

Good example of research paper on autism

[Sociology](#), [Communication](#)



Abstract

Autism is an ancient disorder that was first described by The Swiss psychiatrist, Eugene Bleuler. Initially, researchers thought that autism and schizophrenia were the same or related, but after various studies, the distinction between the two was made. The disorder mainly disrupts the process that information is taken through in the brain. This includes the formation and transmission. The difference is exhibited in the way the victims interact, behave, learn and communicate. Boys are at higher risk of developing this disorder than girls. In addition, when compared to other ethnicities, Hispanics have a low chance of developing the disorder. The disease can be noticed in the first three years of life. Early detection and management is key to the future well-being of the patient. In severe cases, the patient needs life-long assistance.

Introduction

Autism is a disorder that is experienced in the development of the neural system. This disorder appears within the first three years of after birth (CDC, 2014). This disorder affects the normal development of the brain towards communication and social skills. Impairment caused by the disorder affects social interaction, non-verbal and verbal communication. It also leads to stereotyped and repetitive behavior. On the DSM-V manual, ASD is categorized at 299.00. It has the following characteristics (current or historical); continued deficits in social and communication interactions across different contexts (CDC, 2014). This paper outlines the origin, symptoms, diagnosis and treatment and diagnosis of autism.

This paper discusses autism disorder. This paper has nine sections. The first section will explain why this disorder has been chosen. Part two illustrates who and how the disorder was discovered. Parts three, four and five will illustrate the symptoms, diagnosis and average onset of the disorder respectively. Part six will dwell on the ethnic or racial and gender differences with respect to the frequency of occurrences. Parts seven and eight will highlight known treatment options and the prognosis of the disorder. The final section will highlight lessons learned from this discussion.

Part 1: Selection

Autism is a disorder that is experienced in the development of the neural system. This disorder appears within the first three years of after birth (CDC, 2014). This disorder affects the normal development of the brain towards communication and social skills. Impairment caused by the disorder affects social interaction, non-verbal and verbal communication. It also leads to stereotyped and repetitive behavior. There lacks a public awareness on this disorder. This disorder was chosen because the discussion will help many people know about it; public awareness will help in the management if this disorder.

Part 2: Discovery

Autism was derived from the Greek word autos that means isolated self (Ozonoff et al., 2008). A Swiss psychiatrist, Eugene Bleuler, was the first to use this term in 1911. He used it while describing a group of schizophrenic symptoms. Later, in the 1940s, scientists in the US would use this term while referring to kids with emotional and social challenges. Until the 1960s,

researchers associated autism with schizophrenia, but the distinction between the two became clear following further revelations (Ozonoff et al., 2008). Autism, according to different researchers is characterized by continued deficits in both social communication and interaction (Wiggins, Rice & Baio, 2009; Jones & Carr, 2008; Klin, Lin & Gorrindo, 2009). Patients have limited and repetitive interests, behaviors or activities. Thirdly, symptoms of this disorder appear in the first twenty-four months. Lastly, upon the appearance of the symptoms, the person's current functioning areas are impaired; social and occupational areas.

This disorder has been given the umbrella term of Autism Spectrum Disorder (ASD); ASD outlines the wide range of symptom and impairments that the disorder causes in kids. On the other hand, Nikolov et al. (2009) opine that ASD has three main symptoms communication difficulties, social impairment, repetitive and stereotyped disorders. In essence, kids with this disorder tend not to follow the normal developmental or social or communication patterns (Simonoff et al., 2008).

Caregivers, guardians or parents who take care of kids are the first to notice; if autism is the clinical condition, the affected kid is always different from their peers (Leyfer et al., 2006). Social impairment is characterized by poor eye contact, inability to listen or respond to other people, or weird response to anger or distress caused by others. Other studies have shown that such kids fail to respond to social and emotional cues like their normal counterparts (Johnson, 2007; Krakowiak et al., 2008). They tend to misread or fail to notice those cues. These kids focus on the mouth of the speaker

rather than the eyes as expected. In addition, ASD kids tend to focus on activities that produce sound, for example hand-clapping (Fombonne, 2005).

