



## Family and children with autism spectrum syndrome

What is Autism?— Autism, also called autistic disorder, appears in early childhood (National Institute of Health, 2001). Autism can develop during different stages of infancy and early childhood, but it is classified as autism only if it arises by the age of three (American Psychiatric Association, 1994).

Autism affects more than six out of every 1,000 children. Generally, autism is not a disease but it is categorized as a symptom. It ranges in severity from a handicap that limits an otherwise normal life to a devastating disability requiring institutional care (WebMD, 2008). A saying goes caring is thinking with your heart. Families therefore should think with their heart when caring for Autistic children. Family members who think with their hearts will one day be remembered as great trailblazers, saintly but gentle individuals, tolerant lovers of people, and devoted protagonists of handicapped mankind. Since this handicap requires institutional care, Autism is considered the most disabling of pervasive development disorders, a series of disorders that affect intellectual skills; responses to senses; and the ability to communicate. The etiology of autism, with its pervasive, disabling effects on child developmental processes, is still not known, although all evidence points to biological factors as being prominent in its etiology (Urdang 2002). Biological factors make autism pervasive in developmental delay in children.

Developmental delay is milder form of autism known as pervasive developmental disorder or PDD. Pervasive developmental disorders which seriously affect language, socialization, and behavior, include several specific syndromes (such as Asperger disorder and Rett disorder). Studies estimate that as many as 12 in every 10,000 children have autism or a related condition (U.S. Department of Health and Human Services, 1999). The word autism which has been in use indiscriminately for about 100 years now comes from the Greek word autos meaning self. This very term describes conditions in which a person is removed from social interaction hence an isolation of self. Eugene Blecher, a Swiss psychologist was the first guy to use this term in everyday assessment and diagnosis. He was the first Psychologist who thinks with his heart on how best to care for these handicapped children. Blecher began using this novel term Autism around 1911 to refer to one group of symptoms of Schizophrenia. But in 1940 some erudite researchers in the U.S began to use the term autism to describe children with emotional or social behavior problems. The description between Autism and Schizophrenia then remained linked in the mind of researchers until the 1960s. It was only then that medical professions began to have a separate understanding of autism in children and families.

Autistic children are very sensitive and may even be greatly troubled. Sometimes they are



## Family and children with autism spectrum syndrome

agitated-by sound, touches, smells or sight that seems normal to others. They may even have repeated body movements such as rocking or hand flapping. They may display unusual responses to people, attachment to objects, resistance to change in routines and/or aggressive with self injurious behavior. As a result, Autistic children may fail to develop normal relationship with anyone, including parents, caregivers or peers. As infants, they may resist affection or consistently cling to someone. As they grow older in life, they may fail to seek comfort if they are hurt, and may generally like to play alone. These individuals may not seem to notice people, objects or activities in their own given surroundings. Some children with Autism develop seizures in some cases not until the age of adolescence. Many of them remain mentally retarded, although most of them with PDD have normal or even above-average intelligence. Often times, they show uneven skill development. Some have problems in certain areas especially the ability to communicate or relate to other children. While these children may have problems in communication skills, they also have the tendency to developed skills in other areas of life, such as drawing, creative music, creative writing, solving math problems or memorizing difficult facts. For some unknown reason to man, autistic children may test higher-perhaps even in the average or above average range-on non verbal intelligence tests. Permit me to sound weary, imaginary or idealistic in this analogy. Mr. John has great difficulty interacting with other students and family members. He has strong receptive language skills, but has difficulty expressing himself in writing skill or in speaking command. He has trouble understanding what fellow students think and what family members feel. This makes it hard for him to express himself either in words or through gestures, facial expressions or touch. Mr. John uses a computer for writing at all times. Despite the fact that he uses computer, John is fascinated with algebra, visual calculus, trigonometric identities and numbers. Sometimes, it is difficult to get him to do anything but mathematics in the classroom or at home because it is his favorite thing to do. He also has great difficulty attending activities or displays any organizational skills. These unusual characteristics make John an autistic student for special education teachers or autistic patient to psychiatric care providers.

