

CHRONIC CARE MANAGEMENT PLAN ASPERGER'S SYNDROME OVERVIEW

What Is Asperger's Syndrome?

Asperger's syndrome (also called Asperger's disorder, Asperger's, or AS) is a relatively new category of developmental syndrome and was recognized in the Diagnostic and Statistical Manual of Mental Syndromes (DSM) for the first time in 1994. Dr. Stephen Bauer, Developmental Pediatrician, says that Asperger's syndrome is the term applied to the mildest and highest functioning end of what is known as the spectrum of pervasive developmental disorders (PDD). This is sometimes referred to as the autism spectrum. Like all conditions along that spectrum, it is felt to represent a neurologically based syndrome of development, most often of unknown cause, in which there are deviations or abnormalities in social relatedness and social skills, the use of language for communicative purposes, and certain behavioral and stylistic characteristics involving repetitive or perseverative features and a limited but intense range of interests. Asperger's syndrome represents that portion of the PDD continuum which is characterized by higher cognitive abilities (at least normal IQ by definition and sometimes ranging up into the very superior range) and by more normal language function compared to other syndromes along the spectrum. There is no clinically significant delay in either general cognitive function, self-help/adaptive skills, interest in the environment, or overall language development.

According to the Diagnostic and Statistical Manual of Mental Syndromes-IVTR (DSM-IVTR), an individual who has received a diagnosis of Asperger's syndrome generally has the following features:

- Impairments in social interaction, which may include:
 - Impairments in the use of nonverbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
 - Failure to develop age-appropriate peer relationships
 - A lack of spontaneous interest in sharing experiences with others
 - A lack of social or emotional reciprocity

- Restricted repetitive and stereotyped patterns of behavior, interests, and activities, which might include one or more of the following:
 - Preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - Inflexible adherence to specific, nonfunctional routines or rituals
 - Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting), or preoccupation with parts of objects

Treatment

Although little information about pharmacological interventions with individuals with Asperger's syndrome is available, specific medication might be indicated if Asperger's syndrome is accompanied by debilitating depressive symptoms, severe obsessions and compulsions, or a thought syndrome. Insight-oriented psychotherapy has not been shown to be very helpful; however, it does appear that fairly focused and structured counseling can be very useful for individuals with Asperger's syndrome, particularly in the context of overwhelming experiences of sadness or negativism, anxiety, family functioning, frustration in regard to vocational goals and placement, and ongoing social adjustment.

In Job Corps, specific interventions would focus on teaching practices and approaches, behavioral management techniques, strategies for emotional support, and activities intended to foster social and communication competence.

Applicant Name: _____

Date: _____

**CHRONIC CARE MANAGEMENT PLAN
ASPERGER'S SYNDROME**

OUTREACH AND ADMISSIONS PERIOD

Please provide us with the following information regarding the applicant's self-disclosed diagnosis of Asperger's syndrome. [To be obtained from applicant's physician or other health provider.]

1. Classification of Asperger's syndrome
 - _____ Mild intermittent—symptoms absent with medication
 - _____ Mild persistent—symptoms more than twice a week, less than daily
 - _____ Moderate persistent—daily symptoms, but can usually ignore
 - _____ Severe, persistent—continual symptoms, even with compliance and treatment

2. Date of diagnosis: _____

3. Age of onset: _____

4. What are the current symptoms?

5. List **current** (within the past 6 months) self-harm behaviors, if applicable.

6. List current medications and/or treatment, including dosage and frequency.

7. Has applicant been compliant with medications and treatment? If no, explain.

8. List past hospitalizations, including dates, reason for admission, and discharge plans related to the disclosed diagnosis

9. What is the current status?

10. What is the applicant's prognosis with medication?

- 10a. What is the applicant's prognosis **without** medication?

11. When was last appointment? _____

Applicant Name: _____

Date: _____

12. Will applicant need to continue follow-up under your care? If yes, please list date and/or frequency of follow-up appointments.

