Review article

Autism Spectrum Disorder and the impact it has on Family Dynamics. Social Work Intervention

Gabriela Elisa Carranza-Valdez
PhD in Social Sciences. Bachelor's degree in Social Work.
Universidad Autónoma de Coahuila. Saltillo, Mexico
gabrielacarranzavaldez@uadec.edu.mx

Jesús Acevedo-Alemán ✉
PhD in Philosophy. Bachelor's Degree in Social Work.
Universidad Autónoma de Coahuila. Saltillo, Mexico
jesusaceve@hotmail.com

Abstract

The objective of this text is to provide information and data regarding Autism Spectrum Disorder, a condition that has increased significantly today, in addition to distinguishing the importance of support networks in this case the family and the impact on its dynamics of having a member with ASD. Highlighting conceptual and intervention aspects of the discipline of social work from the family, social and educational context, through recommendations that favor human rights, quality of life, and adequate care. Concluding that the present dissertation offers guidelines for the generation of models of care and intervention of ASD at first, and likewise contributes to the generation of actions, aimed at the prevention of discriminatory, negligent or aggressive practices during the interaction of children with the presence of any disability, condition, disorder and/or comorbidity.

Keywords: Autism Spectrum Disorder; Family; Social Work Intervention.

Received: 04/25/2024 | **Evaluated:** 06/13/2024 | **Accepted:** 07/03/2024 | **Published:** 02/25/2025

✉ **Correspondence:** Jesús Acevedo-Alemán. Universidad Autónoma de Coahuila. Blvd. V. Carranza s/n. Col. República Oriente C.P.25280, Saltillo, Mexico. Email: jesusaceve@hotmail.com

¿How to cite this article?

Carranza-Valdez, G. E., & Acevedo-Alemán, J. (2025). Autism Spectrum Disorder and the impact it has on family dynamics. Social Work Intervention. *Prospectiva. Revista de Trabajo Social e Intervention social*, (39), e20213812. https://doi.org/10.25100/prts.v0i39.13812

Trastorno del Espectro Autista y el impacto que se tiene en la dinámica familiar. Intervención del Trabajo Social

Resumen

El objetivo del presente texto es proporcionar información y datos referentes al Trastorno del Espectro Autista, condición que ha aumentado significativamente en la actualidad, además de distinguir la importancia que tienen las redes de apoyo en este caso la familia y el impacto en su dinámica al contar con un integrante con TEA. Destacando aspectos conceptuales y de la intervención que tiene la disciplina de Trabajo Social desde el contexto familiar, social y educativo, a través de recomendaciones que favorezcan los derechos humanos, calidad de vida, y atención adecuada. Concluyendo que la presente disertación ofrece pautas para la generación de modelos de atención e intervención del TEA en un primer momento, y de igual manera, contribuye en la generación de acciones, encaminadas hacia la prevención de prácticas discriminatorias, negligentes o agresivas durante la interacción de niños con la presencia de alguna discapacidad, condición, trastorno y/o comorbilidad.

Palabras clave: Trastorno del Espectro Autista; Familia; Intervención del Trabajo Social.

Sumario: 1. Introduction, 2. Theoretical-conceptual reflection, 2.1. Autism Spectrum Disorder (ASD), 2.2. Notes for the understanding of ASD, 2.3. Degrees of ASD and their identification, 2.4. risk factors in ASD, 2.5. The role of the Family within ASD, 2.6. Social Work Intervention in ASD, 3. Conclusions, 4. Bibliographic references.

1. Introduction

Since 2007, April 2 has been designated as World Autism Awareness Day by the United Nations (UN), which raises the importance of raising awareness among the population about this neurodevelopmental disorder, also contributing to the promotion, acceptance, and appreciation of people with ASD. Awareness and sensitization have increased globally since there is currently greater access to early diagnosis and the care they require depending on each person (United Nations, 2024).

Social Work professionals in the various work contexts in which they work and develop have joined the work with people with disabilities, difficulties, and disorders, such as autism spectrum disorder, through their services of excellence and quality, being an essential part of eliminating any violent practice or omission towards people. That generates risks, vulnerability, or discrimination through social justice and respect for human rights (Santiago-Fernández, 2018).

In this sense, Santiago-Fernández (2018) refers to the importance and need for social intervention with children and adolescents with the diagnosis of ASD, in addition to their primary support networks, such as the Family, which may have various needs and difficulties after diagnosis and require specialized accompaniment in the process beforehand. Since the earlier detection, the better the results characterized by routines during and after diagnosis.

Highlighting that part of the functions of the social worker with a population diagnosed with ASD, according to Santiago-Fernández (2019) and González-Pérez (2020) focuses on direct intervention with the person with this condition, as well as with the Family and its different support networks; where it is clarified, supported, informed, educated, persuaded and influenced, or relationships are installed that improve the quality of life of people with autism. According to Soriano-Valdemoros (2015), the intervention with people with ASD and their primary support networks, such as the Family, should be based on the development of skills and tools that allow them a quality of life and that is as normalized as possible in the various contexts in which they develop.

The Social Work profession must provide advice, guidance, and accompaniment to families with ASD according to their needs, considering essential aspects through identification of needs, interviews, follow-up, and prevention and care plans (Cuevas-Gordo, 2016).

Given the importance of the initial stages of development, it is important to talk about one of the most significant and highly prevalent disorders that are emerging today, such as Autism Spectrum Disorder, since there is misinformation, lack of sensitization, and awareness about the importance of support networks. Predominating the Family (Celis-Alcalá & Ochoa-Madrigal, 2022), this text aims to provide relevant information and data regarding Autism Spectrum Disorder and the impact of having a member with ASD.

Conceptual aspects and the intervention of the discipline of Social Work in the family, social, and educational context are highlighted through recommendations that favor human rights, quality of life, and adequate care and that their human rights are received, such as education, through prevention, attention, and monitoring of vulnerability and risks that they may face in various contexts since it continues to be a stigma.