Autism spectrum disorder (ASD) has a broad diagnosis that includes people with IQs and mental retardation. Exploratory as well as quantitative studies have shown that it is three times more common in boys than in girls (National Institute of health, 2001). Because it is common in children (boys), this disorder prevents children and adolescents from interacting normally with other people and this affects almost every aspect of their social, psychological development and wellbeing. Autism affects social and communication skills and, to a greater or lesser degree,



## Family and children with autism spectrum syndrome

motor and language skills (Rudy, 2007). Children with Autism can be chatty or silent, affectionate or cold, methodical or disorganized. Despite the fact that Autistic children have difficulty in speech and communication skills, studies lack adequate demonstration when it comes to differences in communication and non communication skills. In a recent study conducted by Hsu-Min Chiang and Yueh-Hsien Lin (2007) on expressive communication skills of children of Australian and Taiwanese children with Autism who had limited spoken language reveal no significant differences in the characteristics of expressive communication between children with speech disorder and those without speech handicap. Both authors admit that no significant differences existed in characteristics of expressive communication between children who used aided augmentative and alternative communication (AAC) and those who did not use aided AAC. Children with this disorder initiates fewer bids for interactions, commented less often, continued ongoing interactions through fewer conversational turns, and responded less often to family member communication bids (Jones et al, 2008).

Often times these children are visual thinkers of exceptional type. They think in pictures and not in languages. All their thoughts are like videotapes running in their cerebral imagination. Any human being in my opinion whose thoughts run like video type is at a cross road of intellectual management and organization. And in trying to educate children with autism Grandin (2002) enjoined parents and classroom teachers to take a toy airplane and say up as they make airplane take off from a desk. Grandin further states that children with autism learn better if cards with words upside down are attached to toys airplanes. The up card is attached when the plane takes off. The down card is attached when the plane lands. This classical analysis brings us to a jaw braking quarry. Should we then query whether adults who love to play draft (Uno) morning and night are autistic when they were young? This question requires further exploration by psychiatrists and special education teachers. While we wait for answers to this query, new studies show that children with autism have problems with remembering reality in sequence or in coherence. Because they are not good in this area, many of them compensate their weakness in drawing art and computer programs. Majority of autistic children are quickly fixated on new area of strength. Many have problem with motor control in their heads. They hate sound like fire alarm; fire crackers or the sound of a chair scraping on the floor or the sound of siren (fight-fighters). In fact, they are bothered by visual distractions and fluorescent lights. Autistic children who are hyperactive always fidget. They sing better than they can speak. They respond better when words and sentences are sung to them like bed time lullabies. They lack the ability to process visual and auditory input at the same time. Sequencing is difficult for these lovely



## Family and children with autism spectrum syndrome

kids. Also, fussing-eating has been found to be associated with this disorder.

Matthew's Story of his experiences (As narrated by Mary)

Mary's son, Matt is a highly accomplished professional jazz musician, with many public appearances and several CDs to his name-and he was not even a teenager yet! Matt lives with his parents and his little sister in Boston Massachusetts. According to Mary, "Matt was born different. He was always different from other children, even from birth. He was colicky for four months, crying inconsolably and weeps inconsiderably everyday for five hours. None of any standard calming techniques worked with him. None of the baby-setting ploy worked for him either. Matthew would not ride in a car seat like most children do. He would scream hysterically until we stopped and took him out of the seat. As you can guess, we never went anywhere and we never arrives our destination on time. Changing Diapers and giving baths were traumatic time consuming and exhausting. All Matthew wanted to do was to be nursed, in the dark, with nothing going on around him. He was very jumpy, never slept, and was very fussy. He would line-up toys and does things over and over again. Matt would be traumatized if one of his rituals could not be followed exactly as he expected it should be. He usually loves the habit of dismantling something he should be touching, or running away from any sort of interactive experience. Every outing ended in a tantrum. What misled us was the fact that Matthew had an extensive vocabulary power (because he was hyper-lexical), and he was highly intelligent. We thought his hyperactivity and distinction were due to his constant curiosity about how things worked. Matthew was extremely defensive in response to sensory input. We could not watch television when he was around. Vacuum noise, popcorn poppers, any unusual sound around the house or outside the play ground would cause him to cover his ears and become angry and agitated. He was also tacitly defensive and highly preservative. His saving graces were his hyperplasia and extreme intelligence".

