

Give a critical
appraisal of the broad
range of therapies
used to help children
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Give a critical appraisal of the broad range of therapies used to help children who have been diagnosed on the autistic spectrum. Outline any steps that you think might improve the effectiveness of one such therapy.

Introduction Autism spectrum disorders have genetic, neurological and environmental elements so that the nature and extent of interaction between these elements leads to varying symptoms (Powers et al.

, 2008). Autism spectrum disorders manifest in children in three areas of general difficulty. The first area is social interaction. Diagnosis of autism is through the manifestation of qualitative difficulty in socializing with other children or adults in terms of responses and other forms of interaction.

Specific behavior could include avoidance of social interaction or excessive interactivity. The second area is communication.

Qualitative difficulties in oral and indirect communications are symptoms of autism. The mode of communication could be inability to use words and gestures or odd and inappropriate use of words and gestures. The third area is behavior in social and non-social contexts. In particular, behavior could be repetition of a daily schedule or restricted interest in a limited range of activities. These difficulties could occur and co-occur in different degrees resulting to different social interaction, communication and behavioral manifestations falling under a spectrum. Forming part of autism spectrum disorders include classic autism, high-functioning autism, Asperger's disorder, Kanner's syndrome, and Rett's disorder.

(Matson & Minshawi, 2006) As a condition with multiple components manifesting in three general areas of difficulty, this implies two things. One is the need for a holistic or integrative intervention addressing the genetic, neurological and environmental factors. The other is individualistic intervention since symptoms vary in different children. The initial identification of autism was in 1943 (Powers, 2008), which means that understanding of this condition and the development of appropriate and effective interventions is a continuing process.

Appraisal of Therapies for Children Diagnosed on the Autistic Spectrum Therapies for children diagnosed with autism spectrum disorders are diverse or wide-ranging with specific interventions targeting a particular aspect of the condition. The perspectives towards treatment distinguish the various therapies. Impact or outcomes also distinguish the therapies. It is important to evaluate the different treatments to determine effectiveness to support decisions on the selection of treatments and treatment combinations that fit the needs of individual children diagnosed on the autism spectrum.

One way of looking at the treatments is through the commencement of the intervention or treatment relative to the onset or diagnosis of autism spectrum disorder. Two classifications of treatment exist. One is early intervention or treatments applied during the stage of development of children.

This implies early diagnosis resulting to immediate treatment. The purpose of early intervention is to develop behavioral skills to support the ability of

children to cope up with their social environment as they grow up. Another purpose is to offset already observable unwanted behavior or prevent the development of unwanted behavior. In effect, the treatments should prevent the worsening of the manifestations of the condition as well as even reverse the condition. The early intervention or treatments range from psychosocial therapies that involve skills development in communication and interaction in the classroom setting and out-of-school therapy sessions. These early intervention treatments followed the development model, which advocates for treatment during the development or younger years of children, between the ages of 2 to 3 years old, to achieve better results. During this age, behavioral symptoms of autism spectrum disorders are already apparent.

Through intervention at this early stage, the prevention of the development of unwanted behavior and the acquisition of coping skills are more likely to carry over as they grow. (Bryson, Rogers & Fombonne, 2003) However, the problem with early intervention is early diagnosis. Most of the children diagnosed on the autism spectrum are already 4 years old or older. Although parents observed certain behaviors that would cause their concern, there is lack of recognition and understanding of these as symptoms of autism spectrum disorders.

It is also during the persistence of such behavior or the worsening of unwanted behavior that parents seek professional help. Furthermore, parents usually pass through several therapists before a diagnosis on the autism spectrum. By then, children have undergone several treatments

intended for other conditions resulting to treatment fatigue or worsening of the condition. There are already standard diagnostic tools available such as the Autism Diagnostic Observation Schedule-Generic and the Autism Diagnostic Interview-Revised to help practitioners in diagnosing this condition but awareness and use varies. (Bryson et al., 2003)As such, interventions after the early development stages also developed.

