

MCAAP MONDAY DROP IN LUNCH BUNCH:

**“LEVERAGING COMMUNITY SERVICES TO
SUPPORT YOUR PATIENTS’ LEARNING AND
DEVELOPMENTAL NEEDS”**

**HOSTED BY MCAAP PRESIDENT
MARY BETH MIOTTO, MD, MPH, FAAP**

APRIL 15, 2024

**“The Who/What/How of Autism Diagnosis
in Massachusetts”**

Massachusetts Chapter

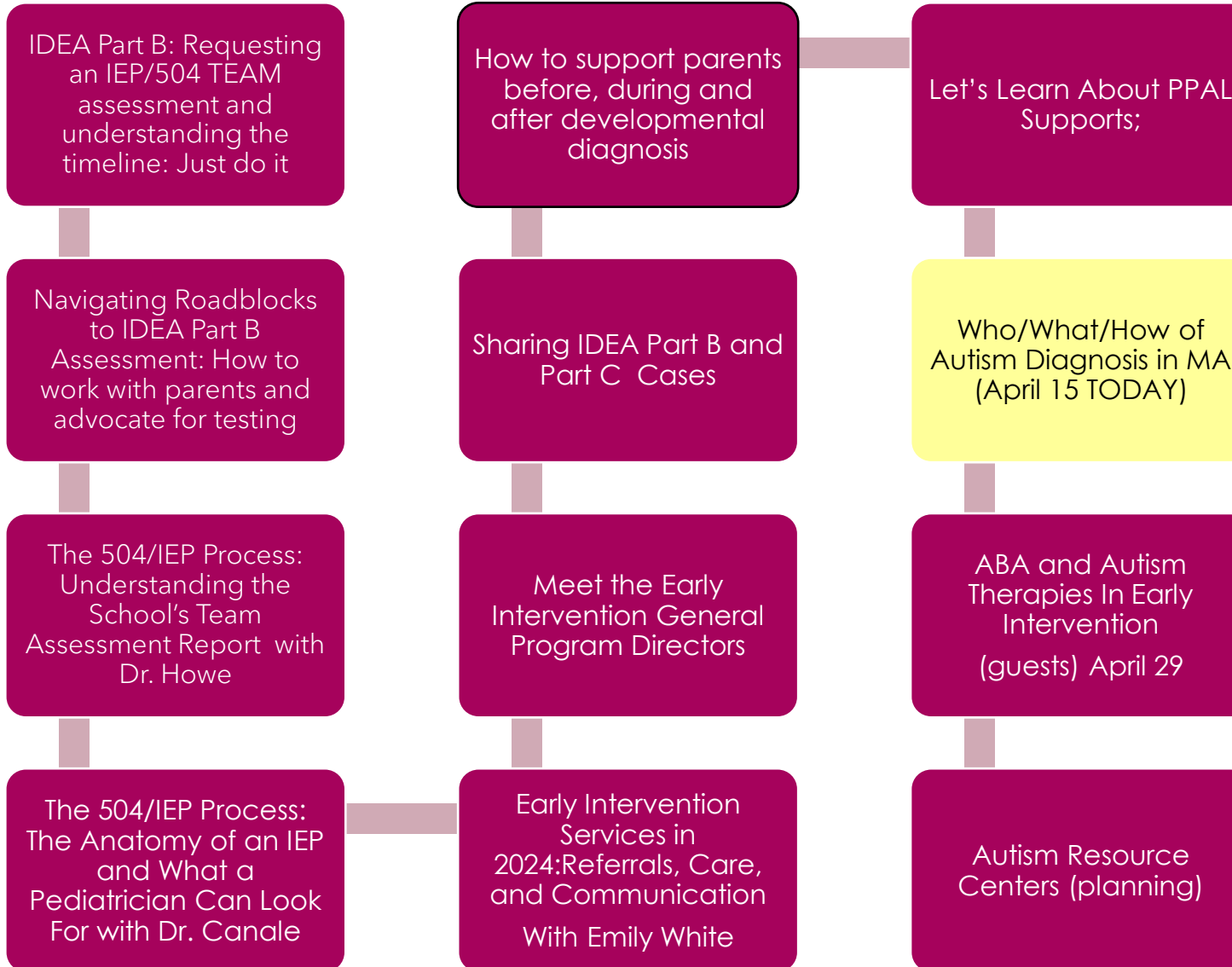
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Our MCAAP Lunch and Learn Journey Since October



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HOW DO I ACCESS OR SHARE PAST MONDAY DROP-IN CONTENT?

Find past videos and hyperlink-
powered slide decks at
<https://mcaap.org/cme/>

Look for your biweekly web invitation in an MCAAP member email every Monday morning.

