

Autism Spectrum Disorder and Effective Treatments

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## Introduction

This paper explores the possible treatments for autism spectrum disorder (ASD) and the development of the treatments over the years along with the positive and negative outcomes of it. The survey was made to help with understanding what ASD is and what the most effective treatments are that can be used to help with improving children with autism spectrum disorder. The remedies the report focused on are the psychological therapy and psychotropic medications. This report also helps the reader to have a closer idea of what are some of the factors that might lead to autism. Later in the reading, the reader will gain knowledge about Therapeutic Process Observational Coding System- Alliance Scale (TPOCS-A) and therapeutic alliance (TA). This study will also present a study called Facing Your Fears (FYF) Anxiety treatment to help with children with anxiety.

In the USA, about 1 in 54 children is affected by Autism (Meanner et al., 2020). Autism spectrum disorder is a complex developmental disorder that includes challenges for those who suffer from it such as speech and nonverbal communication, avoiding social interaction, and repetitive behaviors (Arciuli et al., 2013). Children can be diagnosed with ASD when they are 18 months or younger, but the diagnosis at the age of 2 years old can be more reliable and accurate. On the other hand, there are some children who get diagnosed much later in life.

Each child who is diagnosed with ASD does not necessarily have the same features. Autism symptoms differ from one child to another and they might experience different challenges especially when it comes to communicating and socializing. A

well-known symptom of ASD is the restricted and repetitive behavior which almost all children with ASD are spotted with. There are a number of risk factors and health problems that are linked with ASD such as mental health problems ( anxiety, depression, personality, and behavior disorders, etc.). They also are at risk of developing Attention Deficit Hyperactivity Disorder (ADHD) as well as epilepsy.

There is no 100% cure for ASD, but there are some treatments that can be used to help with developing children's behavior and help them improve their skills. Parents of children with ASD play a big role when it comes to their child's treatment (Arciuli et al, 2013). About 65% of children that are diagnosed with ASD have challenges in developing literacy skills (Clendon et al., 2021).

### **Simple View of Reading (SVR)**

Simple View of Reading (SVR) is one of the useful models when it comes to conceptualizing the cognitive skills for ASD children. The purpose of the SVR is to develop children with ASD in reading and learning as well as conceptualizing the cognitive skills needed. It also helps children with word recognition and language comprehension which is recognized as critically important for reading.

More advantages of the SVR are used to categorize emergent literacy skills which are related to print skills such as letter name, letter sound knowledge, print concepts, early name writing, and early developing phonological awareness. All of the mentioned skills will help with word recognition, and meaning related skills such as vocabulary, syntactic, and narrative skills knowledge. Almost all children with ASD who get this knowledge before going to schools will be able to be more successful readers (Catts et al., 2015).

Calhoun (2001), reports that children with autism develop word recognition skills that appear to be similar to typical children's development. Autistic children can develop their phonemic awareness, letter name knowledge, and grapheme-phoneme correspondence knowledge and are able to use them in word recognition. In addition, autistic children can compensate for their known difficulties which leads to demonstrating close to some behavioral symptoms, not to mention the continued core cognitive deficits (Livingston et al, 2019).

To assure that a treatment will work, treatments need to start with a therapeutic alliance (TA). According to Riosa, et al. (2019) the TA is an important and reliable component because it creates a trust in the relationship between two of the therapists and the children with autism. TA is an effective association when building a relationship with people who are autistic (Riosa, et al. 2019). Adding to what has been said, TA is very important regardless of what kind of treatment is being used to develop the patient's condition. Therapeutic Process Observational Coding System- Alliance Scale (TPOCS-A) is a reliable measure of therapeutic alliance for autistic children. The TPOCS-A is an observer report designed by therapeutic alliances to achieve more reliability and efficiency when treating cognitive behaviors in ASD children.

### **Therapy and Psychotropic Treatment**

In most schools, psychologists are finding that depression is getting greater among children with autism (Hebron & Humphrey, 2014). Thus, they wanted to come up with a study that would help them overcome their conflict until they came up with a treatment called Face Your Fears (FYF) anxiety treatment for children with ASD which

used an integrated knowledge translation (iKT) framework to evaluate the acceptability, feasibility, and sustainability to deliver anxiety intervention for autistic children who are in schools. To collect qualitative data in this study, thematic analysis techniques were used with focus group discussions. The study also uses the CBT program designed for children with autism.

