Autism Treatments, Therapies, and Interventions

By Sheldon Reid



Understanding autism treatment options

Finding out that your child has autism spectrum disorder (ASD) can be a shock. You might feel upset and even fearful about their future. But it's important to remember that every child has their own strengths and weaknesses—and a child with autism is no exception.

There are many treatments that can help children with ASD acquire new skills and overcome a variety of developmental challenges. These treatments don't aim to cure ASD. Instead, they help improve your child's ability to socialize and play, function academically, and move through everyday life with adaptive skills.

Not every ASD treatment approach is effective for every child, though. It may take some time to tailor the treatment options to your child's specific needs. But a little patience and persistence can make a big difference in your child's life. Learning about the many treatments available can help you start to identify which approaches are best for your child and ensure they develop to their full potential.

Types of autism treatment available

When it comes to early autism treatment options, there are a dizzying variety of therapies and approaches. Some autism therapies focus on reducing problematic behaviors and building communication and social skills, while others deal with sensory integration problems, motor skills, emotional issues, and food sensitivities.

With so many choices, it is extremely important to do your research, talk to autism treatment experts, and ask questions. But keep in mind that you don't have to choose just one type of therapy. The goal of autism treatment should be to treat your child's unique array of symptoms and needs. This often requires a combined treatment approach that incorporates several different types of therapy.

[Read: Helping Your Child with Autism Thrive]

Common autism treatments include behavior therapy, speech-language therapy, playbased therapy, physical therapy, occupational therapy, and nutritional therapy. But keep in mind that the routine is important and the program should be designed in a way that can be sustained. You should think about what skills and behaviors are most essential and treat those first. It may not be possible to tackle everything at once.

Behavior therapy

Behavior therapy is a commonly used ASD treatment that aims to encourage desired behaviors and reduce unwanted behaviors. Most behavior therapies follow techniques set out by applied behavior analysis (ABA). ABA aims to help a child with ASD understand the connection between behaviors and consequences.

In ABA-based therapy, attempts at desired behavior are positively reinforced. For example, a therapist might offer praise when a child tries to politely ask for help. Because a reward follows the behavior, the child is more likely to repeat the action. On the other hand, if the child has an angry outburst, no reward is given.

ABA is an evidence-based approach. It's also highly adaptable, so it can meet the needs of each child. Studies show that long-term, intensive therapy can improve a child's life skills, intellectual abilities, and social skills.

Early Start Denver Model (ESDM)

ESDM is an approach that works best for 12- to 48-month-olds and follows the practices of ABA. The sessions revolve around natural play and joint activities with therapists and parents. Singing could be used to encourage a child with ASD to vocalize, or a mimicry game could be used to teach the child to identify body parts. ESDM focuses on creating positive social interactions, enhancing communication and cognitive skills in the process.

It's important for you to be involved in your child's ESDM sessions. Fortunately, the sessions are flexible enough to take place at a clinic or in your own home. A therapist can guide you through what you need to know. Studies, including brain scan research, suggest that ESDM improves language and communication skills as well as adaptive behavior.

Pivotal Response Treatment (PRT)

PRT is another play-based approach that follows ABA practices. Rather than honing in on specific behaviors, PRT focuses on broader areas, including motivation, self-management, response to multiple cues, and initiation of social interactions. By focusing on these pivotal areas, PRT helps children make broad improvements with social skills and communication.

During a session, a therapist might put the child's favorite food or toy within view but out of reach. A situation like this encourages the child to speak up and ask for the item.

PRT has been studied since the 1970s, and it's been used in both one-on-one and group sessions. Studies suggest that it can be effective at building communication skills in children.

Discrete Trial Training (DTT)

DTT is an ABA-based approach that is more structured than PRT. A skill is broken down into smaller pieces. When teaching a child with ASD to write their name, a DTT approach might break the process down letter by letter. And forming each letter might be broken down into a stroke-by-stroke process. As the child advances through each step, they receive positive reinforcement.

DTT is effective in teaching skills to children with ASD, and has been used since the 1970s. This type of training doesn't involve as much natural play as ESDM or PRT.

The three types of ABA-based therapies aren't your only options. As you consider ASD treatment options, you'll come across approaches such as positive behavioral support (PBS) and early intensive behavioral intervention (EIBI) as well.

Speech-language therapy

If your child struggles with communication, speech-language therapy can help them improve their verbal and nonverbal skills. To improve verbal skills, a speech-language therapist may guide your child through exercises that involve describing feelings and identifying items and people. Other exercises improve the child's speech rhythm, sentence structure, and vocabulary. For example, during an exercise your child might be instructed to clap as they speak to bring attention to syllable count and pace.

