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THE IMPORTANCE OF EARLY DIAGNOSIS AND INTERVENTION STRATEGIES IN IMPROVING DEVELOPMENTAL OUTCOMES AND QUALITY OF LIFE FOR CHILDREN WITH AUTISM

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ABSTRACT

Research shows that early diagnosis of and interventions for autism are more likely to have major long-term positive effects on symptoms and later skills. Autism spectrum disorder (ASD) can sometimes be diagnosed in children before they are 2 years of age. Some children with ASD whose development seems typical up to that point begin to regress just before or sometime during age 2 years. Early interventions occur at or before preschool age, as early as 2 or 3 years of age. In this period, a young child's brain is still forming, meaning it is more "plastic" or changeable than at older ages. Because of this plasticity, treatments have a better chance of being effective in the longer term. Early interventions not only give children the best start possible, but also the best chance of developing to their full potential. The sooner

a child gets help, the greater the chance for learning and progress. In fact, recent guidelines suggest starting an integrated developmental and behavioral intervention as soon as ASD is diagnosed or seriously suspected. With early intervention, some children with autism make so much progress that they are no longer on the autism spectrum when they are older. Many of the children who later go off the spectrum have some things in common: diagnosis and treatment at younger ages; a higher intelligence quotient (IQ, a measure of thinking ability) than average for a child with autism and better language and motor skills.

Key Words: Autism spectrum disorder, early identification, early intervention

INTRODUCTION

Autism spectrum disorder (ASD) is defined as a neurodevelopmental disorder characterized by social interaction, communication impairment, and behavioral disorders that recur with atypical or narrow interest. Associated symptoms in ASD are decreased or increased sensory sensitivity, hyperactivity, attention and behavior problems, and emotional, sleep, and mood disturbances, which makes ASD a lifelong neurodevelopmental condition and its clinical picture very diverse. Knowing that the manifestation of ASD can be very divergent, there is a need for more research in order to better understand the mechanisms of successful interventions and to identify all the variables important for the prediction of optimal outcomes (Olley, 2005).

Russell, Stapley stated the rising number of detected ASDs since the 1990s can be partially explained by the increased recognition of the condition due to better diagnostics. According to Newschaffer, Croen, the prevalence of people diagnosed with ASD worldwide is estimated to be 1–2 per 1000 people. Many studies have outlined the growing number of people diagnosed with ASD. This growing prevalence of ASD highlights the importance of early diagnosis and early intensive interventions for reducing the impact of symptoms on children's functioning.

According to diagnostic criteria, ASD symptoms appear around 12 and 18 months of age; however, sensory and motor symptoms often occur earlier, during the first 12 months. In most youngsters, the manifestation of ASD progressively develops, whilst in others, there is a loss of previously developed abilities, usually between 18 and 24 months. The first study to examine the onset of ASD symptoms was based on an analysis of children diagnosed with autism who were video recorded at home before the diagnosis was made. The results of the study indicated that, at the age of 6 months, the symptoms of ASD cannot be noticed or are not very noticeable, and at the age of 6–12 months the symptoms of ASD are clearly visible in most babies: lack of response to their names, poor eye gaze, decreased shared attention, and narrow usage of deictic gestures. An increasing number of authors state that these sensorial and motor deviations and deviations in emotional modulation that occur between 18 and 24 months of age are early and often neglected symptoms of ASD, which precede socio-communication disorders and restrictive behaviors that more clearly indicate autism spectrum disorder (Zwaigenbaum., et al. (2015).