2. Theoretical-conceptual reflection

2.1 Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that affects people's behavior, communication, and interaction, hindering autonomy and independence, being a disorder that requires behavioral attention and work on routines (American Psychiatric Association [APA], 2018). The characteristics or symptoms begin to be perceived in the first years of life, such as difficulty relating to others, stereotyped movements, and self-knowledge (Pérez-Murcia, 2015).

For its part, the World Health Organization (WHO, 2023) defines autism spectrum disorder (ASD) as a condition of neurobiological origin that affects the configuration of the nervous system and brain functioning, being a life condition that affects interaction and communication, as well as a different way of perceiving and interpreting the world. Being a disorder, not a disease, which has no cure, but other ways of intervention according to each person's needs and degrees of severity, as well as the importance of the moment it is detected. The definition of ASD has been evolving, being one of the first definitions by Bleuler in 1911 until the WHO (table 1).

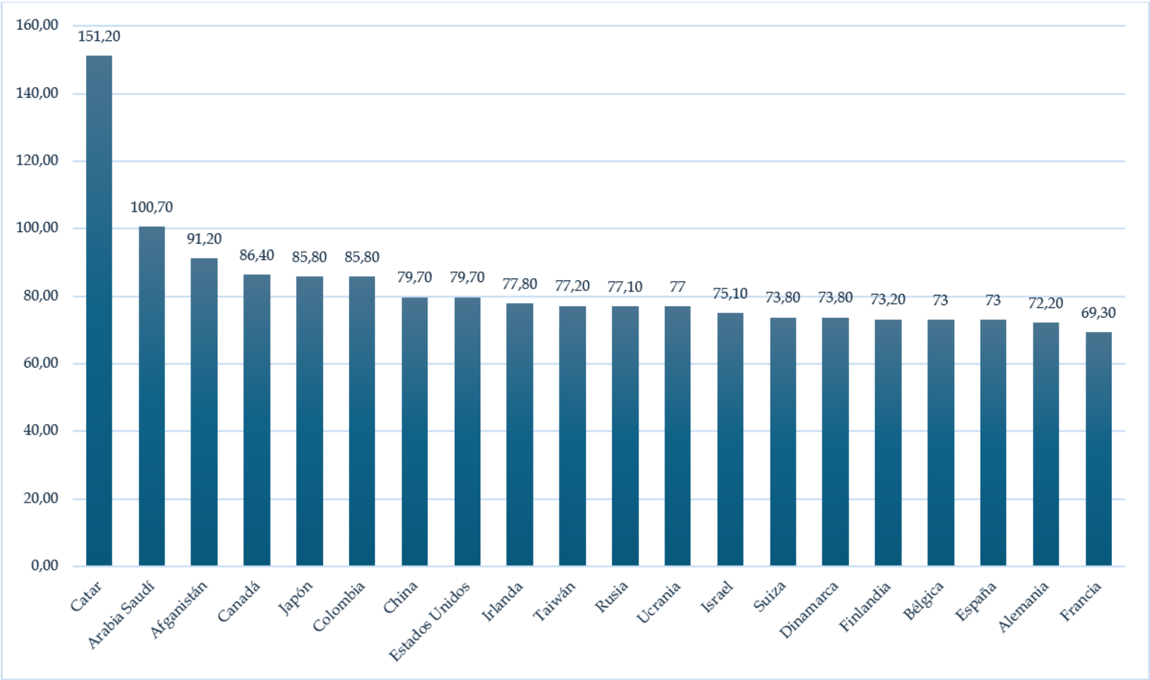
Table 1. Definitions of Autism Spectrum Disorder.

Year	Description
1911	Associated with a typical symptom of people with schizophrenia when isolated from the real world.
1943	He described it as early childhood autism, defined as a behavioral syndrome that arises in the first years of life, emphasizing the social alterations of the disorder.
1967	They reported that it is a behavioral syndrome characterized by profound and generalized inability, with difficulty developing interpersonal relationships. The main alteration is in the acquisition and development of language, which is considered the main alteration, in addition to ritualistic and compulsive behaviors.
1979	The concept of Autism Spectrum Disorder (ASD) emerges as a dimension, breaking with the categorical vision that was held of the disorder. Considering the difficulties in understanding, autonomy, communication, and independence, we received the name Autistic Triad or Wing Triad.
2024	Disorders are characterized by difficulty in behavior and communication, together with various characteristics, which depend mainly on the age at which the person with ASD begins to realize them, the period of diagnosis, the degree of severity, the intervention in each context in which the person with ASD develops, and the support networks.

Source: Authors, based on Lavado-Candelario and Muñoz-Silva (2023).

As Teletón (2024) points out, ASD has various impacts on individuals and their families, such as the educational process and labor inclusion practices, together with the difficulties and needs that exist in family dynamics. According to the WHO (2023), ASD can be detected in the first years of a person's life, but not precisely in all cases, since each person can manifest various characteristics and symptoms, which can sometimes be confused with another condition. In this sense, according to estimates by official organizations such as Yo También (2021) in the world, one in 160 children may manifest some symptom of ASD, with Qatar standing out with 151 per 10,000 children with the highest number of children with ASD, followed by Saudi Arabia, with 100; Afghanistan, with 91; and Canada with 86 (see Figure 1) (Estatista, 2022).

