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**Research Paper**

# Autism Spectrum Disorder in Kenya and the role of the Psychologist-A Review of the Literature

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***ABSTRACT:-*** *This paper looks at Autism Spectrum Disorder (ASD) through a literature review. It looks at how it has changed over the years and in particular the changes from DSM-4 to DSM-5, the challenges with etiology as it is difficult to find one particular cause for the disorder and the treatment protocols that have been used to treat the disorder. The main purpose of the paper is to look at ASD in Kenya, what the population thinks ASD is, and the myths about ASD in Kenya. Finally discussing the importance of psychologists is not only treating the disorder but also in disseminating the correct information to the public.*

***Keywords:*** *– Autism Spectrum disorder (ASD), etiology, Kenya, psychologist, treatment*

## I. INTRODUCTION

Autism Spectrum Disorder (ASD) is an early childhood neurological disorder. This literature review will look at the etiology, symptoms and target population. It will then look at effect ASD has on the family, treatment protocol that is preferred, the prevalence in Kenya and the need for psychologists to work with this population. Though research is extensive in this area this research and the need for it has not yet reached the Kenyan population. The literature review was gathered from peer reviewed articles, which were carried out in the last five years and were gathered from EBSCOHOST.

## II. LITERATURE REVIEW

DSM-5 has brought about many changes in the ASD spectrum. To highlight a few the two main domains where those with ASD must exhibit persistent deficits are social communication and interaction as well as restricted and repetitive patterns of behavior. In particular, those with ASD show deficits in social reciprocity; deficits in non verbal communication used for social interaction; and deficits in maintaining, developing and understanding relationships. Additionally, at least two types of repetitive patterns must be seen. These include stereotyped or repetitive body movements; insistence on sameness or inflexible adherence to routines; highly restricted, fixated interests; hyper or hypo reactivity to sensory input or unusual interest to sensory aspects environment (American Psychiatric Association (APA), 2013).

According to Autism Speaks the five major changes made in the diagnosis of ASD include firstly the new classification system that eliminates previously separate subcategories in the spectrum. Secondly instead of the three domains in the Autism symptoms (social impairment, language/communication impairment and repetitive restrictive behaviors) there will only be two (social communication impairment and restricted/repetitive behaviors). A new symptom included will be hyper or hypo reactivity to sensory input that is within the second category. Only three symptoms will be needed in the communication category and two in the behavior category.

Thirdly, symptoms can be currently present or reported in past history. Fourthly, each person evaluated will be described in terms of a genetic cause, level of language and intellectual disability and presence of medical conditions like seizures, anxiety or depression. Fifthly, there is a new category added called Social Communication disorder (SCD), this is a disability in social communication that does not include the presence of repetitive behavior ("Answers to Frequently Asked Questions about DSM-5 | Science/Policy Statements/Statement on Revisions to the DSM Definition of Autism Spectrum Disorder | Autism Speaks," n.d.).

According to a study by Gorrindo, Lane, Lee, McLaughlin and Levitt (2013) etiology is unknown and elusive for most of the individuals with ASD, there have been many genetic studies on mutations and common heritability of risk for developing ASD (Gorrindo, Lane, Lee, McLaughlin, & Levitt, 2013). Though links were

found in this study they were not conclusive because though the mutations exist there are still so many differences in the presentation of individuals along the spectrum. The cause of this had not been established among the papers that the researcher reviewed.

Further studies have revealed that there is a high prevalence of co-morbidity of ASD with attention deficit hyperactivity disorder (ADHD) and chronic multiple tic disorder (CMTD) and depression (Gadow, Guttmann-Steinmetz, Rieffe, & Devincent, 2012). Ozgen, Hop, Hox, Beemer and Engeland carried out a meta-analysis study on Autism and stated that epigenetic, genetic and environmental influence all play a causal role in the development of ASD (Ozgen, Hop, Hox, Beemer, & van Engeland, 2010). They further mention that the chances of developing autism are highly genetically determined; they found that the risk of recurrence among siblings was 5-6% higher among siblings.

Furthermore, there is interplay between multiple genes as well as environment that could possibly lead to autism. Finally on the issue of genes the article observed that there is an excess of minor physical anomalies (MPAs). Though on their own these MPAs show no serious medical or cosmetic significance they are important for clinicians and further study because a combination of certain anomalies can lead to certain types of developmental issues and included among these is ASD.

