How is Autism Treated?

The road ahead will be bumpy. There will be times when your progress stalls or takes an unexpected turn. When it does, try to remind yourself that these are speed bumps, not roadblocks. Take them one at a time. It is important that you start now. There are a variety of services available to treat and educate your child.

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 his or her strengths to help him or her in the best way possible. Treatment of autism 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 autism, it remains a complex disorder that impacts each child differently. However, many children with autism 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 autism have remarkable skills in one or more 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 autism 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 autism, 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 autism 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.
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.

Treatment for the Core Symptoms of Autism

Most families use one type of intensive intervention that best meets the needs of their child and their parenting style. The intensive interventions described here require multiple hours per week of therapy and address behavioral, developmental and/or educational goals. They are developed specifically to treat autism. During the course of treatment, it may be necessary to reevaluate which method is best for your child.

Therapies are not always delivered in a “pure format.” Some intervention providers who work primarily in one format may use successful techniques from another format.

Before you choose an intervention, you will need to investigate the claims of each therapy so that you understand the possible risks and benefits for your child. At first, all of these techniques – ABA, VB, PRT, DTT, ESDM, among others – may seem like alphabet soup to you. You may be confused now, but you will be surprised at how quickly you become “fluent” in the terminology of autism therapies.

For information on different treatment options, turn to the glossary in this kit or visit AutismSpeaks.org.

To view different treatments in video format please visit the Autism Speaks Autism Video Glossary at autismspeaks.org/what-autism/video-glossary.

You should also see your pediatrician for more information, so that you can be confident you are making informed choices as you begin to narrow down your options.
Applied Behavioral Analysis

Behavior analysis was originally described by B.F. Skinner in the 1930s. It is a scientifically validated approach to understanding behavior and how it is affected by the environment. In this context, “behavior” refers to actions and skills. “Environment” includes any influence – physical or social – that might change or be changed by one’s behavior. Behavior analysis focuses on the principles that explain how learning takes place.

**Applied Behavior Analysis (ABA)** is the use of these techniques and principles to bring about meaningful and positive change in behavior. There is a great deal of research that has demonstrated that ABA is effective for improving children’s outcomes, especially their cognitive and language abilities.

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 to the antecedent;

*A consequence*, which depends on the behavior, can include positive reinforcement of the desired behavior or no reaction for incorrect responses.

ABA targets the learning of skills and the reduction of challenging behaviors. Most ABA programs are highly structured. Each skill is broken down into small steps and taught using prompts that 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 or she receives positive reinforcement, such as verbal praise or something else that the child finds to be highly motivating, like a small piece of candy.

Effective ABA intervention for autism is not a “one size fits all” approach and should never be viewed as a “canned” set of programs or drills. On the contrary, a skilled therapist customizes the intervention to each learner’s skills, needs, interests, preferences and family situation. For those reasons, an ABA program for one learner might look somewhat different from a program for another learner. An ABA program will also change as the needs and functioning of the learner change. If the child isn’t making satisfactory progress, adjustments are made.

A **Board Certified Behavior Analyst (BCBA)** specializing in autism will write, implement and monitor the child’s individualized program. Individual therapists, often called “trainers,” (not necessarily board certified) will work directly with the child on a day-to-day basis. Most ABA programs consist of 25 to 40 hours per week of therapy. Families are also encouraged to use ABA principles in their daily lives.

To find more information on ABA, go to the Association for Behavior Analysis International website at ABAinternational.org or the Behavior Analyst Certification Board website at BACB.com.

