

Autism Is...

Autism

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Autism, also known as autism spectrum disorder (ASD), is a condition characterized by differences or difficulties in social communication and interaction, a need or strong preference for predictability and routine, sensory processing differences, focused interests, and repetitive behaviors. Characteristics of autism are present from early childhood and the condition typically persists throughout life. Clinically classified as a neurodevelopmental disorder, a formal diagnosis of autism requires professional assessment that the characteristics lead to meaningful challenges in several areas of daily life to a greater extent than expected given a person's age and culture. Motor coordination difficulties are common but not required. Because autism is a spectrum disorder, presentations vary and support needs range from minimal to being non-speaking or needing 24-hour care.

Autism diagnoses have risen since the 1990s, largely because of broader diagnostic criteria, greater awareness, and wider access to assessment. Changing social demands may also play a role. The World Health Organization estimates that about 1 in 100 children were diagnosed between 2012 and 2021 and notes the increasing trend. Surveillance studies suggest a similar share of the adult population would meet diagnostic criteria if formally assessed. This rise has fueled anti-vaccine activists' disproven claim that vaccines cause autism, based on a fraudulent 1998 study that was later retracted. Autism is highly heritable and involves many genes, while environmental factors appear to have only a small, mainly prenatal role. Boys are diagnosed several times more often than girls, and conditions such as anxiety, depression, attention deficit hyperactivity disorder (ADHD), epilepsy, and intellectual disability are more common among autistic people.

There is no cure for autism. There are several autism therapies that aim to increase self-care, social, and language skills. Reducing environmental and social barriers helps autistic people participate more fully in education, employment, and other aspects of life. No medication addresses the core features of autism, but some are used to help manage commonly co-occurring conditions, such as anxiety, depression, irritability, ADHD, and epilepsy.

Autistic people are found in every demographic group and, with appropriate supports that promote independence and self-determination, can participate fully in their communities and lead meaningful, productive lives. The idea of autism as a disorder has been challenged by the neurodiversity framework, which frames autistic traits as a healthy variation of the human condition. This perspective, promoted by the autism rights movement, has gained research attention, but remains a subject of debate and controversy among autistic people, advocacy groups, healthcare providers, and charities.

Neurodiversity

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The neurodiversity paradigm is a framework for understanding human brain function that considers the diversity within sensory processing, motor abilities, social comfort, cognition, and focus as neurobiological differences. This diversity falls on a spectrum of neurocognitive differences. The neurodiversity movement views autism as a natural part of human neurological diversity—not a disease or a disorder, just "a difference".

The neurodiversity paradigm includes autism, attention deficit hyperactivity disorder (ADHD), developmental speech disorders, dyslexia, dysgraphia, dyspraxia, dyscalculia, dysnomia, intellectual disability, obsessive-compulsive disorder (OCD), schizophrenia, Tourette syndrome. It argues that these conditions should not be cured.

The neurodiversity movement started in the late 1980s and early 1990s with the start of Autism Network International. Much of the correspondence that led to the formation of the movement happened over autism conferences, namely the autistic-led Autreat, penpal lists, and Usenet. The framework grew out of the disability rights movement and builds on the social model of disability, arguing that disability partly arises from societal barriers and person-environment mismatch, rather than attributing disability purely to inherent deficits. It instead situates human cognitive variation in the context of biodiversity and the politics of minority groups. Some neurodiversity advocates and researchers, including Judy Singer and Patrick Dwyer, argue that the neurodiversity paradigm is the middle ground between a strong medical model and a strong social model.

Neurodivergent individuals face unique challenges in education, in their social lives, and in the workplace. The efficacy of accessibility and support programs in career development and higher education differs from individual to individual. Social media has introduced a platform where neurodiversity awareness and support has emerged, further promoting the neurodiversity movement.

The neurodiversity paradigm has been controversial among disability advocates, especially proponents of the medical model of autism, with opponents arguing it risks downplaying the challenges associated with some disabilities (e.g., in those requiring little support becoming representative of the challenges caused by the disability, thereby making it more difficult to seek desired treatment), and that it calls for the acceptance of things some wish to be treated for. In recent years, to address these concerns, some neurodiversity advocates and researchers have attempted to reconcile what they consider different seemingly contradictory but arguably partially compatible perspectives. Some researchers have advocated for mixed or integrative approaches that involve both neurodiversity approaches and biomedical interventions or advancements, for example teaching functional communication (whether verbal or nonverbal) and treating self-injurious behaviors or co-occurring conditions like anxiety and depression with biomedical approaches.