Youngsters with severe ASD symptoms have more social deficits in communication and interactions, and they show increased restricted and repetitive behaviors compared to children with milder ASD symptoms. Some of the core symptoms of ASD include atypical social and communication development. Other ASD symptoms occur before the child's second year of life and persist throughout life. These symptoms include a lack of emotional reciprocity, spontaneous seeking of joint interests, enjoyment, and affect. In addition, children with ASD have impaired facial emotion recognition, which is an early development of social skills in children without ASD. Children with autism aged 3–5 show reduced and limited understanding of social context, lack of emotional reciprocity, non-verbal communication, and spontaneous behaviors (such as making contact with others or motor imitation of others). The theory of mind attempts to explain these clinical behavioral symptoms as a result of an important cognitive mechanism that results in the inability to understand and predict the feelings of other people, postulating a 'primary' impairment of cognition, specifically in the social domain. Other symptoms that are observed at an early age are restricted and repetitive behaviors, which are one of the major concerns of the parents whose children are diagnosed with autism later on.

Restricted and repetitive behaviors are well-known symptoms of ASD but their development and trajectory are not fully clarified. Repetitive behaviors can be detected at early ages, often before deficits in social communication. Repetitive behaviors can be seen in typical development and have the purpose of mastering a developmental skill, and once the developmental skill is gained, these repetitive behaviors disappear. On the other hand, repetitive behaviors in ASD do not reduce over time and influence development.

Language deficits and delays in language development are typical for children with ASD and can vary significantly from child to child. In a study by Buzhardt, Wallisch, who followed the prelingual development of youngsters who were diagnosed with ASD later on, it was found that,

at the age of 42 months, these children used fewer gestures compared to the control group, while vocalization was more frequent (without word production). These results indicate noticeable deviations in the speech–language development of youngsters with ASD at an early age. Highly functional individuals with ASD can have normal or high verbal IQ and structurally and grammatically adequate sentences. In contrast, low-functioning individuals can have a grammatic sentences, only use phrases, or never develop any language at all, but most children with ASD range between the high-, and low-functioning ends of the autism spectrum, meaning that many have semantic, syntactic, and phonological deficits (Reichow & Wolery (2019).

In contrast, the pragmatic use of language is consistently compromised in all children with ASD. Pragmatic can be defined as adequate use of language in the social context, and competence for pragmatic use in communication includes the capacity of the speaker to change the linguistic register according to a particular situation. Given that children with ASD not only have language deficits but also a lack of social and communication deficits, it is difficult for these children to adjust their speech to the appropriate social situation, which makes their daily communication and functioning more difficult. Observing language from a developmental perspective, the continuity hypothesis was developed, according to which pre-linguistic communication has a pragmatic function similar to that of early language and is, therefore, considered a significant precursor to further language development in children. This hypothesis suggests that children with stronger social motivation develop gestures and vocalizations, which will be the foundation for the development of early words. On the other hand, the speech attunement framework suggests that children with strong social motivation seek language stimulation and, therefore, create the semantic basis for early language development.

The foundations of these two hypotheses can be applied in the treatment of youngsters diagnosed with ASD by insisting on intentional communication as a link between social motivation and functional language. Puerto, Aguilar points out that an accurate and early diagnosis of ASD is a precondition for including the child in an appropriate treatment program. Early intervention involves behavioral, cognitive, educational, and developmental approaches for working with children and involving parents in the therapy process to stimulate the child’s development and generalize their abilities by relying on brain neuroplasticity. According to Kolb and Gibb, early treatment is based on the neuroplasticity of the brain conditioned by experience in which neural connections are generated and assembled, and the learning process happens as a result of the child’s interaction with the surroundings. For this reason, the parents’ engagement in the process of the early intervention model is to provide the child with the opportunity to learn through the performance of daily routines, develop communication skills, acquire knowledge, and generally learn through their own experiences.

