

Autism spectrum disorder essay

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Autism is a very unique disorder in that no two individuals with the disability are identical with regard to signs and symptoms. Because there is such variety in the behavior and level of functioning with this disability, there are several other diagnosis under the umbrella of Autism to include: Asperger's disorder, Rett's disorder, Fragile X Syndrome, Child Disintegrative Disorder, and Pervasive Development Disorder NOS. All of these disorders have similar characteristics; however, there are also so very distinct differences between them.

Research shows that the world of Autism is changing but still has a long way to go. What is Autism Spectrum Disorder? Autism Spectrum Disorder (ASD) is a developmental disability that is characterized by qualitative impairments in social interaction, communication, and behavior patterns and activities that are repetitive, restrictive, and stereotypic (Manning-Courtney, et. Al. 2013). Under the umbrella of Autism Spectrum disorder lies several other disorders that are characterized by similar impairments.

These disorders are identified as Pervasive Development Disorder Not Otherwise Specified, Childhood Disintegrative disorder, Rett Syndrome, and Fragile X Syndrome. To be diagnosed as being on the spectrum versus having autism indicates that the individual exhibits enough of the characteristics on the autism spectrum to receive a formal developmental diagnosis; however, they do not exhibit enough of the characteristics for it to be labeled " autism. An example would be a child that displays qualitative impairments in social interaction and communication but does not exhibit any repetitive, restrictive, or stereotypic patterns in his or her behaviors or activities. Autism is usually manifested during early toddler stages.

According to the American Academy of Pediatrics, it is recommended that “ all children be screened for possible autism spectrum disorder at 18 and 24-30 months of age because this is the time when symptoms typically appear, and with early diagnosis, intervention’s can be put in place to create a better developmental outcome over time.

Signs and Symptoms Children may display any combination of the many signs and symptoms of Autism in order to show there is a need for evaluation. With regard to communication, some of the possible problems are a lack of speech or having very limited speech at an age where they should be talking much more than they are, using words at some point and later showing verbal digression, having difficulty expressing the things they want and/or need, or constantly repeating words and sounds, otherwise known as echolalia, and there are many other communication issues that may show signs of Autism.

Some of the social difficulties that may occur are a lack of or a poor level of eye contact with people or objects, poor skills with regard to pretending and social play, problems making friends, disliking being touched or held, and inappropriate laughing or crying, among other possible problems.

Additionally, some of the environmental and behavioral issues may be self stimulation by rocking, flapping hands, or other atypical and repetitive movements, using objects in unusual ways, dietary problems (i. e. accepting only certain foods, refusing foods with certain textures), and problems dealing with a change in routine (ASHA 2013).

There are many other possible problems that may exist under each category and, according to the American Academy of Child and Adolescent Psychiatry (2013), “ The diagnosis of autism requires disturbances in each of three domains: (1) social relatedness, (2) communication/play, and (3) restricted interests and activities. Diagnosis Autism is characterized by several developmental concerns that are identical to other developmental disabilities and this makes it difficult when attempting to screen a child in order to develop a formal diagnosis that accounts for the child’s behavioral, cognitive, or other issues.

Developing a formal diagnosis involves participation from a multidisciplinary team that involves the acquisition of detailed history, direct observation, and the utilization of various assessment instruments that are specifically used for Autism Spectrum Disorders (Manning-Courtney, et. Al. 2013). According to Manning-Courtney et. Al (2013), a multidisciplinary team usually includes, at minimum, a physician that specializes in developmental pediatrics, child neuropsychology, or psychiatric specialization, in addition to a psychologist and a speech-pathologist.

Often times, however, occupational therapists, physical therapists and/or audiologists are also included, depending on the needs of the individual being assessed. As of currently, most assessment tools are not designed to assess symptoms across the entire spectrum, but are focused on one particular disorder on the spectrum; however, Manning-Courtney (2013) asserts that “ with the implementation of DSM-V revisions, it is anticipated that future tools will be designed to assess symptoms across the autism spectrum... the Childhood Autism Rating Scale-Second edition (CARS2) is one <https://assignbuster.com/autism-spectrum-disorder-essay/>

such example. Assessments such as the CARS2 evaluate current developmental functioning; social and communication skills with regard to developmental age; social, emotional, and behavioral functioning; and the individual's level of adaptive functioning. Lastly, speech-language evaluations are also included. These assessments must be extremely detailed and thorough because of the similarities between Autism and other disorders.

