

ASD: A NEURODEVELOPMENTAL DISABILITY

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ABSTRACT

Autism is a lifelong, nonprogressive disorder typically appearing before the age of three years. "The word autism" means a developmental disability significantly affecting verbal and non-verbal communication and social interaction. Autism Spectrum Disorder (ASD) is one of the most confusing disorders for which not only no exact cause has been identified, but also no definitive cure has been found yet. Autism is a disorder that is usually observed on the child at an early age, affecting various developmental aspects. Its development is abnormal. It shows an imbalance in its social interaction, characterized by repetition of certain behavioral patterns and challenges in verbal and nonverbal communication with others. This paper discusses the Autism Spectrum Disorder (ASD); Symptoms, Causes, Diagnosis, treatment, types and the counseling needs of the families in Bangladesh.

Keywords: Notion, Causes Traits, Institutional support, family responsibility, diagnosis

1. INTRODUCTION

ASD is a neurological disorder characterized by persistent problems in social communication and interaction, along with restricted and repetitive patterns of behaviour, interest or activities. Autism is a disorder of social development that affects the development of the brain, and hence the behavior of a person. Autistic people live in their own world. This is a generalized developmental disorder of the so-called autistic spectrum observed for the first time by American psychiatrist Leo Kanner (Kanner, 1943). In parallel with Kanner, Austrian pediatrician Asperger (1944) observed similar autism clinical symptoms that underlie the Asperger syndrome - another autism spectrum disorder. Autism is often accompanied by extreme behavioral challenges. Autism is diagnosed by observing the deficiencies in behavior in three areas that are the social interaction, communicative ability and the range of activity and interests, which is limited. Some children may appear somewhat different as they develop, either because they avoid eye contact or conversations with their parents or other individuals, demonstrate a particular obsession with certain objects, or become withdrawn and uninterested to social interaction. Well, it is likely that they suffer from infantile autism, a quite common disorder, and that affects their adolescence and even in adulthood. Autism Spectrum Disorders are defined as a set of disorders that affect neurological development. The word "Spectrum" refers to a series of syndromes and stages of detriment that can be experienced by children with autism. The Autism Spectrum range in children from mild to severe symptoms, with many of children with Autism diagnosed with intellectual disabilities. Although the main characteristic of autism is a syndrome that affects social interaction and communication in many of its manifestations, other traits are also associated, among which we can mention behavioral problems, anxiety, depression, disorders in sleeping. Also, other disorders could be accompanied such as eating and hyperactive disorders. Additionally, the autistic child usually shows a significant delay in language acquisition, uses words inappropriately and without communicative coherence. If your child loses attention easily, you may have to read our article about attention deficit disorder. Due to the diverse signs and symptoms of autism from one child to another, each of two different children, with the same medical diagnosis, is likely to behave in very different ways and have different skills. However, severe symptoms of autism are characterized, by the total absence to communicate or to establish reciprocal relationships with other people. The symptoms of autism appear in most children in infancy, while other children may develop and develop quite naturally during the first months or years of their lives, but they suddenly lose the language skills they have acquired up until that moment.

2. METHODOLOGY

This article is written with the Knowledge gained through analysing many national and international science journals and with the information from numerous social, electronic, print and online Medias. Basically, the causes, symptoms, challenges and role of educational institutions along with families in overcoming ASD including therapies have been highlighted here at a glimpse.

3. SYMPTOMS OF AUTISM

- [1] He will always seek to isolate himself from the people around him.
- [2] He will not have a conversation with children in his age and, worse still, it will cost him too much to make friends and if he does he have difficulties trying to keep friendships.
- [3] They present difficulties to interpret the emotional situations of the people around them, as well as their feelings.

The child with autism may have difficulties to understand facial expressions, gestures and different tones of voice. Additionally, a symptom of autism is that these people do not focus their attention on the face of others and, therefore, are not able to see and learn the appropriate behavioral patterns

- [4] They have difficulties in verbal and non-verbal communication. Some individuals fail to develop any kind of language.
- [5] Another symptom of autism in children is that they do not share enough with their parents and they will not look for comfort in them, they will not show emotional feedback and they will not share much time with other people.
- [6] Sometimes, the autistic child calls himself in the third person, by his own name, instead in the first person with "me" or "my", this represents an incapacity for self-recognition.

4. ANALYSIS

1. Notion Regarding Autism Autism Spectrum Disorder (ASD), as defined by the Diagnostic and Statistical Manual Fifth Edition of the American Psychiatric Association (DSM 5)*, is a neurodevelopmental disorder associated with symptoms that include "persistent deficits in social communication and social interaction across multiple contexts" and "restricted, repetitive patterns of behavior, interests, or activities." The DSM 5 gives examples of these two broad categories. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:
 - Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
 - Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
 - Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.
2. Restricted repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:
 - Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 - Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
 - Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
 - Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

These symptoms result from underlying challenges in a child's ability to take in the world through their senses, and to use their body and thoughts to respond to it. When these challenges are significant, they interfere with a child's ability to grow and learn, and may lead to a diagnosis of autism.

