

Interventions and Treatment Options

“A treatment method or an educational method that will work for one child may not work for another child. The one common denominator for all of the young children is that early intervention does work, and it seems to improve the prognosis.” – Temple Grandin

Just like the case with autism, early intervention is crucial for Asperger Syndrome/HFA. It is very important to remember that one method or intervention may not work for every child. Remember that your child is unique, and work with their strengths to help them in the best way possible. Treatment of AS/HFA can help your child navigate through social challenges, capitalize on his or her strengths, and be successful. Before we get into the types of therapies available, it is helpful to take a step back and look at the bigger picture. Although research and experience have revealed many of the mysteries surrounding Asperger Syndrome/HFA, it remains a complex disorder that impacts each child differently. However, many children with AS/HFA have made remarkable breakthroughs with the right combinations of therapies and interventions. Most parents would welcome a therapy that would alleviate all of the challenges that make life difficult for their child. Just as your child’s challenges can’t be summed up in one word, they can’t be remedied with one therapy. Each challenge must be addressed with an appropriate therapy. No single therapy works for every child. What works for one child may not work for another. What works for one child for a period of time may stop working. Some therapies are supported by research showing their efficacy, while others are not. The skill, experience, and style of the therapist are critical to the effectiveness of the intervention.

In their book *A Parent’s Guide to Asperger Syndrome and High Functioning Autism*, Ozonoff, Dawson, and McPartland state that a guiding principle is learning to address your child’s difficulties, while channeling your child’s strengths. They point out that many people with AS/HFA have remarkable skills in one of the following areas:

- Memory - especially rote memory
- Superior academic skills
- Visual thinking
- Recognizing order and following rules
- Have passion and conviction
- Comfort and compatibility with adults rather than children

In fact, sometimes the symptoms of AS/HFA can instead be seen as “strengths” and can be used to help your child be successful in life. Other times, your child’s unique behaviors can be channeled into strengths given the proper support, a little creativity, and a shift in perspective.

In order to determine what treatments and interventions will be most effective for an individual with AS, a thorough assessment of all symptoms must be done. The evaluation must examine a wide variety of factors including behavioral history, current symptoms, communication patterns, social competence and neuropsychological



functioning. It is crucial to look at the strengths and weaknesses of the child in each of these areas in order to paint a full and clear picture. An individual with AS/HFA may have completely different strengths and weaknesses than another individual with the same diagnosis. One treatment that is the most significant and most effective for one child may be completely unnecessary and ineffective for another. As a result, treatments and interventions must be very individualized based on the information gathered from the thorough assessment.

The factor that has proved to be the most critical in terms of improvements in these children is early intervention. If behavior management and social skills training begin at a young age, the chances of progress are significantly greater.

An effective treatment program includes parents as part of the treatment process, builds on the child's interests, promotes self-esteem, and offers a predictable schedule. Such a program also teaches tasks as a series of simple steps, actively engages the child's attention in highly structured activities, helps include the child in a typical social environment, and provides regular reinforcement of behavior.

Options for Treatment Include:

Parent Education and Training

■ Parent training can be especially beneficial to the improvement of children with AS/HFA. If caregivers such as parents, grandparents, siblings, babysitters, etc. are fully aware of and understand the strengths and deficits of the child, they will be able to incorporate aspects of successful treatment options like social skills training into the child's life at home. The more children with AS are exposed to social skills and behavior training, the more likely they are to improve their behavior. Parents and other caregivers can learn how to effectively implement treatment mechanisms into the child's everyday life. Treatment then becomes consistent and routine for children with AS.

Social Skills Training and Speech-Language Therapy

■ Children with Asperger Syndrome/HFA can expand and improve their social skills through training and therapy. Though children with AS may have strong language skills, it is important that they learn how to express their thoughts and feelings appropriately. Their ability to interact with others can improve with lots of practice and explicit teaching. Therapists often teach social skills to children with AS/HFA using visual techniques such as social stories, or using exercises that involve the children in various social situations. Social skills groups have proved to be very beneficial to children with AS in teaching them how to interact with their peers. Speech and language therapy may also help these children to communicate better. This therapy could correct awkward methods of speaking such as monotone, and help children to better understand and interpret the speech and communication signals of others such as humor, eye contact, and hand gestures.



