

The Developing Mind

Quarterly Newsletter from Childrens Hospital Los Angeles



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ChildrensHospital Los Angeles
International Leader in Pediatrics

A MESSAGE FROM KATHI

Thank you for your interest in this second issue of The Developing Mind, a newsletter brought to you by Childrens Hospital Los Angeles. We know that it is sometimes difficult to find a trustworthy source for answers to complex questions about your child's health and development. In this newsletter, published quarterly, we provide up-to-date information from the experts at Childrens Hospital Los Angeles. In this issue, we look at the new Mental Health Parity Act, talk about occupational therapy services, and discuss new information about the prevalence of autism. We hope that this issue and future issues of The Developing Mind will be useful to you and your family. For more information about the clinic, please call 323.361.6102.



Kathi Smith, RN, MN

HOW CAN OCCUPATIONAL THERAPY HELP A CHILD WITH AUTISM?

AN INTERVIEW WITH SHELBY SURFAS, OTD, OTR/L, AND DESIREE GO, MA, OTR/L, SWC

What is occupational therapy?

Occupational therapy (OT) is a service for children and families to enhance their quality of life and well-being by developing skills for everyday living, such as eating, dressing and attending work or school. The initials "OT" can also mean "occupational therapist."

Why do children with autism need occupational therapy?

"Children with autism may need occupational therapy because they often have challenges engaging in typical daily activities such as brushing their teeth or eating, and often are uncomfortable with new people or environments. Occupational therapy can help children with autism build skills and prepare for new situations and experiences."

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OCCUPATIONAL THERAPY

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What does an OT look for when evaluating a child with autism?

“To begin, an occupational therapist will talk to the caregivers about the everyday tasks and activities that may be most challenging for their child. For example, the parents may have concerns about their child's picky eating, refusal to get their hair washed, safety and attention at the grocery store, meltdowns in new environments such as birthday parties or playing safely at the park.

“The OT also will observe and assess other factors, such as sensory processing, motor planning and coordination, muscle tone and strength, range of motion, self-regulation, organization of behavior, play skills and fine and gross motor skills.”

What happens during an OT visit?

“Occupational therapy can address a broad range of concerns, and uses a variety of intervention strategies and techniques. What happens during a visit depends greatly on the specific needs and challenges of the child. The OT, whether delivering care in a hospital outpatient clinic, in the school or in a community clinic setting, will create an individually tailored ‘just right challenge’ that provides the right environment for a child with autism to build and practice the skills they need to be successful in achieving and maintaining normal daily tasks.

For example, the OT might ask the child to build and complete an obstacle course to promote motor skill development, or sit down with them for a ‘snack time’ scenario in order to address problems with picky eating.”

What do you like best about being an OT?

“Being an OT provides the opportunity to work with many different children and families, each with their own personalities and strengths. We enjoy educating parents and children, developing therapeutic activities and problem solving to adapt or modify a task for them to accomplish. For children with neuromuscular or developmental needs, we are equipping them with skills they will use for years to improve their quality of life. It is very rewarding to see a parent's expression change when their child accomplishes something that may have seemed impossible!

“As OTs, we have the opportunity to observe firsthand as the patients grow up to be contributing members in the classroom, community and society, and know that OT played a role in equipping them with ‘skills for the job of living.’”



Desiree Go, MA, OTR/L SWC, (left) has clinical expertise in evaluating and providing clinic, hospital and school- based therapy with a variety of populations, including children with autism spectrum disorders. Ms. Go's advanced practice is in feeding and swallowing.

Shelby Surfes, OTD, OTR/L, (right) is a specialist in the area of pediatric occupational therapy. She has co-authored a documentary on the life of Dr. A. Jean Ayres, consults with major toy industry manufacturers, developed the Kid Scouts community participation program, and teaches part time in the USC Department of Occupational Therapy. She serves as a supervisor of clinical practice at Therapy West Inc. in Los Angeles.



AUTISM IS MORE COMMON THAN WE THOUGHT

WHAT DOES THIS MEAN FOR PARENTS?

Recent reports in the medical literature have estimated that the rate of autism in the United States is about 1 in 100 children, about 1 percent. This new information has important implications for parents.

Techniques for screening and identification of autism are improving. Doctors can now make an accurate diagnosis as early as age three and give support and guidance to parents who have concerns about their child's development. This enables parents to understand a child's unique mental and physical health needs at an early age, which can improve the child's developmental outcomes over time.

Children with autism can have complex health care needs and usually benefit from having a medical home where they can get comprehensive family-centered care. However, children with autism often lack a medical home and generally receive lower quality health care than they need. This unmet need can become a burden on parents, so it is important to access available resources and support services to help reduce the impact on the family.

