

Organizing Inclusive Education for Children with Autistic Spectrum Disorder

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Abstract: This article talks about autistic spectrum disorders, their types, children with autistic spectrum disorders and the organization of inclusive education for them.

Keywords: Autism, autistic spectrum disorder, aura, emotional disorder, spectrum disorder, diagnosis, International classification.



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Autism spectrum disorders are a range of neurodevelopmental disorders typically characterized by difficulties with social interactions and communication, repetitive behaviors, restricted interests, and unusual responses to sensory stimuli. This concept is commonly referred to as autism, and in the context of professional diagnosis, it is called autism spectrum disorder (ASD). But the latter term remains controversial among neurodiversity advocates, researchers, and many autistic people because of the use of the word disorder and questions about its usefulness outside of a diagnostic context.

A spectrum disorder is a highly unusual set of behaviors that an autistic person can perform: anyone with this spectrum disorder may exhibit some, but not all, of the characteristics associated with it to one degree or another. Different autistic people can have surprisingly different characteristics, and these characteristics manifest in different ways at different times. Historically, the autism spectrum has been divided into various subcategories, but the validity of these divisions has been widely questioned, and now the most recent editions of the major English-language diagnostic manuals, notably the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Disorders (ICD), both include ASD. Given concerns about the neutrality of the term "disorder" as a single disorder, many sources prefer to use the term "autism" without additional words, as it is the least controversial term among people with different perspectives. There are also (in the UK) uses for autism spectrum conditions rather than ASD. Although psychiatry has traditionally classified autism as a neurodevelopmental disorder, many autistic people, many autism advocates, and researchers see autism as part of neurodiversity, the natural diversity in human thought and experience, with strengths, differences, and weaknesses. According to this view, promoted by the autism rights movement, autism is not a pathological condition, but this does not guarantee that they will not become disabled or that they will not need a high level of support due to the resulting conditions and human-environmental incompatibility. A relatively positive and holistic view of autism has led to some compromise among autistic individuals, advocates, charities, researchers and practitioners. The causes of

autism are not fully understood, but the condition may be related to changes in brain structures during birth. There is no official cure for autism, so the methods of support vary, for example, while working on finding and learning other ways of communicating with an autistic person who does not have verbal communication skills, the therapy of some autistic people is focused on practical behavior analysis, which is very controversial.

Other controversies surrounding autism are scientific, sociological, political, or philosophical, some of which have all four dimensions. First, whether autistic people's social-communication difficulties are specific underlying deficits (see Simon Baron-Cohen's theory of empathic systematization) or a controversial and uncertain condition resulting in a dual misunderstanding between autistic and non-autistic people due to mismatches in social communication styles, perceptions, and experiences (see dual empathy problem theory developed by autistic researcher Damien Milton, and recent research shows that autistic people show better empathy, communication, and socialization characteristics with other autistic people) or a combination of both. What causes it is still under investigation; it is believed to be primarily genetic, but many genes are involved in human development, and environmental factors may also play a role. It is not known why autism usually co-occurs with attention deficit hyperactivity disorder (ADHD), mental retardation, epilepsy, and a number of other disorders. There is ongoing disagreement about what should be included as part of the autism spectrum, whether there are meaningful subtypes of autism, and the importance of autism-related characteristics in the broader population. The combination of broader criteria and increased awareness of the topic has led to a steady upward trend in the prevalence of autism, fueling the misconception that an autism epidemic has occurred and the controversial claim that vaccines are causing it. Spectrum model

Autism is a highly variable neurodevelopmental disorder, ranging from individuals with chronically high levels of support, non-verbal, developmental delays, and co-diagnoses to those with no support, normal language and intellectual skills, but unusual social/ considered to cover a broad spectrum from autistic individuals who exhibit conversational skills, narrowly focused interests, and pedantic communication characteristics. Because the spectrum of behavior is continuous, the boundaries between diagnostic categories are somewhat blurred. Autism spectrum, in turn, is part of the broader autism phenotype (BAP), which sometimes describes individuals who may not be autistic, but have autistic traits such as lack of eye contact and impulsivity.

Autism has features that first appear in infancy or childhood and usually remains stable without remission. Symptoms begin to appear gradually from six months of age, become stronger by the age of two or three, and continue into adulthood. Other aspects, such as atypical nutrition, are also common, but they are not essential to the diagnosis.

Clinical signs of ASD include: regular difficulties with social interaction or communication limited or repetitive behaviors (often called "stimming") fluctuating or restricted interests.

These characteristics are usually assessed as needed by: problems with working, starting or continuing education difficulties starting or maintaining social relationships mental health or learning problems contacting services neurodevelopmental conditions (including learning disabilities and ADHD) or history of mental health conditions.

There are many symptoms associated with ASD; their manifestation is different in different autistic individuals.

Most parents report that the onset of autism symptoms occurs in the first year of life. There are two possible courses of ASD development. One course of development is gradual in nature, with parents reporting developmental concerns in the first two years of life, and a diagnosis may be made as early as 3-4 years of age. Some of the early signs of ASD in this course include reduced

attention to faces, failure to respond clearly when called by name, failure to show interest by pointing or pointing, and delayed imaginative play skills.

The second course of development is characterized by normal or near-normal development before the onset of regression or loss of skills. There are two regression models within this course. The first pattern occurs between the first 15 months and 3 years of age. Some consider regressive autism to be early-onset, later-recognized autism. Researchers have conducted studies to determine whether regressive autism is a distinct subset of ASD. Over the years, the results of these studies have conflicted. Some researchers believe that there is currently no evidence to support a clear biological distinction between early-onset and regressive autism. Another pattern, childhood disintegrative disorder (this diagnosis is now included in ASD), is characterized by regression after normal development until the first 3-4 or even 9 years of life.

Social and Communication Skills Importantly, people with autism have social impairments and often lack empathy for others, which many people take for granted.

Impairments in social skills cause many problems for people with autism. Lack of social skills can lead to problems with friendships, romantic relationships, everyday life, and professional success. One study that looked at the outcomes of autistic adults found that people diagnosed with autism were less likely to marry than the general population, but it was not well established whether this result was related to social skills or intellectual disability or other factors.

Until 2013, social functioning and communication deficits were considered two separate symptom domains of autism. The current social communication domain criteria for the diagnosis of autism require the presence of problems in three social skills. These are: social-emotional interaction, non-verbal communication, and developing and maintaining relationships. Communication deficits are caused by problems with social-emotional skills such as general attention and social interaction.

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