If the diagnosis is incorrect, the individual cannot be treated properly which may result in a detrimental loss of time necessary to improve the prognosis of that individual's developmental progress as he or she ages. Treatment and Intervention Autism is not a disorder that can be cured because it is developmental; however, treatment can assist in increasing the possibility that the individual's development is as close to normal as possible.

Treatment is available through the use of various therapies that focus on social, emotional, physical, and cognitive skills.

Some examples of treatment approaches are Early Intensive Behavioral Intervention and Applied Behavior Analysis (ABA), the Early Start Denver Model (ESDM), Speech-Language Therapy, Occupational Therapy, Individual Education Plan (IEP), and medical treatment. Applied Behavior Analysis (ABA) The strategy used in ABA therapy is to objectively define behaviors and measure them repeatedly. Goals are centered upon an increase in target behaviors as well as a decrease in problem behaviors. According to Dr.

Jeremy Parr (2010), up to 50% of children with autism that participate in early intervention programs using ABA therapy achieve typical intelligence

and are able to be placed in general education, up to 40% make moderate gains but still need additional academic and social support, and up to 20% make minimal gain and continue to need significant and ongoing support.

Early Start Denver Model (ESDM) The ESDM is described as a “comprehensive early behavioral intervention for infants to preschool-aged children with ASD [that] integrates applied behavior analysis (ABA) with developmental and relationship-based approaches” (Parr 2010).

Use of the ESDM has previously yielded significant improvements in IQ scores and adaptive behavior. In a study conducted, using an ESDM intervention group versus a comparison group, the intervention group resulted in more children that showed a likelihood of shifting from an autism diagnosis to a pervasive development disorder, not otherwise specified, that was significantly higher than that of the comparison group that did not receive treatment under the ESDM Model (Parr 2010).

Because this model is used as early as the infant years, this leaves room for a great deal of debate because some professionals do not believe in testing so early, as many sources claim that the prevalence of autism spectrum disorders usually occurs between 18 and 30 months of age. Speech-Language and Occupational Therapy While speech-language pathologists work with individuals who are nonverbal, highly verbal, or have difficulty speaking, they also work with individuals with regard to communication and specific language skills.

According to the Autism Spectrum Disorder Foundation (2013), the role of a speech pathologist is to “ identify communication needs and design

intervention to enhance speech production, receptive and expressive language skills, and pragmatic or social communication skills. " Speech-language pathologists are beneficial for all of the individual's, regardless of differences in their abilities, because communication not only deals with verbal interaction, but appropriate body language, eye contact, patience in the pronunciation of a word, among many other transferable skills.

Occupational therapists work with individual's on their participation in everyday activities. Evaluation and treatment are provided to address deficits in occupation, patient factors, performance skills, performance patterns, context, and environment and activity demands. Individual Education Plan (IEP) The IEP is created to outline goals for a student to accomplish over a period of one year. The creation of an IEP is driven by " a multi-factored evaluation of educational need" (Manning-Courtney et. Al 2013).

Once the educational needs are determined, goals are identified for the student that ensures they are " served in the least restrictive educational environment necessary to make progress..." (Manning-Courtney 2013).

Within the IEP there may be a combination of several treatment and intervention strategies to implement in order to accomplish each of the students major educational goals. These education goals, however, may specify goals for basic school subjects, such as reading and math, or they can be related to things like social interaction, life skills, and communication.

Medical Treatment

According to Manning-Courtney (2013), “ Children diagnosed with an ASD have a chronic condition and warrant the same type of ongoing specialized follow-up care as children with other chronic medical conditions. ” There are several reasons children with an ASD would warrant this type of care. For example, on the severe end of the spectrum, self injurious behaviors or elopement into unsafe situations are some of the characteristics individuals might have. Some individuals with an ASD are dually diagnosed with other disabilities, mental illnesses, or co-occurring problems, such as seizure disorders, that can cause them to suffer medically.

