

Methodological And Operational Aspects Of The Care Of Patients With Autism Spectrum Disorder In A Dedicated Service

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Abstract

The authors describe their experience organizing and structuring an autism center affiliated with the National Health Service (SSN) in the Salerno Local Health Authority (ASL). After a summary of the characteristics of the disorder and current treatment needs, they discuss the most appropriate methodologies and types of interventions, which depend on several variables, including the characteristics of the child, the family unit, and the context. They also highlight the importance of a multidisciplinary, networked approach, taking into account a life-span perspective that considers the life plan for the individual with autism.

The literature reports that outcomes depend primarily on the coherence and systematicity of interventions, rather than the specific characteristics of the intervention itself. Methodological data and data from the Center's activities are reported in compliance with National Guidelines.

Keywords: Autism Spectrum Disorder, Autism Centre, teamwork, multidisciplinary approach

Premise

Autism Spectrum Disorder is currently the most common neurodevelopmental disorder in childhood, with an estimated prevalence of 1:77 in Italy, between 7 and 9 years of age [1]. In the United States, the estimate is 1 case in 36 children [2]. It is a complex and varied clinical picture that alters and can compromise cognitive, communicative-linguistic and behavioral systems. Accredited scientific research clearly supports the hypothesis that ASD is a condition due to interactions between genetic and environmental components, with a familial occurrence approximately 10 times higher than in the general population [3]. The increasing number of cases makes care provision no longer sustainable for the services, requiring highly specialized interventions in terms of location, human resources, and methodology. Consequently, the National Health Service (NHS) is challenged to organize activities that achieve adequate results with the best use of resources, including in terms of effectiveness and efficiency, in light of the latest research.

In our country, the care of children with ASD is the responsibility of public NPIA services. They must design the intervention, adapting it to the child's functional profile, provide support to mediators, define short-, medium-, and long-term objectives, and ensure ongoing monitoring of

outcomes. Furthermore, in some areas, several *evidence-based programs have been launched*. based [4], such as the Autism Centre of the ASL of Cuneo and the Autism Centres in Campania of the ASL Na2 Nord and the ASL Na3 Sud. In 2025 the National Autism Observatory of the ISS has registered approximately 1200 structures, responsible for managing the problem, of which 550 are specifically of the NHS [5].

The Italian NPIA practices represent a virtuous model, highly inclusive, especially for the most vulnerable groups. However, the increase in demand, without adequately increasing resources, creates a situation with significant regional disparities in methodologies, training, and staff, as well as structural and spatial requirements. The relationship between the National Health Service (NHS) and the affiliated private centers is often critical, as their actions are not always adequately monitored by the NPIA. The issue of intervention methodologies is a thorny one, as the Italian tradition is still deeply rooted in so-called naturalistic developmental therapies. However, the dissemination of ABA principles, recommended by the National Guidelines, has allowed the practices to be expanded, with only partial recognition by the National Health Service (NHS). Where ABA is "affiliated," with a different spending category than the former ex Article 26, as in some regions, there are still critical issues related

to outcome monitoring and appropriate practices for each child and each team.

Methodological Aspects

Today, beyond the distinction between evolutionary therapies and behavioral therapies, with the addition of other interventions validated by the ISS guidelines [1], an approach based on functioning profiles is gaining ground [6]. The importance of environmental factors is also emphasized, both those that facilitate and those that act as barriers. Furthermore, there is a tendency to implement an approach that also takes into account QoL parameters [7] and is oriented towards a *life span perspective with the construct of the Life Project*. Above all, attention is focused on the point of view of families as stakeholders: users, privileged interlocutors and actors of the intervention. Coping strategies can vary from family to family and influence health choices [8].

The entire process of taking charge constitutes the Diagnostic, Therapeutic and Educational Assistance Pathway for autism [9], which includes a series of actions that start from early identification, lead to diagnosis and treatment, and then continue with the transition to adult services, integrating the actions with those of the educational system. Early diagnosis in young children is important, hence the crucial role of interventions such as pediatric screening with standardized tools, such as the M-CHAT, which allow the identification of subjects at risk, who are to be candidates for specialist care and early therapy [10]. Clinical interventions, both individual and/or in small groups, must strengthen communication, the affective-relational and sensorimotor areas, autonomy and therapies with families, integration actions with schools and other agencies for the sharing and integration of interventions.

