

# Introduction to Psychiatric Services

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**Disclosure:** The speakers each have no relationships with any commercial firms having products related to topics discussed today. Actual disclosure forms are available upon request.

# Objectives

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- Provide framework of best practice psychiatric services for youth and adults with IDD
- Review concept of symptom-based treatment
- Provide update on psychotropic trends in ASD/IDD
- Understand the value of the behavioral therapist's contribution to psychiatric medication management

# The State of the Art (and Science) of Psychiatric Care

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- Psychiatric assessments inform targets for behavioral medications & are usually a fluid and ongoing process
- Even with reliable input from caregivers, there is an inherent element of subjectivity in reporting symptoms & identifying functional impairment, especially in individuals with ID/ASD, which makes working with an interdisciplinary team that can help collect data & offer feedback so necessary and valuable.
- Symptom duration, severity & stability can be highly variable in children and adolescents depending on change in supports, circumstances, strengths & response to treatment

# Overview of Symptom-based Treatment (SbT)

Psychiatric care often takes the form of **Symptom-based Treatment (SbT)**, which emphasizes practical relief of distress & impairment for the child and family & refers to tailoring interventions to specific presenting symptom(s) (e.g., insomnia, aggression, severe anxiety, mood lability, inattention) and addressing those directly.

- **SbT** acknowledges the reality that many symptoms and behaviors are non-specific and that psychiatric disorders in youth often have overlapping features, evolving presentations, and significant developmental variability.
- **SbT** involves stepped-care: Begins with the least invasive interventions (psychoeducation, parent training, school supports, psychotherapy) before adding or combining medication and more restrictive interventions.
- **SbT** takes a developmental perspective: Recognizes that symptoms most often shift and morph.
- In **SbT** the designation very “active” requires active feedback, periodic re-evaluation and flexible treatment planning.
- **SbT** should emphasize consensus with input from patient, family, caregivers, and teachers to help monitor target symptoms, reinforce [behavioral] strategies, and provide feedback on functional improvement.
- **SbT** does NOT replace the role and importance of diagnostic clarification and thoughtful formulation based on a differential diagnoses.

# 10 Psychotropic Trends and Quick Facts in ASD/IDD

1. No medications are approved for or consistently effective in treating core symptoms of ASD Medication are commonly used in ASD; 80% of adults, 45% of children (Aman et al. 2003).
2. Use of medications increases with age
3. Once medications are used, they are more commonly continued
4. Antipsychotics are still the most frequently used class — often off-label for behavior (SIB and aggression focused).
5. Generally, we see increases in several psychotropic classes for children and adolescents since the COVID-19 era
6. **High rates of polypharmacy and complex regimens** (Tsiouris, 2013).
7. **At the same time, there is a growing emphasis on deprescribing and medication review programs.**
8. Evidence (and experience) for short-term crisis management supports judicious use of some classes of medications.
9. The evidence supporting long-term use for behavior is weak
10. Preventing and reducing polypharmacy should be one of your practice goals. It can take a lot of time and effort to make it a shared goal.