The purpose of the treatments are directed more towards targeting already emerged unwanted behavior and the development of behavioral skills, particularly in coping up with the classroom setting. The majority perspective since the 1980s is integration of children diagnosed with autism spectrum disorders in the ordinary school setting, whether completely or partially but more so for the former option. The range of treatments for children included behavioral and pharmacological interventions. Behavioral treatments include the building of social skills through peer-to-peer interactions and communication skills building integrated into the learning module and teaching method. These treatments target different behaviors or problems and have varying results for individual children.

Pharmacological treatments include atypical neuroleptics and atypical antipsychotics. Due to the side effects of drugs and the risks in the ingestion of drugs by children, these treatments are considered as last resort and rarely prescribed for children below five years of age. (Matson & Minshawi, 2006)Another way of looking at the treatments for autism spectrum disorders is based on the evidence of effectiveness of the different kinds of

treatments. Treatments could be classified into those with scientific support for practice, promising therapies, therapy with limited support for practice, and therapy lacking support for practice.

Scientifically proven treatments are the treatments that have been subject to rigorous research and repeated testing in empirical settings and likely to yield positive results for individual children. Treatment lacking scientific support are those that have emerged but with no substantial support from scientific empirical studies. These may work in certain individuals but this is without evidentiary support from empirical studies. (Simpson et al. 2005)

The state of evidence of use and effectiveness in practice are important considerations in determining the appropriate treatment for individual cases of children diagnosed on the autism spectrum. There are two general categories of treatments.

One is behavioral and developmental treatments and the other is pharmacological and neurological treatments. However, for purposes of better appraisal of treatments, behavioral and developmental treatments are further broken down into treatments targeting interpersonal relations, skills development, and cognitive treatment. Other treatments that do not fall within these categories fall under other treatments. The appraisal considers specific treatments falling under each category. Interpersonal relationship treatments refer to interventions based on the premise that children with autism spectrum disorders manifest behaviors as response to the lack of parental care during the development years.

The lack of interpersonal-affective relatedness manifests in behaviors such as limited socialization and inability for proper emotional expression. Specific interpersonal relationship treatments include 1) holding therapy, 2) gentle teaching, 3) option method (son-rise program), 4) developmental, individual difference, relationship-based therapy (floor time program), 5) play therapy, 6) animal therapy, and 7) relationship development intervention. These constitute different activities intended to address the lack of interpersonal affective relatedness of children because of the inability to experience parental affection and care. (Simpson et al. 2005; Matson, 2009) Of these seven interpersonal relationship interventions, none achieved scientific support for practice. This means that although practitioners may apply these therapies, these have not been subjected to rigorous scientific research in the empirical setting. In addition, these therapies received varying degrees of attention in research.

Play therapy comprises a promising therapy because of the wide use of this intervention by many practitioners. There are also a number of studies indicating that the children diagnosed on the autism spectrum developed interpersonal skills through play. Gentle teaching, option method, floor time therapy, animal therapy, and relationship development intervention are used in varying degrees and the limited studies on these treatments showed varying results when applied to children, with some studies indicating positive results while others showing inconclusive outcomes. (Filipek, Steinberg-Epstein & Book, 2006; Ospina et al., 2008) Holding therapy lacks scientific support because there is either no scientific empirical studies

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focusing on the application and effectiveness of this treatment in children diagnosed with autism spectrum disorder or results show lack of impact (Simpson et al., 2005). As such, play therapy comprise a treatment that may likely work for children diagnosed with autism spectrum disorders but other treatments could also work depending on the specific behavior manifested by individual children and the manner of application by practitioners.

