

ASD AND COMORBID PSYCHIATRIC DISORDERS

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TODAY'S PLAN


- ▶ Summarize existing literature about serious behavioral conditions often present in our clients
 - ▶ May not have been identified as a part of the referral.
- ▶ Best practices: Butterfly Effects recognized this as an issue.
 - ▶ No existing tool to address this need.
- ▶ NEED: Develop a screening tool to guide us in identifying possible comorbid conditions.
- ▶ Describe the research methodology used to develop the tool.
- ▶ We will show you our findings demonstrating effectiveness of the tool.
- ▶ Examples of client reports.

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AUTISM SPECTRUM DISORDER

- ▶ Diagnostic Criteria:
 - ▶ Persistent Deficits in
 - ▶ Communication
 - ▶ Social Interaction
 - ▶ Restrictive, repetitive behaviors
- ▶ Common Co-Occurring conditions:
 - ▶ Deficits in adaptive behavior (eating, hygiene, toileting)
 - ▶ Maladaptive behavior (aggression, SIB, property destruction)


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PSYCHOPATHOLOGY
(PSYCHOLOGICAL
OR
BEHAVIORAL
DISORDERS)

- ▶ Anxiety: GAD, Phobias, Panic D/O, PTSD
- ▶ Mood Disorders: Depression, Bi-Polar D/O
- ▶ ADHD
- ▶ Conduct D/O and Oppositional Defiant D/O
- ▶ Schizophrenia
- ▶ Comorbidity: presence of 2 or more disorders in same person

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WAIT A MINUTE,
BUDDY


We're Behavior Analysts
We don't subscribe to that *mentalistic* B.S.

Don't fret, I'm a behavioral guy...

Using mentalistic terms


- ▶ Common learning history
- ▶ Respond to vocal stimulus "thought"
 - ▶ Rather than to "sub-vocal verbal behavior".
- ▶ Respond to vocal stimulus "thought disorder"
 - ▶ Rather than "verbal behavior under the control of stimuli arising within the individual".

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BEST PRACTICE:
INTERDISCIPLINARY
BRIDGE BUILDING


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NAMING USED TO FACILITATE COMMUNICATION AND TREATMENT

- Groups of observable behaviors (symptoms)
- Common across groups
- With effective interventions
- Behaviors / symptoms
 - Note engaging in formerly reinforcing activities
 - Sleep too much, eat too little, "feel unhappy"
 - Depression
- Labeling common symptom presentations
 - Provides clues toward effective treatment
 - ACT – Acceptance and Commitment Therapy
 - Medication such as Celexa, Zoloff (as seen on TV)
 - Behavior therapy
 - Medication


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EXAMPLE 1: PSYCHOTIC BEHAVIOR

- ▶ Mental condition characterized by disorientation from reality that can be caused by schizophrenia, medications, health conditions (hypoglycemia, tumor) or drug (unprescribed medications) use.
 - ▶ *That guy down at the train station who keeps wandering in and out mumbling loudly to himself and shouting at imaginary people.*
- ▶ A common feature of this condition is that the person doesn't respond well to the contingencies which usually control behavior of most people.
- ▶ Attention? Escape? Self-Stim?...Not likely. People ignore him until he gets arrested. He encounters lots of presumably punishing consequences. Nevertheless, he persists.
- ▶ Treatment focuses on the cause. Sometimes drugs that reduce the effects of dopamine in the brain improve the symptoms (behavior).


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EXAMPLE 2: ACTUAL CLIENT

- ▶ 17 y/o with severe ASD, moderate ID
- ▶ Has made good progress in communication and daily living skills
- ▶ Begins reporting he is having bad thoughts, can't stop them.
- ▶ Adaptive behavior deteriorates, not sleeping or eating well.
- ▶ One evening slams his teeth into the sink to "punish himself" for bad thoughts.
- ▶ "Thought stopping" and other interventions by mom are ineffective.
- ▶ Risperidone resolves the thought disorder.


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HOW BIG IS THIS PROBLEM?

