



Science in Autism Treatment

Newsletter of the Association for Science in Autism Treatment

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We have spent the summer very much enjoying writing and editing this issue and we are delighted to finally distribute it to you.

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PERSPECTIVES

Interview with Leigh Broughan, Sam's Sister

Franca Pastro, BA, ASAT Board Member

This month in Perspectives, I interviewed Leigh Broughan, ASAT's Co-Vice President and Sibling Member, looking at the relationship between Leigh and her brother, Sam, who has been diagnosed with autism spectrum disorder. Because of Leigh's willingness to relate a heartfelt, honest and revealing account of her journey with Sam, we are given an unusually personal insight into their relationship from his infancy to his adulthood, and how this relationship has influenced Leigh's life and career path. Enjoy!

Franca Pastro, BA
Perspectives Coordinator

Franca: How many brothers/sisters do you have?

Leigh: I have an older sister, Ruth, who is three years my senior and a brother, Sam, who is 11 years my junior - we are all very close. My parents also provided treatment foster care, starting when I was 16, so we also had one or two other kids at any one time living with us. Some of them were with us fairly long-term (5-10 years). All of them had significant mental health needs, and the one who was with us the longest also had autism. She lived with my parents for 11 years until transitioning into adult services and a group home. My parents are still her guardians, and we see her frequently.

Franca: Do you remember when your brother was diagnosed and how you felt about it?

Leigh: I don't remember the actual event of him being diagnosed with autism, but I certainly remember everything leading up to it. Sam had significant medical needs right from birth, so those are my most vivid and scary memories. I was so thankful for every day that he was home and alive, instead of in the hospital that the rest didn't seem like such a big deal.



Sam and Leigh

I remember that it was evident very early on that he was not developing typically. Sam wasn't diagnosed with autism until he was three, but he started with a teacher for the blind, occupational therapy, and physical therapy, all by the time he was six months old. The blind diagnosis is an interesting one because as we later found, he is not actually blind. Because he wasn't making eye contact and wasn't tracking objects at all, he had some neurological testing done. The visual stimuli presented to him in these tests were not activating the areas of his brain that would be expected, so it appeared that he was blind. We still aren't sure where that information is received in his brain instead, but I guess that's his little secret. So that was all in the first year, and I remember it all pretty well. I was fascinated from the start with the therapists coming to our house.

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“Another goal my parents established early on was that we weren’t going to focus on what Sam couldn’t do; instead, we were going to be excited about the things he could do and was learning to do. That can’t be an easy attitude to adopt that early on, but I’m sure that was the single most important thing to influence my attitude, and I thank them for that.”

It didn’t take long to notice that he was a little different in other ways too, and my parents did a lot of research and knew very quickly that it seemed like autism. At that time, though, doctors would not give the diagnosis of autism before age three. Many of his behaviors were very challenging, but the list goes on a million times longer when it comes to how and why we loved him. He was finally diagnosed when he was three, but I don’t remember that. I just remember the things that made him “Sam.”

Franca: You obviously love your brother very much. Apart from the fact that you are siblings, were there other factors that influenced your emotional connection with him?

Leigh: I give my parents most of the credit for fostering my feelings towards my brother. They were incredible pioneers. We lived in a far northern, remote part of Maine where, in 1991, the resources were few and far between, and there was not a lot of advocacy for autism yet. When my parents finally found out about applied behavior analysis (ABA) and insisted on starting a program, providers had to come all the way from New York and New Jersey. I admire my parents’ focus and persistence in finding him the right services.

What was significant for me is that this was a team effort and my parents really made me feel included in the process. It didn’t take my parents long to decide how they were going to move forward with Sam’s challenges. One of our main goals as a family was to continue doing all of the things we would have otherwise done, and if Sam’s behaviors interfered, we were going to meet that challenge head-on and work on it. We weren’t going to avoid activities or places for any reason. If people stared or made comments, we would politely try to educate them. As much as I

loved him and as cute as he was, he did make it tough sometimes. However, we were determined to include him and help him enjoy these experiences. Of course, we couldn’t have done it without the wonderful professionals we had helping us. And I remember that it was hard work. We had some memorable failures as far as family activities go, but eventually, we got there. He learned to love all of those places that had been challenging for him and to tolerate the things that upset him. Now he goes anywhere and everywhere and has a blast.

Another goal my parents established early on was that we weren’t going to focus on what Sam *couldn’t* do; instead, we were going to be excited about the things he *could* do and was learning to do. That can’t be an easy attitude to adopt that early on, but I’m sure that was the single most important thing to influence my attitude, and I thank them for that.

Franca: Has your relationship with Sam changed over time from when he was little until now that he is an adult?

Leigh: We are a very close family, and I always felt what I thought was sort of a parental kind of love for him, maybe due to the age difference. Now that I am a parent, I can say that is exactly what it is. It’s that overpowering combination of awe, joy in watching every smile, and fierce protectiveness (maybe



Leigh, Sam and older sister, Ruth

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overprotectiveness). Now that he is an adult, the age gap doesn't seem so extreme, but he will always be a baby to me. I just try not to treat him that way. When he was little, it was fine to be affectionate in public, but now that would probably look weird, so I try to allow him his dignity. At home, we cuddle all the time. He loves hugs more than anything.

Franca: How did you feel around your peers while your brother was present?

Leigh: As anyone from a rural place knows, it is a blessing and a curse that everyone knows everyone and EVERYONE knows Sam. So, growing up, when we were in our own community, he was just Sam. I'm sure I had to explain things here and there, but I don't remember that so much with my friends. They just sort of got to know him over time. But obviously outside of that was harder. People stare. And that takes some getting used to. We all have pretty thick skin now.

Franca: Did you feel you received less attention as a result of your brother's condition?

Leigh: Objectively speaking, there were times that I am sure I did receive less attention as a result of Sam's needs, but I don't see it as a negative. The way I remember it, anytime that was the case, it would have been for one of two reasons: one, he was in the hospital, and my parents were with him, but I was too worried about him to focus on the fact that I was getting less attention, or two, we were all fawning over his cuteness, myself included. Otherwise, my parents always made every effort to be at every important event or performance or whatever was important to my sister and me. If they really couldn't, my grandparents would have been there. I was lucky that my grandparents were almost like a second set of parents.

One of the best things my parents did was involve us in everything they could so that even when the

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attention was on Sam, we were made to feel important in some way. I'm sure it helped that we were so much older and could assist in a lot of ways, but I think that was important. I don't even know if they did that consciously or not. Or maybe they didn't involve me, but I remember it that way because I was nosy and involved myself in everything.

Franca: Apart from your parents, did you have other sources of support? Did you go to sibling support workshops/groups, such as Sibshops?

Leigh: Growing up, there wasn't any program of the sort available, and I probably would have resisted it anyway. I'm not much for getting out and meeting people or talking about my feelings. But I feel fortunate that we had such a strong family network. My grandparents, who lived nearby, were a huge part of our lives and a great support to my parents. As I mentioned earlier, it probably helped in a lot of ways that we were in such a small community. Thinking back, my greatest sources of support outside of my family were my best friends and their parents. I stayed with them a lot when Sam was in the hospital, which was usually several hours away.

Franca: Do you feel Sam's therapeutic process has been disruptive to your family life?

Leigh: Because Sam started several therapies so early in his life, it became the norm pretty quickly. It probably was disruptive to our family life in ways that I didn't recognize at the time. All I knew was



Sam during Special Olympics

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that these cool people came to our house and played with him and I liked it.

When I was older and more interested in privacy and quiet time, it got a little harder. Because my parents were also doing foster care, there were often multiple staff members in our house on any given day, which could be a bit overwhelming. It's very invasive to have people in your home all the time, no matter how much you like them. Even when you are fond of the people coming in, sometimes you just want a little privacy or time alone. Now the only thing that makes it hard is if we are visiting on a weekday; Sam is so busy, we hardly see him! He spends all of his time in the community with his staff and his friends, and I'm jealous! Sometimes I just want some time with him, and I just wish he didn't have a better social life than I do! But I'm obviously so thrilled that he has a happy and comfortable place in the community.

Franca: You are a Board Certified Behavior Analyst (BCBA). Did the fact that you are the sibling of an individual with autism influence your career choice?

Leigh: I remember loving Sam's therapies from day one. I thought these people had the coolest job to go to someone's house and play with cute little Sam. Now I realize and appreciate how well they must have done their jobs to put up with me all the time and to make it look so easy. I was never discouraged from tagging along and observing and learning from his therapists. I was never told to leave them alone or be quiet. I was encouraged to learn and to appreciate what they were doing, and I think that was so important. When I was older, I regularly visited him at school and went to IEP meetings with my mom. I even worked with him during summer school one summer because in a town that small, that's what happens.

I started my career by becoming a special education teacher. When I started working, though, I realized

“He loves to play with my girls, and they really love Uncle Sam. I love to watch them play and interact. It is truly my dream come true and I couldn't ask for more.”

that was not necessarily going to fulfill exactly what I wanted to do. I wanted specifically to work with kids like Sam and to do ABA. Consequently, I had been informally trained in ABA by observing Sam's behavior interventionists for so many years and also working at his school - this gave me a great start. I moved to New York City and worked in home-based ABA programs with early intervention and preschool age kids for several years. After that, I earned my Masters in Educational Psychology at New York University and completed my BCBA courses at the same time.

Now, as a BCBA, I have such a soft spot for siblings, especially when they show any interest in learning. Also, when I have done home-based work, I have tried to really respect families' privacy and priorities. I understand what it is like to have someone in my home, so although my number one job is to work with the child, it is hugely important to me that families are comfortable too.

Franca: You are now the mother of two beautiful girls. Were you ever concerned about having a child with autism?



Leigh and her daughters with Uncle Sam

Leigh: Sam has been to geneticists his entire life and had a myriad of tests. Coincidentally, when I was pregnant with my first daughter was also when geneticists finally pinpointed a particular genetic disorder that appeared to be related to Sam's autism. There aren't very many cases that have been identified, and there isn't much information about this genetic disorder. However, the other identified cases share many similarities with Sam, including his specific medical needs. Eventually, I was tested and found to be a carrier, which meant that I had about a 50% chance of having a child like

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Sam if the baby was a boy. As far as it's known, girls can be carriers, but it only manifests as a disability in boys. By that point, we already knew that I was having a girl; however, this information did factor into our decision to have a second child. Ultimately, we took our chances and had another girl. I won't lie, when we were waiting to find out the gender of the second baby and reality hit, it was more stressful than I had anticipated. As much as I love him, I kept thinking of all of our scary hospital experiences and my dear old parents who still don't sleep through the night.

Franca: How often do you see Sam now? What do you do together?

Leigh: He only lives about 45 minutes away, so I see him often. Sometimes we see him weekly, but it's usually at least every couple of weeks. He loves to play with my girls, and they really love Uncle Sam. I love to watch them play and interact. It is truly my dream come true and I couldn't ask for more. He enjoys movies a lot and still loves to just sit next to someone and cuddle or hold hands, so movies are a good excuse for that. They have a lot of his old toys, and I think he probably recognizes at least some of them and gets excited to get down on the floor and play with the girls and the old toys. He also really loves to swim, so we spend a lot of time swimming in the summer. He has a pool, and we have a camp on a lake where we spend every weekend all summer.

Franca: What do you see as your role in Sam's future?

