Therapy, diet-based treatment options

HOPEING for a cure is something com-
mon to sufferers of any affliction, but, for victims of autism, this hope ap-
pears to be in vain.

Experts admit that there is simply no cure, and little likelihood of any pro-
gress on the horizon.

Despite much research, scientists have so far failed to pin down the prec-
cise causes of the condition and are consequently no closer to developing an effec-
tive course of treatment.

Currently, the only options open are therapy or diet-based.

Those who suffer from milder forms of autism often had fairly normal lives, attended mainstream schools and held down regular, if not well-paying, jobs. Unfortunately, many of their autism traits persisted well into adulthood.

Earl therapy or skills training can greatly help a small but significant part of this group and make them more independent and self-sufficient.

“Therapy is key to intervention,” says Dr Robert Leventer, a consultant paediatrician at the Lyon Children’s Clinic.

“Even the ones with severe disor-
der can learn skills, communication and social norms which will benefit them later in life.”

Experts point out that there is no one-size-fits-all therapy for autism.

Dr Bill O’Reilly, director of client services at The Autism Centre in New York, says: “Autism affects different as-
pects of a person’s life with varying se-
verity. Some may have pure autism, while others have both disorders.

Hence, we need to individualise and structured programmes that cater to different ages and competency lev-
els.

There is an array of therapy op-
tions, ranging from those that special-
ise in behaviour modification to those that focus on relationships and develop-
ment.

Applied Behaviour Analysis (ABA) is constrained the most and is said to have the most beneficial impact.

Alongside therapy, medicine can alleviate specific problems associated with Autism, such as hyperactivity, an-
ger and aggression, but not all who have autism need drugs.

Medication is only dispensed when severe problems arise.

RELATIONSHIP-BASED THERAPIES

The Relationship Development Inter-
vention method emphasises relation-
ship-building and engagement and fo-
cuses on developing a sense of self, par-
bias play a big role in teaching the child with autism. It is not age-specific.

There are some, however, who use other therapy or diet based treatments. Sensory integration therapy, for example, moves the brain through the process of the senses, and can help, for example, by improving fine motor skills.

MOTOR THERAPY

Physical education and occupational therapy are often used as diet-based therapies to improve motor skills such as gripping a pencil or catching a ball.

Motor activities include playing with toys and swimming.

BEHAVIOUR-BASED THERAPIES

Applied Behaviour Analysis maintains that teaching is affected by events that happen before and after a behaviour is exhibited.

For example, a behaviour followed by a reward is one that is likely to re-
occur in the future. Reinforcement — using rewards to motivate good be-
haviour — forms a big part of ABA. It includes positive and other behav-
ior modification techniques.

Treatment and Education of Autistic and Related Communication-Han-
dicapped Children (TICE) is a method to trainings behaviour and is usually used for the low-functioning children as it teaches them basic living skills.

CATCH depends on a lot structure such as rules, routines, and visual and verbal prompts and has made great progress with children from different ages.

DIET THERAPIES

Some practitioners dealing with au-
tism have reported success with diets.

Many practitioners believe that the food or milk dairy, wheat bread or similar products. Those that advo-
cate gluten-free, casein-free (GFCF) therapies believe that removing such foods from the diet can improve be-
haviour.

REFERENCE