- ▶ Mannion, Brahm & Leader (2014) *Review Journal of Autism and Developmental Disorders*
- ▶ Anxiety D/O at least twice as common in children with ASD than general population (7.5%).
- ▶ Gjevik, et al. (2011) 72% of children and adolescents have at least one comorbidity
 - Anxiety – 41%
 - ADHD – 31%
- ▶ Amr, et al. (2012) 63% of children had at least one comorbidity
 - Anxiety – 58% (over half had Dx of OCD)
 - ADHD – 32%
 - Conduct D/O – 23%
 - Depression – 13%


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IMPACT BEYOND CLIENT WITH ASD

- ▶ Meltzer, et al.(2011) studied impact on care-giver wellbeing
 - ▶ Greater child behavior problems, greater depression in parents.
- ▶ Shivers, et al (2013) studied siblings
 - ▶ Increased sibling anxiety when parents have anxiety and sibling with ASD has behavior problems

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OTHER COMMON CO-MORBID CONDITIONS

- ▶ Waddington, et al. (2020) - Sleep disturbance (bedtime resistance, sleep-related anxiety, sleep onset delay, reduced sleep duration, frequent and prolonged night wakings, parasomnias (sleep walking, night terrors, bruxism).
- ▶ Studies report presence in 40 – 90% of individuals with ASD.
- ▶ Can increase ASD symptoms, decrease cognitive and emotional functioning, increase maladaptive behaviors.
- ▶ Mazurek, et al.(2013) – children with ASD and gastrointestinal symptoms have higher levels of anxiety.

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ADVANTAGE OF RECOGNIZING COMORBID CONDITIONS

Leyfer, et al. (2006): "When problematic behaviors are recognized as manifestations of comorbid psychiatric disorder, rather than just isolated behaviors, more specific treatment is possible."

- ▶ Within Scope of Practice:
 - ▶ Skills Training
 - ▶ Behavior Support Plan
- ▶ Outside Scope of Practice
 - ▶ Referral to outside providers

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SKILLS TRAINING

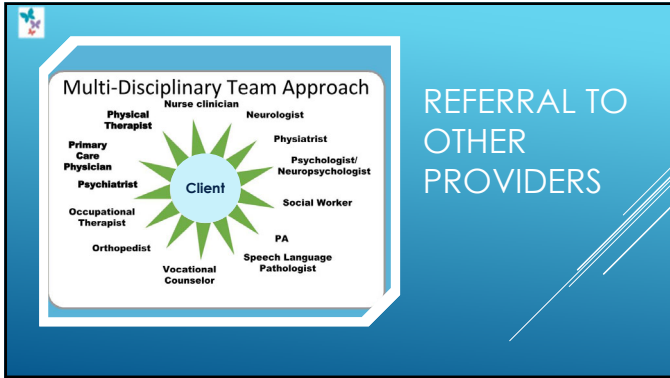
- ▶ If Anxiety in a child is a result of experiencing negative social interactions and bullying, then work to improve social skills, social problem solving and reduce bullying.
- ▶ If Depression in adults is a result of poor social functioning, improve social skills.
- ▶ If ADHD interferes with learning, work to improve attending and in-seat behavior.

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BEHAVIOR SUPPORT PLAN

- ▶ If PTSD symptoms lead to escape or inappropriate social behavior, try systematic desensitization (e.g., crying baby).
- ▶ Fear of Travelling (hodophobia): could reinforce successive approximations to going for a ride in the car.
- ▶ OCD with compulsive arranging: reinforce tolerance of "messiness".
- ▶ GAD: progressive muscle relaxation, deep breathing

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OUR PROJECT

PART 2

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DESIGN A SYMPTOMOLOGY CHECKLIST FOR COMORBID CONDITIONS

- ▶ Administer to incoming clients.
- ▶ Compare results to published literature.
- ▶ Use individual results to make recommendations for treatment.
- ▶ Track the effectiveness of the recommendations over time to evaluate efficacy.

Implications

- ▶ Identifying symptoms of comorbid conditions
 - ▶ Potential to improve client outcomes
 - ▶ Assist in designing comprehensive treatment plans
 - ▶ Provide information to activate Multidisciplinary Team effort

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RESEARCH QUESTIONS

1. How similar is the prevalence of our clients' comorbid conditions to the prevalence of comorbid conditions in the literature?
2. What percentage of clients demonstrated behaviors in each of the symptom clusters associated with common comorbid conditions?
3. What type of treatment referrals are made as a result of the screening process?
4. What benefits are derived from the use of a comprehensive screening tool at initial assessment?
5. Are there benefits derived from subsequent screening tool administrations after a period treatment?