5. ASD-NOT A BARELY A BEHAVIORALLY TROUBLE

Many parents are told autism is a behavioral disorder based on challenges in behavior. While children with autism do display behaviors that can be confusing, concerning, and even disruptive, the basis of these behaviors is a neurodevelopmental difference. Understanding autism based on behaviors is superficial at best. The behavioral perspective has dominated the "airwaves" for the past 15 years and Applied Behavioral Analysis (ABA) has become the most known intervention for autism as a result. However, clinical practice and research are creating a paradigm shift to more fully understanding autism from a neurodevelopmental perspective rather than simply behaviorally.

ASD-CAUSES. There are probably many causes. Both genetics and environment may play a role. Genetics. Several different genes appear to be involved in autism spectrum disorder. For some children, autism spectrum disorder can be associated with a genetic disorder, such as Rett syndrome or fragile X syndrome. For other children, genetic changes (mutations) may increase the risk of autism spectrum disorder. Still other genes may affect brain development or the way that brain cells communicate, or they may determine the severity of symptoms. Some genetic mutations seem to

be inherited, while others occur spontaneously. Researchers are currently exploring whether factors such as viral infections, medications or complications during pregnancy, or air pollutants play a role in triggering autism spectrum disorder.

Traits of ASD. There are two types of traits of ASD according to specialize healthcare provider. Autism is also associated with high rates of certain physical and mental health conditions.

Conventional Interaction barriers

Children and adults with autism have difficulty with verbal and non-verbal communication. For example, they may not understand or appropriately use:

- Spoken language (around a third of people with autism are nonverbal)
- Gestures
- Eye contact
- Facial expressions
- Tone of voice
- Expressions not meant to be taken literally

More neighborly barriers can comprise inconvenience with:

- Recognizing emotions and intentions in others
- Recognizing one's own emotions
- Expressing emotions
- Seeking emotional comfort from others
- Feeling overwhelmed in social situations
- Taking turns in conversation
- Gauging personal space (appropriate distance between people)

Confined and repetitive behaviors. Restricted and repetitive behaviors vary greatly across the autism spectrum. They can include:

- Repetitive body movements (e.g. rocking, flapping, spinning, running back and forth)
- Repetitive motions with objects (e.g. spinning wheels, shaking sticks, flipping levers)
- Staring at lights or spinning objects
- Ritualistic behaviors (e.g. lining up objects, repeatedly touching objects in a set order)
- Narrow or extreme interests in specific topics
- Need for unvarying routine/resistance to change (e.g. same daily schedule, meal menu, clothes, route to school)

Some definitive Ways ASD Can Affect Learning

- Impairment of Sociative Skills
- Inconvenience in processing Message
- Impressive processing Difficulties
- Exchanging Difficulties
- Worrying

Impairment of Sociative Skills-One key way that autism can affect learning is through impairments in social skills. Autism spectrum disorder (ASD) can cause difficulty in understanding and responding to social cues, making it difficult to understand when someone is trying to teach or interact with them. Additionally, those on the autism spectrum may find difficulty within maintaining relationships with peers and teachers at school due to their lack of understanding about how to effectively interact with others. This can lead to frustration and confusion for both autistic students and teachers alike, which has the potential of negatively impacting a student's academic performance. Another common way that autism affects learning is difficulty processing information quickly or accurately. This difficulty extends beyond just their ability to learn new material; sometimes autism can lead to issues with organizing thoughts, planning tasks or strategies, etc., which can make it difficult for a student to keep up in a traditional classroom environment. Autism spectrum disorder can also cause sensory processing difficulties, which has the potential of disrupting learning experiences. Autistic students may experience heightened sensitivity to sights and sounds, making loud classrooms overwhelming and distracting from learning activities. Additionally, they may have

trouble understanding body language or interpreting complex facial expressions, as well as having difficulty attending to tasks when there are multiple stimuli present in the environment.

Exchanging Difficulties. Autistic students may also experience difficulties communicating with peers and teachers, which can lead to misunderstandings in the classroom.

Many autistic individuals struggle to accurately express their thoughts and feelings, making it difficult for them to ask questions or participate in discussions.

Autistic students may also rely heavily on non-verbal communication, such as gestures, facial expressions, and body movements, which can make it hard for those around them to understand what they are trying to communicate.

