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AUTISM SCREENING KNOWLEDGE AND PRACTICE IN SOUTHEAST KANSAS

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ABSTRACT

This descriptive research design examines the autism screening and referral practices of providers in the southeast Kansas counties of Montgomery, Allen, Labette, Cherokee and Crawford. A survey was used to collect data regarding current autism screening and referral practices, knowledge on autism screening guidelines and provider attitudes on routine autism screening. The findings from this study show that providers in southeast Kansas are aware of the AAP guidelines regarding screening and feel that screening every childhood for autism is important. However, these providers are not screening children for autism using an autism specific screening tool nor do they feel confident in their ability to screen for autism. Providers in this area had a strong desire to learn more about autism screening guidelines and specific autism screening tools. A conclusion can be drawn that providers in this area understand the importance of routine autism screening but more education targeting how to actually perform the screening is warranted.

INTRODUCTION

Autism spectrum disorder (ASD) is classified as a neurodevelopmental disorder characterized by delays in social communication and interaction as well as restricted repetitive behaviors, interest, and activities.³ According to the most recent reports from the CDC, it is estimated that 1 in 59 children are diagnosed with some form of ASD in the United States.¹

Research has shown that early identification and intervention can significantly improve outcomes in those individuals diagnosed. The American Academy of Pediatrics (AAP) has recommended routine screening on all children for ASD at the age of 18 months and again at 24 months using a standardized autism-specific tool.⁴ Despite this recommendation, the number of providers who actually screen for autism is drastically low. Literature indicates that only 8%-28% of providers perform routine screenings for ASD.^{2,4} Even more startling is that some providers that are screening are not using an autistic specific screening and are not aware of the recommendations from the AAP.⁴

The failure to diagnose children who exhibit signs and symptoms early is detrimental to the child and their future. There is mounting research noting the benefits of initiating intensive early intervention as soon as possible. Early intervention has shown significant improvement in speech, developmental growth, and intellect in children who started interventions at a young age compared to those who began the same interventions at an older age.⁵ Research in early intervention in young children 18 months to 36 months of age has shown improvement in autistic symptoms, communication, and cognition.³ This data adds to the significance of early screening and diagnosis by primary care providers.

PURPOSE

The purpose of the research study was to assess provider knowledge and attitudes on routine autism screening as well as assess providers current autism screening and referral processes.

RESEARCH QUESTIONS

1. What is the knowledge level regarding early screening and referral for autism of healthcare providers in Southeast?
2. What are the attitudes of healthcare providers in Southeast Kansas on early screening and referral for autism?
3. Are provider's in Southeast Kansas routinely screening for autism using an autism specific screening tool at 18 and 24 months of age?
4. What screening tool are provider's using to screen for autism in Southeast Kansas?
5. Are children who screen positive for autism being promptly referred to early intervention services?
6. If a child in Southeast Kansas screens positive for autism and is referred to services, where are they being referred to?

METHODS

- A descriptive research design was used to gain knowledge on current autism screening, referral practices, and knowledge on autism from providers in Southeast Kansas.
- The participating clinics are located in the southeast Kansas counties of Montgomery, Labette, Cherokee, Crawford, and Allen.
- Two types of clinics were utilized from each county, one private and one federally qualified health clinic.
- The sample population for this study was a convenient, purposive sample.
- A paper survey was developed and distributed to primary care providers in southeast Kansas to gather information to answer the research questions. A total of 41 providers were surveyed for this study.
- The survey included questions regarding demographics, questions to gain knowledge about current autism screening and referral practices and provider's attitudes and education on routine autism screening. The survey contained sixteen questions. Likert-type questions, dichotomous and multiple choice questions were utilized in the survey.
- Surveys were hand delivered to each participating clinic. Each survey was accompanied by a pre-addressed, pre-stamped envelope and cover letter which details the purpose of the survey, how the information provided in the study would be used and the process for completing and returning the survey.
- Two weeks after the initial delivery of the surveys an email reminder was sent to providers to remind them of the survey. One week later a final email was sent to each of the clinics to remind providers to mail back the survey. The researcher collected the survey if the health care provider indicates they were willing to give the survey to the researcher at that time.
- Once the final surveys were obtained, data from the surveys were recorded and analyzed. Analysis of the data was performed using Excel. Descriptive statistics were used analyze the data.

