
The definition and characteristics of (ASD)

Autism spectrum disorder (ASD) can be defined by the federal explanation in the United States authorized code, Individual with Disability Education Act follows as, A child is classified as having ASD when the developmental disability significantly affects the teenager verbal and non-verbal communication or social interaction before age three that is generally evident and it special effects the teenager educational performance this is a neurological illness that affect brain chemistry and physical brain also severely incapacitating lifelong developmental disability the disease manifested by few or many symptoms and effects the variety of bodily functions even two children's can be diagnosed with the same form of autism and their physiological abilities are different people living with ASD overlap with other disorders and will display characteristics of ASD a person with ASD can appear if they are in their own world.

And have a unique set of physical, sensory, and mentally impaired social situations are different in some cases 'and children sometimes can speak and sometimes they cannot speak with ASD as one of many with or without meaning and delayed speech, repetitive movements and hyperactivity in ASD population unusual reacting to sensory stimulation through touch, taste, hearing, smell and site person with ASD may be unbelievably excellent at other skills and one the one child with ASD might be show cognitive impairment and severe physical impairments on the other way the other might be having good skills at English, math, art, science, and memory but can be lacking in their social skills also the face inability to control emotions, reactions, and behaviors 'they could show a flat facial expressions and appearing to be emotionless also they may be more sensitive.

Onset and Population of ASD

ASD usually appear at the very early age usually it is nearby at the age one the beginning, or point in time in which the disorder is predictable Symptoms can be prominent from a number of months old to age three person with ASD might be of any competing socially, culture or economic group males are diagnosed then females and both sexes are affected and maybe he or she undergoes in combination with other situation such as deafness, Attention Deficit Disorder, Down Syndrome, cognitive disabilities, blindness, Cerebral Palsy, Epilepsy, etc the experts say there are no two children with autism that are the same.

Common Myths about Autism Myth:

- Myth: poor eye contact by people who are faced ASD
- Fact: they express their personality in a different way more or less than a typical child's
- Myth: people with ASD have a preference to be lonely

- Fact: another way they may be interrelated with others but they not have social abilities to do so efficiently
- Myth: they do not have feelings and care about others
- Fact: They progression their mindset in a different and or tricky way and People with ASD do in fact have emotional feelings but they do not have the ability to unexpectedly

attach and build up a connection.

History of Autism – Introducing the Pioneers

The word 'AUTISM' comes from the Greek word 'autos' meaning 'self'. The initial known documented case of ASD was in the court case of Hugh Blair of Brogue. In 1747, Blair's younger brother appeared in court for a result on Hugh's mental capacity toward agreement a marriage. He profitably petitions the annulment of his marriage so that he can gain his brother's legacy (Autism in History...88). Hugh's disagreement was that his brother was mentally not fixed; there was no evidence that Hugh had autism, but nearby was clear proof that he showed the personality of ASD. A Swiss psychiatrist, named Eugen Bleuler, first used the word in 1911. He described the symptoms of intellectual illness into a category. The word was then puzzled with emotional troubles and schizophrenia until 1943. At some stage in the 1940s, the two pioneers Leo Kanner and Hans Asperger described children with the characteristics we recognize today as being faced ASD. ASD became "autism" in 1943 when John Hopkins University psychiatric consultant Leo Kanner recognized it as a distinctive neurological situation lacking an explicit cause. At that point Kanner invented a latest pinpointing class called "Early Infantile Autism", sometimes referred to as the Kanner Syndrome. In 1944, Hans Asperger, an Austrian Pediatrician in Vienna, in print a 5 doctoral judgment and described patients also use the term "autistic." He and Kanner both described similar characteristics of impaired communication and societal communication. Even though both doctors described a broad range of symptoms, it was Kanner's description that became the most widely documented. The phrase "Asperger's syndrome" became universal while it was made public in 1981, as a situation in the past described by Hans Asperger.

The Autism Spectrum Disorders

ASD features a collection of diagnoses that are measured clinically separate from another, however, are many times grouped together for learning purposes, as their characteristics often times overlap. These disorders are listed and expanded below:

1. Autism
2. Asperger's syndrome and High Functioning Autism
3. Pervasive Developmental Disorders
4. Pervasive Developmental Disorder Not Otherwise Specified
5. Atypical Autism