Leigh: I don't really know what the future holds for him, and it's scary to think about. Because we live in such a rural place, there aren't a lot of options for people with disabilities. He currently lives with my parents and has a very nice accessible bachelor pad in their house, so it's hard to imagine that won't be forever. I would literally do anything for him - I will move mountains to make it happen. I am terrified by the idea of him living outside of the family just because he is nonverbal and would never be able to tell anyone if anything inappropriate in any way was happening in his environment. Maybe I'm overprotective, but I think I would want him to live with me before he went anywhere else, though I also know that's a big commitment. And of course, that

decision should be made based on what will be best for him and make him happy and not just on my mother hen instincts.

Franca: Is there anything you would want to say to other siblings with a brother or a sister with autism?

Leigh: Even though my experience may be unique, it's all I know, so it's a little hard to pinpoint what I have learned. However, there is no question it has shaped a lot of my life and my attitude. Here are some thoughts:

1. Talk openly and ask questions. Acceptance comes with understanding, but understanding doesn't happen without communication. I had a professor who told me once that, "Fair is not that everyone gets the same thing, but that everyone gets what he needs." I believe that's true and partly why I don't resent that Sam probably received more attention than I did in a lot of ways. I am very thankful that my parents communicated with us along the way to help us understand, accept, and even learn to love things the way they were.

2. Feeling embarrassed is a choice. I learned that when I chose to stop feeling embarrassed and started disregarding the stares and looks of bewilderment or curiosity, I could have more fun... and in the process, I might do more to teach others acceptance.

3. It's ok to feel every emotion in the world about your sibling because you would with any sibling!

4. I went into this field of ABA and have an incredible career because of Sam. My advice is not that siblings necessarily make the same choices that I did, but that they can look at the possibilities the experience can present instead of the limitations.

5. Your sibling is your sibling, special needs or not. It might not be what everyone else has, but it's what you have. That's no different than anything else in life - and you don't necessarily want what other people have! You're missing out on life if you don't find a way to make the best of yours somehow.

Leigh Broughan, MA, BCBA is Co-Vice President of ASAT and lives with her husband and two beautiful daughters in Maine, USA.



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FUNDRAISING

How Science Changed a Family's Life

Ruth Donlin, MS
ASAT Board Member

Larry and Kathy Hannon's daughter Karina was diagnosed with autism when she was three years old. The doctor said she may never be able to speak. Fortunately, Karina was in an inclusive program that implemented applied behavior analysis (ABA) and her progress continues to this day. The Hannons own several Dairy Queen stores in Maine and they provide educational materials, posters, and ASAT brochures to their customers. For years, they have also placed donation jars in their stores and have raised over \$10,000 to support ASAT.



ASAT's Donation Jar on DQ's counter



Karina showing her first DQ paycheck

“We support ASAT because families need the true facts about Autism to provide the best treatment for their loved one! ASAT supports ABA, which is the #1 proven treatment, backed by over 500 peer reviewed studies. Families can learn so much from ASAT, as we did, and not be misled by so many unproven treatments in today's world!”

The Hannons are still implementing ABA today. Now 14, Karina has just been hired to work in one of their stores. Although they said that her training will be a slow process, the Hannon's know the strategies that have been successful in the past, and they are confident Karina will develop all the skills necessary to be employed at Dairy Queen.

We are so grateful to, and inspired by, the Hannons and all they continue to do in promoting evidence-based interventions and for their ongoing benevolence!

If you are interested in placing an ASAT donation jar in your place of business, please write us at donate@asatonline.org. Your participation would be shared here in our newsletter.

35th Annual

AUTISM CONFERENCE

Harrah's Atlantic City Waterfront Conference Center

October 19 & 20, 2017

- Begin with the keynote address, **How the Public Policy Landscape Affects You** for a powerful start to the conference by **federal policy expert David Mandell, Sc.D.** along with our own **Executive Director, Suzanne Buchanan, Psy.D., BCBA-D.**

- Hear from clinical experts including **Andy Bondy, Lori Frost, Beth Glasberg, Robert LaRue, Gregory MacDuff, Mary McDonald, Michael Selbst, Mary Jane Weiss, and Thomas Zane.** Attorneys and financial planners will also offer their expertise, and self-advocates and caregivers will share their experiences.

- Learn about **science-based practices** to address challenging behavior, communication, and social, vocational, and life skills. Professional issues, family support, and ethical challenges will also be thoroughly covered.

- Both **caregivers and professionals** should benefit from the extensive information and resources for individuals of **all ages and support needs.** Content will range from **basic to advanced** levels.

- Share your research with our **Call for Posters** available online through August 1.

Research Poster Session sponsored by:  **ASAT** *Real Science, Real Hope*
ASSOCIATION FOR SCIENCE IN AUTISM TREATMENT

- Promote your organization through **sponsorship, exhibiting, and advertising options.**

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BOOK REVIEW

The Activity Kit for Babies and Toddlers at Risk: How to Use Everyday Routines to Build Social and Communication Skills by Deborah Fein, PhD, Molly Helt, PhD, Lynn Brennan, BCBA-D, and Marianne Barton, PhD

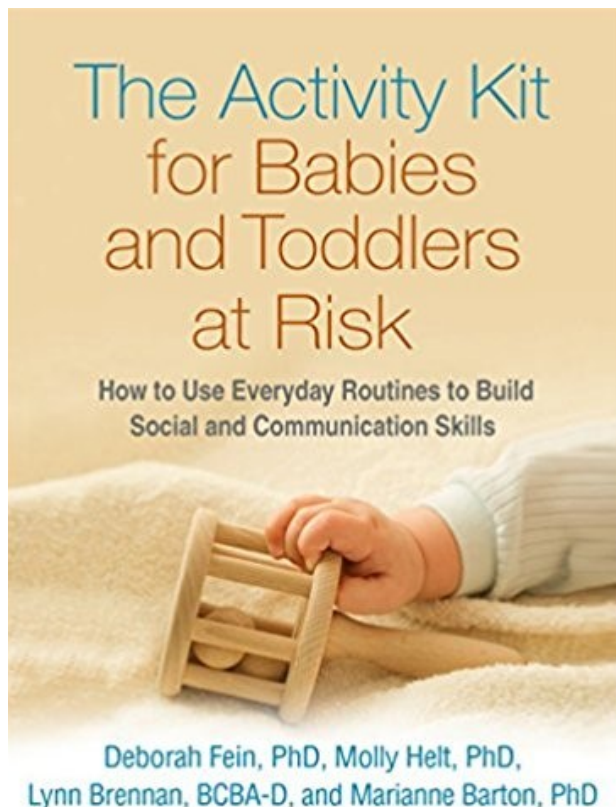
**Alana Vogl, MEd, BCBA
Daniela Fazzio, PhD, BCBA-D**

As we read this book, we were overwhelmed with the thought “where has this book been all my professional life?” We have worked with so many parents of children with autism with whom we would have shared this accessible and practical resource. This book is written for parents whose children are “at risk” for a developmental delay or disorder. The authors describe two risk categories: children who are displaying delays or behaviors of concern and children who do not have any observable delays, but have other risk factors such as a sibling with a developmental delay or another diagnosis. They advise parents of children already receiving ABA treatment to consult with the treatment team before introducing any additional activities.

Unless they have spent a lot of time around many babies, parents typically aren’t intrinsically knowledgeable about typical child development. This book describes the milestones that typically developing children will reach within their first three years using clear and descriptive examples. From our experience working with families in which the first born is diagnosed with ASD, parents have many questions about typical child development when it comes to their younger children. It is important for all parents to have a basic understanding of child development, especially when there is a concern that a child may demonstrate a delay.

The activities throughout the book follow the authors’ “12 rules to play by,” namely:

1. Start early.
2. Use fun activities to distract a self-absorbed child.
3. Use naturally occurring interactions and routines.
4. Change routines in a funny way.
5. Leave off endings.
6. Help the child include others in play.
7. Get your child’s attention by using what he/she likes.
8. Have theme days.
9. Teach skills at or just above your child’s current level.
10. Do not encourage independence too soon.
11. Involve other family members.
12. Don’t forget the behavioral principles you just learned.



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The activities illustrate fun and interactive ways to engage with any child to promote positive social interactions and language development. Organized by age range, the activities are developmentally appropriate and create learning opportunities for children, regardless of their risk factors for ASD.

The section for toddlers is a little more structured and broken down to target six learning objectives: social engagement, eye contact, nonverbal communication, language, imitation, and pretend play. Across all age groups the activities are easy for parents or caregivers to access as they are organized by daily routines (i.e., bath time, meal time, errands, chores, dressing, undressing and diaper changing, waking up and going to sleep, indoor play and outdoor play). There is a range of “intensity” of the activities from those that require no materials or preparation such as the simple routine of saying goodnight to objects in a baby’s room before putting her to sleep, to making personalized books for a toddler that illustrate favorite foods, common clothing items, or family members. Most the descriptions of activities are concise and lend themselves to being copied and placed around the house as a reminder of ways to engage your child when changing a diaper or doing the laundry.

The authors conclude with chapters specifically targeting communication and preventing problem behavior. Throughout the book there are text boxes with highlighted content and none is more appropriate than the caution given to teaching a child to sign “more” on page 192. Behavior analysts understand the problem with overgeneralization that comes from teaching a request like “more” and this rationale and alternative strategies are clearly explained. Likewise, the authors present easy to implement strategies for preventing problem behavior with a strong focus on teaching functionally equivalent communication to replace communication that may be happening through behaviors such as “screaming, hitting, kicking, or throwing things.”

This book is a valuable resource for parents and caregivers who are concerned about promoting language and social interactions with their young children. It is also a valuable resource for BCBAs and treatment providers working with families with young children with ASD. We know how important it

is to increase learning opportunities for children who are not learning at the expected pace, and this book provides over 100 activities to target social and communication skills throughout the day, embedded in already existing routines, in addition to great generalization activities. The book is easy to read and explains essential behavioral principles in friendly language. As professionals with a lot of experience training behavior technicians, parents and teachers, we started dreaming about a natural extension of this book as a series of videos illustrating some of the activities described in the book. While the activities are described in very clear and descriptive language, it could be helpful for caregivers to see a model implementing the strategies. Until then, we will recommend this book far and wide to parents with recently diagnosed toddlers, parents with an older child with ASD and younger children at risk, and all new parents looking for ways to better engage with their babies.

[Fein, D., Helt, M., Brennan, L., & Barton, M. \(2016\) *The activity kit for babies and toddlers at risk: how to use everyday routines to build social and communication skills*. New York, NY: Guilford Press.](#)

HOW ASAT SUPPORTS FACULTY IN AND OUT OF THE CLASSROOM

Kerry Ann Conde, PhD, BCBA-D

Amanda Fisher, PhD, BCBA-D

Brian Fennell, PhD

David Celiberti, PhD, BCBA-D

Association for Science and Autism Treatment

The Association for Science in Autism Treatment (ASAT) was established in 1998 as a not-for-profit organization of parents and professionals committed to improving the education, treatment, and care of people with autism. With a mission to promote science-based treatments for people with autism that are safe and effective, ASAT disseminates accurate, timely, and scientifically sound information while advocating for the use of scientific methods to guide decision-making and to combat unsubstantiated, inaccurate, and false information about autism and its treatment. ASAT's published offerings (i.e., its newsletter, website, and social media platforms) can provide undergraduate and graduate teaching faculty with abundant opportunities to reinforce the relevance of published research and the scientific method, as well as help students identify and analyze evidence-based autism interventions. ASAT is committed to helping consumers become more savvy decision makers when it comes to important choices, including the following: how best to help their child; how to differentiate science and pseudoscience; and how to make sense of the plethora of information and misinformation available on the internet. We believe that undergraduate and graduate students would also benefit greatly from these skills.



