

Autism Spectrum Disorder: What's the Cause?

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AUTISM SPECTRUM DISORDER: WHAT IS THE CAUSE?

Abstract

Autism Spectrum Disorder affects children, and adults of ages across the world. There are many individuals that are diagnosed with this disorder on a regular basis. According to Koegel, I and 150 children are being diagnosed everyday with Autism Spectrum Disorder (Koegel, 2004). The spectrum of Autism is because of the disorder levels of ASD, and how it affects each person that is diagnosed with ASD differently. Education on ASD have played a key role in establishing information to help better determine the methods of how to educate individuals on ASD.

Keywords: autism, disorder, spectrum, education, methods

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Autism Spectrum Disorder, is the name for a group of developmental disorders. ASD includes a wide range, a spectrum of symptoms, skills, and levels of disability (NIMH, 2015). People with ASD often have these characteristics: ongoing social problems that include difficulty communicating and interacting with others (NIMH, 2015). Autism Spectrum Disorder is a condition related to the brain development that impacts how a person perceives and socializes with others (CDC, 2017). As we continue to share and research ASD, it will be interesting to learn more about what ASD is, as well as what is the cause of ASD. Many people speculate that it is a disorder that comes in birth, other speculate it is due to immunizations. As we continue to explore the more we will discover about ASD. For example, there was a study in young children with autism and the results of the study shows two developmental profiles for adaptive functioning in children with ASD. An average borderline delayed profile and a borderline to more severely delayed profile that may remain stable or worsen overtime (Neveil, Hedley, Ulijarevic, Butler & Mullick, 2017).

Therefore, the spectrum of autism is important, it allows you to see that each person with ASD is different. Some cases are more severe than others. The children and adults that have been diagnosed with ASD, their symptoms vary, this cause for speculation with ASD, and questions arises. Are we born with ASD? Is ASD inherited from a parent or grandparent? Autism is a disorder that usually begins in infancy, at least, in the first three years of life. Parents become aware, and concerned when the child is not using words to communicate (Lord, Cook, Leventhal, & Amaral, 2001). As parents we

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are the first ones to notice if anything is going on with our children, and at times it is hard to admit when there is a problem, denial and fear arises and cause us to ignore the signs.

We must take charge as parents and do what is necessary to make sure we are our children first teacher in every area of their lives.

Autism was originally defined by Leo Kanner in 1943 as an innate inability to create normal, biologically determined, emotional contact with others (Chaste & Leboyer, 2012). Individuals with ASD vary in language ability, ranging from absent speech to fluent language, and cognitive development ranging from profound intellectual disability to above average intellectual functioning (Chaste & Leboyer, 2012). According to the American Psychiatric Association, Dr. Benson acknowledged Autism Spectrum Disorder as, a complex developmental disorder that can cause problems with thinking, feeling, language, and the ability to relate to others (Benson, 2016). Can you imagine having a child with these issues, and as a parent you are unaware, or you are aware and may not know how to help them to understand what is going on in their little minds.

I am the Director of a private school, I have Autistic children at my school, as I work with them everyday I also spend a lot of time with their parents. There have been times when I have noticed that something was off with a child and I had to call a conference with the parents to make sure that child received all the help he or she needs. The denial of ASD is because no parent wants to believe that something is wrong with their child. Some parents feel guilty because they think it is their fault if their child suffers from ASD, therefore, they shy away from the thought that anything could be wrong. Parents also must get over the initial shock of the news from the doctor about their child being diagnosed with ASD. Denial can be expressed in several diverse ways.

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Some parents fear that autism is no more than just a label, one that describes a parent feeling of failure when it comes to their children (AutsimKey, 2011). Because there are so many labels for many disorders, when a parent receives information from the doctor, there seems to be a fear of no, not my child, leaving the parent to feel like it's their fault for their children being diagnosed with the disorder. This research will help me to help my staff, and together we can help the parents and students that are currently dealing with ASD. As administrators and teacher's understanding Autism Spectrum Disorder, is one of the greatest tools you can have.

