

**HOW DO YOU KNOW IF A CHILD HAS AN AUTISM SPECTRUM
DISORDER**

Aziza Gulyamova

Researcher of Tashkent State Pedagogical University

Tashkent, Uzbekistan

Annotation

All over the world, the problem of autism is already widely discussed and successfully solved, and in Russia, unfortunately, there is practically no information about this disease. Although every year the number of children with autism increases exponentially. Pediatricians are very ill-informed about this disease. Years pass before a correct diagnosis is made and treatment begins. Children in our country undergo the first examination by a psychiatrist only at the age of three and only with the consent of their parents, and the first signs of autism are visible much earlier.

Key words: Special pedagogy, pedagogy, methodology, speech therapy, pedagogical technology.

A modern description of DA comes from the Austrian-born American psychiatrist Leo Kanner (1894–1981). L. Kanner was born in the city of Klekotov (Austria-Hungary, now Ukraine). In 1913 he entered the medical faculty of the University of Berlin. With the outbreak of the First World War, L. Kanner had to interrupt his studies, and he received a diploma only in 1921. In 1924, he moved to the USA and from 1930 began working at the Johns Hopkins University Medical School, where he founded a children's psychiatric clinic. In 1943, as World War II rumbled across Europe, he examined 11 young patients in whom he found something in common: extreme social isolation, an inability to connect with people, a pathological need for sameness, uncommunicative speech, or mutism.

Although, in comparison with other mental disorders, DA was discovered relatively recently, we note some individual touches of this disorder in fairy-tale characters. It is no coincidence that Kanner called the face of his patient, distinguished by beauty, detachment, thoughtfulness, "the face of a prince." We find the most striking example of the reflection of autistic disorder in the fairy tale

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by G.-H. Andersen "The Snow Queen": two poor children whose garden was little more than a flower pot. They were not brother and sister, but they loved each other like family..." The children's names were Kai and Gerda. But then one day a misfortune happened. The mirror made by the evil troll, which distorted everything around, broke, one of the fragments hit Kai in the very heart, and it turned into a piece of ice. Kai disappeared, and Gerda, who went in search of him, found her friend in the halls of the Snow Queen. He fiddled with pointed flat pieces of ice, stacking them in every way, in his eyes these figures were a miracle of art, and their folding was an occupation of paramount importance. And all because he had a shard of a magic mirror in his eye. Not only in fairy tales, but also in real life, manifestations similar to YES have been observed for a long time. In his book "A History of Autism. The case of Hugh Blair", written by British researchers Rab Houston and Uta Free, the authors analyze the materials of the divorce proceedings in the Edinburgh court in 1747. Hugh's younger brother acted as the plaintiff

8 Lecture 1 Blair, who demanded that Hugh's marriage be annulled with disinheritance on the grounds that he behaves strangely and incomprehensibly. Witnesses testified that Hugh does not notice social conventions, eats where and when he wants, allows pets to lick his plates. He has a particular interest in funerals and often travels long distances to participate in the procession. In relationships between people, he often does everything at random, visits acquaintances at the wrong time. When he is driven away, he is not offended and is reputed to be a gentle and kind person. In addition, he attracts the attention of others with strange movements, collecting feathers and sticks. In the house, he makes sure that the items always lie in one place. In dealing with people, Hugh often repeats what he just heard (echolalia?)

All over the world, until today, scientists studying the causes of autism have not come to a consensus. Many assumptions are put forward. Among the possible factors for the appearance of this disorder in children are some hypotheses:

- genetic predisposition hypothesis
- a hypothesis based on disorders of the development of the nervous system (autism is considered as a disease caused by disorders of brain development in the early stages of a child's growth).

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- hypotheses about the influence of external factors: infections, chemical effects on the mother's body during pregnancy, birth trauma, congenital metabolic disorders, the influence of certain drugs, industrial toxins.

To understand and recognize the presence of autism in a child, parents need to carefully monitor the behavior of the child, notice unusual signs that are not characteristic of the age norm. Most often, these signs can be detected in children under the age of 3 years. Childhood autism is considered as a developmental disorder that affects all areas of the child's psyche: intellectual, emotional, sensitivity, motor sphere, attention, thinking, memory, speech. At an early age, the absence or weak cooing and babbling can be noted. After a year, it becomes noticeable that the child does not use speech to communicate with adults, does not respond to a name, and does not follow verbal instructions. By the age of 2, children have a very small vocabulary. By the age of 3 they do not build phrases or sentences. At the same time, children often stereotypically repeat words (often incomprehensible to others) in the form of an echo. Some children have a lack of speech development.

