Impact of therapy location on outcomes

While the effectiveness of early intervention on outcomes for children with autism spectrum disorder (ASD) has been explored at length, different aspects of care are grounded in varying levels of research. While we know that certain aspects of care, namely intensity of services, duration of services, and qualifications of service providers, are associated with significantly better outcomes for children, relatively little is known about the impact of treatment setting on outcomes.

Ultimately, the literature shows that dosage of treatment and child characteristics are the driving factors of outcomes. We see that children who begin therapy at a young age, have higher cognitive ability, exhibit lower autism severity, and have better initial adaptive levels achieve better outcomes (Perry et al., 2011; Remington et al., 2007). Research also shows that more hours of treatment produces better outcomes for children with autism (Smith et al., 2000). Some research suggests that treatment location does not have a significant impact on child outcomes for Applied Behavior Analysis (ABA) treatment (California Association for Behavior Analysis, n.d.). Other research, however, suggests that treatment across a variety of sites can improve outcomes for children and allow for the generalization of skills (Fava et al., 2011).

Positive outcomes resulting from ABA therapy have been shown across all different types of settings, from home-based settings (Luiselli et al., 2000), to center-based autism programs (Freeman and Perry, 2010), to mainstream preschools (Eldevik, 2010). Providing therapy in a combination of settings has also been shown to create positive outcomes (Sallows and Graupner, 2005).

Fava et al. (2011) highlight the importance of utilizing a variety of these settings when providing therapy for children on the autism spectrum. Different settings allow for different skill building; natural environments, such as the home, can provide more opportunities for children to learn how to interact with other young children, like siblings, to participate in daily routines, and to play and interact with others in an organic way. More formalized environments allow for targeted skill building, though, in a way that is difficult in natural environments. By participating in therapeutic activities in multiple settings, children with autism are better able to generalize skills across settings. Fava et al. (2011) note that parental involvement in therapy is an important component of cross-site therapy. While higher parental involvement in therapy has been found to be connected to higher stress levels in parents, parental inclusion, as well as parental training and supervision by therapy providers, is also significantly associated with better outcomes for children.

Issues for consideration

While the literature base is still emerging, there are a few takeaways for therapy providers, parents of children with autism, and others interested in the topic:

- Provision of therapy across settings allows children to learn different skills and utilize them in a variety of locations. Therapy providers should consider the types of skills they want to target for children participating in therapy and whether or not those skills are best learned in structured or natural settings (Fava et al., 2011).
Parents of children with autism should be as involved as possible in their child’s therapy, and should participate in their own training to learn how to carry therapeutic initiatives into other aspects of their child’s life. Therapists should supervise parents as they implement these therapeutic components and give parents feedback to allow for the best outcomes possible for children with autism (Fava et al., 2011).

Overall, the literature shows that the dosage of therapy provided, the age at which a child begins therapy, and the characteristics of each child are the most important factors for success. More than anything, those working in the field should focus their attention on reducing barriers to early identification and utilization of services.

Bibliography


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