Autism

Autistic Disorder is a social situation impairment noted by a failure to exchange nonverbal behaviors such as facial expression, body posture, eye contact, and gestures. The beginning is prior to three years old. The symptoms of ASD usually it can be observed by 18 months of age. Some may have a stoppage in one or additional areas of development, even as many other autistic individuals may be more typical of other ASDs. The major symptoms and symptoms of ASD involve problems following in the areas: social communication interaction, reasoning, and age-appropriate play, these impairments are evidenced by being deficient in or of appropriate exchange and thoughtful of, spoken, emotional, or body language. People with ASD have problems developing age-appropriate activities and relationships. Their Routine behaviors are

present since they may repeat words or words in an obsessive method. Examples include muted others', twisting, finger/hand flapping, sounds, and sudden or slow complex whole-body movements. Unsafe or fantasy play inappropriate to developmental level might be displayed. An autistic child may be persistently preoccupied with certain items such as a hot coffee cup or poisonous chemicals. This person has a level of impaired development of communication and may or may not present an attempt to use further forms of expressing themselves to allocate thoughts of pain sadness, joy, illness, or. Some individuals may present an adequate speech at the normal or odd moment, and may or may not have the ability to talk with others.

Asperger's Syndrome and High Functioning Autism (HFA)

These conditions are considered by a lot of scholars and fitness care professionals to have overlapping symbols and symptoms of all other. The behaviors might include additional or less common aspects of each other. Asperger's disease is the impaired skill to exploit communal cues such as body language, a theoretical way of thinking, suitable eyeball contact, and socialization skills. They tend to have odd behaviors such as being extremely sensitive in responding to stimuli, also exhibit unusual or repetitive movements. They are able to see as autistic people who talk well. Experts argue that although verbal speech is intact, other 8 communication problems may exist. Asperger's can use verbal communication whereas autism usually has limited or no speech. A person with Asperger's is also described as one who shows no interest in developing human bonds. The degree, to which Asperger's kids actually are aware of their troublemaking bonds with others, is often misunderstood. Asperger's and Autism together share the issue of recognizing the extinction and intentions of others. Children with Asperger's disease, generally have a typical to complex intellect stage. They may exhibit a satisfactory thoughtful of vocabulary and grammar subjects with a decrease capability to focus and or understand humor.

Pervasive Developmental Disorders (PDD)

The term Pervasive Developmental Disorders is a diagnostic category used to describe many neurological disorders that engage impaired social skills and repetitive behaviors. They take in Autism, Asperger's Syndrome, Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS), Childhood Disintegrative Disorder (CDD)*, and Rett's Syndrome*. (Rett's Syndrome and CDD will not be included as they differ and have a more progressive course where loss of skills and abilities occur over time.) The PDDs are characterized by their developmental delays in functional and communication skills. Traditionally children with autism were said to have a PDD, implying that a child demonstrates disorganized development. They are pervasive, meaning the disease affects many areas. Learning ability is affected but may improve to other levels. The condition is something that happened during early development, and not from an accident or injury. They are medical disorders that are not caused by parenting errors, 9 toxins, poor care, etc. Some cases may be genetic. There is a wide spectrum of impairments associated with PDD and ASD, which can range from mild to severe. One cannot outgrow PDD and to date, there is no cure. The condition is expected to be present for the entire lifespan.

Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) and Atypical

Autism

The characteristics of PDD-NOS are presented as they have overlapping symptoms with Atypical Autism. Atypical Autism is the primary diagnosis given to children who have some form of autistic symptoms but do not have all of the particular traits to form a diagnosis of autism. These types of cases, mainly the milder forms, are usually discovered later in life than prior to age three, as general autism. People who are closely related to the affected individuals have a higher than expected incidence of these disorders. The cause may possibly have a genetic basis, but there are no facts to support that notion. The symptoms and severity of Atypical Autism can vary from person to person. Some traits of people with Atypical Autism may be that they have a difficulty with language skills, whereas they display limited or no verbal ability and possess a smaller vocabulary than other children in the same age group. Individuals with PDD-NOS usually experience an area of impairment however their overall living skills are more advanced than people with autism. They often do not know how to react in an appropriate manner to other people's emotions. People with this disorder often have difficulty understanding non-verbal cues or language that is not meant to be taken literally. These factors often lead to uncomfortable social interactions, therefore re-enforcing the tendency of people with atypical autism to prefer solitude.

Treatment

There is no single best treatment for all children with ASD because no two individuals are alike. What may work for one may not work for another. A well-structured treatment plan designed to teach specific skills is ideal and very important. Before a family chooses a treatment regime, it is important to talk with the child's health care team to understand all the risks and benefits that are involved. Routine medical, dental, physical, and mental exams should be a part of the treatment plan. It may be hard to tell if a child's behavior is related to an ASD or caused by another underlying condition. For example, a head-banging child could have an ASD, or they could simply just be having headaches. In some cases, a thorough physical exam is needed. Many different types of treatment options exist such as auditory training, discrete trial training, vitamin therapy, anti-yeast or anti-allergy therapy, music therapy, occupational therapy, physical therapy, and sensory integration. The different types of treatments fall into the following four categories: Complementary and Alternative, Medicine, Behavior and Communication Approaches, Dietary Approaches, and Medication.