We would like to take this opportunity to share details about four important ASAT initiatives that may be helpful to you as a graduate or undergraduate faculty member:

1. ASAT publishes a quarterly newsletter, [*Science in Autism Treatment \(SIAT\)*](#), containing reviews of published research, books, and consumer resources (e.g., training videos, websites), interviews with leaders in the field of autism treatment and advocacy, answers to questions about important clinical issues related to treatment, tips to differentiate evidence-based options from others marketed as panaceas, guidance to media professionals, and more.
2. ASAT's [website](#) provides valuable information about weighing the evidence supporting various treatment options. ASAT regularly updates treatment descriptions and research summaries so readers may access timely information about the current state of autism intervention research in an easy-to-read format. The website also contains book reviews, interviews, topical articles, information to assist with a variety of clinical issues, and pages specific to special interest groups such as parents of newly diagnosed children, medical professionals, and journalists. In addition, you can find links to the current newsletter, [*Science in Autism Treatment \(SIAT\)*](#) as well as past issues in the [Archived Newsletters](#) section.
3. ASAT's [Media Watch](#) monitors mainstream media to identify published information about autism and autism treatments. Understanding that every media contribution has the potential to reach thousands of consumers and service providers, we support accurate media depictions of empirically-sound interventions. We also respond to inaccurate information about proposed treatments reported and, at times, promulgated by

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news outlets. Your students can review our [150+ published letters](#) as models of professional interaction with journalists and media outlets. Additionally, [guidelines](#) are provided for journalists to help them tackle their next autism story from a science-minded and conscientious perspective.

4. ASAT also has a 150-hour [externship program](#) for students, professionals, and family members to gain experience in a not-for-profit organization while increasing their knowledge within the field of autism.

Again, ASAT can provide opportunities for your students to meet the challenges of a field fraught with pseudoscience and recognize the importance of keeping science and evidence at the forefront. As is the case for family members and providers, it may also be challenging for students to navigate through the literature and media related to autism treatments. Therefore, you may find ASAT's resources useful for instructional activities in this area. Below you will find suggestions of ways you might incorporate ASAT's resources within your courses. For example, students could review research synopses on ASAT's website and then share information on several treatments with their classmates. Additionally, the students could demonstrate how they would talk to lay persons in an objective manner about such treatments based upon the state of the research, or lack thereof.

How faculty can incorporate ASAT's resources into teaching, readings, and course assignments in undergraduate or graduate courses:

1. Have students write reaction papers to articles published in the column [Becoming a Savvy Consumer](#).

Part of ASAT's mission is to educate others by "disseminating accurate, timely, and scientifically sound information." This section of our website highlights scientific concepts and methods as they relate to potential autism interventions. Faculty can have students read a selected article to write a reaction paper. The reaction may include responses to some of the following questions, although not all would apply to each article:

- a) What was the question/issue the article was trying to address? Provide a brief rationale for why this might be an important question.
- b) Provide an overview of the audience this article best targets.
- c) Summarize the author's major points and conclusions.
- d) Answer the following: Is the treatment supported as an effective intervention for autism? What evidence supports this position?
- e) Were there any additional resources related to the topic provided by the authors?

2. Have students select an autism treatment and write an "Is there science behind that?" article.

Recent issues of "Is there science behind that?" include the topics [bleach therapy](#) and [hyperbaric oxygen therapy](#). Faculty can encourage students to select a treatment which is not already highlighted (e.g., utilizing Tobii eye gaze technology, the effects of Suramin on reducing autistic-like traits, the effects of stem cell therapy). As reinforcement for this activity, outstanding efforts may be submitted for potential publication in the ASAT newsletter – a wonderful addition to a student's curriculum vitae.

An alternative format for this activity, suggested by Dr. Mary McDonald, a former ASAT Board member,

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would utilize a roleplaying exercise in which students select a treatment and take turns assuming the role of a consumer (parent/teacher) or a provider. The provider would pitch the treatment to the consumer; the consumer would then respond with questions. The class could then discuss the interactions and central themes that emerged from the activity. Role-play exercises may be a suitable alternative format for other suggested activities as well.

3. Have students choose an article from the [Clinical Corner](#) library, answer questions about it, and present to the class.

The [Clinical Corner](#) offers answers to a plethora of questions commonly asked surrounding treatments for autism. Although ASAT cannot respond to individual, specific questions, the responses may help guide clinical decision-making as they are provided by experts in the field and supported by research and clinical experience.

As a course activity, faculty may have students select an article from the *Clinical Corner* (perhaps a clinical question for which they are currently struggling), answer the recommended study questions below, and present the information to the class. As an example, the student response for this activity may address the following:

- a) What question was the [Clinical Corner](#) article addressing?
- b) Provide a brief rationale for why this might be an important issue for the autism community.
- c) Summarize the suggestions from the article.
- d) Provide a practical example of some of the suggestions in the article.
- e) Extend the research: Read additional references and resources provided or find other peer-reviewed articles independently on the topic. What do the additional articles/resources say that support the suggestions in the [Clinical Corner](#) article? Is anything contradictory? What other suggestions or advice could be added to that stated by the author? What additional follow-up questions could be answered by the author?

4. Have students identify a question and author a response using our library of [Clinical Corner](#) responses as a guide.

Some prior questions have included “[How do you teach an 18-month old with Autism?](#)” and “[Is a BCBA the right professional to help with my child’s sensory issues?](#)” As a course activity, faculty may have students select a new question (perhaps a topic for which they are currently struggling), and answer the recommended study questions below:

- a) What question will this Clinical Corner article address?
- b) Provide a brief rationale for why this might be an important issue.
- c) Provide several suggestions from their research.
- d) Provide a practical example of some of the suggestion in the article.

Support the article with research: Include additional references and resources from other peer-reviewed

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articles used to formulate the response to the topic.

5. Have students write a brief synopsis of a published research article related to autism treatment.

Our entire library of [synopses](#) can serve as models on diverse topics, such as Facilitated Communication (FC), medication, or interventions targeting reading skills. Our consumer-friendly synopses typically address the following areas:

- **Why research this topic?** The student would discuss the importance of this line of research to the autism community and highlight what is already known in this area.
- **What did the researchers do?** The student would include a brief overview of the study sharing brief details about methodology (i.e., the participants and the procedures).
- **What did the researchers find?** The student would summarize the results and main findings. The student could further report whether the hypotheses were supported.
- **What are the strengths and limitations of the study?** The student would highlight safeguards to ensure that the results were valid (e.g., control groups of children who did not get the intervention, examiners who did not know who was getting the intervention) and discuss aspects of the study that could be improved (e.g., sample size, procedure for assigning subjects to groups, monitoring of adherence to treatment protocols, assessment of generalization and maintenance).
- **What do the results mean?** Finally, the student would describe the implications for consumers and directions for future research.

6. Have students write a letter to an editor on a recent media story related to autism treatments.

With the ubiquity of social media and articles "going viral," it will be easy for students to find news stories that contain inaccurate representations of autism or treatments for autism. Students can review the literature related to the concerns and include references in a letter to the author/editor. Our library of [Media Watch](#) letters contains over 150 letters that will serve as examples.

7. Engage students in a Scavenger Hunt using the [ASAT website](#).

The purpose of the Scavenger Hunt is to familiarize your students with ASAT's history, mission, and website offerings. This also gives students the opportunity to become familiar with our website. The Scavenger Hunt is a 15-question activity which will require students to navigate through various pages on the ASAT website and record their responses in the space provided. It will take approximately 30-45 minutes to complete this activity and faculty members may consider starting here as it would orient students to our website. We recommend that the passing score be 11/15. The activity and answer key for the Scavenger Hunt are available to faculty members by emailing faculty@asatonline.org. Alternatively, the Scavenger Hunt can be completed in class with students perhaps competing in small groups.

8. Offer other extra credit activities.

Other extra credit activities could include signing up for the newsletter, recruiting others to sign up for the

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newsletter, sharing an ASAT post on social media such as Facebook or Twitter (with proof via a screen shot), writing a brief essay on the benefits of the newsletter, writing a letter to a teacher or parent on why they should use the website as a resource, etc.

Please keep in mind that Autism Awareness month (April) falls within your spring semesters and may provide some timely opportunities to have your students engage with the autism community. We hope that the array of activities described above will enhance your course offerings. We would love to hear your impressions or if have created other opportunities to highlight science-based treatments into your syllabi. You can reach us at faculty@asatonline.org.

Research Synopses

Title of article in APA format	
Why research this topic?	
What did the researchers do?	
What did the researchers find?	
What are the strengths of the study?	What are the limitations of the study?
What do the results mean?	

CLINICAL CORNER

Managing a Home-Based ABA Program

Beverley Sharpe

Parent of a 22-year-old daughter with autism

Building a strong parent-professional partnership with teachers, behavior analysts, and other professionals is a process all parents must navigate. The dynamics when the professionals provide services within the home can be even more challenging. In this Clinical Corner, Beverley Sharpe, a parent of a child with autism, provides tips for how parents can work effectively with home care providers in their home.

**Kate Fiske, PhD, BCBA-D
Clinical Corner Co-Coordinator**



We have a home-based intervention ABA program for our son. What are some helpful suggestions for managing the steady stream of professionals in our home?

Answered by Beverley Sharpe, parent of a 22-year-old daughter with autism.

Opening your home to therapists, behavioral consultants, and other providers is part of effective treatment for your child. However, it can sometimes be difficult to supervise a home that doubles as a work environment and the many opportunities and challenges that come with that arrangement. I am humbled by the high level of energy and dedication my therapy teams, past and present, have demonstrated within my own child's program. Teamwork and collaboration are crucial elements to make home therapy effective. The following are some helpful tips I've learned over the years to help make home team coordination more manageable.

Be a Good Host/Hostess

I have struggled at times to balance being a “boss” and a “hostess” within my home. At the start of a shift, I recommend a five-minute exchange to greet and debrief the provider. No matter what job one has,

people deserve to be acknowledged and greeted. I typically put on the tea pot or provide a cold drink, say hello, debrief, then let the provider begin the shift. With a new provider, I allow more time for him or her to set up materials, reinforcers, and data sheets before bringing in my child.

Define Your Expectations of Those Who Work with Your Child

An agency that provides home-based intervention will have a written job description or list of expectations for employees. If you are not working with an agency but are, instead, hiring and training your own team, please take the time to put important expectations in writing. Being on time, completing data sheets, communicating about behaviors observed, being prepared for shifts (including bringing appropriate task and reinforcer materials), and respecting other family members are examples of appropriate expectations.

Get Feedback from Staff

Over time I learned to explain to the team that it is hard for me to be both a boss and a friend. I truly did

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want to be a good listener, and at the same time a good manager of the team. I enjoyed the one-on-one time at the beginning of a shift with each provider and would ask, “How are you?” and “How are you finding the work with my child?” Their answers inspired me to make changes to the program, address issues with the behavioral consultant, and work on team building during team meetings that became more frequent when my daughter’s inappropriate behaviors became challenging.

