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Position Statement: Treatment Strategies for Autism Spectrum Disorder September 2016

Treatment strategies for autism spectrum disorder (ASD) should be evidence based. Treatment should focus on maximizing functional independence and quality of life by minimizing the core features of autism, facilitating development and learning, promoting socialization, reducing maladaptive behaviors, managing associated medical and mental health problems, and educating and supporting families. Intervention should begin as soon as an ASD diagnosis is suspected.

Comprehensive programs for individuals with ASD should include the following components:

- Intensive (up to 40 hours per week for young children), active engagement of the individual 12 months per year, in strategic, planned, developmentally appropriate activities designed to address identified objectives
- Low student to teacher/therapist ratio to allow for sufficient 1:1 time and small group instruction to meet specific individualized goals
- Opportunities for interaction with typically developing peers to the extent that these opportunities are helpful in addressing identified goals
- Ongoing measurement and documentation of progress toward goals, resulting adjustments in programming when indicated
- A high degree of structure through elements such as predictable routine, visual activity schedules, and clear physical boundaries to minimize distractions
- Implementation of strategies to apply learned skills to new environments and situations (generalization) and to maintain functional use of these skills

- Multidisciplinary Approaches (medical, educational, behavioral, psychological)
- Individualized or joint parent-child psychotherapy
- Use of assessment based programs that address:
 - functional and spontaneous communication
 - social skills, including joint attention, imitation, reciprocal interaction, initiation, and self-management
 - functional adaptive skills that prepare the child for increased responsibility and independence
 - reduction of disruptive or maladaptive behavior by using empirically supported strategies including functional assessment
 - cognitive skills, such as symbolic play and perspective taking
 - traditional readiness skills and academic skills as developmentally indicated

Appropriate evidence based treatment options for ASD should be identified and made available.

The National Center for Complementary and Alternative Medicine defines complementary and alternative medicine (CAM) as a “group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine”. Clinicians should assist families pursuing CAM to evaluate the scientific merits and identify risks or potential harmful effects of specific therapies.

Adapted from the 2007 AAP Clinical Report on Management of Children with Autism Spectrum Disorders.

For additional information see APPENDIX A

Appendix A

Adapted from *Findings and Conclusions: National Standards Project, Phase 2 (NSP2)*, National Autism Center, 2015. Full report available at www.nationalautismcenter.org

For children, adolescents, and young adults under 22 years of age:

- There are 14 Established Interventions that have been thoroughly researched and have sufficient evidence to confidently state that they have been thoroughly researched and have sufficient evidence to confidently state that they are effective.
- There are 18 Emerging Interventions that have some evidence of effectiveness, but not enough to be confident that they are truly effective.
- There are 13 Unestablished Interventions for which there is no sound evidence of effectiveness.

For adults ages 22 and older:

- There is one Established Intervention that has been thoroughly researched and has sufficient evidence for us to confidently state that it is effective.
 - There is one Emerging Intervention that has some evidence of effectiveness, but not enough to be confident that it is truly effective.
 - There are four Unestablished Interventions for which there is no sound evidence of effectiveness.
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Established Interventions for Individuals under Age 22 years:

- Behavioral Interventions
- Cognitive Behavioral Intervention Package
- Comprehensive Behavioral Treatment for Young Children
- Language Training (Production)
- Modeling
- Natural Teaching Strategies
- Parent Training
- Peer Training Package
- Pivotal Response Training
- Schedules
- Scripting
- Self-Management
- Social Skills Package
- Story Based Intervention

Emerging Interventions for Individuals under Age 22:

Emerging interventions are those for which one or more studies suggest they may produce favorable outcomes; however, before the interventions can confidently be considered effective, additional high quality studies are needed that consistently show these interventions to be effective for individuals with Autism Spectrum Disorder (ASD). Based on the available evidence, the possibility of Emerging Interventions not being effective cannot be ruled out at this time.

- Augmentative and Alternative Communication Devices
- Developmental Relationship-Based Treatment
- Exercise
- Exposure Package
- Functional Communication Training
- Imitation-based Intervention
- Initiation Training
- Language Training (Production and Understanding)
- Massage Therapy
- Multi-component Package
- Music Therapy
- Picture Exchange Communication System
- Reductive Package
- Sign Instruction
- Social Communication Intervention
- Structured Teaching
- Technology-based Intervention
- Theory of Mind Training

Unestablished Interventions for Individuals under Age 22:

Unestablished interventions are those for which there is little or no evidence in the scientific literature that confirms their effectiveness with individuals with ASD. There is no reason to assume these interventions are effective. There is no way to rule out the possibility these interventions are ineffective or harmful. Any interventions for which studies were published exclusively in non-peer reviewed journals would be considered Unestablished Interventions.

- Animal-assisted Therapy
- Auditory Integration Training
- Concept Mapping
- DIR/Floor Time
- Facilitated Communication
- Gluten-free/Casein-free Diet
- Movement Based Intervention
- SENSE Theatre Intervention
- Sensory Intervention Package
- Shock Therapy
- Social Behavioral Learning Strategy
- Social Cognition Intervention
- Social Thinking Intervention

Established Interventions for Adults (22 + Years):

The only Established Intervention for adults are Behavioral Intervention, which consists of applied behavioral analytic interventions to increase adaptive behaviors and decrease challenging behaviors.

Emerging Interventions for Adults:

- Vocational Training Package

Unestablished Interventions for Adults:

- Cognitive Behavioral Intervention Package
- Modeling
- Music Therapy
- Sensory Integration Package

Strength of Evidence Classification System

Established	Emerging	Unestablished
<p>Several (a) published, peer-reviewed articles:</p> <ul style="list-style-type: none"> • SMRS scores of 3, 4, or 5 • Beneficial intervention effects for a specific target <p>These may be supplemented by studies with lower scores on the Scientific Merit Rating Scale.</p>	<p>Few (b) published, peer-reviewed articles:</p> <ul style="list-style-type: none"> • SMRS scores of 2 • Beneficial intervention effects reported for one dependent variable for a specific target <p>These may be supplemented by studies with lower scores on the Scientific Merit Rating Scale.</p>	<p>May or may not be based on research</p> <ul style="list-style-type: none"> • Beneficial intervention effects reported based on very poorly controlled studies (scores of 0 or 1 on the Scientific Merit Rating Scale) • Claims based on testimonials, unverified clinical observations, opinions, or speculation • Ineffective, unknown, or adverse intervention effects reported based on poorly controlled studies

(a) Several is defined as 2 group design or 4 single subject design (SSD) studies with a minimum of 12 participants for which there are no conflicting results or at least 3 group design or 6 SSD studies with a minimum of 18 participants with no more than 10% of studies reporting conflicting results. Group and SSD methodologies may be combined.

(b) Few is defined as a minimum of 2 group design studies or 2 SSD studies with a minimum of 6 participants for which no more than 10% of studies reporting conflicting * results are reported. Group and SSD methodologies may be combined. * Conflicting results are reported when a better or equally controlled study that is assigned a score of at least 3 reports either (a) ineffective intervention effects or (b) adverse intervention effects.