As we continue to explore Autism Spectrum Disorder: What's the Cause, we will research in the following areas of study: Types of Autism, Where does Autism Spectrum come from? Is ASD inherited from a parent or grandparent? What are some signs of ASD? Challenges Families Face with Autism Spectrum Disorder. Researching these areas will allow for a better understanding of what we are dealing with when it comes to Autism Spectrum Disorder. As we explore these areas, we will learn together about Autism Spectrum Disorder: What's the Cause.

Types of Autism

Research shows that there are five types of autism. Autistic Disorder, Pervasive Developmental Disorder, Asperger's Syndrome, Rett Syndrome, and Childhood Disintegrative Disorder (Farmer & Aman, 2011). Some ASD individuals with a disorder shows an aggressive behavior, little is known about the manifestation of this aggression, but it is a significant problem (Farmer & Aman, 2011). Autistic Disorder is a neurodevelopmental disorder that cause significant social, communication and behavioral challenges (CDC, 2016). AD is lifelong developmental disabilities that can impact how

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people understand what they see and sense, as well as, communicate with others (US Dept. of Education, 2003). Speech and language problems in Autism Disorder may result in a variety of conditions that occurs before, during, or after birth affecting brain development (Schoenstadt, 2006).

Autism is best known of the Pervasive Development Disorder (PDDs) (Bloom, Beal & Kupfer). Pervasive Developmental Disorder, is commonly known for poor socialization and communication skills. PDD is when an individual has a delay in socializing and communicating with others (NIH, 2000). Since there are no clear diagnostic boundaries separating these conditions it is sometimes difficult to distinguish one from the other for diagnostic purposes (Gale Encyclopedia of Medicine, 2017). Asperger's syndrome is when you have difficulties in social relationships and communication. The symptoms become more intense with this disorder. The individual that have this disorder do not initiate contact with others, they appear to be clumsy at times (Gale Encyclopedia of Medicine, 2017). Asperger's Syndrome range from mild to severe. Children with the disorder have average and, in some cases, above average and intelligent. They develop skills and remain curious about the world around them (Bloom, Beal & Kupfer, 2003).

As mentioned earlier, research shows two more types of autism, Rett Syndrome and Childhood Disintegrative Disorder. Rett's disorder, babies (almost all of them girls) have normal development for 6 to 18 months but then start to lose such physical skills as walking and moving (Bloom, Beal, & Kupfer, 2003). Rett Syndrome was first described in 1966 and is found almost exclusively in girls. It is a disease in which cells in the brain experience difficulty in communicating with each other (GEOM, 2017). Other

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complications that are noted with Rett Syndrome is constipation, breathing problems, and chewing and swallowing issues (GEOM, 2017). Childhood Disintegrative Disorder, is also called Heller's disease and most often develops between two and ten years of age. Children with CDD develop normally until two to three years of age and then begin to disintegrate rapidly (GEOM, 2017). From the age of about eight months to three years, autistic children display other social deficits not seen in children developing normally (Bloom, Beal & Kupker, 2003).

Autism: Where Does It Come From (Causes)/ Is it Inherited?

From the research we have already determined what Autism Spectrum Disorder is, but where does it come from? Are children born with autism? Does it develop later in life? Research shows that some children are born with autism spectrum disorder, and some disorders develop later. Autism is defined by three areas: severe impairments in how children relate to other people, delays or abnormalities in how they communicate, restrictive, odd and repeated (stereotyped) behavior (Bloom, Beal & Kupker, 2003). About 20 percent of parents with an autistic child report that he or she developed normally for one or two years, although in many of these cases the parents may have overlooked the conditions and signs (Bloom, Beal & Kupker, 2003).

