

UBC CPD



CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE



10.5

MOC SECTION 1
MAINPRO+

DIAGNOSING & MANAGING AUTISM SPECTRUM DISORDER IN ADULTS

FEB 1- 2, 2019
FRI & SAT

UBC ROBSON SQUARE
VANCOUVER BC

WHO SHOULD ATTEND

- Psychiatrists
- Primary Care Physicians
- Other Mental Health Care Professionals

The UBC Department of Psychiatry and UBC CPD are hosting a two day intensive review of ASD in adults that will:

- Provide attendees with the knowledge they need to diagnose adults who do not also have intellectual disabilities
- Review common obstacles for adults with ASD and present appropriate interventions for maximizing developmental progress
- Teaching will be supplemented by video clips of affected individuals to illustrate particular aspects of psychopathology and also by panels of individuals diagnosed in adult life who will be able to take questions from the audience

FRI FEB 1: DAY ONE

The overall goal of this day is to provide attendees with the knowledge they need to be able to diagnose Autism Spectrum Disorders in adults who do not also have intellectual disability. The didactic teaching will be supplemented by video clips of affected individuals to illustrate particular aspects of psychopathology and also by a panel presentation by individuals diagnosed in adult life who will be able to take questions from the audience.

0800	Breakfast & Registration	
0900	Introduction to ASD in Adults <i>This presentation will summarise the relevant key points of our current knowledge about ASDs with respect to aetiology, neurobiology, cognitive and emotional abnormalities, comorbid conditions, changes in diagnostic practise and the use of screeners, gender differences in presentation and factors leading to delayed diagnosis.</i> Learning Objectives: <ul style="list-style-type: none">• ASDs are common disorders whose diagnosis may be delayed until adult life when unaccompanied by intellectual disability.• Presentation in adult life is very variable and can also differ by sex/gender.• Diagnosis is important for adjustment, optimising the individual's developmental trajectory, identifying common comorbidities and maximising quality of life.	Dr. Anthony J. Bailey
1000	Refreshment Break	
1030	Developmental History & Current Behaviors <i>This presentation will focus on diagnostically useful information that can be obtained from an informant preferably a parent or childhood caregiver. Many behaviors that are useful pointers to an ASD diagnosis may only occur in childhood and need to be asked about directly. Additionally, some behaviors particularly those in the repetitive and stereotyped domain may not be observable in a clinic setting and so current collateral information is required.</i> Learning Objectives: <ul style="list-style-type: none">• Some behaviors that are useful clues to the diagnosis of ASD may only be observed early in development and so accurate diagnosis requires obtaining a focussed developmental history from a parent or childhood caregiver.• Questioning should cover a broad range of diagnostically useful behaviors in the domains of social reciprocity, social communication and repetitive and stereotyped behaviors, as accurate diagnosis is based upon a pattern of behaviors rather than the presence or absence of a pathognomonic behavior.• Information about current functioning is required from an informant as not all diagnostically useful behaviors may be observed in a clinic.	Dr. Anthony J. Bailey
1230	Lunch (provided)	
1315	Observational & Interactive Assessment <i>In addition to obtaining a developmental and current history from an informant, relevant self-reported symptomatology and observable behaviors in keeping with ASD are important for diagnosis. The issue is complicated by the tendency for affected individuals to acquire compensatory strategies that can disguise some impairments, and by the fact that a traditional mental state examination is not optimised to reveal deficits in reciprocal social interaction and communication. This presentation will provide examples of diagnostically useful ASD behaviors that can be reported or observed in a clinic setting and provide advice on how to elicit these features.</i> Learning Objectives: <ul style="list-style-type: none">• A traditional question and answer style mental state examination is not optimised for detecting abnormalities in reciprocal social communication and the assessment process must be modified when ASD is suspected.• A face to face interaction offers an opportunity to ask about school, employment and independent living as well as the individual's personal experience of different emotional states and relationships• Signs of ASD can vary within an assessment session and more weight should be given to whether they are observed at all than to whether they are present consistently.	Dr. Anthony J. Bailey
1445	Refreshment Break	
1515	Differential Diagnosis & Investigations <i>Usually the diagnosis of ASD in adult life is relatively straight forward providing an appropriate developmental history is obtained and relevant signs are observed. Difficulties may be encountered when a developmental history is not available or when there are also significant co-morbid psychiatric disorders. Further investigations depend greatly on the presentation and the difficulties that the individual is facing in their current life.</i> Learning Objectives: <ul style="list-style-type: none">• Neurodevelopmental disorders tend to co-occur and many individuals with ASD will have had symptoms of ADHD when younger, which may have persisted.• If the individual is currently experiencing significant symptoms from a major psychiatric disorder an assessment for ASD should be delayed.• Psychometric or psychovocational evaluations can be helpful when there was no testing in childhood or there is a chequered work history that is not attributable to difficulties with social interaction.	Dr. Anthony J. Bailey
1545	Panel Presentation by Adults with ASD & Questions <i>Three or four individuals diagnosed with ASD in adult life will each give a brief description of their lives before receiving a diagnosis and then describe the impact of receiving a diagnosis. The panel will then take questions from the audience. Audience to complete feedback forms.</i>	