Societal and cultural aspects of autism

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Societal and cultural aspects of autism or sociology of autism come into play with recognition of autism, approaches to its support services and therapies, and how autism affects the definition of personhood. The autistic community is divided primarily into two camps: the autism rights movement and the pathology paradigm. The pathology paradigm advocates for supporting research into therapies, treatments, or a cure to help minimize or remove autistic traits, seeing treatment as vital to help individuals with autism, while the neurodiversity movement believes autism should be seen as a different way of being and advocates against a cure and interventions that focus on normalization (but do not oppose interventions that emphasize acceptance, adaptive skills building, or interventions that aim to reduce intrinsically harmful traits, behaviors, or conditions), seeing it as trying to exterminate autistic people and their individuality. Both are controversial in autism communities and advocacy which has led to significant infighting between these two camps. While the dominant paradigm is the pathology paradigm and is followed largely by autism research and scientific communities, the neurodiversity movement is highly popular among most autistic people, within autism advocacy, autism rights organizations, and related neurodiversity approaches have been rapidly growing and applied in the autism research field in the last few years.

There are many autism-related events and celebrations; including World Autism Awareness Day, Autism Sunday and Autistic Pride Day, and notable people have spoken about being autistic or are thought to be or

have been autistic. Autism is diagnosed more frequently in males than in females.

Classic autism

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Classic autism—also known as childhood autism, autistic disorder, or Kanner's syndrome—is a formerly diagnosed neurodevelopmental disorder first described by Leo Kanner in 1943. It is characterized by atypical and impaired development in social interaction and communication as well as restricted and repetitive behaviors, activities, and interests. These symptoms first appear in early childhood and persist throughout life.

Classic autism was last recognized as a diagnosis in the DSM-IV and ICD-10, and has been superseded by autism-spectrum disorder in the DSM-5 (2013) and ICD-11 (2022). Globally, classic autism was estimated to affect 24.8 million people as of 2015.

Autism is likely caused by a combination of genetic and environmental factors, with genetic factors thought to heavily predominate. Certain proposed environmental causes of autism have been met with controversy, such as the vaccine hypothesis that, although disproved, has negatively impacted vaccination rates among children.

Since the DSM-5/ICD-11, the term "autism" more commonly refers to the broader autism spectrum.

Autism therapies

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Autism therapies include a wide variety of therapies that help people with autism, or their families. Such methods of therapy seek to aid autistic people in dealing with difficulties and increase their functional independence.

Autism is a neurodevelopmental disorder characterized by differences in reciprocal social interaction and communication as well as restricted, repetitive interests, behaviors, or activities. There are effective psychosocial and pharmacological treatments for associated problems with social interaction, executive function, and restricted or repetitive behaviour. Treatment is typically catered to the person's needs. Treatments fall into two major categories: educational interventions and medical management. Training and support are also given to families of those diagnosed with autism spectrum disorder (ASD).

Studies of interventions have some methodological problems that prevent definitive conclusions about efficacy. Although many psychosocial interventions have some positive evidence, suggesting that some form of treatment is preferable to no treatment, the systematic reviews have reported that the quality of these studies has generally been poor, their clinical results are mostly tentative, and there is little evidence for the relative effectiveness of treatment options. Intensive, sustained special education programs and behavior therapy early in life can help children with ASD acquire self-care, social, and job skills, and often can improve functioning, and decrease severity of the signs and observed behaviors thought of as maladaptive; Available approaches include applied behavior analysis (ABA), developmental models, structured teaching, speech and language therapy, social skills therapy, and occupational therapy. Occupational therapists work with autistic children by creating interventions that promote social interaction like sharing and cooperation. They also support the autistic child by helping them work through a dilemma as the OT imitates the child and waiting for a response from the child. Educational interventions have some effectiveness in children: intensive ABA treatment has demonstrated effectiveness in enhancing global functioning in preschool children, and is well established for improving intellectual performance of young children.

Neuropsychological reports are often poorly communicated to educators, resulting in a gap between what a report recommends and what education is provided. The limited research on the effectiveness of adult residential programs shows mixed results.

Historically, "conventional" pharmacotherapy has been used to reduce behaviors and sensitivities associated with ASD. Many such treatments have been prescribed off-label in order to target specific symptoms.

Today, medications are primarily prescribed to adults with autism to avoid any adverse effects in the developing brains of children. Therapy treatments, like behavioural or immersive therapies, are gaining popularity in the treatment plans of autistic children.

Depending on symptomology, one or multiple psychotropic medications may be prescribed. Namely antidepressants, anticonvulsants, and antipsychotics.

As of 2008 the treatments prescribed to children with ASD were expensive; indirect costs are more so. For someone born in 2000, a U.S. study estimated an average discounted lifetime cost of \$5.4 million (2024 dollars, inflation-adjusted from 2003 estimate), with about 10% medical care, 30% extra education and other care, and 60% lost economic productivity. A UK study estimated discounted lifetime costs at £2.26 million and £1.45 million for a person with autism with and without intellectual disability, respectively (2023 pounds, inflation-adjusted from 2005/06 estimate). Legal rights to treatment vary by location and age, often requiring advocacy by caregivers. Publicly supported programs are often inadequate or inappropriate for a given child, and unreimbursed out-of-pocket medical or therapy expenses are associated with likelihood of family financial problems; one 2008 U.S. study found a 14% average loss of annual income in families of children with ASD, and a related study found that ASD is associated with higher probability that child care problems will greatly affect parental employment. After childhood, key treatment issues include residential care, job training and placement, sexuality, social skills, and estate planning.