Signs/symptoms of autism

Autism has a wide variety of characteristics ranging in intensity from mild to severe. A child with autism does not behave like other children with the same diagnosis. Many psychiatrists, psychologists or special education teachers don't give symptoms of Autism a second thought. These professionals take for granted that symptoms of Autism can be very much confused with Schizophrenia, anxiety disorder or separation disorder. Autism spectrum disorder and schizophrenia are like neighbors in the world of psychiatric fallout. But to mental health diagnosis, they look like strangers among millions of other health diagnosis. Perhaps you might



## Family and children with autism spectrum syndrome

have observed this in many special education classrooms or in any psychiatric units or settings. Based on your observations, you can make a statement of significant importance that can be argued or tested. Such statements could become a hypothesis, something we can test by looking into it very deeply. A testable hypothesis is a valid hypothesis. Children and adolescents with autism typically: -have difficulty communicating with others children because of language need. -They have extreme difficulty learning language. Sometimes, they make inappropriate response to people. -A child with Autism may avoid eye contact with people, and can resist being picked up or cuddled. Often times appear to be tuned out from this world. -He can have inability to do things in a normal way or have reduced ability to play cooperatively with other people feelings. -May need a rigid, highly structured routine and can become very distressed by changes in routines. -Show extreme hyperactivity or unusual passivity and extreme resistance to change. -Repetitive body movements including pacing, hand flicking, twisting, spinning, rocking or hitting oneself. -Insensitive to pain or lack of response to cold or heat. -Impulsive behavior and no real fear of changes. - An unusual attachment to inanimate objects such as toys, strings or spinning objects. -Frequent crying and a display of continuous tantrum for no apparent reason. -He can have peculiar speech patterns. An autistic child may use words without understanding their meaning. -An Autistic children show abnormal responses to sensation such as lights sound and touch. At times a child may appear deaf. At other times he may be extremely distressed by everyday noises. -Some of these symptoms occur in children with other disabilities where symptoms change as the child grows old. -Exhibit repetitious behaviors, such as rocking back and forth, head banging, or touching or twisting objects. -Have a limited range of interests and activities. -An Autistic child may become upset by a small change in his environment or daily routine.

Children and adolescents with autism experience hypersensitivity to hearing, touch, smell, or taste (NMHIC, 2008). It seems to me that other symptoms can be seen in early infancy, but the condition may appear after months of abnormal development. In most cases, it is not possible to identify a specific event that triggers this particular trait. Judy (2007) and some researchers identified common traits as: failure to tell how it actually happened. For them saying one thing and meaning another thing is simply a misnomer. To them reality-show is real and a good word from a person on the spectrum is real deal. People with Autism spectrum live in the moment. They love practical issues that confront them. They love to attend sensory input that surrounds them. Judy further notes that confronting practical issues have helped autistic patients to achieve the ideals of mindfulness. Autistic children are talented in professional skills like



## Family and children with autism spectrum syndrome

engineering, technology, craft, architecture and music. They hardly judge other individuals or criticize their conduct. Sometimes, they see things just on the surface appearance to discover real life situation in the inside. Because they are not judge of people, autistic children seem to be passionate. They can be passionate about beautiful houses, about flashy cars, about cute animals. They can be passionate and idealistic about abstract things, ideas and people in their lives. Children with Autism are not tied down to any social expectations. What matters to them are true liking, interest and passion, not keeping up with the Joneses (Rudy, 2007) People with autistic syndrome have terrific memories. They have photographic memory compared to their peers in matters of critical details. They are capable of remembering what happened two years with accurate precision. In overall, they love to keep to appointment. Autistic individuals are always on time to important ceremonies and events. In professional matters, they feel less concerned with outward appearances. Many of these individuals are less materialistic. Women with Autism are not very much perturbed about make-up or fashion. They worry less about brand names, hairstyles and other expensive externals than most women do. Autistic men and women are very outspoken. They play fewer head games. Majority of them do not play mind games or head games. As a result, they have fewer hidden agendas. With no hidden agendas, they can tell you what they want you to hear at the spot. Always, they bare their minds without holding back. Autistic people do not beat around bush and they do not beg the question. In sum, Autistic individuals open new doors for Neuro-typicals.

