

Features of Social Adaptation of Children with Autism Spectrum Disorders

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Abstract: The interest of scientists, psychiatry and related sciences in disorders of the autism spectrum in children remains relevant. Derived from understanding childhood autism as a major disorder, autism is today seen as a disorder of mental development. Currently, the focus of specialists is not the manifestation of a lack of individual mental abilities of a child with a disorder of the autism spectrum, but the General Laws of disorders in the development of forms of his interaction with the outside world and, above all, with a close person.

Keywords: social adaptation, autism spectrum, childhood autism.

Introduction. Currently, progress has been made in understanding the essence of childhood autism by understanding the unified logic of Affective and cognitive developmental disorders in a child.

The problem of autism spectrum disorders (ASD) is receiving widespread attention from the world public due to a significant increase in their prevalence and serious difficulties in correction. Currently, there are data on the rate of 2% of autistic diseases in children aged 6-17 years [1-7]. At the same time, disorders of adaptation and socialization can continue throughout life [8].

The increase in the prevalence of ASD is mainly due to the change in diagnostic procedures, the expansion of diagnostic criteria, the availability of appropriate services, the diagnostic age and the level of awareness of the population about the problem of autism. But this does not exclude an increase in the actual prevalence of autism diseases [9-16].

A significant increase in the number of children with this developmental disorder can be associated with epigenetic factors, for example, changes in diet, uncontrolled amounts of antibiotics, hormones and pesticides in food, a failed schedule of preventive vaccinations, as close as possible to the time of the main events in the formation of the central nervous system after childbirth. It is possible that small complex variations in the number of copies of DNA sequences in children with asd (microdeletions, microduplications, etc.) influenced by

environmental factors will shift the equilibrium point and genetically predetermined development will go another way [17-24]. The same externalities have been shown to have different effects on cell structures depending on the resistance of cells to stress, in addition to a number of other factors and depending on the number of active copies of ribosome genes in the patient's cell genome [25-37].

Autism is a series of lifelong conditions with general phenotypic manifestations, such as qualitative disruption of social interaction, verbal and nonverbal communication, and stereotypical patterns of behavior, interests, and activity [38-46].

Difficulties in correcting these diseases are associated with the violation of the main innate programs of a person – speech and social programs. Improving the quality of life and the formation of adaptive behavior is the main task of any corrective effect [47-53].

The correction process must be built taking into account the individual profile of the child's adaptive behavior. In this regard, the purpose of the study is to study the characteristics of social adaptation in children with asd of different etiologies, as well as the psychological and behavioral profile: children with undifferentiated forms of asd and one of their most common forms of Syndrome – fragile chromosome-linked mental retardation syndrome X (FXS) [54-65].

The purpose of the study: to study the clinical and psychopathological aspects of behavioral disorders in children with autism spectrum disorders.

Materials and methods: during the work, 45 children with autism diseases from 5 to 13 years old were examined. The study used clinical-psychopathological, clinocatamnetic research methods.

The results of 17 children with genetically confirmed FXS disease were considered separately, the main clinical manifestations of which are pronounced intellectual development and autistic manifestations. The age of this small group of children ranges from 3 to 22 years (the average age is 12 years 2 months.). The following methods and techniques were used for the study: anamnestic data collection, "interview – revised (Adi-R)" methodology for autism diagnosis (qualitative analysis only), early autism assessment scale (CARS), adaptive behavior scale Weinland.

Results: one of the main group's variable diagnostic criteria is the ability to make eye contact, which is found in almost all children between the ages of 5 and 7, and by the age of 13 the sign was impaired in almost 65%. Speech formation disorders in the form of delay have been observed in 82,7% of cases in children with autism aged 5-7 years. By the age of 13, the lack of speech formation was manifested in almost half of children. In 65.4% of children under the age of 10, a stereotype of speech function was found. During the autistic process, the following condition was observed in children: the non-progressive course was 52,3%.

In the main group psychological study, the prevalence of values in Cars was as follows: 34% had autistic diseases, 10% had moderately severe, and 56% had mild diseases in subjects.

The level of adaptation of all subjects with Asd is assessed as low (the average score by group is 34, the range of values is from 22 to 66 points). 36% of subjects have severe adaptation deficiency and 24% have deep defects. Moderate adaptation deficits occur in only 36% of subjects, while mild adaptation deficits occur in 4% of individuals with FXS with a small group adaptation rate of 28 to 78 points (the group average is 49), which corresponds to low and moderately low levels of adaptive behavior.

When comparing two subgroups of children with Asd and FXS, the overall score values were lower in the ASD group, but at the level of trends.