RESULTS

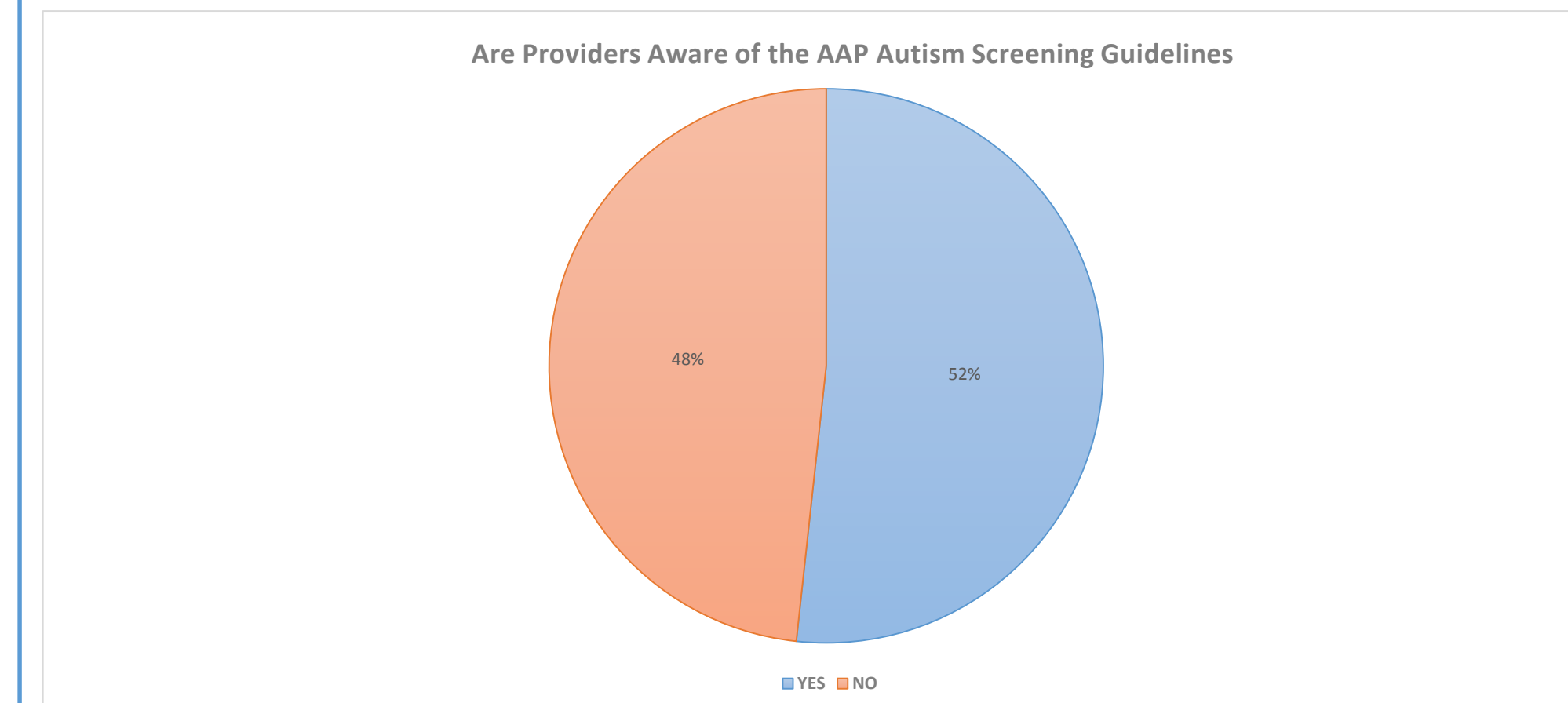


Figure 1. The data collected from the survey yielded providers knowledge of this screening was almost equally divided. Fifty-two percent of providers stated they did know about the AAP guidelines while forty-eight percent of providers reported not being aware of these guidelines