When conflicts of any kind arise, talk about it and clear the air so that tensions or misunderstandings do not fester. Speaking about problems factually, face-to-face, with a hot cup of tea or coffee is a strategy that I have used. Also, I would make sure my daughter was engaged in an activity before starting the conversation. Remember, you can control yourself, your communication style, and the environment when you address an issue. Being respectful, honest and kind are great ways to be sure you have done your best to address issues. In my experience, new directions have come from allowing members of the team to share their perspective with you. Your child’s quality of life depends on effective intervention, and a home that is warm and inviting to the hard working providers who share your vision will help your son realize his fullest potential.

Keep in Touch with Former Providers

Email has enabled me to keep in touch with some of the former providers who have worked so hard with my child. One of Allison’s former providers is now professionally trained in hairdressing. Every year before Christmas this provider comes to our home to gift Allison a Christmas haircut! I love the expression, “Friends are like stars, you can’t always see them, but you know they are there.” I think of all past and present providers as being Allison’s stars. Not all providers will maintain relationships with the family. The reality of employing people in your home is that some will choose, for reasons of their own, not to stay in touch with you or your child. Don’t take it personally. Life happens to everyone! Also, keep in mind that agencies may have policies forbidding contact outside of the current professional relationship.

“Always remember, siblings are part of the household that supports the learning of the child!”

Acknowledge Other Siblings in The Household

Shortly after putting together my first therapy team in 1997, I realized I had to address the issue of acknowledging siblings in the household. My daughter, Allison, who was receiving services in the home, was 3 years old at the time. She had a big brother, Jackson, who was 5 years old. Jackson came to think of it as normal that he would have to move from one room to another when Allison’s therapy sessions were in progress. He was always good-natured about this. I wanted to keep big brother Jackson involved with sessions, as appropriate, to help him feel more involved, instead of just frequently displaced. For example, turn-taking was a wonderful way to involve Jackson, as was the “Go Find” program.

I also reminded providers to acknowledge Allison's brother whenever possible. I reminded them that a simple and genuine greeting will go a long way with his cooperation in the house! This helped to make Jackson’s cooperation more likely when he was asked to move to another room during a therapy session. Also, Jackson was taught to ask a provider, “What can I do to help my sister today?” when a provider started her shift. This simple act facilitated Jackson’s knowledge of his sister’s abilities, and gave him a lot of pride when he was able to tell his friends that he was helping his sister to learn! Big brother Jackson then became a big help during sessions by moving and sharing his play toys, games and puzzles and allowing space for his sister and her therapy team. Always remember, siblings are part of the household that supports the learning of the child!

Recognize That Housekeeping Is Important

Remember, your home is a provider’s work environment. I do my best to clean and tidy the therapy area before tackling any other room in the house on cleaning days. I also do a quick check of the bathroom area before sessions, as everyone appreciates a clean washroom! I make sure therapy notes, bulletins, communiqués are all neatly on their

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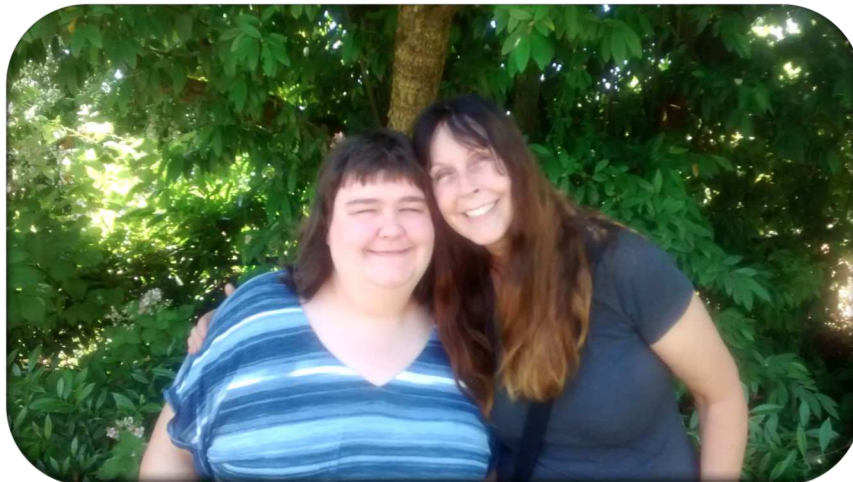
clipboards. I also make sure that my child is clean and presentable for the shift. Finally, I make sure that there is an “outing fund” with money for community activities. If my child worked towards a reward of an outing to the zoo, Dollar Store, or movie theatre, I wouldn’t want the lack of funds to delay the delivery of that reinforcer. Make sure your team knows to keep receipts for outings which are approved by the behavioral consultant and yourself. Also, remember to reimburse bus fare or gas money for a provider. Agencies will likely already have a policy in place for travel expenses as well.

Be A Good Employer, Which Means Advocating for Your Staff

Therapy time does not equate to babysitting. I had to correct a few well-intentioned neighbours who referred to my providers as babysitters. When my child is in the community, grocery shopping, at a gymnasium, or at work experience, these hard-working men and women are providing therapy, not just watching or transporting my child. Providers are important members of your child’s medically necessary treatment team. Correct misconceptions by family and friends along the way. Many family and friends may not be familiar with this type of therapy or treatment and may need some educating about the purpose and format of a home-based intervention based on applied behavior analysis. This education can help preserve the dignity and respect of your child, your team, and the discipline of applied behavior analysis for autism.

Stay in The Home During Therapy Time

For insurance purposes, many agencies require that a provider not be left alone in your home. Providers work in your home and deserve a safe and respectful environment. This means that a parent must remain in the



Allison and Beverley

home during a therapy session. This can be helpful for routine questions and support as well as in case of any emergencies.

Set Clear Expectations Around Cell Phone Use

The abundance of cell phones means that providers and families can be in real-time communication for shift or program issues relating to the child. However, they can also be a distraction from active treatment and supervision of my child. This has occasioned another hiring criteria for being on my child’s treatment team: Cell phone use for anything other than communication about the child, on their shift, is not acceptable. Cell phone games, texting, social media, and other social messaging are not acceptable. Even the ten seconds (as stated by one provider) it takes to text back to a friend means you are disengaged, not observing, and not “on” with your client – my child. Cell phone use expectations must be made clear from the very beginning and reiterated as needed.

Gift Giving

Holiday time was always a tough time at my home. In British Columbia, there was zero funding for autism treatment when I started my daughter’s program in 1997. I wanted to give tokens of appreciation to my daughter’s home treatment team for the holiday season. My budget was beyond tight, but homemade cards were always appreciated. One family I knew put together a cookbook of favorite home recipes for their home team; another family made a huge holiday dinner, in conjunction with a team meeting, to thank their team. There is always a way to say thank you to your team that is respectful of one’s budget.

Please note that many agencies and ethical guidelines for behavior analysts have strict policies around gift exchange and it is often not permitted. Check with your agency and your providers if you have any questions around

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this topic. And please do not be offended if a member of your team is not able to accept a gift.

Use Different Cultures and Celebrations as Learning Opportunities

We took the opportunity to learn about different religious holidays when one of our providers shared that she was Jewish. This was a wonderful learning opportunity for everyone on the team. We even made a card for the start of the Jewish New Year – Rosh Hashanah. Over the years, my daughter’s providers brought the wonderful gifts of sharing their religious holidays, culture, and favourite recipes that have enhanced our lives!

Making birthday cards for therapy team members gave my child the opportunity to use pencil and coloring skills, printing skills, and to sing the “Happy Birthday” song. All of these skills took a long time for acquisition. However, after all the hard work, to see my daughter use her skills to put a smile on her providers’ faces was priceless. To hear my child use her voice (she was non-verbal for the first 6 years of her life), and to hear her sing Happy Birthday – well, it is a win-win situation!

With a therapy team, it is a wonderful opportunity to have a simple celebration for each of the several birthdays throughout the year. My child learned that birthdays are for others as well as for herself. This learning extended to teaching big brother Jackson that every time we celebrate a birthday, he does not always get a present!

As our programs progressed, our behavior consultant added a cooking and baking program to help include both children in all household birthday celebrations for family members and members of the treatment team. The beauty of a cooking program was that skills, such as: counting, measuring, mixing, pouring, baking, decorating with icing, and washing and putting away dishes, were all “taught” in a fun way. This was a very detailed program with the huge reinforcer of getting a tasty item to eat at the end of completing a recipe!

In Summary

Managing an ABA treatment team in your home can be challenging but can be rewarding as well. There are many things you can do to help the team work well together and be effective in providing your child with the services he or she needs and deserves. Remember, it’s a learning process for all!

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MEDIA WATCH

In this issue of SIAT, we recap the Media Watch Letters published since our last issue, written by ASAT Externs, Board Members and Media Watch Review Committee Members. We are also pleased to feature a letter regarding the science behind new technologies for individuals with autism. With each letter, it is our intent to:

- Respond to accurate or inaccurate information or portrayals of treatments reported by the media;
- Increase awareness of both scientific evidence surrounding autism treatment and scientific methods that can lead to real hope for those touched by autism by embedding important considerations in our letters; and
- Share specific information about effective autism treatment with media professionals.

Please visit the [Media Watch page](#) for more information. You can also follow our posted Media Watch Letters and condensed "Media Alerts" on [Facebook](#), and stay up to date on the latest responses to portrayals of autism and autism treatment in the media.

Renee Wozniak, PhD, BCBA-D
Media Watch Lead

ASAT Responds to [The National UAE's](#), “Dubai mother campaigned for special needs center guaranteeing a place for everyone” (January 19, 2017) “In your article, you point out that several mainstream schools have made special needs inclusion a priority. Although there are steps being taken to better integrate children with autism into the classroom, there is still much more to be done.” www.asatonline.org/media-watch/asat-responds-national-uaes-dubai-mother-campaigned-special-needs-centre-guaranteeing-place-everyone/

ASAT Responds to [The New York Times'](#), “Betsy DeVos Won't Shed Stake in Biofeedback Company, Filings Show” (February 3, 2017) “NeuroCore's [website](#) contains many testimonials from satisfied customers. However, these testimonials aren't adequate evidence. Customers may perceive improvements that outside observers do not perceive. Or they may get better for reasons unrelated to neurotherapy, such as the natural ups and downs in their condition, other treatments they are receiving, or changes in their life circumstances.” www.asatonline.org/media-watch/asat-responds-new-york-times-betsy-devos-wont-shed-stake-biofeedback-company-filings-show/

ASAT Responds to [Autism Parenting Magazine's](#), “Simple Ways You Can Help Strengthen the ASD Sibling Relationship” (February 15, 2017) “As an organization committed to the dissemination of science-based treatment, we would like to highlight the benefits that can be derived from teaching individuals with autism skills needed to develop and maintain healthy relationships. For example, using evidence-based, applied behavior analytic strategies, individuals with ASD can be taught communication, social, and interpersonal skills

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that will aid in fostering healthy relationships with their siblings.” www.asatonline.org/media-watch/asat-responds-autism-parenting-magazines-simple-ways-can-help-strengthen-asd-sibling-relationship/

ASAT Responds to [Good Housekeeping's](#), “**Costco is Hosting Sensory-Friendly Shopping Hours for People with Autism**” (March 4, 2017) “In addition to the environmental modifications that stores can make, we would like to add that individualized, evidence-based interventions can also be used to help individuals with ASD successfully participate in the shopping experience and reduce challenging behaviors that may be associated with a highly stimulating environment.” www.asatonline.org/media-watch/asat-responds-good-housekeepings-costco-hosting-sensory-friendly-shopping-hours-people-autism/

