Early recognition, referral, diagnosis, and intensive early intervention tend to improve outcomes for children with ASD (Golnik and Maccabee-Ryaboy, 2010; Reichow, Barton, Boyd, et al, 2012; Peterson and Barbel, 2013; Zwaigenbaum, 2010). Unfortunately, diagnosis is often not made until 2 to 3 years after symptoms are first recognized. However, in a recent retrospective study, the majority of parents observed atypical development in their ASD children before 24 months old (Lemcke, Juul, Parner, et al, 2013).

Prognosis

Even though ASD is usually a severely disabling condition. With early and intensive interventions, the symptoms associated with autism can be greatly improved and some cases reported symptoms were completely overcome (National Autism Association, 2015a; Wodka, Mathy, and Kalb, 2013). Some ultimately achieve independence, but most require lifelong adult supervision. Aggravation of psychiatric symptoms occurs in about half of the children during adolescence, with girls having a tendency for continued deterioration.

Early recognition of behaviors associated with ASD is critical to implement appropriate interventions and family involvement. There is a growing body of evidence that parent-delivered interventions are associated with some improved outcomes, yet further research is needed in this area incorporating consistent measures (Bearss, Burrell, Stewart, et al, 2015; Brentani, Paula, Bordini, et al, 2013; Oono, Honey, and McConachie, 2013). The prognosis is most favorable for children with higher intelligence, functional speech, and less behavioral impairment (Raviola, Gosselin, Walter, et al, 2011; Solomon, Buaminger, and Rogers, 2011).

Nursing Care Management

Therapeutic intervention for children with ASD is a specialized area involving professionals with advanced training. Although there is no cure for ASD, numerous therapies have been used. The most promising results have been through highly structured and intensive behavior modification programs. In general, the objective