Dempsey, Fodstad and Matson in their paper stated that ASD is "characterized by life-long and severe symptoms such as stereotypies, social skills deficits and language delays" (Matson, Fodstad, & Dempsey, 2009, p.381). They further postulate that early intensive behavioral interventions have a better prognosis than those who do not receive services and therefore there is a need for assessments that are designed for early identification of ASD are of paramount importance. This study looked at the best predictors of autism in 957 children aging in range from 17-37 months, who had developmental delays or were considered at risk for having a developmental delay.

The study used an assessment called "Baby and Infant Screen for aUtIsm traits (BISCUIT)" to identify 13 traits of those diagnosed with ASD and the control group. The items included repetitive body movements; preference to food with a particular texture or smell; use of language; shares enjoyment with others; interest in social activities, affection; facial expressions respond to cues, sticking to purposeless odd routines, abnormal preoccupation with objects; language development; non verbal communication; abnormal repetitive body movements; and growth in social relationships. The study concluded that there are differences between those who are developmentally delayed and those with ASD. These deficits are observed in the core areas of ASD which are considered to be inadequate social skills, repetitive behaviors and poor communication.

In regards to treatment an article looked at different treatment strategies of ASD in the classroom setting. The five strategies found to be "most commonly used included gentle teaching, sensory integration, cognitive behavior modification assistive technologies and social stories (Hess, Morrier, Heflin, & Ivey, 2008)." It is noted that all 5 lacked scientific basis for implementation. The study also included 5 intervention and treatment categories which included interpersonal relationships (gentle teaching/floor time), skill based (assistive technology/visual schedules), cognitive (cognitive behavior modification/social stories), physiological/biological/neurological (sensory integration/sensory learning), and other (music therapy/art therapy) (Hess et al., 2008).

In Kenya, the research is limited. One paper carried out informal interviews and found that especially in the rural areas there is blame placed on witchcraft and sorcery for the cause of autism. Children are therefore hidden instead of treatment being sought. There is no support for the family (Riccio, 2011). Furthermore, the paper elaborated on the treatment protocols in Kenya and the two most used with varying success are Applied Behavior Analysis (ABA) and TEACCH. However, these protocols are time consuming, costs allot of money and can put allot of strain on the family. They involve hours of work with the affected child daily, there needs to be cooperation between the school and the family. This can be limiting too many families in Kenya who may live in the rural areas or not have the access to the resources that are needed (Riccio, 2011).

Furthermore this article highlights how culture and the family can have an effect on the diagnosis and the treatment protocol for mental illness. Culture plays such an important role in many Kenyan families. When culture cannot explain an issue it becomes spiritual, or a curse and this is how mental illness is explained in many homes. This was corroborated by both the article and in personal conversations with a professional in Nairobi who works primarily with ASD (Riccio, 2011).

## III. CONCLUSION

However, in personal conversations with a professional who works with ASD she stated that it is often misunderstood; both under and over diagnosed; there are many cultural influences that bring about shame, blame on the mother and strain in marriages. In addition to this, there is lack of awareness both with the parents and in the schools, treatment protocols are not observed so many parents and subsequently their children suffer in silence. The need for psychologists in this field is great not only to help in treatment but also to help in disseminating information and creating awareness. There is a need for parents and professionals to know which

early signs to look for, where to go for help and what kind of treatment could be beneficial for the child to achieve greater outcomes from an earlier age.

More research needs to be done in this area in Kenya. Psychologists need not only be on the forefront of establishing treatment protocols, but also in creating awareness, showing the true picture of what ASD looks like, what the limitations are with the disorder, what the early signs parents need to look for, where parents can go for help. They can show parents the kind of assistance that they can get in schools and what types of assistance that parents can give at home. ASD is a misunderstood disorder and the only way for the public to get the correct information is through the dissemination of information.

The question remains firstly how then can these misconceptions be changed? Secondly, how can information be disseminated so that those affected by ASD are able to get the right help in an appropriate way and go on to lead more productive lives? This ought to be one of the most fundamental roles of psychologist in Kenya, not only to treat the client but also to give the information that is needed in an appropriate manner that bears in mind culture and the role that it plays in the Kenyan life. The child with ASD will hopefully not be locked away and forgotten but given a chance to live a life within their limitations. Children and adults with ASD, especially those who are high functioning can achieve much but this can be lost when the disorder is not understood.

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