### What Causes Autism in Children and Adolescents?

In the field of psychopathology, there is little knowledge of what cause this disorder in children. It seems to me that research either is unsure about what causes autism in general. Some studies suggest that autism might be caused by a combination of biological or environmental factors, or both, including viral expose before birth, or a problem with the immune system, or genetics. Studies conducted by Autism Research Institute (1988) confirmed that environmental factors-including unprecedented exposure to toxic substances and over vaccination of infants and young children are key factors that trigger autism. Candida albicans have been found another contributing factor too (Research Review, 1988). An abnormal slowing down of brain development before birth may cause autism too. This is the more reason why brains of children with autism may function differently from those considered normal. Poor brain development and function is as a result of chemicals flowing in a wrong direction. Normal brain development is seen in the level of serotonin- a chemical found in the brain which declines in most children. Small but significant proportion of children diagnosed as autistic are victim of severe Candida



## Family and children with autism spectrum syndrome

infection. This infection produces toxins which causes severe long-term disruption of the immune system and attack the brain. When the immune and brain systems are affected, autistic children would display an unusual level of interest in their family and surroundings. When this happens, series of ear infection may occur, soon after an ominous change begins to occur. Speech development would drop, and then regresses, often to the point of muteness. Within a few week or months, these children would become unresponsive and lose interest in the love of their life (parents or caregivers) and in their surroundings. Many scientific investigations have examined the possible connection between autism and measles, mumps, and rubella (MMR) vaccine.

### Different Types of Autism

General Symptoms of Autism have led modern science to identify three Autism spectrum disorders (ASDs) subtypes, namely: (Autism, Asperger and PDDNOS). In terms of clinical or demographic characteristics, these three subtypes are different (Andrea et al, 2008). The first type is called Autism Disorder: - This is what people think of when they hear the word Autism. People with Autism disorder suffers from social interactions, communication and imaginative play in children younger than 3 years. The second type is called Asperger Syndrome: - Children who have Asperger have problem with language per se. They have a poor language development. They also score average or above average range on intelligence tests. Most often, these children continuously exhibit the same type of social problems with limited scope of interest as children with autistic disorder (WebMD, 2008). The third type is called Pervasive Developmental Disorder or PDD- This is known as atypical autism. PDD is a psychiatric catch word or expression for all categories for children who have some autistic tendencies but who do not fit strictly into other psychiatric categories. The fourth type is called Rett Disorder: This form of Autism is known to occur frequently only in girls. Rett children begin to develop rapidly and later begin to lose their communication and social skills. Beginning at the age of 1-4yrs, repetitive hand movements replaces purposeful use of hands (WebMD, 2008). The fifth type of Autism is described as: Childhood disintegrative disorder: Here children develop normally for at least two years, and then lose some or most of their communication and social skills by the age of 10. When communication and social skills are lost, the child is said to have child disintegrative disorder.

### Treatment of Autism

It seems that evaluation and treatment of Autism must center on diagnostic reliability and



## Family and children with autism spectrum syndrome

validity of assessment in psychotherapy. Assessment and evaluation must center on problems with communication, language, motor skills, speech, success at school and finally thinking abilities. Treatment also must focus on psychopharmacological efficacy. Assessment and treatment must aim at advancing the understanding of autism, including potential causes and prevalence outcomes e.g. genetic, immunological and environmental hazards. Study has shown that there is no established cure for Autism in Psychopathology. Because there is no prescribed cure, there is need for prolonged behavior modifications. Behavior modification includes positive reinforcement and social skills training. All these have been found the treatment of choice (Grodin & Baron, 1988). There are some modalities that can help manage autism symptoms, as well as help teach social skills and behavioral skills. Primarily social goals and behavioral skills in treatment aim to improve the overall ability of the child to function well. Also, early diagnosis and treatment helps children in the long run. There are many obstacles in achieving these efficacious treatment modalities. According to Autism Research Institute (2008), a major obstacle in autism research has been the lack of a valid means of measuring the effectiveness of various treatments. Parents of autistic children represent a vast and important reservoir of information on the benefits or adverse effects of the large variety of drugs and other interventions that have been tried with children. Against these backdrops, there are three treatment approaches that are capable of treating Autism. Since the need of children are different, treatment modalities according to Autism Research Institute are: Drug, Biomedical/Non-Drug/Supplements & Special diets.

