



## **Full Length Review Article**

### **PSYCHO-EDUCATIONAL APPROACHES IN PERSON WITH AUTISM SPECTRUM DISORDER**

**\*Vibha Thapa and Gopal Jee, S.**

Department of Psychology, DAV PG College (BHU), Varanasi, India

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#### **ABSTRACT**

The umbrella term 'autism spectrum disorders' (ASDs) covers the condition such as autism, childhood disintegrative disorder and Asperger syndrome. Developmental disorders, including ASDs, are disorders of early brain development, and although the cause of ASDs remains unknown, some specific prenatal, perinatal and environmental risk factors, such as high maternal and paternal age and specific gene mutations, have been identified. It is unclear what role these risk factors may play in the reported increase in prevalence. It is a long-life disorder that affects not only the autistic child but also the family caregivers. There is increasing recognition about the importance of taking into account both child and family needs when treating autism. However it has been a major debate about what intervention is the most appropriate. In this paper we will review the current literature on the different interventions that have been used in the treatment of autism with special attention to those that are empirically based. We intend to present an overview of both positive aspects and limitations of each type of intervention. The conclusion is that there is no single approach that is totally effective for all children the whole time.

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#### **INTRODUCTION**

Autism is classified as a pervasive developmental disorder that encompasses severe lifelong difficulties in social and communicative skills - beyond those accounted for by general delay – and also restricted/repetitive behaviors and interests. Worldwide, people with ASDs and other developmental disorders represent a vulnerable group. They are often subject to stigma and discrimination, including unjust deprivation of health and education services, and opportunities to engage and participate in their communities. Globally, access to services and support for people with developmental disorders is inadequate, and families of those affected often carry substantial emotional, economic and care burdens. In fact, accounts of parent's worries regarding their children's social behavior and play begin in the first two years of life(Howlin et.al., 1997;Gilberg.,1990).However, the pattern of development may change according to the degree of cognitive impairment being worse in those whose IQ is below 50(Howlin 1997). Those who have severe cognitive impairment are unlikely to develop speech and likely to develop self-injury behaviors, requiring life-long care.

In general, most individuals tend to improve with age when under appropriated care. Nevertheless, despite of these possible improvement communications, social problems tend to be life-long. The studies concerned with prognosis and outcome in autism show that the best predictors of social functioning and school performance are the child's cognitive level, language impairment and development of adaptative (Venter *et al.*, 1992). Thus, parents when deciding for a certain type of intervention must bear in mind that to date, there is no good evidence that a particular treatment may cure autism and also that different treatments have a specific impact on each children. This impact depends on the child's age, degree of cognitive impairment, the presence or not of speech and the severity of general symptoms. It is important to be aware that most autistic children do not show deficits in all developmental areas and many have one or more dysfunctional behaviors for brief periods of time or in particular situations. In addition, other aspects, such as family functioning, social support, etc, are also important (Howlin, 1997).

#### **Strategies and approaches for autistic people**

There are many approaches, therapies and interventions for improving the lives of autistic people. No two people are the same, so choosing the right ones for you or the person you

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**\*Corresponding author: Vibha Thapa**

Department of Psychology, DAV PG College (BHU), Varanasi, India

support can be a challenge. There are claims that the treatment planning should be structured according to the patient's life stages (Aman, 2005). Thus, with young children the priorities should be speech and language therapy, special education and parent support. On the other hand, with adolescents, social skills group, occupational therapy and sexuality issues should be focused. In adulthood, housing options and guardianship issues should be focused. Unfortunately, there are few options of housing in our country – an area that has been largely neglected, raising concerns for parents. It was stressed that, the effectiveness of the treatment depends on the experience and knowledge of the professionals about autism and mostly, their ability to work together in a team and with the family. One of the most stressful situations for the parents when dealing with professionals is the controversy surrounding the diagnosis process. Five basic aims for any treatment goals:

- Developing the Individual Education Plan
- Fostering social and communicative development
- Enhancing learning and problem-solving
- Decreasing behaviors that interfere with learning and access to opportunities for ordinary experiences
- Helping families to cope with autism

### **Developing the Individual Education Plan**

Planning the instructional program for students with autism is complex, because these students have significant differences from most other students in learning style, communication, and social skill development, and often have challenging behaviours. There is considerable individual variability in how these characteristics affect a particular person. Programs must be individualized and based on the unique needs and abilities of each student. Knowing how the student's ability to process information and communications are affected by autism is critically important to planning. A student's education program could include a combination of instructional activities from the regular curriculum as well as activities based on goals and objectives that are unique to the individual and set out in an Individual Education Plan. The IEP is developed through collaboration by a team of people directly involved with the student, such as the classroom teacher, parents, the student if appropriate, and special education teacher. In some cases, planning involves others, such as teacher assistants, speech and language pathologists, behaviour consultants, and school psychologists. It is important for school staff to be aware of interventions being used to support the student, so that the school program can be as congruent as possible with that program or therapy. Because students with autism have difficulty with change, it is important to try to plan so that supports complement each other.