When it comes to nonverbal communication skills, a speech-language therapist can teach your child about sign language, hand signals, or communication through pictures. Other nonverbal cues, such as making eye contact, can also be improved through speech-language therapy.

Physical therapy and occupational therapy

Some children with ASD experience difficulties with controlling physical actions. For example, they may have an unusual gait or trouble with handwriting. Physical therapy can build your child's motor skills. A focus on posture, coordination, balance, and muscle control can improve a child's social life and sense of well-being.

Occupational therapy helps children with autism build everyday skills that are useful at school or around the home, such as feeding, grooming, and dressing themselves. Similar to physical therapy, occupational therapy can enhance motor skills.

Sessions focus on an individual's unique needs, so your child may also learn to use assistive devices to adapt to situations and complete tasks. Examples of such devices include a speech-to-text app for a child who struggles with handwriting and a dry-erase board for a child who has difficulty with verbal communication.

Nutritional therapy

Some children with autism struggle with digestive issues as well as bone density issues. On top of that, some children may show an aversion to specific flavors or textures, such as the soft squishiness of tomatoes or the lumpy texture of oatmeal. So, while meeting their nutritional needs is vital, it can also be a tricky endeavor.

[Read: Healthy Food for Kids]

If your child is a picky eater, nutritional therapy can help ensure they're still following a healthy diet. A nutrition specialist can work with you and your child to create a meal plan that caters to their specific needs and preferences.

You can also take some steps at home to improve your child's eating habits.

Consider your child's favorite foods. Try offering them foods with similar tastes or textures. If they like French fries, for example, serve them a side of sweet potato fries for more variety.

Serve new dishes alongside current favorites. This allows you to add new ingredients while at the same time keeping some familiarity. Keep the portions small until your child actually shows a liking for the new food.

Give your child a sense of control by allowing them to select from several new food options. A possible lineup might include broccoli, asparagus, or green beans.

Cognitive behavior therapy

Cognitive behavior therapy (CBT) can help children with ASD understand how thoughts influence behavior. A therapist shows the child how to recognize, reevaluate, and regulate emotions, such as anxiety. This type of therapy is useful for teaching children how to cope with difficult social situations and other challenges in life.

Like other autism treatment options, CBT sessions are personalized to meet the child's needs. The approach may even be useful in addressing sleep issues, although more

Treatments for medical conditions that often accompany autism

Certain medical conditions tend to accompany autism. Here are few examples of common conditions and possible treatments.

Aggression. Some children with autism use aggressive behavior, such as yelling or hitting, to communicate distress. To manage this issue, you'll first need to understand what your child is trying to tell you. Maybe certain situations or stimuli, such as noises, cause them discomfort. Behavior therapy practices can help them develop more positive ways to express their needs.

Anxiety. Children with ASD may struggle with high anxiety or disorders such as obsessive compulsive disorder (OCD). Anxiety can contribute to difficulty socializing or negative behaviors such as outbursts. However, there are various ways to manage anxiety. One helpful strategy may include teaching your child to identify anxious feelings. Gradually exposing them to the source of the anxiety in a safe environment may also help.

[Read: Anxiety Disorders and Anxiety Attacks]

Sleep disorders. Restlessness and other sleep disturbances can prevent children with ASD from getting enough sleep at night. Lack of sleep can have a negative effect on concentration and mood. So, it's important to develop good sleep hygiene practices, such as establishing a calming routine before bed.

Attention deficit hyperactivity disorder (ADHD). ADHD in children with ASD may involve impulsive behavior or inattentiveness, which can affect performance in school or during social situations. Strategies such as encouraging healthy sleep and exercise practices can help improve concentration.

Gastrointestinal (GI) issues. Children with ASD often deal with GI symptoms, including constipation, bloating, and abdominal pain. Some research suggests that GI symptoms may cause other issues on this list, such as aggression and sleep disturbances. A few ways to treat your child's GI problems include minimizing stress, encouraging physical activity, increasing fiber and water intake, and keeping track of which foods seem to cause discomfort.

Getting the most out of treatment

Although professional therapists will guide your child through treatments, you still have an important role to play as a parent. As you explore treatment options for your child, you can take these additional steps to ensure the sessions are as effective as possible.

Start early

Early intervention can increase the effectiveness of treatments. You don't necessarily have to wait for an official diagnosis before you begin to consider treatment options or even employ some basic strategies at home. Once your child has an official diagnosis and therapy options are available, don't hesitate to start treatment.

Try multiple treatments at the same time

Not every treatment you try will prove effective for your child. However, you can try multiple treatments at once and look for signs of improvement. Each treatment you rule out gets you one step closer to determining what works. Treatments such as nutritional therapy and speech-language therapy can overlap without causing harm.

