Translating Research to Practice for Children With Autism Spectrum Disorder: Part I: Definition, Associated Behaviors, Prevalence, Diagnostic Process, and Interventions

Norah L. Johnson, PhD, RN, CPNP-PC,
Karen Burkett, PhD, RN, PPCNP-BC,
Judy Reinhold, MSN, RN, CPNP, PMHS
& Margaret W. Bultas, PhD, RN, CNE, CPNP-PC

Norah L. Johnson, Assistant Professor, College of Nursing, Marquette University, Milwaukee, WI.

Karen Burkett, Pediatric Nurse Practitioner, Division of Developmental and Behavioral Pediatrics, APN Faculty Leadership Education in Neurodevelopmental Disabilities (LEND), Cincinnati Children's Hospital Medical Center, Cincinnati, OH.

Judy Reinhold, Pediatric Nurse Practitioner, The Kelly O'Leary Center for ASDs, Division of Developmental and Behavioral Pediatrics, Cincinnati Children's Hospital Medical Center, Cincinnati, OH.

Margaret W. Bultas, Assistant Professor, School of Nursing, Saint Louis University, St. Louis, MO.

Conflicts of interest: None to report.

Correspondence: Norah L. Johnson, PhD, RN, CPNP-PC, College of Nursing, Marquette University, Emory Clark Hall, 325, 530 N 16th St, Milwaukee, WI 53233; e-mail: Norah.johnson@marquette.edu.

0891-5245/$36.00

Copyright © 2016 by the National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.

Published online October 31, 2015.

http://dx.doi.org/10.1016/j.pedhc.2015.09.008

ABSTRACT

Introduction: The number of children with autism spectrum disorder (ASD) is rising, along with the potential for challenging behaviors during health care encounters.

Method: We present an overview of the emerging science related to ASD diagnosis and interventions for children with ASD.

Results: Emerging science on ASD reveals common associated challenging behaviors, increasing prevalence, emphasis on early diagnosis at 18 to 24 months of age, changes in the diagnostic process with criteria from the *Diagnostic and Statistical Manual of Mental Disorders,* 5th edition, and interventions with medication, education, and behavior management.

Discussion: Family and health care provider preparation strategies facilitate care of children with ASD and their families. Early diagnosis at 18 to 24 months of age and evidence-based interventions contribute to best outcomes for children and families. Health care providers must be aware of the state of the science for diagnosis and best practices to provide family-centered care for this growing population. J Pediatr Health Care. (2016) *30*, 15-26.

KEY WORDS

Autism spectrum disorder, autism, ASD, diagnosis, behavior

Autism spectrum disorder (ASD) is a developmental disorder that presents with atypical language and social behavior, along with restrictive and repetitive behaviors and unusual interests (American Psychiatric Association [APA], 2013). The spectrum of behaviors and their severity are highly variable (Hall, 2012). The behaviors may be self-inflicted (e.g., hitting or biting oneself) and/or externalized (e.g., hitting or kicking others; Johnson, Bekhet, Robinson, & Rodriguez, 2014; Matson et al., 2011). Behaviors may be exacerbated when children are stressed, such as in health care settings (Hall, 2012; Johnson & Rodriguez, 2013; Johnson et al., 2014; Matson et al., 2011).

Discerning the most accurate information about ASD to use as a basis for recommendations for family-centered ASD treatment can be challenging for nurse practitioners and other health care practitioners (HCPs), given the complexity of the symptoms and wide range of presentation (Lounds Taylor et al., 2012; Warren et al., 2011). The objective of this review article is to describe the evidence for the HCP's role in screening, the diagnostic process, and interventions with children who have ASD. We present background on the current state of the science related to ASD definition, associated behaviors, prevalence, the diagnostic process, and interventions.

ASD DEFINITION

The definition of ASD has developed over time since it was introduced in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III; American Psychiatric Association [APA], 1980). Prior to 1980, ASD symptoms were considered to be representative of early onset schizophrenia (APA, 1952, 1968). The fourth revision of the DSM categorized the symptoms of ASD into three distinct pervasive developmental disorders (PDDs): autism, PPD–not otherwise specified, and Asperger syndrome (APA, 1994). The classification of the PDDs did not change with the DSM IV–text revision (APA, 2000). With the fifth edition of the DSM, the three PDDs are collapsed into one diagnostic disorder, ASD. The diagnosis of Asperger syndrome and PDD–not otherwise specified are no longer given in the DSM-5. Future prevalence studies may be affected, given the change in the categorization of ASD with the DSM-5 (Swineford, Thurm, Baird, Wetherby, & Swedo, 2014).

The new DSM-5 diagnostic disorder ASD has two main criteria: (A) persistent social communication and social interaction deficits and (B) restricted, repetitive patterns of behavior, interests, or activities (see Box 1). A child may demonstrate all of the A criteria as early as age 2 years if the child does not respond to his or her name, has no or limited joint attention, and shows a lack of reciprocal interaction. An example of the B criteria in a toddler is an unusually strong interest in a play telephone during which time he does not engage with his mother, respond to his name, or share enjoyment with his mother about the phone. Adherence to restricted routines can lead to difficulties with transitions and challenging behaviors, such as tantrums (Weitlauf et al., 2014).

BOX 1. Criteria for diagnosis of autism spectrum disorder[a]

Criteria A: Persistent social communication and social interaction deficits in multiple contexts. Includes deficits in all three areas:
- Social-emotional reciprocity.
- Nonverbal communicative behaviors used for social interaction.
- Developing, maintaining, and understanding relationships.

Criteria B: Restricted, repetitive patterns of behavior, interests, or activities. Includes at least two:
- Stereotyped or repetitive movements, use of objects, or speech.
- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior.
- Highly restricted, fixated interests that are abnormal in intensity or focus.
- Hyper- or hyporeactivity to sensory input or unusual sensory environment interest.

Criteria C: Symptoms were present in early developmental period.

Criteria D: Symptoms correlate with clinically significant impairments in social or occupational functioning.

Criteria E: Impairments are not better explained by intellectual disability or global developmental delay.

Clinician specifies the following:
- With or without intellectual impairment.
- With or without language impairment.
- Any associated or known medical or genetic condition.
- Any associated neurodevelopmental, mental or behavioral disorder.

Severity rating:

Level 1: Requires support.

Level 2: Requires substantial support.

Level 3: Requires very substantial support.

Note. [a]*Adapted criteria for Autism Spectrum Disorder in the Diagnostic and Statistical Manual for Mental Disorders, edition 5* (*American Psychiatric Association, 2013*).

Download English Version:

https://daneshyari.com/en/article/2662077

Download Persian Version:

https://daneshyari.com/article/2662077

Daneshyari.com