ASAT responds to [news.com.au's](#), “**Mum Julia Coorey on surviving an autism diagnosis and importance of early diagnosis**” (March 28, 2017) “It is essential that young children with autism are diagnosed early and have access to evidence-based early intervention. The more that parents are informed about the importance of early detection and intervention, the more likely they will be to seek help from qualified professionals to help their children reach their full potential.” www.asatonline.org/media-watch/asat-responds-news-com-aus-mum-julia-coorey-surviving-autism-diagnosis-importance-early-diagnosis/

ASAT Responds to [NBC News's](#), “**Brain Scans Detect Signs of Autism in High-Risk Babies Before Age 1**” (April 24, 2017) “We would like to commend you for reporting this research and discussing its impact on autism treatment. Additionally, as a science-based organization, we appreciate your commitment to responsible journalism as you conveyed possible limitations of the research, as well as the fact that additional research is needed. A forthright article such as this goes a long way toward helping readers understand the impact of research as it relates to their own circumstances.” www.asatonline.org/media-watch/asat-responds-nbc-news-brain-scans-detect-signs-autism-high-risk-babies-age-1/

ASAT Responds to [The Chicago Tribune's](#) Commentary, “**I Made My Autistic Son Cannabis Cookies. They Saved Him.**” (April 29, 2017) “It would be inaccurate for us to be dismissive and simply say cannabis is not effective due to lack of scientific evidence. However, lack of evidence for ineffectiveness also does not serve as evidence for effectiveness. Like with any experimental medications or treatments, patients and families need to be presented with and understand the lack of current scientific evidence, the risks of usage, and the availability of existing treatments with an established evidence base such as applied behavior analysis or risperidone.” www.asatonline.org/media-watch/asat-responds-chicago-tribunes-commentary-made-autistic-son-cannabis-cookies-saved/

ASAT Responds to [Scientific American's](#), “**Robots, Apps, and Brain Scans: New Tools to Help the Autistic Child**” (June 16, 2017) “The [social apps] may be great tools for increasing social awareness in the general public. However, we also want to keep in mind that as wonderful as these apps appear to be, until there is scientific support for their effectiveness they should be used only as a possible supplement to interventions with established scientific support such as intensive and comprehensive applied behavior analysis (ABA) treatment for individuals with ASD.” www.asatonline.org/media-watch/asat-responds-scientific-americans-robots-apps-brain-scans-new-tools-help-autistic-child/

ASAT Responds to [New Zealand Herald's](#), “**Opinion: Teach All Teachers Strategies for Autistic Children, Urges Autism NZ**” (June 29, 2017) “We at ASAT support Mr. Dougan's comments that teachers should be taught about working with students with ASD as part of their degree training. We would also add that to most effectively and ethically support students with ASD, any teaching strategies utilized should be backed by scientific evidence.” www.asatonline.org/media-watch/asat-responds-new-zealand-heralds-opinion-teach-teachers-strategies-autistic-children-urges-autism-nz/

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ASAT Responds to [Australian Broadcasting Corporation's, "Mother 'Distressed' by Mental Health Services Proposal to Send Autistic Son to Detention Centre" \(July 6, 2017\)](#) "Your article presents an opportunity for us to share information regarding evidence-based treatment for autism. Virtually all interventions for autism that are classified as *established* are based on the scientific discipline of applied behavior analysis (ABA). Within the field of ABA, a functional behavior assessment (FBA) may be used to identify the reasons why behaviors of concern, such as self-harming, occur. The website of the Association for Science in Autism Treatment provides a more detailed description of the FBA process." <https://www.asatonline.org/media-watch/asat-responds-australian-broadcasting-corporations-mother-distressed-mental-health-services-proposal-send-autistic-son-detention-centre/>

ASAT Responds to [The Conversation's, "Report Sparks Concern About How Schools Support Students With Disabilities" \(July 16, 2017\)](#) "We agree with you that the management of challenging behavior in schools is a considerable concern. However, when teachers and school administrators are not adequately prepared to work effectively with children who display challenging behavior, we should not be surprised when inappropriate options are pursued, such as restraint, seclusion, suspension, or expulsion. In our view, that must change." <https://www.asatonline.org/media-watch/asat-responds-conversations-report-sparks-concern-schools-support-students-disabilities/>

This issue's Featured Letter: ASAT Responds to [Mother Jones', "What If Everything You Knew About Disciplining Kids Was Wrong?" \(August 2, 2017\)](#) "While many outdated and ineffective methods are used to address problem behavior in schools, modern methods based on B. F. Skinner's work are well-supported as effective, and we feel that your article presents a narrow and misinformed representation of the well-established field which has grown from Skinner's early work – applied behavior analysis (ABA)." <https://www.asatonline.org/media-watch/asat-responds-mother-jones-everything-knew-disciplining-kids-wrong/>

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MEDIA WATCH FEATURED LETTER

ASAT Responds to Mother Jones’s “What If Everything You Knew About Disciplining Kids Was Wrong?”

Allison Parker, MA, BCBA
Renee Wozniak, Ph.D., BCBA-D
Association for Science in Autism Treatment

Dear Ms. Lewis:

Thank you for your [article](#) published in Mother Jones, “What if everything you knew about disciplining kids was wrong?” You make terrific points in highlighting how children with difficult behavior in school require a great deal of support and are often caught in a cycle of negative behavior. Discussing how teachers and administrators often rely on outdated punishment approaches, and how challenging behaviors can worsen over time without appropriate intervention, is an important topic to which to bring attention. While many outdated and ineffective methods are used to address problem behavior in schools, modern methods based on B. F. Skinner’s work are well-supported as effective, and we feel that your article presents a narrow and misinformed representation of the well-established field which has grown from Skinner’s early work – applied behavior analysis (ABA).

Practitioners of ABA aim to improve socially important behavior by using interventions that are based upon principles of learning theory and that have been evaluated in

highly controlled experiments using reliable and objective measurement. ABA methods are used to support students in many ways, including increasing on-task and social behavior, teaching new skills, generalizing those skills to new contexts, and reducing interfering behavior. While these behavioral approaches have evolved from Skinner’s mid-20th century work, as you cite in your article, the claim that the field relies on the philosophy that “human behavior is determined by consequences and bad behavior must be punished” is inaccurate, as is your comparison of students to Pavlov’s dogs. These claims reflect an erroneous understanding of learning



theories, and we wish to share with you how these theories are used today as evidence-based practice in schools.

“These claims reflect an erroneous understanding of learning theories, and we wish to share with you how these theories are used today as evidence-based practice in schools.”

Some key features of ABA include direct observation, ongoing data collection and analysis, the use of evidence-based approaches, and a focus on socially significant

behavior. Social significance means that what we are assessing and teaching is important to the student and their family, appropriate for the setting, and helpful in making the student more successful in a variety of ways. This includes anything from academic programs, to social interaction, to self-care and hygiene (which is in direct contrast to Dr. Greene’s experience with behavioral approaches not addressing these “basics”). Observation and data collection allow us to objectively demonstrate if the approaches we are using are making a positive change, and to modify our approaches

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accordingly. Many studies show that ABA is effective in increasing behaviors and teaching new skills (National Autism Center [NAC], 2015; Wong et al., 2014, 2015). In addition, many studies demonstrate that ABA is effective in

reducing problem behavior (NAC, 2015). The United States Surgeon General (1999) even concluded that, “Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning and appropriate social behavior.” Therefore, while it may be helpful to many students, based on overwhelming support from empirical research, your claim that social-emotional development support is a “more advanced” approach than behavior analytic approaches is simply false.

ABA has been used in classrooms in particular to assess and identify the function of behavior (Bloom, Iwata, Fritz, Roscoe, & Carreau, 2011), support classroom teachers in reducing students’ problem behavior on a consultation basis (Noell, Witt, Slider, Connell, Gatti, Williams, & Duhon, 2005; Putnam, Handler, Rey, & McCarty, 2005; DiGennaro Reed, & Jenkins, 2013), to successfully support children with significant problem behavior and social challenges in inclusion classrooms (Johnson, Meyer, & Taylor, 1996; Harrower & Dunlap, 2001; Chan & O’Reilly, 2008), and to help students improve social skills and behavior through self-management (Koegel, Koegel, Hurley, & Frea, 1992), and with the help of peers (Sasso & Rude, 1987).

A key misinterpretation of these approaches is that they rely on bribes or rewards, which are “at odds with self-control and undermine motivation.” Simply put, reinforcement is anything that increases a behavior in the future. This doesn’t always look like a “reward,” as even seemingly “bad” attention (for example, reprimanding a student) may increase behavior going forward. Instead, we use assessment to determine precisely what changes to a student’s environment will increase or decrease a behavior. As cited above, these techniques can even teach students to monitor and manage their own behavior. Behavior

“A key misinterpretation of these approaches is that they rely on bribes or rewards, which are “at odds with self-control and undermine motivation.” Simply put, reinforcement is anything that increases a behavior in the future. This doesn’t always look like a “reward,” as even seemingly “bad” attention (for example, reprimanding a student) may increase behavior going forward.

analysts also focus on “generalization” and “maintenance” as primary dimensions of their clinical practice, meaning they use established technologies to ensure that students are able to demonstrate these behavior changes over time and in a variety of places and situations. Our

overall goal is for the student to be independent and successful in the classroom, alongside their peers, without the need for outside supports. In other words, we aim for students to be self-motivated, and we are often afforded the opportunity to see them succeed on their own when intervention is appropriately implemented, consequently successful, and then systematically removed.

While we disagree with your understanding of ABA, we agree on many points. Expulsions and suspensions are overused in the school system, and punishment is often ineffective and comes with poor side-effects. The Behavior Analyst Certification Board’s [Professional and Ethical Compliance Code](#) mandates that practitioners of ABA avoid aversive approaches, and always use positive approaches prior to punishment techniques. Additionally, punishment approaches are reserved for behavior which is dangerous to the client and others, and if they are in fact necessary, they should always be used in conjunction with positive approaches.

We agree that you should first identify the reasons for poor behavior rather than turning to punishment. As you wrote, “the goal is to get to the root of the behavioral problem,” which is a strong reason why ABA has developed technologies to assess behavior and identify the function. These assessments allow ABA practitioners to use a function-based treatment, addressing the primary cause of the behavior and

“While we disagree with your understanding of ABA, we agree on many points. Expulsions and suspensions are overused in the school system, and punishment is often ineffective and comes with poor side-effects.

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“Finally, we absolutely agree that more positive approaches in the classroom are often more successful, and that changing approaches is a difficult process for many school personnel.

eliminating the need for trial-and-error. This also allows us to identify and teach functional replacement behaviors – those which may replace problem behaviors, as you suggest. Unfortunately, these behaviors are not always easily identified by students or others. Although ABA practitioners strongly believe that students and their families should always play a primary role in their treatment decisions, often behavioral problems require more intensive assessment than self-report. If, as you say, “solutions are always as simple as asking the student what they need to succeed,” we may all be out of work quite soon.

We also agree that you can and should develop relationships with students, particularly those with behavior problems, and that staff and others can become reinforcing through positive interactions. We refer to this process as “pairing” and regularly associate ourselves with things (including social interaction) that students enjoy, so much so that the colloquial recommendation to “make yourself a big M&M” has been used in our field for decades.