Causes and Cures

Parents should be reassured that at the present time, there is no scientific evidence to support claims that MMR vaccine or any combination of vaccines cause ASD. No one really knows what causes autism. Autism is not caused by one's income, parent's educational level, race, ethnic, or social background. Autism can be present in any newborn, anywhere in the entire world. Some use to think that autism had a direct connection with people who were poor. This is not the case because there are many people that are wealthy that have conceived children with autism. Bad parenting was even considered as a cause, at one point in time, in the early years of the disorder. We do know that according to the Centers for Disease Control, the incidence rate for autism spectrum disorders is now as high as 1 in 110, including 1 in 70 boys. It is now known to be a heterogeneous disorder, with milder forms being more common than the classic form. Autism is the fastest growing developmental disorder in the U.S., representing a 600

percent increase in the past 20 years. No one can explain why the disorder is growing so rapidly.

Suspecting ASD and Seeking Support Immediately (SASSI)

An initial suspicion of any ASD means that you should seek professional medical attention immediately. Many options are available to help families provide the best treatments available. Supportive services and testing procedures will help families cope with fears and issues. A good acronym to remember is SASSI.

Seek Support Services

Any child with a suspected delay or symptoms of ASD should be given the opportunity to enroll in an age-appropriate early intervention program immediately, even before a definitive diagnosis is available. (Pediatric Neurology 39.1 (2008)) Children are entitled to many federally mandated programs and services for children with developmental delays or deviations. Although criteria may vary slightly among states, eligibility for these programs is based on the presence of a delay, not on a categorical diagnosis.

Conduct Lead Screening

In some cases, a child may show developmental delays and behavioral problems that can be a sign of lead poisoning. Children at young ages have a tendency to put many objects in their mouth. These objects could be from a wide range of household items such as crayon, toys, or even tools. With the range of risks involved, lead screenings are performed routinely when a child shows signs of a developmental delay or disorder. If elevated lead levels suspected, refer the child to a local emergency center.

Perform Formal Auditory Assessments

In some cases, a child that may appear to have a developmental delay could actually be hearing impaired. There is a strong relationship between the child's hearing and his communication ability. If a child's hearing impairment goes undiagnosed, he may experience delays in development and communication issues. A child with a communication or developmental disorder may also have related issues with sensitivity to sound. If a physician is concerned after the screening there should be additional testing done. One of the previous issues are ruled out, it may be necessary to seek additional help from an ASD specialist.

Conduct Autism Screening

If the developmental screening raises concern it is highly recommended that parents follow up with an autism screening and diagnosis specialist, (Da Capo Press, 2009). Most autism screening tools are designed to detect ASD, focused on societal and communication impairments into kids and focusing on the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-IV) criteria for autism. Some professionals use the 17 International Classification of Disease (ICD-10), which is a diagnostic manual developed by the WHO. While all autism screening tools have limitations, most notably by the lack of well-

validated screening tools accessible for kids 18 months of age and younger. It is vital that your child receives the proper screenings necessary to determine that he or she has autism.

Solutions for Cognitive Problems

Teachers can visually deliver instruction in the following ways:

Use color. Color-coded notebooks or colored markers and pens can help students differentiate subjects. Color can also be used to highlight directions. Use multisensory delivery. Dramatic presentations, comics, PowerPoint presentations, overheads, movies, and online resources engage together in auditory and visual processing. And photos. Alphabet and number lines or mnemonic devices also provide visual cues for students. Bulletin boards, banners, posters, and flashcards reinforce content area knowledge. Use notes or other handouts to help students stay focused for the duration of oral training. Use visual cues., calendars, timetables Schedules, and lists of items to complete can be placed on students' desks. These can take a variety of forms: written, pictures or symbols.

When information must be presented verbally, teachers can support students with ASD when they:

- Demonstrate/model/act out instructions; use hand signals
- Put instructions in the same place always.
- Complete the first examples with students.
- Replicate instructions after allowing 10 seconds for processing time; speak gradually and clearly, modify tone and pace.
- Give extra time and resources.
- Simplify; analyze tasks and break them into small steps
- Involve students in presentations.
- Teams teach.