Children are diagnosed with some form of autism, yet it is hard to distinguish between one type of autism from another, they all are different in symptoms, and yet they are the same (Senator, 2010). For sixteen years autism was not considered as a disorder, it was known as, "other health impaired". It was changed in 1997 under the Disability Education Act (Nichcy, 1997). Today the cause of autism is still being speculated with no certain cause, very strong evidence suggests that autism has a genetic basis. About 20

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percent of cases occur in association with illnesses we know and are inherited (Bloom, Beal & Kupker, 2003). About 80 percent of autism cases are idiopathic (caused by unknown mechanism), but still evidence that most cases are inherited (Bloom, Beal & Kupker, 2003).

Signs of Autism Spectrum Disorder (Symptoms)

There are early symptoms of Autism Spectrum Disorder such as: speech Problems, Social Problems, Sensory Problems, and Movement Problems (Lyons, 2010). Speech problems deals with nonverbal, unable to speak, perhaps has a few words (Lyons, 2010). The nonverbal symptoms are the one of the major factors I see every day at work. One of the things I am noticing with nonverbal is the children tend to speak in other ways. Some of the make sounds, like mourning or closed mouth sounds. Some of them hit the teacher or another student on the hand to get their attention because they cannot speak. Some other speech problems are repetitive, they repeat the same phrases repeatedly (Lyons, 2010). These repeated phrases are the words they have mastered.

Research show that inappropriate speech is also common with Autism Spectrum Disorder. Individuals speak, when they speak, it makes little sense to the person they are talking to (Lyons, 2010). From my experience of being in the education field for thirty-two years, I have seen students repeat the same words, as well as, repeat what they have heard from a song or a movie, this is called scripting. Even as they speak their vocabulary is limited to only a few ones. Not all individuals have this issue, but some do. Social problems such as not understanding typical boundaries or behavior in social situations is also common in some cases of ASD (Lyons, 2010). Language and communication therapy includes training in everyday communications through everyday

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communication through individual and small-group therapy (Bloom, Beal & Kupker, 2003). The students that have this issue attend therapy sessions to help with this part of the disorder. The communication therapy is key because this help the students to communicate with other students in their classroom and social environment. ASD individuals tend to tune others out and play by themselves (Lyons, 2010).

Sensory problems are hard to detect in some cases, since there are very little to no verbal communication, sensory problems can be hard for the student to speak on, or for the person on the receiving in to understand what the individual is trying to say. The sensory problem causes the person with ASD to act out with extreme tantrums that could be uncontrollable at times (Lyons, 2010). ASD individuals lack fear in dangerous situations (climbing and shelves). They tend to climb on things like shelves boxes, or high places (Lyons, 2010). Movement problems consisting of self-stimulating behaviors, flapping, repetitive movement, lining of object. They also have a self-restricted diet. They are funny about what they eat, texture of food is a big issue (Lyons, 2010). Some students will go as far as, touching for the texture of foods before they eat it.

ASD individuals focus in in routine, children will play with the same toys, follow the same route to a certain area, and eat the same food every day. According to the National Autism Association the warning signs of Autism spectrum disorder is little or no eye contact, will not respond to his or her name by 12 months, does not babble or coo by 12 months, does not say single words by 16 months (Lyons, 2010). Some ASD individuals also show signs of ADHD. ADHD is a common behavioral disorder that affects about 10% of school-age children which causes poor peer relationships, disruptive behavior in stores, church, and other community settings to the extend that you are asked

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to leave or not return (Benton, 2010). ADHD came through a combination of biological and genetic factors. We also are very close to being able to conclude unequivocally that ADHD cannot and does not arise from purely social factors (Benton, 2010).

Challenges Families Face with ASD

The study of Autism Spectrum Disorder is hard of the individuals that are dealing with, but it is extremely hard for the parents, and families that are dealing with ASD as well. In some cases of ASD the home must be rearranged to accommodate the child to ensure that he or she do not hurt themselves. As stated earlier some children like to climb on shelves are areas that are not safe. Therefore, shelves and anything removeable that is not safe would have to be nailed down for safety. In the book, *Organizing Solutions for People with disorders* suggests that organizing for the disorganized is the key to helping children with ASD. Pinsky gives 14 rules of organizing.