### **Fostering social and communicative development**

Children who are very impaired in their ability to communicate verbally may require some form of alternative communication. The appropriate choice of system depends on the child's skills and degree of impairment. Sign systems have been widely used in these cases. A pictorially based system seems to pose least demands on cognitive, linguistic or memory skills since the pictures or photos reflect the individual needs and/or interest. The Picture Exchange

Communication System is an example about how a child can take an active role by using stickers to indicate the beginning, changes or ends of activities.<sup>8</sup> This system facilitates both communication and understanding once the association between the activity/symbols is established (Quill 1997). At the same time, it was found that the signing of autistic children follow the same pattern of that found for verbal training programmes, that is, signs are rarely used to share experiences, to express feelings/emotions or to communicate reciprocally (Attwood *et al.*, 1988). For younger children, who are able to use some words or sounds spontaneously, individualized language programmes are important for improving comprehension and the complexity of speech. Attention was called for the need of parents using effective and consistent strategies to encourage speech and develop imaginative skills (Howlin 1988). For example, parents can keep toys and biscuits away from the child but at their sight using transparent containers, which attract the child's attention. This simple strategy helps the child to need to communicate with adults in order to have what he/she wants. Imaginative skills may be encouraged by, for example, focusing on the child's stereotypes rather than just eliminating them. The technique known as "Facilitated communication", involves the use of physical support to hands, arms or wrist to help children to use communication boards of various types, thus improving language skills. However, there are evidences that the responses are mostly under the control of the facilitator rather than of the child. (Bebko *et al.*, 1996; Green., 1994). Another visually based instructional system is the TEACCH (Treatment and Education of Autistic and Related Communication Handicapped Children) educational programme (Schopler *et al.*, 1990). It is a highly structured programme that combines different visual materials to improve language, learning and to reduce inappropriate behaviors. Differently colored areas and containers are used to instruct the child about, for example the appropriate place for them in a certain moment and the correspondent sequence of activities throughout the school day. Most autistic children have difficulties in understanding abstract language or dealing with a complex sequence of instructions that need to be broken down into smaller units. For example, in a classroom the students were encouraged by the teacher to complete a story about a girl and her dog. Each student was invited to verbally build a little part of the story.

After some boys have made their contribution focusing into the girl's thoughts, feelings and activities, the autistic student suddenly concentrated in the dog, changing the topic of the story and without making a connection with the previous parts. Metaphors should either be avoided or fully explained otherwise they may cause much distress, as in sentences such as "I will die if I do not have lunch now". Questions should be as simple and concise as possible, trying to reduce ambiguity. Thus, it should be better to ask "what is your mother mobile phone?" than "can you give me your mother's mobile phone please?" For this last question the autistic child may answer "yes" and do not make any further action or understand that he should give the mobile (the machine) to the person. Immediate echolalia is the repetition of what somebody has just said whilst remote or delayed echolalia are words, phrases or even dialogues borrowed from other people or from the media. (Howlin 1989).

### Enhancing learning and problem-solving

It seems to exist a direct relationship between time spent in a classroom, working on an academic subject, and the improvement achieved in that subject (Bartak *et al.*, 1973). That better academic attainment is significantly associated with verbal intelligence although the performance is below the child's chronological level. A common question has been whether an autistic child should attend a special school for autistic children specialized in broad learning difficulties or being integrated into the mainstream school. So far there is no final answer to this question as there is no well-controlled comparative study concerning the levels of integration in these systems. It seems that each case should be individually treated, focusing on the child's needs and strengths. It is important to bear in mind the advantages of being exposed to non-handicapped children and learning from them by imitation but not forgetting that they will be at risk for bullying by other children (Howlin 1998). Anyway, some studies suggest that with appropriate education more autistic children may use their intellectual skills that they have to achieve functional academics. There is evidence that early educational provision, since 2 to 4 years, combined with the integration of all professionals is the most effective therapeutic approach (Rogers 1996). It seems that this context facilitates consistent management techniques, which in turn may be related to the generalization and maintenance of acquired behaviors. These strategies help to minimize or avoid subsequent behavioral problems as the children quickly learn that their behaviors may serve as a mean to control the environment. Another approach that has some empirical base is the Lovaas method (Lovaas 1993). It is an intensive behavioral programme, in general conducted at child's home with at least 20 hours of educational work per week. Different developmental areas such as language, cognitive aspects and social behavior are target. One of its limitations is that it imposes some restrictions to the families such as determining the hours when family members must be available and committed to the programmes, perhaps giving up planes such as a pregnancy, new post at job; etc Traditional behavior therapy such as the ABA approach to the analysis of behavior also appears to be helpful. The main assumption is that the behavior can be understood by the identification of the antecedents and consequences of a certain behavior. However, attention has been called to the fact that it is very difficult to take into account the behavior as perceived by the child, making possible to explain a certain behavior other than that preceded it or not (Howlin 1998).