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Autism Omnibus Bill (2014)



The Autism Center

MASSACHUSETTS ADVOCATES for CHILDREN

Autism Omnibus Bill

Ch.226 of the Acts of 2014, *An Act Relative to Assisting Individuals with Autism and other Intellectual or Developmental Disabilities*, addresses the following recommendations of the Massachusetts Autism Commission:

- **Require MassHealth to cover medically necessary treatments for children with ASD who are under 21 years old – including ABA therapies as well as dedicated and non-dedicated AAC devices.** This is an important equity and legal issue, ensuring that families who are low-income can access treatments that are now available to families covered by private insurance plans subject to the state's autism insurance law (ARICA).
- **Change eligibility criteria for The Department of Developmental Services (DDS) to include adults with Autism Spectrum Disorder, Prader-Willi, and Smith-Magenis syndrome.** Many individuals with autism do not have an IQ lower than 70 (currently required for DDS eligibility) but do have significant functioning limitations (self care issues, mobility, unable to live independently, learning issues.) Rather than relying solely on an IQ criteria, DDS would be required to use the federal definition of "developmental disability" to expand eligibility to adults with ASD and PW who meet conditions for "substantial functional limitations".
- **Create tax-free saving accounts (called "Achieving a Better Life Experience" or ABLE) to help families cover anticipated disability- related expenses for individuals with autism and other physical and developmental disabilities.** The ABLER accounts are similar to the "529 plan" education savings accounts which encourage parents to save money for future college costs and are modeled on a federal bill pending in Congress.
- **Create Autism Endorsement for special education teachers,** which is a voluntary credential for special education teachers to gain in-depth knowledge about the complexities of educating students with ASD. This will help to ensure that the growing number of students with autism receive appropriate educational services by increasing the capacity of school districts to meet their complex and unique needs.
- **Require Department of Mental Health and Department of Developmental Services to develop and implement a plan to provide services to individuals who have both a mental illness and a developmental disabilities**
- **Establish the Autism Commission as a permanent entity** responsible for overseeing the implementation of the original Commission's recommendation and monitoring the implementation of government policies impacting individuals with ASD, with an executive director and 34 commission members who will investigate and report on the range of services and supports necessary for individuals with ASD to achieve full potential across their life spans.

(c) Autism Center of Massachusetts Advocates for Children 8/06/14

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info@massadvocates.org
www.massadvocates.org



**WHO:
-IS BEING DIAGNOSED
WITH AUTISM IN MA?**

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Tidbits from 2022 Autism Commission Report

Massachusetts data from the Department of Elementary and Secondary Education (DESE) for 2003-2021 shows that the number of individuals with autism enrolled in special education rose from 4,876 in 2003 to 26,180 in the 2021-2022 school year.

MassHealth implemented coverage for ABA in June 2015. MassHealth FY2019 spending on ABA was \$109,171,065. In FY2021, MassHealth spent a total of \$140.5M on ABA services for 6727 members. In FY2022, MassHealth spent a total of \$185.4M for 7,917 members whose age is broken down in the table, below.

In FY22, MassHealth authorized 125 dedicated speech generating devices (SGDs) to individuals with ASD and 2 non-dedicated devices (iPad). Utilizing ARPA funding, MassHealth has partnered with Mass Advocates for Children and Speech Language Pathology providers to develop and implement a process to improve access to non-dedicated devices. This new process will allow providers to maintain a stock of non-dedicated devices and cases to allow children to test them and, once authorized, get a device directly from their provider.

Age	# of children served
0-5	3,493
6-12	3,457
13-20	967
Total	7,917

<https://www.mass.gov/doc/2022-annual-report-of-the-autism-commission/download>

**WHO:
-CAN DIAGNOSE
AUTISM IN MA?**

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Session Law - Acts of 2014 Chapter 226

Section 10H. Subject to the availability of federal financial participation, the division shall cover medically necessary treatments for persons younger than 21 years old who are receiving medical coverage under this chapter and who are diagnosed with an autism spectrum disorder by a licensed physician or a licensed psychologist. If federal funds are available to the commonwealth, said coverage shall include, but shall not be limited to, services for applied behavior analysis supervised by a board-certified behavior analyst and dedicated and non-dedicated augmentative and alternative communication devices, including, but not limited to medically necessary tablets.

<https://malegislature.gov/Laws/SessionLaws/Acts/2014/Chapter226>

WHAT:

**-ARE THERE RULES
ABOUT HOW TO DIAGNOSE
AUTISM IN
MASSACHUSETTS?**

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From The Autism Insurance Resource Center

Diagnosing Autism

- Who can diagnose Autism?
- What is required to make a diagnosis?
- What documentation is required by insurers?
- Is specific testing required?
- Can insurers reject a diagnosis?
- What if a patient doesn't have reports, is on a long wait list, and/or there are other gaps?

