



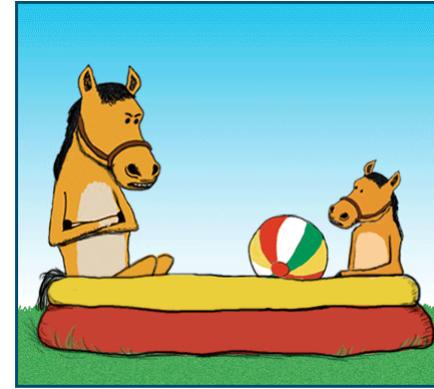
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## A Horse of a Different Color: A Review of the Effectiveness of Hippotherapy by Thomas Zane, Ph.D., BCBA-D

Hippotherapy, sometimes also called “equine-assisted” therapy or “therapeutic riding,” involves the use of horses to provide various therapies to persons who display a number of challenging conditions (American Hippotherapy Association, 2010). “Hippo” means “horse”

“multidimensional movement” of this animal provides “sensory input through movement which is variable, rhythmic, and repetitive” (2010). The rider must react with motions that mimic movements of the pelvis while walking. Such movement is claimed to benefit the rider by enhancing mobility, posture, and balance (Bliss, 1997). Certified occupational, physical, and speech therapists administer hippotherapy, which is often combined with other forms of sensory or motor activities. Therapeutic use of the horse for persons with disabilities, including autism, is quite popular. Currently, according to the North American Riding for the Handicapped Association (2010), there are over 3,500 certified instructors, 800 accredited riding centers worldwide, and over 42,000 participating children and adults.



in Greek. According to the American Hippotherapy Association (AHA) website, the horse is used because the

*(Continued on page 2)*

Watch examples of effective teaching methods for children with autism here: <http://www.asatonline.org/intervention/videos.htm>

## Message from ASAT President, David Cellberti, Ph.D., BCBA-D



I hope you will enjoy this issue of Science in Autism Treatment (SIAT). ASAT strives to improve access to effective, science-based treatments for all people with autism, regardless of age, severity of condition, income, or place of residence. Our newsletter exemplifies ASAT’s mission to disseminate accurate, scientifically sound information about autism and autism intervention.

Below are some of our accomplishments over the past year (I know, I know.....2010 is not over yet). We will be sharing our 2011 goals with SIAT subscribers in the Winter 2011 issue of the

*(Continued on page 24)*

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## Hippotherapy Intervention continued...

(Continued from page 1)

From the perspective of evidenced-based practice, the question that naturally arises is whether there are data to support that hippotherapy is effective in causing any positive, measurable change in some aspect of functioning. Despite numerous publications and testimonials describing the therapy, few scientific test results are available. Benda, McGibbon, & Grant (2003) randomly assigned children with spastic cerebral palsy to either hippotherapy or to a no-treatment condition in which children sat on a stationary barrel. The hippotherapy group reportedly showed significantly greater improvement in muscle activity than the no-treatment control group.

Bass, Duchowny, and Liabre (2009) randomly assigned children with autism to either a 12-week session of horseback riding or a control group receiving no horse therapy. At the end of the study, the authors concluded that children who participated in horseback riding did in fact show improved social skills, better sensory seeking and sensitivity, and more social motivation. However, the authors measured these outcomes

with survey instruments that may have been unreliable (Fraenkel & Wallen, 2009). Thus, any claim to the positive results being directly due to the use of hippotherapy must be viewed with caution.

No well-designed studies on hippotherapy have been reported to date. Many of the published papers are either simply descriptive in nature or case studies that do not allow any confidence in a causal relationship between hippotherapy and improvement in the participants.

In sum, it seems that the level of quality research that would allow us to conclude that hippotherapy is an effective strategy for persons with developmental disabilities does not exist at this time. Many proponents of hippotherapy have identified the need for conducting valid, well designed experiments that will hopefully prove that hippotherapeutic techniques can effect change in consumers. As Casady (2007) rightly points out, single-subject research – using well established within-subject designs (such as multiple baseline) – could be used to begin to generate a solid research base in order to empirically determine the effects, if any, of this therapeutic approach. However, with the evidence available, hippotherapy should not be considered an intervention that has a solid research base showing effectiveness and should not be recommended as a therapy that has been proven to help children with autism overcome behavioral, educational, or language challenges.



This column was also recently featured in the Cambridge Center's newsletter: "The Current Repertoire"

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### References

- American Hippotherapy Association (2010). Retrieved July 6, 2010 at <http://www.americanhippotherapyassociation.org>.
- Bass, M., Duchowny, C., & Liabre, M. (2009). The effect of therapeutic horseback riding on social functioning in children with autism. *Journal of Autism and Developmental Disorders*, 39(9), 1261-1267.
- Benda, W., McGibbon, N.H., & Grant, K. L. (2003). Improvements in muscle symmetry in children with cerebral palsy after equine-assisted therapy (hippotherapy). *Journal of Alternative and Complementary Medicine*, 9(6), 817-825.
- Bliss, B. (1997). Therapeutic horseback riding? RN 60.10: 69+ *Academic OneFile*. Web. 16 July 2010.
- Casady, R.L. (2007). Research how-to series: Single-subject research. *AHA Research Guides*, retrieved May 17, 2010 at [http://www.americanhippotherapyassociation.org/aha\\_about\\_hippo\\_research.htm](http://www.americanhippotherapyassociation.org/aha_about_hippo_research.htm).
- Fraenkel, J. R., & Wallen, N. E. (2009). *How to design and evaluate research in education. Seventh edition*. New York: McGraw-Hill.
- North American Riding for the Handicapped Association. Retrieved July 17, 2010 at <http://www.narha.org>

## Clinical Corner: How can I teach my child with autism to attend religious services with our family?

Answered by Jessica Rothschild, MA and Sharon A. Reeve, PhD, BCBA-D  
Caldwell College

This is a question that we have been recently asked by quite a few families with children with autism. In response, we have prepared a set of guidelines that are based on research that we have recently conducted in this area. Hopefully, these guidelines will help you achieve a positive experience in promoting success for your child attending a religious service. We also hope that this will help you avoid potential obstacles that we have encountered in the past.

### Getting Started

Educate the religious community.

- Assess the level of support of the religious community in helping your child learn to participate meaningfully in the religious service by meeting with the priest, rabbi, minister, or other religious leader. During this meeting, discuss the community's current awareness of developmental disabilities and their experience specifically with including children with autism in religious services.
- Also, discuss possibly including an educational message in the bulletin or having informational packets on developmental disabilities available after the services.
- In the educational message or informational packets, include information on the importance of inclusion of children with developmental disabilities in the community. Be sure to also emphasize the positive effect this can have on the children with disabilities, children of typical development, and the religious community in general.

### Defining and Measuring Success

- Your measure of success is your child's ability to be part of the community experience of the religious service.
- You should then first define on-task behavior and off-task behavior. These definitions should be individualized for your child.

Examples of an on-task definition and off-task definitions:

On-task: Looking at the religious services materials, activity book provided, and at the religious leader or the front of religious service center and keeping one's feet on the floor or dangling beneath the seating.

Off-task may consist of two categories depending on how disruptive each are to the religious community. Off task category one is audibly disruptive behavior that likely disturbs the religious community and should result in the child leaving the service and going to the back of the worship center so as not to further disturb the religious community. These behaviors include tantrum behavior such as, crying, yelling, falling to the floor, or forcefully hitting or kicking the furniture. Off task category two consists of behaviors that are minimally disruptive to the religious community and should result in redirecting the behavior. These behaviors include repetitive gross motor movements, audible fine motor movements (tapping the furniture), or vocalizations above conversational volume.

- Next, develop some benchmark goals for your child. You can do this by observing a child of typical development close to your child's age and collecting data on the on-task behavior of that child.
- One way to collect data is to set a timer for 60 seconds (try a vibrating or silent timer so as not to interrupt services or just look at your watch every 60 seconds). As soon as the timer goes off look at the child and determine if he or she is on-task or off-task at that moment and score accordingly. Continue data collection for at least 20 minutes or better yet, until the religious service is complete. Do this a couple of times, if you can.

For families of individuals with autism, participating in community events such as religious ceremonies may be challenging. Parents often express that despite their desire to attend services as a family, they feel unable to do so because their child lacks the skills necessary to participate successfully and/or may engage in inappropriate behavior. In this installment of *Clinical Corner*, Jessica Rothschild and Dr. Sharon Reeve provide clear guidelines for teaching children with autism to attend religious ceremonies.

If you enjoy reading *Clinical Corner*, be sure to visit our website to review past responses: <http://asatonline.org/helpdesk/clinician/clinician.htm>

Lori Bechner, M.A., BCBA SIAT *Clinical Corner* Coordinator

(Continued on page 4)

**Clinical Corner: “How can I teach my child to attend religious ceremonies?” continued...**

- Calculate the percentage of intervals that the child of typical development was scored on task by dividing the number of intervals the child of typical development was scored on-task by the number of intervals scored and multiply by 100. Use the time the child of typical development spends on task to set the bar or criterion for your child.