**Verbal Behavior**

Verbal Behavior therapy teaches communication using the principles of Applied Behavior Analysis and the theories of behaviorist B.F. Skinner. By design, Verbal Behavior therapy motivates a child, adolescent or adult to learn language by connecting words with their purposes. The student learns that words can help obtain desired objects or other results.
Verbal Behavior therapy avoids focusing on words as mere labels (cat, car, etc.). Rather, the student learns how to use language to make requests and communicate ideas. Verbal Behavior therapy focuses on four word types. They are:

**Mand:**
A request, such as “Cookie,” to ask for a cookie

**Tact:**
A comment used to share an experience or draw attention, such as “airplane” to point out an airplane

**Intraverbal:**
A word used to answer a question or otherwise respond, such as “Where do you go to school?” “Castle Park Elementary”

**Echoic:**
A repeated, or echoed, word, such as “Cookie?” “Cookie!” (important as the student needs to imitate to learn)

Verbal Behavior therapy begins by teaching mands or requests as the most basic type of language. For example, the individual with autism learns that saying “cookie” can produce a cookie. Immediately after the student makes such a request, the therapist reinforces the lesson by repeating the word and presenting the requested item. The therapist then uses the word again in the same or similar context.

Importantly, children don’t have to say the actual word to receive the desired item. In the beginning, he or she simply needs to signal requests by any means. Pointing at the item represents a good start.

This helps the student understand that communicating produces positive results. The therapist builds on this understanding to help the student shape the communication toward saying or signing the actual word.

Verbal Behavior therapy is provided by VB-trained psychologists, special education teachers, speech therapists and other providers. VB programs usually involve 30 or more hours per week of scheduled therapy. Families are encouraged to use VB principles in their daily lives.

**Pivotal Response Treatment**

**Pivotal Response Treatment,** or PRT, is a behavioral intervention developed by Dr. Robert L. Koegel, Dr. Lynn Kern Koegel and Dr. Laura Shreibman at the University of California at Santa Barbara.

PRT is one of the best studied and validated behavioral treatments for autism. Derived from ABA, it is play-based and child-initiated. Its goals include the development of communication, language and positive social behaviors and relief from disruptive self-stimulatory behaviors.

Rather than target individual behaviors, the PRT therapist targets “pivotal” areas of a child’s development. These include motivation, response to multiple cues, self-management and the initiation of social interactions. The philosophy is that by targeting these critical areas, PRT will produce broad improvements across other areas of sociability, communication, behavior and academic skill building.

Motivation strategies are an important part of the PRT approach. These emphasize “natural” reinforcement. For example, if a child makes a meaningful attempt to request, say, a stuffed animal, the reward is the stuffed animal – not a candy or other unrelated reward.

Each program is tailored to meet the goals and needs of the individual learner and his or her school and home routines. A session typically involves six segments during which language, play and social skills are targeted with both structured and unstructured interactions. As the child progresses, the focus of each session changes to accommodate more advanced goals and needs.
PRT programs usually involve 25 or more hours per week. Everyone involved in the child’s life is encouraged to use PRT methods consistently in every part of his or her life. PRT has been described as a lifestyle adopted by the affected family.

For more information on PRT, visit the UCSB Koegel Autism Center website at Education.ucsb.edu/autism or the UCSD Autism Research Program website at autismlab.ucsd.edu.

Relationship Development Intervention (RDI)

Like other therapies described in this tool kit, Relationship Development Intervention (RDI) is a system of behavior modification through positive reinforcement. RDI was developed by Dr. Steven Gutstein as a family-based behavioral treatment using dynamic intelligence and addressing autism’s core symptoms. RDI aims to help individuals with autism form personal relationships by gradually strengthening the building blocks of social connections. This includes the ability to form an emotional bond and share experiences.

The six objectives of RDI are:

**Emotional Referencing:** the ability to use an emotional feedback system to learn from the subjective experiences of others

**Social Coordination:** the ability to observe and continually regulate one’s behavior in order to participate in spontaneous relationships involving collaboration and exchange of emotions

**Declarative Language:** the ability to use language and non-verbal communication to express curiosity, invite others to interact, share perceptions and feelings and coordinate your actions with others

**Flexible Thinking:** the ability to rapidly adapt, change strategies and alter plans based upon changing circumstances

**Relational Information Processing:** the ability to obtain meaning based upon the larger context; solving problems that have no “right-and wrong” solutions

**Foresight and Hindsight:** the ability to reflect on past experiences and anticipate potential future scenarios in a productive manner

The program involves a systematic approach to working on building motivation and teaching skills while focusing on the child’s current developmental level of functioning. Children begin work in a one-on-one setting with a parent. Gradually, additional children are added, as are the number of settings in which the children practice, in order to help the child form and maintain relationships in different contexts.