13. In your opinion, will the applicant be able to self-manage his/her medications unsupervised and participate in a non-mental health residential vocational training program? If no, explain.

14. In your opinion, will the applicant be appropriate to reside in a non-mental health dormitory-style residence with minimal supervision? If no, please explain.

15. Are there any restrictions or limitations related to this specific illness?

16. List any precipitants that could induce increased symptoms.

17. List any environmental features that might trigger worsening symptoms (e.g., noisy room, crowded room with strangers, family gatherings, etc.).

Please sign below and return the form in the attached addressed envelope.

Print Name and Title

Signature

Phone

Date

For any questions, please call

Admissions Counselor/Health and Wellness Staff

Phone

Name: _____

Student ID#: _____

DOB: _____

**CHRONIC CARE MANAGEMENT PLAN
ASPERGER'S SYNDROME**

Goals:

1. Enhance employability by optimizing control of symptoms
2. Educate the student regarding recognition of symptoms and self-management
3. Reduce environmental triggers, which might set off increased symptoms
4. Optimize pharmacotherapy, based on student's past and current experience
5. Help student develop outline of plans to arrange for optimal care after graduation

This care management plan includes suggested clinical activities and accommodations that are not mandatory for any particular student. In keeping with the importance of individualized care, please choose those that are most appropriate for this particular student's care plan, considering the specific presentation of the problem and needs of the student. The overall goal is to develop a care plan that supports the student's goal toward employability.

Mark each item with an **X** that is part of the student's case management plan.

OUTREACH AND ADMISSIONS	
<input type="checkbox"/>	Conduct clinical file review
<input type="checkbox"/>	Request additional health and educational information for file review, if needed
<input type="checkbox"/>	Refer and participate with IDT team for accommodation planning

CAREER PREPARATION PERIOD	
<input type="checkbox"/>	Screen for co-occurring syndromes
<input type="checkbox"/>	Establish a symptom action plan for current or returning symptoms
<input type="checkbox"/>	Evaluate need for brief on-center treatment
<input type="checkbox"/>	Evaluate need for outside mental health resources
<input type="checkbox"/>	Arrange for continued off-center appointments with physician and/or therapist
<input type="checkbox"/>	Discuss vocational training match
<input type="checkbox"/>	Develop safety/behavior plan with student
<input type="checkbox"/>	Review center emergency response plan
<input type="checkbox"/>	Consult with academic manager, counseling staff, and residential advisors about behavior management
<input type="checkbox"/>	Refer to center physician or consulting psychiatrist for medication evaluation, if indicated
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written schedule of medications and calendar of compliance
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written description of possible medication side effects
<input type="checkbox"/>	Consult with oral health and wellness staff about dental care for students with Asperger's syndrome
<input type="checkbox"/>	Provide student with sleep hygiene brochure, if appropriate (http://jchealth.jobcorps.gov/health-topics/gh/gh-docs/)
<input type="checkbox"/>	Refer to TEAP, if appropriate
<input type="checkbox"/>	Refer to anger and/or stress management group
<input type="checkbox"/>	Refer to TUPP/smoking cessation enrollment
<input type="checkbox"/>	Refer to recreation to practice social and group recreation skills
<input type="checkbox"/>	Educate student about self-care plans to monitor and cope with symptoms of Asperger's syndrome: <ul style="list-style-type: none">• Asperger's syndrome coping skills• Coping with teasing• Compliance with therapy and/or medical appointments• Medication compliance if needed• Managing Asperger's syndrome symptoms in the employment setting Refer to Web site for support with Asperger's syndrome management
<input type="checkbox"/>	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Preparation Period:

