



Autism: Choosing a treatment

by Dr Avril Brereton

What is currently known about best practice when it comes to treatment options for young children with autism?

How can we judge whether a suggested treatment is worthwhile?

These questions are often asked by parents/carers of young children with autism and also by those professionals who work with them. As yet there is no aetiology-based intervention for Autism. By that I mean that we do not know what causes autism and to date there is no specific treatment that can cure it. Francis (2005) recently stated that as there is:

"...no cure for autism at present, the word "treatment" should only be used in a very limited sense, reflecting interventions aimed at helping people with ASD to adjust more effectively to their environment."

Despite this parents and professionals need to make informed decisions about treatment options for children but it can be difficult to ascertain whether a treatment that is being considered for a particular child is known to be effective.

The field of autism has been plagued by differences of opinion and controversies over treatment methods (CMHO, 2003). Many widely promoted new approaches have no empirical support and therefore it is difficult for parents and practitioners to critically evaluate information about treatments. Not all information sources are credible, and indeed, some new treatments may be unhelpful or in fact be harmful. Parents and professionals need to learn to ask pertinent questions and think critically about autism treatments.

Are there any guidelines to help choose a specific treatment?

Freeman (1997) recommended that parents/carers ask the following questions before choosing a specific treatment:

- Will the treatment result in harm to my child? (physical or psychological harm)
- Is the treatment developmentally appropriate for my child?
- How will failure of the treatment affect my child and family?
- Has the treatment been validated scientifically?
- How will the treatment be integrated in to my child's current program? (p 649)

The United States National Institute of Mental Health suggests this list of questions parents can ask when planning for their child:

- How successful has the program been for other children?
- How many children have gone on to placement in a regular school and how have they performed?
- Do staff members have training and experience in working with children and adolescents with autism?
- How are activities planned and organized?
- Are there predictable daily schedules and routines?
- How much individual attention will my child receive?
- How is progress measured? Will my child's behavior be closely observed and recorded?
- Will my child be given tasks and rewards that are personally motivating?
- Is the environment designed to minimize distractions?
- Will the program prepare me to continue the therapy at home?
- What is the cost, time commitment, and location of the program?

Some points to remember about treatment

- Beware of treatments that promise “cure”.
- Beware of treatments that are said to work for **all** children with autism.
- Detailed assessments and behaviour, language, cognitive and social skills baselines must be completed before any treatment programme can begin so that change can be documented and measured.

- Intervention must be sensitive to the development level and skills of each child with autism if it is to be effective. For example, the use of signing is not indicated if the child is unable to imitate or follow visual cues.
- “Do not become so infatuated with a given treatment that functional curriculum, vocational life and social skills are ignored” (Freeman, 1997, p 649).

Given our current state of knowledge, there is not only one way to manage/teach a child with autism. A multi-modal approach to treatment is more likely to promote development, improve behaviour and reduce stress experienced by the child and family. The efficacy of behavioural, educational, communication and social skills building interventions and their cost effectiveness often lack solid data. There is a need for rigorous studies following evidence-based recommendations in order to help parents and professionals to decide which approach will be more effective at meeting their child’s needs (Jordan et al, 1998; NAS National Autism Plan for Children, 2003). Treatment studies therefore remain a priority for research.

References

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