Finally, we absolutely agree that more positive approaches in the classroom are often more successful, and that changing approaches is a difficult process for many school personnel. As you say, the mentality of “consequences” in the sense of “not letting the student get away with it” is misinformed, and we now have a myriad of research on how to better support students in a positive and effective manner.

As outlined in the Individuals with Disabilities Education Act, methods used to address problem behavior should be evidence-based, and in order to be effective, we feel that it is important to focus on the function of behavior rather than defaulting to “punishing” students, and to demonstrate that what we are doing is effective. We hope to see more school settings focused on teaching useful replacement behaviors, especially those which will

help students be successful in the classroom and with their peers, and we hope that children and families are key decision makers in this process.

Respectfully,

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Renee Wozniak, Ph.D., BCBA-D

Association for Science in Autism Treatment

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RESOURCE REVIEW

The Website for the B. F. Skinner Foundation

Erin Leif, PhD, BCBA-D

Allison Parker, MA, BCBA

Externs, Association for Science in Autism Treatment

The B.F. Skinner Foundation is dedicated to preserving and sharing the works of one of the most influential behavioral scientists and scholars of the 20th century – B.F. Skinner! The Foundation provides valuable resources to current and future students of behavior analysis. The Foundation was formed in 1988 with the help of B.F. Skinner, and is now overseen by a board of directors which includes Skinner’s daughter, Dr. Julie Vargas.

The Foundation’s website offers a myriad of useful resources to people interested in behavior analysis. Many of Skinner’s texts have been converted into e-books, and are available for purchase along with \$0.99 PDFs. *Science and Human Behavior* is currently available as a free, full-text download, and the foundation is also working to translate this text into several languages. Podcasts and audio books are also available for download on the website. The online website provides a short biography of Skinner along with video and audio recordings and family photographs from as early as 1904. There is also a library of Skinner’s published papers and a collection of his unpublished works. People who are interested in sharing papers, pictures, or other media copyrighted by B.F. Skinner Foundation may request to do so via the website.

The Skinner Foundation has had many accomplishments since its inception. The Foundation was responsible for bringing some of Skinner’s most important texts back into print, including *The Behavior of Organisms*, *Schedules of Reinforcement*, *Verbal Behavior*, *Cumulative Record*, and *Beyond Freedom and Dignity*. In 2006, an archival committee was formed to preserve historic materials related to Skinner and his work. The Foundation also offers a student research award through regional behavior analysis associations.

Students and teachers of behavior analysis alike are attracted to The Foundation and its website because of the incredibly valuable resources offered. The Foundation ensures that Skinner’s literary treasures and the heritage of the science of behavior analysis will be preserved and disseminated.

The free magazine, *Operants*, is another noteworthy resource offered by The B.F. Skinner Foundation. *Operants* began as a newsletter in 2014, and has since grown into a magazine which covers a wide variety of topics that may be of interest to behavioral science researchers and clinicians. The magazine includes interviews with leaders and pioneers in the field, as well as articles on special interest topics ranging from experimental behavior analysis to animal behavior.

Four issues of the magazine are published each year, and all include contributions from leading behavior analysts. You can access *Operants* by visiting www.bfskinner.org. Sign up to receive a free copy of the magazine via email, download PDF files of previous issues, or listen to the podcast today!



B. F. SKINNER FOUNDATION

RESEARCH SUMMARY

Effect of Parent Training vs. Parent Education on Behavioral Problems in Children with Autism Spectrum Disorder: A Randomized Clinical Trial

&

Early Behavioral Intervention is Associated with Normalized Brain Activity in Young Children with Autism.

In this issue of SIAT, we summarize two studies. The first looks at the effect of parent training versus parent education on behavior problems in children with ASD. The second looks at the impact of the Early Start Denver Model (ESDM), a developmental behavioral intervention, on brain activity in toddlers with ASD. We hope this information is worthwhile. You might like to share it with others.

Karen Fried, PsyD, BCBA-D
Research Synopses Co-Coordinator



Bearss, K., Johnson, C., Smith, T., Lecavalier, L., Swiezy, N., Aman, M., . . . Scahill, L. (2015). Effect of parent training vs. parent education on behavioral problems in children with autism spectrum disorder: A randomized clinical trial. *Journal of the American Medical Association*, 313 (15), 1524-1533.

Reviewed by: Sarah Luem and Catherine Kishel, Rutgers University

Why research this topic?

In addition to the core features of autism, 50% of children with ASD also have behavioral problems, including tantrums, noncompliance, aggression, and self-injury. These disruptive behaviors interfere with children's daily living, and educational and therapy services. They also increase caregiver stress. Parent training is a time-limited intervention that teaches parents specific techniques to manage their child's behavior problems. While parent training is a scientifically supported intervention for parents of children with disruptive behaviors without ASD, it has not been investigated in large-scale randomized trials for parents of children with ASD. The current study is the first to do so.

What did the researchers do?

Participants were 180 individuals diagnosed with ASD aged 3 to 7. All had a history of challenging behavior, assigned to two randomized groups: parent training (n=89) and parent education (n=91). In the parent training condition, parents received 24 weeks of behavioral skills training. Training topics included basic functional assessment procedures, preventative intervention strategies, differential reinforcement, extinction, and teaching techniques. Sessions consisted of direct instruction, video models, practice activities, and role-plays with feedback. The parent education condition was used to determine if information alone was sufficient to improve disruptive child behavior. The parent education condition provided relevant behavioral information over 24 weeks. Information provided included developmental challenges, educational planning, advocacy, current treatments, and the importance of evaluations. Both the parent training and parent education manual included word-for-word scripts and instructions for therapists to ensure treatment integrity.

Two parent-rated outcome measures were used to

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assess problem behaviors: the Aberrant Behavior Checklist-Irritability (ABC-I) subscale and the Home Situations Questionnaire- Autism Spectrum Disorder (HSQ-ASD). For both measures, a 25% decrease from baseline was set as the criterion for clinically meaningful improvement. The clinician-rated Clinical Global Impression-Improvement (CGI-I) scale was used as a secondary outcome measure to assess behavioral improvements. The clinician was blinded to treatment assignment.

What did the researchers find?

At week 24, the ABC-I subscale declined 47.7% in parent training compared to 31.8% in parent education. The HSQ-ASD declined 55% in parent training compared to 34.2% in parent education. However, the difference in primary outcome ratings between the two groups did not meet predetermined standards for clinical importance. For the CGI-I, 68.5% responded positively in the parent training group, while 39.6% responded positively in parent education. Participants in both groups maintained improvements at 48-weeks follow-up.

What are the strengths and limitations of the study?

Strengths of the study include its large sample size, random assignment to conditions, blinded clinician assessment of the secondary outcome, and long-term follow up. Additionally, the multi-site nature of the study demonstrates that the intervention can be delivered with integrity by multiple therapists. Limitations include reliance on ratings from parents who were not blind to treatment condition. Additionally, there was a failure to demonstrate a difference between the two treatment conditions that had clear clinical significance, although they both produced improvements for children with ASD. Future research should evaluate implementation of parent training in other naturalistic settings to determine if parent training remains an effective intervention in less-than-optimal study conditions.

What do the results mean?

Although both interventions led to improvements, these results indicate that parent training may be superior to parent education in reducing disruptive behavior in children with ASD. Although not as

effective as parent training, parent education may be more effective than initially predicted by the researchers. Overall, the results provide scientific support for implementation of this parent training intervention for young children with disruptive behaviors and ASD.

Dawson, G., Jones, E. J., Merkle, K., Venema, K., Lowy, R., Faja, S., . . . Webb, S. J. (2012). Early behavioral intervention is associated with normalized brain activity in young children with autism. *Journal of the American Academy of Child and Adolescent Psychiatry, 51*, 1150-1159. Reviewed by: Antonia R. Giannakakos, Caldwell University

Why research this topic?

Research has demonstrated that early intervention is key when a child receives a diagnosis of autism spectrum disorder (ASD). It has also been documented that young children with ASD show atypical patterns in brain activity in response to faces. These atypical patterns are localized in specific regions of the brain and can be measured by calculating the time it takes for those regions to activate in response to different stimuli. These brain patterns are measured using an electroencephalogram (EEG). This study evaluated the effectiveness of the Early Start Denver Model (ESDM), a developmental behavioral intervention, on improving the outcomes of toddlers with ASD by comparing EEG results of toddlers who received ESDM to those of toddlers who received a community intervention and to those of toddlers of typical development.

What did the researchers do?

The researchers compared three groups of toddlers: 15 diagnosed with ASD who received ESDM, 14 diagnosed with ASD who were enrolled in a community intervention (CI) and 17 typically developing toddlers. Nine additional toddlers received ESDM through the study, and 10 additional toddlers received CI. However, these children were unable to complete the EEG assessment. Toddlers in the ESDM group were exposed to 20.4 hours of intervention a week, delivered by a trained therapist supervised by a PhD-level, experienced therapist.

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Toddlers in the CI group were exposed to 18.4 hours of intervention a week. The CI intervention was delivered by birth-to-three centers and individual providers and consisted of some combination of speech-language therapy, occupational therapy, and applied behavior analysis (ABA). For both groups, assessments were conducted to evaluate the toddlers' language, social skills, and autism characteristics. These assessments were conducted prior to the start of intervention and after two years. At the end of the two-year period, the researchers also collected data via EEG on the brain patterns of each toddler in response to faces and items and compared the results of the three groups.

What did the researchers find?

The researchers previously reported that toddlers who received the ESDM intervention had significant improvements in IQ, language, adaptive behavior, and autism characteristics when compared to toddlers in community intervention. Significant differences were observed between the EEG results of the toddlers in the ESDM group and the CI group. Toddlers in the ESDM group demonstrated faster response times to pictures of faces than toddlers in the CI group. The responses of the ESDM group were very similar to those of the toddlers of typical development, suggesting these toddlers showed more attention and allocated more cognitive resources to social stimuli (faces) than to non-social stimuli (items).

What are the strengths and limitations of the study?

Strengths: An important strength of this study is that it included a comparison group of toddlers of typical development. This allowed the researchers to make comparisons between both intervention groups and to children without a diagnosis. A second strength is that the researchers randomly assigned the toddlers with ASD to groups and made sure those groups were equal in terms of IQ score, gender, and child skill level before intervention.

Limitations: A possible confound in this study is the difference in hours per week of intervention between the ESDM and CI groups (20.4 hours in ESDM and 18.4 in CI). While this two-hour difference each

week may seem small, it means that toddlers in the CI group received 104 fewer hours of intervention than toddlers in the ESDM group over the course of the two-year study. This discrepancy could be responsible for the EEG differences between the groups. Another limitation is that many toddlers who received ESDM or CI in the study were unable to complete the EEG.

What do the results mean?

Overall, the researchers demonstrated that toddlers in ESDM became responsive to social stimuli, as measured by EEG, in comparison to toddlers in CI. However, it is unclear whether these differences reflected the ESDM curriculum or the increased number of intervention hours toddlers in this group received. Also, the large number of participants in ESDM and CI who could not complete the EEG limits the conclusions that can be drawn. Still, the study provides the first evidence that behavioral interventions in ASD can alter brain activity. Moreover, the added evaluation of outcomes using EEG technology is a good step toward objective measurement of behavior changes and may prove useful in future research. Regarding the ESDM, as with all interventions for children with ASD, it is recommended that when determining the effectiveness of one early intervention program over another, parents consider the effectiveness of the program as demonstrated in peer-reviewed research.

