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ONE TREATMENT PLAN FOR AUTISM DOES NOT FIT ALL

Student Article by Diane Hassebrock

Abstract

Autism Spectrum Disorder (ASD) is a serious neurodevelopmental disorder with a rising prevalence rate. According to the Centers of Disease Control and Prevention (2014) the rates were reported to be one out of every 68 children. Autism affects social interaction, interest, activities, communication, and causes restricted, repetitive, and stereotyped patterns of behaviors. When a child is diagnosed with autism, it is important for the family to decide on a treatment plan. Treatment for autism is usually a very intensive, comprehensive undertaking that involves the child's family and a team of professionals. The focus of this article is to explain the differences between four treatment plans as well as to increase the knowledge of parents so they know about different treatment plans available for children diagnosed with autism: Applied Behavioral Analysis (ABA) and Treatment and Education of Autistic and Communication Handicapped Children (TEACCH), both researched and evidenced based, and two alternative treatment plans Dog and Horse/Equine Therapy.

Introduction

One treatment plan does not fit all when it comes to children diagnosed with autism. Autism Spectrum Disorder (ASD) is a neurological disorder characterized by the presence of severe communication, language, and social deficits along with restricted and repetitive patterns of behavior, interest, or activities. As the word 'spectrum' suggests, people with Autism (ASD) may have challenges that run the gamut from mild to severe, with different levels of ability and disability. Once established, autistic symptoms continue into adulthood. Though intervention cannot reverse the course of autism, it can result in symptom improvement and a greater capability for independence.

This article addresses four different types of treatment plans and what areas they can benefit with regards to the needs of children identified with autism. Two of these plans are research and evidence-based and regarded as highly effective; Applied Behavioral Analysis (ABA) and the Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH). The other two plans are alternative

treatment plans that lack research to support their use but are being used as effective treatments. These two treatment plans are Dog and Horse/Equine Therapy.

Autism spectrum disorders affect multiple developmental domains. Due to the complexity of the disorder, caring for a child with ASD often requires access to multiple support systems. There are many treatment plans parents can select when a child is diagnosed with autism. The earlier a treatment plan can be implemented, the better the outcome will be for improved developmental outcomes.

Applied Behavioral Analysis

There are key considerations that should be discussed before implementing a plan: what are the expected outcomes of the plan, the potential risks, what will be the evaluation process for the plan implemented, what is the success rate of the plan, and what other options would be excluded if this option is chosen (Olgetree & Oren, 2001). When deciding on a treatment plan, families should decide on which treatment plan works best for the child and their parenting style. One treatment plan used since the 1960s is Applied Behavioral Analysis (ABA). ABA is a scientific approach to human behavior and learning. The plan is designed to reduce problem behaviors and teach functional alternative behaviors through the application of basic principles of behavior change. ABA is a highly regarded method and is recognized to be a safe and effective treatment plan for children with autism endorsed by several state and federal agencies (Autism Speaks, n.d.).

The ABA intervention plan modifies the events that typically precede the occurrence of a target behavior. The therapist changes the environment to increase or decrease the likelihood that a specific behavior will occur. The environment can include people, places, and things. An example of this would be for the therapist to show a reinforcer (something the child likes - candy, computer time, etc.) before the response they want to occur. The child learns the appropriate behavior and then receives the reinforcer. This leads to an increase in the desired behavior, because the child is rewarded for the behavior that is appropriate; therefore, the desired behavior is more likely to be repeated. The therapist controls the environment by intervening and putting in place new conditions so there will be an increase in the desired behavior. The overall goal is for the learner to become independent and successful. The ABA methods can be used in a structured setting, such as a classroom or in the family home with everyday activities (Autism Speaks, n.d.).

The ABA plan can be used in many areas, such as improving the child's communication, behavior, and social relationships. The typical ABA plan is one-on-one (learner and therapist), 25-to-40 hours per week, lasts for one-to-three years and should be customized to meet the child's needs. This writer, has used ABA in the teaching of children with autism and experienced firsthand the benefits to her students. As the child's communication, behavior, and social skills improve, this method can be used to teach life skills to function independently as an adult.

Treatment and Education of Autistic and Related Communication-Handicapped Children

Another developmental domain children with autism have trouble, is going beyond the perceptual aspect: it is extremely problematic for them to understand gestures, the meaning of imitation, interpersonal relationships, time passing, and the “how-when-where-why” of events (Ferrante, Panerai, & Zingale, 2002, p. 319). Due to these difficulties, children with autism usually benefit from a structured setting that makes reality as clear as possible from a perceptual point of view. A treatment plan that has been used to support these perceptual problems for children with autism is the Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH).