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DSM-5 CONDITION RELATED BEHAVIORAL SYMPTOMS

Avoidance	Fidgety	Feelings of rejection/humiliation
Stinging	Can't sit still	Abrupt surge of intense fear
Sleeping	Excessive talking	Loss of pleasure/interest in things
Tantrum/conduct	Can't take turns	Wants everything the same
Anxiety	Interrupts	Unexplained behavior changes
Inattention	Disrupts	Unusual high risk /reckless behavior
Impulsivity	Easily distracted	Unusually immobile or unresponsive
Irritability	Overly active	Unusual & persistent beliefs not in reality
Behavioral excesses	Overly energetic	Sees/hears things that are not present
Depressive	Compulsive	Persistent or excessive worry
Psychosis	Fixates	Reluctance/refusal to go out
Adjustment	Unusually fearful / phobias	Periods of failure to speak
Regression	Fear of separation	Persistent thoughts that are bothersome
Crying	Exaggerated claims	Difficulty discarding possessions
Self-harm	Persistently unhappy	Unusual avoidance of places
Clingy	Unable to concentrate	Unusual avoidance of people
Explosive	Repetitive behaviors	Over-reactive or hypervigilance
Destructive	Restricted interests	Unusual or prolonged periods of daydreaming
Restricted interests	Unexplained injuries	Strong dislike to one's own sexual anatomy
Gastrointestinal symptoms	Violations of others' rights	Bulies, threatens, or intimidates others
Sensory over reactivity	Unusual or persistent anger	Persistent distrust of others
Withdrawn	Loss of energy or fatigue	Odd or bizarre behaviors

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CLUSTERS

- Categorization of behavioral symptoms to clusters: Purpose:
- To assist in the validation of a tool established to screen for and identify comorbid psychiatric symptoms and conditions in children and adolescents with ASD.
- We identified six clusters of symptoms.
 - four of which include behavioral symptoms associated with psychiatric conditions defined in the DSM-5 (Columns B through E).
 - Each cluster has an overall heading descriptive of classes of comorbidity.
- Note: Some symptoms occur across clusters / conditions.
- All symptoms can be viewed and analyzed independent of cluster for statistical analysis; however the clusters allow for pragmatism in visual analysis.

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CLUSTERS

A. Medical / Physical	B. ADHD / Anxiety / OCD Related	C. Mood Related	D. High Risk/Impact Behaviors	E. Psychosis / SMI Related	F. Other
0 = not present 1 = present sometimes 2 = present most of the time 3 = present all the time 4 = history only 5 = history only + 2 mo	0 = not present 1 = present sometimes 2 = present most of the time 3 = present all the time	0 = not present 1 = present sometimes 2 = present most of the time 3 = present all the time	0 = not present 1 = present sometimes 2 = present most of the time 3 = present all the time	0 = not present 1 = present sometimes 2 = present most of the time 3 = present all the time	0 = not present 1 = present sometimes 2 = present most of the time 3 = history only 4 = history only + 2 mo
Med Changes Pre/pubescent Seizures/tickness 1. Hospitalizations 3. Gastrointestinal / Nutrition / dietary changes 4. Unusual/unexplained weight changes 5. Sleep irregularities	16. Fidgety / Can't sit still 17. Excessive talking 18. Can't / Will not follow rules 19. Inattention 20. Unable to concentrate 21. Disruptive / impulsive 22. Interrupts 23. Impulsivity 24. Overly active / energetic 25. Tantrums 27. Fear of separation 28. Overly anxious	29. Restricted interests 30. Fixates or unusually inflexible behaviors 31. Repetitive 32. Won't / insists on sameness 33. Difficulty discarding possessions 34. Unusual avoidance of places or people 35. Over-reactive or hypervigilant 36. Unusually fearful / phobias 37. Persistent or excessive worry 38. Compulsive / irresistible urges	15. Suicide ideation, plan, action 41. Periods of failure to speak 45. Irritable or moody 46. Withdrawn / isolative 47. Persistently unhappy/angry 48. Loss of pleasure/interest in things 49. Unusual or prolonged periods of daydreaming 50. Unusually immobile or unresponsive (catatonic) 51. Loss of energy or fatigue	26. Destructive 39. Unexplained injuries 53. Exaggerated claims / grandiose 54. Unusual high risk /reckless behaviors 55. Behavioral excesses 56. Unusual or persistent anger 57. Explosive 58. Violations of others' rights / criminal behavior 59. Bulies, threatens, or intimidates others 60. Persistent distrust of others	9. Significant withdrawal/Dep. Div. 10. Sexual /Inappropriate 11. Physical abuse / neglect 43. Age-inappropriate sexualized behaviors 44. Any excessive use or abuse of substances 65. Strong dislike to one's own sexual anatomy 2. Self-harm 6. Stagnation /regression