Skills development treatments are common interventions in the educational or learning setting. When compared to the interpersonal relationship treatments, skills development treatments focus on developing, maintaining and supporting the functional manifestation of particular skills instead of fostering relatedness. Skills development treatments work by evaluating performance in the areas of need of children diagnosed with autism spectrum disorder before implementing treatments directly targeting these areas of need. The specific skills development treatments are 1) picture exchange communication system, 2) incidental teaching method, 3) facilitated communication, 4) augmentative and alternative communication, 5) assistive technology, 6) Van Dijk curricular approach, 7) applied behavior analysis, 8) discrete trial teaching, 9) joint action routines, 10) Fast ForWord, 11) pivotal response training, and 12) structured teaching. These treatments target verbal and non-verbal communication from the perspective of learning and skills development strategies from the perspective of teaching. Skills development treatments provide stimulus for self-learning of skills and assisted skills development. (Simpson et al. 2005; Matson, 2009)Of these skills development treatments, applied behavioral analysis, discrete trial

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teaching, and pivotal response training have been covered by rigorous or repetitive research showing positive results when applied to children diagnosed with autism spectrum disorders in the educational setting as well as widespread use by practitioners or therapists.

These skills development treatments are likely to be effective in individual cases. Assistive technology, augmentative alternative communication, incidental teaching, joint action routines, picture exchange communication system, and structured teaching are promising therapies since a number of practitioners uses these and some studies also indicate positive results in children diagnosed on the autism spectrum. Nevertheless, more repetitive studies are needed to establish effectiveness based on scientific evidence. Fast ForWord and Van Dijk curricular approach have limited scientific support for practice because studies show varying effectiveness when applied to children with autisms spectrum disorders. Facilitated communication is a scarcely used treatment and studies have not supported effectiveness in children diagnosed on the autism spectrum. (Filipek et al., 2006; Ospina et al., 2008) Only the three skills development treatments are likely to be effective therapies for children with autism spectrum disorders implemented in the classroom or teaching setting.

Cognitive treatments focus on assisting, teaching and training children diagnosed on the autism spectrum to monitor and control their individual behaviors as a means of ensuring and reinforcing appropriate responses from them and to help them manage their own behavior. When compared to

interpersonal relationship and skills development interventions, cognitive therapies shifts control to the individual undergoing treatment. This works best for older children as compared to children in the development stage because cognitive treatment requires the capability of children to discern and practice control. The specific types of cognitive treatments are 1) cognitive behavioral modification, 2) cognitive learning strategies, 3) cognitive scripts, 4) social stories, 5) power cards, 6) cartooning, 7) social decision-making treatment, and 8) learning experiences alternative program. These treatments comprise activities for self-realization and learning. (Simpson et al. 2005; Matson, 2009)Of these treatments, widespread use and rigorous studies have been made on learning experiences alternative program in the classroom setting.

Cognitive behavioral modification, cognitive learning strategies, social decision-making strategies, and social stories comprise promising treatments because of widespread use and some studies indicating effective outcomes. Cartooning, cognitive scripts and power cards have been used in practice but evidence from studies indicates positive outcomes as well as lack of impact. The difficulty with cognitive treatments include the challenge of setting standards and measures of determining impact for individual children diagnosed on the autism spectrum as well as the general challenge of achieving impact in the case of children, especially younger children. (Filipek et al., 2006; Ospina et al.

, 2008) Nevertheless, the learning experiences alternative program would likely yield positive results when applied to the case of individual children. Pharmacological and neurological treatments target biological or physiological components of autism spectrum disorders. When compared to the interpersonal relationship, skills development and cognitive therapies that focus on behavior and development as manifestations of the condition, the pharmacological and neurological treatments address the cause of the condition. The particular treatments under this category are 1) scotopic sensitivity syndrome, 2) sensory integration, 3) auditory integration training, 4) megavitamin therapy, and 5) pharmacology. The expected outcome is on the physiological functioning of children diagnosed on the autism spectrum.