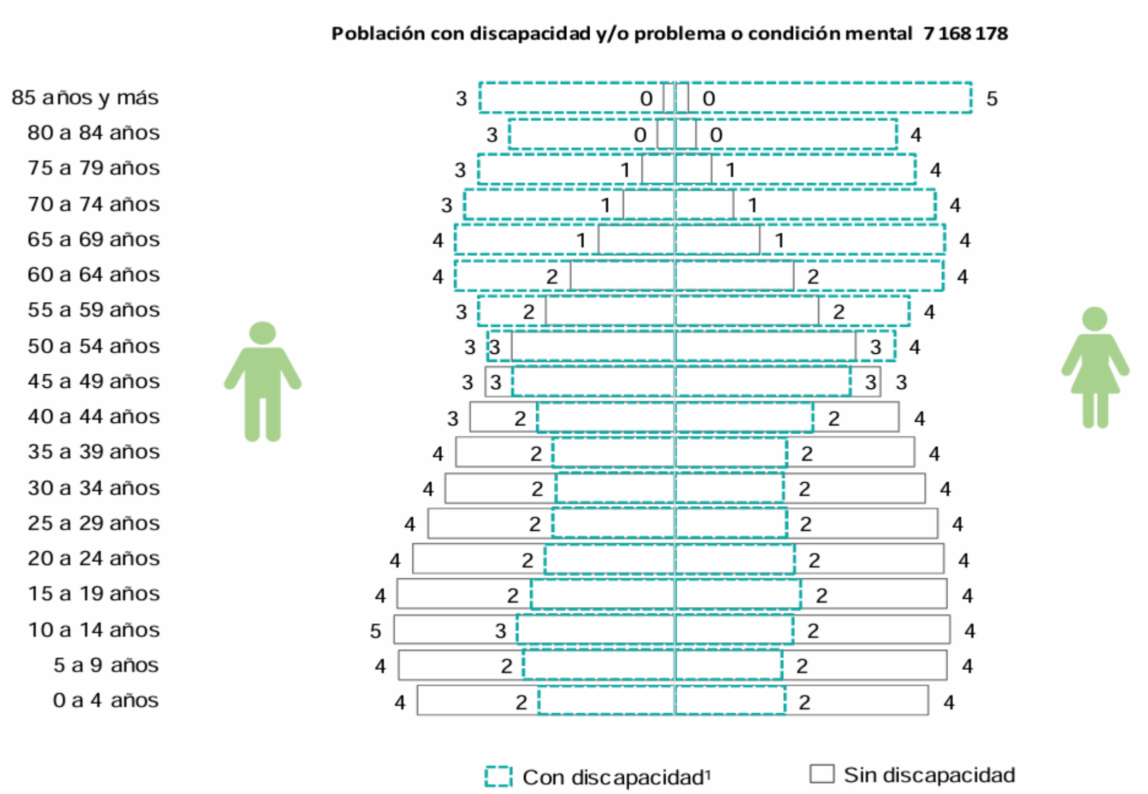
Figure 1. Number of children with Autism Spectrum Disorder per 10,000 in selected countries worldwide in 2022.



Source: Estatista (2022).

Highlighting in the particular case of Mexico, according to statistics on the International Day of Persons with Disabilities (national data), according to the 2020 Population and Housing Census, of the total population in the country (126,014,024), 5.7% (7,168,178) has a disability and some mental problem or condition, according to their distribution by age group, there are 899 thousand (13%) girls and boys; 869 thousand (12%) young people; 2.2 million (31%) adults; and 3.2 million (45%) older adults. Reporting the same census, the ratio of children with ASD is one in 115; based on this statistic, it is estimated that at least 400 thousand children in Mexico have ASD (see figure 2) (National Institute of Statistics and Geography [INEGI], 2021, p. 1).

Figure 2. Population structure by five-year age group and sex according to disability and mental problem or condition 2020 (in percentage)



1Includes the population that reported having great difficulty or not being able to perform at least one of the following activities: seeing, even wearing glasses; hearing, even with a hearing aid; walking, going up or down; remembering or concentrating; bathing, dressing, or eating; speaking or communicating and the one who declared having a mental problem or condition.

Note: The sum of the percentages may be less than one hundred because it does not include people who did not specify their age.

Source: INEGI (2021).

2.2 Notes for Understanding ASD

Martins-De Sousa and Ramallo-Verissimo (2015) point out that the first stages of neurodevelopment are essential because they form and consolidate biological, behavioral, psychological, motor, and pedagogical aspects. These stages allow children to expand their potential, interact constantly, and develop in conditions that favor their development.

On the other hand, ASD, understood as biological alterations that impact conduct and behavior, presents difficulties that complicate its diagnosis, such as the economic issue, the waiting time, and the reserved number of specialists, among other aspects. That is why the detection of ASD is also influenced by the grieving process that parents, caregivers, or guardians go through, since when they have the diagnosis, they face the reality of having to face, treat, and care for the child or adolescent with autism, which can trigger feelings of fear. Fear, anxiety, surprise, and various emotions, which are neither good nor bad, are only emotions that must be experienced and that provide warning signs for their attention (Velarde-Inchaustegui *et al.*, 2021).

There is a neuro variant within ASD since it is characterized by difficulty in fluid communication, which can be verbal and non-verbal, also presenting repetitive behaviors and restricted interests. Such behaviors can occur in any context, with difficulties developing skills to maintain and understand relationships, reciprocity, and communicative behaviors. Celis-Alcalá and Ochoa-Madrigal (2022) indicate that every 160 children are prevalent, one may have some characteristic of neurodevelopmental disorders, and there may be more. However, it is still underdiagnosed and can manifest themselves even in the appearance of comorbidities such as psychiatric disorders such as anxiety and depression. They emphasize that autism has no cure or specific treatment, but there are various treatments, according to the needs of each person, which allow for improving the quality of life. It should be noted that in ASD, it is pretty standard for there to be other types of comorbidities, such as epilepsy, sleep disorders, neuropsychiatric disorders, digestive, ophthalmological, endocrinology, ENT, dermatology, orthopedics, among others (see Table 2).

Table 2. Comorbidity and its description associated with ASD

Comorbidity	**Description associated with ASD**
Epilepsy	31% of ASD cases may present epilepsy, having partial seizures. They are more frequently associated with intellectual disability and motor or hereditary disorders. There are two peaks of age before the age of five and in adolescence.
Sleep disorders	They are more prevalent and are associated with the treatments they consume, their diet, and their established routines.
Neuropsychiatric disorders	Mental disorders such as anxiety, stress, depression, suicide attempts, etc.
Digestive	Presence of functional digestive disorders such as constipation, diarrhea, vomiting, abdominal pain, gastritis, colitis, etc. In addition to eating disorders.
Ophthalmological	Vision difficulties, the most common being in school ages, such as myopia, astigmatism, strabismus, paralysis, etc.
Endocrinology	In adolescence and puberty, there may be changes in behavior derived from hormonal behavior.
Audition	There are hearing difficulties derived from hypersensitivity to noise or hearing loss or impairment, together with ASD.
Dermatology	Skin difficulties may result from the type of clothing, detergent, seams, sun, and injuries.
Orthopedics	Orthopedic difficulties, coordination, and gross and thin movements.
Dental	Significant hygiene difficulties may explain tooth decay and infections with late diagnosis, which is difficult to express.