Early intervention is recommended by all scientific literature, although there is no clarity on which intervention to choose. There are numerous variables that depend on the child, the characteristics of the intervention and the context in which the intervention is implemented. Many factors therefore influence the short and long-term outcome, given that approximately 50% of patients have a good IQ [11] and 60% have functional language.

From a prognostic point of view, the literature essentially identifies 3 groups in which the outcomes of the disorder are represented [12]: 51% report dysfunctional outcomes with the need for help in almost all activities, 28% would report rather stable outcomes with the need for support outside the family, while 18% would report a favourable outcome in terms of social-work and autonomy, even if other authors reduce this percentage to around 10%, with slight difficulties in the area of social cognition and emotions [13]. Variables such as IQ and socialisation experiences are shown to be significant [14].

In a recent article, Vivanti summarized early interventions into 3 groups: *behavioral* (including EIBI and DTT),

developmental (e.g. PACT and DIR/ Floortime) and *naturalistic developmental behavioral interventions* including the Early Start Denver Model and the Pivotal Response Training [15].

Recent research [16] recognizes the same efficacy in all categories of therapy, even if the most rigorous studies seem to be slightly in favor of naturalistic behavioral evolutionary methods [15]. Studies suggest that with EIBI improvements are rapid for 20-30% of children, slow for 10-20% and intermediate values are reported for the majority of patients. The results will be optimal when the most "suitable" combination between the child's profile and the treatment techniques is identified. The context, the educational style, the cultural background and the belief system of the family nucleus are also relevant. There must be early intervention and methodological coherence in teaching in different contexts, involving the family [17]. The *setting* and the training of the operators are also of great importance, with respect to which adequate investments are necessary.

In the provision of services, the predominantly public and territorial nature and the centrality of teamwork must be taken into account. Support for *caregivers*, the ethics of early intervention, continuity and stability of care at suitable times and places, networking and the integration between scientific research and clinical practice. It is necessary to identify the variables that influence the success or failure of interventions on the various areas of children's disabilities, and to try to structure an intervention "tailor-made" for each individual and each family. The ISS guidelines themselves suggest the importance of diagnosis and activities in a multidisciplinary group [1]. The comparison between different professional skills allows us to address different aspects of the problem and different points of view [18] also for the purposes of inclusion and interfacing with the different clients and with different interlocutors, first and foremost the school and the Accredited Private Centres, as well as the local Social Services.

The Autism Centers and our experience in Salerno

The Autism Centers are organized into three multidisciplinary teams located in three units (Salerno, Bracigliano, and Agropoli). They are considered an extension of the UONPIA. The Centers' goal is to provide comprehensive care for patients with ASD and their families, starting with identifying their needs, implementing treatment, integrating with local resources, and finally, transitioning to adulthood through collaboration with the UOSM. Specifically, on the therapeutic level, the Centers' *mission* is to guide families through diagnosis, treatment, and awareness of the problem, and then guide them through the outsourcing of treatments, both through ABA and ex Article 26.

Specifically, the Salerno Autism Center is staffed by a child neuropsychiatrist (head of the Center and the Salerno UONPIA), a psychotherapist (responsible for parenting training and general family interventions), two nurses (specialized in autism), a speech therapist, two psychomotor

therapists (one a psychologist-psychotherapist-ABA technician and the other an assistant behavior analyst), two psychologists (one a behavior analyst and the other an ABA therapist, both psychotherapists in training), and a physiotherapist (trained as an ABA technician). There is also a close collaboration with the Salerno Child Neuropsychiatry team.

Among the activities carried out by the Autism Center are the *implementation and participation in neuropsychiatric specialist team visits*, interviews and anamnesis collection, *clinical-behavioral observation and evaluation activities*. The evaluations carried out for: children (with and without a diagnosis) undergoing neuropsychiatric visits and who show specific behavioral indicators, for which a more in-depth diagnostic investigation is necessary; children undergoing ABA/ex article 26 therapy at the Rehabilitation Centers (as the Center acts as a mediator between all educational agencies); children undergoing a rehabilitation program (ABA or ex art. 26) and it is necessary to confirm that the program undertaken is still the most suitable for the functioning of the child. child and, finally, for children who will subsequently begin a therapeutic path at the UONPIA-SA Autism Center.