Read more about ASAT's research summaries:

www.asatonline.org/research-treatment/evaluating-research/

IS THERE SCIENCE BEHIND THAT?

Autism Service Dogs

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Throughout history, animals have been used to provide unique services for individuals in need of specialized assistance. Specifically, animals have been used to provide basic services such as security and protection. For example, “seeing-eye dogs” are trained to provide assistance negotiating the physical environment to people with visual impairments. However, more recently, animals have also been used to provide emotional and psychological comfort and support (e.g., Cirulli, Borgi, Berry, Francia, & Alleva, 2011; Hall & Malpus, 2000). In fact, it has been experimentally shown that social interactions between typically developing adults increase simply by being in the presence of a dog (McNicholas & Collis, 2000).

The increasing incidence of autism spectrum disorders (ASD) has resulted in an increase in therapies designed to treat this condition. One recent therapy is the use of autism service dogs specifically trained to work with individuals with ASD. The first service dog was placed with a child with ASD in 1997 by National Service Dogs. Since then, the popularity of such support appears to be increasing. National Service Dogs alone has placed over 170 dogs with children with ASD, averaging 10 – 16 dogs per year (Burrows, Adams, & Millman, 2008). Additionally, National Service Dogs is currently constructing a new facility for training and education, and eventually will be able to place 40 dogs annually.

What is the Conceptual Link Between ASD and Autism Dogs?

Proponents of service dogs for children with ASD assert that these dogs can support the unique challenges associated with ASD (e.g., safety, social and emotional communication). Through thousands of years of domestication, dogs have developed social behaviors, including cooperation and communication with humans. This is referred to as emotional evolution and may be the underlying mechanism



responsible for the establishment of strong human-dog bonds (Cirulli, et al., 2011). In fact, some researchers suggest that a close relationship with a pet is correlated with significant health improvements, such as a lowered risk for cardiovascular disease (e.g., Anderson, et al., 1992), a reduction in doctor visits during stressful life events (e.g., Siegel, 1990), and a reduction in everyday minor health problems (e.g., Serpell, 1991). However, these researchers acknowledge that it may not be the human-dog bond that is responsible for health improvements, but simply that pet ownership may be correlated with an increase in exercise (e.g., taking a dog for a walk; Anderson, Reid, & Jennings, 1992). Still, researchers have demonstrated that simply the presence of dogs is correlated with a decrease in blood pressure and heart rate (i.e., signs of stress and anxiety) for adults and children (e.g., Friedmann & Son, 2009). Based on the suggestion that dogs may improve physical and emotional health, many health care settings have begun integrating animals into healthcare practices.

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“Autism dogs” (Circulli et al., 2011) are trained to help a person with autism, and are usually physically connected to the person with ropes or some other form of tethers (Burrows, et al., 2008). Autism dogs are considered “service” dogs and serve two primary purposes. The first purpose of these dogs may be to increase the safety of the person with autism (National Service Dogs, 2011). For example, the dogs may be trained to follow commands from parents to slow or stop a child at doorways or resist a child moving away. This may decrease the likelihood of a child bolting (eloping) or crossing a busy street (Burrows, Adams, & Spiers, 2008). Additionally, autism dogs also have been trained to alert parents of potentially dangerous situations at night (e.g., child leaves bed or bedroom). This allows parents and other family members to rest while ensuring their child is safely in bed and cannot leave without their knowing (Burrows, et al., 2008).

The second purpose of autism dogs may be to improve the social wellbeing of the child through increasing social interactions and improving sensory integration. Specifically, autism dogs may function as a “transitional object,” allowing the child with autism to first bond with the dog and then eventually bond with humans (e.g., Sams, Fortney, & Willenbring, 2006). Additionally, Autism Service Dogs of America suggests autism dogs provide a “calming presence” that “can minimize and often eliminate emotional outbursts.” Further, they suggest that autism dogs may improve arousal and sensory stimulation, allowing the autism dog to function as a living and breathing sensory integrative tool (e.g., Rederer and Goodman, 1989).

Proponents of autism dogs hypothesize that children with ASD are naturally interested in animals, especially dogs. Additionally, they hypothesize that dog interactions consist of simple and predictable movements, making the interactions more interpretable. Because a common feature of ASD is communication impairments with others, the combination of a natural interest in dogs and more interpretable interactions may facilitate engagement with the dog from a child with ASD. This engagement with the dog would generalize to engagement with other humans. Thus, proponents of autism dogs suggest these dogs may increase social interactions (e.g., Silva, Correia, Lima, Magalhães, &

de Sousa, 2011).

Is There Any Research to Support Autism Dogs?

As with all strategies suggested to treat ASD, one must ask whether there is evidence that autism dogs are effective at providing such therapeutic effects like an increase in physical safety and the social wellbeing of a child with ASD. Unfortunately, research on the effects of autism dogs consists mostly of testimonials (i.e., interviews as a means of collecting data), some case studies, and only a few actual studies which utilize formal research designs. Thus, the quality and validity of the information collected on ascertaining the effects of the autism dogs must be viewed cautiously.

Burrows, Adams, and Millman (2008) qualitatively (i.e., observation and parental report) evaluated the effects of autism dogs on child safety and improved social lives of both parents and child. Overall, parents reported immediate satisfaction and reduction in concerns about safety issues. Specifically, they reported that the autism dogs prevented eloping or unsafe nighttime behavior. Additionally, parents reported feeling relaxed during bedtime knowing that the dogs would alert them should the child with ASD leave the bed or exhibit some other potentially dangerous behavior. Finally, parents reported that the children exhibited decreased anxiety, were calmer, and engaged in fewer tantrums and other disruptive behaviors. In addition to parental report, Burrows et al. (2008) also observed that some of the children began regulating their walking pace, developing improved motor skills and control, and began learning dog-care tasks (e.g., feeding the dog by taking lid off food container; putting food in bowl; putting bowl on floor; commanding dog to eat). Although these findings are promising, they must be approached with caution as they are based largely on testimony (i.e., parental report) and observations. [Learn about the pitfalls of testimonials here: www.asatonline.org/for-parents/becoming-a-savvy-consumer/the-pitfalls-of-testimonials/].

Other studies have attempted to empirically evaluate (i.e., through experimental manipulation) the effects of autism dogs. Although this is an improvement from qualitative research, these studies also utilize poor research design and contain other methodological flaws. For example, Silva and

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colleagues (2011) asserted that children with autism dogs may be more receptive to, and be more influenced by, one-on-one therapy. Specifically, a condition in which a therapist and dog interacted with a child with ASD was compared to a condition in which the same child and therapist interacted alone. The authors concluded that the child engaged in more positive behavior (e.g., smiling, eye contact) and engaged in less inappropriate behavior (e.g., physical aggression, verbal aggression) in the presence of the dog. However, conclusions were based on one participant. Therefore, the results were not replicated. Additionally, the researchers used a statistical analysis to evaluate differences in behavior between conditions. Such analysis may mask other variables that may have affected behavior. For example, the authors mentioned that the increase in positive behavior may have occurred when the dog was present simply because of the addition of the novel stimulus (i.e., the dog) and that negative behavior may have occurred when the dog was absent simply because of the removal of a preferred stimulus (i.e., the dog). Perhaps, if looking at the chronology of the case study's methods, an analysis would show positive behavior decreased over time when the dog was no longer novel and negative behavior increased only after the dog was removed, but then subsequently decreased. The statistical analysis would mask these changes. Thus, a causal relationship between autism dogs and a child's receptiveness to one-on-therapy is far from being established.

Becker, Rogers, and Burrows (2017) also attempted to empirically evaluate the effects of autism dogs. Specifically, Becker and colleagues (2017) used a group design to evaluate the effects of animal-assisted social skills training on a group of children ages 8-14 with a diagnosis of ASD or Pervasive Developmental Disorder (PDD). An experimental group that included animal-assisted social skills training was compared to a control group that included the same social skills training in the absence of the animal. Dependent measures (i.e., what is measured to compare pre- and post-intervention and draw conclusions about the intervention) consisted of indirect measures of the behaviors targeted; specifically, surveys and self-reports such as the Childhood Autism Rating Scale, Children's Depression Inventory, Reading the Mind in the Eyes

Test, and two social language/responsiveness scales were used. The authors reported that those who participated in animal-assisted social skills training exhibited a statistically significant decrease in social skills deficits, repetitive behaviors, depressive symptoms, and symptoms of ASD overall. Additionally, those who participated in animal-assisted social skills training exhibited a statistically significant increase in social communication, as measured by the indirect measurement tools. Thus, the authors concluded that the use of dogs in social skills training enhanced skill acquisition and development. However, no direct behavioral observations were conducted. Instead, the primary data were collected from survey results (some of which were self-reported), which are known to be inherently flawed. [Learn more about how to evaluate effectiveness of interventions here: www.asatonline.org/for-parents/becoming-a-savvy-consumer/asd-intervention-how-do-we-measure-effectiveness/].

Other researchers have evaluated the effects of autism dogs using more sophisticated research design (e.g., single-subject). For example, Martin and Farnum (2002) investigated the impact of autism dogs on behavioral and verbal interactions for 10 children with ASD. Using an ABCA design, the researchers systematically varied three different conditions: a simple toy, stuffed dog, and real dog. The authors reported a mix of findings. Specifically, inappropriate behavior (e.g., hand flapping) increased and lasted longer in the presence of the dog. Participants also made eye contact with the therapist less in the presence of the dog as compared to the other conditions, answered questions with less detail in the presence of the dog, and talked less about the therapist in the presence of the dog. However, participants laughed more frequently and for a longer duration in the presence of the dog. Participants also made eye contact with the dog more than with the stuffed dog or the toy, talked more about the dog and for longer durations in the presence of the dog, and engaged in more on-topic conversations (i.e., conversations relevant to the immediate environment) in the presence of the dog. Finally, participants were more like to comply with requests in the presence of a dog. Overall, the authors concluded that there may be tentative support for the use of autism dogs for children with ASD. However, the authors relied on statistical analysis to evaluate differences across

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conditions. The use of statistical analyses with such a small sample size limits the validity and generalization of these conclusions. [Learn more about how to evaluate effectiveness of interventions here: www.asatonline.org/for-parents/becoming-a-savvy-consumer/asd-intervention-how-do-we-measure-effectiveness/].

Interestingly, Burrows, Adams, and Millman (2008) studied the impact of autism dogs on the dogs themselves. The authors conducted a series of interviews with members of 11 families who used dogs for their children with ASD. Parents were interviewed at three different time periods – when they were receiving training about their new dog, and every third month for 6 months. The authors reported that generally the dogs were loved and bonded well with all members of the family. However, the dogs were placed under significant stress. Typically, service dogs are trained to bond primarily with the person whom the dog will be helping. One difference between autism dogs and other service dogs is that autism dogs are trained to primarily bond with and take instructions from the parent(s), but must also work with the child with ASD. Families reported that dogs developed a primary relationship with one or both parents, and to a lesser extent, the child with ASD. Only four of the 11 children with ASD showed interest in the dog, with interest defined as petting or initiating any sort of social approach. Thus, dogs seemed to prefer interactions with parents and were more likely to follow their commands. Generally, the children with ASD provided less attention and social contact with the dog than the other family members.

