

Early detection and diagnosis of autism psychology essay



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At the age of 8, 1 in 88 children are estimated to be affected by autism, it is also estimated that the likelihood of boys being affected is 1 in 54. Autism is quickly on the rise. In 2006 it was estimated that 1 in 110 children were affected by autism, in 2004 1 in 125 were affected by autism and in 2002 1 in 150 were affected by autism. With autism rates increasing drastically, early detection and diagnosis should be of concern. It is hypothesized that early detection and diagnosis of autism is greatly beneficial for the family and the child, particularly when it comes to their academic career and functioning in everyday life. These literature reviews are used to prove my hypothesis accurate.

Children who have Autism Spectrum disorders display defects in social communication in the areas of joint attention, shared affect, eye contact, conventional and symbolic gestures, and related skills in functional and symbolic play (Veness, Prior, Bawin, Eadie, Cini, Reilly, 2012). With children being diagnosed as early as a before the age of three, these defects are important because they can be early indicators of autism in a child. The purpose of Veness, Prior, Bawin, Eadie, Cini, and Reilly's study is to compare the early social communication development of young children (age eight to 24 months) who had been diagnosed with Autism Spectrum Disorder by the age of four years, with same-aged children with developmental delay, children with specific language impairment, and typically developing children; and to determine at what age any identifiable group differences in early signs became apparent (Veness, et al., 2012). Participants were selected for this study by one of the following three ways: maternal and child health nurses in the state government infant welfare services were asked to

approach all families with infants at their eight-month visit with an invitation to take part in the study; researchers recruited participants at universal infant hearing screen session held at the same maternal and child health centers; and a small minority of parents who were interested contacted the study from the publicity in local newspapers (Veness, et al., 2012). The study recruited children between the ages of 7.5 and 10 months, if the children had a known disability at the time of the recruitment of the study they were then omitted. The parents of the children received questionnaires that they were to answer about their child when they were at the ages of, eight months, one, two, three and four years of age. Individuals at the age of four were given an in person speech, language and cognitive assessment. The four groups in this study were children with ASD, Children with developmental delay, children with specific language impairment, and typically developing children. The questions that the parents were asked in the questionnaires were about their child's health, development, communication, abilities, family and environmental factors, and any concerns regarding their child's development. From this the Veness et al. discovered that there were no significant differences in children with ASD, developmental delay, children with specific language impairment, and typically developing children with the exception of gender. At the age of 24 months there was a significant difference in the concern for parents among the groups of children. Parents of children with ASD showed concern with one or more of the areas in the questionnaires. This study shows that parents of children with ASD are very aware of the slowing down of the developmental progress versus that of the parents of the other three groups.

The role of early childhood care providers to children with Autism Spectrum Disorder is important to the success of the child that is involved. In their article, Nuner and Griffith discusses the role of the early care and education providers in the referral of autism by identifying early characteristics of autism, recommending screening procedures, discuss how families might respond when told their child has autism, and outline steps to refer children and their families for early intervention. The first job of the early care and education providers is to observe and notice the developmental differences of children. The first indicators fall into four areas: socialization, sensory functioning, language, and cognitive functioning (Nuner and Griffith, 2011). The job of early childhood program directors and teachers is to notice atypical development and recording specific behaviors and incidents of concern. They are also supposed to communicate with families about any concerns dealing with specific characteristics of their child's development. They also are involved with the screening process because of their multidisciplinary nature of screenings (Nuner and Griffith, 2011). Professionals can support families by determining the parent's level of knowledge and comfort with a disability of diagnosis and gently facilitate acceptance (Nuner and Griffith, 2011). When a child is diagnosed with autism the time demands and changes are emotionally challenging for everyone involved with the child. Families often need and respond well to knowledge, support and reassurance of an early care and education team with whom they already have an established and trusting relationship (Nuner and Griffith, 2011). The educators of young children are valuable because they can guarantee that children that have autism will get the early intervention that is needed for them to succeed.