### Medication

Researchers have published hundreds of studies attempting to evaluate different biomedical and psycho-educational interventions intended to benefit autistic children. Experimental studies show that medicines can be useful towards treating behavioral and emotional dysfunctions associated with Autism (New York Times, 2010). Therapists and some medical critics believe that much of these researches have produced inconclusive, incoherent or, worse still, a misleading results because there are useful tests, beneficial traditional therapies or scales designed to measure treatment effectiveness. The inability to apply traditional therapeutic treatments (Herbs/roots (mgborogwu), Qigong, acupressure & acupuncture) before bio-medical options can be viewed as therapeutic suicide, a treatment in a wrong direction. In classical literary expression or in Hebrew linguistic expression-it is like when one is running well but outside the track (meaning Hamasia). There is lack of adequate scale in our health care centers and hospitals, such as childhood Autism Rating Scale (CARS), the Gilliam Autism Rating Scale





(GARS), or the Autism Behavior Checklist (ABC). These lacks often pose an ominous danger and a big problem to assessment and treatment. Generally, these scales are designed to diagnose autism to tell whether or not a child is autistic. On the other hand, biomedical therapies are often based on the DAN (Defeat Autism Now) model. Psychologists and psychiatrists trained in DAN Protocol are most likely to prescribe special diets, supplements and alternative treatments as the case may be. This medication is beneficial to children with irritability and aggression associated with autism. Today, some children appear to respond to a gluten-free or Casein-free diet. Gluten is found in food containing wheat, rye, and barley. Casein is found in milk, cheese and other dairy products (New York Times, 2010). Nutritional supplement such as DMG is safe for young children too. While this is the case, medication becomes beneficial to children with irritability and aggression associated with autism. There are multiple brands of medications for treatment purposes. For example: Prozac, Paxil, and Zoloft. Risperidon is another approved medication of choice by food and drug Administration (FDA). Some children would do better on Prozac while others on Zoloft. These medications are positive relief to high functioning Autism spectrum children with co morbidity anxiety disorders. These medications are effective because children with autism have a very sensitive nervous system. As far as I know, many biomedical therapies have offered positive results in many treatment cases. But Autism treatment Evaluation Checklist (ATEC) is totally different (CARS, GARS & ABC) because it shares some enduring commonalities. ATEC was developed by Bernard Rimland and Stephen M Edison (1988) of the Autism Research Institute to fill this yearning lacuna that is especially urgent right now because of the 20 or more studies beginning to evaluate the secrets and privy of Autism. Their study was designed in a form of assessment checklist to be completed by parents, special education teachers, or psychiatric caretakers. This study consists of 4 subtests (1) Speech/Language Communication (14 items) (2) Sociability (20 items) (3) Sensory/cognitive awareness (18) (4) health/physical/behavior (25 items). Other treatment modalities include:

### Applied Behavioral Analysis (ABA)

Applied Behavioral Analysis (ABA) is defined as the science in which the principles of the analysis of behavior are applied systematically to improve socially significant behavior, and in which experimentation is used to identify the variables responsible for change in behavior (Cooper et al, 2007). The word Applied means practice to develop skills while behavioral analysis refers to learning and understanding that leads to a new skill in life. Behavioral analysis was a common treatment model adopted by Skinner and other behaviorists after him. ABA is the oldest treatment modality for the treatment of autism syndrome disorder. The applied



## Family and children with autism spectrum syndrome

behavioral analysis focuses on reward based training on the child. This method centers on teaching autistic children some basic practical skills. Besides ABA, other types of treatments have developed which include assessment and education of Autistic and related communication Handicapped children (TEACCH) and sensory integration.

### Speech Therapy (ST)

Studies show that almost all people with autism have issues with speech and language (Judy, 2007). People with this disorder are challenged by articulation, grammar and speech pragmatics (i.e. the use of speech to build social relationships). Speech therapy becomes best treatment option for kids with language disorders; having trouble understanding people or has trouble putting words together to express thoughts. Speech and language therapies are helpful to kids who have the following medical conditions: swallowing disorder, cleft-lip or palate, weak muscles around the mouth, hearing impairment and breathing disorder (Nelson, 2005).