Example of collecting on-task data for a child of typical development:

*If your child is 4 years old then try to observe a child of typical development around that age. If that child was on-task for 70% of the intervals you scored, this means that the on-task criterion for your child should be no higher than 70% because that is typical of other kids your child's age.*

- Now do this same procedure with your own child to get some initial assessments of his/her on-task behavior and continue this data collection procedure throughout teaching (as further described below). These comparisons may help you better identify your priorities.

**Materials Needed****Preferred Items**

- Give your child a preferred item when on task during the religious service.
  - Items may include preferred snacks (delivered in a small container located next to the child), an I-Pod with headphones, books, and other items that do not make noise.
- Clipboard or binder for relevant data sheets.

- Timer (vibrating or silent) or you could even use your own watch

**Attending the Service**

- Begin by assessing the amount of time your child currently stays in the religious service without engaging in off task behavior that is disruptive to the religious community.
  - For example does he/she last 20 minutes without engaging in a tantrum or 5 minutes?
- Based on this assessment, begin at the end of the service and stay in the service throughout the designated amount of time.
  - For example, if you determined that your child can successfully last 5 minutes without engaging in a tantrum, then begin by attending the last 5 minutes of the religious service. This amount of time may also be as little as 30 seconds, initially. This is ok, you'll get there!
- During the first few visits to the religious service give a preferred item or snack to your child when he or she engages in on-task behavior.
  - If you are using snacks, initially deliver these very frequently (even as quickly as every 30 seconds). As your child engages in on-task behavior for longer periods of time, deliver the snacks less frequently. When your child attends the entire religious service, give the snacks immediately after leaving the worship center (outside the worship center doors).
  - If you are delivering a preferred item, the child keeps this item unless they engage in off-task behavior that is disruptive to the religious community.
  - We found that often when we delivered a preferred item to a child they remained engaged in on-task behavior with that item until the service ended. This is a great outcome!
  - You also might need to deliver both a preferred item and a snack; we did too for some children.
- If your child engages in the off-task behavior category that results in disrupting the religious community, bring the child to the back of the worship center until the child is calm and quiet. Once the child is calm and quiet bring the child back into the service.
  - If you need to bring the child to the back of the worship center for two consecutive visits, go back to the previous teaching phase on the next session. For example, if the child tantrums during the

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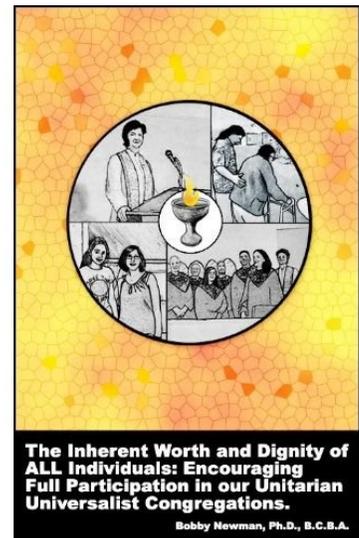
### Clinical Corner: "How can I teach my child to attend religious ceremonies?" continued...

*religious service for two visits in a row when trying to stay for 10 minutes, go back to attending the religious service for 5 minutes during the next visit.*

- Next, increase the amount of time spent in the service by 5 minute increments, after your child meets the previously set criterion for two consecutive services until they are attending the entire service.
  - For example, let's say your child's on-task criterion is 80% for two services and your child is initially attending the last 5 minutes of the religious service. When your child meets criterion, increase the amount of time your child attends the religious service to the last 10 minutes of the service.
- As teaching progressed, we found that our children also learned target behaviors required for participating in the religious service, even though we never directly taught them. This was a nice surprise, and we hope it happens to you, as well! If it doesn't, teaching your child to participate in a religious service is the next step. Examples of these types of skills include saying prayers, singing religious songs, or greeting other worshippers.

#### Helpful tips:

- We've been most successful in teaching children how to attend a religious service with an instructor first, likely due to the lack of history of that instructor with the child in the religious service. If this is a possibility for you, we recommend it.
  - Once the child attends the entire religious service with the instructor, parents or caregivers can then begin to attend the service with the instructor and child.
  - The instructor can then systematically increase their distance away from the child until the child is with the parent in the absence of the instructor.



For more reading on this topic, check out one of our Advisory Board Member's book: [The Inherent Worth and Dignity of ALL individuals by Dr. Bobby Newman](#)

#### Autism and Faith: A Journey into Community



Additionally, Former Board member Mary Beth Walsh served as a co-editor of this faith-based book:

<http://rwjms.umdnj.edu/boggscenter/products/documents/AutismandFaith.pdf>





THE ELIJA FOUNDATION

Championing Hope, One Child at a Time

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## AUTISM INTERVENTION: MAKING BETTER CHOICES THROUGH SCIENCE

Keynote Address by *Dr. Catherine Maurice*, Founding Member of ASAT, Author of *Let Me Hear Your Voice*, 1993

# OCTOBER 15, 2010 \* 8:00AM-2:30PM

## TIME IS RUNNING OUT: REGISTER ONLINE OR BY PHONE

There are literally hundreds of interventions for Autism, although the vast majority of these lack any scientific support. Unfortunately, eclectic approaches that are not grounded in science prevail in many public schools. Fringe treatments are afforded widespread media coverage, and the internet is filled with misinformation and unsubstantiated claims. This full day workshop will provide a step-by-step approach to understanding not only what it means for an intervention to be science-based but which of the currently available treatments enjoy existing scientific support. Important considerations for choosing interventions will be highlighted, along with strategies for evaluating outcomes. This workshop is open to professionals, parents, and students; it will showcase the benefits of science and scientific methods which are not only relevant to discussions of autism treatment but should serve as the foundation upon which treatments should be chosen, implemented, and evaluated.

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**4.5 CEUS for BCBA's** (\$40 Payable to NYSABA. Sign in submission form needed. Will be available at conference.)

A portion of the proceeds from this conference will benefit ASAT, a 501(c)3 non-profit organization. [www.asatonline.org](http://www.asatonline.org)

### Schedule

<b>8:00 am to 8:45 am</b>	Registration
<b>8:45 am to 9:00 am</b>	Welcomes from Molloy, ELIJA & ASAT
<b>9:00 am to 9:30 am</b>	Reflections: Keynote Address by Dr. Catherine Maurice
<b>9:30 am to 11:00 am</b>	The State of the Science, Robert LaRue, Ph.D., BCBA-D
<b>11:00 am to 11:10 am</b>	Break
<b>11:10 am to 11:50 am</b>	Applying the Science: Child and Provider Considerations, Cost Benefit Analyses, David Celiberti, Ph.D., BCBA-D
<b>11:50 am to 12:30 pm</b>	Lunch (Boxed lunch provided. Those with dietary restrictions are kindly asked to bring their own lunch.)
<b>12:30 pm to 1:45 pm</b>	Evaluating Effectiveness: Simple Ways to Use Science in Autism Intervention Daniel W. Mruzek, Ph.D., BCBA-D
<b>1:45 pm to 2:00 pm</b>	Overview of ASAT Resources, Marianne Clancy, Parent and ASAT Board Member
<b>2:00 pm to 2:30 pm</b>	Panel: Bringing It All Together, Moderated by Ruth Donlin, M.S.

The ELIJA Foundation is a non -profit 501(c)(3) organization. [www.elija.org](http://www.elija.org)

## Letter from Josh Pritchard, M.S., BCBA

Giasou (Hello)!

I'm writing this letter from Crete in Greece. Once again, I've traveled abroad, and find myself in the midst of a culture without enough good access to scientific treatment for autism. You may know Greece for their mythology and the Greek Gods. Although the products of a very rich culture, these mythical explanations were replaced by Thales of Miletus with natural causes. For example, he opposed the prevalent belief that earthquakes were the anger of Poseidon, and instead proposed a more natural cause (he believed that they were due to natural disturbances that caused the earth to shake or crack).

Thales of Miletus is regarded by many as the father of science; the first to explain the world in terms of natural rather than supernatural causes. Now—I'm in the cradle of the civilization that brought science to the world, and still find myself in discussions about which treatments are scientific and which are no more substantive than Zeus and Poseidon.

The picture to the left is Theseus defeating the mythical Minotaur in Crete, thereby eliminating the danger of the many innocent children and women whom were continually fed to him to keep him from endangering the entire countryside.



Perhaps it's the Ouzo, or the ancient culture surrounding me, but as I sit here, I view ASAT's role as one parallel to that of Theseus; the mythical treatments for autism as the Minotaur. To defeat the Minotaur, Theseus needed the help of princess Ariadne. We also need help — yours! Theseus had a ball of string to guide him through the minotaur's maze. Happily,

our ball of string is science. As long as we follow the scientific thread in treatment in autism, we won't be led astray.

