



Autism Treatment Options: Fact v. Fiction

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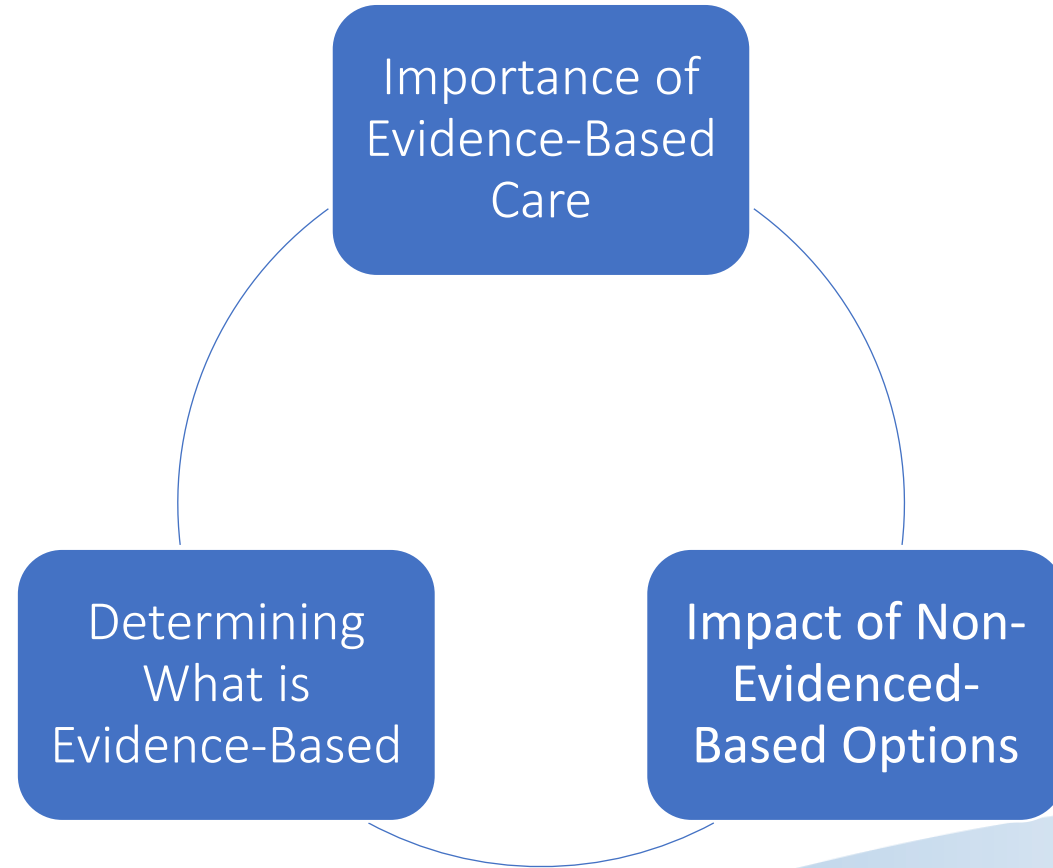
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Agenda



Autism Terminology

Person-First
Language



Person with Autism

Versus

Identity-First
Language



Autistic Person

Autism Terminology

Neurodiversity Paradigm

Views autism as part of natural variance in neurocognitive function

Differences rather than deficits

Why is this important?

- Parents feel overwhelmed and often confused about options
- Parents are concerned about choosing helpful and safe options that are both affordable and available
- Parents are gathering information from multiple sources (not just the diagnostician)
 - Including options without a strong evidence base
 - Typically, there is no discussion about options to avoid

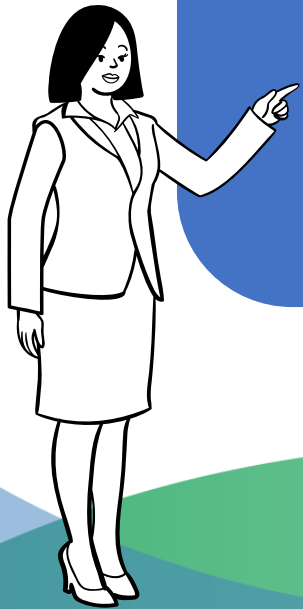
Yet, finding options to avoid is easy...