The Autism Center *completes and implements diagnostic investigations* for patients awaiting classification (both for patients with ASD and for other patients with other psychopathologies), holds *periodic team meetings* aimed at modulating and managing activities, prepares *documentation for the implementation of treatments for "introduction to ABA therapy" / neuropsychomotor skills / speech therapy / physiotherapy / parenting support / cognitive enhancement and emotional support / supervision and intervention planning for therapies carried out in the facility;*

The Autism Center implements and/or accompanies children to external rehabilitation thanks to initiation treatments to ABA therapy, neuropsychomotor treatments, speech therapy treatments, neuromotor treatments, cognitive enhancement and psychological support for patients with neurodevelopmental disorders and/or "Autism Spectrum Disorder". For parents, it carries out: Parent Coaching sessions, i.e. active involvement of parents in the initiation process of ABA therapy and neuro- psychomotor skills; Parent Training sessions for parent couples, also involving other reference figures (where necessary, such as grandparents and/or uncles, as active figures in the patients' lives); group psychoeducation sessions - strengthening of social skills for adolescents with autism spectrum disorder Level 1/2 and, finally, parenting support group sessions for the parents of children participating in the psychoeducation - social skills enhancement group.

Furthermore, the Autism Center interacts continuously with the coordinators and supervisors of the External Rehabilitation Centers, with the aim of presenting the activities and creating a relationship of fruitful synergy, ensuring consistency of methodologies and a smooth

continuation of the therapeutic path.

The Centre holds meetings with the school representatives of the children being treated and/or evaluated (so that there is constant dialogue with all educational agencies) and participates in the GLO (Operational Working Group for Inclusion) to collaborate in drafting and updating PEI for children with neurodevelopmental disorders. She participates in technical discussions to analyze specific issues that may arise in patients' lives. Clinical reports are also prepared for psychodiagnostic and/or psychological assessments and/or final treatment evaluations. Medical records are periodically updated to ensure systematic collection of data and information useful for continuing therapeutic treatment. Training courses are organized for staff and consultations are conducted. scientific research targeting children and adolescents, to contribute to the scientific literature with the work carried out.

The Training

The training of the operators was guaranteed, in addition to their curriculum, by the following initiatives: the "Universal Starting Point" course with Dr. Kevin Ludszinski and Dr. Valeria Pascale (August - November 2024) and two courses on "Therapies for Autism - Theories and Techniques," with contributions from various Italian representatives of both behavioral, naturalistic evolutionary, and behavioral naturalistic evolutionary methods (March - December 2025 and May 2026 - November 2026).

Data from the Salerno Autism Center

Data on the activities carried out by the Salerno Autism Center (September 2024 - June 2026) are as follows: 148 diagnostic assessments for autism spectrum disorder were performed; 105 children, selected by the neuropsychiatrist, underwent observations and clinical-behavioral assessments. Specifically, 80 children undergoing therapeutic interventions (ABA rehabilitation or Ex Article 26), met with the team that supports them at the Rehabilitation Centers, with school representatives, and with their families. Assessments and interviews with families were conducted for 25 children.

Treatments were provided directly in the facility: 40 children received introductory therapy to ABA therapy, developmental neuropsychomotor therapy, and/or speech therapy and/or neuromotor therapy, or cognitive enhancement and emotional support. Specifically, 12 children received introductory ABA therapy, 9 children received neuropsychomotor therapy, 2 of whom also received speech therapy, and one child received neuromotor therapy. 8 children received cognitive enhancement and emotional support, 5 children received speech therapy, and 6 children received occupational therapy.

For some parenting couples it was possible to create parenting support paths, specifically interviews were held with the parents in order to implement parent training for 32 children and another 32 parenting couples were involved

during the therapies to carry out parent coaching.

Six adolescents with ASD and medium/high functioning were selected to participate in the psychoeducational program for the enhancement of social skills and parenting support : there were two group therapy meetings per month for the children, during which they were expected to strengthen their social skills, participate in games - therapeutic activities and external outings and the parents also participated in a monthly parenting support meeting with the doctor in charge of the families, a meeting in which the parents themselves became active promoters. on topics of interest to them and sharing emotional experiences related to managing aspects of neurodiversity awareness. Furthermore, a selection of suitable patients (with similar functioning) is being carried out to compose another social skills enhancement group for children aged 11 to 13.