The early start of intensive treatments is of great importance for the progress in children with ASD. Therefore, numerous authors suggest that the best time for treatment onset is between the ages of

1 and 3. In the last decade, there has been an increasing amount of literature regarding the outcomes of early intervention on the development of youngsters with ASD. According to Granpeesheh, Dixon, applied behavioral analysis (ABA) has a greater effect in youngsters who began treatment at a younger age compared to older children. Zhou, Xu studied the effect of the intensive Early Start Denver Model intervention model on toddlers aged 18–30 months diagnosed with ASD. The results showed progress in language and social skills in children and a reduction in stress in parents. Shi, Wu showed that the majority of children with ASD, in whom early comprehensive treatment models (CTM) were used, achieved progress in reducing autistic symptoms and enhancing language skills. However, the same authors pointed out that the achieved results of these children still deviate from typical development, particularly concerning functional adaptive skills. Additionally, these authors emphasize that certain aspects of the treatment have a significant effect on its outcome, primarily: the approach to the child, the therapist conducting the treatment, the intensity of the treatment, and the total number of hours spent in the treatment (National Research Council, Committee on Educational Interventions for Children with Autism, 2012).

Early intervention

Prevention of Secondary Symptoms

Individuals with ASD often exhibit aggression, tantrums, and self-injury. These behaviours are not in the diagnostic criteria for ASD, but are secondary symptoms that develop when primary symptoms are not addressed. Almost all disruptive behaviours (secondary symptoms) exhibited by children with ASD have a communicative function and, thus, are often avoided, reduced, or eliminated, with early intervention focused on teaching functionally-equivalent replacement behaviours (FERBs) (Todd & Reed, 2012).

Similarly, co-morbid symptoms, such as depression and anxiety (common in adolescents and adults with ASD; Bauminger & Kasari, 2000; Howlin, 2000) are often directly related to difficulties with socialization, and recent research suggests that comorbidity may be reduced if the core social area is treated. Alternatively, failing to provide intervention for these symptoms due to inaccurate or lack of diagnosis may result in grave consequences. Early intervention techniques to address core symptoms of ASD may prevent secondary symptoms and reduce the need for more substantial and expensive interventions later in life.

Fiscal issues

Early intervention leads to fiscal savings, as untreated symptoms of ASD become more abundant and severe later in life, requiring more costly interventions. Further, these potential lifelong costs are prohibitive for individuals with ASD that need lasting support. Jacobson et al. (1998) discussed a cost-benefit model for early intensive behavioural intervention for children who received 3 years of early intervention between the age of 2 years and school entry. In this model, cost savings were estimated in the range (in US dollars) of \$ 187 000 – \$ 203 000 per child aged 3 – 22 years and \$ 656 000 – \$ 1 082 000 per individual aged 3 – 55 years. Furthering the financial

benefits of early treatment, many interventions for infants have shown that parents can be effective change agents with as little as 1 hour per week of professional support (Chawarska, 2013). By recruiting parents as active interventionists in the habilitation process at the earliest point in time, a much less costly intervention can be implemented.

Parent stress

Parents are generally the first to notice and report a developmental problem in their children (Johnson & Myers, 2007). Along with this perspicacious ability of parents to identify a problem very early in life is the coinciding stress that is almost universally present in parents with a child with a disability. Without tools to address atypical behaviours, such as is the case with ASD, anxious parents are likely to further descend into deeper levels of health problems, such as depression, possibly interfering with their ability to effectively parent. In contrast, providing parents with tools to address symptoms at the earliest point in time is likely to give them self-confidence and empowerment, thereby improving their own mental health along with their child's behaviour.

In short, including parents in early intervention treatment has significant benefits for both the child and the parents' well-being. Overcoming a disability with early intervention although Camarata (2014) suggests that some consider ASD a lifelong disabling condition, many researchers in the field have documented case examples of children who have eliminated their symptoms to the point where the individuals fit within the typical range (Koegel & LaZebnik, 2004; Lovaas, 1987), and almost half can eventually function without the need for special support. However, without early intervention this is unlikely. Most parents and professionals have the goal of alleviating symptoms that could negatively affect the child's ability to engage in leisure activities and gain employment. Early intervention increases the likelihood of improved long-term outcomes. Barriers to early intervention funding as Camarata (2014) points out, an increasing number of states have passed legislation requiring private insurance companies to cover intervention services for ASD. Despite the intent of the initiatives, the autism legislation has been accompanied by numerous class action lawsuits for denial of services (e.g., Cigna, Philadelphia; Kaiser, California; Providence, Oregon). Few would disagree that third party payers are infamous for denial of claims. Again, this often delays or eliminates the possibility of early intervention, and magnifies the costs of intervention in later years. Some of the insurance denials along with some recent publications have suggested that autism (Applied Behaviour Analysis, or ABA) therapy is "experimental" *Int J Speech Lang Pathol* Downloaded from informahealthcare.com by CDL-UC Santa Barbara on 03/12/14 For personal use only.