This research was made to offer better access to mental health services for students who need to improve their mental skills, despite all other children who do not suffer from any disorders, but specifically students who are diagnosed with autism. Kester and Lucyshyn (2019) believed that the field of psychology in schools has advocated for greater access to mental health services for children and youth. A study called Practitioner review: School-based interventions in child mental health stated “It is estimated that a quarter of school-age children present with significant mental health concerns yet <30% of them receive any mental health care” (Paulus et. el, 2016). The main focus of the study is ASD children in schools, as their diagnosis often overshadowed their need for these kind of services, resulting in poorly directed interventions.

Face Your Fears (FYF) is a family group focused intervention that takes up to 14 weeks in two treatment blocks. In the first 7 sessions, it works on some of the psychological education about anxiety and anxiety symptoms. It also focuses on some CBT strategies which can reduce anxiety symptoms. In the last 7 weeks of the intervention, it focuses on the implementation of the tools through graded exposure practice.

According to Kester and Lucyshyn (2019), the study's results of the FYF are promising because most of the positive outcomes of the study were effective for the participants children and youth. Most of the students who were in the study and some other random kids had reductions in anxiety symptoms as well as endorsed anxiety diagnoses compared with kids who had the same treatment as the usual group.

Schools do not offer children with autism spectrum disorder all of the health services they need to get in school such as behavior therapy. A study by Ziskind et. al, 2020 demonstrate that some of ASD symptoms can be treated by psychotropic medication and nonpharmacologic therapy such as educational therapy interventions, speech therapy, and as mentioned before behavioral therapy. Both treatments can be effective, but each one of them can treat certain symptoms. For example, speech therapy would help ASD children with their speaking skills and behavior therapy would help with behavior related to issues. On the other hand, psychotropic medications can help treat anxiety, depression, schizophrenia, bipolar disorder, as well as sleep disorders.

Children with autism need at least 5.5 hours of therapy a week so that they can develop their speech skills, behavior, and mental health (Ziskind et. al, 2020). It was found that only 46% of 3 to 5 years old children with ASD received a behavior management therapy in a school program and only 14% of 3 to 5 years old children with autism were receiving applied behavioral analysis (ABA). Compared to the overall number of kids with ASD, this is really a small number.

A study called Therapy and Psychotropic Medication Use in Young Children With Autism Spectrum Disorder reported that children with ASD who have comorbid

symptoms were treated by psychotropic medication (Ziskind et. al, 2020). Medications are a really important part of a treatment in ASD, and the availability of it is needed in some cases to overcome the results. In some studies, it was mentioned that medications can be a main component when treating children diagnosed with behavior disorder and autism spectrum disorder is one of these disorders that really needs this combination (Ziskind et. al, 2020). Medications are used on 25% to 64% to treat children with ASD which also vary on the age of the child. A combination between psychotropic medications and therapy can help with getting more accurate long-term results.

### **Conclusion**

Autism Spectrum Disorder is one of the fastest growing disorders among children. It can't be completely treated, but there are too many remediations that can help with reducing the known symptoms among children with Autism. It is very important to start at an early age so a treatment can be more effective. Children with ASD should not be ignored because if the treatments were not consumed at an early age then symptoms can get worse. There are plenty of treatments that can help children with autism whether it was therapeutic treatments or psychotropic medication. In this paper, Therapeutic Process Observational Coding System- Alliance Scale (TPOCS-A) and therapeutic alliance (TA), and Facing Your Fears (FYF) were discussed to show the varieties of treatments that can be offered for children with ASD.



