Autism Spectrum Disorder Treatment

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Lecture Series
#3
Learning Objectives
What can we talk about in 20 minutes?

- Early intervention
- Home program
- School intervention
- And a few Autism-isms
What to do next

• Refer to the local Early Intervention program or system

• Refer to the local Public School

• Further Evaluation
  – Audiology assessment
  – Lead screening
  – Genetic assessment (Fragile-X, CMA, High Resolution Chromosomes)
Autism Treatment

• Goals:
  – Minimize core features and associated deficits
    • Impairment in social reciprocity
    • Deficits in communication
    • Restrictive, repetitive behavioral repertoire
  – Maximize functional independence and quality of life
  – Alleviate family distress
    • Provide education and support
Early Intervention Programs for Children with ASD’s

• **Effective Programs**
  – Address communication and social skills (and promote joint attention)
  – Incorporate behavior management strategies that are based on functional analysis of behavior
  – Maintain a high level of parental involvement
  – Are structured, generalizable and intense (15 to 40 hours a week)
Preschool Programs for Children with ASD’s

• At age 3 years, Intervention includes the school system (Special Education Preschool Programs)

• Emphasis not just on academic skills

• Need to continue to focus on:
  – Learning appropriate social skills
  – Learning appropriate behavior
  – Learning how to interact with other children and play
What do you want to improve in treatment?

- Social skills
- Functional, spontaneous communication
- Functional adaptive skills
- Decrease disruptive and maladaptive behaviors
- Cognitive skills
- Traditional readiness and academic skills
Management of ASD’s

• Cornerstone of treatment:
  – Behavioral strategies
    • Applied Behavioral Analysis (ABA): DTT, PRT, Lovaas
    • Developmental model: DIR (Floortime), Denver, RDI
    • Structured teaching: Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH)
  – Habilitative therapies
    • Speech / language therapy
    • Occupational therapy
    • Music therapy
    • Aquatherapy
    • Hippotherapy
Families need our help and support

- Care of a child with ASD 24/7/52
  - Many children with Autism need very little sleep
  - Still at risk for other childhood illnesses
  - GI / Feeding problems – look at nutrition
  - Dental
  - Seizures
  - New self-injurious or other disruptive behaviors
Psychopharmacology

First – assure that other negative behaviors are not due to other medical conditions

Effective medical management may allow a child to optimally benefit from educational / behavioral interventions
Medication can address:

- Aggression / Destructive behaviors
- Self-injurious behaviors
- Repetitive behaviors
- Sleep problems
- Mood lability
- Irritability
- Anxiety
- Hyperactivity / Inattention
Families need our help and support

• Help parents locate community supports
  – Parent groups / Sibling groups
  – Respite
  – Habilitation
  – Information
A.L.A.R.M.

- **A**
  - Autism is prevalent
- **L**
  - Listen to parents
- **A**
  - Act early
- **R**
  - Refer
- **M**
  - Monitor

The Pediatrician’s Role in the Diagnosis and Management of Autistic Spectrum Disorder in Children

*Pediatrics* 2001;107:1221-1226

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AUTISM-ISM

Bad Words