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CLUSTERS VALIDITY

- ▶ Validity assessment
 - 6 unaffiliated professionals
 - Psychologists
 - Psychiatrists
 - Psychiatric Nurse Practitioner
 - Psychiatric Nurse
 - Agree /disagree with
 - Cluster categorization
 - Behavioral symptoms within each cluster
 - 100%

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Symptomatology Screening		Symptomatology Assessment			
Item	Value	Item	Value	Item	Value
1. Have there been any hospitalizations due to substance abuse?	0	10. Pain or discomfort in chest, neck, or back	0	20. Loss of interest in activities	0
2. Have there been any hospitalizations due to depression?	0	11. Loss of weight or gain	0	21. Irritability	0
3. Have there been any hospitalizations due to anxiety?	0	12. Loss of appetite	0	22. Nervousness	0
4. Have there been any hospitalizations due to other mental health issues?	0	13. Trouble sleeping	0	23. Sadness	0
5. Have there been any hospitalizations due to other medical conditions?	0	14. Trouble concentrating	0	24. Thoughts of death	0
6. Have there been any hospitalizations due to other physical conditions?	0	15. Trouble remembering things	0	25. Thoughts of suicide	0
7. Are there any hospitalizations due to substance abuse in the past 12 months?	0	16. Trouble remembering things in the past	0	26. Worry	0
8. Are there any hospitalizations due to depression in the past 12 months?	0	17. Trouble remembering things in the past 6 months	0	27. Trouble with concentration	0
9. Are there any hospitalizations due to anxiety in the past 12 months?	0	18. Trouble remembering things in the past 3 months	0	28. Trouble with concentration	0
10. Are there any hospitalizations due to other mental health issues in the past 12 months?	0	19. Trouble remembering things in the past 1 month	0	29. Trouble with concentration	0
11. Are there any hospitalizations due to other physical conditions in the past 12 months?	0	20. Trouble remembering things in the past 1 week	0	30. Trouble with concentration	0
12. Have there been any hospitalizations due to substance abuse in the past 6 months?	0	21. Trouble remembering things in the past 1 week	0	31. Trouble with concentration	0
13. Have there been any hospitalizations due to depression in the past 6 months?	0	22. Trouble remembering things in the past 1 week	0	32. Trouble with concentration	0
14. Have there been any hospitalizations due to anxiety in the past 6 months?	0	23. Trouble remembering things in the past 1 week	0	33. Trouble with concentration	0
15. Have there been any hospitalizations due to other mental health issues in the past 6 months?	0	24. Trouble remembering things in the past 1 week	0	34. Trouble with concentration	0
16. Have there been any hospitalizations due to other physical conditions in the past 6 months?	0	25. Trouble remembering things in the past 1 week	0	35. Trouble with concentration	0

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DATA ENTRY: MAGNITUDE FREQUENCY

Item 1: Have there been any hospitalizations due to substance abuse? Value: 0

Item 2: Have there been any hospitalizations due to depression? Value: 0

Item 3: Have there been any hospitalizations due to anxiety? Value: 0

Item 4: Have there been any hospitalizations due to other mental health issues? Value: 0

Item 5: Have there been any hospitalizations due to other physical conditions? Value: 0

Item 6: Have there been any hospitalizations due to substance abuse in the past 12 months? Value: 0

Item 7: Are there any hospitalizations due to depression in the past 12 months? Value: 0

Item 8: Are there any hospitalizations due to anxiety in the past 12 months? Value: 0

Item 9: Are there any hospitalizations due to other mental health issues in the past 12 months? Value: 0

Item 10: Are there any hospitalizations due to other physical conditions in the past 12 months? Value: 0

