



# DC MAP Template for Assessing Difficult Behaviors in Autism

## CURRENT BEHAVIOR:

- a) Verbal aggression: screaming, verbalizing threats toward others, insulting others, “meltdowns”/tantrums
- b) Physical aggression: breaking objects, throwing objects across the room, throwing objects toward people, not respecting personal space, hitting, punching, kicking, biting
- c) Self-injurious behavior: threatening verbally to harm self, hitting/punching self (where on body?), banging head (on what surface? Any evidence of injury?), biting self (where on body?), cutting/burning self.
- d) Elopement: (from where, how often, how far does child travel, what time of day)

## IMPACTS:

- a) **Safety: Is the child at imminent risk of harming self/others (in the office, or at home)? Is the family in crisis and unable to manage safely at home? If yes, consider immediate referral to the emergency room.**
- b) How is this behavior a change from baseline, and what do parents think caused this change?
- c) How severe are the episodes? What happened during the worst episode?
- d) Is anyone in physical danger as a result of the episodes?
- e) Do they occur at home, at school, or both?
- f) Are there any behavioral data being gathered (e.g. ABA graphs, Functional Behavioral Analysis at school)?
- g) How do the episodes impact the child’s functioning at home, with family, at school, and with peers?

## DURATION:

- a) When was the last time the child was at baseline?
- b) How often do the episodes occur (# of times a week/month)?
- c) What time of day do they occur? *Is this as a stimulant medication is wearing off, when the child is hungry/tired, when they are in a less structured setting like afterschool care, etc.?*
- d) How long do episodes last? What helps them end?

## PRECIPITANTS:

- a) Pain (dental, constipation, ear pain, etc.)
- b) Bullying at school, in neighborhood, or from siblings
- c) Changes to environment (pandemic changes to routine, substitute teacher, new child in class, move to new home, new sibling, etc.)
- d) Frustration about not being able to communicate
- e) Academic challenges
- f) Sensory sensitivities

## INTERVENTIONS: *The patient/family have tried to address this with*

- a) Behavior plans
- b) Rewards
- c) Punishments



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- d) Sensory interventions
- e) Alarms on doors, GPS tracker (for wandering)
- f) Medications
- g) Calling 911/crisis hotline/going to ER

**PANDEMIC:** How has the pandemic contributed to these behaviors?

- a) Loss of services
- b) Loss of daily structure
- c) Social phobia/sensory aversion to videoconferencing for school or therapies
- d) Sensory aversion to masks
- e) Able to practice social distancing consistently?

**PSYCHIATRIC COMORBIDITY:** ADHD, Anxiety, Bipolar Disorder, Depression, Psychosis, Substance Use

### MENTAL STATUS EXAMINATION:

**Eye Contact:** *good / fair / intermittent / poor*

**Musculoskeletal:** *normal limits / tics / tremor / rigidity / cogwheeling / other*

**Unusual Behaviors:** *none / compulsions / sexual acting out / head banging / spinning / hand flapping / finger flicking / rocking / toe walking / posturing / staring at lights / staring at spinning objects / repetitive movements or vocalizations / hair pulling / holding breath / other*

**Sensory:** *normal range / hypo-responsive / hyper-responsive / other*

**Attention:** *intact / limited / severely impaired / other*

**Activity Level:** *normal range / fidgety / overactive / agitated / lethargic / other*

**Engagement with Caregivers:** *developmentally appropriate / cooperative / clingy / anxious / controlling / negative attention seeking / fearful / defiant / restricted affection / indiscriminately affectionate / withdrawn / verbally aggressive / physically aggressive / other*

**Engagement with Examiner:** *easily engaged / cooperative / uncooperative / accepting of help / guarded / formal / defensive / oppositional / hostile / anxious / indifferent / withdrawn / other*

**Mood:** *neutral / happy / sad / fearful / anxious / hostile / angry / silly / euphoric / dysphoric / irritable / crying / other*

**Affect:** *normal range / constricted / blunted / flat / labile / inappropriate / other*

**Speech:** *clear / slow / fast / loud / soft / poor articulation / dysfluent / monotone / paucity / unintelligible / mute / other*

**Receptive Language:** *follows directions easily / difficulty comprehending / does not follow simple commands / other*

**Expressive Language:** *age appropriate language / immature language / primarily uses gestures / mute / other*

**Hallucinations:** *no current hallucinations / auditory / visual / tactile / olfactory / responding to internal stimuli*