If your kids have trouble expressing certain words or trouble understanding others, they would need to see a speech language pathologist, also known as speech therapist. Speech pathologists help children with articulation disorder to say certain sounds/words correctly. Kids who repeat certain words or have trouble saying the complete word (fluency disorder) receive treatment through speech therapy. In fluency disorder, speech pathologists assist children to overcome sound stutter (st-a-a-y, i.e. stay) which is called fluency disorder. When kids start a sentence loud and clear, but become quiet and mumbling at the end, these types of kids need treatment in voice disorder. Children with voice disorder need help to overcome the act of speaking through their noise. According to Bureau of labor statistics (2008-2009) speech language pathologists select augmentative or alternative communication methods, including automated devices and sign language, and teach their use to individuals with little or no speech capability. They also teach those with little or no speech capability how to make sounds, improve their voices, or increase their language skills to communicate more effectively. They help patients who have suffered loss of speech to develop, or to recover, and have reliable communication skills so that patients can fulfill their educational, vocational, and social roles.

### Occupational Therapy (OT)

This is a treatment method of focusing on building daily living skills. Occupational therapy focuses on enabling people to do the activities of daily life (American Occupational therapy Association). Such activities include helping children in care unites or CPS learn of their new environment that is different from their family of origin. Occupational therapists help



## Family and children with autism spectrum syndrome

adolescents in high school to learn reading, learning and writing assignments. Another goal is to help individuals resume as much as their patterns of living as possible (Punwar et al, 2000). Its primary strategy is helping children in washing, using the toilet, grooming, and dressing. According to Punwar these strategies were medically prescribed form of treatment and were usually conducted in hospitals, sanitarium, or community workshops. Other duties performed by occupational therapists include: hand washing, computer use, driving, cooking, housekeeping or the tasks a person is expected to perform on job (Kalb, 2004). Participation in these activities is vital in maintaining the overall wellness of patients. Sometimes, occupational therapists focuses on strategies to enhance the performance of activities at home or at work, including energy management to improve productivity or to reduce fatigue (National multiple sclerosis, 2008). During treatment, therapists try by strengthening and stretching exercises for the upper body, and activities designed to improve coordination and unpresumptuous interventions especially tailored to individual level of functioning. Most health care professionals employ this methodology because patients have delayed motor skills. Besides Occupational therapy, therapists can employ integration therapy- a technique which may help autistic children manage hypersensitivity to sound, light and touch and finally help them develop an individualized plan of care tailored to each patient's needs.

### Physical Therapy (PT)

Mary Kolb (2005) described the definition of physical therapy in the dictionary of occupational titles as narrow, technical, and obsolete. In modern studies, physical therapy helps build up strength, coordination and basic sports skills. This treatment option is beneficial to individuals with any form of developmental or gross motor delays. The history of physical therapy as a profession began in 1914-1919 after the First World War in the United States. According to Dreeben (2007), this period in the physical therapy profession was called the reconstruction. It was created because the first and second world war brought a greater number of casualties and distress to American people. The post-war impact challenged American society to develop this therapeutic method to care for returning veterans. As a result, Dreeben concludes that a handful of physicians called orthopedists and 1200 young women called "reconstruction aides" were physical therapy and occupational therapy pioneers who treated injured soldiers.

### Specialized Therapies (ST)

Under normal circumstances, specialized treatment includes Speech, Occupational and physical therapies. These therapies are important components of managing autism and should be



included in various aspects of the child treatment. These three therapies can help in many different ways: Speech therapy can help a child with autism improve language and social skills to communicate more effectively. There are other therapies that could be of benefit namely: - Occupational and physical therapy can help improve any differences in coordination and motor skills -Occupational therapy may help to learn to process information from the senses (light, sound, hearing, touch and smell), in more manageable way -Medications-Mostly and commonly used to treat related conditions and problems including depression, anxiety, hyperactivity and obsessive-compulsive behavior (Web MD, 2008).

### Social Skills Therapy (SST)

Social skills training (SST) is a form of behavior therapy used by teachers, therapists, psychiatrists and trainers to help persons who have difficulties relating to other people. Children with autism have core deficits in social relation to others. They lack social and communication skills too. Here, therapy focuses on building skills they need to strike and hold conversation, connect with new friends or even navigate the playground (Judy, 2007). A major goal in social skills training is teaching persons who may or may not have emotional problems about the verbal as well as nonverbal behaviors involved in social interactions. Social skills training helps patients to learn to interpret these and other social signals, so that they can determine how to act appropriately in the company of other people in a variety of different situations (see Encyclopedia of mental health disorder). Social skills learning and therapy groups are offered in many private and public facilities to help children who have difficulty making or keeping friends to coping with aggression and peer pressure.

