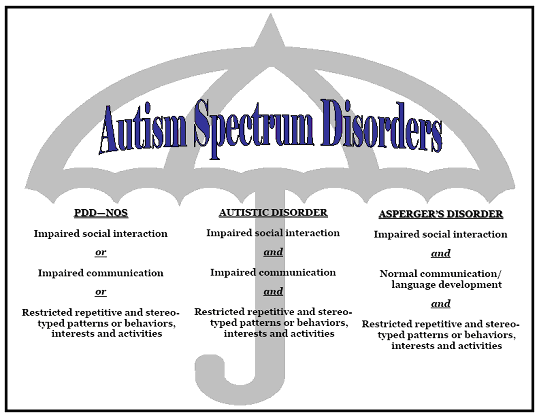
Autism Spectrum Disorder



* [http://www.ted.com/playlists/153/the\_autism\_spectrum#](http://www.ted.com/playlists/153/the_autism_spectrum)

1 in 62 children will be affected by ASD directly

42 out of the 62 that are affected are boys

Boys are 5 times more likely to get ASD then girls

There is no cure because there is no one source

**History of ASD**

* 1908- The first people to be described as autistic were schizophrenic patients. (they were especially withdrawn)
* 1944- Dr. Hans Asperger created a category for more mild autism
* 1967- “Refrigerator mothers”
  + lack of maternal warmth
* 1977- research showed that autism is caused by genetics and biological differences in brain development
* 1991- U.S. federal government makes autism a special education category
  + Until this moment, people with any part of ASD were considered to have no rights
* 1998- study published an article that was saying MMR vaccine caused autism DEBUNKED
* 2009- CDC reported the rates of Autism increased immensely
* 2013- DSM-5 changed the way Autism and Asperger's were diagnosed

Causes:

* No medical test that can be done
* Team of specialist or a doctor determine cause
  + Based on motor skills, and physical skills

(Home, 2012)

* Genes have been linked to making children more vulnerable to ASD
* Environmental triggers
  + Premature births
  + Exposed to alcohol or drugs in womb

(NHS, 2017)

**Cognitive theories of ASD**

* Weak central coherence theory (Frith)
  + Making things whole with your brain.
  + People with ASD see things in parts instead of whole
* Theory of mind (Baron-Cohen)
  + Many different tests
    - Eye test (Baron-Cohen)
    - Sally-Ann test (Baron-Cohen, Leslie and Frith, 1985)
  + Use this to see if the person can tell what someone else is interested in or wants
* Theory of executive dysfunction (Ozonoff, Russell)
  + Cannot think flexibly
  + Cannot anticipate the future
* Sensory integration dysfunction (Ayres)

**Differential Diagnosis**

* Diseases that should be excluded from diagnosis of ASD:
  + Congenital Rubella Syndrome
  + Cornelia deLange Syndrome
    - Distinctive facial appearance both prenatal and postnatal
    - Growth and feeding delays/deficiency
  + Down Syndrome
  + Fragile X Syndrome
    - Mental retardation
    - Inherited
    - Intellectual disability
    - Can be found on the FMR1 gene
  + Prader –Willi Syndrome
  + Rett Syndrome
    - Has a later onset similar to ASD, so can sometimes be thought to be similar.
    - Almost exclusive in females
    - Exclusive to a mutation to the MECP2 gene
  + Tourette Syndrome
    - Tics and many disruptive behaviors
  + Williams Syndrome

(Autism Society, 2017)

**Autism**

**Symptoms**

* Eye glazing/ lack of eye contact
* Difficulty with social games
* Cannot understand perspective
* Missing milestones
* Communication is hindered
* Do not understand body language

(Home, 2017)

**Therapy**

* No single therapy works for every child
* Very Intensive (whole family involved)
* It is referred to as a treatment or therapy

**Examples of therapies**

* + Speech and language therapy
  + Structuralisation, augmented/alternative communication
    - Teaching the child/ person with ASD to ask for an object and they will receive it. They teach them what the object is and how to ask fo it.
  + TEACCH
  + ABA: Applied behavior analysis
    - Helps with how to teach each child
    - 25-30 hours a week doing this
    - Example of ABA worksheet is attached at the end of this document
  + Sensory integration therapy
  + Play therapy
  + Music therapy
  + Animal therapy
  + Pharmacotherapy
  + Art therapy
  + Pivotal Response Treatment PRT
    - How to teach language
    - Child directed

(Home, 2012)

* + Occupational therapy

**Occupational therapy in my opinion is the best treatment and these are the reasons why:**

* Primary focus is teaching the child/ person with ASD how to dress, eat, bathe, and relate to other people (treatment of autism)
* They study the child’s behavior in all situations that need to be improved. Such as play and interactions with other children/ classmates.
* They use many different techniques within occupational therapy such as sensory integration, family centered approach, and positive reinforcement.
* Sensory Integration in Occupational therapy- is used by the therapist creating a safe and trustworthy atmosphere. They connect with the child in such a way, that the child feels emotionally safe.
* Family Centered approach- the therapist is invested in establishing a relationship with the family. Equal partnership is desired with the family.
* Positive reinforcement- by providing the child with rewards when they reach specific stages in their therapy.

Watling, R., J. Deitz, E. M. Kanny, and J. F. Mclaughlin; Jane, and Jane Clifford O'Brien

**Treatments that aren’t very helpful**

* Son Rise
  + Goes to the child instead of having the child come to them.
  + Joining them in play and other things- attempting to get them to play with them as well.
* Facilitated communication
  + Has led to the facilitated communicators- the people holding the child’s hand/ arm- accusing and being accused with sexual assault.
    - Saying the father of the child or the mother of the child, sexually assaulted the child.
  + The facilitator, subconsciously was pushing the letters to spell out words for the child. The children didn’t even have to look at the keyboard and were spelling out full sentences
  + Was a very big treatment in the U.S.
* Psychoanalysis
* Diets-
  + Believed that eating a specific way would make the child cured of autism.
    - Not eating gluten, dairy
* Homeopathy
* MMR Vaccine
* Thiomersal- mercury in some vaccines that is used to preserve it
* Way the children/person is brought up

(NHS, 2017)

**Characteristics**

* Ongoing social problems that include difficulty communicating and interacting with others
* Repetitive behaviors as well as limited interests or activities
* Symptoms that typically are recognized in the first two years of life
* Symptoms that hurt the individual’s ability to function socially, at school or work, or other areas of life

*(NIMH, 2016)*

**Asperger’s**

* High social anxiety
* High functioning
* Exhibit a restricted rage of interests
* Repetitive speech
* Lack of eye contact

(*Autism Speaks, 2013)*

**Pervasive Developmental Disorder-Not Otherwise Specified (PDD- NOS)**

* Do not meet all of the criteria of Autism or Asperger's
* "This category should be used when there is 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, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder. For example, this category includes “atypical autism” – presentations that do not meet the criteria for Autistic Disorder because of late age at onset, atypical symptomatology, or subthreshold symptomatology, or all of these.” (DSM-IV,2017)

**Structures**

* Autism Speaks (U.S)
  + Walks
  + Fundraisers
  + Sororities
  + Autism Europe
  + Campaigns to raise awareness

(Home,2012; Autism Europe, 2017, )

**Change**

It is a very hard thing to deal with for any family with a child who has autism.

* <https://www.youtube.com/watch?v=ptnv250tn5Y>

This is a clip from I am Sam

It is a movie about a young girl who has a father who has some form of ASD

Change in families with ASD is very hard

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