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Parents, childcare workers and other individuals in autistic children's life often need help and suggestions on how to make the best environment for the child so that they can function at their best. In Willis' article, she discusses the major characteristics that are associated with autism and simple strategies that will help autistic children function in the preschool setting. This discussion is based around nine topics/questions of concern. The questions and topics are: How might a child with autism behave in my classroom? What is stereotypic behavior? How do we know what a child with autism is trying to communicate with a behavior? Other ways a child with autism might communicate. What do we do when a child won't interact with others? How do we arrange a preschool environment for success? Why do children with autism have difficulty with sensory stimuli? How can we prepare for a child with autism? How do we set up the daily routine for a child with autism? (Willis, 2009). The main focus of this article is to help early educators and families provide autistic children with a quality education as well as methods for functioning with daily tasks. Throughout the article Willis discusses the importance of a structured and predictable routine, non-distracting environment, verbal reminders of events that are going to occur next and picture schedule (Willis, 2009). With autistic children having the most successful experience when they are on a daily schedule and in a predictable, non-changing environment, Willis suggestions prepare and remind educators of this and other things to expect when they get their autistic student(s). Willis' article will ensure the success of the educators, families, and students through strategies and helpful hints.

In a study performed by Branson, Vigil and Bingham presents the importance of early identification and early intervention of Autism Spectrum Disorder by describing the impact of early experiences on brain development and the benefits of early intervention (Branson, Vigil, and Bingham, 2008). The authors found that children who went through early and intensive intervention had the higher chance of being able to use verbal communication and tended to be placed in a less restrictive setting in school. Early identification has proven to be beneficial for family members as well because it gives them ideas for strategies of intervention and it provides them with a diagnosis. Children that are diagnosed with autism later tend to be less responsive to their name being called, make less eye contact and do not smile as frequently as that of normal developing child. The authors find that community childcare settings is the perfect location to continuously observe children's development because more infants and toddlers are spend more time at community childcare centers, the employees at the childcare centers are trained to know what a typical developing child is like, childcare center workers have a lot of opportunities to observe children that attend the center, and a cooperative relationship with the childcare center environment and early intervention and school district EC programs to identify and serve children that have developmental delays. The authors point out that when choosing a screen tool one should make sure that the tool has adequate reliability, validity and positive predictive powers; the tool should also focus on all areas of development; and the tool should be efficient and cost effective to ensure that it is used on a periodic basis (Branson, Vigil, and Bingham, 2008). Overall this study proves that early

identification of children at risk of Autism Spectrum Disorders and developmental delays is extremely important for developmental outcomes.

Autism is defined behaviorally by a triad that consists of impaired development of social skills, limitations in the use of interactive language and other forms of communication and repetitive and stereotypical patterns of behavior (Vaughan and Franklyn-Banton, 2008). Over the past years the number of individuals with autism has grown rapidly throughout the world. In their article Vaughan and Franklyn-Banton review the process of diagnosis of children with autistic disorder in Jamaica, with special reference to the roles that first-contact early childhood professionals in health and education sector may play in impacting this process (Vaughan and Franklyn-Banton, 2008).

The children and their parents that participated in this study were selected by being identified from the public Child and Family Clinic for Developmental and Behavioral Disorders of Childhood and by a private developmental and behavioral pediatric practice, both of which were located at the University Hospital of the West Indies. Children who were diagnosed between the years of 1999 and 2004 with classic autism disorder were the only ones who were included in this study. Data for this study was collected from hospital records from the use of a survey sheet that was designed specifically for this. Items on the survey included demographic data; such as age, gender, socioeconomic status; behaviors causing parental concern, the age of the child when the parent(s) became concerned, when the professional made a referral and the age the child was when diagnosed. Vaughan and Franklyn-Banton found from this study that of the 145 children that were diagnosed with autism, 28 of the records could not be found, in result only 117 children

