

Early Screening for Autism: Beneficial for Transition into Adulthood

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Abstract

Autism Spectrum Disorder (ASD) is a complex mental health diagnosis that has gone through overhauls in changes from policies concerning education, medical coverage, community involvement and support. With ASD, symptoms can range from verbal to non-verbal and over the years delineating the criteria for diagnosis and ensuring that medical professions correctly diagnose can be challenging given the wide range of symptoms. There are existing concerns with early screening and misdiagnosis as there are other disabilities that have similar symptoms. This paper seeks to compile data and information about early childhood intervention for ASD and the benefits it can provide for people on the spectrum transitioning into adulthood. There is limited research on how early intervention correlates to success for people on the spectrum in adulthood but the emphasis on active participation in the autism community shows the desire to improve the lives of those affected by ASD.

Keywords: early screening, autism, ASD, intervention, education, policies, transition, adulthood

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Autism Spectrum Disorder (ASD) diagnosis appears to be on the rise. “About 1 out of 59”, as asserted by the CDC, receives this diagnosis (Au et al., 2021, p. 517). Existing engaging parties from different disciplines like the medical field, educators, policy makers participate in the general desire for humanity to strive for the inclusion and betterment of all. There are multiple intervention methods to achieve this common good for people on the spectrum, but there needs to be a medical diagnosis to receive the necessary assistance afforded to people on the spectrum (Matson et al., 2014). While ASD does interweave with other disciplines, being that this is a mental health condition, study and research are primarily within the psychology perspective. Given the prevalence of ASD diagnosis, it begs the question of early screenings being essential. Early childhood screenings for ASD can be beneficial to aid the varying methods used for support, forge pathways for law reforms, and increase quality of life in the transition through adulthood.

In the pursuit to answer questions concerning ASD and its complexities, a true disciplinary research process can delve into many insights as the topic of ASD permeates into many layers of early childhood and beyond. In the hopes of improvement in daily life, seeing how different disciplines meet this challenge can produce differing awareness and collective contribution. Are there mitigating factors that limit a possible standardization in screening, and is it plausible to have early childhood screening accessible to all? Is there enough merit to promote early childhood screening for ASD to enhance the quality of life for those with this diagnosis? Traditionally, depending on how a child is raised with nurture and influence, can alter the trajectory of a person’s life. There can be many added benefits in early childhood screening and seeing if the benefits outweigh the disadvantages depend on multiple factors. With a

comprehensive approach to this matter, a concerted effort can be achieved to assist people on the spectrum.

Mental Health Diagnosis

Screening and interventions are fundamental with the correct diagnosis and care plan for people with ASD. Psychologists make many contributions with research and studies as people on the spectrum exhibit some symptoms that impact behaviors. Within the psychology discipline, the consensus amongst them seems to support early screenings so that essential services are rendered soonest. According to Matson et al., in 2014, “screening and diagnosis for children and youth with autism disorder (ASD) is a core construct in service provision for persons with ASD. The diagnosis is tied to funding sources and service provisions” (p. 3). For children displaying symptoms associated with ASD, the necessity for screenings plays a role with interventions and assistance. An existing intervention called Early Intensive Behavioral Intervention (EIBI) is a method where between “30-40 hours per week for 2 years” is implemented in the regiment of young children as mentioned by Leaf et al. (Leblanc et al., 2014, p. 63). Leblanc et al. expounds on this information with data, as postulated by Lovaas, where the outcome displays two control groups with the full recommended hours and the other group with less. There was a margin of close to 50% of children incorporating the full hours being able to integrate in general education setting and raised IQ (2014). This data is conducted with controlled groups, however, the numbers show a positive trend. Proper diagnosis and placing reinforcements with interventions show benefits with potential progress in society for children on the spectrum.

With the exigent resources, studies, and research with ASD, does the time, effort, and energy benefit in the long run? As stipulated by Farley & McMahon, 2021, there are limited studies in autistic adults where, “predicting outcome and planning for adult service needs for

children with Autism Spectrum Disorders (ASDs) is limited by gaps in current knowledge” (p. 91). Early intervention is a factor that assists children on the spectrum and there are some data that shows the transition from high school to college as less than people without disabilities (Alverson et al., 2015). In a study with children diagnosed on the autism spectrum, as asserted by Carnevale et al., college education is necessary to stay competitive in today’s labor force (Alverson et al., 2015). There are existing accommodations that are afforded to adults with disabilities, within the higher learning facilities, and it is incumbent by the adult with the disability to pursue (Alverson et al., 2015). An interesting point that is claimed by Chiang et al., are multiple factors that contribute to a higher success rate of college enrollment for people with autism from family income to “above average academic performance in high school” (Alverson et al., 2015, p. 52). There are challenges with autism and attaining higher education. In addition to this, there are existing support systems with adults on the spectrum in continuing their education, and there seems to be a substantial need for this continued assistance during these types of transitions.

Early Screening and Education

When it pertains to the educational system, children spend a substantial amount of time in school settings. When it comes to early screening, educators can aid in the process diagnosis for ASD. As purported by Fein et al., with interventions in place, children that are on the lower end of the spectrum “stand a better chance of living more independently, having friends, and being in a steady relationship” (Au et al., 2021, p. 517). While this speaks about a group of children on a certain range on the spectrum, without intervention, positive impacts may be limited. With early screening, McConachie et al. asserts that parents can observe unordinary behavior with their children (Au et al., 2021). Parental figures spend a lot of time with children in their early stages.