Source: Authors' elaboration based on Del Valle *et al.* (2022).

Identifying ASD in the initial stages of development may not be easy, as it may not manifest in the same way or at the same age, but rather over time and according to the environment's needs. These characteristics or symptoms can be confused with other biological conditions, emotional and behavioral difficulties, socialization, language and communication difficulties, and motor clumsiness (Sánchez-Raya *et al.*, 2015).

All people with ASD are different, having as their main characteristics the contexts in which they frequently develop, the experiences that developed during their lives, the support networks in this process, and the educational models with which they are educated. The Family is the most important basis of support and accompaniment with people with ASD, as it is the most representative primary group. The school occupies the second place since it is where students spend time of their lives, providing support and opportunities for their development (Baña-Castro, 2015).

Baña-Castro (2015) states that the Family with a member with ASD must consider that there will be a concern and expectations regarding the process, advances, and setbacks that their children have, as the educational and medical care, the treatments, and doses that their children will take, the increase in dedication such as stimulation programs, tasks, recreational activities, and unexpected expenses. When reaching adulthood, situations such as labor inclusion, supported employment, independent work, and affective life from the sexual and amorous, home, and recreational activities are modified.

Nowadays, conceptions regarding ASD have gained more remarkable development in the cognitive and biological aspects. Without being able to determine the exact causes, but yes, to identify the relationship between the interaction of genes and environmental factors. The prevalence is estimated at 1% of the population between childhood and adulthood (Lavado-Candelario & Muñoz-Silva, 2023).

Relevant will always be the timely detection of warning signs regarding the alterations in the evolution of ASD in child development since it can have crucial repercussions on performing the maximum of their skills, considering fine and gross motor, sensory, language, and socio-emotional skills. The importance of genetics prevails, but in addition to stimulation, there is a greater integration of brain functions (Medina-Alva *et al.*, 2015).

2.3 Grades of ASD and their identification

As indicated by the APA (2014), there are different degrees of ASD, such as 01: they need help, which consists of difficulties in having social interactions and atypical responses, which impacts their autonomy. Grade 02: Needs noticeable help, limited access to social interactions and responses, and social openness, anxiety, and stress. Grade 03: needs very notable help, which shows that verbal skills cause alterations in functioning, turning into anxiety crises and prolonged stress.

> In the current DSM-5 classification, ASD is included within neurodevelopmental disorders and includes what was previously autistic disorder (ASD), Asperger's disorder (ASD), childhood disintegrative disorder (DID), and pervasive developmental disorders not otherwise specified (PDD-NOS). ASD is, therefore, a very heterogeneous group that includes people with different etiologies and, therefore, different degrees of involvement. (Del Valle *et al.,* 2022, p. 75)

However, as indicated by Velarde-Inchaustegui *et al.* (2021), the diagnosis is complex since there are particularities due to how the symptoms and characteristics of each grade manifested according to the stages of development. For these tests, the support of the people who interact daily with the people to be evaluated, such as parents, teachers, and specialists who may be attending to them, is required.

For the detection of autism, a scale designed to evaluate the symptoms of autism in individuals from the first years to adulthood is used, known as the *Autism Diagnostic Observation Schedule – Second Edition* (ADOS-2); there is a protocol which consists of observation, coding, and calculation, in each of them there is a guide for the application of the activities, considering the observation, number of aspects and indicators. First, the Module is chosen, considering two considerations: the level of expressive language and the chronological age, in which the application is individual, and the mother of the Family or a relative must be present (Lord *et al.,* 2015).

Some warning signs of ASD are that the patient does not babble, does not say simple words or phrases, has difficulties in language and communication, has a different accent and seems memorized, does not maintain eye contact with people, shows discomfort to certain noises or stimuli, discomfort to certain foods, textures, smells, tastes, stimuli such as noises or colors, when spoken to he seems not to listen. However, when he hears some other noise, he does turn, he does not look where others are observing, he lacks interest in some aspects, flaps his hands, has motor difficulties, walks on tiptoe, crying for no apparent reason, among others (Carrascón-Carabantes, 2016).

2.4 Risk factors in ASD

Celis-Alcalá and Ochoa-Madrigal (2022) indicate various genetic, environmental, psychopathological, neurodevelopmental, perinatal, and immunological risk factors. Some indicators indicate that taking medications, diet, and genetic issues can increase the risk of alteration, mainly in the prenatal stage, associated with the non-intake of folic acid, since not consuming it can generate neurodevelopmental problems, which in turn increases the risk of ASD.

"Anyone with a real interest in caring for a patient with ASD must be willing to examine that internal world and look for possibilities of relationship with the external world. Attending to each nucleus with its due relevance is key in this condition. A primary goal is a language that helps fulfill daily life's basic and instrumental activities since it promotes a good prognosis. Each communication and sociability deficit will have a different resolution and a varying degree of method, but they all point to a better prognosis" (Celis-Alcalá & Ochoa-Madrigal, 2022, p. 14).

2.5 The role of the Family within ASD

The perceptions of the Family, according to Gutiérrez-Capulín *et al.* (2016), vary according to the era, family dynamics, members that make up the Family, roles, relationships, attachment, and coexistence that takes place in the family nucleus, which has been transformed from their types, generations, by the new dynamics, diversity, and characteristics that denote evolution. In the Family, agreements, bonds of coexistence, interaction, conformation, rights, obligations, sanctions, authority, and socioeconomic level, as well as the distribution of resources, are built to cover the members' basic needs.

