

Treatment Options for Children Diagnosed with Autism: Making sense of all your options

The National Standards Report is the most comprehensive and rigorous analysis available to date about treatments for children and adolescents with Autism Spectrum Disorder (ASD). Its purpose is to determine how effective different treatments (“interventions”) are for children and help parents, caregivers and educators determine which treatments to implement on children with ASD based on evidence of effectiveness.

When the NAC investigated interventions, their effectiveness was rated as either “Established”, “Emerging”, “Un-Established” or “Ineffective and/or Harmful”. An Established treatment means that the treatment was effective and there was sufficient evidence to confidently determine that the treatment lead to beneficial outcomes. An Emerging treatment means that the treatment could potentially be effective as one or more studies documenting their effectiveness, but it was indicates that more studies were needed. An Un-Established treatment means that there is little or no evidence to draw clear conclusions about the treatment’s effectiveness. More research needs to be done to show whether the treatment is helpful or harmful. An Ineffective or Harmful treatment should obviously be avoided.

Presented below is an overview of the interventions that were found to be Established, Emerging and Un-Established. No programs were found to be entirely ineffective or harmful.

Established Treatments	Treatment Description
Antecedent Package	These interventions involve intentionally changing situational events the usually occur before the occurrence of a target behaviour. These changes are made to increase the likelihood of success or reduce the likelihood of problems occurring. Treatments falling into this category reflect research representing the fields of applied behaviour analysis (ABA), behavioural psychology and positive behaviour supports (PBS).
Comprehensive Behavioural Treatment	These interventions are designed to reduce problem behaviour and teach more appropriate and functional behaviours. Treatments falling into this category reflect research representing the fields of applied behaviour analysis, behavioural psychology and positive behaviour supports.
Joint Attention Intervention	Joint attention often involves teaching a child to respond to non-verbal social signals or to initiate joint attention interactions.
Modeling	These interventions rely on an adult or peer providing a demonstration of the target behaviour that should result in an imitation of the target behaviour by the individual with ASD.
Naturalistic Teaching Strategies	These interventions involve using an adult using a child's interest to teach functional communication. Examples are incidental teaching or milieu teaching.
Peer Training Package	These interventions involve using a peer without a disability to teach the child with ASD new skills. Examples include using the child with ASD's sibling or having the child with ASD involved in an integrated play group.

Pivotal Response Training	This treatment involves teaching the child pivotal or crucial behaviours (such as imitation skills or self-management skills) that will result in widespread improvements in all areas.
Schedules	These interventions involve presenting to the child a series of activities that he/she is required to complete in sequential order.
Self-Management	These interventions involve promoting independence by teaching individuals with ASD to track whether they are doing what they are supposed to be doing. Reinforcement is a key component to teaching self-management.
Story-based Intervention Package	These treatments involve a written description of the situations under which specific behaviours are expected to occur. Social Stories is the most commonly used type of story-based intervention.

Emerging Treatments	Treatment Description
Augmentative and Alternative Communication Device	These interventions involved the use of high or low technologically sophisticated devices to facilitate communication. (e.g., pictures, photographs, symbols, communication books, computers, or other electronic devices).
Cognitive Behavioural Intervention Package	These interventions focus on changing everyday negative or unrealistic thought patterns and behaviours with the aim of positively influencing emotions and/or life functioning.
Developmental Relationship-based treatment	These treatments focus on building social relationships. Examples of these treatments are: DIR (Developmental, Individual Differences, Relationship-based) / Floor time, RDI (Relationship Development Intervention) or Responsive Teaching.
Exercise	These interventions involve an increase in physical exertion as a means of reducing problems behaviours or increasing appropriate behaviour.
Exposure Package	These interventions require that the individual with ASD increasingly face anxiety-provoking situations while preventing the use of negative strategies used in the past under these conditions.
Imitation-based Interaction	These interventions rely on adults imitating the actions of a child.
Initiation Training	These interventions involve directly teaching individuals with ASD to initiate interactions with their peers.
Language Training	These intervention focus on speech production and/or comprehension (e.g., echo relevant word training, total communication training).
Massage/Touch Therapy	These interventions involve deep tissue stimulation.
Multi-component Package	These interventions involved a combination of multiple treatments from different fields.

Music Therapy	These interventions teach individuals skills (e.g., counting, learning colors) through songs and rhythmic cuing.
Peer-mediated Instructional Arrangement	This involves a typically-developing peer teaching the child with ASD (e.g., peer tutoring)
Picture Exchange Communication System	This intervention is used for children with ASD with limited verbal abilities and involves the child using picture cards to communicate.
Reductive Package	These interventions focus on reducing problem behaviours without teaching appropriate replacement behaviours (e.g., spraying child with water)
Scripting	These interventions involved developing a verbal and/or written script about a specific skill or situation and having the child practice the script before the actual situation.
Sign Instruction	These interventions involve the direct teaching of sign language as a means to communicate with other individuals in the environment.
Social communication Intervention	These interventions focus on teaching communication and reading social situations (e.g., Social Pragmatic Interventions)
Social Skills Package	These interventions focus on teaching basic social responses (e.g., eye contact, responding to name)
Structured Teaching	This involves using predictable schedules, individualized teaching and the physical organization of a setting (e.g., TEACCH)
Technology based Treatment	These interventions involve computers and other equipment (e.g., Alpha Program, Delta Messages, the Emotion Trainer Computer Program, pager, robot, or a PDA (Personal Digital Assistant))
Theory of Mind Training	This involves teaching individuals with ASD to recognize and identify what other people think or believe.

Un-Established Treatments	Treatment Description
Academic Interventions	This involves using traditional teaching methods (e.g., “personal instruction”; The Expression Connection; answering pre-reading questions)
Auditory Integration Training	This involves presenting a series of modulated sounds through headphones in an attempt to retrain an individual’s auditory system. The goal is to improve distortions in hearing or sensitivities to sound.
Facilitated Communication	This involved having a person support the hand or arm with the person with ASD and help him/her express thoughts using a keyboard of words or pictures or typing device.

Gluten-and-Casein-Free Diet	This intervention eliminates the child's intake of naturally occurring proteins gluten and casein.
Sensory Integrative Package	This involves focusing on the child to use all their senses as a means to address overstimulation or under stimulation from the environment.

Family Centered Practice Group is committed to delivering services that are evidenced-based and proven to be effective so that the children we work with have the most positive outcome possible. Our intervention programs utilize all the intervention strategies that are rated as "Established" and incorporate some "Emerging" strategies such as the Picture Exchange Communication System. With all intervention strategies that are introduced, we take precise data to measure whether or not the intervention is helping your child and we can rely on the data to make well-informed decisions.

To read further on FCPG's practices visit: <http://www.fcpq.ca/what-is-best-practice.html>

To read the entire National Standards Report visit: <http://www.nationalautismcenter.org/affiliates/>

Or discuss your intervention program and the methodologies used with your Behavioural Consultant.