6. WORRYING

Finally, autism spectrum disorder often comes with higher levels of anxiety than typically developing individuals, which can have a big impact on learning experiences. Anxiety has been linked to difficulty concentrating on tasks, trouble with problem solving skills, difficulty staying organized and on task, and difficulty making transitions between activities. These challenges can make it difficult for an autistic student to keep up with their peers in the classroom, leading to frustration and a feeling of being overwhelmed. How does autism affect learning in the classroom? While there is no one-size-fits-all answer, it is clear that autism can have a big impact on learning experiences. Some of the ways autism can affect learning include impairments of social skills, difficulty processing information quickly or accurately, sensory processing difficulties, communication difficulties, and higher levels of anxiety than typically developing individuals. With the right support and understanding from teachers and peers alike, autistic students can still find success in traditional classrooms.

7. SYNTHESIS

(i) Ocular assistance

Some students learn more effectively with visual aids as they are better able to understand material presented visually. Because of this, many teachers create “visual schedules” for their autistic students. This allows students to concretely see what is going on throughout the day, so they know what to prepare for and what activity they will be doing next. Some autistic children have trouble going from one activity to the next, so this visual schedule can help to reduce stress. Planning and regular procedure Students with Autism Spectrum Disorders usually do not cope with chaotic unpredictable environments. Teachers can provide support by providing the child with timetables and the steps for activities.

(ii) Performing in together

Research has shown that working in pairs may be beneficial in teaching autistic children. These students have problems not only with language and communication, but with socialization as well. By facilitating peer interaction, teachers can help these students make friends, which in turn can help them cope with problems. This can help them to become more integrated into the mainstream environment of the classroom.

(iii) Educator's aide to assist disable students

A teacher's aide can also be useful to the student. The aide is able to give more elaborate directions that the teacher may not have time to explain to the autistic child and can help the child to stay at a equivalent level to the rest of the class through the special one-on-one instruction. However, some argue that students with one-on-one aides may become overly dependent on the help, thus leading to difficulty with independence later on.

There are many different techniques that teachers can use to assist their students. A teacher needs to become familiar with the child's disorder to know what will work best with that particular child. Every child is going to be different and teachers have to be able to adjust with every one of them.

(iv) Decreasing worrying in the classroom-

Students with Autism Spectrum Disorders sometimes have high levels of worry and stress, particularly in social environments like school. If a student exhibits aggressive or explosive behavior, it is important for educational teams to recognize the impact of stress and anxiety. Preparing students for new situations, such as through writing something, can lower anxiety. Teaching social and emotional concepts using systematic teaching approaches such as The Incredible 5-Point Scale or other cognitive behavioral strategies can increase a student's ability to control excessive behavioral reactions.

(v) Families with a child affected by autism: Nourish from family and friends-

If you have an autistic child or children, your extended family and friends can be key parts of your informal support network. The best way to build this support network is to help family and friends learn about your child's autism. This

is especially important in the early days after diagnosis. Just like you, people in your support network need to understand what autism means for your child and your family.

You can:

- acknowledge the feelings of family and friends – they might be having trouble understanding the diagnosis and what it means
- let them know how autism affects your child and your child's behaviour – for example, your child sometimes gets overwhelmed and needs quiet time on their own
- tell them how best to connect with your child – talk to them about your child's likes and dislikes and the best ways to communicate with your child
- organize extended family get-togethers and activities that suit your child's needs and abilities.

(vi) Taking hands the responses of expanded family and beloved one-

Extended family and friends will probably respond in various ways to your child's autism diagnosis and behaviour. Some might be ready to support you and your child straight away. Others might take a bit longer to understand how they can help. Some family and friends might find it hard to support you. Or they might respond in ways that aren't very helpful. If you find yourself in this situation, there are a few things you can do:

- Make sure you're ready with some basic information about autism and how it affects your child. Unhelpful reactions usually happen because people aren't sure how to respond, don't understand or feel uncomfortable.
- Let your family and friends know which comments and reactions are helpful and supportive and which ones aren't.
- Focus more on your relationships with supportive people. This means you'll get the emotional support you need.
- Help family and friends see your child's strengths and what your child brings to your life.
- Give it time. Generally, things will get better as people understand more about your situation.

To help extended family and friends help you, don't be afraid to let people know what you need. This might be cooking you a meal every now and then, taking you out for coffee, babysitting or just listening when you need to talk.

(vii) Distinctive familiarity in between grandparents and autistic child:

When a child in the family is diagnosed with autism, the effects on grandparents are likely to be similar to those on parents. Initially some grandparents might be shocked and sad. They might also feel worried for the whole family. For example, they might worry about their grandchild's future, the demands on the child's parents, or the wellbeing of other children in the family. Many grandparents also show great resilience, unconditional love and support for their families.

(viii) By which grandparents can cooperate.

When they're possible, strong relationships with grandparents are good for children's development, just like strong relationships with parents. They give children a sense of belonging and help children build their self-identity.

And when grandparents live close by, they might also be able to help with:

- providing social and emotional support – for example, by spending special time with their grandchild
- caring for their grandchild sometimes
- looking after siblings or household tasks
- advocating in the community or being a source of information about autistic children.