Importance of early identification and intervention for ASD 53 and that there is a lack of empirical evidence for behavioural intervention approaches (Warren, McPheeters, Sathe, Foss-Feig, Glasser, & Veenstra-VanderWeele, 2011). The primary rationale relates to the lack of randomized controlled trial (RCT) studies. Quite candidly, we (as well as judges that ruled in favour of the

individuals with ASD) believe that there are many scientifically validated interventions available. While RCTs are often considered the gold standard for clinical trials (such as drug evaluations), there are problems when this methodology is applied to behaviour interventions for individuals with ASD. First, the heterogeneity of individuals diagnosed with ASD makes it difficult to ascertain which participants respond to a specific intervention and to what degree. For example, a non-verbal child with ASD may not respond as well as a verbal child with ASD to a particular intervention.

However, if the study's participants include both verbal and non-verbal children, one may mistakenly believe the intervention will help all children with ASD when the significance was analysed at the group level. Second, unlike medication studies where some participants are given a placebo, it may be impossible to have a non-intervention control group for young children with ASD. That is, parents who suspect a delay will seek out services for their child, which limits the possibility of a control group. While an argument could be made that the "treatment as usual" (TAU) in the community is sub-par, there is variability in community services and, therefore, it would be a challenge to compare an experimental and TAU group. Third, because of the heterogeneity of individuals diagnosed with ASD (as well as the difficulty of finding a non-treatment group), often the treatment effects are not significant in a group design.

Next, and taking the perspective that there are not enough RCTs to support the effectiveness of early intervention, this leads us to question why more behavioural treatment RCTs are not being funded by the US federal government. One simply has to look at funded research in the US to see that a disproportionate amount of funding is being spent on physiological research relative to psycho-educational research in the area of ASD. Moreover, the research-to-practice gap from when a scientific discovery is made until it is practiced is often more than a decade. This means that even if a RCT were started today, a child would be well past the early intervention age by the time it was ready for implementation (Greenwood & Abbott, 2001; Morris, Wooding, & Grant, 2011). We believe that no one would argue in favour of denying early intervention services until more RCTs are conducted.

Overcoming a disability with early intervention

Although Camarata (2014) suggests that some consider ASD a lifelong disabling condition, many researchers in the field have documented case examples of children who have eliminated their symptoms to the point where the individuals' fit within the typical range, and almost half can eventually function without the need for special support. However, without early intervention this is unlikely. Most parents and professionals have the goal of alleviating symptoms that could negatively affect the child's ability to engage in leisure activities and gain employment. Early intervention increases the likelihood of improved long-term outcomes.

Treat behavioural functioning

There has been some concern that diagnosing a child with ASD may result in some false positives, particularly in the more mild cases or very young children (Rondeau et al., 2011). However, given the potential effects of ASD on the individual, the family, and the larger community, and the success of early intervention, it seems unwise and potentially detrimental to delay intervention or adopt the “wait and see if ASD develops” approach. Because of the heterogeneity in the diagnosis of ASD, a more intelligent and sensible approach may be to provide treatment for behavioural functioning rather than a diagnostic label. For example, if a child is not talking at 2 years of age and is uninterested in social interaction, it makes more sense to teach the parents some procedures to evoke first words in a social context rather than wait to see if the child is a “late talker” or will develop ASD. Similarly, if a child exhibits excessive tantrums, teaching appropriate replacement communicative utterances would be advisable. Even if there are some false positives, the risks of not providing early intervention can be far more serious, and contrasts negatively with the positive effects of parent education and attention to specific symptoms at the earliest possible age. In other words, not addressing all of the symptoms because of a reluctance to diagnose the child with ASD may place him or her at a disadvantage.