One of the easiest ways you can help us is get the word to as many people about science guiding autism treatment.

At the beginning of this year, we set a goal for new

subscribers. It was a lofty goal, and we are still working hard toward it. We are so close, but simply can't reach it without your help. We need you to spread the word about the Science in Autism Treatment newsletter. There are three easy ways to do this:

- Forward this newsletter and a link ([www.asatonline.org/signup](http://www.asatonline.org/signup)) so they can sign up to everyone you know that may be impacted by autism;
- E-mail us at [newsletter@asatonline.org](mailto:newsletter@asatonline.org) with any ideas you have on how we can reach more subscribers;
- Use the web to spread the word (facebook, twitter, etc.). Also, feel free to use our flyer available by clicking: [http://www.asatonline.org/pdf/newsletter\\_ad.pdf](http://www.asatonline.org/pdf/newsletter_ad.pdf)



We just broke the 5000 subscriber mark. Can you help us reach out to the get the last 1000 we need to hit our 2010 goal?

Antio Sas (goodbye),

Josh Pritchard

## ASAT Committee Members

*In addition to our Advisory Board, a number of individuals lend their time and talents to support ASAT's mission and initiatives. As you can see, we have individuals who support each aspect of our organization. If you want to assist, please email us at [info@asatonline.org](mailto:info@asatonline.org)*

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## A Tribute to Dr. Ivar Lovaas Bridget Taylor, Psy.D., BCBA-D and David Celiberti, Ph.D., BCBA-D

When on August 2nd, Dr. Ivar Lovaas passed away, the field of autism treatment and behavior analysis suffered a significant loss. Dr. Lovaas began his career when the psychoanalytic theory of autism was presumed valid, despite a grievous lack of supporting research. Flouting that unsubstantiated conventional wisdom, Dr. Lovaas changed the course of autism treatment by initiating a long-term program of targeted research. That research led to his seminal 1987 study, demonstrating that some children with autism can make significant progress with early intensive behavioral intervention. This indispensable work paved the way for additional empirical demonstrations and single-case subject designed studies, all supporting the central premise that, with behavioral intervention, children with autism can overcome many of the debilitating effects of the disorder and learn skills previously considered unattainable.

Dr. Lovaas's practical manual, *The Me Book*, was one of the first volumes to put validated interventions directly into the hands of parents and practitioners. The *Me Book* charted a new course of treatment, and offered parents and teachers a road map of what — and how — to teach. It is an understatement to say that Dr. Lovaas was a pioneer. And while his work may have generated controversy and criticism, few great thinkers have followed such a visionary path without suffering detractors along the way. Today, thousands of children and families — whether or not they realize it — enjoy the benefits of the programs and strategies that Dr. Lovaas advocated. His work will continue, and his legacy will not be forgotten. As part of this tribute, Josh Pritchard and Allyson Ross have interviewed Tris Smith who speaks of his involvement with Ivar, as well as thoughts from a parent who was deeply impacted despite never meeting Dr. Lovaas. Finally, the three research synopses highlighted in this issue also reminds us of the tremendous influence that Dr. Lovaas' research has had on early intervention.

### Interview with a Board Member: Tristram Smith by Josh Pritchard, MS BCBA & Allyson Ross, BS

**We chose, in this issue, to interview board member Tris Smith, as he worked closely with, and knew well, the late Dr. Ivar Lovaas.**

**We have the great fortune to have Tris's contributions to ASAT through his active role on our board. We hope you enjoy this brief insight into Tristram's life and history.**

**Before we get into questions about your "job"...what kinds of things do you do outside of work, for fun?**

I'm mostly a home-body, spending time with my wife and 7-year-old daughter. My 18-year-old son recently started college. When I have spare time, I like to create family photo albums and scrapbooks, cook, read general science books, go for hikes, play chess, or collect ancient (but inexpensive) coins.

**How would you characterize "what you do" to people that ask? If you were to give a "30-second elevator explanation" of your job..what would it be?**

I work with children with autism and their families. My work involves providing applied behavior analytic (ABA) intervention, consulting to community providers, and conducting research to test ABA and other treatments.

**How did you first get involved with autism?**

When I was in college, I had an op-

portunity to become a buddy for an adult with autism. He was a brilliant man in many ways. For example, he liked reading dictionaries, and he could always stump me with spelling or vocabulary words I had never heard of. He also routinely trounced me in checkers without even looking at the board or taking much time to think. However, he couldn't hold down a job, had no friends, and lived in a supported care facility. This mix of extraordinary skills and challenges was fascinating and touching to me, and it sparked a lifelong interest in searching for ways to help individuals with autism.

**What is your goal in your work with ASAT? How does it fit with your personal goals and interests?**

My goal is to ensure that ASAT's website and publications present accessible, up-to-date, and accurate information about research on interventions for individuals with autism spectrum disorders. This activity helps keep me from getting so caught up in my own research that I lose track of what else is going on.

**How did you first hear about/interact with ASAT to get involved?**

Accepting an invitation from Catherine Maurice and Gina Green, I gave a talk at a conference in Pittsburgh in 1998, when the initial efforts to form ASAT were underway. I had contact on and off again with ASAT

until I joined the Board of Directors in late 2005 or early 2006.

**What, exactly, is/are your role(s) with ASAT?**

I'm the Chair of the Scientific Review Committee, which reviews scientific research on autism treatments, works with other ASAT committees to disseminate research findings, and consults to ASAT members on scientific issues such as interpreting the validity of news items about autism treatment.

**What was it like to work with Dr. Lovaas?**

It was exhilarating. My first year of graduate school was the final year of data collection for Lovaas's now famous 1987 study. For my master's thesis, I scored the pre-treatment videos, and I could scarcely believe my eyes when I saw how much some of the children had improved from these videos to the time I met them. I also had the extraordinary opportunity to witness these kinds of improvements firsthand as a one-on-one student therapist for a couple of the last children to enter the study under the direct supervision of Lovaas himself, and his superb team of more senior therapists and graduate students. Lovaas was inspirational—exuberant, outgoing, brimming with excitement about his work, teeming

*(Continued on page 9)*

**Interview with Tristram Smith continued...**

with ideas for new research projects, and always keen to sit down to work with a child with autism. He also was enormously generous. For example, he kept me on the payroll during an illness that otherwise would have required me to go on disability. He supported Annette Groen, Jacquie Wynn, and me as we conducted an outcome study in his clinic, diverting resources that he easily could have used for his own work. He went far out of his way to credit me and other graduate students for our contributions and to help us find jobs when we left.

**Wow, that does sound exciting! It seems like you had a perfect job and mentor.**

I have to say, though, that I also had to develop a certain amount of equanimity. Lovaas could praise me extravagantly on some occasions yet give brusque criticism at other times; tell me to insert a passage into a manuscript that he would later reproach me for, excite his whole team about a new project or idea only to abandon it at the next meeting, set an agenda but then spend an entire meeting talking about something else altogether, and appear at meetings in a jovial mood or livid because of a mistake or oversight on my part. These ups and downs could be difficult, but I came to see them as a form of creative destruction that would ultimately lead to an original, important contribution.

**What would you like to share with our readers that may be a little known fact about him?**

Although Lovaas's critics often accused him of wanting to turn children with autism into drones who automatically obeyed orders, the opposite was really true. He was especially proud of the unique and unexpected achievements that his graduates went on to make—one boy who made the high school wrestling team, another who experienced new-found happiness when he came out as gay, another who started a rock band, even the girl who was caught with her friends smoking cigarettes under the school bleachers (although he and his graduate students worked with the girl's mother to put a stop to that one!). He spent a great deal of time reminding undergraduate and graduate students of the importance of preserving and respecting individual differences. He rec-

ognized that children in his clinic were required to comply with many demands from therapists, but he firmly believed that this requirement was the best way to help them pay attention to instruction and learn skills that they could use to develop into distinctive individuals.

**Can you briefly describe how you think he has most impacted the world of autism?**

Lovaas showed that children with autism did not need to be confined to institutions or segregated classes and that, on the contrary they could live, learn, and thrive at home, in their neighborhood schools, and out in their communities.

**Given the current state of the science, has much changed since his ground-breaking study suggesting that ABA can help children lose their diagnosis? What kinds of things are different between then and now? What has stayed the same?**

A generation after Lovaas's (1987) groundbreaking study, his intervention remains the most studied and arguably most successful comprehensive early intervention program for children with autism. However, many other

things have changed. In 1987, autism was considered to be rare, affecting about 1 in 2000 children; now, however, the prevalence is estimated at about 1 in 110 children. Accordingly, intervention programs need to be implemented on a much larger scale for many more children than anyone would have anticipated in 1987. Also, we now have much clearer information than we did in 1987 on what the defining features of autism are; this information may require revising curriculum content and possibly also intervention methods. Perhaps most encouraging for the future, after many years when Lovaas and a small handful of other behavior analysts were the only ones who were systematically studying interventions for children with autism, a large and rapidly growing number of researchers with a range of backgrounds have joined the effort to test interventions for children with autism and identify ones that are effective.