Some families might not have the support of grandparents, but they might choose to 'adopt' a special friend, or have people in their lives who take on the role of grandparents.

(ix) When grandparents have responsibility-

Grandparents of an autistic child can sometimes have concerns about their grandchild's autism diagnosis or how they can help. If your child's grandparents talk to one of your child's health professionals, it could help them understand your child's diagnosis. And going to a therapy session with you could help them learn how to use the same strategies when your child is with them. If your child's grandparents have worries and concerns, it's great if you can talk them through together. An open, constructive approach can help your whole family have happier, healthier and stronger relationships. Psychoanalysis Covered by Institute or Insurance Autism therapies, when paid for out of pocket, can be prohibitively expensive. Top-notch therapists can charge \$60 to \$100 an hour (in some cases even more), and many

therapies are most effective when provided for many hours a week. For many families, the "best" autism therapies are those that are both available and free or low-cost. While there are dozens of autism therapies, only a few are provided through schools or paid for through medical insurance. While these are not necessarily the only effective therapies they are, for obvious reasons, the most popular. If you're low on funds, these therapies can be the best available. Often, in combination with other treatment types, they can be quite effective.

8. TREATMENT REGARDING AUTISM

Many people with autism take medications that reduce anxiety, increase focus, or manage aggression. These medications, generally prescribed by physicians, can be a cost-effective means of managing difficult symptoms. In some cases, medication isn't necessary, but when it is helpful, it can make a world of positive difference for a child on the autism spectrum. Be sure to work closely with a healthcare provider or doctor to monitor the effects of the medications, however. With all types of treatment (including medications), what works well for one person on the spectrum may not work well—or may even be harmful—for another person.

(i) Oration therapy-

Specialists address a range of issues for autistic children. They help people who begin speaking later than average to acquire spoken words. In addition, they also help higher functioning children to ask and answer questions, use appropriate prosody and body language, and, for more advanced learners, recognize jokes, sarcasm, teasing, and friendly "joshing."

(ii) Vocational therapy-

Specialists for children with autism are usually provided through the school and/or paid for through insurance. Today's occupational therapists help children with a variety of developmental challenges. Many have a wide range of skills and training that allow them to work on sensory challenges, interactive play skills, cooperative interaction, and much more.

(iii) Somatic therapy (ST)-

ST is usually prescribed by a medical doctor. As a result, it is usually paid for by health insurance and/or provided through the school. At first glance, it may not seem obvious why a child with autism would need physical therapy—but the reality is that many autistic people have low muscle tone and compromised motor skills and coordination.

(iv) Behavioral treatment-

Therapies are usually considered to be the "gold standard" of autism-specific treatment. Many districts offer ABA classrooms or provide ABA therapists as part of the school's disability program. ABA can teach skills and behaviors that are critically important to success in a typical school or work environment.

(v) Cognitive Psychis-

For some high functioning children with autism, a psychological specialist with experience working with autistic clients can help sort out feelings, suggest techniques for handling frustrations, or otherwise help a child cope with the reality of being autistic.

9. DISCUSSION

Children suffering from child autism are different from the rest of the children and therefore require special treatment. Be patient and look for ways to help them overcome the different disabilities that this condition implies, they need it. The family, or in this case the parents, should help their children and understand them at all times, in the beginning it is a strong process where the strength and commitment of mom and dad is needed. The first steps to help him are: detecting the disorder early, this by observing the child's behaviors; later when it is suspected of suffering from this functional limitation, a specialist must be taken who will perform an examination and then the diagnosis will be given. An essential requirement after the father knows that his son suffers from this behavior disorder is to offer him a special schooling adapted to each of the stages of the child.

Childhood autism is a disorder that defines the rhythm of life of the person who suffers it and modifies the routine of the whole family; It is a matter of adapting to each of the activities or habits that the child follows so as not to bother him too much, remember that the autistic child will always seek isolation, the idea is that you can adapt your home so that he feels more secure and that environment is become a true home

10. CONCLUSION

Autism is inborn and lifelong. Autism is mostly or completely genetic, and it begins in the womb (although behavioral signs don't become noticeable until toddler years or later). People are born autistic, and will always be autistic. However, this is nothing to be afraid of. Autistic people's lives can improve with the right support, and it's possible for

autistic adults to lead happy, fulfilling lives. Autism is a lifelong neurodevelopment condition. It is characterized by differences in behavior, social interaction, communication, special interests and sensory processing. These differences can present people on the autism spectrum with challenges in how they interact with their environment. To receive a diagnosis of autism, these symptoms need to be evident from childhood and impair the person's daily functioning. This paper has taken a deeper look into autism and gave a general overview about its types, treatment, and diagnosis for the history, present and its future and finally at the end of the paper we described an overview about autism in Bangladesh.

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