Cognitive Behavior Therapy

■ Cognitive Behavioral Therapy (CBT) is used primarily to help individuals with AS regulate their emotions, develop impulse control, and improve their behavior as a result. In addition, some individuals with AS/HFA struggle with fears and anxiety, or may become depressed. Cognitive behavior therapy has been shown to be helpful for reducing anxious and depressed feelings and behavior by making changes in thoughts and perceptions of situations through a change in cognition. The key ingredient of CBT, which distinguishes it from regular behavior therapy is working on this change in cognition or how thinking is processed. Therapists seek to reduce challenging behaviors, such as interruptions, obsessions, meltdowns or angry outbursts, while also teaching individuals how to become familiar with and manage certain feelings that may arise. Cognitive behavioral therapy can be individualized for each patient, and as a result, is very effective at improving very specific behaviors and challenges in each child or young adult. Stabilizing emotions and improving behavior allows those with AS to prepare for and respond more appropriately in specific situations.

Applied Behavioral Analysis (ABA)

■ Since the early 1960's, Applied Behavior Analysis, or ABA, has been used by hundreds of therapists to teach communication, play, social, academic, self-care, work, and community living skills, and to reduce problem behaviors in learners with autism. There now is a great deal of research literature that demonstrates that ABA is effective for improving children's outcomes, especially their cognitive and language abilities. Over the past several decades, different treatment models using ABA have emerged, all of which use behavioral teaching. They all use strategies that are based on the work of B.F. Skinner. ABA is often difficult to understand until you see it in action. It may be helpful to start by describing what all of the different methods of ABA have in common. ABA methods use the following three step process to teach:

- An **antecedent**, which is a verbal or physical stimulus such as a command or request. This may come from the environment or from another person, or be internal to the subject;
- A resulting **behavior**, which is the subject's (or in this case, the child's) response or lack of response;
- And a **consequence**, which depends on the behavior. The consequence can include positive reinforcement of the desired behavior, or no reaction for the incorrect response.

ABA targets the learning of skills and the reduction of challenging behaviors. Most ABA programs are highly-structured. Targeted skills and behaviors are based on an established curriculum. Each skill is broken down into small steps, and taught using prompts, which are gradually eliminated as the steps are mastered. The child is given repeated opportunities to learn and practice each step in a variety of settings. Each time the child achieves the desired result, he receives positive reinforcement, such as verbal praise or something that the child finds to be highly motivating. ABA programs often include support for the child in a school setting, with a one-on-one aide to target the systemic transfer of skills to a typical school environment. Skills are broken down into manageable pieces and built upon so that a child learns how to learn in a natural environment. Facilitated play with peers is often part of the intervention. Success is measured by direct observation and data collection and analysis – all critical components of ABA. If the child isn't making satisfactory progress, adjustments are made.



Sensory Integration/Occupational Therapy

■ Many children with AS/HFA have problems with motor skills or issues with their senses. In sensory integration therapy, occupational therapists work with children to stabilize their senses and their reactions to external stimuli. This therapy can help children gain better control over their bodies, and thus can reduce clumsiness, instability and hand-eye coordination. SI therapy can also reduce anxiety in children with AS/HFA by improving their responses to particular sounds or touches. When children have better control of their senses, they are better able to control their movements, sounds, and emotions. This leads to reduced awkwardness and improved social skills.

Medication

■ No medications specifically treat Asperger Syndrome. However, some children with AS experience symptoms that can be controlled by medication: depression, anxiety, attention deficits, or hyperactivity. Though the symptoms of Asperger Syndrome can only be improved through treatments and interventions, it is important to also assess and treat associated conditions such as depression, anxiety, and attention problems as these symptoms can often be more debilitating than AS/HFA itself.