SAT FEB 2: DAY TWO

The overall goal of this day is to provide attendees with information about the key issues that affect ASD adults who do not have intellectual disabilities and appropriate interventions. The focus will be on common obstacles in everyday life and maximizing developmental progress. The presentations will include video of adults describing common difficulties and the day will end with a panel presentation by adults followed by questions from the audience.

0830	Breakfast & Registration	
0900	Introduction to Management of Able Adults with ASD <i>Adults with ASD face multiple challenges including high rates of co-morbid psychiatric disorders, suboptimal progress through higher education and poor employment prospects, difficulties with relationships and difficulties transitioning to independence in adulthood. Many of these difficulties can be ameliorated with appropriate interventions, but optimising progress usually requires setting clear priorities.</i> Learning Objectives: <ul style="list-style-type: none">• Research data suggest that outcome for adults with ASD is often suboptimal and there are still many gaps in service provision.• Adults with ASD often face multiple simultaneous challenges, but a high treatment priority is to identify and treat any comorbid psychiatric disorders.• The overall goals of management are to improve quality of life, and to maximise independence skills in a timely fashion	Dr. Anthony J. Bailey
1000	Refreshment Break	
1030	Diagnosing and Managing Co-morbid Disorders <i>Over the last 10 or so years we have become increasingly aware that adults with ASD experience very high rates of co-morbid psychiatric disorders, which often cause as much or more impairment than the core disorder. Nevertheless, many aspects of ASD can delay the recognition of co-morbidities. Overall, treatments that are effective in the general population seem also to be efficacious in adults with ASD, although sometimes psychological interventions may need some modification.</i> Learning Objectives: <ul style="list-style-type: none">• Comorbid psychiatric disorders are very common in adults with ASD, particularly anxiety, but some individuals may be poor at recognising relevant symptoms.• Some psychiatric symptoms are exacerbated by lack of routine and structure and these environmental factors should not be overlooked in management• Some patients may be inflexible when considering treatment options and the capacity to take a long-term view is an important aspect of management	Dr. Anthony J. Bailey
1230	Lunch (provided)	
1315	Optimising Higher Education, Work and Independence <i>Worldwide, progress in higher education and employment rates for adults with ASD are both poor and many individuals fail to achieve independence. Institutes of higher education have gotten better at supporting affected individuals but transitioning into employment remains a systemic weakness. Success in employment is often predated by voluntary work experience and job coaches may be available, although overall employment support remains very limited. Overall, very few resources are available in the community for adults without ID and families still remain a bedrock for many individuals.</i> Learning Objectives: <ul style="list-style-type: none">• Many adults with ASD can succeed in higher education and the workplace, but careful planning and preparation increase the chances of success and progress may initially be slower than in the typically developing population.• The major worry for parents is how their offspring will support themselves and live independently in the future and addressing those concerns usually requires a focus on the acquisition of specific skills.• Low rates of employment are a major obstacle to independence and contribute to low self esteem.	Dr. Anthony J. Bailey
1445	Refreshment Break	
1515	Panel Presentation by Adults with ASD & Questions <i>Three or four individuals with ASD will give descriptions of their experiences with higher education, employment, dealing with psychiatric comorbidity and parenting. The panel will then take questions from the audience.</i>	Dr. Anthony J. Bailey
1615	Wrap up and Future Support & Mentorship <i>The key points of management will be summarised and opportunities for support and mentorship in managing adults with ASD will be reviewed. Audience to complete feedback forms.</i>	
1630	Conference Evaluations	
1645	Conference Ends	

COURSE PLANNING COMMITTEE

Anthony Bailey, MBBS, DCH, MRCPsych, FRCPC. Professor and Chair of Child and Adolescent Psychiatry, Department of Psychiatry, UBC

Robert Bluman, MD, CCFP. Executive Medical Director, UBC CPD

Ashok Krishnamoorthy, MD, FRCPC. Clinical Associate & Program Director, Geriatric Psychiatry Subspecialty Residency Program, Department of Psychiatry, UBC

