl:</b> Applied Behavior Analysis (ABA) is recommended for children with ASD. Children may also benefit from social skills groups. Parents may benefit from parent guidance to manage difficult behaviors.</p>
<input type="checkbox"/> Psychiatric treatment	<p><b>Pearl:</b> There are no medication interventions currently approved for ASD. However, patients may benefit from treatment of psychiatric comorbidities or may require medication intervention if they are displaying aggression or self harm.</p>
<input type="checkbox"/> Sleep	<p><b>Pearl:</b> Many children with ASD have sleep disturbance. Maximize sleep hygiene. Consider a referral to sleep medicine to rule out sleep apnea or other sleep disorders.</p>