Item 11: Have there been any hospitalizations due to substance abuse in the past 6 months? Value: 0

Item 12: Have there been any hospitalizations due to depression in the past 6 months? Value: 0

Item 13: Have there been any hospitalizations due to anxiety in the past 6 months? Value: 0

Item 14: Have there been any hospitalizations due to other mental health issues in the past 6 months? Value: 0

Item 15: Have there been any hospitalizations due to other physical conditions in the past 6 months? Value: 0

Item 16: Have there been any hospitalizations due to substance abuse in the past 3 months? Value: 0

Item 17: Have there been any hospitalizations due to depression in the past 3 months? Value: 0

Item 18: Have there been any hospitalizations due to anxiety in the past 3 months? Value: 0

Item 19: Have there been any hospitalizations due to other mental health issues in the past 3 months? Value: 0

Item 20: Have there been any hospitalizations due to other physical conditions in the past 3 months? Value: 0

Item 21: Have there been any hospitalizations due to substance abuse in the past 1 month? Value: 0

Item 22: Have there been any hospitalizations due to depression in the past 1 month? Value: 0

Item 23: Have there been any hospitalizations due to anxiety in the past 1 month? Value: 0

Item 24: Have there been any hospitalizations due to other mental health issues in the past 1 month? Value: 0

Item 25: Have there been any hospitalizations due to other physical conditions in the past 1 month? Value: 0

Item 26: Have there been any hospitalizations due to substance abuse in the past 1 week? Value: 0

Item 27: Have there been any hospitalizations due to depression in the past 1 week? Value: 0

Item 28: Have there been any hospitalizations due to anxiety in the past 1 week? Value: 0

Item 29: Have there been any hospitalizations due to other mental health issues in the past 1 week? Value: 0

Item 30: Have there been any hospitalizations due to other physical conditions in the past 1 week? Value: 0

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DATA INPUT:
AUTO FILL
SCREENING TOOL REPORT

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AUTO FILLED EXAMPLE

SCREENING TOOL	MIN	MAX	SCORE	CONCLUSION	RECOMMENDATION	RISK
Screening Tool Scoring: Frequency & Magnitude	40.0%	80.0%	20.0%	21.0%	2.0%	4.2%


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REPORT RECOMMENDATIONS

1. ABA Services
2. ABA Services with referral recommendation to other provider(s)
3. ABA Services with Care Coordination with other provider(s)
4. ABA Services with Care Coordination in place prior to the start of services
5. ABA Services not appropriate at this time.

► High Risk

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DATA ANALYSIS

- ▶ Measures and Instruments:
 - ▶ Tool specifically designed to screen for the presence of symptoms associated with comorbid conditions to be used during assessments for treatment.
- ▶ Data Processing
 - ▶ IBM SPSS software was used for statistical analysis
 - ▶ Microsoft Excel (2013) was used for additional analysis and constructing graphs for visual analysis.
- ▶ IOA
 - ▶ Collected on 20% of screening tool administrations and calculated by point to point correspondence.
 - ▶ The IOA for this study was 98.5 %
- ▶ Cronbach's alpha coefficient was used to determine the reliability and internal consistency of the 4-item screening tool scales (Clusters B through E).
 - ▶ The results indicate the scale has good reliability and internal consistency
 - ▶ Cronbach's alpha coefficient = .867.


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FINDINGS

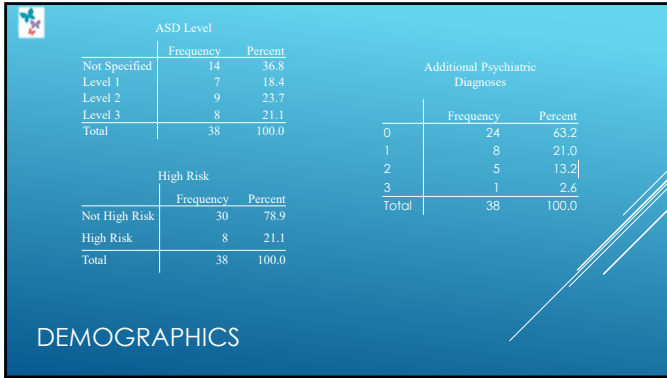
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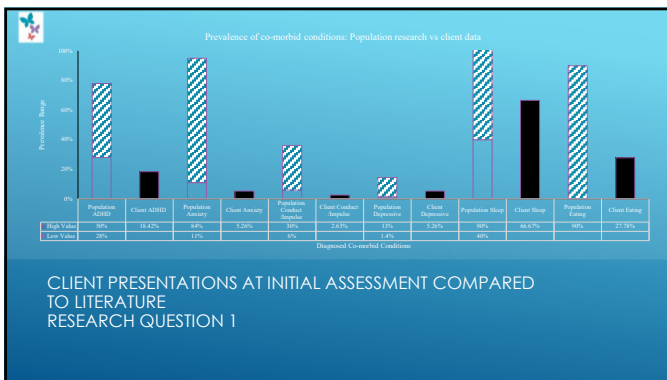
DEMOGRAPHICS