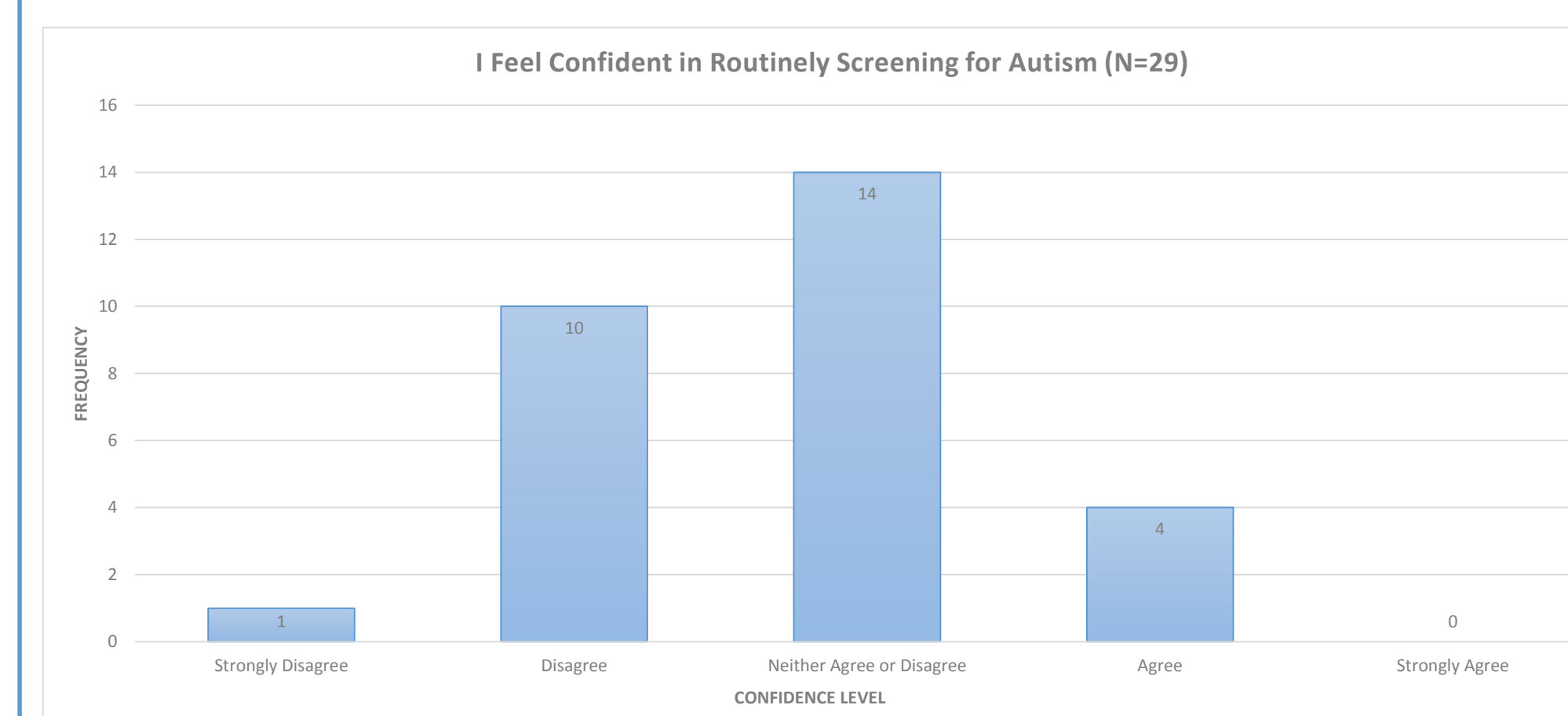


Figure 2. A large majority of providers reported not feeling confident in their ability to routinely screen for autism (48% neither agreed or disagreed to feeling confident and 34% disagreed to feeling confident and 4% strongly disagreed). Only fourteen percent of providers reported feeling confident in their ability to screen for autism