Thus, in the group of subjects with asd, heterogeneity of the composition is determined according to the degree of adaptation deficiency. Many subjects had moderate (36%) or severe (36%) adaptation deficits, and 25% of children and adolescents had deep adaptation deficits.

Children with FXS exhibit relatively high rates of adaptive behavior, at high frequencies they have moderate deficits with low levels of adaptation.

The indicators of communication and socialization according to the Wayland method contribute to the overall indicator of adaptation, but they can be considered separately. Standard scores for communication subscale range from 20 to 94 points (average – 36,2) in the group under study, socialization for subscale – from 20 to 96 points (average – 46,9). At the same time, socialization subscale indicators are significantly higher than communication subscale indicators.

Subjects with FXS have an average of 46 points on the communication scale, socialization is 67,6 points.

When comparing two groups in different aspects of alignment, significant differences were found between subgroups in the contact indicator (Mannaitney criteria. Subjects with FXS show a significantly higher development of communication to study the relationship of the level of adaptation, communication and socialization depending on the impressive speech, 3 groups of children were identified: children of the first group could perform an unfamiliar action according to speech instructions, children of the second group performed the action only according to familiar speech instructions, children of words, they could not fulfill speech instructions. Children with FXS joined the second group. It turns out that it can be assumed that the level of adaptation of subjects who cannot perform speech instructions is lower than those who are able to perform an unfamiliar action in accordance with speech instructions, that in adolescence, the development of communication in subjects of this sample begins to lag behind the normative even more. In the field of socialization, there was also a deterioration in indicators with age.

Thus, the results of adaptive behavior studies support data obtained in other studies of children with ASD. Children and adolescents with Asd have a lack of adaptation (moderate to deep), which is also manifested in the areas of communication and socialization. At the same time, the sphere of communication is most affected, while the presence of speech disorders is more associated with the level of socialization.

Assessment of the level of adaptation in the group of children and adolescents with FXS genetic syndrome has shown a low level of development of this indicator. The data obtained corresponds to the results of foreign researchers. Thus, Fisch showed that all FXS patients (30 boys aged 3 to 15) had problems with adaptive behavior and scored low on all scale subtests [4]. Another study showed an adaptive ability profile, characterized by a low level of adaptation, communication and socialization and a relatively high level of development of everyday everyday skills, the assessment of which could even exceed the cognitive age of the subjects.

A comparison of adaptive behavior in children with FXS found a higher level of adaptation to a group of children with autism spectrum disorders in an undifferentiated form. It can be said that adaptive capacity in FXS is higher than in patients with ASD, and they have a more favorable prognosis in the field of adaptive activity than in children with ASD, whose etiology is uncertain.

Another common feature in the subgroups studied is the degree of adaptation with age and the tendency to deteriorate its aspects. These data do not talk about regression, since the degree of adaptation is measured in relation to the age norm.

It is possible that subjects in studied subgroups acquire adaptive skills more slowly than usual, which explains the growth of adaptation deficits with age.

While all previously studied children and adolescents have been diagnosed with early childhood autism, the research team has proven to be heterogeneous in the severity of autism. There are both subjects with small autistic characteristics in the group and those whose scores on this scale correspond to a severe form of autism. In addition, there was a small negative correlation trend between the age and severity of autism between the ages of 5 and 16. At the same time, in the 17-19 age group, there is a tendency to increase autistic characteristics with age. This can be explained by the peculiarity of this group in our sample, since it included subjects who continue

their studies in an adult differential Education Center and do not receive drug therapy and, accordingly, are more serious than the rest of the sample. Difficulties in learning and adaptation. A reverse correlation trend has been found between the severity of autism and different aspects of adaptation. It can be concluded that the more pronounced the autistic characteristics in the subjects, the more they do not correspond to the areas of communication and socialization in general. The strongest link between socialization and the severity of autism.

The study showed that the development of educational guidelines for children with disabilities requires the use of multidisciplinary diagnostics. Corrective work aimed at improving the chances of adaptation should include both drug therapy and psychological and pedagogical support. Assessment of the effectiveness of such corrective measures should be based on standardized methods of assessing cognitive gains and adaptation opportunities so that the effectiveness of certain corrective effects can be determined based on evidence.

Conclusion: analyzing the findings, we can draw conclusions about the low level of social adaptation of children with early childhood autism when seeking psychiatric help due to the severity of clinical manifestations. From Communicative Disorders, the dialogical function of speech often suffers, i.e. inability to start or continue a conversation. Based on the results obtained, it can be assumed that the violation of behavior expressed in communication disorders decreases with age.

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