Autism Is a World

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Autism Is a World is an American short subject documentary film by Academy Award Producer and Director Gerardine Wurzburg and allegedly written by Sue Rubin, an autistic woman who is said to have learned to communicate via the discredited technique of facilitated communication. It was nominated in the 77th annual Academy Awards for Best Documentary Short Subject.

Controversies in autism

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Diagnoses of autism have become more frequent since the 1980s, which has led to various controversies about both the cause of autism and the nature of the diagnoses themselves. Whether autism has mainly a genetic or developmental cause, and the degree of coincidence between autism and intellectual disability, are all matters of current scientific controversy as well as inquiry. There is also more sociopolitical debate as to whether autism should be considered a disability on its own.

Autism Speaks

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Autism Speaks Inc. is an American non-profit autism awareness organization and the largest autism research organization in the United States. It sponsors autism research and conducts awareness and outreach activities aimed at families, governments, and the public. It was founded in February 2005 by Bob Wright and his wife Suzanne, a year after their grandson Christian was diagnosed with autism. The same year as its founding, the organization merged with Autism Coalition for Research and Education. It then merged with the National Alliance for Autism Research in 2006 and Cure Autism Now in 2007.

The autism rights movement and neurodiversity advocates do not see autism as a disease that needs to be cured, and have criticized Autism Speaks for seeking a cure. The word "cure" was dropped from its mission statement in 2016.

Asperger syndrome

Asperger syndrome has been merged with other conditions into autism spectrum disorder (ASD) and is no longer a diagnosis in the WHO's ICD-11 or the APA's DSM-5-TR

Asperger syndrome (AS), also known as Asperger's syndrome or Asperger's, is a diagnostic label that has historically been used to describe a neurodevelopmental disorder characterized by significant difficulties in social interaction and nonverbal communication, along with restricted, repetitive patterns of behavior and interests. Asperger syndrome has been merged with other conditions into autism spectrum disorder (ASD) and is no longer a diagnosis in the WHO's ICD-11 or the APA's DSM-5-TR. It was considered milder than other diagnoses which were merged into ASD due to relatively unimpaired spoken language and intelligence.

The syndrome was named in 1976 by English psychiatrist Lorna Wing after the Austrian pediatrician Hans Asperger, who, in 1944, described children in his care who struggled to form friendships, did not understand others' gestures or feelings, engaged in one-sided conversations about their favorite interests, and were clumsy. In 1990 (coming into effect in 1993), the diagnosis of Asperger syndrome was included in the tenth edition (ICD-10) of the World Health Organization's International Classification of Diseases, and in 1994, it was also included in the fourth edition (DSM-4) of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. However, with the publication of DSM-5 in 2013 the syndrome was removed, and the symptoms are now included within autism spectrum disorder along with classic autism and pervasive developmental disorder not otherwise specified (PDD-NOS). It was similarly merged into autism spectrum disorder in the International Classification of Diseases (ICD-11) in 2018 (published, coming into effect in 2022).

The exact cause of autism, including what was formerly known as Asperger syndrome, is not well understood. While it has high heritability, the underlying genetics have not been determined conclusively. Environmental factors are also believed to play a role. Brain imaging has not identified a common underlying condition. There is no single treatment, and the UK's National Health Service (NHS) guidelines suggest that "treatment" of any form of autism should not be a goal, since autism is not "a disease that can be removed or cured". According to the Royal College of Psychiatrists, while co-occurring conditions might require treatment, "management of autism itself is chiefly about the provision of the education, training, and social support/care required to improve the person's ability to function in the everyday world". The effectiveness of particular interventions for autism is supported by only limited data. Interventions may include social skills training, cognitive behavioral therapy, physical therapy, speech therapy, parent training, and medications for associated problems, such as mood or anxiety. Autistic characteristics tend to become less obvious in adulthood, but social and communication difficulties usually persist.

In 2015, Asperger syndrome was estimated to affect 37.2 million people globally, or about 0.5% of the population. The exact percentage of people affected has still not been firmly established. Autism spectrum disorder is diagnosed in males more often than females, and females are typically diagnosed at a later age. The modern conception of Asperger syndrome came into existence in 1981 and went through a period of popularization. It became a standardized diagnosis in the 1990s and was merged into ASD in 2013. Many

questions and controversies about the condition remain.

High-functioning autism

High-functioning autism (HFA) was historically an autism classification to describe a person who exhibited no intellectual disability but otherwise showed

High-functioning autism (HFA) was historically an autism classification to describe a person who exhibited no intellectual disability but otherwise showed autistic traits, such as difficulty in social interaction and communication. The term was often applied to verbal autistic people of at least average intelligence. However, many in medical and autistic communities have called to stop using the term, finding it simplistic and unindicative of the difficulties some autistic people face.

HFA has never been included in either the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) or the World Health Organization's International Classification of Diseases (ICD), the two major classification and diagnostic guidelines for psychiatric conditions.

The DSM-5-TR subtypes autism into three levels based on support needs. Autism Level 1 has the least support needs and corresponds most closely with the "high-functioning" identifier.

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