
Autism Spectrum Disorder And Inseparability Of Social Networking And Technology Use

Due to the modern prevalence of autism diagnoses in children and the lack of scientific understanding about the causal factors of ASD, it is clear that those entering the healthcare field should have a certain understanding of this area. Numerous researchers propose theories on what is most successful in terms of intervention for those with ASD, but I believe that a combination of daily life skills and behavioral intervention with a strong central focus on high family involvement is essential. In addition to this, ensuring that family members and caregivers have moved through the grieving stages to the final place of acceptance to allow them to best care for themselves and the individual with ASD is an often-overlooked and integral facet of successful intervention for the entire family. Taking a step back to view the overall research-to-date on potential causes of autism and corresponding intervention methods, it is clear that a present gap in this area of research exists. Going forth, I will focus on filling this research gap through putting my own efforts and resources toward discovering a possible connection between increased autism diagnoses and the inseparability of social networking and technology use for parents of children with ASD.

Keywords: Autism, Autism Spectrum Disorder, ASD, intervention, diagnosis

Autism is one of the most important areas to study in healthcare particularly, pediatrics and behavioral health because the diagnosis of the disorder has increased rapidly in recent years. Autism spectrum disorder (ASD) is regarded as a neurodevelopmental disorder which is characterized by impairments in repetitive behaviour, communication, and social interactions (Hansen, Schendel, & Parner, 2015). ASD can affect different aspects of an individual's life, and often, people with ASD have different symptoms from one another. ASD has become a common neurological and developmental disorder being diagnosed in children. "One in 68 individuals in the United States is diagnosed with Autism Spectrum Disorders (ASD), according to the Centers for Disease Control and Prevention" (Boutot, 2017, p. 2). The increase in ASD has encouraged parents and researchers to implement strategies that can help a person with ASD succeed in life. Using current and past research on ASD, this present paper will analyze how the course concepts and understanding of formal education about ASD in combination with my personal experience working with families that have ASD intersect to form my own unique view on successful intervention and present need in this area of research.

Overall, I believe that a comprehensive approach focusing on family-inclusive intervention and daily life skills is most effective in enhancing behavioural and emotional regulations of those with

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ASD. In addition, past literature and present gaps within research show a need for studies on possible correlations between social network and technology use with the increase of autism diagnosis in children. Therefore, this specific area of research will be at the center of my own personal interest and interventional application. I can confidently say that psychology 478: Autism Spectrum Disorder has been one of the most rewarding courses thus far in my university education because I have learned an incredible amount of skills and knowledge that can actually be applied to my future aspirations. This course has allowed me to communicate with other professionals working with children with ASD and allowed me to share my resources and thoughts on ASD.

While I have learned about nearly every facet of working with individuals that have ASD, the area that affected me the most and seemed to be an often overlooked area in other courses or even for some professionals entirely is addressing the role that the individual's family plays in that person's diagnosis, their treatment, their daily successes and failures, and simply the overall effect that it has on the family unit as a whole. It is key to understand that ASD is not isolated in its effect to the individual diagnosed with it alone, but that like any other developmental disorder—the entire family. Overall, the reason that this disorder includes the word 'spectrum' is due to the absolutely immense amount of possible intensities and symptomology that can be included in unique combinations for each person affected. However, the one commonality in addition to the diagnostic markers is the fact that ASD deeply affects individuals with the disorder and their families in social, financial, emotional, physical, institutional, educational, and relational ways. One of my experiences that I often come back to in recollecting the ways in which the course material has intersected with my own personal work with individuals who have ASD is from last year when I had the pleasure of working with a young man with ASD and his very involved family. As we discussed in class, it is not uncommon for families to experience stages of grief after learning that their child has been diagnosed with autism. This grief can stem from the feelings of loss resulting in the parent's belief that their expectations for their child's life and family are no longer possible or that their child will not have the same potential for growth and development as children who are not on the spectrum.

This grief formally follows the stages of denial, anger, bargaining, depression, and acceptance for many parents of children with ASD, but some parents are simply unable to move through these stages to the final place of acceptance without help from others (Boutot, 2017, p. 43). Upon speaking to this boy's mother, it was incredibly clear to me that she had been struggling gravely with anxiety and depression for some time and that she was unable to move on to acceptance. After speaking with my supervisor and gathering referrals and resources for the family, they were set up with a family counseling service and the mother attended individual counseling to help her work through the difficult feelings surrounding her child's diagnosis. I learned from this course that the families and parents particularly the mothers of children with ASD sometimes need a great amount of individual support to allow them to move to acceptance

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and be in a position where they are most capable to help their child progress with treatment and daily intervention, as the most stressed parental group reported are mothers of children with autism (Boutot, 2017, p. 45).

While that experience was one of my personal milestones in terms of understanding the true depth that ASD has on families as a unit, I am also now able to understand the field of autism as a whole much more fully. Essentially, it has not been clear until recent years that many sensory, social, and communicative behaviours were more than odd or quirky for some children and were considered to be on the higher-functioning end of the spectrum. Since then, the diagnosis has become much easier and much more complex in different ways because there are many different factors, severities, vulnerable groups, and diagnostic methods that can be relied on to provide an accurate ASD diagnosis.

