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Twelve Questions to Ask When Selecting a Therapeutic Program for Children with Autism

Finding a treatment specialist can be daunting for parents of children with Autism Spectrum Disorders. In the following interview, Dr. Marcin offers guidelines to some of the most important questions a parent should ask before choosing a therapist.

1. How is treating children with autism spectrum disorders different from treating children with other disorders?

Autism is a developmental disorder with no clear cure. It impacts the family in ways that other disorders do not.

It's especially critical for the therapist to include parents in the treatment process and address the way their child's disorder affects the rest of the family. For example, some parents will find that they cannot expect a typical emotional response from their child after someone does something nice for their child or every time a family member makes a sacrifice. A child with autism may not be capable of expressing appreciation in typical ways, but s/he can express it in other more subtle ways.

2. What philosophy do you follow in treating autism and related disorders?

There are many appropriate philosophies and treatments for autism, so there is really no right or wrong answer to this question. That said, a therapist should be able to explain his/her approach in simple terms, while also acknowledging the worth of competing ideas and approaches.

In my practice, I tend not to favor any one approach to the exclusion of others. The goal is to find an approach that works for an individual and his/her family, rather than pushing a single philosophy.

3. What do you bring to treatment that is unique? Is it customized for each child?

The answer you get to this question may be difficult for a lay person to understand. Take notes and look up the terms later to see if they seem appropriate for your family. I try to match all the training I've received--cognitive behavior therapy, dialectic behavior therapy, collaborative problem solving (CPS), family therapy and my medical education--to the unique situation, needs, and skill levels of both the child and the family.

4. Do you utilize Evidence Based Therapies?

First a definition: Evidence-based means that a particular therapy or treatment has been proven effective using research and scientific studies. This data is a base for determining the best practices in a field--rather than relying purely on subjective judgment.

Many therapists and practitioners, myself included, have a background in clinical research, and are therefore highly interested in evidence-based treatments. My own approach takes scientific evidence into account when it exists.

However, just because there's a lack of evidence doesn't mean that something doesn't work. For example, physicians in my field often prescribe medications that are scientifically supported even though there may not be a great deal of research to support them. There are a lot of interventions that can't easily be turned into an experimental model to evaluate, and many interventions are too expensive to evaluate. In fact, many medications are very effective, but they are now generic, without deep pockets to back the necessary research for them to be called "evidence based."

5. Do you collaborate with other service providers involved with your clients/patients?

Autism requires a multidisciplinary team. It would be very difficult to have a successful intervention without talking to the people who interact with the child on a regular basis.

6. Who are the members of the treatment team?

The most important members of the team are the patient and his/her family. Additionally, a therapist must open up and listen carefully to all of the individuals who interact with the child, including behaviorists, school staff, primary care physicians or other medical professionals that specialize in behavior modification, occupational therapy, medical interventions, social communications skills, and speech & language therapy.

7. Will you work with the child's teachers at school?

The answer to this question should be, "Absolutely." It's very important to have ongoing conversations with a child's teachers. The clinicians at Marcin Youthcare strive to stay connected with the entire treatment team, and that includes schools.

8. How involved will parents be in the day-to-day delivery of the child's program?

My primary goal is to train parents so they aren't dependent on me in the future. I want them to be an independent family.

Parents of an autistic child benefit greatly by learning skills they can use with their son or daughter. These children don't come with instructions. That's why I engage the family and child using homework and activities in the beginning, so I can understand the parents' skill set and assist them in areas that they identify as problematic.

9. What is the parents' expected role during all aspects of therapy/treatment?

The more involved a family is, the more effective the treatment. Ideally, families should strive for a high level of involvement. The family should be educated to monitor and track behaviors and medication, and continue behavioral treatment on their own at home. They should also feel they have access to the physician or therapist if things aren't going well.

10. What is the best way to coordinate care with speech and language therapists and occupational therapists?

Communication should be proactive, rather than waiting until there is a problem. At Marcin Youthcare we reach out to others involved in a patient's care in a variety of ways. We find that everyone wants to collaborate, but everyone is very busy. While we are not perfect, we try to be the ones reaching out first to other disciplines as long as we have permission from families to do so.

11. What happens during a typical treatment session and how frequently will we be meeting with you?

The number, frequency, and length of appointments are dependent on many factors, including the specialty area of the therapist and the therapeutic discipline he/she follows.

Evaluations can be one session or multiple sessions, but they should be thorough. So, even before the evaluation, find out what to expect and what the evaluation will include. If a therapist's planned evaluation is thirty minutes in length, turn around and walk away. While this may make sense for a surgical or primary care intake appointment, it does not make sense for the type of services that your child needs.

Marcin Youthcare's initial evaluation is conducted over three or more visits. It begins with an hour-long family meeting, followed by a one to two hour evaluation with the practitioner on staff who is best suited to the patient and family. One to two weeks later, the patient is scheduled for a treatment-plan appointment lasting 30 to 60 minutes. Very complex situations may involve evaluations that take much longer or include more appointments.

12. How long will treatment last?

The therapist must have a plan, and the number of hours of treatment depends on that plan. A parent should look for someone who has enough experience and background to be able to articulate a standard plan--while at the same time understand that every child and family is unique and that some patients need a plan that is tailored to their specific needs.

The therapist should also articulate where the child fits in the plan and how the child's treatment is going to be customized. Your practitioner should be able to give you a general idea of the length of time it usually takes to treat the children and families he/she works with.

At Marcin Youthcare, we adjust things as we go along based on the behaviors and skills the patient starts with and how quickly we see success.