### Play Therapy (PT)

All work and no play they say make a jack a doll boy. Unlike adults, whose natural medium of communication is verbalization, the natural medium of communication for children is play and activity (Landreth, 2002). Play therapy is generally employed with children aged 3 through 11 and it provides a way for them to express their experiences and feelings through a natural, self-guided, self-healing process. Children with autism syndrome experience the skills and ability to play. On one hand, drama or play can serve as tool for building speech communication, or social skills. Psychiatrists and therapists have always incorporated play therapy into speech, occupational or physical therapies. Play therapy is often used as a tool for diagnosis. The objects and patterns of play, as well as the willingness to interact with therapist, can be used to understand the underlying rationale for behavior both inside and outside the session. By



## Family and children with autism spectrum syndrome

engaging in the process we call play, children can learn to live in our symbolic worlds of meanings and values, at the same time exploring and experimenting and learning in their own individual ways (Landreth, 2002).

### Behavior Therapy (BT)

Behaviorism is the philosophy behind the science of behavior. Gombosi (1998) recognizes the importance of behavioral approach when commenting that for those of us who are raised in the psychodynamic tradition; it is both inspiring and humbling to see outstanding improvement some autistic children can make within a strictly behavioral and intensive program. Gombosi adds that such improvement sometimes point to where they attend school. Children with autism are hyper and often frustrated. They are often times misunderstood, and have a tough time communicating their needs, and as a result they suffer from hypersensitivities to sound, light and touch (Judy, 2007). In behavior therapy therefore, psychiatrists must try to figure out what motivates negative behavior and replace it with positive behavior, reinforcement and skills. They must recommend change to the environment and routine to facilitate better and positive behavior. According to American Academy of Pediatrics (AAP) Behavioral training and management uses positive reinforcement, self-help and social skills training to improve behavior and communication.

### Developmental Therapies (DT)

Developmental Therapy is the assessment, treatment and instruction of individuals with disabilities in activities of daily living. This therapy help children, teens and adults become more independent and involved in their communities. Professionals who engage in this form of treatment mode work tirelessly to develop skills for children for daily living. They also assist in helping patients in socialization, self-help and communication. Studies in Psychopathology reveal that relationship development and intervention is best therapy in strengthening family dynamics. This therapy is the best developmental treatments for children with autism. In this form of treatment, therapists often engage in building child own interests, and potentials for strengths to increase emotional, social and intellectual abilities. In developmental therapy, children are taught to learn adequate skills such as brushing their teeth, tying their shoes, washing dishes after each meal and packing books in the school bag after assignment.

### Visually-Based Therapies (VBT)

Margarete Naumburg was known to be the original mother of Art therapy in the U.S, because



## Family and children with autism spectrum syndrome

she substituted the easel for the couch (Ulman, 1987). I call her the grandmother of autistic care and aid. As a result of this substitution, Kaplan (2007) note that her focus was on exploring the individual's unconscious, and the painting or drawing by client that was the object of free association in a manner similar to the Freudian approach to dreams. Research on children abilities indicates that children with autism are great visual thinkers. Great visual thinkers often are not sound receptors. In trying to treat children, therapist must employ picture-based communication systems such as PECS, (picture Exchange Communication) when assisting them in skill development. Video modeling, video games and electronic communications systems often taps into autistic visual strength and image to build further skills and community enrichment (Kaplan, 2007). Screen of Autism was sometime in history designed to identify children with potential disabilities that may qualify them for special program in school, at home or within psychiatric settings. Children with Autism have language difficulties and parents are worried because they are not talking. These children also worry because other people cannot understand them too. Autistic children can have learning problems. Statistics show that 2% of children with Autism have difficulty learning new concepts such as color identification or counting of numbers. These children can have emotional problems as well. Emotional problems often cause autistic children to have multiple fears and worries or be constantly afraid of the night or dark environment (Ulman, 1987). Autistic children tend to be overly aggressive or withdrawn and unresponsive. Many Autistic children I have talked to tend to express some physical difficulties. They seem to have trouble hearing voices or other sounds. Many have been diagnosed as having severe hearing loss with special health or physical problems. And the problem of these children in my understanding is the problem of families and societies. Gerald Ogbuja

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## Family and children with autism spectrum syndrome

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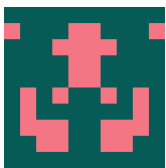
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