RDI is somewhat unique because it is designed to be implemented by parents. Parents, teachers and other professionals can be trained to provide RDI through training seminars, books and other materials and can collaborate with an RDI-certified consultant. Some specialized schools offer RDI in a private school setting.

Find more information on RDI on the Connections Center website at RDIconnect.com.
**TEACCH**

The TEACCH® Autism Program is a clinical, training and research program based at the University of North Carolina & Chapel Hill. TEACCH, developed by Drs. Eric Schopler and Robert Reichler in the 1960s, was established as a statewide program by the North Carolina legislature in 1972 and has become a model for other programs around the world.

TEACCH developed the intervention approach called “Structured TEACCHing”, an array of teaching or treatment principles and strategies based on the learning characteristics of individuals with ASD, including strengths in visual information processing and difficulties with social communication, attention and executive function.

In response to this profile of strengths and challenges, Structured TEACCHing includes:

- **External organizational supports to address challenges with attention and executive function**

- **Visual and/or written information to supplement verbal communication**

- **Structured support for social communication**

Structured TEACCHing is not a curriculum, but instead is a framework to support achievement of educational and therapeutic goals. This framework includes:

- **Physical organization**
- **Individualized schedules**
- **Work (Activity) systems**
- **Visual structure of materials in tasks and activities**

The goal of Structured TEACCHing is to promote meaningful engagement in activities, flexibility, independence and self-efficacy. Structured TEACCHing strategies are integrated into other evidenced-based practices. TEACCH programs are usually conducted in a classroom setting. TEACCH-based home programs are also available and are sometimes used in conjunction with a TEACCH-based classroom program.

To find more information on TEACCH, go to the TEACCH Autism Program website at TEACCH.com.
Social Communication/Emotional Regulation/Transactional Supports (SCERTS)

Social Communication/Emotional Regulation/Transactional Support (SCERTS) is an educational model developed by Barry Prizant, PhD, Amy Wetherby, PhD, Emily Rubin and Amy Laurant. SCERTS uses practices from other approaches including ABA (in the form of PRT), TEACCH, Floortime and RDI. The SCERTS Model differs most notably from the focus of “traditional” ABA by promoting child-initiated communication in everyday activities. SCERTS is most concerned with helping children with autism to achieve “Authentic Progress,” which is defined as the ability to learn and spontaneously apply functional and relevant skills in a variety of settings and with a variety of partners.

The acronym “SCERTS” refers to the focus on:

“SC” Social Communication: Development of spontaneous, functional communication, emotional expression and secure and trusting relationships with children and adults

“ER” Emotional Regulation: Development of the ability to maintain a well-regulated emotional state to cope with everyday stress and to be most available for learning and interacting

“TS” Transactional Support: Development and implementation of supports to help partners respond to the child’s needs and interests, modify and adapt the environment and provide tools to enhance learning (e.g., picture communication, written schedules and sensory supports)

The SCERTS model favors having children learn with and from other children who provide good social and language models in inclusive settings, as much as possible. SCERTS is implemented using transactional supports put in place by a team, such as environmental accommodations and learning supports like schedules or visual organizers.

For more information on SCERTS, visit SCERTS.com

Cognitive Behavior Therapy

Cognitive Behavioral Therapy (CBT) is used primarily to help individuals with autism regulate their emotions, develop impulse control and improve their behavior as a result. CBT seeks to help individuals understand and become aware of their thoughts and feelings so they can learn to respond to them in a more effective way.