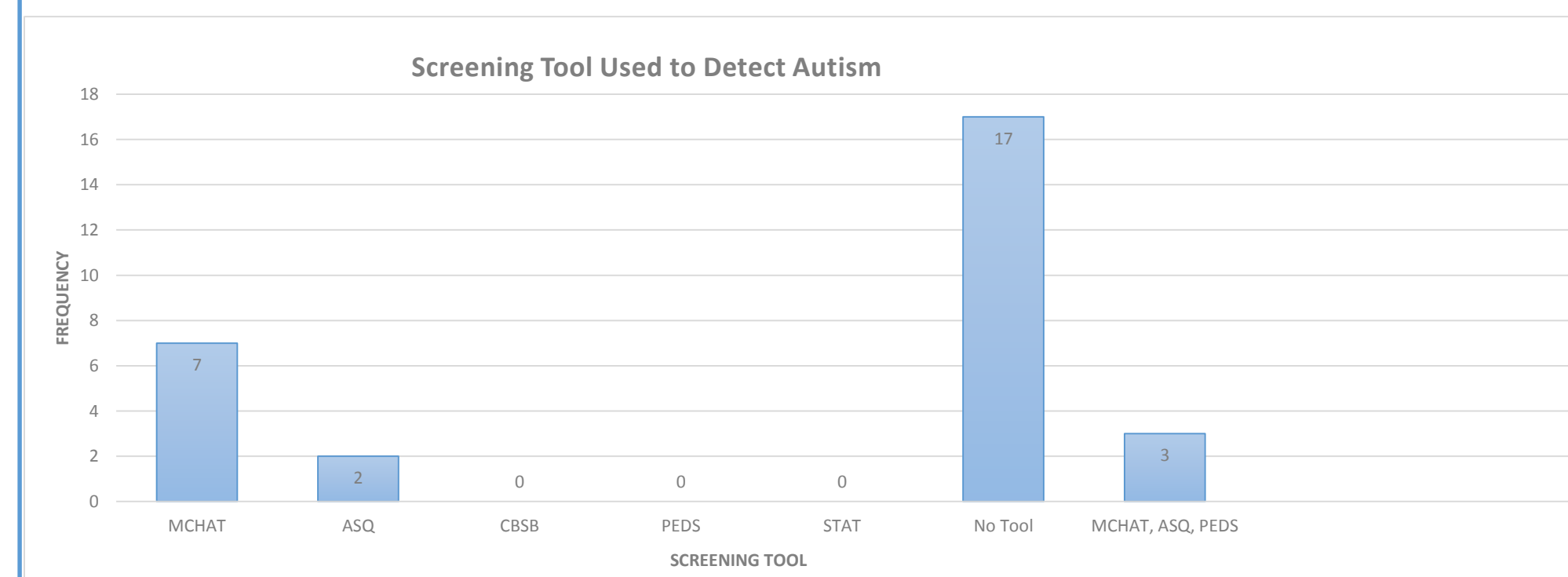


Figure 3. When asked which screening tool providers are using to detect autism, fifty-nine percent reported using no autism specific screening tool. Twenty-four percent of providers reported using the M-CHAT autism screening tool which is the recommended tool per the AAP. Seven percent reported using the ASQ, a developmental screening tool to screen for autism. Another seven percent reported using a combination of screening tools (MCHAT, ASQ, PEDS) to detect autism.