Over the years, many individuals with Autism have not received a diagnosis during the pivotal period of 18-months to 3 years of age, often out of fear of placing a lifelong label on the child. While it has been understood that Autism is a lifelong developmental disability, there is increasing evidence that many of the symptoms of Autism may not necessarily be lifelong. Studies have shown that many individuals previously diagnosed with Autism who received early intensive Applied Behavior Analysis (ABA) intervention no longer meet the diagnostic criteria in later years.

ABA therapy is the application of the science of behavior and learning that is widely used to teach skills to individuals with a wide range of needs, including those on the Autism spectrum, to lead fulfilling lives. For young children, this is applied by teaching skills systematically through direct, naturalistic, and play-based instruction in a manner that ensures understanding and real world application.

Early diagnosis plays a tremendous role in ensuring that those who are diagnosed get the intervention and support they deserve to live a better life, both in the short-term and long-term. The earlier the intervention begins, the earlier problem behaviors can be reduced and age-appropriate skills can be taught. In addition to the child gaining skills in the short-term, early intervention helps to prevent problem behaviors from worsening and an increase in skill gaps. This also results in financial savings, as children who have received early intervention often require less, if any, structured or intensive intervention later in life. Clearly early intervention will leave a

lifelong impact and overall improvement in quality of life, which alone is well worth ensuring that an Autism diagnosis is sought out and obtained as early as possible.

RESEARCH METHODOLOGY

The mixed research design 2 (children's age: 36–47 vs. 48–60 months) was adopted to examine differences in the effect of integrative therapy. The study sample consisted of 29 children from Nairobi, Kiambu, Kisumu and Eldoret. All the children had previously been diagnosed with ASD. The exclusion criteria were neurological disorders and vision, hearing, or motor impairment. Firstly, we used the following inclusion criteria for entering the study: an established diagnosis of

ASD and age of 36 to 60 months, after which children were continuously assessed for exclusion criteria until 20 participants were found for the G1 group (children 36 to 47 months old) and 20 participants were found for G2 group (children 48 to 60 months old). Evaluation for exclusion criteria was performed for 73 children, and 40 children started the intervention process (Figure 1). During the following year, 11 children dropped out of the therapy.

The Gilliam Autism Rating Scale, third edition (GARS-3) [36] was used to assess the presence of autistic symptoms. It is a questionnaire based on the DSM-IV [37] that can be administered by parents and caregivers.

Discussion

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Early diagnosis and intervention are critical factors in improving developmental outcomes and enhancing the quality of life for children with autism spectrum disorder (ASD). The earlier a child is identified and receives targeted interventions, the better the potential for addressing developmental challenges and promoting positive growth.

The brain undergoes significant development during the early years of life, especially in the first three years. During this period, the brain is highly plastic, meaning it has an increased ability to form new connections and adapt. Intervening early allows therapists and caregivers to harness this plasticity to reshape behaviors, enhance social communication, and teach new skills that may not otherwise develop naturally. The ability to engage with a child's brain at this stage can have profound long-term benefits.

One of the hallmark challenges for children with autism is difficulty with communication. Early interventions, such as speech therapy, can help children develop critical language and social communication skills. Addressing these challenges early can improve the child's ability to express their needs, interact with peers, and develop friendships, which are essential components of overall development and well-being.

Children with autism often display behaviors such as aggression, self-harm, or repetitive actions, which can hinder their social and academic development. When interventions, such as Applied Behavior Analysis (ABA) or other behavioral therapies, are implemented early, they can help reduce these behaviors and replace them with more adaptive ones. The earlier these behaviors are addressed, the more likely it is that children will develop appropriate coping mechanisms and adaptive skills.