<https://vimeo.com/918025598?share=copy>

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Medical Necessity Guidelines:
**Applied Behavior Analysis (ABA) Therapy for
Autism Spectrum Disorder for MassHealth
Members**

Clinical Guideline Coverage Criteria

ADMISSION CRITERIA

The Plan considers admission for ABA Therapy as reasonable and medically necessary for ASD when **ALL** of the following criteria are met:

1. The Member has a definitive diagnosis of an Autism Spectrum Disorder (DSM 5) or an Autistic Disorder/Asperger's Disorder/Pervasive developmental disorder not otherwise specified (PDD-NOS) diagnosis (DSM IV); **and**
2. The diagnosis in criterion 1 above is made by a licensed physician or psychologist experienced in the diagnosis and treatment of autism with developmental or child /adolescent expertise; **and**
3. The child or adolescent has received a comprehensive diagnostic and/or functional assessment (e.g., ABLLS-R, Vineland-II, ADI-R, ADOS-G, CARS2, VB-MAPP, or Autism Behavior Checklist), which include the **ALL** following:
 - a. Complete medical history includes pre-and perinatal, medical, developmental, family, and social elements; **and**
 - b. Physical examination, which may include items such as growth parameters, head circumference, and a neurologic examination; **and**
 - c. Detailed behavioral and functional evaluation outlining the behaviors consistent with the diagnosis of ASD and its' associated comorbidities. A diagnostic evaluation must include the scores from the use of formal diagnostic tests and scales as well as observation and history of behaviors. Screening scales such as the MCHAT-R are not sufficient to make a diagnosis and will not be accepted as the only formal scale; **and**
 - d. Medical screening and testing has been completed to identify the etiology of the disorder, rule out treatable causes, and identify associated comorbidities as indicated; **and**
4. The Member exhibits atypical or disruptive behavior that significantly interferes with daily functioning and activities or that poses a risk to Member or others related to aggression, self-injury, property destruction, etc.; **and**
5. Initial evaluation from a Licensed Applied Behavior Analyst supports the request for the ABA services; **and**
6. The diagnostic report clearly states the diagnosis and the evidence used to make that diagnosis.

Examples of Easy to Administer Parent Interviews

<https://www.ohsu.edu/sites/default/files/2019-04/ASD%20DSM-5%20Parent%20Interview%20Final%20%281%29.pdf>



Instructions to the interviewer: For each DSM 5 criterion, we have provided a number of questions to guide you in gathering information from parents or other caregivers to help determine if a child does or does not meet that criterion. You do not need to ask each question. You may omit questions that are not relevant due to age, developmental level or cultural or religious factors. You may stop asking questions once you are clear about the child's skill set for that criterion. You also may need to ask follow up questions that are not listed here to clarify information from parents. *Boxes are added below to assist with the ease of scoring. R = rarely, S = sometimes and O = often. The shading indicates a behavior that is compatible with an ASD.*

Yes
 No

A. Deficits in use or understanding of social communication and social interaction in multiple contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:

Yes
 No

1. Deficits in nonverbal communicative behaviors used for social interaction including: abnormalities in eye contact and body-language, lack of facial expression or gestures, deficits in understanding and use of nonverbal communication, poorly integrated verbal and nonverbal communication.

Begin the interview by saying "Now I'm going to ask you some questions about how your child communicates, how s/he relates to other members of the family and other children, and how s/he plays with toys." Then comment "I will start with questions about non-verbal communication," and then ask a general question, "How does s/he use eye contact, signs and gestures to communicate with you?" "What gestures or signs has s/he learned?" Make sure to ask parents to describe any concerns. Then proceed with the questions below.

R	S	O

1. Does s/he look at you or others in the eye when s/he wants something or when s/he is talking to you?
2. Does your child turn his/her head to look at you when you walk up and start talking to him/her, or when you call his or her name? If No, does s/he turn his or her eyes to avoid looking at you?
3. Does your child ever use your hand like a tool, grab it and place it on what she wants?
4. Does s/he use simple gestures to direct your attention or to request something; e.g., pointing at a toy, reaching up to be picked up, waving bye-bye to let you know s/he wants to go?
5. Does your child use words and gestures together, e.g., pointing to an object and saying "look Mommy," waving bye-bye and saying "bye-bye," shaking his/her head and saying "no?"
6. Does s/he show a range of facial expressions, e.g., does s/he smile, frown, pout, raise his or her eyebrows in surprise? Do his/her facial expressions match the situation?

HOW:

**- CAN GENERAL
PEDIATRICIANS
SUPPORT DIAGNOSIS
AND CARE OF AUTISTIC
YOUTH WITHOUT
DIAGNOSING AUTISM ?**

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What Can a General Pediatrician Do OTHER THAN Diagnosing Autism?