Cognitive behavior therapy has been shown to be helpful for reducing anxious and depressed feelings and behavior sometimes exhibited in individuals with autism 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 autism to prepare for and respond more appropriately in specific situations.
Related Services

The next section of this tool kit covers a number of what are frequently called “related services.” These services are therapies that address symptoms commonly associated with autism, but not specific to the disorder.

**Speech-language therapy (SLT)**

Most autism behavioral intensive therapy programs include speech-language therapy. With a variety of techniques, speech-language therapy addresses a range of challenges often faced by persons with autism. For instance, some individuals on the autism spectrum do not speak, while others love to talk but have difficulty using conversational speech and/or understanding the nuances of language and nonverbal cues when talking with others.

Speech-language therapy is designed to coordinate the mechanics of speech with the meaning and social use of language. Such a program begins with an individual evaluation by a speech-language pathologist to assess an individual’s verbal aptitudes and challenges. From this evaluation, the pathologist sets goals that may include mastering spoken language and/or learning nonverbal communication skills such as signs or gestures. In each case, the goal is to help the person communicate in more useful and functional ways.

The speech language pathologist can provide therapy one-on-one, in a small group or in a classroom setting. Therapists who work with children have additional specialized training.

One approach used in speech-language therapy is **Prompts for Restructuring Oral Muscular Phonetic Targets (PROMPT)**. PROMPT is a physical-sensory approach to therapy in which a therapist uses touch and pressure to an individual’s jaw, tongue and lips to help him or her develop motor control and the proper oral muscular movements to speak. Speech therapists need to be fully trained in order to provide PROMPT therapy.

**To learn more about PROMPT, visit promptinstitute.com.**

**Occupational therapy (OT)**

Occupational therapy (OT) addresses a combination of cognitive, physical and motor skills. Its goals including helping a child or adult gain age-appropriate independence and participate more fully in life. For a person with autism, occupational therapy often focuses on skills for appropriate play or leisure skills, learning and self-care skills.

Therapy begins with a certified occupational therapist evaluating the person’s developmental level as well as related learning styles, social abilities and environmental needs. Based on this evaluation, the therapist determines goals and selects strategies and tactics for enhancing key skills. For instance, goals may include independent dressing, feeding, grooming and use of the toilet, along with improved social, fine motor and visual perceptual skills. Typically, occupational therapy involves half-hour to one-hour sessions with a frequency determined by the individual’s needs. In addition, the person with autism practices strategies and skills – with guidance – at home and in other settings including school. OT is provided by certified occupational therapists.
Sensory integration (SI) therapy

Many children and adults with autism have challenges in processing sensory information such as movement, touch, smell, sight and sound. Sensory integration (SI) therapy identifies such disruptions and uses a variety of techniques that improve how the brain interprets and integrates this information. Occupational therapy often includes sensory integration. Other times it is delivered as a stand-alone therapy.

Certified occupational and physical therapists provide sensory integration therapy. The therapist begins with an individual evaluation to determine a person’s sensitivities. From this information, he or she plans an individualized program that matches sensory stimulation with physical movement to improve how the brain processes and organizes incoming information. As such, the therapy often includes equipment such as swings, trampolines and slides.

Sensory integration therapy can allow a child or adult with sensory integration difficulties to become more “available” for learning and social interactions. Family members and teachers often find that its techniques can help calm an affected child or adult, reinforce positive behavior and help with transitions between activities.

Physical therapy (PT)

Many children and adults with autism have challenges with motor skills such as sitting, walking, running and jumping. Physical therapy (PT) focuses on problems with movement that cause real-life limitations. In particular, physical therapy can improve poor muscle tone, balance and coordination.

Certified physical therapists deliver physical therapy beginning with an evaluation of a person’s physical abilities and developmental level. They then design programs of activities that target areas of challenge. Typically therapy sessions run a half hour to an hour and include assisted movement, various forms of exercise and the use of orthopedic equipment. The needs of the child or adult receiving services should determine the frequency of these sessions.