As indicated by Baña-Castro (2015), the Family is the leading support network for people with ASD, from birth, since expectations change in family dynamics, with phases such as shock upon hearing the news, phase in which parents ignore the situation, reaction phase in which parents try to understand the condition according to their knowledge and judgments, letting themselves be carried away by comments and adaptation. In which parents focus on a more realistic and practical vision based on the needs of their children.

From the stage of childhood and when characteristics begin to show, it produces a series of changes and crises such as a strong psychological impact, adaptation, and reconstruction of family dynamics, a change in the relationship with the partner and other members of the Family, and the need for support and accompaniment are important.

Stress is generated in family dynamics, which must be addressed so that the child or adolescent receives the necessary attention. This can be done by obtaining information about the condition, making a diagnosis, managing the situation, and creating new dynamics of activities that can favor their children, which can generate extra time and money (Baña-Castro, 2015).

The stages of development and the life cycle of the Family play an especially significant role since families with members with ASD must consider activities and dynamics as if they were in the early stages since growth is usually atypical. According to Baña-Castro (2015), the factors that modify family dynamics are how parents identify characteristics that lead to autism. The process involves looking for who will make the diagnosis when it is made, the result, how it was explained, the age of the child or adolescent, the previous knowledge of ASD, and the economic and emotional resources.

Significant changes can occur in the dynamics of a family, particularly with the arrival of a new child, during the formation of a family, and at the time of the arrival of children. According to Baña-Castro (2015), from the moment a pregnancy is known, there is an avalanche of emotions; if it is an optimal family dynamic, feelings such as joy, surprise, and expectations will be triggered; on the other hand, when it is a family dynamic with difficulties or various adverse factors of an economic nature, dynamics in the home, reduced space or overcrowding, conflicts about the couple, among others (Mira *et al.*, 2019). Fear, sadness, and anger may arise due to the approaching changes (González-Casado *et al.*, 2024).

The future parents begin to make preparations for the birth and how it will be communicated to the other members of the Family; with the birth of the baby, the Family continues to adapt to the new role, process, and transformation of the family dynamics, having the opportunity to get to know the baby and therefore identify aspects, behaviors or skills that their other children have presented or some new signs (Lavado-Candelario & Muñoz-Silva, 2023).

There are also feelings and emotions in parents, such as guilt, sadness, anger, indifference, violence, omission, and disbelief since they believe that it is a disease and can be cured, socioeconomic level, marital status, education, weight, religion, how the Family will take it and other value judgments that may be associated. As Lavado-Candelario and Muñoz-Silva (2023) point out, parents or caregivers begin to suspect certain behaviors or symptoms, and their expectations regarding the new family member change. The feelings and changes that are experienced increase at the time of confirmation of the diagnosis, which encourages the Family to adapt as quickly as possible and restore its balance.

Finally, certain factors that emerge and must be considered as part of the family dynamics are identified, such as autonomy, security and interdependence, self-care, family dynamics, prevention of violence in the home, omission of care in the home, overprotection in the home, couple relationship, economy, employment, family roles, caregivers, the adaptation of the family context, stigma, feelings and emotions, expectations, grieving process and resilience, family relationships, diagnosis, medical care, treatment and doses, routines, communication, recreational activities and sports, discipline, hygiene habits, eating habits, occupational therapy, perception of people with ASD, social context, educational context, prevention of violence and omission of care in educational contexts, process of labor inclusion in the future, interpersonal relationships, love, and affective relationships, sexuality and fear of death, among others.

2.6 Social Work Intervention in ASD

When a person with ASD is diagnosed in the initial stages of development, health professionals and educators focus on care and intervention with the person, predominantly not involving parents. For this reason, Santiago-Fernández (2018) points out the importance of caregivers and family members being considered since they are the ones who face multiple situations, difficulties, and obstacles daily so that they have a better quality of life. Parents go through different processes as part of the adaptation, while other members, such as siblings, may experience different feelings for preferential treatment or more significant attention.

Santiago-Fernández (2018) highlights that, in the same way, it is essential to understand a general panorama in the family aspect since many families isolate themselves from others for fear of rejection, fear, or embarrassment. In many situations, this affects the economic aspect since a member of the Family dedicates full time to the care of the person with ASD.

González-Casado *et al.* (2024) argue that to generate an optimal environment in the family dynamics, it is pertinent to strengthen attention to the Family of the person with ASD as well since, in most cases, they feel alone and unprotected, uninformed, and afraid to approach to ask about the disorder. There are various mechanisms for the care of parents, for which there are non-governmental associations such as associations, private centers, governmental centers such as schools, predominating special education through their services such as multiple attention centers (CAM), regular education support service units (USAER) among others according to the state of the Mexican Republic. Health centers and the Teletón (2024), with the Autism program and self-help groups, share experiences regarding ASD, strategies for its care, and quality of life.

Social Work professionals, as Pérez-Murcia (2015) refers, provide people with ASD and their families with the management of support and resources, accompaniment, guidance, and pertinent advice according to the needs of each user, their families, considering the socio-family, school, classroom, social and personal situation, supporting the development of potentialities, work in areas of opportunity, and implementation of strategies to reduce the difficulties that arise present.

For this reason, Social Work must provide preventive aspects such as awareness and sensitization and individual and group attention to people with ASD, their families, teachers, and specialists. It must also allow people with ASD to be included in society and, most importantly, respect their human rights to improve their quality of life based on respect for diversity (Code of Ethics of Social Work, 2012).

It is also necessary to have a legislative perspective since, as children or adolescents with diverse behaviors and behaviors, in educational environments, they can become victims of bullying, for which it is established that it is important that specific modifications are made in the contexts in which they frequently develop, to meet specific needs.

Specifically, the role of social workers must be characterized by representing a transformation, sensitization, dissemination, and social awareness, allowing full inclusion in society and respecting and considering their needs, capacities, characteristics, and the support they require. Remembering that society as a whole is required; therefore, Social Work should be in charge of eliminating the barriers faced by people with ASD and their families (Cuevas-Gordo, 2016).