For others, speech continues to develop, but there are still communication impairments. Children do not use pronouns, address, speak about themselves in the third person. In some cases, there is a regression of previously acquired speech skills. Such children shy away from tactile contact, eye contact is almost completely absent, there are inadequate facial reactions and difficulties in using gestures. Children most often do not smile, do not reach out to their parents and resist attempts by adults to take them in their arms. Children with autism lack the ability to express their emotions, as well as to recognize them in the people around them. There is a lack of empathy for other people. The child, along with the adult, does not focus on one activity. Children with autism do not make contact with other children or avoid it, they find it difficult to cooperate with other children, most often they tend to retire (difficulties in adapting to the environment).

Violation of research behavior: children are not attracted by the novelty of the situation, are not interested in the environment, are not interested in toys. Therefore, children with autism most often use toys in an unusual way, for example, a child may not roll the whole car, but turn one of its wheels monotonously for hours. Or not understanding the purpose of the toy to use it for other purposes.

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Eating disorders: a child with autism can be extremely selective in the products offered, food can cause a child to be disgusted, dangerous, often children begin to sniff food. But along with this, children may try to eat an inedible thing.

Violation of self-preservation behavior: due to the large number of fears, the child often finds himself in a situation that is dangerous for himself. The cause can be any external stimulus that causes an inadequate reaction in the child. For example, a sudden noise may cause a child to run in a random direction. Also, the reason is ignoring real threats to life: a child can climb very high, play with sharp objects, cross the road without looking.

Disturbance of motor development: as soon as the child begins to walk, he is noted for awkwardness. Also, some children with autism are inherent in walking on their toes, a very noticeable violation of the coordination of hands and feet. It is very difficult for such children to teach everyday actions, it is rather difficult for them to imitate. Instead, they develop stereotypical movements (performing the same actions for a long time, running in circles, swinging, flapping “like wings” and circular movements with their arms), as well as stereotypical manipulations with objects (tweaking small details, lining them up). Children with autism have significant difficulty in learning self-care skills. Pronounced motor awkwardness. Perception disorders: difficulties in orientation in space, fragmentation in the perception of the environment, distortion of a holistic picture of the objective world.

Difficulties in concentrating: children have difficulty focusing on one thing, there is high impulsivity and restlessness.

Poor Memory: Both parents and professionals often find that children with autism are good at remembering things that are meaningful to them (this may cause them pleasure or fear). Such children remember their fear for a long time, even if it happened a very long time ago.

Features of thinking: experts note difficulties in arbitrary learning. Also, children with autism do not focus on understanding the cause-and-effect relationships in what is happening, there are difficulties in transferring the acquired skills to a new situation, the concreteness of thinking. It is difficult for a child to understand the sequence of events and the logic of another person.

Behavioral problems: negativism (refusal to listen to the instructions of an adult, to perform joint activities with him, leaving the learning situation). Often

accompanied by resistance, screams, aggressive outbursts. A huge problem is the fears of such children. Usually they are incomprehensible to others, because often children cannot explain them. The child may be frightened by sharp sounds, some specific actions. Another behavioral disorder is aggression. Any disorder, violation of a stereotype, interference of the outside world in a child's life can provoke aggressive (hysteria or physical attack) and auto-aggressive outbursts (damage to oneself).

Each case of the disease is very individual: autism can have most of the listed signs in an extreme degree of manifestation, and it can manifest itself only in some barely noticeable features.

To diagnose autism, specialists use the criteria of 2 international classifications: ICD-10 and DSM-5.

But the main three criteria (“triad” of violations) that can be distinguished are:

- violation of social adaptation
- violations in the communication sphere
- stereotypical behavior

The main diagnostic steps include:

- examination of the child by a psychiatrist, neurologist, psychologist
- observation of the child and filling out the "Autism Rating Scale", which can be used to determine the severity of the disorder
- conversation with parents
- filling in questionnaires by parents - "Questionnaire for the diagnosis of autism"

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