Students with ASD might also need a variety of adapted materials, including: desk organizers AAC(augmentative and alternative communication) devices and voice output devices, talking calculators, educational software designed for struggling learners or children with ASD, manipulative, different types of paper – textured, graph, lined papers (raised lines, colored lines and mid-lines), low-vocabulary books, audio and video tapes, sticky notes, a variety of writing utensils:, magic markers, highlighters golf pencils, chalk holders, pencil grips, and stamps and stamp pads, slant writing boards, recipe stands.

Many students with ASD are not “fond” of writing, whether they are engaged in the mechanical process itself or the slow process of translating oral language into the written word. Because so much of the curriculum output expected from students include written work, it is imperative to have alternatives for students with ASD to demonstrate their knowledge of what has been presented in a lesson.

The subsequent are some alternative ideas for students with ASD to demonstrate their knowledge: dioramas, dramatic presentations, oral tests, PowerPoint presentations, graphs and diagrams, comic, strips, storyboards, flowcharts, sign language.

Solutions for social problems

In some cases, parents can minimize unpleasant sensory motivation. For example, parents can avoid certain clothing fabrics that their child finds intolerable. Others may buy secondhand clothing, or wash new items repeatedly, to minimize the disagreeable rub of new fabrics. It can be very difficult for parents to find these causes of distress especially when the child is very young or does not communicate well. There may be some detective work and experimenting needed to find the sources.

Where a source of distress cannot be logically avoided, there are behavioral techniques to allow a child to step by step to understand the unlikable sensory feeling. With time and tolerance, Desensitization can be a controlling method. For example, a child may shout hysterically in supermarkets. The parent will clarify to the child that they will situate the outer surface of the supermarket for 30 seconds then go home. The next time, it may be explained that they will go in for 30 seconds then go home. Time spent in the supermarket is gradually lengthened until the child has adapted to this environment. For more information, see the Behavior Management Strategies fact sheet.

There are other interventions available that help autistic children to integrate their senses and have more pleasurable interactions with people and their environment. See the Sensory Integration Therapies fact sheet for treatment options.

Temple Grandin's 'hug machine' is an interesting option for some children with sensory problems.

Solutions for Behavioral problems

Applied Behavior Analysis (ABA)

This treatment is based on the theory that behavior rewarded is more likely to be repeated than behavior ignored. It focuses on giving the child short simple tasks that are rewarded when successfully completed. Children usually work for 30 to 40 hours a week one-on-one with a trained professional. Some practitioners feel this method is too emotionally draining and demanding for a child with autism. Yet, years of practice has shown that ABA techniques result in new skills and improved behaviors in some children with autism.

TEACCH (Treatment and Education of Autistic and Related Communication Handicapped Children)

This is a structured teaching approach based on the idea that the environment should be adapted to the child with autism, not the child to the environment. Teaching strategies are designed to improve communication, social, and coping skills. Like ABA, TEACCH also requires intensive one-on-one training.

Solutions for social problems

Children with Autism have persistent problems and difficulties with social interactions and

communication. They may not properly understand the social rules and etiquettes which makes socializing difficult for them.

Their abilities are completely different than those of their fellow peers. This, in turn, makes them conscious and secluded which as a results put autistic children at a much higher risk of being bullied by other children at school.

Children with Autism learn differently than other kids. They need more attention and a distinctive teaching approach. These children could suffer due to ineffective teaching methods. As educators, teachers have a responsibility to ensure that the quality of education their students receive is customized to their learning capabilities. The best way to help an autistic child learn to their best potential is to understand what problems they face at school.

Recommendations for disabled students

Autism is characterized as a unique set of neurological disorders that affect the individual's communication abilities, reasoning, learning, and physiological response. Children with autism demonstrate behaviors and skills that can range from mild abnormalities to severe developmental challenges. Although clinical patterns vary depending on severity, all children with ASD lack the normal ability to fully engage in mutual social interaction, communication, movements, behaviors, interests, and activities. One has to remember there are no two people with autism that are alike. Interventions must be individualized and catered to accordingly, the person's specific autism traits. Although autism may not be curable, it is manageable through treatment, support systems, resources, and awareness. Sharing knowledge and awareness prevents discrimination, neglect, and dispels myths. It is vital for parents, employers, the general public, and counselors to know the significance of the autism spectrum so that society can be aware of the warning signs, interventions, and breakthrough technologies that allow the person early treatment. Most importantly, if we do not act to detect the early developmental abnormalities, we will 39 delay the individualized care of the autistic population, and ultimately decrease their quality of life.