Research has shown that children who receive early diagnosis and intervention have better long-term outcomes in terms of language skills, social skills, academic success, and even independent living. Early intervention programs that focus on social skills, communication, and play help children engage with their environment in a more productive way. As a result, children are more likely to succeed in school, form meaningful relationships, and gain independence as they grow older.

Early diagnosis and intervention provide families with the necessary support and resources to understand their child's unique needs. This includes training in effective strategies for managing behaviors, understanding the child's communication style, and advocating for their child in educational and healthcare settings. Family members who are well-equipped with knowledge and skills are better able to create a nurturing environment that supports the child's growth.

Autism is a spectrum, meaning that it presents differently in each individual. Early diagnosis allows for a more personalized and tailored approach to intervention, where strategies can be adjusted to meet the specific developmental profile and strengths of each child. By identifying areas of need and strength early on, interventions can be more focused, improving outcomes in areas like socialization, academic achievement, and self-regulation.

Social skills can be one of the most challenging areas for children with autism. Early intervention programs that focus on socialization help children learn the skills they need to interact with peers in school and community settings. The ability to interact with others effectively is essential for building friendships, developing self-esteem, and preparing for life in the broader community. Early diagnosis provides children access to educational supports and services, including individualized education programs (IEPs) that can guide their learning. These programs can be tailored to accommodate the child's specific learning needs, ensuring they receive the appropriate accommodations and modifications to thrive in the classroom. Furthermore, teachers and school staff can be trained to recognize the child's strengths and challenges, which leads to better overall support.

With early diagnosis and intervention, children with autism are more likely to develop skills that improve their overall quality of life. These include skills for independence, emotional regulation, and social interaction. Children who have the opportunity to develop these skills early in life are more likely to experience success and fulfillment as they grow older. Moreover, the reduction of behavioral challenges and the fostering of a positive learning environment contribute to a better family dynamic and social inclusion.

Conclusions

Early diagnosis is critical in ensuring that children with autism receive the right interventions at the right time. By recognizing the early signs and seeking professional help, parents can significantly impact their child's long-term development.

The importance of early diagnosis and intervention cannot be overstated when it comes to autism. The earlier a child with autism receives appropriate support, the more likely they are to reach their full potential. Early intervention promotes better developmental outcomes, reduces the impact of symptoms, and enhances the quality of life for both children and their families. Investing in early diagnosis and intervention offers children with autism the best possible start in life, setting the stage for a future full of opportunity and growth.

Recommendations

- i. There should be increased public awareness and professional training on early signs of autism to promote early screening in pediatric settings.
- ii. Implementing universal developmental screenings at regular pediatric visits, particularly at 18 and 24 months, to detect early signs of autism.
- iii. Providing access to evidence-based intervention programs, such as Applied Behavior Analysis (ABA), early intensive behavioral intervention (EIBI), speech therapy, and occupational therapy, beginning as early as possible.
- iv. Fostering collaboration among pediatricians, specialists, therapists, educators, and families to develop a comprehensive, individualized intervention plan for children with autism.
- v. Offering parent training programs to help caregivers understand autism and provide them with strategies to support their child's development at home.
- vi. Ensuring equitable access to early diagnosis and intervention services, particularly in underserved or rural areas.
- vii. Developing individualized intervention plans that address a child's specific strengths, challenges, and developmental needs.
- viii. Integrating social skills training and emotional regulation techniques into early interventions to help children navigate social situations and regulate their behavior.
- ix. Regularly monitoring progress and adjust interventions as needed to ensure the child is benefiting from the support they are receiving.
- x. Supporting the inclusion of children with autism in mainstream educational and community environments as early as possible, with necessary accommodations and supports.
- xi. Advocating for policies that support early diagnosis and intervention, as well as insurance coverage for evidence-based treatments.
- xii. Beginning transition planning as early as possible, focusing on developing skills that will support the child's future success in school, work, and independent living.

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