- In August 2019, the FDA sent out a warning about the harm of Miracle Mineral Solution which was being used to "treat" autism (USFDA, 2019)
- A few days ago, news sources stated that CBD oil can "calm" children with autism (Thompson, 2025)

Our Role

"Until the professionals get it right, it will be difficult to disseminate the most accurate information to the general public"
Matson et al., 2013, p. 467

"For many parents, attempting to differentiate truth from fiction regarding ASD treatment claims can be a difficult task"
Frame & Casey, 2019, p. 1



What are your common
recommendations
following an autism
diagnosis?



Commonly Recommended Services

- Applied Behavior Analysis
- Behavioral Parent Training
- Speech and Language Services
- Educational Services and Advocacy
- Medical Services
 - Including Genetics
- Occupational Therapy
- Physical Therapy
- Feeding Therapy/Nutritional Services
- Social Skills Training

How Are We Doing?

- From the diagnosing physician,
 - 41% of recommendations are evidence-based
 - 48% are not
 - 3% gave no recommendations
- Common evidence-based recommendations
 - ABA, ST, certain medications
- Common non-evidence-based recommendations
 - OT, PT, special diets, vitamins, hippotherapy

What Else Are Parents Learning?

- From Other Informants,
 - 19% of recommendations are evidence-based
 - 77% are not
 - 0% are giving no recommendations
- Common evidence-based recommendations
 - ABA, ST, some medications
- Common non-evidence-based recommendations
 - Diet changes, play groups, vitamins, supplements, vision therapy, massage, hyperbaric oxygen chamber, craniosacral therapy, swimming

Impact of Current Social Media

- #Autism
- Videos reaching a wide audience
- Significant percentage of information in videos is inaccurate or an overgeneralization
 - Less than 30% of information was accurate
- Be aware of what is being promoted to inform productive conversation

The Role of Unsupported "Interventions" in Autism Care

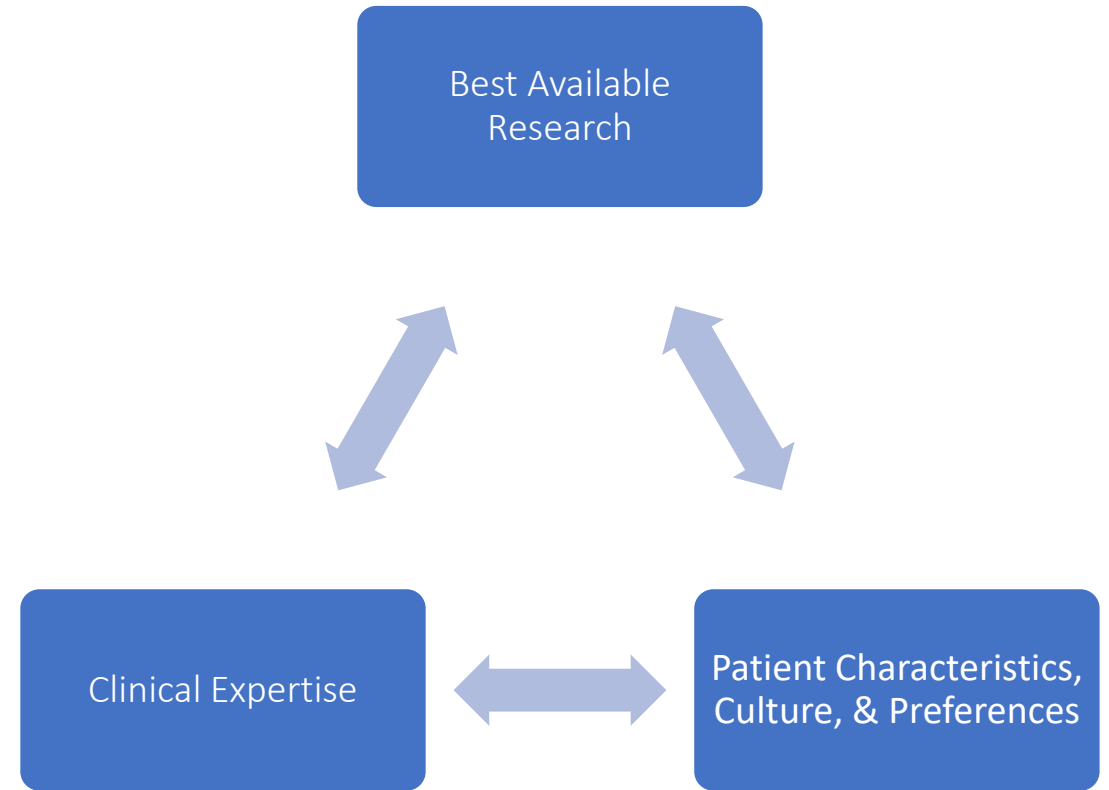
- Prevents access to evidence-based care
- Requires significant time and effort
- Costly
- Potentially dangerous