The TEACCH treatment plan started in 1972 and is based at the University of North Carolina at Chapel Hill. The TEACCH plan is also known as ‘Structured Teaching.’ TEACCH capitalizes on the child’s strength of processing information visually and helps with a child’s difficulties in social communication, attention, and executive function (Autism Speaks, 2016).

The TEACCH model involves the physical organization of the setting, predictable schedules, and individualized use of teaching methods. TEACCH is usually conducted in a classroom setting and the classroom is very structured. Each activity/task has its own separate design space; for example, there is an area of individual work, shared group work, and play or social activities. Activities are powered by schedules and each schedule includes pictures and words to show the sequence of activities that will take place (i.e. first, next, etc.) throughout the day. The visual schedule helps the child transition from one activity to another more easily because they can visually see what activities they will be doing and when they will occur. This type of schedule provides the child with a clear guideline of what is expected and helps them to organize the sequence of events for the day and of their individual tasks. The type of visual schedule should be based on the developmental level of the student. The schedule increases in length as the child develops (i.e. part-day, full day, weekly agenda). It also provides them a timeline telling them how long the activity will take, and what activity they will do next (Ferrante, Panerai, & Zingale, 2002).

The TEACCH model is beneficial for children with autism that have trouble with language processing. The use of visual supports can help to reduce the confusion and anguish that can be caused when too much language processing is required. Although the TEACCH model is a classroom technique, it can also be used in the home (Autism Speaks, 2010, p. 42) with a recommended parent training that lasts from six-to-eight hours. One area the implementer of this model needs to make sure of is that the student is not rushing through a non-preferred activity to get to a preferred activity. The children are rewarded with preferred reinforcers for successfully completing their tasks. In this writer’s experience the plan is structured, provides the child consistency on what they are expected to do and is individualized, based on the developmental needs of the

child. The author used this treatment plan when teaching children with autism and found the plan to be beneficial, because it broke the child's tasks into small chunks making it easier for them to finish the task they were working on and not be overwhelmed. The plan also promotes independency and self-worth for the child.

Dog Therapy

In addition to research-based treatment plans, there are also alternative treatment plans that have had little or no research to support the use. Two such plans are dog and horse/equine therapies. Parents reported "decreased anxiety, increased calmness, reduction in the number of meltdowns, defused anger and more manageable bedtime routines" (Anderson & Forden, 2015, p. 3).

The world for a child with autism is often filled with loud distractions, bright lights, puzzling stimuli, and uncontrollable nervous impulses. One non-traditional therapy option is dog therapy. The art of training therapy dogs is still relatively new (Pedigree, n.d.). Since dog therapy is new, organizations and trainers around the country have developed differing training programs and philosophies.

Man's best friend can truly be a child with autism's best friend. Autism assistance dogs are unique and can help in areas of safety, social skills, communication, and behavior. According to Berry, Borgi, Francia, Alleva, & Cirulli (2013) introducing a dog to children with ASD can result in a reduction of stress, anxiety, and irritation. Dog therapy can promote a relaxed environment for children with autism (Berry et al., 2013, p. 76). This type of therapy can be incorporated into a school day with therapy dogs visiting the local school for 30-to-40 minutes per week, or the family may go through training and get a trained dog that becomes part of their family.

A concern many parents have about their child diagnosed with autism is the child's safety. "Many children with autism are prone to wonder off from safe places" (Anderson & Foden, 2015, p. 3) at home, in school, or on public outings. A trained autism service dog can help a child stay safe and prevent them from wondering off. The service dog can be attached to the child with a leash or belt; the dog responds to commands from the parent or adult handler. The adult handler or parent has a leash that they hold connected to themselves and the dog, thus alerting the parent when the child wonders off. If there is not a leash, then the dog can make sure the child does not leave the safe area by circling them and barking to alert family members.

We live in a social world and dogs can help to facilitate communication of children with autism. Dogs can be readable international agents by supporting a child's own activity and creativeness within simple social actions: "a child throwing and a dog fetching a ball; walking together, a child holding the dog's leash; giving hand commands (e.g., sit) and the dog responding by sitting" (Solomon, 2010, p. 149). These activities may seem simple; however, they boost the child into contingent social behavior.