Part 3: Symptoms

Smith et al (2014) contend that the disorder mainly disrupts the process that information is taken through in the brain. This includes the formation and transmission. The alteration also occurs in the organization and connection of the synapses and the nerve cells in the transmission of information.

People who suffer from autisms may not have any physical distinctive characteristics from other people. The difference is exhibited in the way the victims interact, behave, learn and communicate. These are the characteristics that cause the difference in the victims (CHW, 2014).

NIH (2014) indicates that the challenges that are presented in the people who suffer from autism vary. They can be classified in a range that varies from people who are gifted to those that are heavily challenged. This is why the some of the victims who suffer from autism may need a lot of support and assistance in most aspects defined in social dynamics, while others may need less or no assistance at all in their endeavors (NIH, 2014). This is determined by the level of difficult that is experienced in an individual. This condition is also identical to several other conditions that include attention-deficit hyperactivity disorder and schizophrenia. Some of the attributes shared include genetic composition (Smith et al., 2014).

There is a wide range of symptoms that is exhibited by individuals with this disorder (Smith et al., 2014). This can be categorized into three that is, social skills, speech and language and restricted behavior and play. Under social skills, an individual may develop some resistance to being touched. This

individual may have problems with understanding other people's reactions, feelings, and non-verbal cues. This makes a child have difficulties in making associates among age-mates (Smith et al., 2014). The individual is likely to exhibit inappropriate or unusual gestures, body language, and facial expressions. This may include inconsistent expressions (CHW, 2014). The victims express lack of interest on other people's experiences and achievements. These individuals prefer to stay alone and thus to create a barrier towards any social interactions. This makes these individuals pursue their interests alone (CDC, 2014).

In their speech and language, the victims have massive delays in learning how to speak. A child may not have interest in speaking until attaining the age of two (Smith et al., 2014). Extreme conditions may make the children not to speak at all. The victims are characterized with repeating of phrases and words without any intention of passing a message to the other party. The rhythm or pitch of communication may be different at all with an abnormal voice tone. The victim cannot communicate desires and needs effectively and thus this makes them experience difficulties in starting or sustaining a conversation. The victims have difficulties in understanding simple statements and questions. This makes them miss the real meaning of expressions by simply misinterpreting them. This is because they lose concentration and thus have difficulties in making comprehension (Smith et al., 2014).

According to Smith et al. (2014), the victims of the disorder experience repetitive movements on some body parts. This includes constant rocking, spinning and hand flapping. The individuals are always preoccupied with

specific topics of interest. This can include symbols and numbers that exhibit a certain trend. These individuals are always very static. They are adversely affected by change of environment or routine because they have a strong desire for constant routines, sameness and order (CHW, 2014). These people experience odd ways of moving, abnormal posture and clumsiness. These individuals are always excited or fascinated by moving objects like toys or moving vehicles (Smith et al., 2014).

The victims of autism also experience sensory problems. This is experienced through under-reaction or overreaction to sensory stimuli. This includes reaction to sound perception or texture. The children affected by this condition may experience extreme emotional difficulties. This experienced in the expression and regulation of emotions (CDC, 2014). The victims may show cognitive abilities that are uneven. In people of all intelligence levels, the victims experience development of uneven intellectual abilities.

Part 4: diagnosis

NIH (2014) outlines that the diagnosis of autism is considered to be a complex and time-consuming processes. This is because child development is an intricate endeavor that cannot be predicted easily (Smith et al., 2014). This may take more than two years after the show of the first sign to ascertain the condition. Ignorance is not encouraged because early detection can assist in enhancing the child's abilities and alleviating developmental delays. In the diagnosis, the specialist examines closely how the child communicates, interacts, socializes, and behaves. After developmental screening confirms the presence of autism, comprehensive evaluation is carried by a team of specialists. To ascertain the presence of the disorder,

multiple tests are carried out to evaluate the real condition of the victim. Some of the tests include language and speech evaluation, adaptive functioning assessment, cognitive testing, sensory-motor evaluation and observation (Smith et al., 2014).