The competencies that characterize and that the Social Work professional must develop are collaborative work with other specialists, work with users (parents, people with ASD), organizations, communities, and groups according to their needs. Carry out planning of the activities to be carried out after an observational analysis of detection of needs, implement such planning, assess if expected results were obtained, review follow-up and in case they do not work, change the strategy through periodic evaluation, support for people so that they are autonomous, independent and have the initiative and cooperation to initiate and follow any action that is beneficial for their family dynamics, predominating people with ASD; conflict resolution, pertinent administration of both human and economic resources (Cuevas-Gordo, 2016).

González-Pérez (2020) adds that the Social Worker as a care professional must favor and support the search for resources and establish assertive communication with different institutions, centers, and diverse professionals to enrich opportunities for participation in the social sphere. Contributing to turn, to publicize the needs that emerge from society, which allows expanding activities in the various fields of action, such as Autism Spectrum Disorder. Always consider prevention, care, and follow-up, as well as implement strategies such as talks, workshops, and dissemination of awareness and sensitization of ASD to the general population, emphasizing the Family and educational contexts of people with ASD.

Regarding care, it is essential that, as a father, mother, guardian, guardian and in the school context, the teachers who interact and care for children and adolescents identify the main aspects of neurodevelopment, such as cognitive, behavioral, motor, emotional and language, in addition to Social Work in the educational field, must carry out strategic actions to improve the quality of the service such as:

- Initial and periodic interviews with parents, guardians, and guardians to learn about the family dynamics and essential aspects such as the full name of the parents, age, occupation, marital status, education, roles they play in the home, economy, family members, family dynamics if difficulties arise or not, medical service they have.

- Aspects related to the child or adolescent, such as age, the first signs identified that were warning signs, and the procedure they performed. Request medical attention and prepare a report with the main aspects identified in the family dynamics and the school and classroom environment, in which pedagogues and teachers must provide information on what they observed and worked on with the child and adolescent.
- Subsequently, the parents should be summoned to request that the school perform a medical evaluation and discuss the symptoms and warning signs so that the doctor can channel him to perform neurological studies and other care for the comorbidities that may arise.
- Social workers must identify centers that provide studies and assessments for detecting ASD, free of charge or at a lower cost, to benefit the economy of families and the fastest possible time to carry out the study. Sometimes, the free centers can be very slow, and if paid, they can be expensive. Therefore, the timely identification of centers that charge a lower price and greater agility will favor the educational community.
- The follow-up is constant to verify that the parents with the official offices on behalf of the school have gone to the orientations provided. In addition, to favor the attention in the service, it can be provided with whom to go, schedule, telephone and address, and if you have the possibility date and what you need to bring.
- While the diagnosis is obtained, it is essential that social workers, together with other specialists, advise, accompany, and guide teachers, specialists, and directors so that they know what ASD is, its characteristics, and the estimated time in which the diagnoses arrive, so that they have patience and their human rights are fulfilled. With an emphasis on inclusive and quality education, in which access cannot be denied to any student despite any economic, religious, gender, disability, or disorder situation such as ASD, which, if not complied with and reported, can be considered as omission of care and violence.

In addition to the above, the entire educational community must know the action protocols for the prevention, attention, and monitoring of risks and vulnerability that may occur in elementary, upper secondary, and higher education schools, with emphasis on those that are the autism spectrum disorder, since people with ASD can be subject to stigma, discrimination, vulnerability, integrated, but not included (Cuevas-Gordo, 2016).

Social work can provide topics to parents from secure attachment, upbringing and positive discipline, sexuality, life plan, labor inclusion, grief, emotions, resilience, self-esteem, and security, among various topics, through talks, workshops, or congresses. In contrast, with students, the same topics can be worked on and adapted to their ages and degree of severity (Dababnah *et al.,* 2011). With teachers, work could be done on the importance of early detection of the developmental patterns and difficulties presented by their students and channeling them in time to receive the attention they require (González-Pérez, 2020).

Inclusion allows access to education inclusively, with respect for diversity, so that, for it to be inclusive, all those involved must delve into the needs of others and not just wait for them to get used to the contexts (Casey & Elswick, 2011). The most important thing is not to lose empathy and to put yourself in the place of the parents since they go through various feelings and emotions throughout their lives since their expectations and dreams can be modified, so the intervention of Social Work is of great support. You can work and provide for an estimated time, considering that short-, medium--, and long-term goals have to be set to have a margin of results and change a family dynamic from one day to the next (González-Casado *et al.,* 2024).

It is important to consider early intervention, which consists of developing skills in children and adolescents to improve learning and benefit this group. This will ensure that they have contact and interaction with people of their age in various contexts. A bond is generated gradually, which can later expand the language, vocabulary, and even expression of interests, tastes, and needs (Anthony & Campbell, 2020).

Interventions should be focused on balance in family dynamics and the development of strengths and skills that promote awareness in society (Lord *et al.,* 2018; Pérez-Murcia, 2015). Finally, programs or networks of parents with ASD should be generated to share experiences and recommendations, in which social workers participate in the processes of socialization of children and adolescents in recreational activities such as horseback riding, swimming, and painting, among various sports, playful, recreational, educational and training activities, always considering the interests and tastes of each of them. Depending on their degree or type of ASD (Bishop-Fitzpatrick *et al.,* 2019).

3. Conclusions

Currently, economic difficulties associated with a high rate of poverty prevail, in which people with disabilities, conditions, disorders, or some comorbidities increase due to the use of frequent medical services, various specialists, and treatments that vary, which hinder the process of social inclusion. Undoubtedly, this population with ASD is among the most vulnerable and at risk of exclusion, which is a condition that requires a series of treatments and diverse support. Their vulnerability has been aggravated, and in the same way, they represent substantial challenges for the Family, which must be responsible for life to guarantee the well-being and the best conditions of the well-being of the children, girls, and adolescents with ASD.

Emphasizing that this text allows reading a timely reflection regarding ASD, since the arrival of a child with this condition and comorbidity is usually of great impact on family dynamics, from the significant grieving process they face, the increase in economic difficulties, change of expectations, sometimes ruptures within the parents, which makes it possible to reorganize the dynamics and routines that were already in place. However, people with ASD, especially in childhood and adolescence, are usually placed in vulnerable conditions due to the misinformation and ignorance that the population may have.

