



The Republican.

Eclectic treatments for children with autism have drawbacks

Wednesday, February 08, 2006

Parents of children with autism, wanting to do everything possible for their sons and daughters, will often consider a variety of therapies and treatments.

Although it may seem like a way to take advantage of the best aspects of every therapy, this eclectic treatment approach often assumes that all treatments for autism are equal. They are not.

Some school programs embrace this approach as well. When therapists and teachers talk about providing an eclectic program, they mean that they are using both proven and unproven treatments.

An example of an eclectic program is when children spend a part of each day receiving different therapies, such as structured teaching using methods of applied behavior analysis, sensory integration and stimulation (brushing and swinging), floortime procedures, music sessions and free play with peers.

Applied behavior analysis has more research support than any other treatment or therapy for this population. It incorporates proven strategies such as shaping, prompting and positive reinforcement.

Numerous task forces around the country have endorsed applied behavior analysis as the preferred therapy for children with autism. There are hundreds of objective research studies that have shown applied behavior analysis to be an effective method for teaching language, social and independence skills, and for reducing problem behaviors. There are few, if any, research studies examining sensory integration, floor time, music therapy and special diets.

When making decisions about their children's treatment programs, parents should consider that, in addition to using up precious time and financial resources, unproven treatments might actually be counterproductive.

For example, therapists using a sensory integration approach will typically direct a child to a gross motor activity, such as swinging or jumping on a trampoline, when the child has a behavior problem, such as a tantrum. Although this approach may calm the child for the moment, the activity may act as a reward - and consequently make the problem worse.

Many unproven eclectic treatments fail to directly teach children important language, social and independence skills. As a result, children do not learn appropriate functional behaviors.

Finally, some eclectic dietary interventions restrict teachers and therapists from using the very food items that might offer them the best way to motivate the child.

Current research is providing scientific support for a non-eclectic approach. Two recent studies published in professional journals compared the use of an applied behavior analysis approach to eclectic mixtures of procedures. Janet Howard and Svein Eikeseth and their colleagues conducted the studies in 2002 and 2005. Both presented one group of children with an applied behavior analysis program that emphasized the use of proven techniques, such as shaping, prompting and positive reinforcement in structured, informal one-on-one and group settings. A second group of children received a variety of teaching procedures, including applied behavior analysis, sensory integration, music sessions, and circle time. All children

received treatment for about 30 hours per week.

At follow-up, the children receiving the non-eclectic applied behavior analysis program scored higher and had made more progress than the children in the other groups. Findings were reported in areas of language, communication, social skills, independence and problem behaviors.

I understand that parents are often drawn to eclectic programs because of the possibility that one of the eclectic treatments will hold the key to success for their child. To help parents develop a better understanding of the importance of a scientific view of therapy, I recommend the new book, "Controversial Therapies for Developmental Disabilities," by Jacobson, Foxx and Mulick.

Clearly, we have not yet solved the puzzle of autism. We must continue to work incredibly hard with each and every child in an individual manner specific to that child's unique needs, learning style and family situation. In my opinion, we give children with autism the best possible chance if we use the procedures that have the greatest documentation of effectiveness.

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