**Again—thank you for your time! Your experiences and insight are very interesting and you have provided some great personal insight into a giant within the autism community.**



*From Right to left: Ivar Lovaas, Tristram Smith, Nina Lovaas picture taken in 2006*

**“Thoughts on Dr. Ivar Lovaas from a Parent” by Harold Doherty**

I never met Dr. Ivar Lovaas in person. My 14 year old son, Conor (diagnosed at age 2 with Autistic Disorder and profound Developmental Delays), was never a patient or a subject in a Lovaas study. Yet, when Dr. Lovaas passed away recently I felt that one of the most important people in my son’s life had been lost. Through his career and research he helped our family, our teachers, and autism service providers, teach my son and other children with autism. He proved to us that we could help children with autism learn to communicate, to overcome deficits, to grow, and to live more rewarding lives.

The importance of Dr. Lovaas in my son’s life stems from his research, reported in 1987 and 1993, which demonstrates that Applied Behavior Analysis (ABA) can help many children with autism overcome the cognitive, linguistic, and behavioral deficits which are often displayed in these children. Unfortunately, I cannot provide testimonial evidence that my son Conor, who is severely impaired by his disability, has recovered from autism because of ABA. This is partly because such services were not readily available in Fredericton (New Brunswick, province of Canada) where we lived at the time when Conor received his diagnosis. I did not learn about ABA until Conor was almost four years old, when the preschool development window was already closing for him. Therefore, he did not have the opportunity to receive 40 hours per week of discrete trial training between the ages of two and five. Notwithstanding the severity of my son’s condition, and his late introduction to the ABA principles that Dr. Lovaas demonstrated, he

has been helped immeasurably by the effective autism intervention created through this research.

Dr. Lovaas’ work helped convince this father that ABA was the best bet on which to gamble my son’s valuable development time. That research provided me and my wife, Heather,

with the confidence and the methods to help us communicate with our severely autistic son, and help him grow and develop. As parents, few gifts are greater than these. My knowledge of Lovaas and of ABA began when I attended lectures given by a clinical psychologist and University of New Brunswick (UNB) psychology professor emeritus, Paul McDonnell, PhD, who worked with children with autism and educated many parents about the Lovaas studies and about ABA principles in general.

In particular, Dr. McDonnell gave a lecture entitled, “Managing Problem Behavior in Autistic Children.” It is the only talk from the many, varied, and bewildering seminars given by various purported authorities in those early years that I can remember with any detail. It was the only presentation at which I was made aware of learning principles that would be helpful in dealing with the serious challenges a parent faces in raising a child with autism. I can still



visualize a “Problem Behavior Extinction” Chart from that lecture, *based on evidence*, which showed how to eliminate problematic (including dangerous and self-injurious) behavior in children with autism. The effectiveness of ABA principles was not “pie-in-the-sky” nonsense. The claim of effectiveness was based on solid research, and in particular, on the research of Dr. Ivar Lovaas.

At the conclusion of that presentation by Dr. McDonnell, I immediately tried to use what I learned. That evening, in a crude application of ABA principles, I refused my son’s initial screaming for what I knew, from experience, was a favorite treat (an apple), until he started to ask for it by saying the word, “apple.” I repeated “apple” in two drawn out syllables, “Appp ... pull.” Conor continued to scream. This process continued for almost 45 minutes until Conor finally said, “App.” I immediately gave him a bite of the apple. Each time he said,

*(Continued on page 11)*

**“Thoughts on Dr. Ivar Lovaas from a Parent” continued...**

*(Continued from page 10)*

“App,” he got another bite. Then I insisted that he say “app-pull” to get another bite. After almost an hour and a half of this process, Conor had said “apple” several times, and without prompting.

This anecdote might not seem like much to many people, but to me it was the first time I was able to teach my son to say a word. It was the first time that I could communicate with him at all, in any meaningful way, other than by guessing what he was trying to say through his screaming. The process I just described was not easy for me to endure as a parent; to withhold what I knew my son wanted while he screamed in frustration. That experience, though, was the beginning of my ability to communicate meaningfully with my son with autism, and he with me. I was able to do it, I was able to communicate with him meaningfully, because the principles were sound and because I was convinced it would work. I was convinced it would work because of the research evidence in support of its effectiveness, especially the research by Dr. Lovaas.

Since that initial success there have been many others. Conor’s ability to communicate with us, and ours with him, has improved substantially. We used ABA principles at home and were successful at toilet training Conor well before he started school. Frustration-induced aggressive behavior toward others has been eliminated. Conor started his first year of high school, with his own curriculum and with ABA based instruction at school. Conor initially started school in a general classroom for the entire school day, but that resulted in some self-injurious hand-biting. It was resolved shortly thereafter by placement in a more quiet area for his ABA instruction, and the hand-biting disappeared. Otherwise, we have not had a single incident of aggression toward himself or others, nor problem behavior of any kind, reported to us by school officials. Conor loves attending our neighborhood schools, loves receiving his ABA based instruction, and is liked by fellow students and educational staff. I do credit Conor himself. Conor has always been naturally personable, and well liked by other children and adults, but his interaction with others has also been helped by the application of ABA principles to address his more challenging autism based behaviors.

It might surprise some to read that, here in New Brunswick, my son receives ABA based instruction in our neighborhood schools, but that has been the case for

several years. The provincial government has provided ABA training to teacher assistants and resource teachers at the UNB-CEL Autism Intervention Training Program. The program is based on ABA principles and research, and has received external review by Dr. Eric Larsson of the Lovaas Institute who described it as *“A remarkable and thorough program that has been developed to an exceptional level of quality in the context of limited resources. The province-wide model is one that many other provinces should adopt, as it carries with it many cost-effective features. The curriculum content requires little modification.”*

The UNB-CEL program itself was based on ABA research, and includes instruction in discrete trial training. The program was first developed to train autism support workers and clinical supervisors for the preschool autism intervention treatment centers, established in New Brunswick several years ago, in response to intense parent pressure. It was adopted for use in training teacher assistants and resource teachers in our neighborhood schools, again after some

**“That experience, though, was the beginning of my ability to communicate meaningfully with my son with autism, and he with me”**

determined parent advocacy. As parents supporting our children with autism, we were successful because we were focused, persistent, and well informed about autism and effective interventions. We also succeeded because we had the tools (the Lovaas studies) with which to convince political and civil service leaders that ABA was an effective evidence-based intervention that would help children with autism to learn.

Dr. Lovaas provided our family and our government with evidence that ABA is a powerful intervention for children with autism. He said that *“if a child cannot learn in the way we teach, we must teach in a way the child can learn.”* He also proved to us that it could be done, and showed us how to do it.

Harold Doherty is the former president of the Autism Society of New Brunswick, involved with advocacy for establishment of UNB-CEL Autism Intervention Training program, provision of ABA early intervention up to 20 hours per week provided by the Province of New Brunswick for autistic children between 2 and 5. He currently advocates for autism youth and adult residential care systems in New Brunswick and is the

# Top 10 Questions a Journalist Should Ask

## BEFORE They Write the Next Autism Story

Science in Autism Treatment

Volume 7, Fall 2010

- #1 Are there any published research articles in peer-reviewed journals documenting the efficacy of the intervention method? If not, why not? If so, are the studies well designed?
- #2 Whom am I interviewing for this story and what are his/her qualifications? Is he/she making claims of efficacy/effectiveness that are not supported by scientific data? What does he or she stand to gain by this interview?
- #3 Is there any evidence of harm imposed by this intervention? What are the risks?
- #4 How much does the intervention cost? Are these costs reasonable? How is it paid?
- #5 What kinds of training and supervision do treatment agents need to have before implementing the intervention? If none or very little, have I explored the ethics surrounding this and if there is adequate consumer protection?
- #6 What position statements have respected professional organizations generated that support or do not support this intervention method? Are there science-based interventions (such as applied behavior analysis) which are recommended by these organizations?
- #7 Have I consulted with an unbiased entity (such as the Association for Science in Autism Treatment at [info@asatonline.org](mailto:info@asatonline.org)) for their input?
- #8 Who may benefit financially from my article?
- #9 How might I benefit from this article?
- #10 Have I taken necessary steps to avoid putting caregivers and treatment recipients at risk?