Help with Safety/Wandering Issues

Provide Documentation Of Autism Diagnosis From Your EHR

Refer Parents to Autism Insurance Resource Center

Refer to a Specific SLP For AAC Assessment

Prescribe Diapers Covered by Insurance

Everyday ABA?

Review IEP With Family

Refer the Parent to the Regional Autism Resource Center

Show the Application for DDS and SSI

Connect the parents to the district SEPAC

Refer to Speech Language After School

Refer Families to Parent Support Agencies (nonprofits)



Autism Insurance Resource Center

www.massaicr.org

774-455-4056

info@disabilityinfo.org

Diagnosing Autism Fact Sheet

Who can diagnose Autism?

An autism diagnosis can be made by a physician or psychologist who is experienced in the diagnosis and treatment of autism, with developmental or child/adolescent expertise as appropriate. Most individuals receive autism spectrum disorder (ASD) diagnoses from specialists, (i.e. Developmental Behavioral Pediatrician, Neurologist, Neuropsychologist). However, a diagnosis from a specialist is not required for insurance purposes.

What is required to make a diagnosis?

There are standardized criteria to help diagnose ASD. These are published by the American Psychiatric Association in a publication called the Diagnostic and Statistical Manual (DSM), which is currently in its fifth edition (DSM-5). [View a summary of the criteria, here.](#)

Is an ASD diagnosis necessary to access autism treatments?

Yes. An Act Relative to Insurance Coverage for Autism (ARICA), the Massachusetts law, requires private insurance to cover medically necessary treatment for individuals diagnosed with autism. MassHealth also requires an autism diagnosis to access Applied Behavior Analysis Therapy (ABA) under the Autism Omnibus Law.

Individuals without an ASD diagnosis are not usually able to access ABA but may have coverage for other behavioral treatments under private insurance and/or MassHealth.

What documentation is required by insurers?

Each insurer establishes their own criteria for evaluating medical necessity of authorization requests. This criteria may include diagnostic guidelines and information. However, the underlying diagnosis of ASD should be based on a clinician's determination using the standardized DSM-5 criteria.

Is specific testing required?

Clinicians use a variety of tools to diagnose autism. There are not specific tests in the DSM-5 criteria. Insurance company medical necessity criteria may reference certain tests, but shouldn't be requiring any specific test or set of tests. Clinicians should determine what testing and diagnostic tools are necessary to assess an individual patient and determine a diagnosis.

My child received an autism diagnosis from our pediatrician. Can they access treatment?

Yes. A pediatrician who is trained or very experienced in diagnosing and working with children with autism can provide a diagnosis. A family may still want to obtain additional testing and recommendations from specialists, but the experienced pediatrician's diagnosis should be sufficient for insurance purposes.

Can insurers reject or challenge a diagnosis?

Insurers can request additional information or deny an authorization if there isn't sufficient documentation. If you and your child's providers feel that the diagnosis is sufficiently documented by adequate testing and assessment, you can appeal your insurance denial through an internal appeal, and then through an external review appeal if necessary. Note that, in addition to the specific autism legislation and laws, there are other laws (called "parity" laws), which prevent insurers from applying excessive scrutiny or requirements for specific conditions.

What if a patient doesn't have reports and/or there are other gaps?

Providers and families should work together to get as much information as possible. The clinicians who gave the original diagnosis may be able to provide replacement reports. School evaluations and testing may contain helpful information as well and can be submitted with authorization requests.

For further information, contact an information specialist at 774-455-4056 or email us at AIRC@umassmed.edu

This fact sheet and other important information is available [AIRC website](#).



The Autism Insurance Resource Center is a division of UMass Medical School Shriver Center. Partial funding for the Center is provided through grants from the Massachusetts Developmental Disabilities Council (MDDC), Massachusetts Department of Developmental Services (DDS), Massachusetts Department of Public Health (DPH), Massachusetts Department of Mental Health (DMH), Massachusetts Executive Office of Health and Human Services (EHS), The Nancy Lurie Marks Family Foundation, and the Doug Flutie Jr. Foundation for Autism. This fact sheet was updated 09/2021

University of Massachusetts Medical School, E. K. Shriver Center
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FEDERATION FOR CHILDREN
WITH SPECIAL NEEDS

English



Parent to Parent Program

Who is better to give support than a parent who has been there?

Family TIES Parent to Parent (P2P) program connects volunteer support parents with caregivers seeking support around parenting children who have disabilities and/or medical complexities.

How does it work?

- Matches are made based on specific diagnosis, needs and/or situations (for example, navigating the transition from early intervention to preschool).
- The support parent and requesting parent will speak to one another over the phone twice as part of the Parent to Parent match, and may choose to remain in contact afterwards.
- The P2P Coordinator and Family TIES staff are available to support both caregivers throughout the process.