	CLIENT			Gender		
	Age	ASD Level	VAB-3		Frequency	Percent
Mean	7.7	1.3	61.8	Male	29	76.3
Std. Deviation	3.1	1.2	16.6	Female	9	23.7
Range	11.2	3.0	85.0	Total	38	100
Minimum	2.8	0.0	28.0			
Maximum	13.9	3.0	113.0			

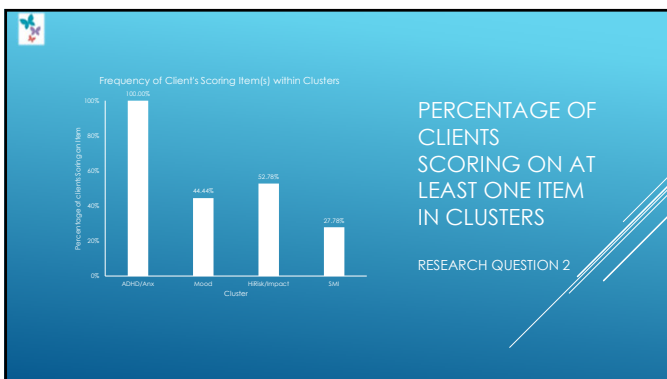
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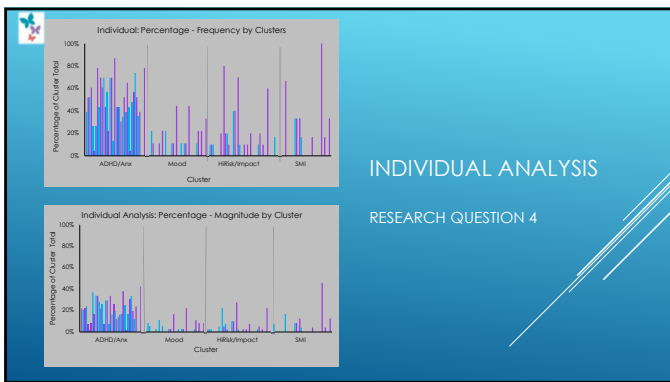


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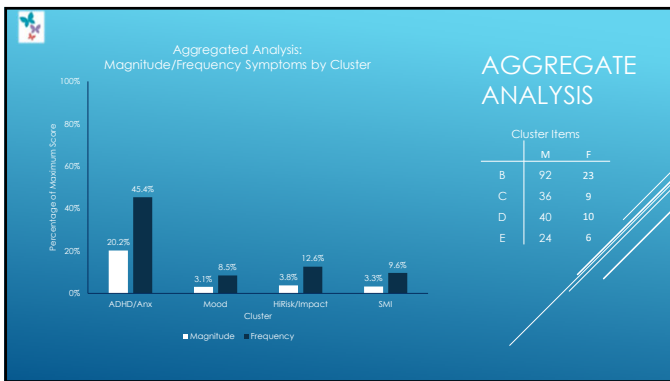
	Frequency	Percent
ABA Services	17	44.7
ABA Services w Referrals	7	18.4
ABA Services w CC	10	26.3
CC < ABA Services	3	7.9
ABA not appropriate	1	2.6
Total	38	100.0