There are also medications that assist with the decrease of aggressive or disruptive behaviors. Manning-Courtney (2013) explains that two medications in particular, risperidone and aripiprazole, have been effective when used to treat behaviors such as self-injury, aggression, and irritability; however, they both have side effects that may affect the individual negatively in some other way. Other Disorders on the Spectrum Childhood Disintegrative Disorder (CDD) According to Johnny L. Matson and Sara Mahan (2009), CDD was historically known as Heller’s Syndrome when it was discovered Theodor Heller in 1908. According to the Department of Psychology at Louisiana State University’s article entitled Research in Autism, CDD is rare and it is also one of the most difficult disorders to understand and was not an official disorder distinctly separate from other disorders on the spectrum until the production of DSM-IV. CDD is also most common in males. In addition to learning delays and identifiable behaviors, individuals with CDD experience a period regression during typical developmental milestones.

As a result of this regularly occurring regression, CDD has a poorer prognosis and higher deficits than any other disorder on the spectrum. Asperger's Syndrome CBS News published an article in December 2012 informing the public that Asperger's Syndrome would be taken out of the DSM-V manual this year and its characteristics will be placed under the umbrella of Autism Spectrum Disorder. According to CBS online, "The new manual adds the term 'autism spectrum disorder,'... Asperger's will be dropped and incorporated under that umbrella diagnosis, which will also include kids with severe autism, who often don't talk or interact... (CBS). The report goes on to say that kids with milder autism will also be under the same umbrella. Asperger's is currently listed in the DSM-IV as an individual disorder characterized by "severe and sustained impairment in social interaction and the development of restricted, repetitive pattern of behaviors, interests, and activities" (APA). It is also required that the impairment significantly affect social, occupational, or other functional areas of the individual's life in order for there to be a full classification of Asperger's.

Pervasive Development Disorder, Not Otherwise Specified (PDD-NOS)

According to the DSM-IV, PDD-NOS is used "when there is a severe and pervasive impairment in the development of reciprocal social interaction associated with impairment in either verbal or nonverbal communication skills or with the presence of stereotyped behavior, interests, and activities" (APA). The section of the DSM-IV that describes this disorder is very brief because individuals in this category exhibit significant symptoms but do not completely meet the criteria for Autistic Disorder.

Rett's Disorder According to the DSM-IV, " The essential feature of Rett's Disorder is the development of multiple specific deficits following a period of normal functioning after birth. " (APA). The biggest difference between Rett's disorders and other disorders on the autism spectrum is that it has only been diagnosed in females, whereas the other disorders have been diagnosed in both and, most often, more males than females. Rett's disorder is also characterized by regression in hand skills, head growth, and a poorly coordinated gait or trunk movement abilities.

Children typically appear to grow normally before the onset of Rett's disorder; however, the age of onset varies in each child, which is a significantly different characteristic that sets this disorder apart from the other disorders on the spectrum. Rett's Syndrome occurs in four stages. Stage one occurs up to 18 months of age and is classified by a lack of eye contact and a loss of interest in toys; however, because these symptoms are not extremely obvious or alarming, they are often overlooked.

Stage two begins between the ages of one and four, where the child shows breathing irregularity, decrease in social interaction and communication, and issues with motor skills. Stage three begins between the ages of two and ten and is classified by motor problems, seizures, and other severe problems. Lastly, stage four is classified by many different symptoms of motor deterioration (NINDS). Transitioning to Adulthood Unfortunately, the early educational and vocational aspirations of youth and young adults with Autism do not get fulfilled due to the difficulty in navigating into vocational and employment programs (Lee & Carter 2012).

In Maryland, the Developmental Disabilities Administration (DDA) oversees hundreds of providers in the Central, v Western, and Southern Area's of Maryland and on Maryland's Eastern Shore. These Agencies provide a variety of services from drop-in services where trained staff come into the family's home and provide therapeutic and behavioral services to residential services where the individuals live in a house in the community with or without roommates that also have developmental disabilities and have around-the-clock staffing to assist with medical, vocational, household, transportation and personal care needs.

In order to receive these services, they must apply for a resource coordinator and a person centered plan is created, identifying their need for services and funding, and sent to DDA for approval. DDA has a waiting list that has five slots and is in order by priority and requests in crisis situations usually receive first priority. Unfortunately hundreds of other applicants wait for many years to receive services and fall through the cracks until services are approved. In the interim, resource coordinators have local funding resources they may attempt to obtain support from; however, the demand for this assistance is very high.