**Delusions:** *no delusions elicited / persecutory / grandiose / somatic / over-valued ideas*

**Suicidal ideation:** *denies / thoughts / intent / plan*

**Homicidal ideation:** *denies / thoughts / intent / plan*

**Thought Processes:** *goal directed / concrete / logical / perseverative / flight of ideas / blocking / paucity of ideas / illogical / not applicable due to age / other*



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**Insight:** *good / fair / inconsistent / poor / not applicable due to age / other*

**Judgment:** *good / fair / inconsistent / poor / not applicable due to age / other*

**Intelligence:** *average / above average / below average / other*

### ASSESSMENT:

The child is demonstrating an increase in \_\_\_\_\_ behavior. The patient meets diagnostic criteria for \_\_\_\_\_. Rating scales show current baseline scores of \_\_\_\_\_. From a biopsychosocial perspective, the patient has a family history/medical conditions of \_\_\_\_\_, appears to have episodes because of (*precipitating factors*) \_\_\_\_\_, and worsening episodes because of these social factors: (*change in housing, family conflict, school/peer difficulties, etc.*). These symptoms interfere with the patient's current life by \_\_\_\_\_.

### PLAN:

1. **Safety:** The child *is/is not* an imminent danger to *self/others* and *does/does not* require emergency psychiatric evaluation in the emergency room. We discussed making the environment safe and calling 911/going to the nearest emergency room for any safety concerns.
2. **Therapy interventions** recommended today include ABA, individual psychotherapy, parent management training, speech/language therapy, occupational therapy.
3. **Medication interventions** for this patient include (risperidone, aripiprazole, other). These were discussed with family, including risks, benefits, and potential side effects, and they agree to a therapeutic trial of \_\_\_\_\_, which we will start at \_\_\_\_\_ (dose). If any difficulties or unusual reactions emerge, family have been instructed to contact me immediately at the office phone number.
4. **Other Interventions:**
  - a. **Access to services:** Encouraged family to follow up with case manager/call insurance company and ask for autism case manager to help with access to care.
  - b. **Environmental changes:** alarms/bells on doors, stop signs posted on doors to slow elopement, visual schedules for routines, visual behavior plan chart with frequent rewards for target behaviors, sensory calming strategies (weighted blankets, swings, exercise ball, indoor trampoline, night light projectors, oral "chewies" for redirecting biting, fidget toys for redirecting skin picking, etc.)
  - c. **School:** (evaluations or 504/IEP accommodations, etc.)
  - d. **Parenting Support:** (reading materials, parent support groups or individual evaluation/treatment, etc.)

**Follow Up** will be in \_\_\_\_\_ (**days/weeks/months**), and family will contact me if any changes or deterioration occurs.



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## Resources for Pediatricians:

Buckley, W., Ashura, D.H., Oskoui, M., Armstrong, M.J., Batra, A., Bridgemohan, C., Coury, D., et al. Practice Guideline: Treatment for Insomnia and Disrupted Sleep Behavior in Children and Adolescents with Autism Spectrum Disorder: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. *Neurology*. 2020;94(9):392-404.

Mahajan R, Bernal MP, Panzer R, et al. Clinical Practice Pathways for Evaluation and Medication Choice for Attention-Deficit/Hyperactivity Disorder Symptoms in Autism Spectrum Disorders. *Pediatrics*. 2012;130(Supplement 2):S125-S138.

Malow BA, Byars K, Johnson K, et al. A Practice Pathway for the Identification, Evaluation, and Management of Insomnia in Children and Adolescents With Autism Spectrum Disorders. *Pediatrics*. 2012;130(Supplement 2):S106-S124.

McGuire K, Fung LK, Hagopian L, et al. Irritability and Problem Behavior in Autism Spectrum Disorder: A Practice Pathway for Pediatric Primary Care. *Pediatrics*. 2016;137 Suppl 2:S136-148.

Vasa RA, Mazurek MO, Mahajan R, et al. Assessment and Treatment of Anxiety in Youth With Autism Spectrum Disorders. *PEDIATRICS*. 2016;137(Supplement):S115-S123.

Wolraich ML, Hagan JF, Allan C, et al. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics*. 2019;144(4):e20192528.

## Resources for Families:

Family Voices	<a href="http://www.familyvoices.org">www.familyvoices.org</a>
Autism Speaks	<a href="http://www.autismspeaks.org">www.autismspeaks.org</a>
Center for Parent Information and Resources	<a href="https://www.parentcenterhub.org/">https://www.parentcenterhub.org/</a>
Autism Society	<a href="https://www.autism-society.org/">https://www.autism-society.org/</a>
The Arc	<a href="https://thearc.org/">https://thearc.org/</a>
Parent to Parent USA	<a href="https://www.p2pusa.org/">https://www.p2pusa.org/</a>