Determining What to Recommend

- Consult the literature to determine what has research support
- Review assessment data
- Consider child and family preferences
- Explore what is available in your area
- Consider the expertise of the treatment providers

Evidence Based Practice in Psychology

APA (2006)



Determining What is Empirically Supported for Autism

- National Standards Project
- The National Clearinghouse on Autism Evidence and Practice
- May also see:
 - Frame & Casey (2019)
 - Autism NJ – Treatment Options
 - Association for Science in Autism Treatment – Treatment Options
 - American Academy of Pediatrics

National Standards Project (NSP)

- Completed by the National Autism Center
- Phase 2 completed in 2015
- Results reviewed here for under 22-year-olds

Established	Emerging	Unestablished
<ul style="list-style-type: none"> Behavioral Interventions Cognitive Behavioral Intervention Comprehensive Behavioral Treatment for Young Children Language Training (Production) Modeling Natural Teaching Strategies Parent Training Peer Training Pivotal Response Training Schedules Scripting Self-Management Social Skills Package Story-Based Intervention 	<ul style="list-style-type: none"> AAC Developmental Relationship-Based Treatment Exercise Exposure Functional Communication Training Imitation-Based Intervention Initiation Training Language Training (Production & Understanding) Massage Therapy Multi-Component Package Music Therapy PECS Reductive Package Sign Instruction Social Communication Intervention Structured Teaching Technology-Based Intervention Theory of Mind Training 	<ul style="list-style-type: none"> Animal-Assisted Therapy Auditory Integration Training Concept Mapping DIR/Floor Time Facilitated Communication Gluten-Free/Casein-Free Diet Movement-Based Intervention SENSE:Theatre Intervention Sensory Intervention Package Shock Therapy Social Behavioral Learning Strategy Social Cognition Intervention *Anything else that has not been scientifically investigated

National Clearinghouse on Autism Evidence and Practice (NCAEP)

- University of North Carolina Chapel Hill
- 2020

Established		Some or Insufficient Evidence
Antecedent-Based Interventions	Naturalistic Intervention	Animal-Assisted Intervention
Ayres Sensory Integration ®	Parent-Implemented Intervention	Auditory Integration Training
AAC	Peer-Based Instruction and Intervention	Collaborative Modeling for Promoting Competence and Success (COMPASS)
Behavioral Momentum	Prompting	Exposure
Cognitive Behavioral/Instructional Strategies	Reinforcement	Massage
Differential Reinforcement	Response Interruption/Redirection	Matrix Training
Direct Instruction	Self-Management	Outdoor Adventure
Discrete Trial Training	Social Narratives	Perceptual Motor
Exercise and Movement	Social Skills Training	Person-Centered Planning
Extinction	Task Analysis	Punishment
Functional Behavioral Assessment	Technology-Aided Instruction and Intervention	Sensory Diet
Functional Communication Training	Time Delay	Systematic Transition in Education
Modeling	Video Modeling	Programme for ASD
Music-Mediated Intervention	Visual Supports	

Overlap between empirically supported treatments identified by NCAEP and NSP

Behavioral Interventions		Other
<ul style="list-style-type: none"> Antecedent-Based Interventions Differential Reinforcement Discrete Trial Training Extinction Modeling Prompting Reinforcement Response Interruption and Redirection 	<ul style="list-style-type: none"> Task Analysis Time Delay Video Modeling Visual Supports and Schedules 	<ul style="list-style-type: none"> Cognitive Behavioral Intervention Naturalistic Teaching Parent Training Peer Intervention Self-Management Social Skills Intervention Story-Based Intervention

From Emerging (NSP) to Evidence-Based (NCAEP)

