Considerations on early diagnosis in clinical work with autistic and psychotic children

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Abstract

This paper is a report of a descriptive analysis of diagnosis in clinical work with autistic and psychotic children. The study is based on Marie-Christine Laznik's theory. The purpose is to investigate, through analysis of patients’ files, the way children’s autism and psychosis were diagnosed in a mental health institution. The research also investigated children’s family histories before coming to the institution. The results reveal that the treatment of autistic and psychotic children begins at a very late age. Health professionals and institutions fail to notice the signs for early detection and take a long period of time to provide diagnoses and propose adequate treatment procedures. Moreover, most health professionals seem unprepared to deal with these psychopathologies. This study reveals measures that can be taken to allow treatment of autistic and psychotic children to begin earlier, in cases that are not chronic.

Etude sur le diagnostic précoce dans le travail clinique avec les enfants autistes et psychotiques

Le présent article est un rapport d'une analyse descriptive du diagnostic dans le travail clinique auprès des enfants autistes et psychotiques. L'étude se base sur la théorie de Marie-Christine Laznik. Le but est d'enquêter, à travers l'analyse des dossiers des patients, la façon dont les enfants autistes et psychotiques ont été diagnostiqués dans un établissement de santé mentale. La recherche a également enquêté sur les histoires familiales des enfants avant leurs venues dans l'institution. Les résultats révèlent que le traitement des enfants autistes et psychotiques commence à un âge tardif. Les professionnels et les établissements de santé échouent non seulement à remarquer les signes de détection précoce mais mettent également trop de temps à poser des diagnostics et de proposer des procédures de traitements adéquats. En outre, la plupart des professionnels de la santé ne semblent pas être préparés à faire face à ces psychopathologies. Cette étude révèle des mesures qui peuvent être prises pour permettre le traitement des enfants autistes et psychotiques au plus tôt, dans les cas qui ne seraient pas chroniques.
Introduction

The need for this research came from the realization, by those responsible for the Espaço palavra project, of a difficulty experienced by health professionals and institutions as to prompt diagnosis of these psychopathologies. As a result, autistic and psychotic children come to the project following a history of different professional and/or health institutions whilst searching for diagnosis and treatment.1

When enabling early intervention – that is, before chronicity of autism or psychosis is established – a basic requirement is to minimize the erroneous paths that lead to services. Thus, this research was investigation, guided by the theory of psychoanalyst Marie-Christine Laznik, of the erroneous paths trodden by families of children treated as autistic or psychotic by a Children’s Psychosocial Care Center.

The research problem

Autism is a serious psychopathology that results from the lack of successive introduction of fundamental psychic structures, facing which there is a risk of installing irreversible disabilities in the child’s psychological development. According to psychoanalyst Marie-Christine Laznik (2004), this would be proven by the inability to gaze and analyze, to recognize others, by the lack of the third period of the neural circuit and of the lack of representation of representatives, that is, of the formation of networks between psychic inscriptions. Based on this definition, Laznik built her proposal based on a clinical intervention in the key Other/child relationship, because it considers the Other as founder of the psychic apparatus.

Based on this same definition, autism requires the fastest possible diagnosis and intervention, the only way to reduce the likelihood of chronicity. Early intervention in autism not only increases the chances of treatment, but also reduces some symptoms experienced by parents, aggravated over time (Laznik, 1997): depression, loss of the ability of both assuming a subject in the child as well as of revealing themselves as lacking, and, finally, the impossibility of saying “no” to this child.

According to Laznik (2000):

“We know that autism “psychosomatics” probably do exist, that is, that the non-psychic use of the neuronal unit will manage to injure it. More or less implied, the hypothesis that sustains this effort towards early diagnosis and treatment is that there would be means of making structures that are being formed work again. [...] Facing this condition, it is a case of fighting against the clock.” (p. 76)

To carry out early detection of autism, Laznik (2000) proposes the use of “early detection signs”, that is, of “clinical elements that are part of a consistent metapsychological group, and

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1 Funded by the Scientific Initiation Scholarship Institutional Program – Teaching, Research and Extension Council, this research was carried out over 12 months and counted on the support of the Children’s Psychosocial Care Center, in the city of São Paulo, as partner institution. On the other hand, it is part of a research group linked to the Espaço palavra project at the Ana Maria Poppovic Psychology Clinic (PUC-SP), which offers psychological treatment to children and adolescents suffering from subjective conditions such as autism and psychosis.
that refer to conditions in the formation of every human subject” (p. 78). Such signs indicate lapses in the development of certain structures that are necessary to the organization of the psychic apparatus and, hence, to the formation of a subject.

