

Care models for autism spectrum disorders

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You need to select two models of assessment, planning, and coordination, and ensure that there is sufficient detail in both of your selections to cover all of the required components (assessment, planning, and coordination)

1. Strength-Based Model

This approach has a strong focus on the identification of people's abilities, interests and capabilities and on their strengths and potentials. This model provides researchers the foundation needed to develop instruments designed to assess skills and competencies of people with Autism Spectrum disorders. Both informal and formal strength-based assessments have been used by healthcare providers to better develop individual education plans and intervention plans for people with ASD and their families.

It is an empowering approach as the focus is on the strengths and abilities of the person rather than deficits and problems of the person and their family.

This model avoids the use of stigmatising, labelling or blaming language. It creates hope by focusing on what has worked well for them in the past. The person is the expert on themselves and the professional is the partner and guide rather than the expert. It also identifies the positive things for the person and their environments wherein people feel an important part of the process as well as communities are seen as resources not barriers.

Assessment

It is important to identify skills, resources and capacity rather than deficits.

In here, goals are clearly identified and are realistic and achievable.

Also, partnership between the client and professional is included.

Strength-based model is a tool to assess ASD client and family's strengths and skills which provide practitioners with a good way to come up an intervention. They have learned that asking the right question often has more impact on the client than having the correct answer. Practitioners working from a strength-based approach emphasize the importance of asking youth and families the right questions. The support of strengths can enable children and families to take responsibility and navigate their own life experiences.

Planning

Planning should basically be person-centred. An Individual recovery plans may be used here as well as focus wherein it is on the steps needed to achieve goal. It will be reasonable to start the ways of integrating an existing strength-based assessment instrument often into social and emotional competency assessment plans. Even if the questions focus on behavioural difficulties or depression, this may be helpful to also assess what is going well for the person with ASD or to compile examples of times when the autistic person had positive experiences or managed their emotions well. Beyond focusing on the individual, strength-based assessment also considers how a person's social contexts act as supportive resources.

Coordination

The service system has the capacity to go to the client. Services and support address not only current clinical issues but also include social, housing, employment and spiritual needs. Strength-based practice is consistent with the Rights arguments which clarify that people with disabilities have the right of access to all resources, options, choose and direct services, to live actively and participate in the community.

Indicating positive psychological experiences is not sufficient to know better the emotional status of a person with Autism Spectrum disorder. Research found that excessively high levels of positive emotions are associated with their developmental problems. There must be coordination between two different types of experiences such as having less or much of which may distort the individual's well-being.

2. Case Management Model

In general, the term case management refers to acting as a coordinator and manager for a group of patients. Case management generally manages risk and coordinates care as a core function. The term has been used to describe interventions provided in a variety of settings and a wide variety of models of care. Case management interventions may reduce the fragmentation that occurs with people who have high and complex needs.

Case management outcomes are mainly focused on delivering cost effective care, however, the effect on a patient leads to dramatically improved care. Case management was also intended for helping people with severe mental illness or those that are always occurring. Before, mental health care was given in public mental hospitals and specialised mental health services.

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There were important changes in mental health service delivery, including new medications to manage mental illness and a movement towards community-based mental health centres. This resulted to an increased in discharges from psychiatric hospitals and an increased need for services in the community.

Case management model builds on the brokerage model in mental health and provides clinical input. The model includes many of the functions of other types of case management but also requires the case manager to have social skills training, psychosocial education and crisis intervention skills. They have significant clinical skills and work in services for people with high needs and /or behavioral issues, or people who have risks and safety concerns.

Assessment

The main purpose of case management is the continuity of care. This is seen to have two facets, one being that services are comprehensive and coordinated and the other is that these services can continue over time as well as being provided as the client's needs change. This is particularly crucial when the client group is seen to have a significant and lifelong disability. From this ways, the client's perceptions, needs and goals can start to be ascertained. The level of rapport reached during this phase should not be underestimated. Following the initial assessment and information gathering, the health worker will encourage the case manager to convene a case conference with the client, their significant person and key service providers to devise a management plan based on the assessment.

Planning

An organization can choose one model in order to adopt with fidelity and they can clarify an approach to meet the needs of their population. It's significant to include staff in a variety of roles in the process of selecting or adapting a case management model. One way that a program can do this is by creating a multidisciplinary workgroup consisting of a core group of staff representing all roles in the agency. This group makes a commitment to: review existing models and outcomes, identify challenges/successes of current approach (if an organization is already using a specific model), and address feasibility issues and “ best fit” for the population being served.

Coordination

The Community Support Skill Standards have been approved by the National Alliance for Direct Support Professionals, and they inform the College of Direct Support, an internet-based curriculum for direct support professionals. Organizations providing direct support services can integrate the Community Support Skill Standards into performance evaluations to assess employee strengths and professional development needs. Using common performance standards allows for consistent expectations across an organization.

Comparison accords with recommended texts.

Mueser, K. T., Bond, G. R., Drake, R. E., & Resnick, S. G. (1998). Models of community care for severe mental illness: A review of research on case management. *Schizophrenia Bulletin*, 24(1), 37-74.

Rudolph, S. M., & Epstein, M. H. (2000). Empowering children and families through strength-based assessment. *Reclaiming Children and Youth*, 8, 207-209.

Strength-based Model retrieved from:

<http://cecp.air.org/interact/expertonline/strength/sba.asp>

Strength-based assessment retrieved from:

<http://rtckids.fmhi.usf.edu/rtcconference/handouts>