

# Combating ASD in this Post-Pandemic Era: A Clinical Psychologist's Viewpoint

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**Abbreviations:** NDD: Neurodevelopmental Disorders; ASD: Autism Spectrum Disorder; CDC: Centre for Disease Control; ABA: Applied Behavior Analysis; PRT: Pivotal Response Treatment.

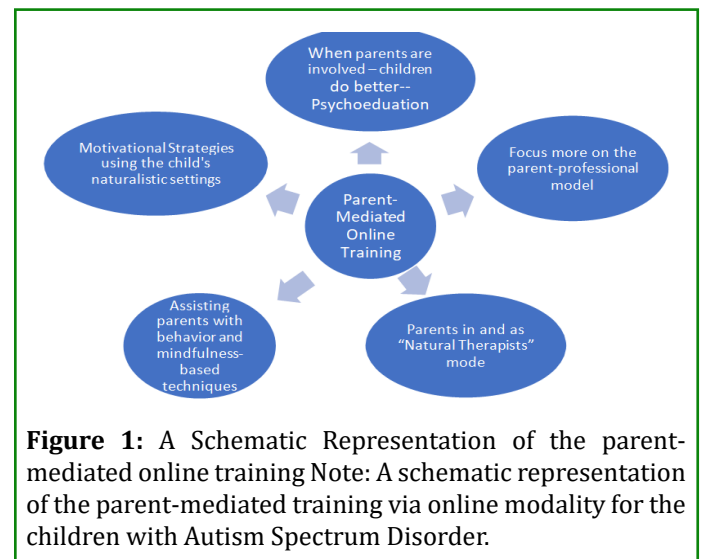
The advent of COVID-19 [1] has demarcated time into pre and post COVID-19. A complex condition under the umbrella of neurodevelopmental disorders (NDD), autism spectrum disorder (ASD), is a cause of much public concern. The Centre for Disease Control (CDC) most recent reports estimate that an average of 1:36 children in the U.S. has been identified with ASD [2] an increase from the previously reported rates of 1:54, 1:88, 1:110, and 1:150.

Autism, as known in common parlance, was intervened using applied behavior analysis (ABA) techniques. In children under five years, the intervention has been in a clinical setting before COVID-19. Pandemic presented challenges in commuting, social distancing, and mask-wearing created a ridge between the child and the therapist alliance. This made it difficult to further attempt interaction with the child with ASD. Some parents wanted to seek intervention post the pandemic. Early intervention improves the child's skill development in ASD [3]. Hence the alternative to in-clinic settings was made viable. This model of online clinical training to the parents appears viable in this post COVID-19 era as well.

A parent-mediated training program using pivotal response treatment (PRT) [4] for children with ASD via telehealth in the age group of fewer than five years has been undertaken. It consisted of the elements in the schematic representation of the training meted to the parents via telehealth (Figure 1). More than one psycho educational session describing

the process of the training was provided. Here the focus is to build upon the parent-professional model, and a strong alliance with the parents would be necessary.

Parents are considered the child's "natural therapists" who have valuable input and information on the child [5] and with the right strategy they can successfully implement the techniques. Understanding the burden on the parents and assisting them with a few behavioral therapies and mindfulness-based techniques [6,7] to help them reduce distress and focus on the task at hand was provided.



Online training using PRT enhances the child's observation in naturalistic settings; thereby, learning might be better using this structure. Presently at a developing stage of implementation with parents of children with ASD but

appears viable and promising option for remotely accessible parents, parents who wish to gain more confidence in handling the children by becoming their “therapists-at-home.”

Furthermore, the therapists could provide valuable video and audio files of the child’s behavior in the child’s naturalistic settings. Data tracking and monitoring are made easy with the availability of Google forms, WhatsApp videos, and audio on the child’s progress. Session notes at the end of the sessions provided to the parents make it easier to use and implement the strategies.

While the parents verbally report the benefits in a few cases, problems in this interventional module are observed. Some parents find it difficult to allot time to implement the strategies with the children, owing to their nature of work. Most parents post COVID-19, must travel to work [2] Still some parents are interested in seeking professional assistance directly from the specialized clinicians rather than via themselves. Low motivation to implement strategies and difficulty in time management has resulted in many parents of children with ASD. The low motivation could also be due to parental stress while implementation of the strategies.

Despite the disadvantages, the advent of telehealth (online) to tackle ASD is promising. Spread of awareness could be more using the online media. The parental burden could be lowered by providing them with minute small components of skill-building exercises with their child with ASD (discrete trial learning) and positive psychology techniques (such as mindfulness-based interventions).

In conclusion, combating the epidemic of ASD is a challenge in this post-pandemic era. Although the advent of telehealth currently is promising. Further studies are warranted in

Indian and global setting.

## References

1. World Health Organization (2020) WHO Director-General’s remarks at the media briefing on 2019-nCoV on 10 February 2020.
2. Data and Statistics on ASD
3. Koegel LK, LaZebnik CS (2014) Overcoming autism: Finding the answers, strategies and hope that can transform a child’s life. Penguin.
4. Koegel RL, Koegel LK, Kim S, Bradshaw J, Gengoux GW, et al. (2019) Pivotal response treatment for autism spectrum disorders. 2<sup>nd</sup>(Edn.), Paul H Brookes Publishing.
5. Venkatesan S (2004) Children with developmental disabilities: A training guide for parents, teachers and caregivers. 1<sup>st</sup> (Edn.), SAGE.
6. Herman H, Stanley KC, Ping S, Christina Y, Chun WC (2017) A Feasibility Study of a Brief Mindfulness-Based Program for Parents of Preschool Children with Developmental Disabilities. *Mindfulness* 8(6): 1665-1673.
7. Ridderinkhof A, Bruin E, Blom R, Bogels SM (2018) Mindfulness-Based Program for Children with Autism Spectrum Disorder and Their Parents: Direct and Long-Term Improvements. *Mindfulness* 9(3): 773-791.
8. Dixit KR, Chauhan D (2023) Work from Home before Covid and after Covid affected the India Industries and Society. *Global Journal of Enterprise Information System* 15(1): 18-29.