Autism Spectrum Disorder

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**Introduction**

Autism sSpectrum ~~d~~Disorders is defined as a neurological, and development disorder, which begins in the early stages of child development. and ends up lasting throughout an individual lifetime.[citation of source of this] The disorder affects how people acts and interact with others. It also affects the communication and learning process of an individual. The disorder can be separated into two, Asperger Syndrome and the Pervasive Developmental Disorders. [citation of source of this] The term spectrum is derived from the wide range of symptoms that those suffering from the disorder exhibit~~s~~.[Actually the term spectrum refers to something other than the wide range of symptoms but more to the wide range of severity of the disorder. Recommend you rework the sentence to make this clear]. The aim of this paper will be to understand the disorder in deeper details. The zeal to conduct this research has been driven by the need to provide the community with the understanding of the disorder and how to deal with it in case it is noticed or diagnosed. The focus of the paper will understand the symptoms and risk factors. It will also be analyzing the risk factors and finally diagnosis and, treatment process.

I have been working with the San Antonio Autism Center, by volunteering, and providing some technological services through my work place. Meeting the families, and individuals in the Autism Spectrum inspired me to write this paper. I would love to keep on helping them, and use my work to make the community an Autism friendly social environment. Picking this subject can give me a better understanding of what they go through, and to also develop tools/skills to operate in a useful way during volunteering time.

**Characteristics of people with ASD**

Most of these individuals have a lot of ongoing social problems ranging from difficulty in the communication and interacting with others as a result of the disorder. Second the issue of repetitive behaviors which might cause limited interested and activities by the people (American Psychiatric Association 2013). It is wise to note that those with this disorder the symptoms can be noticed and recognized in the first two years of their life development. Most of the symptoms exhibited hurt the ability of those who are affected to function at social places such as school or work and other general areas of life (American Psychiatric Association 2013). The symptoms can range from the mild impairment while on other people the symptoms are prominent and also severe. According to the data released by CDE one out of 168 children are affected by the disorder.

**Symptoms**

These can be divided into two the restrictive behaviors which include: the tendency of those affected repeating a particular behavior over an extended period. In this repetition, the behaviors portrayed are in most of the cases unusual (Manning-Courtney et al 2013). Another symptom is having an overly focused interest. This interest can be destructive, or unworthy to the person who is doing them. It can be said that it is caused by the lack of knowledge about what they are doing (Manning-Courtney et al 2013). Lastly, is the issue of having lasting interest which is attached to certain topics or subject matter that is related to numbers and details.

The second category is the social and interaction symptoms (Manning-Courtney et al 2013). These symptoms include the issue of getting upset by any slight changes to anything that these individuals are committed to. It can extend to times when these people are changed from their normal settings. The second set of symptoms are making little or no eye contact when talking to a person. Most of these individuals are so shy that they tend to focus on other objects when communicating (Manning-Courtney et al 2013). The third set of symptoms is the tendency of having little interest in listening to what other people are saying or are talking about. In Most cases these individuals do not listen to what it has been said; they’re just physically present, but only perceiving to what could seem the best for their personal interests. Lastly, these patients struggle sharing enjoyment about an activity or things they are doing with others (Manning-Courtney et al 2013). They are very subjective, in most cases they will never point out a figure they like. good

Other symptoms include: responding unusual ways when they are posed with threats and danger from others. In most cases their response is detrimental, and they can cause injury to those who are trying to harm (Manning-Courtney et al 2013). They are very slow when it comes to responding to other individuals calling their names or responding to any verbal communication. In some instance, they fail to respond at all. They have difficulties when stablishing a conversation with others. In most cases, they tend to talk so much about their topic of interest without even noticing other people’s views; or are uninterested with the topic (Manning-Courtney et al 2013). They struggle giving other people time to respond to what they were saying.

A behavior called Echolalia is a common trait. It is portrayed by repeating words and phrases which these people tend to like and hear often. They also exhibit traits of using words in the odd situation or out of place. In most cases, the words that they use have no particular meaning but, they form big part of their communication skills set. In most cases, the facial expression and body movement that these individuals make, are totally different to what they are saying, which makes it hard to other people to comprehend. Lastly, is the issues of the unusual tone of voice, the issue of having trouble understanding other points of argument, and even the point of view that these people exhibits (Manning-Courtney et al 2013). It goes to the extent that those affected are penniless when it comes to the process of predicting what other people will say or would do, even at the smallest stake.

**Diagnosing the ASD**

In children, doctors can identify the disorder by just looking at the child’s behavior and development patterns. In this case, the diagnosis is undertaken when the kids are two years old (Lord et al 2013). In older children, and also adults, diagnosis should run when the teachers or the parents raises concern about certain behaviors on their children. The behaviors should be in most cases aligning with social and restriction components (Lord et al 2013). The process of diagnosing ASD in adults is not simple, and may be mistaken for other mental disorders such as attention deficit. An expert diagnosis should be used in this case to make sure that what is being identified is correct, and avoid cases of failure diagnosis.

**Risk factors**

It is wise to note that scientists have not developed an argument, or scientific backing that shows the real cause of the ASD. The only way to try to understand these is by analyzing the risk factors that are tied to the disorder (Lauritsen, 2013). They include: concerning gender boys are more susceptible as compared to girls, parents having the sibling with ASD, having children after reaching the age of 35 years or more may be at risk of passing the risk to their kids. Genetic factors play about 20 percent of the total kids. The condition that is related to gene make up that may increase the risk are Down syndrome and fragile X syndrome. [not sure if you are saying that having a diagnosis of Down syndrome or Fragile X makes you more likely to be diagnosed with ASD? I am not aware that this true but it must have some citation or reference to support it.

**Treatment**

It all calls for early treatment of the affected individual as it reduces difficulties which these individuals get by treating to teach them new skills, and utilizing their strengths. It will ensure that those new skills will supplement their difficulties. Currently, there is no single treatment that can be said to be the best in treating ASD (Lauritsen, 2013). The only way is working closely with doctors to develop the program that the individuals might use in the process. Thus, calls for the collaboration between the doctor and the parent to ensure that the kids have the right program. Medication can be sued to reduce aggression, anxiety, and depression.

I would add more specific information to this section to include the types of interventions that are used. Since the paper is a bit less than the 5 required pages this would help in two ways.

**Conclusion**

It is clear that there is no specific treatment for the disorder. The only way one can make the journey better is by trying to create an environment that can help these individuals, and have maximum utilization of their potential to build a new framework. This could make it easier to adopt them into the social setting, and give them a new sense of hope and understanding. The value of humanity is helping others when they are faced with the problems, and the Autism Spectrum Disorder is one of them.

This is not really a summary but an extension of the prior section. Develop the conclusion in accordance with the term paper instructions.

References

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