Social skills

Difficulty with social skills is a hallmark of autism, especially for school age children. In recent years, social skills training, both one-on-one and in peer group settings, has become a very common treatment for this particular challenge. Though it may not seem this way, many children with autism have the same desire as other children to be social and make friends. They just need to be taught the skills required to form these bonds with others.

Social skills taught during training sessions range from simple skills like eye contact to more difficult skills like inviting a peer for a playdate. Studies have shown that this type of intervention program can significantly improve social competence and social skill development. Though social skills training is not an official or certified form of therapy, professionals like social workers, speech therapists and psychologists often focus largely on improving social skills when treating both children and adults with autism. In addition, parents, family members and other caregivers can be taught effective ways to improve the social skills of their loved ones with autism both inside and outside the home on a regular basis. It is important to make the social situations taught in training sessions as realistic as possible so the new skills can be easily applied in settings outside of the classroom.

Implementing social skills training and groups at school is a great way to help your child expand these skills that can lead to growth and improvement in other areas of his or her life. Talk to your child’s teacher or guidance counselor about the best ways to use these opportunities to help your child grow and learn to better interact with others. One important factor to consider for effective social skills groups is the involvement of your child’s neurotypical peers in these group settings. The presence of peer models has been found to increase the rate of initiating social interaction with others outside the group. These peers should be encouraged to model the skills, prompt the children with autism to use the skills and then praise them for the correct use of the skills. A Program for Helping Peer Models Teach Social Skills to Children with Autism, created by the University of Nebraska...
Medical Center with a grant from Autism Speaks, is a great curriculum that can be found on the Autism Speaks website in the grants database.

**Gluten free, casein free diet (GFCF)**

Much has been said about the gluten free, casein free (GFCF) diet and its use to help individuals with autism. Many families with children newly diagnosed with autism wonder if it’s something their child should follow. The GFCF diet was first developed for people with celiac disease, a disorder that involves a severe reaction to gluten in the diet. Gluten is found in wheat products such as bread and other bakery goods but also in a wide variety of other food products. Casein is a protein most associated with dairy products and has potential to cause severe reactions in certain individuals. When used appropriately, the GFCF diet is safe and can help avoid these severe health problems.

The theory behind its use in autism is that if a person is having GI responses to these products, the resulting inflammation may damage the lining of the intestine and as a result lead to absorption of molecules that are not normally absorbed by healthy intestines. Some evidence suggests that these molecules or the inflammation they cause can interact with the brain in ways that cause problems such as anxiety, mood abnormalities, mental difficulties and perhaps worsen the behavioral symptoms of autism. That said, while the GFCF diet has been used in the autism community for a couple of decades, there is minimal evidence that it improves autism-related behaviors.

Families choosing a trial of dietary restriction should make sure their child is receiving adequate nutrition by consulting his or her pediatrician or a nutrition specialist. Dairy products are the most common source of calcium and Vitamin D for young children in the United States. Many young children depend on dairy products for a balanced, regular protein intake. Alternative sources of these nutrients require the substitution of other food and beverage products, with attention given to the nutritional content. Substitution of gluten-free products requires attention to the overall fiber and vitamin content of a child’s diet. Vitamin supplements may have both benefits and side effects. Consultation with a dietitian or physician is recommended for the healthy application of a GFCF diet. This may be especially true for children who are picky eaters.
What about other medical interventions?

Right now you are itching to do everything possible to help your child. Many parents in your position are eager to try new treatments, even those treatments that have not yet been scientifically proven to be effective. Your hopes for a cure for your child may make you more vulnerable to the lure of untested treatments.

It is important to remember that just as each child with autism is different, so is each child’s response to treatments.

It may be helpful to collect information about a therapy that you are interested in trying and speak with your pediatrician, as well as your intervention team members, in order to discuss the potential risks/benefits and establish measurable outcomes and baseline data. Parents of older children with autism can provide you with a history of therapies and biomedical interventions that have been promised to be cures for autism over the years. Some of them may have been helpful to a small number of children. Upon further study, none of them, so far, has turned out to be a cure for the vast majority. We do know that many children get better with intensive behavioral therapy. There is a large body of scientific evidence to support this theory. It makes sense to focus on getting your child engaged in an intensive behavioral program before looking at other interventions.