Additionally, some of the unique features of ASD (e.g., disrupted sleep schedules, aggression) placed the autism dogs under significant stress. For example, some dogs could not sleep for long periods of time, if the child with ASD went without sleep. Some dogs spent long hours “working” when accompanying a child to school, which inhibited urination and defecation. Some children engaged in aggression towards the dogs, causing dogs to startle and move away from the child. Thus, dogs often received mixed social signals from the child with ASD, but were then still expected to respond appropriately to commands from the parents and bond with the child. Thus, if autism dogs are to be used, the caregivers should consider the physical wellbeing of the dog as well

(e.g., ensure appropriate rest-recovery time, recreational activities).

Financial Cost Associated with Autism Service Dogs

To obtain a dog, parents must apply to one of the organizations that supply these animals (e.g., 4 Paws for Ability, 2017; Autism Service Dogs of America, 2010; National Service Dogs, 2012). The cost is approximately \$20,000. The prerequisites for a child to obtain such a trained dog seem unspecified. For example, the organization “4 Paws for Ability” states that age or severity of disability does not exclude one from getting a dog. However, Autism Service Dogs for America, specifies that children under the age of five will not receive a dog and that dogs are solely for individuals with ASD.

Training programs are lengthy and extensive. Training begins for the dog as a puppy with socialization, basic obedience, and public outings in the service jacket. This is followed by advanced training which includes suitability testing, advanced obedience training, distraction training, and training in busy environments (e.g., grocery stores). Ideally, the dog is fully trained and placed with a family between the ages of 18-24 months. Dogs are matched with a family based on an interview with the parents. Once a dog is matched with a family, a trainer and family work together to habituate the dog to the family and child with ASD, train the parents on the commands that will be given to the dog, and to assimilate the dog into the family routine (Burrows, Adams, & Millman, 2008).

Future Research

Overall, research on the use of autism dogs is sparse and inconsistent. Although preliminary research seems promising, the experimental rigor is lacking, which decreases the validity and generalization of the findings. Additionally, the current research fails to isolate the effects of the dog on the child’s behavior. Thus, it is unclear if the autism dog is solely responsible for changes in behavior or if other factors may contribute. Future research should focus on identifying if animal-assisted interventions are more effective than typical interventions. Additionally, future research may identify the necessary behaviors that autism dogs need to learn to most effectively

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change the child's behavior (e.g., safety skills, social skills). Finally, future research may identify the necessary training for caregivers of autism dogs to ensure the health and optimal performance of the dog.

What is the Bottom Line?

There is some (qualitative) evidence that autism service dogs may provide a measure of safety to a child with autism. When tethered to a child, such dogs can prevent or minimize the child getting injured or lost. The dogs are trained to prevent bolting, running away, and entering a street when unsafe to do so. Such dogs also seem to be able to provide monitoring during the evening, allowing parents to be more confident that their child will remain safe while they sleep. The evidence is less compelling when considering whether the autism dogs themselves are the reason for increased learning in the areas of motor, emotion, social, or adaptive behavior. Such dogs do not have any special capacity or "sense" of a special emotional connection with persons with autism. Rather, dogs can be the medium in which the child practices skills, such as learning to feed the dog. However, the reason for learning is most likely the repeated practice and not any special characteristic of the animal. In addition, the other areas of improvement noted in these qualitative studies – such as the children looking happier, engaging more in positive social interactions, and displaying reduced number of tantrums – are lacking in confidence, due to the data collection methodology and lack of reliability and validity of those data.

Autism dogs seem to have a role to play for the physical security and safety of children with autism, and that reason alone may be powerful enough to consider using one if it can be financially afforded. The impact of the dog on learning and problem behavior remains to be determined in a more rigorous manner, and until that time, the use of autism dogs should be limited to enhancing safety of the child.

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SHOUT OUT

THERAPEUTIC PATHWAYS

We want to thank Therapeutic Pathways for helping make scientific validated information about autism treatment available to more families through its digital signage; adding ASAT's posters and our website as a resource on their digital displays.

Resources

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The Power of Connection



Autism New Jersey's 35th Annual Conference will be held October 19-20, 2017 at the brand-new Harrah's Waterfront Conference Center in Atlantic City. Come see why many caregivers and professionals return each year for credible and current information and resources. Since they can be confident that the workshops and exhibitors have been vetted for scientific support, more than 1,200 participants are again expected for 70 workshops, 100 autism-specific exhibitors, and networking opportunities galore. With so many options, there is specialized material pertaining to individuals of all ages and

support needs, with a focus on practical strategies. Workshops range from basic to advanced, with topics applicable to family members as well as professionals from various fields and levels of experience. Presenters include expert clinicians, self-advocates sharing their experiences, teachers and therapists in both public and private arenas, attorneys and financial planners, and seasoned parents—some of whom are social media sensations!

The conference will begin with the keynote address, “How the Public Policy Landscape Affects You,” from federal policy expert Dr. David Mandell. It continues with the latest science-based strategies for addressing challenging behavior and social, communication, and life skills, as well as family support and training. Content specific to adults includes housing, employment, sexuality, legal and financial issues, and evaluating adult programs. Quality of life is also a priority: leisure skills, executive function, feeding concerns, cognitive flexibility and problem-solving, physical fitness, comorbidity with anxiety or ADHD, and more. Clearly, there is something for everyone!

Participants have shared:

“It is inspiring to see all of these autism professionals and families together! Connecting to this community refreshes, revives, and rejuvenates me through exposure to a wealth of resources and professionals. It gets better each year!”

“As a parent, we seek innovative ways to get through each and every day successfully. This conference was priceless for me to gain just that.”

“I utilize the information to support both parents and professionals to help the students. I learned a lot that I can directly apply, and the resources were phenomenal. I was very impressed by the positive energy of everyone there!”

“Attending helps to keep up with what will happen to my son in the years to come. There is so much to keep up with, and this conference helps me to feel empowered and hopeful.”

Discuss the latest findings with the researchers themselves at our poster session, sponsored by the

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Association for Science in Autism Treatment (ASAT) and the Rutgers Center for Adult Autism Services. Continuing education credits are offered for behavior analysts, speech-language pathologists, social workers, and psychologists. Caregiver scholarships are available as funds allow. Learn more about this conference by visiting the [conference page](#) of Autism New Jersey's website or by calling 800.4.AUTISM.

[Autism New Jersey](#) is a nonprofit agency committed to ensuring safe and fulfilling lives for individuals with autism, their families, and the professionals who support them. Through awareness, credible information, education, and public policy initiatives, Autism New Jersey leads the way to lifelong individualized services provided with skill and compassion. We are grounded in science, strengthened by knowledge, and devoted to creating a society of compassion and inclusion for all those touched by autism. Services are not exclusive to New Jersey residents; all are welcome to contact the [Helpline](#) at 800.4.AUTISM or information@autismnj.org, access [free publications](#), and participate in our [Autism Ambassador](#) awareness campaign, Annual and Transition [conferences](#), and other workshops. Established by a group of parents more than 50 years ago, Autism New Jersey is proud to be a resource for individuals, families, professionals, government officials, the media, and concerned residents who all turn to Autism New Jersey for reliable information, compassionate support, and evidence-based training.



CBI Health Group, the parent company of Monarch House, recognizes that families need help identifying and assembling the array of clinical specialists their child might require and navigating the daunting funding and logistical challenges presented before them. As a result Monarch House has been developed as: a network of professional clinical experts providing a place for coordinated treatment; an access point for parents to obtain critical information; and, an innovative healthcare organization engaged in applied research and dedicated to the advancement of best practices.

Monarch House offers effective treatment for individuals requiring services in the areas of challenging behaviour, communication, motor skills, and learning. These services may be provided in the community, the home, or in one of our state-of-the-art facilities in British Columbia and Ontario.

Monarch House provides the following services and programs:

- **Assessment and Diagnosis:** Individualized assessments and group screenings are offered by experienced clinicians for communication, learning, motor skills, and behavior concerns. Diagnostic services are provided by qualified professionals (e.g., Paediatrician, Psychologist) who will also recommend appropriate treatment avenues.
- **Speech-Language Pathology:** Assessment and treatment of speech, language, communication, and social skills concerns are provided by a qualified Speech-Language Pathologist (SLP) or a Speech-Language Assistant/Communicative Disorders Assistant (SLA/CDA) when appropriate. Our speech and language team follows best practice guidelines which includes individually developed intervention goals,

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consistently measured progress against those goals, and sharing of outcomes with caregivers and/or the clients on a regular basis.

- Occupational Therapy: Occupational Therapists (OTs) assist children and adults in developing their independence in activities that are important and meaningful in their daily lives. Our OTs provide assessments and specialized programs in the areas of self-care, gross and fine motor skills, play skills, and vocational skills.
- Comprehensive ABA (or IBI therapy): We offer intensive (20 or more hours per week) of Applied Behaviour Analysis (ABA) therapy. Our ABA services are overseen by Board Certified Behavior Analysts (BCBAs) who are educated and experienced in the science of learning and behaviour. They develop and monitor intensive ABA programs carried out by our frontline therapists, most of whom are Registered Behavior Technicians (RBTs).
- Focused ABA Therapy: We offer less intensive ABA therapy (10 – 19 hours per week). Behaviour analysts assess behaviour, develop behaviour intervention plans, and monitor and supervise all ABA programs. Our BCBAs may also consult to family members or other professionals to address behaviour challenges that may range from toileting and parenting skills to extreme problem behaviour.
- Afterschool and Recreational Programs: We offer a wide range of individual and group programs for clients and their family members to provide social opportunities and for the development of new skills (e.g., social skills groups).
- Research Studies: At Monarch House, we have a research team dedicated to continuously participating in the advancement of behaviour analysis and allied health research. In partnership with PhD researchers, we have published peer-reviewed studies and continue with our goal to contribute to the behaviour analytic and allied health literature on an ongoing basis.
- Student Practicum/Placement site: We are a sought after student placement site for students from all categories: from those studying to be college level ABA and SLA/CDA technicians, to graduate-level clinicians seeking an OT, SLP, or BCBA designation, to medical students working towards an MD degree. Our students experience hands-on learning while always under the direct supervision of the relevant professional. Many of our students successfully seek employment with Monarch House upon completion of their student placement.

For more information, please visit www.monarchhouse.ca/



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Does Your Agency Share ASAT's Values?

ASAT believes that individuals with autism have the right to effective treatments that are scientifically-demonstrated to make meaningful, positive change in their lives.

We believe that it should not be so challenging for families to find accurate information about the efficacy of various autism interventions. ASAT works toward a time when:

- ★ All families will be empowered with skills in identifying and choosing the most effective, scientifically-validated interventions for their child.
- ★ The media will educate and not confuse parents by providing accurate information and asking the right questions.
- ★ All providers will be guided by science when selecting and implementing interventions and use data to demonstrate effectiveness.

What It Means to Be a 2017 Sponsor:

ASAT's Sponsors indicate their support of the following tenets:

1. All treatments for individuals with autism should be guided by the best available scientific information.
2. Service providers have a responsibility to rely on science-based treatments.
3. Service providers should take steps necessary to help consumers differentiate between scientifically validated treatments and treatments that lack scientific validation.
4. Consumers should be informed that any treatment lacking scientific support should be pursued with great caution.
5. Objective data should be used when making clinical decisions.

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These sponsorships not only provide financial support used specifically for our dissemination efforts, but also send a clear message that ASAT's vision is shared by others within the professional community.

The tasks of educating the public about scientifically-validated intervention and countering pseudoscience are daunting ones, and ASAT appreciates the support of all of our sponsors.

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