(Simpson et al. 2005; Matson, 2009)Of these specific treatments, sensory integration and pharmacology are promising treatments because of widespread use and a number of studies showing impact on children with autism spectrum disorders. However, there remains room for further research especially to establish the extent and manner that sensory integration treatment works in improving the effective processing of sensory stimulus and to address the side effects of drugs. Moreover, there is consensus over the status of pharmacology as a secondary treatment or treatment in serious cases. Scotopic sensitivity syndrome, auditory integration training, and megavitamin therapy have limited scientific empirical support. Although these have been applied, studies were unable to establish definite effectiveness as treatment for children diagnosed on the autism spectrum. (Levy & Hyman, 2005; Simpson et al.

2005) Other therapies refer to the range of recently emerged interventions that do not fall under any of the categories. These therapies address the new discoveries of the possible cause of autism syndrome disorders and new activities to stimulate behavioral management or change. The particular treatments include 1) art therapy, 2) music therapy, 3) vaccination, 4) treating candida yeast as cause of the condition, and 5) diet therapy to address gluten/casein intolerance as a cause of the condition. (Simpson et al. 2005; Matson, 2009) All these therapies have limited support from practice-based scientific evidence. This is not surprising because as newly emerged therapies, these have not been widely practiced or researched (Wigram & Gold, 2006). Nevertheless, these could work in certain cases depending on the specific diagnosed condition and needs of individual children. While the wide range of interventions under the five categories holds varying effectiveness, there is also need to focus on the integration of specific treatments to provide comprehensive treatments according to the needs of individual children.

Although, the components of comprehensive treatment varies for individual children, there is need to develop and establish comprehensive treatment as an approach or model of intervention for children diagnosed on the autism spectrum. Comprehensive treatment refers to the selection and integration of different specific treatments from interpersonal relationship, skills development, cognitive, pharmacological and neurological, and other therapies based on the diagnosed causality and needs of individual children. The components of information dissemination, awareness building, and

family support are also important considerations in a comprehensive treatment. This finds basis on the recognition that the scope of the role of practitioners or therapists also encompass the broader role of building general and professional awareness of developments in emerging treatments as well as supporting the family of children to ensure results that are more effective. (Myers & Johnson, 2007) Steps to improve comprehensive treatment include inter-disciplinary coordination to facilitate the partnership between therapists and educators in improving diagnosis. Information dissemination at the community level would also ensure early diagnosis with parents seeking professional help early on. In addition, continuous learning and training on the part of therapists and educators is also important to improve accurate individual diagnosis and support the identification and integration of the appropriate treatments that target individual needs. Furthermore, practice-based or empirical studies are necessary for many of the specific treatments.

Practice-based research not only determines the effectiveness of treatments but also provide insight into strategies for implementation. (Patel & Curtis, 2007)Conclusion Autism spectrum disorders have genetic, neurological and environmental elements expressed through difficulties in social interaction, communication and behavior. The dynamics of these elements manifest through varying degrees of difficulty in social interaction, communication and behavior. As such, various treatments emerged based on different perspectives of the condition.

The different treatments fall under the categories that emerged from these perspectives. One categorization of treatments is according to the onset of treatment relative to the diagnosis. The classification of treatment is either early development treatment or treatment for children beyond the development stage. The purpose of early development treatment is to arrest or prevent the worsening of the condition by targeting coping skills early on. The purpose of treatment beyond the early development stage is to address unwanted behavior and build coping skills. Interventions during the early development stages are preferred but this pose challenges in early diagnosis. The other categorization of treatments is according to purpose and targeted outcomes. There are five categories, which are interpersonal relationship, skills development, cognitive, pharmacological and neurological, and other therapies.

Under these categories are a number of specific treatments. These treatments target a particular problem area or area of need of children diagnosed on the autism spectrum. The evaluation of the effectiveness of these therapies was through the consideration of practice-based research evidence. The effectiveness of the specific treatments differed with some having scientific support from practice evidence while some treatments have inconclusive support or lack evidentiary support. This means the need for continuous research on these treatments. In addition to research on the application of these specific treatments, a treatment approach for improvement is comprehensive treatment that considers individual needs.

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