However, there are other minors with similar disadvantages, who are institutionalized from a very young age without having the possibility of developing socially in a family like the rest of their peers, a sector of the child population that requires an objective view to provide them with the necessary support, which even when the emotional and socio-affective experience with the parents cannot be replaced, if they can be brought closer to having inclusion in the society where they belong; This reading orients towards the mobilization of human sensitivity and forces us to think about the need to look at them, not out of pity, but in the openness of society as a whole, to make the necessary adjustments that allow them access to the same opportunities for the development of their potential as people.

That is why for the understanding of ASD, it is relevant that Social Work, as well as all those involved, enter into the understanding of what attention to this condition represents, information that not only allows all those involved to generate approaches to this topic; but also leads to the reason for the current approaches on the inclusion of people with ASD in social life, the importance of this fact not only for them but for society itself, which must move towards a maturity where differences are accommodated, as an opportunity to exercise the right to life, as one of the most relevant precepts for human beings.

ASD disrupts the dynamics of the Family, which can lead them to a stage of crisis that causes significant difficulties for the members that make it up, going through processes that lead to the adaptation and acceptance of reality, but not before presenting barriers that hinder the integral development of people with ASD, such as the dependence of the latter not only on the Family but also creates a way of life centered on this factor towards society itself. This situation does not allow him to face the obstacles presented to him to obtain experiences, which leads him to develop skills that he must achieve for his development.

Finally, this text aimed at outlining guidelines for the generation of models of care and intervention for ASD in the first moment, and in the same way, in the generation of actions for the prevention of violent practices during the interaction of children with the presence of a disability. In short, it can be concluded that with this approach, it was possible to contribute in the best terms to the generation of contributions for the reflection of ASD and its possible alternatives for professional care and accompaniment. Where at the same time, a multidisciplinary debate can be integrated that, beyond establishing dogmatic positions, allows for suggesting common ground in favor of children and their families who are going through conditions of disability. It tries to strengthen the concepts and positive ideas that have been installed for the intervention of the different types of conditions.

However, it must be a concern to make visible those who have sometimes been denied a voice and a vote, sentencing them to oblivion and anonymity. Perhaps this reveals that we may be suffering from a new type of undiagnosed disability, mental-material alienation – first me and my needs, then me and my pleasures, and finally me and my desires – which limits empathy with others and sentences apathy, lack of will and commitment, to be negligent, arrogant and insensitive to the conditions of others. All this directly impacts the fabric and social harmony, which lay the foundations for a better quality of life and well-being for all within the framework of a culture of peace.

Financing

The authors declare that no resources were received for the writing or publication of this article.

Contributions of the author

Gabriela Elisa Carranza-Valdez: Writing (original draft), Writing (revision of the draft and revision/correction). Jesús Acevedo-Alemán: Conceptualization, Writing (original draft), Writing (revision of the draft and revision/correction).

Conflict of interest

The authors declare no conflict of interest while writing the manuscript.

Ethical implications

The authors have no ethical implications that should be declared in the writing and publication of this article.

4. Bibliographic references

American Psychiatric Association [APA]. (2014). *A reference guide to the diagnostic criteria of the DSM-5.* American Psychiatric Association.

American Psychiatric Association [APA]. (2018). *Supplement to the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5).* American Psychiatric Association.

Anthony, N., & Campbell, E. (2020). Promoting collaboration among special educators, social workers, and families impacted by autism spectrum disorders. *Advances in Neurodevelopmental Disorders, 4*(3), 319-324. https://doi.org/10.1007/s41252-020-00171-w

Baña-Castro, M. (2015). El rol de la familia en la calidad de vida y la autodeterminación de las personas con trastorno del espectro del autismo. *Ciencias Psicológicas 9*(2), 323-336. http://www.scielo.edu.uy/pdf/cp/v9n2/v9n2a09.pdf

Bishop-Fitzpatrick, L., Dababnah, S., Baker-Ericzén, M. J., Smith, M. J., & Magaña, S. M. (2019). Autism spectrum disorder and the science of social work: A grand challenge for social work research. *Social work in mental health, 17*(1), 73-92. https://doi.org/10.1080/15332985.2018.1509411

Carrascón-Carabantes, C (2016). Señales de alerta de los trastornos del espectro autista. En AEPap (Ed.), *Curso actualización autismo* (pp. 95-98). Lua ediciones.

Casey, L. B., & Elswick, S. E. (2011). The social worker's role in the assessment of autism spectrum disorder. *Children & Schools, 33*(3), 176-183. https://doi.org/10.1093/cs/33.3.176

Celis-Alcalá, G. y Ochoa-Madrigal, M. G. (2022). Trastorno del espectro autista (TEA). *Revista de la Facultad de Medicina*, *65*(1), 7-20. https://doi.org/10.22201/fm.24484865e.2022.65.1.02

Cuevas-Gordo, D (2016). *Trastorno del Espectro Autista: Trabajo Social y Recursos En La Ciudad de Valladolid* [Trabajo de pregrado, Universidad de Valladolid]. Archivo digital. https://uvadoc.uva.es/bitstream/handle/10324/19446/TFG-G1861.pdf;jsessionid=19F897CAE024D69E1E50931683D99DAE?sequence=1

Dababnah, S., Parish, S. L., Brown, L. T., & Hooper, S. R. (2011). Early screening for autism spectrum disorders: A primer for social work practice. *Children and Youth Services Review, 33*(2), 265-273. https://ideas.repec.org/a/eee/cysrev/v33y2011i2p265-273.html

Del Valle, M., García-Pérez, A., y Losada del Pozo, R. (2022). Trastornos del espectro del autismo. *Asociación española de pediatría, 1,* 75-83. https://www.aeped.es/sites/default/files/documentos/08.pdf

Estatista. (2022). *Número de niños con trastorno del espectro autista por cada 10.000 en países seleccionados del mundo en 2022.* https://es.statista.com/estadisticas/1225748/prevalencia-del-autismo-en-ninos-en-paises-seleccionados-del-mundo/

General Council of Social Work. (2012) *Code of Ethics of Social Work.* General Council of Social Work.