Strategies to Support Your Child with Autism

Positive Behavior Supports

Research has shown that the use of Positive Behavior Supports is an effective way to manage challenging behavior. PBS involves identifying the function of a problem or challenging behavior and then teaching the individual new skills to help correct the behavior and respond with a positive one instead. Therefore, it involves creating a structured plan that positively addresses behavior.

It is important to understand that most human behaviors serve a purpose and as a result, many of your child’s challenging behaviors have underlying causes. Work with your child and his or her therapist(s) to try to identify these causes so you can develop a plan to teach him or her the positive skills and behaviors that can be used to respond to the problem. Look at each situation from your child’s perspective – what is happening that may be causing him or her to respond in this way? Specific PBS systems should be put in place to respond to each problem situation or challenging behavior. Share your positive behavior support plans with your child’s school, after school program, etc. so that the approach can be used across all situations and settings.

Visual Schedules

As previously discussed, one challenge faced by individuals with autism is their need for routine and strict adherence to schedules. Visual Schedules are a great tool to help create a more structured environment for your child, which can help with preparedness, anxiety and challenging behaviors. They can help with your child’s understanding of time and transitions between activities and environments, as well as increase independence by allowing him or her to comprehend the sequence of events without your
prompting. Similarly, checklists can help manage your child’s time and prepare him or her in advance of situations that may present difficulties. He or she can use the checklist to understand what is happening and what is coming up. For example, if your family is flying somewhere, a visual schedule that shows each step of the air travel experience – trip to the airport, check-in, security, waiting at the gate, etc. – or a checklist of those steps can help prepare your child for the process and keep him or her engaged throughout the experience.

**Video Modeling**

Another tool that has been found to be effective in teaching children with autism is **video modeling**. This strategy uses videos to help teach social skills and daily living skills and is often more effective than live modeling. In video modeling, individuals watch video demonstrations of positive behavior and then imitate the people in the videos. Another method used is showing individuals videos of themselves performing behaviors successfully and repeating them back. Video modeling is a fun way for individuals to learn and an effective way for teachers, caregivers and therapists to teach important skills.

**Motivational Systems**

**Motivation** is a critical component in helping to improve your child’s areas of difficulty. It can help him or her to associate positive behaviors with positive feedback. Whereas a pat on the back or round of applause is an obvious indication of a positive behavior to a neurotypical child, children with autism may need additional motivation or reinforcement to understand the response a behavior elicits. Following up a behavior with positive reinforcement like specific verbal praise or a reward will make your child more likely to repeat the same behavior in the future. This system can help your child gradually build on simple skills like eye contact in order to learn more complex social skills.

Making It Happen

How Do I Choose the Right Intervention?

Choosing a treatment path for your child may feel overwhelming. Remember to work closely with your child’s treatment team and explore all of your options. The two articles that follow may provide helpful information for you as you choose between methods of therapies for your child.

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“Alleviate Stress by Actively Pursuing the Right Intervention” from *Overcoming Autism* by Lynn Kern Koegel, PhD and Claire LaZebnik

*It’s scary to have to question your own child’s potential, but the best way to relieve your fears is to take action with productive interventions. The first step is to be informed. Talk to people you trust - parents who’ve been there, experts in the field, doctors you have a relationship with and so on. There are a lot of fly-by-night procedures that prey on distraught parents who will do anything for their child. Make sure that the interventions you’re using are scientifically sound and well documented. Make sure they’ve been tested with many children with autism and that they’ve been replicated by other experts and clinics. Also, make sure you understand their limitations – some interventions only work on a small number of symptoms or on a small subgroup of children with autism. If you’re going to spend time and money for interventions, be informed about the degree and extent of the change they may bring about.*