### Decreasing behaviors that interfere with learning

Attention has been called to the "function" of challenging behaviors, that is, the underlying causes of behavioral disturbances (e.g. aggressive, self-injurious) and its relationship with language and social impairment. Obsession symptoms also help to maintain these behaviors. There are authors who point out that intervention techniques should focus on the improvement of developmental areas, mainly social skills and language, rather than on the elimination of problems. Some studies have demonstrated that challenging behaviors serve as an important communicative function (Durand *et al.*, 1988 and Durand., 1990). which are: to indicate need for help or attention; to escape from stressful situations or

activities; to obtain desired objects; to protest against unwanted events/activities; to obtain stimulation. The knowledge that challenging behaviors are a way to communicate also allows people to respond better to these behaviors because they know that they were elicited due to poor communication and are not deliberate acts of aggression. There are approaches that can help to reduce these behaviors by helping the child to use alternative means of communication. In fact, most studies investigating the efficacy of these approaches show decreasing of these behaviors when the appropriated technique is used, which is the identification of the underlying function of the behaviors? Problems arise not due to the nature of the behavior but because of changes in other people's attitudes (Howlin 1998). For example, touching adult's certain parts of the body (e.g. breasts) may be view as positive when the children are young (e.g. interest in people) but become a problem as they grow older. Some types of obsessive compulsive behavior (e.g. "collection" of cartoon characters) may be intensively encouraged by parents and relatives at one moment but cause trouble and be condemned later on. Of course it does not mean that these activities should be forbidden. They should not be too much encouraged as they may escalate and interfere in the learning process if not brought under control. Without careful planning, children may replace rituals and obsession with behaviors that are even more disruptive.

Regarding social behavior, in children who are more severely handicapped, inappropriate behaviors such as screaming, undressing or masturbating in public may be a great source of concern. On the other hand, children less handicapped have, as the source of concern, difficulties in empathy, social understanding and reciprocal interactions that seem to be the core deficits in autism. This social impairment can be better explained by deficits, in theory of mind that are, the ability to understand other people's beliefs, thoughts or feelings (Baron-cohen 1993). Although setting clear rules to deal with these difficulties is helpful (Howlin *et al.*, 1987). Knowing how to make friends, understanding other peoples's feelings and thinking are not rule- based skills that are acquired through teaching. It seems that social skills training are more effective when conducted in a particular situation, as each situation demands a different social response. Isolating social skills groups tend to be a more limited procedure due to the child's difficulties with generalization of the acquired skills.

### Helping families to cope with autism

There is evidence that autism has some impact over the family and that the burden of care falls largely upon the mothers (Factor *et al.*, 1992). One study compared the stress profiles of mothers and fathers of children with autism (Moes *et al.*, 1992). The results were that mothers of autistic children showed more stress than fathers, suggested that this result was a consequence of different responsibilities assigned to child rearing for each parent. It was demonstrated that parents are most stressed by delays in getting a diagnosis (Howlin *et al.*, 1997), by disabilities associated with autism itself (e.g. lack of speech, hyperactivity and tantrum behaviors) and by worries about the future condition of their child.(Liwig., 1989). The identification of parental concerns and the provision of support are crucial because parental stress may affect the child's

development. The majority of mothers of the clinical groups did not work a condition that may increase the burden and social isolation. In fact, some mothers gave up their careers to look after the child. Sleep problems were identified in the children of both clinical groups such as difficulties to go to sleep and frequent waking and restless. Mothers of children with sleeping disorders showed higher scores in the anxiety/insomnia than mothers of children not with sleeping disorders suggesting that mothers are affected by their child's sleeping problems. It was called attention for the role of family routines, in particular bedtime routines for children to prevent parental stress and lack of couple intimacy (McCubbin *et al.*, 2005). It also has been stressed the risk of piling up stressors for parents health and the role of social support and quality of the health systems in buffering the effect of stress upon parents. Social support is an important resource to the family and has been viewed as one of the key stress buffering factors in families under stress. The information exchanged at the interpersonal level provides emotional support, esteem support and feelings of belonging to a network of communication with mutual understanding. The authors claim that professionals working with these families can help them to assess both stresses and resources in order to solve problems. Families can be helped to be more resilient in the face of change by restructuring roles, rules, patterns of interaction, boundaries and outside relationships with the community. Appraisal may also play a part as it refers to the families' set of beliefs and assumptions about their relationship to each other and also about the community and systems beyond their boundaries (Schmidt *et al.*, 2005).

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