were involved in the study. Of the 117 children 104 of them were males and 13 of them were females. The ration of males to females with autism in this study would be represented as 8: 1. Delayed language development was found to be the biggest concern of mothers, the order of the other concerns are regression in language skills, behavioral and learning difficulties, delayed language development and behavioral problems, delayed motor and language development, impairment in receptive language, delayed language development and poor social interactions, impaired social skills, delayed motor development, and regression of social skills (Vanghan and Franklyn-Banton, 2008). It was found that mean age of children diagnosed with autism of women with a professional occupation was 31. 2 months, of women with skilled occupations 41. 8 months, women with unskilled jobs at 70 months, and of women who were unemployed at 46 months. Vanghan and Franklyn-Banton feel that because of all the time that early childhood educators spend with children that they should be trained to use appropriate screening tools that were designed to be used for the age of children in their schools, such as, the Checklist for Autism in Toddlers (CHAT). This would reduce diagnostic delays. However, early childhood educators would need to recognize the features of autism and how to use the screening tool appropriately and to be aware of the resources for referral. The limitation of this study was by a small sample size and incomplete data based on the retrospective nature of the study (Vanghan and Franklyn-Banton).

Many clinicians believe that early intervention of Autism Spectrum Disorder is essential and provides families with a more successful long term outcome for the children. Oosterling, Wensing, Swinkels, Van Der Gaag, Visser,

Woudenberg, Minderaa, Steenhuis, and Buitelarr had two aims for their article the first was to develop a clinically relevant, integrated early detection program based on the two-stage screening approach suggested by Filpek et al. (Ossterling et al., 2009). The second was to evaluate this screening approach, to determine whether Autism Spectrum disorder could be detected earlier, preferably before 36 months. In this study there was an experimental group and control group, both groups were mainly in rural areas of the Netherlands. The baseline time period was January to December 2003 and the follow up period for this study was January 2004-December 2006. In this study there were 2793 participants. The participants were referred to get a clinical evaluation in the baseline and the follow up years. The participants' age was limited to 12 years and below. The way they measured this study was by screening the children with the use of ESAT, this consists of 14 items that measure social communication skills, play, and restricted and repetitive behaviors. The participants were diagnosed by a psychiatric evaluation, administration of the ADOS and/or the ADI-R and assessment of cognitive and language skills (Ossterling et al., 2009). IQ scores were evaluated with psychometric test that are age-appropriate, the Mullen Scales of Early Learning, the Psycho-Educational Profile-Revised, the Snijers-Oomen Nonverbal Intelligence Test, and the Wechsler tests. Parent-child play of preschool children was also observed. Ossterling et al. found that many children age 0-2 years were referred in the experimental region vs. the control region; more children that were 0-2 years of age were referred in the follow up period vs. the baseline period; more children 0-2 years of age were diagnosed with Autism Spectrum Disorder compared to children of other ages. Overall this study showed that the availability of an <https://assignbuster.com/early-detection-and-diagnosis-of-autism-psychology-essay/>

early identification tool and primary care workers knowledge of early signs of Autism Spectrum Disorder and ongoing involvement in a screening program can lead to earlier detection, referral, and diagnosis of Autism Spectrum Disorder but if a program like this is to be implicated it is essential that there are follow up services and facilities for children who are at risk of Autism Spectrum Disorder and appropriate autism-specific interventions of parents and children at the ages being screened (Ossterling et al., 2009).

Autism can be diagnosed as young as the age of two. Steiner, Goldsmith, Snow and Chawarska found that the majority of the children being diagnosed at the age of two were continuing to be diagnosed at the three and four years of age. With the startling statistics of the prevalence of autism in present days, Steiner et al. made a guide for practitioners to help them provide differential diagnoses for very young children with the characteristics of autism. For a practitioner to have a grasp of an autistic child they must properly evaluate the overall development of the child. The overall development assessment would include cognition, motor skills and language abilities (Steiner et al., 2012). Once the practitioner has completed the developmental assessment with the child, they now hold the key pieces of information to help conclude if their social interaction skills are delayed. The next delay that would need to be checked for would be the ability to communicate with others, through the understanding of words that have been said and gestures that have been made and being able to respond to these. Next the practitioner should perform an assessment for restricted interest and repetitive behavior, followed by checking to see if there are deficiencies in play skills. Finally, the practitioners should assess the adaptive

behavior in the child that is being evaluated. Stenier et al. found that best practices suggest that programs for children diagnosed with autism should begin early, should be individualized to meet the special needs of the child, comprehensive, include parent education and training and be data based (Stenier et al., 2012).