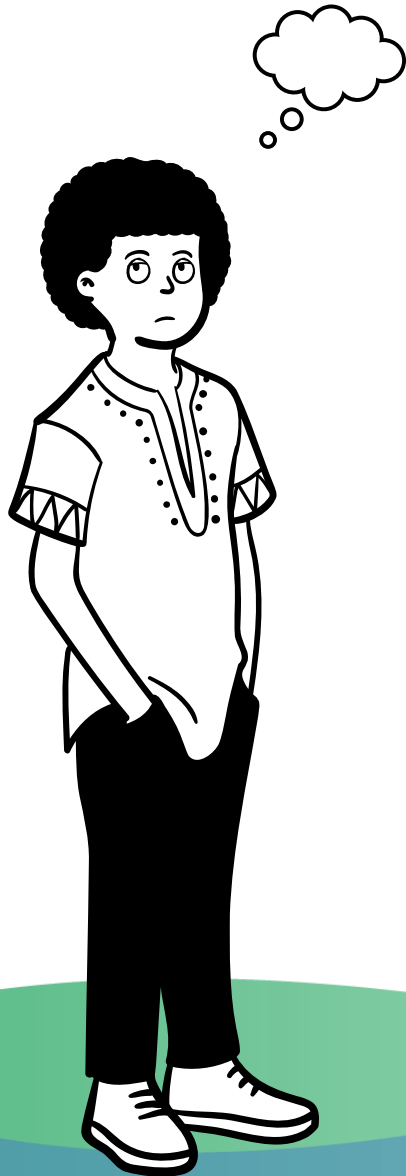
- Augmentative and Alternative Communication (AAC)
- Functional Communication Training (FCT)
- Exercise and Movement
- Music-Mediated Interventions
- Technology-Aided Instruction and Intervention

Not Evaluated by NSP, but Evidence-Based by NCAEP

- Behavior Momentum Intervention
- Direct Instruction
- Functional Behavioral Assessment
- Ayres Sensory Integration ®

Options with Insufficient Evidence

- Animal-Assisted Therapy
- Auditory Integration Training
- Facilitated Communication
- Sensory Intervention/Sensory Diet



What happens when evidence-based interventions are negatively criticized?

How do we address evidence vs. opinion?

Criticisms of ABA

- Treatment targets goals that reduce autistic behaviors
- Treatment strategies result in poor mental health
- Treatment focuses on individual behaviors rather than the whole person
- Autistic individuals do not have a voice in ABA research and practice
- Caregivers are pressured to enroll their autistic children in ABA

How To Address This

- Be prepared to have a balanced discussion with families
- Take a neurodiversity-centered approach
- Stay true to the evidence base

Neurodiversity-Centered Practice

- When referring families for follow-up care:
 - Present comprehensive service options
 - Including other evidence-based interventions
 - Consider what might be the best fit for the child/family
 - Do not pressure families to enroll in ABA
 - Support their decision-making process instead

If families choose ABA

- Encourage families to find a provider who will:
 - Center the family's values in the development of a treatment plan
 - Accept the child's special interests
 - Incorporate self-acceptance, neurodiversity, and self-advocacy education
 - Ensure that the child assents to treatment
 - Monitor for possible side effects
 - Use trauma-informed care
 - Ask for input about why certain behaviors are happening

Remember

- Not all providers are a great fit
- Empowering families to change providers but not give up on the service

Empowering Families to Ask Questions

- Why are you recommending this treatment and what are the alternatives, if any?
- What is the goal of the treatment being recommended and will it help us get the outcomes that we want?
- How will we know if we are reaching our treatment goals?
- How does the recommended treatment promote my child's strengths, capabilities, and interests?

Empowering Families to Ask Questions

- What are the risks and benefits associated with the recommended treatment?
- How does the recommended treatment work and what is involved?
- Is there research or evidence to support the use of this treatment?
- Is there research showing that the recommended treatment works for families like ours?

Empowering Families to Ask Questions

- What training and expertise do you have with the recommended treatment?
- If you are not recommending an evidence- or research-supported treatment, why not?
- How will our families be involved in the recommended treatment and how can we best support the treatment?

Empowering Families to Ask Questions

- What changes can we expect to see and how long will it take before we see these changes?
- How do we measure and monitor progress?
- What should we do if problems get worse or we do not see an improvement?

Empowering Families to Ask Questions

- How do we reach you after hours or in an emergency? If we cannot reach you, who do we call?
- Is the recommended treatment covered by our insurance and what is the cost?

Overview

- Help families be good consumers
- To do this we have to know the literature
- Be prepared for discussion
- Empower families!



MERCYHEALTH

Thank you

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