## References

- Arciuli, J., Stevens, K., Trembath, D., & Simpson, I. C. (2013). The relationship between parent report of adaptive behavior and direct assessment of reading ability in children with Autism Spectrum Disorder. *Journal of Speech, Language, and Hearing Research, 56*(6), 1837–1844. <https://doi.org/10.1044/1092-4388>
- Burnham Riosa, P., Khan, M., & Weiss, J. A. (2019). Measuring therapeutic alliance in children with autism during cognitive behavior therapy. *Clinical Psychology & Psychotherapy, 26*(6), 761–767.  
<https://doi-org.mtrproxy.mnpals.net/10.1002/cpp.2404>
- Calhoon, J. A. (2001). Factors Affecting the reading of rimes in words and nonwords in beginning readers with cognitive disabilities and typically developing readers: Explorations in similarity and difference in word recognition cue use. *Journal of Autism & Developmental Disorders, 31*(5), 491.  
<https://doi-org.mtrproxy.mnpals.net/10.1023/A:1012268909286>
- Catts, H. W., Herrera, S., Nielsen, D. C., & Bridges, M. S. (2015). Early prediction of reading comprehension within the simple view
- Clendon, S., Paynter, J., Walker, S., Bowen, R., & Westerveld, M. F. (2021). Emergent literacy assessment in children with autism spectrum disorder who have limited verbal communication skills: *A tutorial. Language, Speech & Hearing Services in Schools, 52*(1), 165–180.  
[https://doi-org.mtrproxy.mnpals.net/10.1044/2020\\_LSHSS-20-00030](https://doi-org.mtrproxy.mnpals.net/10.1044/2020_LSHSS-20-00030)

- Dove, D., Warren, Z., & McPheeters, M. L. (2012). Evidence on medication treatment for autism lacking. *Brown University Child & Adolescent Psychopharmacology Update, 14*(12), 5.
- Hebron, J., & Humphrey, N. (2014). Mental health difficulties among young people on the autistic spectrum in mainstream secondary schools: A comparative study. *Journal of Research in Special Educational Needs, 14*, 22–32. <https://doi.org/10.1111/j.1471-3802.2012.01246.x>
- Kester, K. R., & Lucyshyn, J. M. (2019). Co-creating a school-based Facing Your Fears anxiety treatment for children with autism spectrum disorder: A model for school psychology. *Psychology in the Schools, 56*(5), 824–839. <https://doi-org.mtrproxy.mnpals.net/10.1002/pits.22234>
- Livingston, L. A., Colvert, E., Bolton, P., & Happé, F. (2019). Good social skills despite poor theory of mind: exploring compensation in autism spectrum disorder. *Journal of Child Psychology & Psychiatry, 60*(1), 102–110. <https://doi-org.mtrproxy.mnpals.net/10.1111/jcpp.12886>
- Nahmias, A. S., Pellecchia, M., Stahmer, A. C., & Mandell, D. S. (2019). Effectiveness of community-based early intervention for children with autism spectrum disorder: a meta-analysis. *Journal of Child Psychology & Psychiatry, 60*(11), 1200–1209. <https://doi-org.mtrproxy.mnpals.net/10.1111/jcpp.13073>
- Paulus, F. W., Ohmann, S., & Popow, C. (2016). Practitioner review: School-based interventions in child mental health. *Journal of Child Psychology and Psychiatry, 57*(12), 1337–1359. <https://doi.org/10.1111/jcpp.12584>

Topuz, C., & Ulke-Kurkcuoglu, B. (2019). Increasing verbal interaction in children with autism spectrum disorders using audio script procedure. *Journal of Autism & Developmental Disorders, 49*(12), 4847–4861.

<https://doi-org.mtrproxy.mnpals.net/10.1007/s10803-019-04203-w>

U.S. Department of Health and Human Services. Medication treatment for autism. Eunice Kennedy Shriver National Institute of Child Health and Human Development.

Wink, L. K., Pedapati, E. V., Horn, P. S., McDougle, C. J., & Erickson, C. A. (2017). Multiple antipsychotic medication use in autism spectrum disorder. *Journal of Child & Adolescent Psychopharmacology, 27*(1), 91–94.

<https://doi-org.mtrproxy.mnpals.net/10.1089/cap.2015.0123>

Ziskind, D., Bennett, A., Jawad, A., & Blum, N. (2020). Therapy and psychotropic medication use in young children with autism spectrum disorder. *Pediatrics, 145*, 99–107. <https://doi-org.mtrproxy.mnpals.net/10.1542/peds.2019-1895M>