Matson, Rieske, and Tureck found in their article that parents typically notice autistic symptoms in their children and had concern before they turned three years of age and some even thought their children displayed symptoms before the age of two. To help them diagnosis or identify if a child has autism sometimes practitioners look and study home videos of the children. The problem with home videos is that they can be limited in the information that is needed because the child could be turned away from the camera and their reaction to certain events may not be recorded. This measure is always accompanied with sound assessment measures such as the Baby and Infant Screen for Children with aUtism Traits, Checklist for Autism in Toddlers, Modified Checklist for Autism in Toddlers and occasionally the Quantitative Checklist for Autism in Toddlers. Matson, Rieske, and Tureck have also found that through public awareness because of foundations and government agencies like the Center for Disease Control, thanks to the marketing of these organizations many parents know what they are to look forward and more children are getting diagnosed early on in life.

A study conducted by Matson and Tureck provides an update on the current status of the Baby and Infant Screen for Children with aUtism Traits

(BISCUIT) (Matson and Tureck, 2012). In this study they established the

reliability of the three parts of the test. These three parts are core symptoms
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of autism and PDD-NOS; comorbid psychopathology and challenging behaviors (Matson and Tureck, 2012). The authors found that biggest area of concern when it comes to diagnosis is early detection. The process of early detection could become complicated depending on the age of the child, reason being is that skill sets that help distinguish individuals with or without autism spectrum disorder have not entirely developed yet. Overall the authors found that the BISCUIT is a well-studied and established measure of Autism Spectrum Disorder.

MacFarlane and Kanaya conducted a study to determine the exact nature and magnitude of the inter-state variability in eligibility criteria for Autism Services in special education (MacFarlane and Kanaya, 2009). The authors collected legal codes of each state and Washington D. C. and analyzed them as well as the special education laws of each state's code. They then organized the autism services by two independent coders on four themes. The themes of the services were: CFR, DSM, ASD, and Evaluation Team. Of the themes CFR had the highest reliability. Of all the geographic divisions observed autism experience a slow and steady increase in prevalence rates (Kishore and Basu, 2011). After the analyses the authors found that states that included ASDs in the eligibility criteria had the highest prevalence rates.

In their article Crane and Winsler wanted to find practical answers to the questions: Can Autism Spectrum Disorder be effectively detected in toddlers or infants and If it can, who is going to do the detection, evaluation, and intervention? It is difficult to diagnose autism spectrum disorder correctly because of the expansive amount of different behaviors that are related to the diagnosis. Every child is different, autistic children are no exception to <https://assignbuster.com/early-detection-and-diagnosis-of-autism-psychology-essay/>

this. Some children with autism are quiet and more reserved where as others are more talkative. Although every autistic child is different, typically the first concern reported with children that have been diagnosed with autism is difficulties in speech. The authors found that infants that are diagnosed later with Autism Spectrum Disorder tend to not respond to their names, fail to orient towards people and show less verbal and nonverbal communication behaviors (Crane and Winsler, 2008). Methods of early screening and detection that have shown that toddlers show symptoms early on in life are Checklist for Autism in Toddlers, video analysis and evidence of neurological markers. Overall they found that early intervention does improve the long term outcomes for those diagnosed with Autism Spectrum Disorders and their families.