Since November 2024, a representative of the Autism Center has also participated in 200 "GLO" (Operational Working Groups), where each meeting discussed approximately 12-15 children per day. These meetings were held in the municipalities of Salerno, Pontecagnano, San Cipriano, Montecorvino Rovella, Montecorvino Pugliano, Giffoni Valle Piana, Giffoni Sei Casali, San Gregorio Magno, and Castiglione dei Genovesi.

The tests used by the Salerno Autism Center

The tests used for diagnosis and clinical behavioral observations/evaluations are: for the diagnoses, in addition to clinical observation, the ADOS-2 (Autism Diagnostic Observation Schedule - Second Edition) and the ADI-R (Autism Diagnostic Interview - Revised). The Vineland II rating scale was used to evaluate adaptive behavior. Finally, the SRS [19], the reciprocal social behavior, communication and behavior rating scale, was used to evaluate social skills; for ongoing treatment evaluations, therapies directly provided in the facility and functional re-evaluations, in addition to clinical observation, the VB-MAPP (Verbal Behavior Milestones Assessment and Placement Program) [20], the IPF (Questionnaire for the identification of Functioning), for the evaluation of the Psychoeducational Profile we used the PEP 3 (Psychoeducational Profile Third Edition) [21], the SRS-G (Social Responsiveness Scale), the Theory of Mind and Emotional Recognition subtest of the NEPSY-II battery [22], the Eye Test [23], the APL Medea and the CARS-2 (Childhood Autism Rating Scale). For speech therapy assessments, the following tests were used: the BVL 4-12 (Language Assessment Battery), the PVB (Child's First Vocabulary), the ASCB (Child's Socio-Conversational Skills), the TPL (Child's First Language Test).

The Center allows UONPIA to more carefully manage resources and maintain ongoing dialogue with ABA teams and parents, for patients not treated directly by the working group, through ongoing evaluations. For directly provided treatments, it was observed that after a period of 6/8 months, children demonstrated an improvement in behaviors related

to core symptoms. There is greater relational openness towards adults, improved language and learning of functional games, greater educational control and learning of cooperation functional to the context. By participating in parent coaching, parents were able to improve their educational control and directly strengthen the children's language and cooperative play. To verify the results, a pre- and post-treatment evaluation was conducted. For the group of adolescents with medium/high functioning, session participation and therapeutic compliance were assessed and it was observed that the children achieved an improvement in social skills. Skills. Parents have created a social network of mutual support based on a meaningful bond. Improved interaction between children and adults has also been observed, overcoming initial difficulties in communicating and sharing specific experiences and insights.

Discussion and Conclusions

The model pursued refers to the guidelines and the most recent findings in the literature. The aim is to provide an intensive and early intervention, not based on rigid criteria, but rather tailor-made for each child. The behavioural intervention must take into account naturalistic evolutionary elements that are oriented towards the caregivers and the natural context of life, in order to allow active participation and the generalisation of skills. This eclecticism, however, must not weaken the internal coherence and systematicity of the intervention itself [15]. The intervention seeks to fit into the different life systems of the child/family: centre, school, small social nucleus of belonging, starting from the fundamental juncture of acceptance of the diagnosis and the global elaboration of the aspects related to the necessary changes that can best harmonise existing resources and limitations.

Among the critical issues were the local positioning of the healthcare market and the sharing of workspaces with those of the UONPIA itself. Despite this, the Center's team integrated its own and others' experiences, as well as the history of the UO itself, into its daily operations, adopting a strongly identifiable practice and methodology rooted in international guidelines and expertise. The goal was to become a point of reference for families, especially those most disoriented by the diagnosis and lacking in skills and resilience.

Epidemiological data suggests the need to implement interventions for ASD in the general population, starting with the early identification of cases for referral to dedicated services. A Center affiliated with the National Health Service (SSN) can implement targeted interventions for admission, diagnosis, family support, and provision of the initial phase of therapeutic interventions, then adequately monitor progress and any outcomes of future treatments over time. This creates a framework that takes into account each individual's strengths and weaknesses, developing a Life Span plan tailored to each patient. With this in mind, the Salerno Autism Center is taking its first steps in the

healthcare market in its area. Nevertheless, the results of this initial phase of activity indicate outcomes consistent with national and international recommendations and with the relevant literature.

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