REFERRAL RECOMMENDATIONS:
RESEARCH QUESTION 3

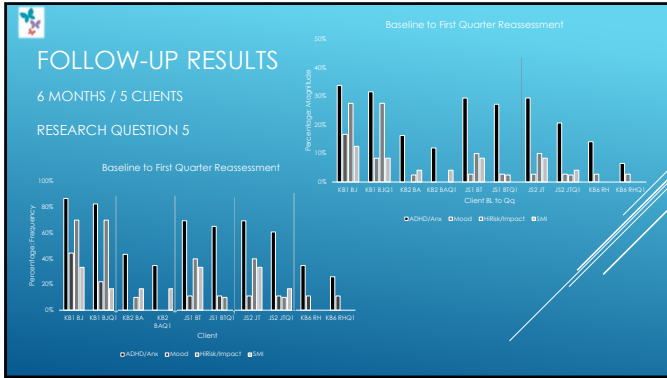
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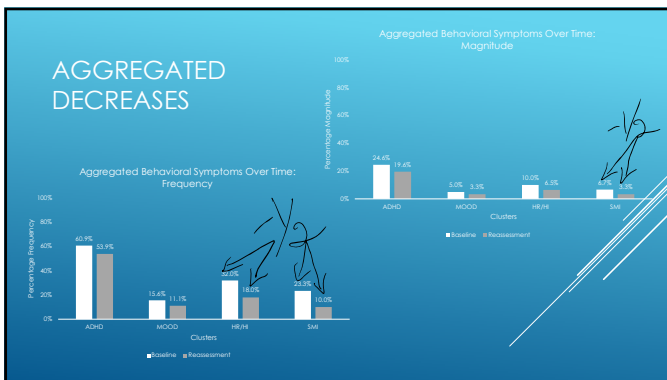
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IMPLICATIONS FOR OUR PROFESSION

- Adds to the existing literature on prevalence of comorbid conditions to ASD
- Introduces a new tool to help identify comorbid conditions
- Particularly when comprehensive psychological evaluations have not been completed
- In some cases, may be used as an outcome measure.
- This research highlights the value of ABA treatment for behaviors associated with comorbid psychiatric conditions (example)
- Client KB6: Decrease in behavioral symptoms associated with comorbid conditions.
- Received only ABA services.
- For kids scoring at higher levels, ABA services were effective
- In conjunction with other treatment modalities
- Best practices / treatment team model

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IMPLICATIONS FOR BCBAS

Definition of the Practice of Behavior Analysis is quite broad

- ▶ Scope of Practice
 - ▶ The practice of behavior analysis expressly excludes psychological testing, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.
 - ▶ Assists in differentiating matters related to scope of practice for BCBA
 - ▶ Recognition: Within scope but no/limited training (competency)
- ▶ Screening tool that asks the questions to help determine scope of practice!
 - ▶ Behavioral symptoms that might be related to other conditions
 - ▶ E.G., Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS / PANS); side effects: Medical, etc.
 - ▶ Helps to determine issues related to scope of practice and competence

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BEST PRACTICES: RELATED TO MALADAPTIVE BEHAVIORS

Asking the Questions:

- ▶ If a client presents with aggressive behavior, is it:
 - ▶ An operant under the control of reinforcement or escape contingencies?
 - ▶ A symptom of depression?
 - ▶ A side effect of a medication?
 - ▶ Related to a poor sleep pattern?

Awareness of possible comorbid psychopathology and medical conditions not only assists with providing best quality treatment, it also helps avoid potential ethical issues.

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BEHAVIOR ANALYST LICENSURE ACT

Code of Conduct:

Violations!

- ▶ (a) (10) Practicing behavior analysis in a manner that endangers the welfare of clients or patients.
- ▶ (a) (12) Practicing behavior analysis outside the boundaries of demonstrated competence or the limitations of education, training, or supervised experience.
- ▶ (a) (13) Failing to provide competent treatment, consultation, or supervision, in keeping with standards of usual and customary practice in this State.

Consequences!

- ▶ § 90-726.12. Denial, suspension, or revocation of licenses and other disciplinary and remedial actions for violations of the Code of Conduct; relinquishing of license.