The purpose of Evens and Ho's article was to answer three questions and these questions were: How stable is the diagnosis of autism for 2 ½ years to 4 ½ years?; How valid and reliable are both the screening tools and the clinical measures from 2 ½ to 4 ½ years?; How did cognitive skills, language and adaptive behavior change? The participants of the study consisted of 39 boys and 10 girls. Forty six of the participants were born between 1995 and 1996. The participants were seen at 2 ½ years and again at 4 ½ years. All the participants were considered to being potentially autistic by a community professional. The Pervasive Developmental Disorder Screening Test 1 and 2 were conducted over the telephone and done by a parent or a caregiver of the child. The Pervasive Developmental Disorder Screening Test 3 and the Checklist for Autism in Toddles were administered by a register psychologist at the clinical assessment. The results of this study is that at

the initial visit (2 ½ years) 34 children were autistic, 9 had Pervasive Developmental Disorder not otherwise specified, 6 were not autistic, 5 were normal or language disordered, 1 had Angelman Syndrome and 1 had Rhetts Syndrome but was not part of the follow up. At the second visit (4 ½ years) 36 were autistic, 4 had Pervasive Developmental Disorder not otherwise specified, 9 were not autistic. The authors found that early diagnosis of children with autism spectrum disorder is stable, the changes in the diagnosis dealt with IQ and there are many measuring and screening tools to use but there is not a specific instrument to use , they found that it was more effect that community professional be more alert to developmental differences among younger children.

Manning, Davin, Barfield, Kotelchuck, Clements, Diop, Osbahr and Smith's article examines trends in Autism Spectrum Disorder diagnosis in Massachusetts early intervention program, overall, and by selected characteristics and to identify characteristics associated with early Autism Spectrum Disorder diagnosis (Manning et al., 2001). This study was done by gather data from the Massachusetts Pregnancy to Early Life Longitudinal Data System, a public-private partnership between the Massachusetts Department of Public Health, the Boston University School of Public Health, and the Centers for Disease Control and Prevention. The use of an 9-step algorithm helped match early intervention program data with resident birth certificate records on various combinations of a child's first and last names, mother's last name, child's date of birth, mother's date of birth, child's gender, zip code, and soundex (Manning et al., 2001). The study was made up of 388, 644 participants (children). Of the 388, 644 children that were

born in Massachusetts during the years 2001 through 2005, at the age of 3; 3013 of them were taking part in early intervention for Autism Spectrum Disorder by the age of 36 months. The authors found through this study that between the years of 2001 and 2005, 1 out of 129 children born in Massachusetts were in an early intervention program for Autism Spectrum Disorder. They also found from this study that linkage of early intervention program data and population based vital statistics data is useful for identifying trends and disparities in early Autism Spectrum Disorder diagnosis (Manning et al., 2001).

The advances and challenges of early screening and diagnosis of autism is discussed in an article by Sheinkopf. There are four areas of concern for diagnostic evaluations, these areas of concern are: Individuals thinking that autism is a form of social learning disability where social, communication, and play behaviors are both delayed and atypical compared to a child's age and developmental level; diagnosticians pay careful attention to the frequency and quality of a child's social initiations and responses; the nature of a child's communication and speech; and diagnostic clinics pay careful attention to repetitive behaviors but recognize that these are problematic as indicators of autism in very young children (Sheinkopf, 2009). Autism can be diagnosed before the age of three. However, Sheinkopf feels that parents, primary care doctors, and systems of education should be aware and understand that diagnostic decisions may not always be clear because it can be difficult to diagnose toddlers and preschoolers.

Early detection and diagnosis of autism not only beneficial for the child it is also beneficial for the family as well as others involved in the child's life. The <https://assignbuster.com/early-detection-and-diagnosis-of-autism-psychology-essay/>

results show that early diagnosis and detection can benefit the educational learning experience, the development and can provide families with an answer. There are many steps to the process of detection and diagnosis of autism; there are multiple assessments to be performed and plans to be implemented. The role of parents and early childhood care givers are important in the detection/identification process because these individuals are around the children more and can report areas of concern to practitioners. Early detection and diagnosis of Autism Spectrum Disorder is important in the functioning and development of children.