This is a program that supports parents, grandparents and guardians living in Massachusetts and caring for children, of all ages, who have disabilities and/or medical complexities.



[Request a P2P Match](#)

[Become a Support Parent](#)

+ [Steps for Requesting a Match with a Support Parent](#)

+ [Steps for Becoming a Volunteer Support Parent](#)

- [Frequently Asked Questions \(FAQs\)](#)

Q: Do Support Parents receive any training before being matched with Requesting Parents?

A: Yes! Volunteers attend a training called Listening & Learning, where they are coached to listen carefully, understand concerns and reflect on their own experiences in order to offer emotional support. Volunteers also receive training around respecting confidentiality, culture and individual differences at all times.

Q: What if you don't have a Support Parent with the experience I'm looking for?

A: As an alliance member of [P2P USA](#), we can reach out to Parent to Parent programs across the country for unique match requests.

Q: How can I learn more about the program before signing up?

A: We are always happy to share more information and answer any questions you might have! Please contact our P2P Coordinator at p2p@fcsn.org or (617) 399-8382.

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The Federation has multiple initiatives to support, educate, and empower families and professionals around the education, health and community needs of children. These programs promote family engagement in all communities through outreach. Our language line and Outreach team can help families requiring language assistance.



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WITH SPECIAL NEEDS



Family TIES

This program provides information and referral services, emotional supports, and training to parents of children and youth with special needs, and assists families in locating their child's program.

[Learn More](#)



Massachusetts Statewide Family Engagement Center (MASFEC)

This program builds an adult-driven culture of family engagement, seeking family-led and co-created solutions to the challenges faced by historically marginalized children and youth.

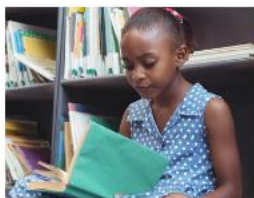
[Learn More](#)



Massachusetts Family Voices (MFV)

This program serves as a trusted resource on health care and health care financing (including Mass Health programs) for families of children and the professionals that serve them.

[Learn More](#)



Massachusetts Association of Special Education Parent Advisory Councils (MASPAC)

The statewide organization providing information, training and networking opportunities to Massachusetts special education parent advisory councils (SEPAAC) and the professionals who collaborate with them.

[Learn More](#)



Community Outreach

The Community Outreach team works to provide families and youth with social, cultural, and linguistic barriers, as well as the professional staff serving them, with accurate information and supports to enhance the lives of children.

[Learn More](#)



Parent Training and Information Center (PTI)

The PTI provides technical assistance, workshops, parent leadership training in English and other languages, transition mini-conferences, webinars, IEP clinics, trainings and meetings, group meetings, and referrals to inform, educate and empower families, children with disabilities (born to age 26), and the professionals that work with them to improve outcomes for students of all ages with disabilities of all types.

[Learn More](#)



Pathways for Parents

This program provides supports to many community organizations, as well as directly to parents and families who receive services from the Massachusetts Department of Children and Families (DCF).

[Learn More](#)



Postsecondary Transition

The Federation's postsecondary transition projects connect transition aged youth and young adults with disabilities (14-22), their families, and their professional partners to information, resources and supports as they plan productive, meaningful activities.

[Learn More](#)



Recruitment, Training and Support Center (RTSC)

This program identifies and supports Special Education Surrogate Parents (SESP) who volunteer to serve as special educational decision makers for eligible students in the care or custody of the state of Massachusetts.

[Learn More](#)



School Finder Project

Helping families understand your options for school, including career and technical education. We speak Spanish, Portuguese, Haitian-Creole, French, Chinese, Vietnamese, and English.

[Learn More](#)

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Disability Starter Kits

[Disability Home](#)

SSI Child Disability Starter Kit (for children under age 18)

[Child Disability Starter Kit](#)

- **Factsheet:**

“What You Should Know Before You Apply for SSI Disability Benefits for Your Child”

The fact sheet answers frequently asked questions about applying for SSI child disability benefits. It includes the [definition of disability](#) for children under age 18, information about the

- <https://www.ssa.gov/disability/Documents/SSA-1171-KIT.pdf>
- <https://www.ssa.gov/disability/Documents/Factsheet-CHLD.pdf>

HELP FAMILIES WITH SSI BENEFITS

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That parents be provided with information and educational materials regarding (1) their right to request longer day services to be considered as part of their child's special education IEP services, (2) potential after-school programming to enable students with ASD to participate in extracurricular/non-academic activities and community-based services along with their non-disabled peers, and (3) the DDS/DESE residential prevention program (subject to availability). The subcommittee recommends that this information be developed by DESE and the Federation for Children with Special Needs, with input from this subcommittee, as part of the Federation's Parent Training programs and materials.

