

Autism – general overview of autism



**ASSIGN
BUSTER**

General Overview of Autism What is Autism? Autism is defined as a disorder of early development that causes severe problems in thinking, communicating with others, and feeling a part of the outside world (Autism 2009). A person diagnosed with autism has a brain abnormality that affects normal brain function (Nordquist 2009). Most diagnoses of autism are usually never the same, even though, the symptoms are generally similar. Autism must not be confused with childhood schizophrenia or mental retardation, though the actions of children with these circumstances are sometimes related to that of autistic children (Autism 2009).

Autism prevents children from developing normal social relationships, even with their parents (Autism 2009). Infants and Autism Autism is generally not diagnosed until two or three years old, but there is an extremely controversial argument on whether or not it could be diagnosed in infants. According to Canadian researchers, they could already see signs and symptoms of autism in infants at approximately six months old (Boyles 2005). The researchers believe that the infant is already predisposed with abnormal brain development inside their mother's womb.

The infants that Canadian researchers experimented were only limited to families that already had an older child born with autism (Boyles 2005). According to research conducted in an article of Developmental Psychology, it is not possible to diagnose an infant with autism (Charman et al. , 1997). The researchers conducted a study on thirty eight boys, separated into three different groups: Autism Risk Group, Developmental Delay Group, and Normal Group. The studies were based upon four different criteria: Empathy, Pretend Play, Joint Attention, and Imitation (Charman et al. 1997). Based on

their results, it was not evident to say whether or not a child could be diagnosed with Autism. This based upon the findings that children in the autism group and children in the developmental delay group were indistinguishable and the scorings were far too similar (Charman et al. , 1997) In another study conducted by Dalery et al. , they compared young children and infants who were clinically diagnosed with autism or developmental delay (DD).

The researchers were trying to differentiate whether the existence of symptoms of autism making it possible to be a different developmental disorder and whether or not the symptoms increase with age (Dalery et al. 2006). In the results from children under 26 months, the findings were insignificant and eerily similar to the experiment conducted by Charman et al. They were unable to determine if the clear signs of developmental delay or autism were definite (Dalery et al. 2006). Symptoms of Autism Children diagnosed with Autism act differently from one another and no two autistic children have the same symptoms or act the same (CDC 2007).

Children with Autism have severe impairments with social, emotional, and communications skills. Some have difficulty accomplishing everyday tasks and have to maintain a consistent day to day routine (CDC 2007). A symptom of autism that affects many autistic children is they have an intricate time holding a conversation. Thus, they tend to have a hard time making friends because of this impairment (CDC 2007). Another symptom of autism is repetitive behavior. This causes a stimulating effect on the child (CDC 2007). For example, a child may consistently rock back and forth, or flip the pages of a book over and over again.

Autistic children have a difficult time managing in an everyday life. Once a child is diagnosed with autism, (usually between the ages of 2-4), it stays with them for the remainder of their lives (CDC 2007). With the various symptoms of autism, repetitive behavior seems to be the most consistent symptom that is distinguishable in almost all autistic patients (Gray et al. 1995). To determine whether or not this is true, research was conducted in Australia. The researchers wanted to determine if repetitive behavior was a distinguishable sign of autism in children less than 51 months.

Since there are many different types of repetitive behavior, the different types were classified into two categories: higher and lower levels of repetitive behavior (Gray et al. 1995). According to Gray et al. , higher level repetitive behavior is highly consistent with autistic children under the age of 51 months. Low level repetitive behavior was not a direct diagnosis with autism. A significant number of children with other developmental delay disorders often demonstrated aspects of lower level repetitive behavior (Gray et al. 1995). Autism and Public Schooling

When a parents makes the decision to enroll their autistic child into public school, it is often a difficult decision. Sometimes the decision is made because the parent does not have the means to send their child to a school specialized for autistic children. Other times it is because many autistic designed schools only accept unique or extreme cases and their child do not meet the requirements (Rudy 2009). Even though a public school is required to give adequate education to a child with a learning disability, how does the parent know what is adequate to the teacher (Rudy 2009)?

A positive aspect of public schools is that children with autism can interact with normal developing peers. Researchers argue that this type of interaction may “ provide opportunities for building relationships and developing social and communicative behaviors, in response both to the demands made by mainstream peers and the modeling their behavior provides (Whitaker 2004). ” In a study conducted by Whitaker, the mainstream peers developed a routine with the autistic children. The mainstream peers seemed to understand and learn the routines of the autistic peer.

Whether or not the autistic child received any awareness or pleasure from this type of interaction was harder to detect, even though they appeared to be enjoying themselves (Whitaker 2004). Parents of Children with Autism It is devastating for a parent to learn that their child has a severe health problem or developmental disability (Parenting a Child with Autism 2007). The first question that arises is, “ How can we cure it? ”, but autism is not “ curable”. In the beginning, parents often find some kind of support to help them cope with the discovery or having an autistic child.

They also need to educate themselves as much as possible and decide what is best for the child (Parenting a Child with Autism 2007). D. E. Gray conducts a study to see how parents of autistic children cope with their child’s illness over time. Between 1988 and 1990, he begins his study and the sample included 28 parents of autistic children. In the beginning, parents used 51 different methods to cope with the discovery of their child’s illness. D. E. Gray followed-up with these parents 8-12 years later and the methods parents used decreased dramatically to 27.

Parents learned to cope with their child's autism throughout time. Maybe this was due to the fact that the child had become less disruptive and was more orderly in their habits (D. E. Gray 2006). It also may have been due to the fact that their children were enrolled in special schools (only one was enrolled in public schools). In the beginning, parents still had to adapt to the changes in their environment and with their child. As their emotional distress decreased, so did their need for emotional support (D. E. Gray 2006).

Conclusion

While the causes of autism remain a great mystery, one fact is certain: Autism affects every area of learning throughout the child's life. Until research on autism provides more information about how autism affects the human brain, children and their parents who are affected will be unable to understand and fully deal with this disability. It is only with more information that we will learn the best approach to teach autistic children and tackle this disability head on.