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ASAT

Providing Accurate, Science-Based Information - Promoting Access to Effective Treatment

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## Media Watch Update by Barbara Jamison, ASAT Board Member and MW Lead

Many consumers turn to the media for information about autism and its treatment. Sadly, the media's portrayal of autism treatment is fraught with inaccuracies and misinformation. Media Watch, one of the most recent initiatives of ASAT's Public Relations Committee, is intended to improve upon the accuracy of media representations. We have included two of our open letters in this issue. The first was to Autism Speaks and was a collaborative effort with the Autism Science Foundation: <http://www.autismsciencefoundation.org/>

Below are the most recent Media Watch responses to both accurate and inaccurate portrayals of autism intervention in the media (Click dates to read full replies):

- Chicago Tribune story "FDA Warns Maker of Product Used as Alternative Autism Treatment" ([July 28, 2010](#))**  
Journalist Trine Tsouderos gets it right again, as she sounds the alarm about claims concerning the danger and toxicity of unproven treatments such as OSR#1. ASAT's letter commending her article was published on the Tribune's website.
- Sun Sentinel's "Castration Drug Given to Kids as Autism Therapy" story ([August 04, 2010](#))**  
Parents, in an effort to help their children with autism, sometimes go to desperate measures. Although writer Bob LaMendola, acknowledges that the drug Lupron is not condoned by the medical establishment for autism treatment, he refers to ABA as a "painstaking treatment." ASAT President David Celiberti calls LaMendola to task and encourages him to do his homework before writing his next article on autism.
- Denver Post "Alternative Therapies for Brain Disorders Seeing Success" ([August 11, 2010](#))**  
Science or no science? That does not seem to be important to Jennifer Brown of the Denver Post, as she promotes the Brain Balance Therapy franchise that is cropping up in various parts of the country. We point out that the misinformation in her article may do more to mislead families than to help them.
- ASAT and Autism Science Foundation: An Open Letter to Autism Speaks ([September 8, 2010](#))**  
ASAT and the [Autism Science Foundation](#) have joined together in writing an open letter to Autism Speaks, urging correction of website statements on the subject of vaccines and autism. **Included in this issue on page 14.**
- ASAT's Open Letter to Son-Rise Program's Raun Kaufman ([September 20, 2010](#))**  
In a clever marketing ploy, the Option Institute has placed a series of "ABA vs the Son-Rise Program" videos on the Internet—depicting ABA as a "cookie cutter" type treatment and one whose published research is quite dated and non-replicated. ASAT, in an open letter to Option's CEO Raun Kaufman, addresses the issue of scientific evidence for ABA (and lack thereof for the Son-Rise Program), as well as how to distinguish a pseudoscience practitioner from a legitimate scientist. **Included in this issue on page 15.**

*We wholeheartedly welcome you to join our efforts. You could be involved by alerting us of articles or media pieces that may warrant our attention or you could assist us with tracking information more formally by setting up an alert system to identify important articles as they come out. If you would like more specific information about how to participate in Media Watch, you can reach us at [MediaWatch@asatonline.org](mailto:MediaWatch@asatonline.org). We hope to hear from you!*



## Open Letter to Autism Speaks

Dear Colleagues,

We appreciate the broad range of supports that your organization offers persons with autism and their families, including the opportunity for the community to post questions for your science team on your website. However, we wish to write an open letter to share our concerns regarding your response to a question posted on this website regarding vaccines. As of September 1, 2010, this question and corresponding response can be found at: <http://action.autismspeaks.org/page/content/scienceanswers>.

Specifically, our concerns include the following:

Your science team wrote: "Several epidemiological studies have explored whether either the MMR vaccine or thimerosal, a preservative previously used in vaccines, are linked to autism, and these studies have not supported a link."

Our response: We would suggest a rewording to make this clearer for those persons without a science background. The epidemiological studies have found no link. By stating that "these studies have not supported a link," you introduce a level of ambiguity that is potentially misleading. A reader may erroneously infer that there is a link that studies just have not found yet. Given the inordinate amount of media attention directed to this topic, we recommend that you avoid contributing to continued confusion on this matter with "soft" statements.

Your science team wrote: "However, these studies were not designed to identify effects in a small

population of potentially vulnerable children due to rare genetic and/or medical conditions."

Our response: Are there data indicating that these "small populations" exist? If the answer is "no," we recommend that you state this clearly and consider removing any mention of this at all. As written, your response suggests that there is a credible scientific rationale for a "vulnerable population" hypothesis. For your constituents, the implication is that there is a group of children for whom vaccines may be extremely dangerous. Moreover, because no criteria are offered by which a parent can determine whether his/her child is in this supposed "vulnerable population," it is likely that some will assume their child is in the risk group, and may then choose not to vaccinate.

Your science team wrote: "We are seeking to understand if vulnerable populations exist, and if so, how we identify them early so they can be protected from public health threats in the safest manner possible."

Our response: Exploratory science is very important. Without it, progress would be minimal. However, in this instance, by noting that Autism Speaks is "seeking to understand if vulnerable populations exist," you suggest a level of concern that may not be justified with the scant data available. Again, we recommend qualifying this response by pointing out that no data yet exist that support a "vulnerable population" hypothesis and that it is entirely theoretical. Furthermore, as this particular statement is phrased, one might inadvertently believe that immunizations are a possible "public health threat" when in fact, creating unsubstantiated fear in parents that could lead them to not

[Click Here](#) to see the PDF version of this letter!

vaccinate is what will create a public health threat. If enough parents withhold vaccination, awful, horrible diseases that are currently only distant memories are likely to return and become part of our daily lives.

Finally, your brief reply links with an interview with Dr. Dawson who states, "We believe that the best way to increase parents' trust in the vaccine program is not to dismiss their concerns, but rather to respectfully listen to their concerns and conduct rigorous research building on the best currently available science relevant to these concerns."

Of course, we agree with Dr. Dawson in that parents' concerns should not be dismissed. However, this principle can be achieved while simultaneously presenting the state of the science plainly and without undue qualification. Indeed, it is an essential ingredient in the maintenance of this respectful dialogue between the scientific community and families.

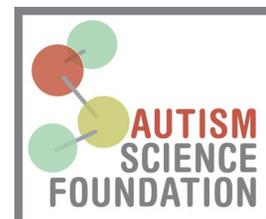
Thank you for your consideration of these points and thank you for all you do to support individuals with autism and their families.

Sincerely,

Association for Science in Autism Treatment

and

Autism Science Foundation



**ASAT's Open Letter to Son-Rise Program's Raun Kaufman**

Dear Mr. Kaufman:

The Association for Science in Autism Treatment (ASAT) is committed to science as the most objective, time-tested and reliable approach to discerning between safe, effective autism treatments, and those that are harmful and/or ineffective. Our mission is to share accurate, scientifically sound information about autism and treatments for autism because we believe individuals with autism and their families deserve nothing less.

We are writing to you regarding your video series posted on the Internet on the topic of Applied Behavior Analysis (ABA) versus the Son-Rise Program and our concern about your use of strategic marketing aimed at a vulnerable population of family members. Specifically, the video series disseminates false information about autism treatment to the disservice of parents who most need accurate information. It appears that both you and your organization have used similar tactics in the United Kingdom, whose government (i.e., Advertising Standards Authority) reprimanded the Option Institute, of which your program is a division, for false advertising.<sup>1</sup>

Your video series appears to be a calculated tactic, designed to divert potential participants from the complete lack of evidence supporting the Son-Rise Program. We note that Research Autism, an organization in the United Kingdom, commented,<sup>2</sup> "Because of the lack of scientific evidence in the Son-Rise programme, we are currently unable to recommend its use." A similar statement was echoed by Autism Speaks TM, an organization in the United States, who stated,<sup>3</sup> "There is no empirical support for this method."

In the video, you reference an unpublished paper<sup>4</sup> in which you cite over 150 articles, yet fail to acknowledge that not a single one is a direct, objective evaluation of your methods. It is important to note that the Son-Rise Program is not without peer-reviewed articles. A longitudinal survey that inquired about the benefits and drawbacks for families who implemented the Son-Rise Program found that approximately 40% reported drawbacks only, which was double the percentage of caregivers who reported benefits only.<sup>5</sup> This longitudinal study was not summarized or cited in your unpublished paper despite being published before your paper was written.

The video series grossly mischaracterizes Applied Behavior Analysis. ABA is not synonymous with discrete trial instruction or early intensive behavioral intervention (EIBI), but is a science with a wide array of research-based treatment procedures that have improved the lives of many individuals—not just children with autism—across a variety of settings. With respect to autism services, treatments based on the principles of ABA have been endorsed by the U.S. Surgeon General,<sup>6</sup> National Institutes of Health,<sup>7</sup> the National Research Council,<sup>8</sup> the National Standards Report<sup>9</sup> published by the National Autism Center, and others.<sup>10</sup>

Your description of the video series as "funny, but sweet" presents as an attempt to discount hundreds of peer-reviewed research articles that support the effectiveness of ABA to address the needs of children with autism. In fact, you cite a number of these studies in your unpublished paper. Moreover, in contrast to your implication that early intensive behavioral intervention is ineffective, a number of published studies have documented otherwise.<sup>11,12,13,14,15,16,17,18,19,20,21</sup> While we recognize that studies of early intensive behavioral intervention have design limitations and have involved small numbers of participants, collectively these empirical studies show that EIBI produces large gains in development and, over time, a reduction in specialized services.