Student signature: _____ Date: _____

Name: _____

Student ID#: _____

DOB: _____

CAREER DEVELOPMENT PERIOD	
	Monitor adherence issues: <ul style="list-style-type: none">• Regular counseling planned and kept on or off center, if applicable• Participation in groups on center, if appropriate• Self-monitoring, asking for assistance when needed• Medication regimen, including anticipate getting refills• Rest, exercise, nutrition• Address any tobacco, alcohol, drug use
	If off-center treatment is sought, assure communication with treatment provider is documented
	Encourage active participation in CSS and Social Skills Training. Standards which could be particularly helpful are Workplace Relationships and Ethics, Communications, Interpersonal Skills, and Independent Living
	Participate in review of accommodations with the disability coordinator
	Document weekly or agreed-upon case management review with counselors
	Connect with support group of individuals with Asperger's syndrome in community exiting to, if available

I agree with the care management plan for the Career Development Period.

Student signature: _____ Date: _____

CAREER TRANSITION PERIOD	
	Conduct a health and wellness center exit interview approximately 4 weeks before program completion and review self-management skills
	Work with the career transition specialist to identify potential sources of mental health care, and specialty care if needed, in the work community
	Work with the HWM to obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers
	Work with the HWM and career transition specialist in assisting the student in enrolling or maintaining enrollment in a public or private health insurance program
	Provide student with copy of SF-93, SF-88, and management plan, including sleep and mood charts, if any
	Work with HWM and/or center physician to provide student with adequate supply of medication(s) at departure
	Consult with the disability coordinator and review accommodation needs for future employment, and give student a written description of ideas to be reviewed with providers in the work community
	Connect with support group of individuals with Asperger's syndrome in community exiting to, if available

I agree with the care management plan for the Career Transition Period:

Student signature: _____ Date: _____

Name: _____

Student ID#: _____

DOB: _____

SUGGESTED TRAINING AND ACCOMMODATION ACTIVITIES	
	Attempt to meet with student prior to entry to establish accommodation plan to make smoother transition into Job Corps
	Provide education so that oral health and wellness staff do not misinterpret or react negatively to behaviors, as student might experience great stress during a dental exam and procedures
	Conduct ongoing training with students and staff to help them understand the behaviors connected to Asperger's syndrome and reduce ridicule and teasing
	Continue education of other students who come into contact with the student with Asperger's syndrome. Get agreement from student prior to any class discussion of Asperger's syndrome
	Find peer buddies to assist, support, and model for student and train, as appropriate
	Use verbal cues that are short, direct, and concrete, as verbal skills tend to be a strength or relative strength
	Provide opportunities for short breaks out of the classroom. Time in a private place to relax can often reduce symptoms in class
	Allow the student to leave the classroom 2 to 3 minutes early to avoid crowded hallways, as sometimes being in crowds can exacerbate symptoms
	Shorten assignments if the student cannot concentrate for long periods of time before getting discouraged and distracted by symptoms of the syndrome. Once shorter assignments are mastered, gradually lengthen assignments until they reach normal level
	The student should be followed by mental health if symptoms are causing impairments in social, vocational, or academic functioning, for continued evaluation and support. If student with Asperger's syndrome is coping well, then there is no need for mental health follow-up
	Counseling and health and wellness staff should be aware that depression might occur secondary to syndrome
	<p>Behavioral Considerations: Individuals with Asperger's syndrome can interpret rules literally and can be rigid about following them in a particular way.</p> <ul style="list-style-type: none">• Take extra care in explaining rules and requirements to these students.• Preferably write the rules down for them and review together.• Have them explain what the rules mean to them. Clarify as needed.• Teach the student cause/effect relationships for better understanding of center and rule requirements. <p>Avoid escalating power struggles as these students may not understand the situation or pick up on the anger until it is too late. They may become more rigid and stubborn if confronted in a forceful and rigid method.</p> <ul style="list-style-type: none">• If the student is becoming more rigid, stubborn, or resistant to direction, step back and give the student time to cool down• Remain calm• Take preventative action to avoid these situations whenever possible<ul style="list-style-type: none">○ Use humor to diffuse tension○ Offer two choices as options (if possible)○ Redirect through diversion of attention to something else○ Again, allow time for the individual to regroup and regain level of calmness