



ORIGINAL RESEARCH PAPER

Education

THE IMPACT OF AUTISTIC-TEA SPECTRUM DISORDER DIAGNOSIS ON FAMILY EXPERIENCE: ROUTINE CHANGES

KEY WORDS: autism diagnosis, family, ASD, impacts.

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ABSTRACT

The impacts of the diagnosis of Autistic Spectrum Disorder can change the routine of the family as a whole. The aim of this study is to analyze the impacts of the ASD diagnosis on the family's experience. And its specific objectives are: contextualize the diagnosis of ASD and the family; raise changes in the family's routine; know the impacts of the ASD diagnosis on the family nucleus; identify the main ways of coping with common difficulties in prognosis. The procedure was through a bibliographic search of articles published from 2015 to 2020, using the electronic database of articles in the Scientific electronic library (SCIELO) and Google Scholar databases, using keywords: diagnosis of autism; family; impacts. The strategies for coping with ASD are due to the set of attitudes and solutions found by the family members of the person with autism, which requires an effort to adapt and deal with adverse and stressful circumstances and impacts that are characteristics of living and care of a person diagnosed with ASD.

INTRODUCTION

When we think about the impacts of the diagnosis of Autistic Spectrum Disorder on family experience and changes in routine, Rabba, et al (2009) tells us that diagnosis is a moment of impact, as it causes several changes in the family context, such as the transfiguration of children with a chronic illness, changes in the family's routine, role adaptation, in addition to the consequences on a social and financial level (DOWNES et al, 2021).

When we talk about prognosis, the monitoring of professionals is essential. According to Cooper et al. (2018) corroborates this when he says that we should give importance and prominence to the Psychology professional, as he is seen as a professional capable of alleviating concerns and also providing guidance on how to act and stimulate the child according to the need (GREEN and GARG, 2018).

According to Critchley et al. (2021) the family may experience a process of denial, grief and lack of perspective regarding the child's development, a point that changes the entire process of acceptance, adaptations, changes in routine and relationship, the conception they have about the autism. According to Robinson et al. (2018), the psychology professional is seen as a helper in the reorganizations and adaptations in the lives of these families, especially the mothers, who are fully dedicated to caring for the child (WOOD et al, 2018).

The preference for the theme is attributed to the need to raise knowledge produced in recent years about the impact of the ASD diagnosis on the family's experience. The criteria used to diagnose ASD are described in the Statistical and Diagnostic Manual of the American Psychiatric Association, the DSM.

METHODOLOGY

This study is bibliographic research, with an exploratory aspect for greater familiarity with the problem, making it more explicit.

In the data collection process, articles found on the electronic platforms Scielo, Pepsic, and Google Scholar were used, following as keywords related to autism, diagnosis, ASD impact, family and prognosis.

Articles that are following the following inclusion criteria

were selected: articles in Portuguese and having a publication date from 2015 to 2020. And the exclusion criteria: not being in Portuguese and with publication dates less than the year 2015.

RESULTS

According to Milgramm et al (2021), people with autism spectrum disorder (ASD) have significant limitations in the social, occupational or other important fields of their individual development (STEDMAN ET AL, 2019).

According to Bryndin and Bryndina (2018), the family is the child's base, participating directly in affective, cognitive and psychological formation. The process of acceptance of the diagnosis, specifically by the parents, can become more difficult due to the lack of knowledge about the Disorder. It is essential that doctors, teachers and psychologists can reassure parents and demonstrate that it is not the end but the beginning (LANDA, 2018).

According to Cohrs and Leslie (2017), thus, from the diagnosis onwards, family anxiety is common, where the family begins to have routine changes and reflections on their "caring". Parents must acquire knowledge to rethink the best learning and interaction strategy for their children.

Currently, several strategies are developed to face ASD. Many researchers defend the idea of the action of a multidisciplinary therapeutic team, carried out since the early years (WILL, 2018; HEALY, 2019; SINAI-GAVRILOV, 2019; STRUNK, 2017).

Other studies demonstrate the benefits of different intervention interfaces, which can be through educational, sports, behavioral and cognitive methodology (MCMAHON, 2020; PREECE and TRAJKOVSKI, 2017).

Perceiving the child beyond the diagnosis is, in our understanding, fundamental and significant in the work to be developed.

CONCLUSION

According to the results of the research, it was observed that the strategies for coping with ASD are due to the set of attitudes and solutions found by the relatives of the person with autism, which requires an effort to adapt and deal with

circumstances. and adverse and stressful impacts that are characteristic of living and caring for a person diagnosed with ASD.

The Autistic Spectrum Disorder (ASD) is a huge challenge for families, as the children affected by this disorder have different situations due to space and coexistence, that is, the family routine becomes very different after the diagnosis.

About the discoveries and advances in the mapping of cognitive functions by neurology, it has contributed to offer favorable perspectives to individuals affected by ASD, however there are difficulties in the psychic, social, educational, financial order, among others within the family context.

Regarding therapeutic interventions, these are more effective, however, if they are started early, however, it was observed that diagnosis often remains late, which means that these therapies are not very effective in late treatment.

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