González-Casado, F., Martínez-Lorca, M., Criado-Álvarez, J. J., Romo, R. A., y Martínez-Lorca, A. (2024). Análisis del impacto emocional en familias con hijos/as con un diagnóstico de discapacidad. *Revista Española de Discapacidad (REDIS), 11*(2), 135-148. https://www.cedid.es/redis/index.php/redis/article/view/956

González-Pérez, C. (2020). *Trabajo Social con personas con Trastorno del Espectro Autista y sus familias* [Trabajo de pregrado. Universidad de Jaén]. Archivo digital. https://crea.ujaen.es/handle/10953.1/13169

Gutiérrez-Capulín, R., Diaz-Otero, K. Y., y Román-Reyes, R, P. (2016). El concepto de familia en México: una revisión desde la mirada antropológica y demográfica. *Ciencia ergo sum, 23*(3), 01-17. https://cienciaergosum.uaemex.mx/article/view/7364

Instituto Nacional de Estadística y Geografía [INEGI]. (2021). *Estadísticas a propósito del día internacional de las personas con discapacidad (datos nacionales).*

https://www.inegi.org.mx/contenidos/saladeprensa/aproposito/2021/EAP_PersDiscap21.pdf

Lavado-Candelario, S., y Muñoz-Silva, A. (2023). Impacto en la familia del diagnóstico de Trastorno del espectro del autismo (TEA) en un hijo: una revisión sistemática. *Análisis y modificación de conducta, 49*(180), 3-53. https://doi.org/10.33776/amc.v49i180.7652

Lord, C., Elsabbagh, M., Baird, G., & Veenstra-Vanderweele, J. (2018). Autism spectrum disorder. *The lancet, 392*(10146), 508-520. https://doi.org/10.1016/S0140-6736(18)31129-2

Lord, C., Rutter, M., DiLavore, P., Risi, S., Gotham, K. B., Luyster, R., y Guthrie, W. (2015). *ADOS-2. Escala de observación para el Diagnóstico del Autismo - 2. Manual (parte 1): modulos 1-4.* (T. Luque, Trad.). Tea ediciones.

Martins-De Sousa, J. y Ramallo-Verissimo, M. (2015). Desarrollo infantil: análisis de un nuevo concepto. *Revista. Latino-America. Enfermagem, 23*(6). 1097-1104. https://doi.org/10.1590/0104-1169.0462.2654

Medina-Alva, M., Caro-Kanh, I., Muñoz-Huerta, P., Leyva-Sanchéz, J., Moreno-Calixto, J., y Vega-Sánchez, S, M. (2015). Neurodesarrollo infantil: características normales y signos de alarma en el niño menor de cinco años. *Revista Peruana de Medicina Experimental y Salud Publica*, 32(3), 565-573. https://rpmesp.ins.gob.pe/index.php/rpmesp/article/view/1693

Mira, Á., Berenguer, C., Baixauli, I., Roselló, B., y Miranda, A. (2019). Contexto familiar de niños con autismo: implicaciones en el desarrollo social y emocional. *Medicina (Buenos Aires), 79*(1), 22-26. https://www.medicinabuenosaires.com/revistas/vol79-19/s1/Pags.22-26Mira.pdf

Pérez-Murcia, N. (2015). *Trabajo Social con personas con trastorno del espectro autista* [Undergraduate Work, Universidad de La Laguna]. Digital archive. https://riull.ull.es/xmlui/bitstream/handle/915/1180/TRABAJO%20SOCIAL%20CON%20PERSONAS%20CON%20TRASTORNO%20DEL%20ESPECTRO%20AUTISTA.pdf;sequence=1

Sánchez-Raya, M. A., Martínez-Gual, E., Moriana-Elvira, J. A., Luque-Salas, B., y Alós-Cívico, F. (2015). La atención temprana en los trastornos del espectro autista (TEA). *Psicología educativa, 21*(1), 55-63. https://doi.org/10.1016/j.pse.2014.04.001

Santiago-Fernández, F. (2018). Intervención social con niñas y niños diagnosticados con el Trastorno del Espectro Autista y sus familias. *Voces Desde El Trabajo Social, 6*(1), 202-223. https://doi.org/10.31919/voces.v6i1.129

Santiago-Fernández, F. (2019). *El Trabajo Social y el Autismo (TEA). Un enfoque en la Familia.* Lulu.com

Soriano-Valdemoros, R. M. (2015). *Trabajo Social y Autismo: enfoque del Trabajo Social en la asociación riojana para el autismo* [Tesis de pregrado, Universidad de la Rioja]. Archivo digital. https://docplayer.es/23296719-Trabajo-fin-de-grado-trabajo-social-y-autismo-enfoque-del-trabajo-social-en-la-asociacion-riojana-para-el-autismo.html

Teletón. (2024, 26 de marzo). Panorama del autismo en México y el mundo. *Capacidad sin límites.* https://teleton.org/panorama-del-autismo-en-mexico-y-el-mundo/

United Nations. (2024). *World Autism Awareness Day 2024.* https://www.un.org/es/observances/autism-day

Velarde-Inchaustegui, M., Ignacio-Espiritu, M. E., y Cárdenas-Soza, A. (2021). Diagnóstico de Trastorno del Espectro Autista-TEA, adaptándonos a la nueva realidad, Telesalud. *Revista de Neuro-Psiquiatría, 84*(3), 175-182. http://dx.doi.org/10.20453/rnp.v84i3.4034

World Health Organization [WHO]. (2023). *Autismo*. https://www.who.int/es/news-room/fact-sheets/detail/autism-spectrum-disorders

Yo también (2021, 7 abril). *El Trastorno del Espectro Autista en cifras y datos.* https://www.yotambien.mx/actualidad/el-trastorno-del-espectro-autista-en-cifras-y-datos