This makes it easier to have additional scientific research to provide better corresponding intervention but also blurs the line for many practitioners or healthcare professionals between where diagnosis starts and stops. In fact, for thousands of years as far back as A. D. 250, children with severe autism were considered to be “feral children,” as they grew up in social isolation with communicative and behavioral difficulties that would now most likely be diagnosed as autism (Nagle, 2011, p. 5). From cases on that end of the spectrum to those that are found to balance the line between normal developmental variance and slight ASD, the number of individuals diagnosed with the disorder is increasing every year. Interestingly, the present research base in this area that works toward explaining the present increase in autism diagnoses includes a myriad of theoretical explanations that also fall on a very broad spectrum. For instance, Nagle herself also questions whether or not the increased access to information for modern parents allows for them to fully understand red flags to watch out for in their children and misconstrue normal developmental variance in their own children as a reason for concern (Nagle, 2011, p. 27). Within this same article, the proposal to research the correlation between the introduction of social media and internet usage with the increase in autism diagnoses was brought forth. As this article was published over seven years ago, there is still the dire need to answer this important question.

Other previous research shows that between the years of 2000 and 2005, there was an increase of 16% in autism diagnoses amongst children at the same time that social networking and internet usage had increased dramatically (Liu, King, & Bearman, 2010). Taking a step back from the view that social media and parental paranoia could be at the heart of diagnosis increase for ASD, there is also the view that the advances within the mental health field in recent years has lead to overall increased awareness of all developmental and behavioural disorders, naturally resulting in increased sensitivity and diagnosing of disorders (Kogan, Blumberg, Schieve, Boyle, Perrin, Ghandour, & van Dyck, 2009). In addition, some researchers state that this increase is due to the increased requirements of the educational and healthcare

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system in terms of diagnostic and intervention services that work to detect these disorders on a more frequent level than ever before (King & Bearman, 2009). Therefore, all of the above explanations for the increase in autism diagnoses reiterate the fact that there is still much to learn about both how deeply and how widely ASD affects both those diagnosed and their families. Research shows that there is a strong tie between the decreased effectiveness of the intervention process for the children with ASD in families experiencing high stress (Karst & Van Hecke, 2012).

Families and parents with a child with ASD are much more likely to experience both mental and physical illness, have much higher rates of divorce, experience lower perceived parental efficacy, and a host of other negative side-effects of increased stress in comparison to parents with children that are either normally-developing or have alternate disorders (Karst & Van Hecke, 2012). The correlation between the negative manifestations of stress on the family related to the child's ASD is incredibly impactful for the child's success with any intervention method chosen. Therefore, my core belief is that the intervention methods themselves are essential in choosing based upon every child's particular situation, but that the paramount initial goal should be to get the family to a healthy place where they are capable of helping their child first. In terms of specific intervention methods that I believe are most effective include daily living skills that are enhanced through the use of applied behaviour analysis and the focus on behavioural improvements as well (Jasmin, Couture, McKinley, Reid, Fombonne, & Gisel, 2009). In doing so, it allows for the most effective and useful strategies of intervention to be applied for each individual with ASD, rather than using one framework for every situation (Boutot, 2017). Within this ability to learn daily living skills, of course, is behavioural intervention methods that allow for a child with ASD to successfully learn in the first place.

Therefore, addressing these underlying issues of communicative difficulties, prompt dependence, and particularly difficult behaviours will help immensely in the ability for one to learn daily life skills and improve their overall quality of life (Shabani, Katz, Wilder, Beauchamp, Taylor, & Fischer, 2002). Taking this present literature base into account allows me to see the intense manner in which my own work with individuals affected by ASD because there is still a great deal to be learned about the disorder and how to provide the most effective treatment. My experiences working with autistic individuals has allowed me to apply my textbook, objective knowledge to the personal lives of families and individuals affected by ASD. Before gathering these experiences, my understanding of the disorder was much more removed but is now a combination of my passion and emotional investment in each family that I am fortunate enough to gain experience through working with and the research and procedures included in successful intervention to see true results. Just as the area that I found to be most transformational to me on an academic and personal level in terms of my understanding of ASD was the family experience involved, I would also like to move forward with a heavier focus on sharpening my own intervention methods in terms of family-centered approaches.

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As previous literature discussed reveals that there is still little to be confidently concluded about why autism has grown in prevalence and how the changing facets of lifestyles and society have contributed toward this increase, it shows an obvious gap in research. Therefore, for future goals on a broader level, I am going to gather additional research, contact experts, and use data collection methods of interviewing and observing in my own experiences with clients with ASD and their families to see just how much social networking, technology, and overall modern lifestyle could be contributing to the diagnosis, treatment, and intervention processes. I believe that taking a step forward to potentially encourage researchers to establish a new area in ASD research is one of the most important things that could lead to more effective intervention methods and treatment options for the disorder.

In conclusion, the course and personal experiences pertaining to ASD are valuable to me and reaching my future goals to the extent that I can now not see myself working in any other field upon graduation. This experience has cemented my passion for helping those with autism spectrum disorder and has motivated me to help enhance the quality of life for the affected individuals and their families. A combination of both research-based intervention methods and personal motivation will allow me to pursue and realize these goals.

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