Thus, these signals should be translated into “clinical observation of facts” to be taught to children’s physicians, because partnership with these professionals is essential to early detection of child autism and psychoses. Most of the time, they, rather than psychologists, have access to these children in the first years of their lives. However, we must think about the research and clinical treatment of autism at a time when there already is, in European child psychiatry, concern about early diagnosis. Nevertheless, as Laznik (2000) teaches us, “medical environments, especially the hospital-university ones, have little or no contact” with the work of Lacan, which may result in ignorance, not only of the importance of early diagnosis, as well as of the means to put it into practice in their doctors’ appointments.

It is up to psychologists, through the dissemination of knowledge, to contribute towards making early childhood encounters between physicians and mothers/babies a time for also assessing the key Other/baby relationship, so that they can “imagine all is not necessarily well with the baby, even if their biological functions are rhythmic as they ought to be”. (Laznik 2000)

Two signs were thus described by the author. The first is the lack of gazing between the key Other and the child; this gazing must be understood not as the ability to see, but as synonymous with attention and investment. When a baby looks in his mother’s face, the latter is a mirror, and he sees himself. However, if the mother’s face reflects only the rigidity of its defenses, the baby will avoid it at all costs. Since the structuring gaze of the Other is the basis for the mirror stage, this will not occur as expected in the absence of the Other; the baby’s sense of physical unity will be affected. The constitution of primary narcissism, resulting from the gaze of that same Other, will also be affected.

The second sign – to be investigated only in babies in whom the existence of the prior sign was confirmed – is the non-establishment of the full neural circuit. In the case of autism, the third neural period does not occur and, as a result, the neural circuit cannot be completed (Laznik, 2004).

According to the author, when the third neural period does not exist, one cannot be sure of the neural character of the other two periods: “there is no guaranteeing that autoeroticism is not devoid of eros [...] , there is no guaranteeing that the hallucinatory satisfaction pole is in the circuit and that, therefore, the whole representation system may work” (p. 146).

Dealing with autism is a hard task for parents. According to Laznik, facing autism, it is often impossible for parents to perform the basic functions of the key Other, crucial for the subject to arise. This impotence takes over parents when all their attempts and investments towards the autistic child fail. When the baby does not respond, the mother is placed in a situation in which her child seems absent; the occurrence of maternal chit-chat, playing and proto conversation resulting from the mother/child relationship become impossible and, therefore, non-existent in the absence of one of the parties. According to Laznik et al. (2006), a mother will only take over the function of the key Other – the necessary madness proposed by Winnicott as indispensable to the constitution of the subject – in the “security conditions of maternal ability”.

Therefore, it is up to the psychoanalyst to, at first – when parents are unable to carry out the functions of the key Other – to offer analytical listening to the child’s sound productions, no
matter how meaningless they may seem; and thus realize the anticipatory illusion and occupy the position of the missing Other. Only facing these functions will the possibility of becoming a desiring subject be open to the child. Moreover, by taking on the role of key Other facing this child, the analyst opens to parents the possibility of looking at it as a being who is worthy in its struggle to become a subject, and collaborates, thus, to building security in them as to carrying out their parental duties. The intervention of the analyst facing the child itself and its parents is more significant the earlier treatment begins (Laznik, 1997).

Despite the possibility and even the need for intervention in autism before it becomes chronic, early diagnosis was identified as a generator of doubts and insecurity, because the illness presents diffuse symptoms and subtle clinical manifestations in its initial stages.

**General and specific objectives**

Based on the relevance of early diagnosis and of beginning treatment before a severe psychopathology becomes chronic, this research investigated the specific case of autism. And its general objectives were to investigate, through analysis of the medical records of patients treated at a Children’s Psychosocial Care Center, the paths and the mistaken efforts experienced by the families of children with severe psychopathologies, and thus to clarify the conditions under which it was (or not) possible to make early diagnoses.

As to specific objectives, the research aimed to reveal a contrast between the paths of the patients diagnosed by this institution as autistic and as psychotic. At the end of the work, results were sent back to practitioners at the Children’s Psychosocial Care Center in order to collaborate with the partner institution’s practices. Thus, the research aimed to contribute to reducing the obstacles to children’s early access to treatment of these conditions.