Follow through with treatments at home

In some cases, a therapist will guide you through activities that you and your child can complete at home. For example, you might be able to apply play-based activities from PRT

and ESDM at home. This is important for several reasons:

- 1. It gives you more time to interact with and learn more about your child.
- 2. Home treatments can also help build on skills learned during clinic visits.
- 3. They can help empower you as a parent.

Establish a consistent schedule

As you explore treatment options, be mindful of your child's comfort level. Children with ASD tend to thrive when following a consistent schedule. Whenever possible, stick to a routine that incorporates therapy sessions and let your child know when the schedule may change.

Recognize your child's strengths

Keep an eye out for areas in which your child excels. They may have a knack for music, for example, or have an uncanny eye for detail. Play to their strengths and preferences.

By finding ways to incorporate their strengths into rewards and ASD treatment at home, you can also help keep them engaged. And always remember that whatever obstacles your child may be facing, they have plenty of room to grow.

Hotlines and support

In the U.S. Call the Autism Society National Helpline at 1-800-328-

8476.

UK Call the Child Autism UK helpline at 01344 882248 or find

help and support at The National Autistic Society.

Australia Call the Early Intervention helpdesk in Perth at 1800 778

581 or Get support for your child from NDIS.

Canada Call the Autism Canada Family Support Representative at

1-800-983-1795.

New Zealand Find helplines and support in your area at Autism New

Zealand.

More Information

References

- 1. Neurodevelopmental Disorders. (2013). In Diagnostic and Statistical Manual of Mental Disorders. American Psychiatric Association.
- 2. Linstead, E., Dixon, D. R., Hong, E., Burns, C. O., French, R., Novack, M. N., & Granpeesheh, D. (2017). An evaluation of the effects of intensity and duration on outcomes across treatment domains for children with autism spectrum disorder. Translational Psychiatry, 7(9), e1234.
- 3. Gengoux, G. W., Abrams, D. A., Schuck, R., Millan, M. E., Libove, R., Ardel, C. M., Phillips, J. M., Fox, M., Frazier, T. W., & Hardan, A. Y. (2019). A Pivotal Response Treatment Package for Children With Autism Spectrum Disorder: An RCT. Pediatrics, 144(3), e20190178.
- 4. McCrae, C. S., Chan, W. S., Curtis, A. F., Deroche, C. B., Munoz, M., Takamatsu, S., Muckerman, J. E., Takahashi, N., McCann, D., McGovney, K., Sahota, P., & Mazurek, M. O. (2020). Cognitive behavioral treatment of insomnia

- in school-aged children with autism spectrum disorder: A pilot feasibility study. Autism Research: Official Journal of the International Society for Autism Research, 13(1), 167–176.
- 5. Restrepo, B., Angkustsiri, K., Taylor, S. L., Rogers, S. J., Cabral, J., Heath, B., Hechtman, A., Solomon, M., Ashwood, P., Amaral, D. G., & Nordahl, C. W. (2020). Developmental–behavioral profiles in children with autism spectrum disorder and co-occurring gastrointestinal symptoms. Autism Research, 13(10), 1778–1789.
- 6. Smith, T. (2001). Discrete Trial Training in the Treatment of Autism. Focus on Autism and Other Developmental Disabilities, 16(2), 86–92.
- 7. Dawson, G., Jones, E. J. H., Merkle, K., Venema, K., Lowy, R., Faja, S., Kamara, D., Murias, M., Greenson, J., Winter, J., Smith, M., Rogers, S. J., & Webb, S. J. (2012). Early behavioral intervention is associated with normalized brain activity in young children with autism. Journal of the American Academy of Child and Adolescent Psychiatry, 51(11), 1150–1159.
- 8. Lei, J., & Ventola, P. (2017). Pivotal response treatment for autism spectrum disorder: Current perspectives. Neuropsychiatric Disease and Treatment, 13, 1613–1626.
- 9. Dawson, G., Rogers, S., Munson, J., Smith, M., Winter, J., Greenson, J., Donaldson, A., & Varley, J. (2010). Randomized, controlled trial of an intervention for toddlers with autism: The Early Start Denver Model. Pediatrics, 125(1), e17-23.
- Geiger, K. B., Carr, J. E., LeBlanc, L. A., Hanney, N. M., Polick, A. S., & Heinicke, M. R. (2012). Teaching Receptive Discriminations to Children With Autism: A Comparison of Traditional and Embedded Discrete Trial Teaching. Behavior Analysis in Practice, 5(2), 49–59.