Finally, these studies show that autism is becoming an increasingly important issue in childhood health and education. Parents should know that they are not alone in their efforts to support, care for and educate a child with autism. There are many parents who are having similar experiences, and medical, social and educational support services are available. Contact the Autism Warm Phone Line for information on support groups and other services.

To read the full journal articles go to:

Pediatrics, Vol. 124 No. 5 November 2009 pp. 1395-1403
<http://pediatrics.aappublications.org/cgi/content/abstract/124/5/1395>

Morbidity & Mortality Weekly Report, Dec 18, 2009/58(SS10)1-20
<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5810a1.htm>

calendar

Thursday January 21, 2010: IEP Clinic

Family Focus Resource & Empowerment Center, Santa Clarita Valley RSVP 661.250.3943

Sunday January 24, 2010: Autism 101 for Grandparents (parents welcome too)

Vista del Mar, Los Angeles, RSVP 323.549.0500 x765 or losangeles@autismspeaks.org

Saturday April 24, 2010: Walk Now for Autism Los Angeles

The Rose Bowl in Pasadena

More information or RSVP 323.549.0500 x765 or losangeles@autismspeaks.org

Saturday February 13, 2010: SoCal Strollathon for Rett Syndrome

Citizens Business Bank Arena, Ontario CA, more information 562-619-0109 or www.socalrett.com

RESEARCH HIGHLIGHT

Child-Computer Interaction Study

Children with autism spectrum disorders often have trouble communicating and interacting socially with adults and other children. This research project will study the use of animated computer characters in clinical settings to promote social communication in children with autism spectrum disorders. Our long-term goal is to create portable interactive tools, informed by clinical psychology, which can be adapted to the specific needs of an individual child. This is a joint project with the Viterbi School of Engineering at USC, the Keck School of Medicine of USC and Childrens Hospital Los Angeles, supported in part by Autism Speaks and the National Science Foundation.

Funding from the Las Madrinas Endowment for Autism Research, Intervention and Outcomes allows Childrens Hospital Los Angeles to support important studies in the area of neurodevelopmental and behavioral disorders.

For more information or to find out about participating in research at the Boone Fetter Clinic, contact Maggie Memmott, MPH, at 323.361.7504

THE PARITY ACT AND YOUR HEALTH BENEFITS

PAMELA GREENBERG, MPP, PRESIDENT & CEO - ASSOCIATION FOR BEHAVIORAL HEALTH AND WELLNESS, WASHINGTON, DC

For years, parents have had difficulty ensuring that their children have adequate insurance coverage for mental and behavioral health conditions such as autism. Not all health insurance plans provide coverage for mental and behavioral health services, and those that do often place limits on the amount of coverage they provide. This situation can leave children without the vital services they need, and limits the ability of hospitals and service providers to deliver high-quality care to all children.

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act was recently signed into law to address this situation. The Act requires medical/surgical plans to provide benefits that are no more restrictive for mental illness and substance use disorders than those limitations placed on other conditions and illnesses. It applies to:

- Employers with over 50 employees who provide mental health and/or substance use disorder benefits.
- Medicaid/Medi-Cal managed care plans, the State Children's Health Insurance Program and non-federal government plans.

The Act does not require employers to offer coverage for mental health and/or substance use disorders. But if an employer chooses to offer coverage, the benefits are subject to certain requirements.

- *Financial Requirements and Treatment Limitations*: the financial requirements (for example, co-payments, deductibles, out-of-pocket expenditures) and treatment limitations for behavioral health must be the same as those of general medical care.
- *Out-of-Network Benefits*: if a plan includes out-of-network provisions for general medical care, then it must also have them for mental behavioral health care.
- *Denials*: if the health plan issues a denial, reasons for denial must be made available upon request.
- *Medical Necessity Criteria*: criteria used for making medical necessity determinations must be provided upon request.

For most plans, the Act took effect beginning on January 1, 2010. Contact our Patient Assistance Liaison at 323.361.6102 or your insurance provider's member services department if you have questions about how this may impact your coverage.



Boone Fetter Clinic

Boone Fetter Clinic: Diagnostic, Clinical & Research Center for Autism, other Neurodevelopmental & Behavioral Disorders
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To make an appointment:
Call 323.361.6102 and speak
to a nurse care manager.



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International Leader in Pediatrics

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autism warm phone line

323.361.6102

Staffed by Kathryn Smith, RN, MN, nurse care manager of the Boone Fetter Clinic.

Available to the public to answer questions about autism spectrum and other neurodevelopmental and behavioral disorders.