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The Insurance Resource Center for Autism and Behavioral Health

About Us

- The Insurance Resource Center for Autism and Behavioral Health
UMass Chan Medical School, E.K. Shriver Center
www.massairc.org 774-455-4056
- A Resource for Consumers, Providers, Employers, and Educators on Issues Related to Medical Insurance for Autism and Behavioral Health Treatments
 - Information and technical assistance by phone/e-mail
 - Assistance with issues related to accessing coverage for treatment, including MassHealth questions and issues.
 - Access to documents including Legislation, FAQ's, Agency Bulletins, etc.
 - Webinars and Trainings on Insurance Laws and Related Topics

The ABA Referral Process

The Autism Program
AT BOSTON MEDICAL CENTER

ABA Referral FLOW CHART

Steps to getting Applied Behavior Analysis services:

- 1. Referral**
After contacting an ABA agency and providing all of your paperwork, you will either be added to a waitlist or start an intake. The entire process can take anywhere from 8 weeks to a year. Ask the agency for an estimate of wait time.
- 2. Intake**
Each agency has their own intake process. An intake may include filling out forms online, talking to someone over the phone, or having an in-person/virtual meeting. This is when they will learn about your goals for your child and fill out any additional paperwork that is needed.
- 3. Assessment and Insurance Authorization**
An assessment of your child will be completed before services start. The assessment will be sent to your insurance company for approval and insurance will determine the number of hours your child will be approved for.
- 4. Clinician and Schedule Assigned**
Once your insurance company has approved services, the ABA agency will assign a behavior tech and a supervisor (Board Certified Behavior Analyst [BCBA]) to work with your family. You and your team will work together to create a schedule that could range from 10-20+ hours per week.
- 5. Services Begin**
Once services begin, ABA therapy will first focus on getting to know your child, collecting data and develop a plan for how to meet goals. ABA can look different for every individual.
- 6. Ongoing Check-ins**
Your child's BCBA will sometimes join your sessions to check in, and provide training to you as the caregiver. Your involvement in this process is important. Please share your thoughts, questions and concerns at any time.

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Applied Behavior Analysis (ABA) Referral

Applied Behavior Analysis, or ABA is an intensive therapy known for its success in treating individuals of any age with Autism Spectrum Disorder (ASD) and other developmental disabilities and can support development in cognitive, language, social, and adaptive skills. ABA services are most often provided in the home, but can also be offered at an ABA center, or out in the community.


What you will need:

- Diagnostic report by an MD, DO, Ph.D., or Psy.D., stating the assessment tools used (e.g.: ADOS, CARS)
 - Insurance plans may have specific criteria, check your specific plan
- Letter of medical necessity provided by an MD, DO, Ph.D., Psy.D or a Nurse Practitioner
- Copy/picture of the front and back of your child's insurance card
- Physical exam conducted by a medical provider within the past 12 months

Where to find an ABA Agency:
Where you live and your insurance coverage will determine which ABA agencies are available to you. Wait lists can vary agency to agency, so we recommend that you self-refer to multiple agencies. To locate an ABA agency, you can search the websites below.

Disability Info

➤ <https://disabilityinfo.org/> -> Select "Programs and Service" -> select your town from the drop down -> select "Mass Health" or "Private Insurance" and then click "Find". From there, narrow your search by selecting on the left "Program Type" and choose "ABA." *you can filter by language served.




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Massachusetts Behavioral Health Access (MABHA)

➤ <https://www.mabhaccess.com/Search.aspx> select "ABA" in the drop down menu



Below are some agencies that consistently hire multi-lingual staff or utilize interpreter and translation services. Be sure to confirm any language needs that you may have.

Please note: the Autism Program does not contract with or endorse any one specific ABA agency. We encourage you to identify the agency that feels best for your family's needs.

ABATEC, Spanish
Phone: 617.477.4050
Fax: 617-524.0406
Email: info@abatec.org
<https://www.abatec.org/>

New England ABA, Interpreting Services
Phone: (866) 926-4345
Email: info@ne-aba.com
<https://ne-aba.com/>

LAMOUR Clinic, Spanish, Haitian Creole
Phone: 781-885-7252
Email: intake.ABA@LAMOURClinic.org
<https://lamourclinic.org/programs-for-children/>

Stars To Success, Vietnamese
Phong Pham, M.Ed, BCBA, LABA
Phone: 857-919-4493
Email: phong@starstosuccess.com
<https://www.starstosuccess.com>

Linx Autism Services, Spanish
490 Shrewsbury Street Lower Level
Worcester MA 01604
Tel: 508-926-8777
Fax: 508-463-4132
Email: hx@linxautism.com
<http://www.linxautism.com>

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https://www.bmc.org/sites/default/files/Patient_Care/Specialty_Care/Pediatrics%20-%20Autism/ABA%20Referral%20Process%20for%20Caregivers_Final.pdf

Everyday ABA: Practical Strategies for You and Your Child

In partnership with New England ABA, the Autism Program at BMC developed a free 6-part parent training series, focused on helping parents and caregivers learn about behavior, how to change behavior, and ways to promote skills in their children. Click below to access these training videos and supplemental materials.