Moreover, not only do parents spend a good amount of observable time, but educators can see children's behaviors through interactions with others (Au et al., 2021). Due to these observations, Au et al. construct a checklist that can be used by educators that can serve as a tool to aid in screening for ASD (2021). These educators have the experience and the wherewithal to contribute in the diagnosis process for autism in young children.

Policies and Reforms

“Early intervention and detection of autism spectrum disorders (ASD) is currently a topic of much discussion” (Crane & Winsler, 2008, p. 245). As previously mentioned, ASD is a complex mental health condition where many communities and fields have a stake in research and in their advancement. As with many health matters, policies in place are crucial determinants in items like insurance coverage or government assistance. Laws that are pertinent to ASD, when it comes to education, as mentioned by the U.S. Department of Education, reforms for children with disabilities have been advocated for quite some time (Crane & Winsler, 2008). The Individual with Disabilities Act (IDEA) is a policy enforcing children with ASD to have plans that are tailored to their individual need as asserted by Katsiyannis et al. (Crane & Winsler, 2008). Relevant and up to date policies are an important component to facilitating necessary interventions.

Although reforms like this are present and advantageous to children on the spectrum, there are existing questions about the correct diagnoses in young children. In 2008, according to Crane & Winsler, “for early detection and diagnosis to take place, practitioners must be able to easily screen children for ASD while avoiding problems such as false positives” (p. 249). The concern of not having a correct diagnosis has value because there can be limitations placed on a person on the spectrum. With existing screenings, some research looks into having the

appropriate screening methods for proper diagnosis. In the study by Dereu et. al, with early screening for ASD, checklist for autism also met the criteria for other disabilities (2012). Checklists like the Autism Diagnostic Observation Schedule (ADOS) should be used and complement the early screening ones for discernment amongst other conditions (Dereu et al., 2012). Again, do the benefits outweigh the disadvantages? As asserted by Rogers & Vismara, “it not only can improve their developmental functioning, but can also lead to decreased maladaptive behaviours and symptom severity” (Dereu et al., 2012, p. 541). As complex as the diagnosing process for ASD is, the concerns of having false positives are valid and the scrutiny with these checklists, and meeting the criteria should be elements that are revisited before a conclusive diagnosis is given.

Benefits of Early Screening

With the disciplinary aspects that have been reviewed so far, there is a common ground for wanting to achieve what is best for people on the spectrum. Early intervention and screening are proponents for providing the services and assistance necessitated for better assimilation with society. Within the psychology community, one vies for methods to be more enhanced than others. Leblanc et al. support the Early Intensive Behavioral Intervention, a demanding program when used in the early years, shows positive results (2014). The Diagnostic and Statistical Manual of Mental Disorder (DSM) is used by professionals in terms of criteria for diagnosis and according to Matson et al., there are concerns of inclusion or exclusion of criteria from one revision to another (2014). It should be noted that autism spectrum is a complex disorder to diagnose because of all the factors associated. Early intervention studies show beneficial results even with differences in updates with the DSM autism criteria or differing studies. As science advances, the more data is collected, or studies considered, professionals agreeing or disagreeing

will supplement the research of ASD. There will be differing insights and opinions, but for the collective good, the best possible methods should be used and explored.

Personal Experience with Early Screening

This research paper focuses on the existing data on early childhood screening and its benefits. Conversely, personal accounts lend an expository point of view within the complexities of ASD. My personal account is with my son, age 14, who was diagnosed with ASD when he was 4 years old. The information for ASD 15 years ago was relevant and milestone markers that were conducted at wellness check seemed to assess for symptoms associated with ASD. I knew parents who had children on the spectrum and they were open with their struggles and positive outcomes. As a parent, I observed the telltale symptoms of ASD like speech delays, reduced eye contact and repetitious patterns. I was apprehensive of my suspicions but voiced my concerns with pediatricians; they recommended assessments for speech delays. My son was able to start school early and had difficulties in assimilating with classroom norms. The educators, with their experience, recommended for further evaluation. Once my son was given his ASD diagnosis, he was afforded extra support with the necessary therapies, specialized educational plans and insurance coverage to enable the services required. Fast forward, my son fully integrates in general education, is self-sufficient and shows promising signs of a fulfilling future. In this case, early intervention was beneficial over the course of time.

Conclusion and Recommendations

In conclusion, early childhood screening and intervention can provide additional benefits. Matson et al. raises a concern, as expressed by Osborne et al., with “increased parental stress...could negatively impact the child with respect to behavior problems and treatment outcomes” (2014, p. 5). While concerns exist for diagnosis and possible false ones, with more

resources and comprehensive studies, there is a reasonable conclusion that the benefits outweigh the detriments. The goal and determination to provide quality life for people on the spectrum is evident. Much of the focus and research is geared towards the early childhood years; this warrants more future research to see the correlation between children diagnosed, receiving services and their transition into adulthood. This information can provide the necessary data to propel the continuity for a cogent support system for children in their younger years and into their adolescence.

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