It is important for parents and caregivers to access accurate information regarding autism treatments in order that they may make wise decisions for their children. Your video series misrepresents the current state of evidence and, in our opinion, may be considered false advertising. Your mode of dissemination and miscommunication borders on pseudoscientific practice as described below:

"One important way to distinguish charlatans and practitioners of pseudoscience from legitimate scientists is that the former often bypass the normal channels of scientific publication and instead go straight to the media with their 'findings.' One ironclad criterion that will always work for the public when presented with scientific claims of uncertain validity is the question, Have the findings been published in a recognized scientific journal that uses some type of peer review procedure? The answer to this question will almost always separate pseudoscientific claims from the real thing."<sup>22</sup>

With all due respect, this statement describes well the manner in which your organization has disseminated information. We recognize that your organization, as a for-profit business, needs to market itself, but we insist this must not be at the cost of children and their vulnerable families. We encourage you to remove the video series from the Internet and, instead, focus your efforts on contributing to science by evaluating the effectiveness of intervention strategies used by the Son-Rise Program and publishing your findings in scientific, peer-reviewed journals. This is long overdue as the methods promulgated by your center have been touted for almost 30 years.

For more information, please visit <http://www.asatonline.org>.

Sincere regards,  
Association for Science in Autism Treatment

For a list of all the references cited in this letter and more, please visit [http://asatonline.org/media\\_watches/41](http://asatonline.org/media_watches/41)

## Research Review: Two Year Prospective Follow-up on Community-based EIBI

Magiati, I., Charman, T., & Howlin, P. (2007). A two-year prospective follow-up study of community based early intensive behavioral intervention and specialist nursery provision for children with autism spectrum disorders. *Journal of Child Psychology and Psychiatry*, 48, 803-812. Reviewed by Kathleen Moran, M.A., Caldwell College

### Why research this topic?

Many researchers have reported positive outcomes using Early Intensive Behavioral Interventions (EIBI). However, this study is one of the few that have compared home-based EIBI programs with autism-specific school-based programs. The authors tested for differences in IQ, language, play, adaptive behavior, and autism severity between the two approaches after a period of two years. In addition, the authors evaluated child, family or treatment characteristics related to outcome.

Forty-four children with autism participated in the current study. All children were between the ages of 22 and 54 months. All were in an EIBI program or an autism-specific school based nursery for a minimum of 15 hours per week. Twenty-eight children were in the EIBI group and 16 children were in the autism-specific school based nursery group. EIBI programs generally employed one-on-one teaching in a discrete trial format in the home. The nursery program took place in 10 different schools (7 autism-specific settings and 3 autism-specific units within schools) Teaching practices were diverse for the nursery program participants. Procedures included structured, individualized teaching, visual cues, and close working with the parents.

Prior to treatment, all children were assessed for IQ, language, adaptive behavior, play, and autism severity. A follow up assessment took place 23 to 27 months after the initial assessment.

### What did the researchers find?

The EIBI and school-based nursery groups did not differ at the initial assessment; however, at follow up, improvements averaging 19 months were observed in language, cognitive, and adaptive measures across both groups with no significant group differences between EIBI and school-based nursery programs. The only significant difference was that the EIBI group showed more improvement than the school-based nursery group in daily living skills. Age at intake, intensity of treatment, and family factors were not significantly correlated with outcome results.

Following up on our theme on comparing treatment approaches in the last issue, this first article (Magiati, Charman, & Howlin, 2007) compares a home-based early intensive behavior intervention (EIBI) program based on some principles of ABA and primarily conducted by parents to a school-based nursery program based on an eclectic approach and conducted by professionals. The second article (Reed, Osborne, & Corness, 2007) looked at the effectiveness of three kinds of applied behavior analytic (ABA) home-based programs, the UCLA model developed by Ivar Lovaas, Verbal Behavior (VB) and Complete Application of Behavior Analysis to Schools (CABAS). The third article (Rogers & Vismara, 2008) is a bit different in that it is an analysis of 22 studies of the evidence supporting the effectiveness of different models of early intervention for young children with autism and characteristics that appear to influence the child's response to treatment. Enjoy!

Sharon A. Reeve, Ph.D., BCBA-D, SIAT Research Corner Coordinator

### What are the strengths and limitations of the study?

One strength of the study was that the two groups were matched at the initial assessment closely in all aspects, allowing for a good comparison of the effectiveness of the treatments. Another strength was the comparison of EIBI with an alternate intervention of equal intensity. However, one limitation was the small subject size in the study. The authors noted the difficulty in recruiting a sufficient number of children who meet inclusion criteria. In addition, the participants in the study were not randomly assigned, which could be considered a methodological concern. Another limitation is that parents ran EIBI teaching sessions, which made it difficult to compare the effects to programs run by professionals specifically trained in the intervention.

### What do the results mean?

Given that EIBI and nursery-based program were about equally effective in this study the findings indicate that there may not be a single best treatment for children with autism. As previously noted, however, there were limitations with this study that make the findings difficult to interpret. The authors suggest that it is important to increase parental choice of treatments and minimize inequalities in access to treatment for parents who live in different areas and who have different levels of family resources. They further suggest a need for more research on specific factors such as the providers' level of experience on outcomes achieved by children in early intervention programs.

## ASAT's Guiding Values

ASAT is **committed to science** as the most **objective**, time-tested and reliable approach to discerning between safe, effective autism treatments and those that are harmful or ineffective. ASAT supports **all scientifically-sound research** on the prevention, treatment and cure of autism, as well as all treatments for autism that are shown to be effective through solid scientific research, **regardless of discipline or domain**.

**Research Review: Real-World Effectiveness of Early Teaching Interventions for Children with Autism**

Reed, P., Osborne, L. A., & Corness (2007). Brief report: Relative effectiveness of different home-based behavioral approaches to early teaching intervention. *Journal of Autism and Developmental Disorders*, 37, 1815-1821. Reviewed by Kathleen Moran, M.A.

Why research this topic?  
Home-based programs are an integral component of effectively treating children with autism. This study looked at the effectiveness of different kinds of applied behavior analytic (ABA) home-based programs: (1) the UCLA model developed by Ivar Lovaas, emphasizing structured teaching approaches such as discrete trial training to teach a wide range of skills, (2) Verbal Behavior, which focuses on developing communication skills that serve a variety of different functions such as requesting or labeling objects, and (3) Complete Application of Behavior Analysis to Schools (CABAS), which is designed to apply ABA principles to teach instructors to work effectively with children and to develop individualized curricula for the children.

What did the researcher do?  
This current study compared the effectiveness of Lovaas, VB, and CABAS in high-intensity vs. low-intensity treatment programs over a period of about eight

months. High-intensity treatment consisted of 20 to 40 hours per week of one-on-one instruction while low-intensity treatment consisted of 10 to 20 hours per week. Participants were 27 children with autism between 2 and 4 years old. Treatment was implemented at home. Sessions were 2 to 3 hours and students completed about 8-14 tasks per session. Each task took about 5 to 10 minutes and was repeated until a performance criterion was met. The authors evaluated children's change from before to after intervention in several areas: autism severity assessed by the Gilliam Autism Rating Scale, intellectual functioning estimated from the Psycho-educational Profile-Revised, educational functioning measured with the British Abilities Scale (BAS) and day-to-day functioning based on the Vineland Adaptive Behavior Scale.

What did the researcher find?  
In this study, the high-intensity intervention group demonstrated greater

reductions in autism severity and larger gains in intellectual and educational functioning than did the low-intensity group. However, neither group made noticeable gains in adaptive behavior functioning. In addition, the Lovaas and CABAS groups made larger gains than VB in intellectual functioning. All three interventions displayed similar modest gains in educational achievement, but no group demonstrated significant gains in adaptive functioning. What are the strengths and limitations of the study? What do the results mean? Limitations of the study are small group sizes and short duration of treatment. In addition, a more detailed analysis of the specific components of the interventions would be helpful. However, the study does support previous findings that higher amounts of treatment hours produce better results.

**Research Review: Evidence-Based Comprehensive Treatments for Early Autism**

Rogers, S.J., & Vismara, L.A. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child and Adolescent Psychology*, 37, 8-38. Reviewed by Kathleen Moran, M.A., Caldwell College

Why study this topic?  
Studies show that early intervention programs improve developmental functioning and decrease maladaptive behavior and autism symptom severity. However, systematic reviews are needed to determine whether these studies provide enough reliable information to classify programs as evidence-based.