Accessibility and Language Settings

To utilize Closed Captioning, press CC  in the lower right hand corner of the video.

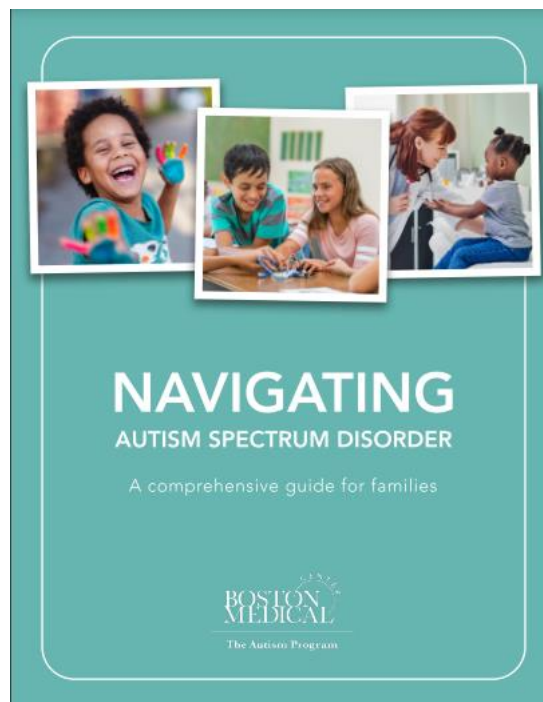
To change the Closed Captioning language, select the settings symbol , and press Subtitles/CC → Auto-translate → [Your Language].

Click [here](#) to see more instructions about translating Closed Captioning.

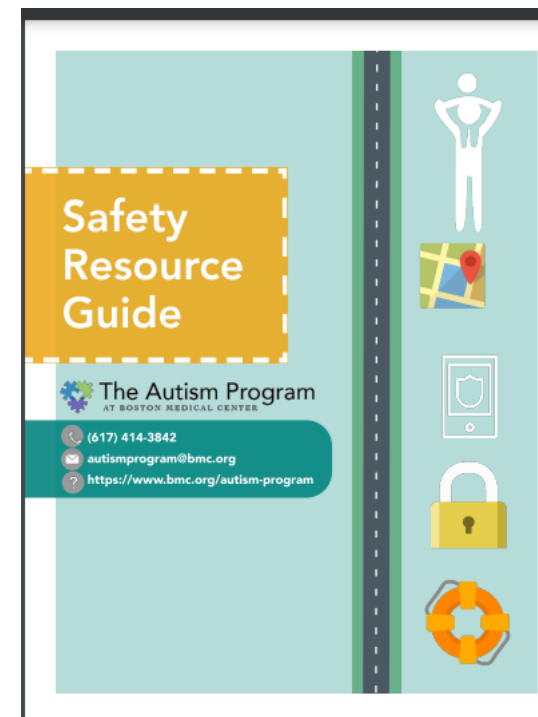
Everyday ABA Session 1: What is ABA anyway?

<https://www.bmc.org/pediatrics-autism-program/parent-training-everyday-aba>





<https://www.bmc.org/sites/default/files/2022-11/Navigating%20Autism%20Spectrum%20Disorder%20A%20comprehensive%20guide%20for%20families%20%281%29.pdf>



<https://www.bmc.org/sites/default/files/2023-12/%5BEnglish%5D%20Safety%20Guide%20.pdf>

The Autism Program
AT BOSTON MEDICAL CENTER

The Autism Program at Boston Medical Center strives to assist and empower individuals on the autism spectrum and their families. In this guide, we will discuss topics around safety within the home and in the community, including internet safety, tracking services, water safety, and more.

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My Child has Autism Cards	Pg. 23

QR Codes: How-To

Throughout our guide, we will often reference helpful resources such as potential home installations, internet safety softwares, safety trackers, and more. In these cases, we will include a QR code close by, so you can learn more.

If you are reading this guide online:
Simply click on the QR codes to visit the resource website

If you are reading a hard copy of this guide:
Open your camera app on your phone or a QR-reader app, and scan the QR code to visit the resource website



Pediatric Mental Health Competencies and HELP Work in Autism Care Too!