In public settings, the trained service dog can be a link between a child with autism and others in the public. Instead of stares and concerns from the public when a child with autism has a behavioral issue or the parent has trouble communicating and calming their child down, the service dog can alert the public that the child is a little different. Most times, when the public sees a service dog they tend to be more understanding and are not as fast to judge the parent and their inability to control their child.

Children with autism often exhibit repetitive movements and behaviors, such as rocking back and forth. These types of episodes can last for long periods of time and may be very powerful. Therapy dogs can be trained to recognize the onset of these behaviors and interrupt the child from continuing to do these behaviors (Pedigree, n.d.). Therapy dogs need to be trained to remain calm and supportive for a child with autism. Once the child and dog have bonded the child knows that the dog can be hugged or petted to calm the child down. A well-trained dog can understand the emotional wants and needs of the child and can be a wonderful intervention technique for the child.

As with any treatment plan the family considers, they should think about their child's sensitivities to make sure dog therapy is a good fit for the child and the family. For more information, the parents can go to the website, Autism Speaks, and search service dogs.

Horse/Equine Therapy

The other alternative type of therapy that parents can use is equine or horse therapy. Learning to ride a horse requires balance and coordination (Equine Therapy, 2016). Many children of autism suffer with balance and coordination issues; therefore, horse therapy can help in these areas, as well as with their communication skills, sensory issues, and building self-confidence.

Most horse therapy lessons run 30-to-60 minutes and are held once a week. When treatment begins, usually there is a leader and two helpers on each side of the horse to ensure the rider's safety (Autism Speaks, 2016). Oftentimes physical, occupational, and speech therapists work with the child during the session. The horses that are chosen for therapy are ones that are gentle, patient, and calm.

The rhythmic motion of riding a horse creates an increased focus of the child on the movement - which is slow, deliberate, and relaxing. The child indirectly learns how to focus better, which is aided by the calming effect of riding. When the horse moves, the rider's pelvis shifts in the correct way, which stimulates the rider's bones, ligaments, and joints (Aspen Education Group, 2016). Therapists often have the child ride the horse in different positions to help improve balance and strengthen muscles. For example, when a child sits on the horse sideways it forces he or she to work harder to remain in an upright position. Sitting on a horse improves the child's core muscle strength, balance, circulation, and coordination.

Children with autism often have difficulty understanding directions. When they are involved in horse therapy, they follow directions through a fun activity that makes

following instructions easier to grasp and remember because they are engaged in the action (Autism Spectrum Disorder Foundation, 2016). For example, children experience an ability to communicate with the horse by steering it or having it pick up rings. Cognitive activities, such as touching your nose, eyes, and ears, can also be incorporated into the therapy lesson.

Another area horse therapy benefits a child with autism is in their senses. The horse's body gives the child a tactile experience; with a soft nose, a rough tail, and the mane and body are fuzzy and helps draw out these senses when they touch the horse. Therapy sessions are held outdoors, which engages their sense of smell and hearing, unlike being in a room for therapy.

Children with autism have difficulty bonding emotionally to others; due to a difficulty in making eye contact, communicating how they feel, or expressing how they care about something. With horses, they can experience a physical communication with the horse and build self-confidence. Children are afforded opportunities to brush, hug, and pat the horses throughout the therapy experience. By learning to care for the horse, children associate the care they provide with feelings and an emotional bridge is constructed (Autism Spectrum Disorder Foundation, 2016). This type of therapy provides an increased understanding on how to care for other living things which builds self-confidence.

Although horse therapy can be expensive, there are organizations like the Autism Spectrum Disorder Foundation (ASDF) that offer funding and scholarships for parents who want to take advantage of equine/horse therapy. Support from ASDF and other organizations means that financial concerns will not hold parents back from giving their child the therapy they need.

Conclusion

This article provided an overview of four different treatment plans that have been successful for children diagnosed with autism spectrum disorder. As stated, there is not one treatment plan that works for all. Each person has unique developmental delays and those caring for the child need to look at what treatment plan will work best for the child. The article addressed how these four treatment plans have been used successfully to treat different developmental domains affected by those on the autism spectrum. It is best to start a treatment plan as soon as a child has been diagnosed. When considering a treatment plan, parents should consider the expected outcomes, the risks, how the plan will be evaluated, the success rate, and specific to their child's needs and the parents' parenting style. In the areas of dog and horse/equine therapy, more research is necessary to see how effective they are as treatment plans.

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