


Adapting to Autism



Ed is a three year old child with autism. One day, he refused to eat and kept refusing to eat. He just wanted to keep playing. His mother placed a normal plate of food in front of him and said, "Ed, here is your dinner. When you eat all of it, you can go and play. If you don't eat, you will just have to sit there. If it's bedtime and you still haven't eaten, you will go to bed and eat it for breakfast." Not long after, Ed willingly ate everything his mother placed in front of him.

Although this seems extreme and unnecessarily forceful, it is a technique that has been proven to work well with autistic children. This technique, called negative reinforcement, is often confused with punishment. Negative reinforcement is simply giving the child an unwanted stimulus to get the desired good behavior. Ed had to remove the unwanted stimulus of remaining at the table before he could get his desired result of playing with his toys. Once Ed had removed the unwanted stimulus, he achieved the desired behavior of eating his meals.

Introduction to Treatments

The reason such treatment regiments work is the unwanted behavior is put on extinction (stopped) and the wanted behavior is increased. However, compliance to such programs is often inconsistent because so much of the responsibility falls on the parents. Thus, it is of vital importance that the parents be taught how to administer these treatment methods correctly.

In a study conducted by Moore and Symons, it was found that positive reinforcement procedures were the most desirable to change problem behaviors. But behavioral treatments are not without their problems either. Some studies have indicated that the “success” of them depends on how often behavioral measurements were taken, not on the overall effect.

Treatment Types

Scientists are unable to identify the direct source of the problem but are continually working toward curing this long term and permanent disorder. In the mean time, there are many options for treating and interacting with children with autism. Negative reinforcement is only one of these many ways; however, the techniques used are highly specific to each child. Some children respond really well to physical activity, others respond well to interactions with animals, like horseback riding. The one thing that is common in interacting with all children is the need for patience. If you exercise enough patience almost anything can be achieved.

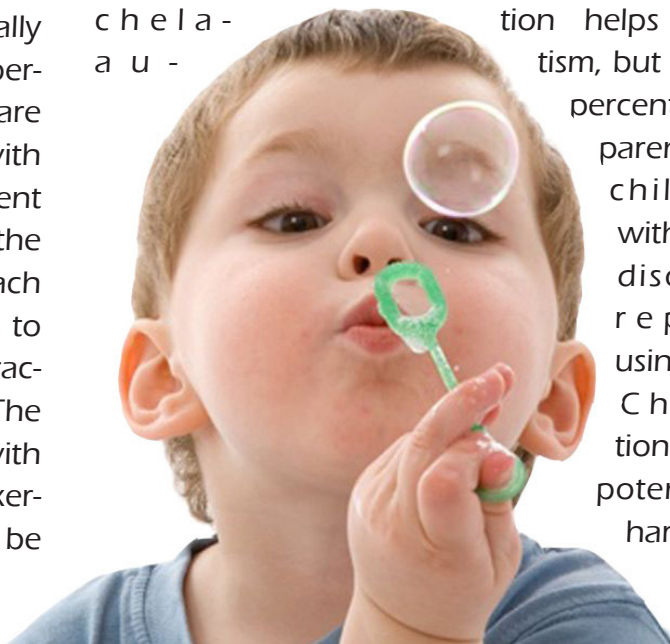
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Whichever treatments procedures you as a parent use, the most important thing to remember is to work with the child’s pediatrician and to research the proposed treatment. A common internet search for autism treatments

will bring up many treatments that are potentially harmful and dangerous; therefore, it is of the utmost importance to be well informed. It is vital not to mix up the desire for a cure with possible quack procedures that could do more harm than good. Just as the symptoms and severity of autism vary from individual to individual, so it is with treatments. The “best” treatment for one autistic child may be just as unique as he or she is and may involve a mixture of both biological and behav-

ioral treatments. As a teacher or care provider, be in constant communication with the child’s parents to keep treatments and interactions consistent.

Some treatments are considered to be dangerous or proven false. For example, there is no evidence that the treatment known as chelation helps treat autism, but seven percent of parents of children with the disorder report using it. Chelation is a potentially harmful





method which removes mercury and other heavy metals from the body.

Does your child have autism?

The signs are usually noticed within the first three years of life and can be treated if caught at an early age. There are many signs to tip off a watchful parent. Among those are impaired social interactions, intense concentration on one object, repetitive sentences, avoiding eye contact, difficulty understanding emotions, lack of spontaneous play, and empathy. When looking for signs of autism, notice the speech patterns, such as using their name when referring to themselves instead of "I" or "me." Self-inflicted abusive behavior and rocking are also obvious signs.

Although autistic signs are most common among younger children, older children can show signs as well. If a child develops normally at an early age but later shows signs of impaired ability to make friends or sustain conversation, no imaginative play, repetitive or unusual language, restricted patterns of

interest, preoccupation with objects, and inflexible adherence to routines then a doctor screening and possibly a comprehensive evaluation should be administered to determine the case. Also, hearing issues may cause autistic-like behavior and should be considered when testing neurological behaviors.

Autism is one of the most prevalent developmental disorders, affecting almost one-percent of children. If parents and others are aware of the signs of autism, then treatment procedures can begin as early as possible, which gives these children the best opportunity to learn, grow, and able to interact with other people. By consistently using effective treatment methods, perhaps we will be able to "break the ice" of autism and other disorders and be able to more fully reach out and understand these remarkable children.



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