

Children with Autism Spectrum Disorder

Ethan Studenka

Department of Kinesiology and Health Science, Utah State University, USA

Autism spectrum sicknesses/problems are not rare; many first or most important care paediatricians care for more than two, but not a lot of children with autism spectrum sicknesses/problems. Paediatricians play an important role in early recognition of autism spectrum sicknesses/problems, because they usually are the first point of contact for parents. Parents are now much more aware of the early signs of autism spectrum sicknesses/problems because of frequent coverage in newspapers, web sites, and TV; if their child shows or proves any of the published signs, they will most likely raise their concerns to their child's paediatrician. It is important that paediatricians be able to recognize the signs and signs of autism spectrum sicknesses/problems and have a success ways of reaching goals for testing/evaluating them in an organized way. Paediatricians also must be aware of local useful things/valuable supplies that can help in making a definite identification of a disease or problem, or its cause of, and in managing, autism spectrum sicknesses/problems. The paediatrician must be familiar with developmental, educational, and community useful things/valuable supplies as well as medical narrower area of interest of people within a career clinics. This medicine-based report is 1 of 2 documents that replace the original American College/school of Paediatrics policy statement and technical report published in 2001. This report addresses background information, including definition, history, the study of what causes disease, disease-identifying judging requirements, early signs, neuropathological aspects, and etiologic possibilities in autism spectrum sicknesses/problems. Also, this report provides a set of computer instructions to help the paediatrician develop a success ways of reaching goals for early identification of children with autism spectrum sicknesses/problems.

Public and doctor knowledge of autism has increased very (much) in the new millennium because of increased media coverage and a quickly expanding body of knowledge published in professional journals. Professionals who focus on doing one thing very well in autism have grew and spread over the past 20 years and have introduced the words/word choices "autism spectrum sicknesses/problems" (ASDs) to reflect the wider spectrum of medicine-based features/ qualities/ traits that now define autism [1]. ASDs represent 3 of the serious problems with the development of the body and the mind defined in the Disease-identifying and related to studying numbers Manual of Mental Sicknesses/problems, Fourth Edition (DSM-IV) and the

newer Disease-identifying and related to studying numbers Manual of Mental Sicknesses/problems, Fourth Edition, Text Rewriting/redoing (DSM-IV-TR) [2]. Autistic sickness/problem (AD), Asperger disease AS this words/word choices will be used in this report, although "Asperger's sickness/problem" is used in the previously-mentioned (books, magazines, etc.), and serious problem with the development of the body and the mind-not otherwise specified (PDD-NOS).

In addition to being a spectrum sickness/problem, autism has wide quality of changing over time or at different places with respect to the presence and strength of signs of sickness, even within the DSM-IV-TR categories, which points to/shows that there may be added/more subtypes.

ASDs are not rare; many first or most important care paediatricians (PCPs) care for more than two, but not a lot of children with ASDs. In fact, a survey completed in 2004 showed/told about that 44% of PCPs reported that they care for at least 10 children with ASDs; however, only 8% stated that they regularly screened for ASDs [3]. Another survey pointed to/showed that although PCPs were aware of the current DSM-IV-TR disease-identifying judging requirements, they sometimes held beliefs about ASDs that were outdated [4].

REFERENCES

1. Benjamin S. The Impact of applied behavior analysis to address mealtime behaviours of Concern among Individuals with Autism Spectrum Disorder, Child and Adolescent Psychiatric Clinics of North America. 2020;29(3):515-225
2. Henry SR, Wayne WF, James EC. Applied Behavior Analysis as treatment for autism spectrum Disorder. The Journal of Pediatrics. 2016;175:27-32
3. Johnny LM, Nicole CT, Jennifer B, Robert R, Kimberly T. Applied behavior analysis in Autism Spectrum Disorders: Recent developments, strengths, and pitfalls. Research in Autism Spectrum Disorders. 2016;6(1):144-150.
4. Hacmun I, Regev D, Salomon R. Artistic creation in virtual reality for art therapy: A qualitative study with expert art therapists. The Arts in Psychotherapy. 2021:72.

*Corresponding author: Ethan Studenka. Department of Kinesiology and Health Science, Utah State University, USA

E-mail: studenka.ethan@usu.edu

Received: March 5, 2021; Accepted: March 19, 2021; Published: February 26, 2021

Citation: Studenka E (2021) Applied Behavior Analysis for Autism. Autism Open Access 11.280. doi:10.35248/2165-7890.21.11.280.

Copyright: © 2021 Studenka E. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited