

The Importance of Early Intervention with Children and Youth in the Autism Spectrum

Dear Editor,

With the recent events in Sandy Hook Elementary School in Newtown, Connecticut and my experience assessing higher functioning youth within the autism spectrum (HFASD), I have become convinced of the need for early diagnosis and intervention. Those who have received little support around social learning and self-regulation prior to adolescence are more difficult to treat and some are at risk for acting out their anger with no sense of the social restraints that might inhibit violent expressions of rage.

Although many children with HFASD present challenges from a young age, many parents simply consider their “difficultness” as just “who they are.” They can cope with the “meltdowns” of the two to four year old. Their obsessive interests are also tolerated as many of them appear gifted with their fund of knowledge about dinosaurs, insects, cars or math. Stressed parents may find themselves quite frustrated by the child’s resistance over minor requests, the “meltdowns” that can last hours or the extreme fussiness around food and aggression directed at younger siblings or family pets. Despite appropriate efforts at helping their child understand the importance of “using their words and not their hands” and how others feel when they react aggressively, parents often report that the child doesn’t “get” why this is important, especially when frustrated.

Most children with autism spectrum disorder (ASD) have difficulties with self-regulation and are often diagnosed as having attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD). They may even respond to stimulant medication reducing the impulsivity but this does not treat the difficulties with social understanding. With well supported parents these parenting challenges can be manageable, but for stressed or poorly supported parents the relationship with the child can begin to become very strained, increasing the child’s anxiety and anger. Many of our typical parenting interventions are relatively ineffective in managing the behavioural issues.

In the school system, children with HFASD often have difficulty complying with the teacher’s directions, not fully

understanding the difference between adult and child roles. Interaction with peers is often compromised by their poor understanding or approach behaviours, and difficulty with sharing and turn taking. This regularly results in peer rejection and a sense of confusion in the child who really does not understand why their peers don’t want to play. Lastly, the stimulation in the classroom may overwhelm their hypersensitive sensory system. With good teachers who understand their difficulties they may receive support with peers, opportunities to take breaks when overstimulated and strategies like visual cueing to deal with difficulties with change. In other situations, interaction between child and teacher becomes strained, leading to angry and sometimes inappropriate reactions that reinforce the child’s resistance. This is obviously compounded when the interactions with peers result in frequent rejection. This more negative trajectory often results in school refusal and increasing demoralization, often made worse by bullying.

At this point, many children with HFASD begin to withdraw from peers and family, feeling that, no matter what they do, others get frustrated and angry with them. This pattern becomes even more painful for them as they advance through the later grades of elementary school. Their withdrawal may include preoccupation with video games with themes of violence not always understood as “a fantasy world.” Earlier difficulties differentiating reality from fantasy may make them more vulnerable to acting out these fantasies, especially when very angry. School refusal may allow escape but results in conflict with parents and more anger and frustration on both sides. Depression and threats to kill oneself or others become frequent. Visits to emergency departments produce more frustration as the system is seldom designed to support these youth who continue to feel misunderstood and unfairly treated. Residential treatment can be an option but is often rejected by the youth. Jail is threatened but resisted by all involved as inappropriate.

Early diagnosis can abort the negative spiral of family conflict and peer rejection when these youth receive adequate support around self-regulation and social learning. Many find friends with shared interests and can begin to

understand their social world better. Although we have less research evidence about the success of our social skills interventions with high-functioning youth, many professionals working with these children see significant improvements. Further, parents who understand their social comprehension difficulties can take a different approach and work harder at staying calm in their interactions with them. Having such youth identified in school as needing special help with social learning also may increase teacher's efforts to prevent bullying and peer rejection.

I cannot argue that such interventions will prevent the horrible tragedies that we have witnessed at Newtown, but I know that we can do more when we recognize the difficulties early than when we try to address the problems in an out-of-control adolescent.

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