What did the researchers do?  
The authors looked at the evidence supporting the effectiveness of different models of early intervention for young children with autism and characteristics that appear to influence the child's response to treatment. Twenty-two studies were analyzed and separated by quality into different classes or "types" using criteria established by Nathan and Gorman (2002). Type 1 (4 studies) studies had strong scientific designs such as random assignment of children into either an intervention group or a control group that did not receive the intervention.

Type 2 studies (6 studies) had few significant flaws, but nonetheless yielded interpretable findings about outcomes. Type 3 studies (11 studies) had significant flaws such as the absence of a control group.

What did the researcher find?  
The authors categorized most studies on early intervention programs as Type 2 or 3. However, the Lovaas model of Early Intervention was considered "well-established," supported by Type 1 studies. Increases were seen in a variety of areas, including language, communication, and IQ. In addition, the authors found many Type 2 studies on Pivotal Response Training (PRT), indicating that the intervention is "possibly effective". However, they concluded that no other comprehensive early intervention program for children with autism could be classified as evidence-based. Characteristics that influence response to treatment are currently unclear but may

include, age, IQ before treatment, amount of treatment, family influence, and biological variables. Limitations of studies on early intervention programs include small numbers of participants, lack of comparisons between different treatments, wide variations across studies in the amount of treatment that children received, and use of different measures of outcomes in different studies. What were the strengths and limitations of the study? What do the results mean? Overall, the authors concluded that benefits of early intervention programs had been reported in both short-term and long-term studies but that only the Lovaas model had been established as effective, with PRT also having preliminary support. The review highlighted a need for more studies with strong research designs to evaluate early intervention programs for children with autism.

## Autism New Jersey Publishes Report Focusing on Needed Services and Quality of Life by Daniel W. Mruzek, Ph.D., BCBA-D

Science in Autism Treatment

Autism New Jersey recently released a 29 page report entitled "Connecting with Autism: A Blueprint for Lifetime Support." The advocacy and support organization indicates that the purpose of this report is to identify the best ways to support individuals with autism, as well as their families and the professionals who serve them in this demographically diverse state located in the northeastern United States.

Volume 7, Fall 2010

Data were collected through more than 2000 hours of semi-structured interview with 537 individuals with autism, their families, and professionals who support them (e.g., educators, medical professionals, religious). Once the interview data were collected, a one-day "Blueprint for Lifespan Services" summit meeting of more than 200 stakeholders was held to analyze the interview data and establish a single, overarching theme that states: "A Continuum of Seamless Services and Supports Through the Lifespan as Needed when Needed." Related to this theme, five goals were identified:

- Lifetime access to individualized services;
- Collaboration and partnerships for lifetime planning;
- Skilled and compassionate people;
- Credible and reliable information; and
- Community-based inclusion.

Each of these themes has a number of specific initia-

Kate Fiske, Ph.D., BCBA-D, SIAT *Consumer Corner* Coordinator David Celiberti here. I am pleased to report that Kate Fiske gave birth to her daughter Nell this past summer and is on a brief hiatus from her role as SIAT *Consumer Corner* Coordinator. Although Autism New Jersey (formerly COSAC) is a New Jersey based organization, they offer resources that have benefitted consumers and professionals nationwide. *Connecting with Autism: A Blueprint for Lifetime Support*, their latest contribution to the autism community, is no exception. In this installation of *Consumer Corner*, ASAT Board Member Daniel Mruzek provides an overview of this important resource.

tives and related activities that are hoped to provide guidance and direction for the autism community, as well as policymakers and leaders at the local, state, and federal levels. For example, the theme of "Credible and reliable information" includes initiatives centered upon the development of effective advocacy support for individuals with autism and their families, a quality rating system for service providers, and a "call center" that individuals can contact for "navigation assistance," as they pursue helpful services and supports.

ASAT is very pleased to see that the Blueprint calls for a comprehensive research agenda to pursue the cause(s) of autism and develop effective treatments, as well as the use of evidence-based interventions (e.g., applied behavior analysis) as the "standard of care" in service delivery.

The Blueprint is available for review at: <http://www.autismnj.org/ListeningTour.aspx>

ASAT has joined with Avon's Beauty and Fundraising Program that designates a portion of purchases to ASAT when you use the links listed below.

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- Open Letters from ASAT
- Information about upcoming ASAT Conferences and Events
- Other ASAT News and Highlights

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## Book Review: *Punishment on Trial* by Ennio Cipani

Reviewed by Audrey Meissner, M.Ed., BCBA (Executive Director, New Haven Learning Centre) and David Celiberti, Ph.D., BCBA-D (President, Association for Science in Autism Treatment)

Promoting enduring behavior change in children is a complex undertaking, one that is facilitated through the use of a full array of consequences. The aptly titled book, *Punishment on Trial: A Resource Guide to Child Discipline*, provides a comprehensive review of the myriad issues and considerations parents and professionals face when deciding if and how to use punishment. Dr. Cipani, a frequent author and leader in the field of child behavior therapy, has once again provided his readers with a readable, thought-provoking resource to guide them in the arena of child discipline. He is to be applauded for tackling such a controversial topic in a responsible and thorough manner.

This consumer-friendly book is divided into four sections. The first section outlines the downfalls of using a procedural definition of punishment and highlights the effectiveness of modifying child behavior by adopting an outcome-oriented definition of punishment. This emphasis on reducing challenging behavior using an outcome-oriented definition is well articulated and reinforced across the four sections of the book. The second and most lengthy section of the book exposes and debunks the many myths that surround it. The third section delineates six basic principles of punishment derived from experimental and applied research studies that parents and professionals should incorporate when using punishment procedures. The fourth and final section provides a framework for the responsible use of punishment, offer-

ing eight questions to ask when planning to use and implement punishment procedures.

Despite the plethora of literature on punishment, Cipani states that not only is punishment a controversial topic, but it is often misunderstood. This is clearly illustrated in Section I, where the author answers the question, "What is punishment?" by highlighting the difference between a procedural definition of punishment versus an outcome-oriented definition of punishment. Specifically, the procedural definition of punishment evaluates the effectiveness of punishment by looking only at the consequence used. On the other hand, the outcome-oriented definition of punishment considers the punisher's effect on child behavior when evaluating effectiveness.

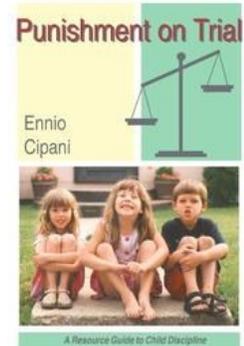
Dr. Cipani advocates for using the outcome-oriented definition of punishment when treating problem behavior for several reasons. First, when the procedural definition is used and the aversive consequence fails to decrease maladaptive behavior, punishment is deemed to be ineffective. For instance, if a parent uses a procedural definition when implementing a punishment procedure and the aversive consequence used fails to reduce problem behavior, a parent may conclude that punishment isn't effective for this child, or worse, that the child is "beyond help." Second, whereby concluding that punishment was ineffective, a parent's solution is often to increase the intensity or duration of the punishing event, which unintentionally increases the risk of harm to the child.

On the other hand, the outcome-oriented definition of punishment helps parents analyze their own discipline procedures by focusing on child behavior when evaluating effectiveness, clearly making it

the better option. Specifically, when a parent adopts an outcome-oriented view of punishment, if a specific aversive stimulus fails to reduce problem behavior, the parent can conclude that it was the "punisher" that wasn't effective, not the fact that the child is "beyond help." Importantly, this definition avoids judging the harshness of the consequence. Instead, punishment does not have to evoke pain - it only has to decrease behavior. The focus is on decreasing behavior, not on punishing the child. Many readers will easily see that the concepts resonate to the use of reinforcement and appreciate that the considerations outlined in this section, in particular the distinction between procedural and outcome-oriented definitions, readily apply to behavior-strengthening procedures as well.

Myths and misinformation that separate children from effective and timely intervention represent a very serious matter in the field of mental health. These myths can be easily tied to misuse, ineffective use, and outright avoidance of punishment procedures. The second section of the book exposes and debunks the myths surrounding the use of punishment and exemplifies the theme of the book, punishment on trial. In Section II, five myths are discussed in great detail: (1) Punishment does not work; (2) Punishment temporarily suppresses behavior; (3) Punishment causes problems for a child's emotional development; (4) Punishment is not as effective as reinforcement; and (5) Time-out does not work. For those of us who have been in the field for a number of years, these myths are neither new nor inconsequential. Throughout the section,

(Continued on page 21)



## Review of Punishment on Trial continued...

Dr. Cipani reminds parents and professionals alike to 'weigh the evidence' when confronted with statements about punishment in order to separate fact from opinion, as the field is replete with much misinformation about punishment. More specifically, parents and professionals are advised to consider statements that are based on scientific research and question those based on opinion. The author further asserts that the relative lack of research in the area of punishment leads to speculation, and speculation over time leads to the creation and propagation of myths. Dr. Cipani effectively, and at times comically, exposes these myths to undo the harmful effect they have had on the responsible use of punishment in situations where it is warranted.