**Methodology**

As already mentioned, research consisted basically of investigating the records of children diagnosed as autistic and psychotic by a Children's Psychosocial Care Center. Records are unique documents to each patient. In them there are copies of personal documents, information regarding socioeconomic status and the family of the patient, terms of referral to the institution and the initial interview with the parents or guardians. Also, when treatment begins, professionals use the record for managing case appointments both with the child and with parents or guardians.

**Data collection and analysis procedures**

Records were selected by the directors of the partner institution according to the researcher’s need to study the records of children diagnosed with autism or psychosis. No patient records were used whose treatment had been terminated during the period of validity of the research, since these cases in principle had already received successful treatment. So, ethically, it would be unjustifiable to reestablish a bond between these subjects and the referred institution.
Data analysis and organization

Analysis of the selected records occurred amid weekly visits to the Children’s Psychosocial Care Center. During the period of validity of the research, there were approximately 200 patients being treated at the institution. Altogether, 34 charts were analyzed: 14 of autistic patients and 20 of psychotic patients, thus adding up to the total records available on autistic or psychotic patients in treatment.

Analysis of the information contained in the records focused on the paths taken by these families prior to arrival at the institution. Therefore, the treatment received by patients at the Children’s Psychosocial Care Center was not the object of research.

From the records, certain information was selected: medical record number, patient name, date of birth, mother’s name, family arrangement, patient history, and origin of referral to the Children’s Psychosocial Care Center, date of arrival and diagnosis. This information proved important, both to research, in case clarification was needed, as well as to enable other researchers to use the same data.

Once the information gathering stage was over, data was interpreted so that relevant information could be selected for research, thus establishing descriptors capable of characterizing and differentiating each of the referred paths.

As a result of this work, 13 descriptors were established:

1) Age at which parent’s first notice signs that something is wrong with their child, becoming a matter of concern.
2) Early signs noticed by the mother during anamnesis carried out during the first visit to the Children’s Psychosocial Care Center.
3) Age at which health professionals or institutions diagnosed these children as autistic or psychotic.
4) Time elapsed between parents’ perception of something wrong with their child and first diagnosis of autism or psychosis established by a professional and health institution.
5) Age at beginning of first treatment.
6) Age at beginning of first treatment at the Children’s Psychosocial Care Center.
7) Time elapsed between first appointment with the professional or the referred institution until the beginning of treatment at the Children’s Psychosocial Care Center.
8) Number of professionals or institutions sought out before formal diagnosis.
9) Number of children referred to the Children’s Psychosocial Care Center by institutions or health professionals and schools.
10) First place of specific treatment for diagnosed autism or psychosis.
11) Unclear diagnostics.
12) Existence of other cases involving mental health in the patient’s family.
13) Relationship between the child’s diagnosis with its experience in an unstructured family.
Results and discussion

Analyzing the records in the light of these descriptors, it was possible to draw up a table contrasting patients diagnosed as autistic or psychotic.

The table below is organized around the 13 descriptors discussed in the previous section of this article. Each descriptor has been arranged separately through two distinct patterns.

Table 1: Contrasting data between patients diagnosed as autistic and psychotic in tables established by descriptors.

<table>
<thead>
<tr>
<th>1 - PARENTS WHO NOTICE SIGNS THAT SOMETHING IS WRONG WITH CHILD (%)</th>
</tr>
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<tr>
<td>AUTISM  PSYCHOSIS</td>
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<td>78.6     45</td>
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When it comes to autism and child psychosis, the mistaken paths presented as frequent by Espaço palavra professionals become barriers to a child’s development possibilities.

Data obtained at the Children’s Psychosocial Care Center reveal that treatment of children diagnosed with autism and child psychosis begins later than expected. This basically happens for three reasons: non-occurrence of early detection; delay by institutions and/or health professionals in establishing diagnosis and carrying out referral; health professionals’ and institutions’ insecurity when carrying out appropriate treatment for these conditions.

In 78.6% of the cases of autistic children, parents had noticed something wrong with their children before formal diagnosis by a health professional or institution. In such cases, signs were noticed, in 36.4% of the cases, when the child was a year old or younger; 27.3% at age two; and in 18.2% of cases, when the child was three.