HOPE

EMPATHY

LANGUAGE

LOYALTY

PERMISSION

PLAN

PARTNERSHIP

Common-Factors Approach: HELP Build a Therapeutic Alliance

H = Hope
Hope facilitates coping. Increase the family's hopefulness by describing your realistic expectations for improvement and reinforcing the strengths and assets you see in the child and family. Encourage concrete steps toward whatever is achievable.
E = Empathy
Communicate empathy by listening attentively, acknowledging struggles and distress, and sharing happiness experienced by the child and family.
L ² = Language, Loyalty
Use the child or family's own language (not a clinical label) to reflect your understanding of the problem as they see it and to give the child and family an opportunity to correct any misperceptions.
Communicate loyalty to the family by expressing your support and your commitment to help now and in the future.
P ³ = Permission, Partnership, Plan
Ask the family's permission for you to ask more in-depth and potentially sensitive questions or make suggestions for further evaluation or management.
Partner with the child and family to identify any barriers or resistance to addressing the problem, find strategies to bypass or overcome barriers, and find agreement on achievable steps (or simply an achievable first step) aligned with the family's motivation. The more difficult the problem, the more important is the promise of partnership.
On the basis of the child's and family's preferences and sense of urgency, establish a plan (or incremental first step) through which the child and family will take some action(s), work toward greater readiness to take action, or monitor the problem and follow-up with you. (The plan might include, eg, keeping a diary of symptoms and triggers, gathering information from other sources such as the child's school, making lifestyle changes, applying parenting strategies or self-management techniques, reviewing educational resources about the problem or condition, initiating specific treatment, seeking referral for further assessment or treatment, or returning for further family discussion.)

Adapted from Foy JM; American Academy of Pediatrics, Task Force on Mental Health. Enhancing pediatric mental health care: algorithms for primary care. *Pediatrics*. 2010;125(suppl 3):S110.

Most Frequently Appearing Common Elements in Evidence-Based Practices, Grouped by Common Presenting Problems in Pediatric Primary Care

Presenting Problem Area	Most Common Elements of Related Evidence-Based Practices
Anxiety	Graded exposure, modeling
ADHD and oppositional problems	Tangible rewards, praise for child and parent, help with monitoring, time-out, effective commands and limit setting, response cost
Low mood	Cognitive and/or coping methods, problem-solving strategies, activity scheduling, behavioral rehearsal, social skills building

Adapted from Wissow LS, van Ginneken N, Chandna J, Rahman A. Integrating children's mental health into primary care. *Pediatr Clin North Am*. 2016; 63(1):103.

Promising Adaptations of Mental Health Treatment for Primary Care

Pediatric Settings	Parallels in Mental Health Services
Emphasis on patient-centered care and joint decision-making building trust and activation	Common-factors psychotherapeutic processes promoting engagement, optimism, alliance
Initial treatment often presumptive or relatively nonspecific	Stepped-care models with increasing specificity of diagnosis and intensity of treatment
Treatment based on brief counseling focused on patient-identified problems	"Common elements"
Links with community services, advice addressing family and social determinants	Peer and/or family navigators

Adapted from Wissow LS, van Ginneken N, Chandna J, Rahman A. Integrating children's mental health into primary care. *Pediatr Clin North Am*. 2016; 63(1):101.

<https://publications.aap.org/pediatrics/article/144/5/e20192757/38256/Mental-Health-Competencies-for-Pediatric-Practice?autologincheck=redirected>

- Discuss what your practice might want to do first
- Get familiar with resources for families WAITING for an autism assessment and those who ALREADY have an autism diagnosis
- Engage with the families and ask them what their BIGGEST challenge is. That is what they need the most from you as a pediatrician.
- Reach out yourself to agencies to learn more about an issue and that will help with the next three patients.
- Keep your ears open. Those of us more involved with early childhood mental health and autism are working on this and are meeting to create sustainable options for primary care diagnosis.

WHAT'S NEXT?

Massachusetts Chapter

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Interesting in learning more about Autism in Primary Care Pediatrics? Please reach out and let the Chapter know so we can devote resources to supporting your work.

This autumn, the Chapter will launch a Primary Care Autism Task Force. Please reach out to me at Madocforkids@gmail.com if you are interested in joining.



Upcoming MCAAP Programs:

April 17 (Wednesday) 1-2 PM
Virtual and on demand:
“Introduction to Generative AI
for the Busy Pediatrician”

May 29 (Wednesday) 6:30-7:30 PM
Virtual Town Hall
“A Pediatric Approach to the Annual Behavioral
Health Wellness Exam: Adding Value to Current
Pediatric Screening Programs”

May 8 (Wednesday): 4-
7:30MCAAP Annual
Educational Program and
Business Meeting:, May 8th
4:00-6:35 pm (Virtual):
“Adolescent Wellness in the
21st Century”

Pediatrician Social and Trainee Poster Event: Celebrate and
Connect!

May 22nd (evening)
at MMS Waltham Woods.