In an article entitled Preparing Transition-Age Students with High-Functioning Autism Spectrum Disorders for Meaningful Work, by Gloria K. Lee and Erik W. Carter (2012), it is stated that “ given the divergent diagnostic and eligibility criteria, some youth with HFASDs may not actually be eligible to receive formal transition or employment-related services and supports provided by public schools, adult agencies, or other organizations. ” Statistics In the CDC chart showing the prevalence of ASDs, it is shown that from the year 2000 to <https://assignbuster.com/autism-spectrum-disorder-essay/>

2008, the number of children per 1, 000 that were diagnosed with autism increased as time passed.

The likelihood of a child being born with autism has also increased from what was once, 1 in 150, to 1 in 88 children. According to the Centers for Disease Control (CDC), there is no specific race, ethnicity, or socioeconomic group that ASDs occur in more often than another. It is also noted by the CDC that ASDs are close to 5 times more common in males, where the chances are 1 in 54, than in females where the chances are 1 in 252. Additionally, parents who have birthed one autistic child have up to an 18% chance of having an additional child with autism (CDC 2013).

In the CDC (2013) chart above, showing IQ scores among children, at the age of eight, that have been diagnosed with autism, in most states, the likelihood of a child testing at a level that indicates intellectual disability (<70) is less than 50%. Economically, the CDC (2013) explains that “ individuals with an ASD had average medical expenditures that exceeded those without an ASD by \$4, 110-\$6, 200 per year. ” Families that care for individuals with developmental disabilities have extremely high expenses due to the need for specialized equipment and services. Living with Autism Today – Joe Blastland

Michael Blastland is the author of a book entitled “ Living with Autism: Joe, the extreme systemiser. ” In his book, he talks about his son, Joe, and his behavior as a result of having autistic disorder. Joes is addicted to Disney videos and when he cannot watch them he will climb on top of furniture to reach it, walk into other people’s homes, or even bang his head on the pavement in frustration. It is stated in the book that “ Joe’s autism places a

huge strain on his parents. Blastland sees his son like a crazed drug addict, who needs to be put in the care of professionals, who can stand up to Joe's stop-at-nothing cravings.

As a result of Joe's behavior as it related to his desire to watch video's, Blastland did everything he could from sending Joe to a school that does not watch video's, hiding the video's from Joe, and whatever else he could do to prevent exposing Joe to any Disney videos. A question one might ask themselves is whether or not it acceptable for Blastland to deprive his son of something that he enjoys. Autism and Family Therapy Families, like Michael Blastland exhibits in his book, face significant challenges in trying to raise a child with autism.

Unfortunately, it can be very stressful because when the parents initially discover something is wrong and receive confirmation of the disability, " the idea that something is not right with one's child is difficult to handle... some parents might need a safe and secure space to begin the process of mourning" (Neely et. Al 2011). Parents often express feelings of guilt and overwork themselves in an effort to do everything possible to help the child improve. At this point, it is important for a counselor to " provide the space for the family to grieve or mourn the loss of hopes and dreams for their child.

In order to help the family make decisions about treatment that will be effective for their child, it is important that the counselor provide sufficient information and work to make sure the family has a clear understanding of the disability and the possible intervention and treatment strategies.

Counselors should also keep I mind that families have to work with a variety

of different service providers and it is imperative that the counselor find a way to develop a relationship with the family where they feel comfortable opening up and following the guidance provided in therapy sessions.

Conclusion In conclusion, living with Autism is extremely challenging, whether a person is in the role of the caregiver, the individual, a sibling, a medical professional, or any other person they come in contact with; it is very easy to allow the stress of the situation to overpower a person's strength; however, there are many resources in the world to assist families when dealing with these kinds of difficulties.

Agencies such as the Autism Society of America, Autism Speaks, autism Today, Centers for Disease Control and Prevention Autism Information Center, Cure Autism Now, and the National Institutes of Mental Health Autism Information continuously conduct research, update society on new developments and provide resources on an ongoing basis. There are a number of additional agencies across the United States as well.

Families caring for a child or adult with Autism or other related disorders have a challenging lifestyle that requires support from a multidisciplinary team, to include a therapist, that can help with treatment, intervention, and assist the family with maintaining a healthy relationship and coping with the stressors that arise. As a counselor it would take a great deal of patience to work with the individual, his or her family, and any other loved ones or active advocates for the individual; however, given the right level of passion and commitment, counseling can help to provide relief and balance for these families.