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## Autism Victoria Professional Advisory Panel

Position statement on:

### Alternative approaches to treatment in Autism

In disorders as mysterious as Autism, where we remain unclear about causes and about ideal methods of treatment, it is likely that very many different treatments will be proposed to parents and professionals looking for therapy to help their children.

There are a number of treatments which have been demonstrated to be useful in helping children with autism to learn skills and to relate to other people (see Prior and Roberts 2007). Descriptions of these programs can generally be found in books and journal papers on autism. But a large number of therapies are advertised without any scientific evidence of their credibility, relevance, and capacity to make real and positive differences to the development of autistic children.

The history of treatment in autism is characterised by an ever expanding number of energetically promoted “alternative” treatments; these are by definition, treatments that have not been proven to work. They are programs and interventions which do not meet established standards of clinical effectiveness either through being subjected to scientifically controlled research, or through the agreement and support of the expert biomedical and psychological community who are responsible for monitoring interventions and their outcomes.

This is a very controversial area common to the whole area of childhood disorders and disabilities.

Complementary and alternative therapies are often sold as a means to treat the causes of disorders and to effectively help or even to ‘cure’ autism. Since the causes remain largely unknown so far (aside from some evidence of genetic influences) such therapies are almost never based on any well established research. Sometimes a ‘pseudo theory’ (usually around

imagined links between brain and behaviour) may be offered for which there is no valid evidence.

Such treatments may be of various types: unproven but harmless treatments that have no theoretical basis such as B6 and magnesium, and gastrointestinal agents; harmless biological treatments that do have some theoretical justification such as gluten and casein free diets, vitamins and secretin; potentially harmful biological treatments such as chelation, antiviral agents, large doses of Vitamin A, and withholding immunization; and un-proven non-biological treatments such as auditory integration training, facilitated communication, and cranial osteopathy. There are many more offerings in all categories.

Some alternative treatments may appear to have a short term positive effect, and to do no harm (e.g. vitamin supplements), but neither is there evidence that they alter the course of autism. Some untested treatments may also be harmful. Because autism is such a puzzling condition with no 'medical' cure, families are very vulnerable to offers of new treatments or miracle cures. These are frequently presented with vivid and emotional stories of amazing improvements in particular individuals.

Unfortunately, heart warming stories by themselves do not constitute evidence that a treatment is either safe or effective for children with autism. To be judged effective interventions must have reliable evidence of positive effects for significant numbers of children over the short and long term, using accepted scientific methods for testing for effects.

Families are recommended to look for reliable and objective evidence, beyond testimonials, before adopting a treatment for their child. They need to consult autism experts about any program they select for their child before beginning intervention. Medical, educational and psychological professionals should also make sure that they have researched the evidence for a treatment before recommending it. Families should be especially cautious about therapies which are 'in the market place' and being promoted without supporting scientific evaluations.