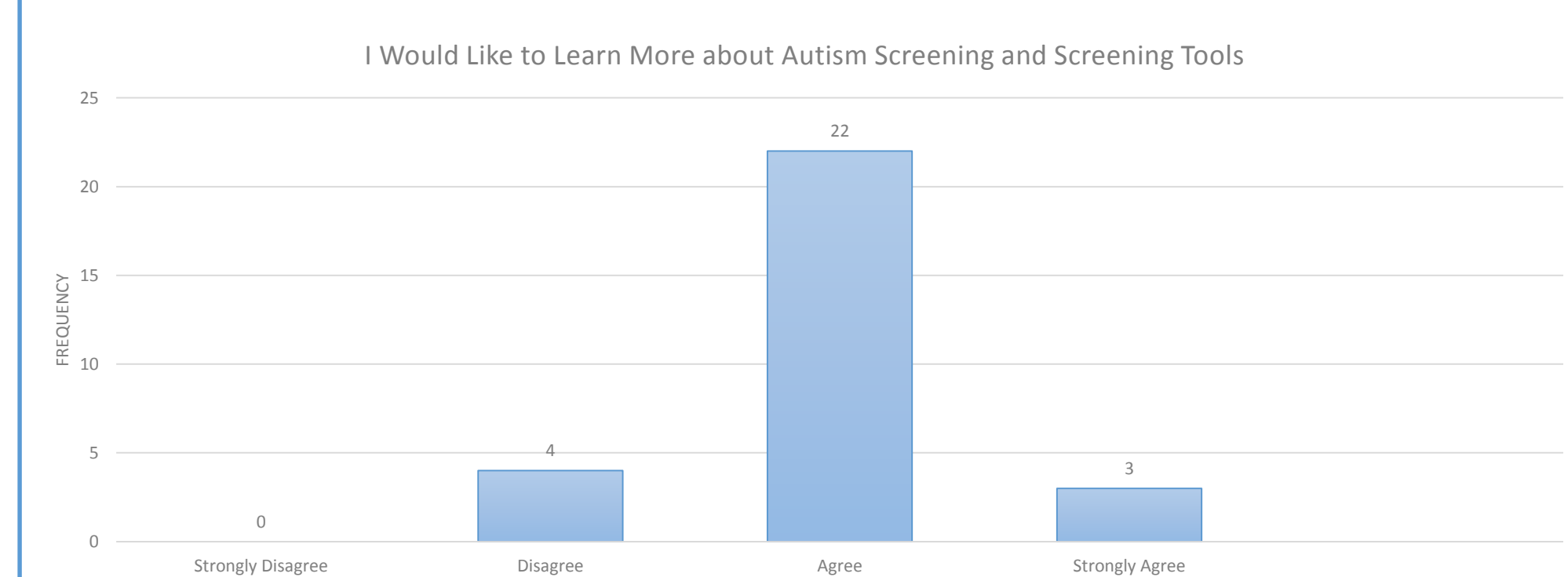


Figure 4. Eighty-six percent of providers reported wanting to learn more about these topics. The majority (76%) agreed they wanted to learn more about autism screening guidelines and screening tools and ten percent strongly agreed. A small portion of providers, fourteen percent, strongly disagreed to wanting to learn more about these topics.

RESULTS

- ❖ Providers in this area felt that screening was important and should be performed on every pediatric patient as sixty-five percent of providers either agreed (48%) or strongly agreed (17%) when surveyed. Twenty-eight percent of providers had no opinion related to the importance of screening answering "neither agree nor disagree". Three percent of providers disagreed that screening was important on every patient while another three percent strongly disagreed.
- ❖ The facility of referral for children suspected of autism from providers in southeast Kansas was overwhelmingly referred to Children's Mercy. Sixty-nine percent of providers reported referring to Children's Mercy alone or referring to there as well as other locations. Other locations where children suspected of having autism were referred was to KU Medical Center, Greenbush, and Birth to Three.

CONCLUSIONS

Analysis of the data indicated the majority of providers in this area are aware of the AAP guidelines, feel confident in their ability to detect autism symptoms. However, these same providers are not following the AAP guidelines and are not using an autism specific screening tool to screen for autism and overwhelmingly do not feel confident in their ability to screen for autism. This data shows a need to education in this area which the vast majority of providers are interested in. Providers are initiating referral for children who are suspected to have autism fairly quickly and most providers refer to Children's Mercy.

Future research should be aimed at increasing provider education in routine autism screening guidelines and autism screening tools. This education could increase provider knowledge and self-efficacy which in turn could increase guideline based autism screening.

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