The third section describes six basic principles of punishment derived from research studies that parents and professionals should follow when using punishment procedures. The six principles include: (1) There must exist a behavioral contingency; (2) Be consistent; (3) The "even swap" rule; (4) Remove competing consequences; (5) Be specific; and (6) Prove it works. In this section, the author makes great use of research-based examples to illustrate the importance and relevance of each principle. There are a few particularly salient points that are worthy of mention. In keeping with the consumer-friendly style of the book, the author clarifies the importance of the principle of consistency by stating, "When the subject performs the target behavior, the consequence must be inevitable." "Inevitability" of the consequence is such a powerful way of framing a behavioral contingency and may serve many readers well in how they approach

consistency and immediacy. To ensure that parents and professionals also focus on increasing desired behavior, principle #3 outlines the "even swap" rule. Specifically, Cipani maintains that when using punishment to decrease undesired behavior, reinforcement must also be used to increase desired behavior. Finally, the inclusion of the final principle is paramount. In an era when countless children are involved in long-standing, ineffective interventions, an appeal to objective determination of efficacy cannot be overstated.

The final section can be used as a guideline to follow to ensure that punishment is being used responsibly. Cipani highlights eight questions to ask oneself when planning to use and implement punishment: (1) Am I willing to solve one problem behavior at a time?; (2) Am I willing to deploy that consequence consistently?; (3) Am I willing to sit down and think through a plan before putting anything into action?; (4) Am I willing to complement punishment with reinforcement?; (5) Am I willing to specify precisely the punishing consequence for the target behavior?; (6) Am I willing to evaluate the punisher's effectiveness on the target behavior: (7) Am I willing to persist long enough?; and, (8) Am I willing to be open to revising the plan when it is ineffective? Dr. Cipani challenges readers to consider that a child's ability to accept consequences for one's behavior in part determines a child's adaptability to the social environment. Cipani further states that as children get older, naturally occurring, real-world consequences become more unpleasant; therefore, teaching children how to accept unpleasant consequences is an essential part of growing up.

The strengths of this book lie in the excellent use of research studies as well as case studies to further illustrate the important considerations that surround punishment. The case studies reflect a helpful mix of clinical and non-clinical examples across an array of settings. Readers will easily see their own children mirrored in many of the examples. Dr. Cipani skillfully blends vivid examples and references to published research in a manner that will satisfy professional and savvy consumers, yet not overwhelm a parent who may be picking up a book of this sort for the first time. Striking that balance can be a daunting task, yet the author has succeeded in meeting the needs of diverse readers.

There are two minor criticisms that are worthy of mention. As two individuals who specialize in the treatment of autism, we feel that any book that addresses challenging behaviors should educate its readers about underlying motivation of behavior and the relevance of functional assessment. Secondly, this important resource could have been strengthened with a bit more discussion of the essential similarities and differences between positive and negative punishment procedures.

The verdict is in. *Punishment on Trial: A Resource Guide to Child Discipline* is written in a consumer-friendly manner where the sections follow a coherent sequence to provide ease of reading. Anyone interested in better understanding punishment procedures will benefit from this book. The field has benefited by such a responsible and thorough analysis of a facet of child discipline that has been sadly neglected and all too often misunderstood.

For a FREE copy of Dr. Ennio Cipani's Punishment on Trial, download it here:

[www.ecipani.com/PoT.pdf](http://www.ecipani.com/PoT.pdf)

## ASAT Advertising Policy and Protocols

The Association for Science in Autism Treatment (ASAT) accepts advertising for the ASAT.org website, newsletter and other ASAT publications to offset its operational expenses. Products or services accepted for advertisement by ASAT will be consistent with our mission to disseminate accurate, scientifically-sound information about autism and its treatment and to improve access to effective, science-based treatments for all people with autism, regardless of age, severity of condition, income or place of residence.

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3. Service providers should take steps necessary to help consumers differentiate between scientifically-validated treatments and treatments that lack validation.
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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 would be empowered with skills in identifying and choosing the most effective, scientifically-validated interventions for their child.

.....when the media would educate and not confuse parents by providing accurate information and asking the right questions.

.....when all providers would be guided by science when selecting and implementing their interventions.

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ASAT's sponsors have indicated their support of the following tenets:

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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 its sponsors.

If you are interested in becoming a 2011 sponsor, please visit the sponsor page on our website at [www.asatonline.org/about\\_asat/sponsors.htm#learn](http://www.asatonline.org/about_asat/sponsors.htm#learn).

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## ASAT Needs Your Help in 2011

We know that many of our readers are concerned about the plethora of treatments that lack scientific support - and the burden this then places on families and service providers who are struggling to make decisions about treatment.

Help us make a difference!

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**Message from ASAT President David Celiberti, Ph.D., BCBA-D continued ....**

newsletter.

- We have continued to churn out quarterly issues of Science in Autism Treatment and have received very positive feedback to date. As you know, this newsletter includes featured articles, research reviews, interviews, book reviews, a Clinical Corner, a Consumer Corner, Conference Announcements, and Media Watch updates.
- As of October 1<sup>st</sup> we have over 5000 subscribers and are aiming for 6000 by the end of this calendar year.
- Since September 27, 2009, we have had over 67,772 visits from 152 different countries and territories visited our site, with over 264,445 page views in total. This includes 50,315 unique visitors. We are thrilled that the website continues to serve as a resource for parents and professionals worldwide.
- Prior newsletter content has been placed throughout our website, but primarily within the RESOURCES section. We have continued to update the treatment summaries for biomedical, behavioral and non-behavioral treatments.
- ASAT's Media Watch has responded via letters to a wide array of accurate and inaccurate media portrayals of autism treatment.
- 31 organizations participated in the 2010 Real Science, Real Hope Sponsorship Initiative. This is an increase of 11 from 2010.
- We have continued to expand upon the ASAT Facebook page with over 2000 fans, many of whom participate in lively discussions about science and autism treatment. Big thank you to Facebook Fans, Marilyn Glick, Laurie Paul Duddy, J.P. Berrett Baxter, and Vivian Gialenella-Sauter for all their efforts in helping us topple the 2000 fan threshold.
- ASAT has collaborated with other organizations such as Autism Science Foundation (see our open letter on page 12) and the Elija Foundation (note the conference announcement on page 6).
- We have welcomed several new board members including Sara Jane Cohen, Dr. Florence DiGennaro Reed, Ruth Donlin, Peggy Halliday, and Dr. Scott Myers. We are very eager to work with these bright and dedicated individuals. We are sad to see a few board members leave us including Megan Atthowe, Mary Beth Walsh, and Jenna Glennon (who has served as our Vice President for the last few years).
- We have launched a number of fund raising initiatives this year including the Dairy Queen Campaign in Maine, the Rock'n for Autism Awareness concert in Lancaster, Pennsylvania on

July 31<sup>st</sup>, and Dine InDeed in Hoboken, New Jersey.

Our accomplishments to date and our goals for the future would not be possible without the tireless efforts of a cadre of parents and professionals. Please find the list of the Board of Directors on page 12, Advisory Board members on page 2, and Committee members on page 7. On the first page of this issue, you will also find our SIAT Newsletter staff. It is wonderful to have so many individuals committed to this newsletter's success.

In keeping with that mission, we are committed to maintaining and updating our website (asatonline.org), to distributing this quarterly newsletter free of charge, and to continue with our initiatives such as Media Watch. During these tough economic times, we would not want consumers to be unable to access our information due to financial constraints.

Having said that, I would like to end this letter with an appeal. The ongoing success of ASAT is predicated on the financial support of generous donors. Although we strive to keep our expenditures very low, have no paid staff, and rely exclusively on volunteers. Donations enable us to carry out our initiatives and disseminate information about science and autism treatment. The abundance of pseudoscientific treatments and the rampant proliferation of misinformation about autism treatment by the media and on the Internet make our place within the autism community as important now as ever.

In the next few weeks, we will be soliciting donations from our subscribers. If you support our mission and believe in the promotion of science and the need for the education that we continue to do, and we hope you do, please give ASAT your full consideration. These are tough times, but as you know the number of children being diagnosed on the autism spectrum has risen dramatically and we believe there is a greater need now than ever for ASAT to make a positive impact. Simply put, there is too much nonsense out there and ASAT will do all it can to help parents make the most informed decisions for their children.

Best,

*David Celiberti*

David Celiberti



**Thank You!**



**ASAT wanted to provide a big “THANK YOU” to all of the many people that made the Rockin’ for Autism Awareness a great success!**

**Because of you, we raised over \$6000!**

**We plan on having an in-depth piece on this amazing event in our upcoming issue, stay tuned for more information!**