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Summary of Symptomology Screening

ADHD/ANX	Mood	ik/HiImpa	SMI	ADHD/ANX	Mood	ik/HiImpa	SMI
15	4	2	26	1	1	1	1
65.2%	11.1%	40.0%	40.0%	23.3%	2.8%	10.0%	8.3%

SELECTED CLIENT: BASELINE TO Q1 FOLLOW-UP

BIWEEKLY CHECK IN WITH THERAPIST / CLIENT AND FAMILY THERAPY
MONTHLY COMMUNICATION WITH MEDICATION PROVIDER,
SERVICES AT BOTH SCHOOL AND HOME

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Q#	Item	1	2	3	4	5
1	Have there been any hospitalizations due to seizures?	0				
2	Has there been any history of epigastric pain or that has resulted in visits to the office?	1				
3	Has there been any history of unusual or persistent gastrointestinal problems (i.e., diarrhea, constipation, etc.)?	1				
4	Has there been any history of unusual weakness or fatigue or weight loss?	1				
5	Has there been any history of unusual weakness or fatigue or sleep disturbance?	1				
6	Has there been any history of depression or drug or alcohol abuse?	1				
7	Any psychosocial or counseling services in place for the client?	0				
8	Any psychosocial or counseling services in place for the caregiver?	0				
9	Has there been any history of traumatic experience (i.e., abuse, alien, loss of very close person, etc.)?	0				
10	Has there been any history of drug abuse?	0				
11	Has there been any history of alcohol abuse or drug?	0				
12	Has there been any history of admission to emergency or detoxification?	0				
13	Has there been any history of suicidal ideation?	0				
14	Has there been any history of CPS, DCF, or DHS involvement?	0				
15	Has there been any history of hospitalization, admission, or serious injury to another?	0				

Client has extensive medical issues, including eye trauma (right Bionaid posterior), Brain surgery pending.

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Summary of Symptomology Screening

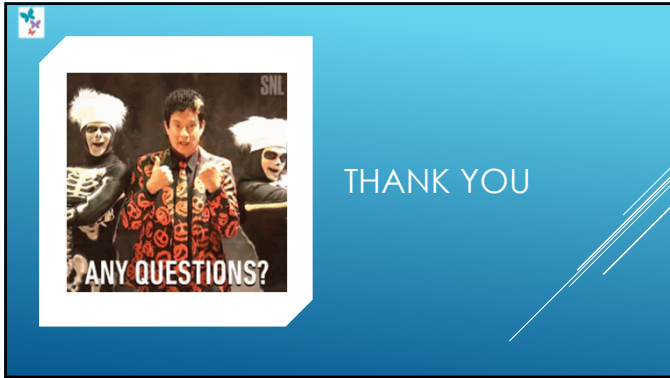
ADHD/ANX	Mood	ik/HiImpa	SMI	ADHD/ANX	Mood	ik/HiImpa	SMI
13	0	0	28	0	0	0	0
56.5%	0.0%	0.0%	38.4%	0.0%	0.0%	0.0%	0.0%

SELECT CLIENT:

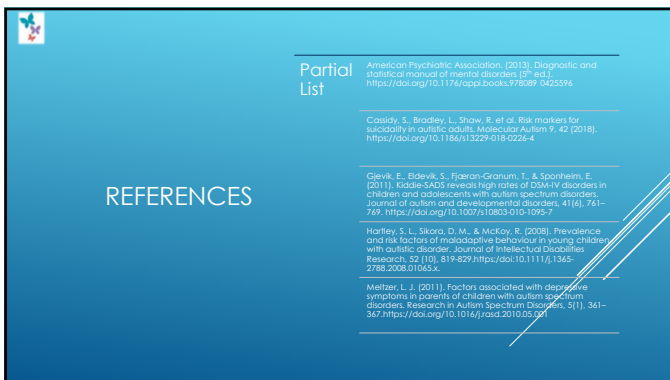
MALE: 13 YRS; ADD L3; ADDITIONAL PSY DIAGNOSES 3+; VAB-3 ABC 28;
SEIZURES (NOT CONTROLLED) UP TO 20X PER DAY, ABSENCE AND TONIC/CLONIC; BRAIN TUMOR/CYST
4Z HOSPITALIZATIONS AND SURGERIES

MEDICATIONS: GABAPENTIN 300 MG TID; NASAL VERSED 5MG; ALBUTERAL SULFATE .083 %; EPINEPHRIN FOR ACUTE ALLERGIC REACTIONS, CLONIDINE 1 MG X2; DOXEPIN HCL 10 MG/ML 4 NIGHTLY; LAZURUS 1 ML BID (CBD OIL)

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