As to psychoses, in 45% of the cases parents had already noticed that something was wrong with their children before formal diagnosis. In this group, signs were noticed in 11.1% of the cases when the child was two years old; in 22.35%, when the child was four years old; in 22.35%, at age seven; in 33.3% of the cases, at age eight or over.

The main reasons that led these parents to imagine that something was wrong with their children include, among other things, early detection signs of babies at risk of becoming autistic or psychotic. In the case of autism, for example, in 63.6% of the cases the main reason for parents to imagine that something was wrong with their children was the absence of language.

Despite this early parental perception, especially in the case of autism, formal diagnosis and subsequent beginning treatment do not occur immediately.

The time elapsed between parents’ perception and the beginning of treatment is taken up by visits to health professionals and institutions. In more severe cases, patients face appointments with up to six health professionals and/or institutions, thus beginning treatment at an older age.

As to autism, in 14.3% of the cases less than a year went by between parents’ initial perception and first diagnosis; in 14.3%, a year went by; in 7.1%, two years went by between
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parents’ perception that something was wrong with their child and the first diagnosis of autism; in 21.4%, three years went by; and, in 7.1% of the cases, a total four years went by.

Concerning psychoses, in 33.3% of the cases less than a year went by between parents’ perception that something was wrong with their child and the first diagnosis of psychosis; in 11.1% of the cases, a year went by; in 22.3% of the cases, three years went by; in 22.2%, six years or more went by.

Methods available for early detection of autism allow the referred psychopathological traits to be identified in babies of three months and older. However, data reveals that formal diagnosis – in the case of autism – is given at age two in 21.4% of the cases; at age three, in 14.3%; at age four, in 28.6%; at age five, in 18.6%; and at six, in 7.1% of the cases.

In the case of psychoses, data is even more worrying. In 5% of the cases, formal diagnosis is given at age five; 5%, at six; 20%, at seven; 70%, at eight or over. Moreover, in the case of psychoses, 25% of the cases studied had yet to be clarified.

Data also reveals likely insecurity and lack of contact with the telltale signs of an early diagnosis of autism and child psychoses by early childhood practitioners. In the case of autism, in 71.4% of cases, patients were referred to the Children’s Psychosocial Care Center by a health institution; in 14.3% of the patients, referral occurred by an educational institution; and only 14.3% of patients were referred by a health professional – in this case, psychologists.

In cases of psychoses, 75% of patients were referred by a health institution; 20%, by an educational institution; and only in 5% of cases were patients referred by a health professional (a neurologist).

Apart from the difficulty in carrying out diagnosis of autism and child psychoses, this research also reveals a difficulty on the part of health professionals and institutions in undertaking treatment of these children. In the case of autism, for 85.7% of the patients, the first specific treatment occurred in the Children’s Psychosocial Care Center itself. In these cases, 92.9% of the patients had been through other institutions such as the Association of Parents and Friends of Exceptional Children (Associação dos Pais e Amigos dos Excepcionais), Hospital Menino Jesus, Sociedade Pestalozzi de São Paulo, Associação de Amigos do Autista and Service Center Specializing in Medical Consultations before getting to the Children's Psychosocial Care Center. There aren’t in the records, however, any specifics, by parents, of treatment received by their children in these institutions.

As to child psychoses, in 70% of the cases, the first specific treatment took place in the Children’s Psychosocial Care Center; in 20%, in a health institution (hospitals and basic care units); and, in 10%, by a health professional.

Data also reveal work overload at Children’s Psychosocial Care Centers in São Paulo. The directors of the partner institution reveal that there is an incapacity for meeting all of the existing demand. At times, there are even waiting lists for receiving patients by the institution and the consequent beginning of treatment.
Final considerations

Based on the data presented by this research, we can establish certain referral guidelines to be adopted so that the treatment of autism and psychosis may occur earlier and more effectively.

It is clear that, when treating autism and child psychoses, it is necessary to work with the children’s parents. Reports and suspicions by these parents should be investigated and used in order to assist health professionals in their diagnosis, because they are capable of an initial perception of the pathology before health professionals and institutions are. In cases of psychoses, as well as the work proposed above, it must be understood why parents’ perceptions of signs that generate concern occur less frequently and later than in the cases of autism. After all, this data could imply lower commitment by parents to their children’s treatment.

