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Different Treatment Modalities Lead to Successful Starts for Two ASD Youngsters with High and Low Levels of Function

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ABSTRACT

While discrete trial ABA programs remain the "go to" intervention for most young children with autism, they do not make inroads for all. This paper documents important clinical gains made by such a "treatment-resistant" older youngster with severe autism by means of a biologic/nutritional approach. The possibility is raised of using these approaches synergistically.

Keywords

Discrete trial, Homeopathy, ABA, PECS, Omega 3 Essential Fatty Acids, Treatment package.

I have been part of treatment teams over the past two years that have effectively produced significant clinical gains in two very different children with autism by means of two very different approaches. The first child is a beautiful girl with moderate to mild ASD, who has blossomed through ABA (Applied Behavior Analysis), more specifically, the Lovaas discrete trial curriculum. The second is a young man with severe ASD, now a young teenager, who responded very minimally to ABA but has recently thrived in his parents' view as well as our own, by means of biologic/nutritional approaches introduced by a homeopathic doctor.

Since ABA has long been touted as the "go to" most effective form of therapy for young children with autism, Jill's progress, given her start at age 4, has not been completely unexpected. She continues to receive six hours per week of one-to-one therapy, not the 30-plus hours per week described in the Lovaas protocols, but she also participates in a good school program geared toward children with special needs. At her IEP this past week, her team noted an IQ score of 102, with advanced abilities receptively, artistically, and physically (I would like to see a Goodenough Draw-A-Person IQ score since Jill draws fingers, fingernails, eyelashes, and brows and sometimes even bras on female figures). Her prognosis for independence or only minimal supervision later in life is very good, in my opinion.

My second client did not respond well to early interventions such as ABA or PECS (Picture Exchange Communication System), and has been mute for almost all of his life. From 2015 through 2019 an experienced colleague of mine worked three to four times a week with Aaron utilizing behavioral practices. This resulted in effective behavior management with therapist in the home and in the community, but still little eye contact and no speech. As my colleague faded out of the picture, I faded in, only to find little generalization from the previous four years of work. Having been impressed by some of the biologic/nutritional findings for individuals with autism and/or pica, I consulted Ron Frank, DHM to employ an "internal regulation" approach. Just as we got started, the COVID pandemic came into play, so we were forced to rely on monthly conference calls to track Aaron's progress.

Dr. Frank serially introduced Calcium Carbonate, Omega 3 Essential Fatty Acid (Cod Liver Oil), zinc, Vitamins D and B12, Cafea Cruda, Cina, and others. Parents began to report first vocalizations and approximations to words "mom" and "dad." Approximations are now clearly recognizable; functional vocabulary exceeds a dozen words; Aaron said "hi" and "bye" to me on our last call. He says "let's go" or "no" rather than communicating through tantrum. He now plays and interacts with his younger brother, though appropriately closing the door of his bedroom for time alone. Compliance with requests made by parents and teachers has substantially increased, as has eye contact.

On his birthday, Aaron enjoyed the birthday song and blowing out candles for the first time. Frequent, worrisome pica largely dropped out, and self-stimulation and "meltdowns" have greatly reduced. Parents report a more relaxed young man, with fewer mood swings and improved concentration and patterns of sleep. He now washes his body and hair in the shower. His chicken nuggets diet has expanded greatly, and Aaron is now willing to try new foods. Constipation has significantly lessened. When the family was called out of state for six weeks (family illness), Aaron's regimen was discontinued and his gains were lost. Mother reported that "pica came back with a vengeance." But when the family returned to California and the regimen was restored, we observed the return of Aaron's gains. An unplanned "reversal design" confirmed treatment impact for an older individual with severe autism.

I have been blessed to have been directly exposed to the thinking of influential behaviorists (Drs. Laura Schreibman, my dissertation chair, Ivar Lovaas, and Tom Ball with whom I coauthored publications) and biologic/nutrition theorist/researchers (Drs. Bernard Rimland and Stephen M. Edelson, and my father, Dale Alexander, author and world-wide advocate of cod liver oil/ Omega 3 EFA since 1951). My takeaway is that one size does not fit all. Whereas ABA benefitted Jill wonderfully, we saw little success for Aaron until we moved from external regulation to internal regulation. I'm still an "M&M" therapist, i.e., behaviorist by training and practice, but "M's" now include magnesium, molybdenum, manganese, methionine, metabolic profile, and others. I've learned to appreciate different approaches singly and synergistically. Aaron is now more receptive to learning approaches; Jill is just starting a course in homeopathy.

Homeopathy has a very mixed reputation and reception among providers. But truthfully, I find very much overlap between Dr. Frank's approach and the approach of others in "other camps." Vitamin supplementation is called out by Adams, Audhya, Geis, et al., [1], Bugle and Rubin [2], James, Cutler, and Melnyk, [3], and Pace and Toyer, [4]. Zinc is specifically called out by Lofts, Schroeder and Maier, [5], and Russo and deVito, [6]. Omega 3 essential fatty acid supplementation is called out by Adams, et al., [1], and Alexander 1951 [7]. These researchers do not identify themselves as homeopathic, but are utilizing key elements of the same approach that finally boosted quality of life for Aaron. Researchers may have certain preferences for individual formulation or treatment packaging of formulations [7,8]. But results determine success rather than theoretical orientation. Fortunately, we have single-subject methodologies and group designs to help us further separate wheat from chaff.

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