Heather Robertson, MD, FRCPC, DABAM. Medical Manager, Mood Disorder Inpatient Unit, UBC Hospital; Clinical Associate Professor & Assistant Head Clinical Affairs, and Clinical Faculty Affairs Representative, Department of Psychiatry, UBC

PRESENTING FACULTY

Anthony Bailey, MBBS, DCH, MRCPsych, FRCPC. Professor and Chair of Child and Adolescent Psychiatry, Department of Psychiatry, UBC

DIAGNOSING & MANAGING ASD IN ADULTS

Feb 1-2 2019

UBC Robson Square, Vancouver BC

ME9227
UBC CPD use only

CONTACT DETAILS

Dr. Mr. Ms.

Urban Rural

Last Name Given Name(s)

Address

City Prov/State Postal Code

Telephone Fax

Email (required)

BOTH DAYS

In person rates include breakfast, refreshments and lunch

I plan to attend: In Person Via Webcast (see reduced fees)

Save \$10 by registering online!	By Nov 19	Nov 20 - Jan 7	After Jan 7
Physicians	\$399 \$299	\$424 \$324	\$449 \$349
Allied Health	\$210 \$110	\$235 \$135	\$260 \$160
Residents/Students	\$110 \$60		

DAILY RATES

Rates below are per day. In person rates include breakfast, refreshments & lunch

I plan to attend: In Person Via Webcast (see reduced fees)

I am attending: FRIDAY SATURDAY

Save \$10 by registering online!	By Nov 19	Nov 20 - Jan 7	After Jan 7
Physicians	\$255 \$205	\$269 \$219	\$279 \$229
Allied Health	\$135 \$85	\$149 \$99	\$160 \$110
Residents/Students	\$60 \$40		

DIETARY REQUIREMENTS / ALLERGIES

Severity: HIGH or LOW, foods can be in the same room, but well labeled

PAYMENT BY MAIL OR FAX

Please do not email this form

\$ VISA MC

TOTAL AMOUNT ENCLOSED

Name of Cardholder Signature

Credit Card Number Expiry Date

*No refunds or transfers, unless you cancel IN WRITING by Jan 7, 2019 for a fee of \$50. Registrations are not accepted fewer than 5 days before the conference start date. Please contact our office at cpd.info@ubc.ca regarding the availability of onsite registration.



Easy ways to
Register



ubccpd.ca



604.675.3777



604.675.3778



cpd.info@ubc.ca



UBC CPD
Suite 200 East Tower
555 West 12th Ave
Vancouver, BC V5Z 3X7

I am a:

- Family Physician/General Practitioner
- Specialist
- Other

I am a UBC Clinical Faculty Member:

- Yes
- No

Personal Information is collected on this registration form pursuant to section 26 of the Freedom of Information and Protection of Privacy Act, RSBC 1996 c. 165. Information is used for the purposes of facilitating the conference and collecting aggregate statistics.

UBC CPD publishes a participant list for the course that includes the participant's name and city. Please check the box below if you DO NOT wish to have your information included on the participant list:

- I DO NOT CONSENT to being on the participant list

All participants registered for UBC CPD courses are included on the contact list for future programs. If you DO NOT wish to be on the contact list, please indicate below.

- I DO NOT wish to be on the UBC CPD contact list



CONFERENCE VENUE

UBC Robson Square
800 Robson Street
Vancouver BC V6Z 2C5

UBC Robson Square is located in downtown Vancouver on Robson Street between Hornby and Howe Street. The campus entrance is located on the Plaza Level and may be accessed by stairways on either side of Robson Street at Howe, or by elevator from the underground parkade.

Parking

To access the Westpark 800 St. Robson Lot 189, on the App the location number is 3489, travel to the corner of Howe Street and Nelson Street (Howe Street is a one-way street). Once you have entered the parking lot follow the directional signs to UBC Robson Square the below ground parking area. You will be responsible for your own parking cost.

DIAGNOSING & MANAGING ASD IN ADULTS IS BROUGHT TO YOU BY



Faculty of Medicine
Department of Psychiatry



THE UNIVERSITY OF BRITISH COLUMBIA
Faculty of Medicine
Division of Continuing Professional Development

FOR MORE INFORMATION VISIT

ubccpd.ca

- Accreditation Statement
- Refunds & Cancellations

UBC CPD Faculty of Medicine | City Square, Suite 200, 555 W 12th Ave Vancouver BC V5Z 3X7

T 604.675.3777 | F 604.675.3778 | cpd.info@ubc.ca | ubccpd.ca