In order to avoid mistaken paths – frustrated visits to health professionals and institutions – between the perception of signs that generate concern by parents and the first formal diagnosis of pathology, followed by the beginning of treatment, it will be necessary to work with health professionals and institutions that are most sought out by these parents4. Only then can diagnosis of autism or psychoses, and the consequent beginning of treatment, occur as quickly as possible. It is therefore important to establish a dialogue between these health professionals and institutions, on the one hand, and the places that offer specialized treatment to the autistic and the psychotic, on the other. Thus, it would be necessary to disseminate, among these professionals and institutions, knowledge concerning early detection of serious illnesses, in this way contributing to the security and autonomy in referrals to specialized care.

Lack of knowledge and autonomy, on the part of health professionals, as to diagnosis and referral in cases of autism and child psychosis can also be perceived in the fact that only 14.3% of patients – in cases of autism – and 5% of psychotic patients were referred to the partner institution by health professionals. This data reveals that knowledge about autism and psychosis, as well as the ability to diagnose and then refer cases, is concentrated in institutions5, indicating the need to invest in the training of health professionals, especially early childhood doctors.

In the case of psychoses, as well as the need to make diagnosis of the condition in question and referral of patients to treatment more expedite, our data highlights the need to consider what the idea of child psychosis is among professionals at the Children’s Psychosocial Care Center studied, what difficulties they find when making a diagnosis, and what are the implications of these difficulties on treatment. This diagnosis was harder and brought about more insecurity among professionals when compared to the diagnosis of autism. Thus, in addition to the diagnosis of child psychosis occur later than that of autism, in 25% of the cases of psychosis studied, diagnosis had yet to be clarified, while in 100% of the cases of autism, diagnosis was already closed.

Along with the need to minimize mistaken paths and to find ways to speed up diagnosis and treatment of autism and psychosis earlier and earlier, this research revealed that early childhood doctors do not make early diagnosis of autism and psychoses. This indicated that there is a consequent need to spread knowledge in the medical field, through training.
Early childhood doctors are indispensable partners, both to facilitate treatment of autism and psychosis in a progressively early way, and to reduce existing mistaken paths in the history of families of autistic and psychotic children. It should be noted, therefore, that these professionals possess privileged access to mothers/babies from the first months of the latters’ lives.

In France, Marie-Christine Laznik carried out training work of doctors in the public service and a research project for the recognition of this work by the government, so as to make the mandatory pediatric consultations in France (between four and nine months) also a space for evaluating the loop Another primary / baby. In Brazil there are already initiatives, such as the research group of this project, coordinated by Prof. Dr. Silvana Rabello.

Moreover, the data gathered suggests the need, facing child psychoses and autism, for health professionals and institutions to redouble their attention in cases of patients from dysfunctional families. Regarding childhood psychoses, one should also exercise caution when dealing with families with a history of mental health problems.

In conclusion, this research can contribute to reflection about the paths to be followed, aiming to enable work by health professionals who are not specialized in autism and child psychoses, so as to shorten the distance between their patients and specialized treatment. This is crucial to enable clinical interventions in conditions that are not yet chronic.

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References


Endnotes

1 In this research, institutions and autonomous health workers are considered separately.

2 Patients who received formal diagnosis in the first institution to which they resorted are included in the range of 1 professionals/institutions sought out.

3 Unstructured families are considered here as those in which there is violence, drug abuse, frequent separations from spouses etc. – and that are, therefore, environments in which there are elements that are potentially harmful to mental health.
The most sought after professionals are neurologists, pediatricians; psychologists and speech therapists; psychiatrists and ENT; neurologists and ophthalmologists. As for the institutions: Hospital das Clínicas, Associação dos Pais e Amigos dos Excepcionais; Hospital Infanto-Juvenil Cândido Fontoura; Primary Health Care Units ; Sociedade Pestalozzi de São Paulo, Associação de Amigos do Autista e Ambulatórios de Especialidades; Hospital Menino Jesus, Escola Paulista de Medicina, Service Center Specializing in Medical Consultations and Hospital do Servidor Público Municipal.

Primary Health Care Units, Hospital Infanto-Juvenil Cândido Fontoura, Associação dos Pais e Amigos dos Excepcionais, Outpatient Specialties; Hospital das Clínicas, Hospital Menino Jesus, Sociedade Pestalozzi de São Paulo, Escola Paulista de Medicina, Hospital do Servidor Público Municipal and Associação de Amigos do Autista.