Part 5: onset

Data suggest that earliest symptoms occur in the first year or the second year of life (Ozonoff et al., 2008). This occurs when a kid loses previously acquired skills. The disorder is fully developed at the age of three, and can be conclusively be diagnosed (Ozonoff et al., 2008).

Part six: gender and the racial prevalence

Out of 10, 000 children who are born, 15 of them are diagnosed with the condition (CHW, 2014). The boys are more affected than girls when it comes to the condition. The proportion of boys affected is four times more than those of the girls. The major cause of this condition is genetics. There are several genes that play a big role in the development of autism. These genes cause various abnormalities in the chemicals and structure of the brains. Environmental factors are also a major player in the formation of the disorder. In the case of identical twins, if one of them has the disorder, there is a 90% probability that the other one will also suffer the same fate. If one child in a family has the disorder, the others are also 35 times more to the normal risk that they will have the condition (CHW, 2014). In addition, non-Hispanic white children have a 30% higher risk than non-Hispanic black children (AAP, 2014). Other ethnicities have a 50% more chance of developing this disorder than Hispanics (AAP, 2014). With respect to

intellectual disability, blacks top with 48%, followed by Hispanics at 38% and non-Hispanic Whites at 25% (AAP, 2014).

Part 7: Treatment of Autism

There is no assured mode of treatment that has been acquired by medical professionals (CHW, 2014). However there are various interventional treatment services that can be used to improve the development of a child. These includes specialized educational and behavioral programs that are designed to treat the condition. Administration of behavioral therapy can be used in enhancement of motor skills, thinking or cognitive skills and social skills. Maladaptive behaviors can also be mitigated by the use of behavior modification (Smith et al., 2014).

The behavioral needs of children with autism have a great variance and thus require intensive customized planning for their treatment. A lot of progress has been achieved when intensive behavioral therapy is administered during early childhood development. This includes involvement of parents in training and enhancement of home-based training approaches. This is because the care that is provided at very close range. This is also promoted by the fact that the therapy is delivered in a natural environment (NIH, 2014).

The special therapy administered is highly structured to provide specialized needs that suit the victims according to their needs (CDC, 2014). The areas that are addressed using the programs include development of self-care, language, speech, job skills and social skills. Some symptoms of autism in children can be treated through medication. The physicians can also undertake the children through specialized treatment programs depending

on the specific needs shown by the child. Some of the characteristics that can prompt specialized treatment include age, tolerance for specific therapies or medications, medical history, preference and personal opinions.

Part 8: Prognosis

It is important to note that just like normal people, autistic patients have normal life expectancies (Swierzewski, 2000). In addition, early detection and intervention helps to minimize the developmental challenges associated with this disorder (Swierzewski, 2000). In such cases, the person gains a formidable degree of independence, and they function productively. In other cases, even early detection and intervention may not be of great help because if the disorder is severe, the patient might need assistance their entire life (Swierzewski, 2000). Therefore, the prognosis of this disorder depends on the severity.

Part 9: Lessons Learned.

Through this discussion, it has been shown that the term autism has Greek roots. Initially, it was confused with Schizophrenia, but after a host of studies, a distinction between the two was made. Signs of autism begin in the first or second year, and by the age of three, the disorder is often evident. Boys are at higher risk of developing this disorder than girls. In addition, when compared to other ethnicities, Hispanics have a low chance of developing the disorder. Autistic patients have normal life expectancies. If the disorder is identified and managed early, the person might lead a more independent and productive life. However, in some instances, when the case is severe, the person will need assistance their entire life.

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