Organizing starts with give everything a home, everything must be stored in its proper place, store things on the wall or on a shelf, never on the floor. Take advantage of vertical storage space by using tall shelves and bureaus (Pinsky, 2006). Everything should remain in its proper place always. Organizing the medicine cabinet is very important, keeping medicine out of reach for children period is important, but it is especially important for children with disorders. The medicine cabinet must remain locked always, and out of reach of all children to ensure the safety of everyone. Another challenge is having a child spectrum disorder is being in denial that your child has ASD. Studies show that parents or guardians are slow to admit that their child have ASD. Another challenge is feeling that guilty that your child has ASD, and that it is your fault as a person that your child has this disease.

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Making sure that your child receives the help he or she need is also a challenge because I lot of parents don't know where to start. I have been working with students and families for several years, I have worked with students that have Autism spectrum disorder, and I must admit that, at times, it can be a struggle making sure that everyone including teacher's, parents, and students are getting everything they need to survive through one day. One of the ways we do that is by making sure that all students that are enrolled in the school, and have a disorder of any kind, the parent must submit a IEP.

IEP, Individualized Education Program. This program is a diagnostic test that determines the exact disorder of an individual. This test is used to ensure that the child receives the help he or she need to help the development of speech, therapy, etc. The services of need are worked out with the diagnostic center in the area in which you live. Services are provided in the school or home, and transportation is offered to those families that do not have a way to get their child to therapy (Lyons, 2010). All IEP's are handled by the Board of Education within the county in which you live. This IEP will go with the student throughout high school, the child will receive all the necessary educational help to ensure that he or she receives a good education.

As an administrator I make sure that we make the child feel safe and is very comfortable with his or her environment. We go out of the way to ensure safety and stability. Children with autism experience is not the same as a child that do not have autism. It is hard enough just showing up for school, to have a disability is even harder. As educators it is our job to ensure that education is expressed in ways that all students receive a good education rather they have needs or special needs. The book titled, Children First, Leach talks about the responsibility for children brings parents

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considerable rights over them (Leach, 1994). Therefore, is it so important for parents to make sure their child receives all the help offered through the county, and Board of Education, it is their duty as parents and guardians.

The question that come to mind is, how do I know if my child need help or any additional services? As teacher's or administrator, we will know if your child need help. If we feel that your child need help we will talk to the parents, then do a referral to the diagnostic center. The final decision is left up to the parents. I hope is that the parent takes advantage of the Preschool diagnostic center, the evaluation is at no cost to the parents, all fees are covered through the Board of Education. Elizabeth Bonker and Virginia Breen wrote a book on autism exposing first hand accounts on autism spectrum disorder. Elizabeth was officially diagnosed with autism at the Yale University School of Medicine's child study center on May 16, 2000 (Bonker & Breen, 2011). These ladies were able to experience autism as a child up to adulthood, and write to tell their own story.

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Conclusion

In conclusion we have learned about that Autism Spectrum Disorder is a disease that does not discriminate against age, race, or an individual's place in society. The purpose of the research was to gain more information concerning Autism Spectrum Disorder. This research is beneficial for students, parents, educators. Parents will gain helpful information to assist them with the following: Types of Autism Spectrum Disorder, where does autism come from? Is ASD inherited? Signs of Autism? And, the Challenges families face with ASD. All the areas of research are important and will help broaden the thought process when it comes to Autism Spectrum Disorder. It is key to remember to support and increase the social skills of children with ASD, this should be a vital part of the school educational plan for each student that has the disorder (Sansosti, 2010).

Autism Spectrum Disorder is a complex disorder and all the details of medicine is still being researched. One thing that has been proven is that this disorder is very unique and special. The individuals that have this disorder are very special and unique, and the outcome to Autism Spectrum Disorder is a work in progress, and the results are yet to be determined.

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