"It’s very apparent to us that this is autism." The developmental pediatrician’s words hit me like a nuclear bomb as I sat in the examination room cradling my 19-month-old son. I wanted to run far away with my son in a futile attempt to protect us from everyone, and from the autism that loomed ahead of us like a dark storm cloud.

After performing a battery of diagnostic procedures, the professionals who made the diagnosis recommended that we immediately place Justin in their therapeutic program. We were assured by the professionals that this was the appropriate placement for our son.

In the months that followed, we faced frustrating obstacles and heartbreaking decisions. The process of securing an accurate second opinion was long and difficult. We then had to address the challenge of securing appropriate and beneficial treatment for a condition we knew nothing about and received no treatment guidance for, all the while, we as parents were enduring the agony of grieving the loss of our “normal” child before he was barely a child. We felt that we were racing the clock, as every day our beautiful little boy slipped further away from us, and from the typical development he had displayed just a few short months before.

Justin floundered in his nursery program. The program was staffed by a very attentive special education teacher and two aides assigned to eight children. Speech and occupational therapies were also provided. However, my son preferred isolation and engaging in bizarre behaviors over group activities like circle time, singing songs and doing arts and crafts.

United States Surgeon General David Satcher, MD, PhD, has endorsed intensive behavioral intervention for individuals with autism. Mental Health: A Report of the Surgeon General states, “Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior.”

The report is available on the world wide web at www.surgeongeneral.gov/library/mentalhealth/chapter3/sec6.html#autism. The report can also be ordered by calling 1-877-9MHealth, or by writing to Mental Health, Pueblo, CO 81009.

In the months that followed, we faced frustrating obstacles and heartbreaking decisions. The process of securing an accurate second opinion was fraught with misdiagnoses by several professionals of varying disciplines. We discovered it was necessary for us to become “instant experts” in the field of autism, since the professionals to whom we turned for information lacked even a rudimentary knowledge of autism and its treatment options. We then had to address the challenge of securing appropriate and beneficial treatment for a condition we knew nothing about and received no treatment guidance for, all the while, we as parents were enduring the agony of grieving the loss of our “normal” child before he was barely a child. We felt that we were racing the clock, as every day our beautiful little boy slipped further away from us, and from the typical development he had displayed just a few short months before.
EDITORIAL
Is It All About Recovery?

My twin sons Jason and Joshua are six years old. They have not recovered from autism. Does that mean they never will? Maybe, but I’m not willing to call it yet. Here’s why:

First of all, I have reason to seriously disagree with those who say recovery from autism is not possible. What is recovery from autism? At its most basic level, it is when the individual once met but no longer meets the criteria for autism as set in the Diagnostic and Statistical Manual of Mental Disorders, the DSM-IV. As a parent, I will not dignify the contention that if the child recovers, he was obviously once misdiagnosed. The circular logic inherent to the idea that autism is by definition a life-long disorder will never get us anywhere. Emerging data show we may need to change that definition.

Secondly, there is nothing wrong with pursuit of the ideal. People who say we should let autistic individuals be autistic have never faced my sons’ self-injurious and perilously aggressive behaviors. No one can convince me it is humane to accept that these behaviors are simply part of our son’s nature.

Thirdly, we know much more today about how individuals with autism can learn. I will not look to the past as an indication of what the future will bring. If we decide recovery is unattainable after the age of six and we stop trying, it will be a self-fulfilling prophecy. I might also point out that one of the children in the original Lovaas study required six years of treatment before he no longer met the diagnostic criteria for autism.

Am I in denial? No. I will love my children forever, autistic or not. I will also always help them to reach their full potential. I would love it if my last breath was for more than 50% of individuals with autism, the big news is that not there is a “limited window of opportunity” for recovery. The big news is that all individuals with autism, regardless of age, can make significant, meaningful progress toward rich and independent lives using scientifically validated treatment methods. If recovery happens along the way, so much the better.

-Lora Perry, Editor

The big news is that all individuals with autism, regardless of age, can make significant, meaningful progress toward rich and independent lives using scientifically validated treatment methods.

VALUES STATEMENT

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.

ASAT MISSION STATEMENT

THE ASSOCIATION FOR SCIENCE IN AUTISM TREATMENT WILL:

- Disseminate accurate, scientifically sound information about autism and treatments for autism; and
- Improve access to effective, science-based treatments for all people with autism, regardless of age, severity of condition, income, or place of residence.

WE WILL FULFILL OUR MISSION BY:

- Educating professionals and the public about state-of-the-art, valid treatments for people with autism;
- Supporting certification, to ensure all individuals with autism receive treatment from practitioners who have met minimum standards of competence;
- Forming interactive, supportive partnerships with universities to develop accredited educational programs for autism practitioners; and
- Improving standards of care for people with autism.

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Providing Accurate, Science-Based Information • Promoting Access To Effective Treatment
Promoting Access To Effective Treatment

Providing Accurate, Science-Based Information

I am enabling my child, through effective, science-based treatment, to reach his fullest potential now, under our present system of knowledge. That is my peace of mind.

how to tolerate interaction with people, and to receive and reciprocate affection and love.

By using ABA as a teaching and treatment method, Justin continues to broaden his life and that of our family in very con- structive ways. Thanks to ABA, he is able to tolerate interaction with the doctor and dentist. He is learning to swim, and now enjoys outings to the movies, malls and the homes of family and friends. My son has learned how to learn. Justin is now 9 years old and, unfortunate- ly, remains a child greatly impaired by autism. He is a verbal child, able to express his basic wants and needs, yet he is not what one would consider conversational. My son cannot tell me about his day, or if he feels ill. We can’t talk about his fears or share our hopes and dreams, but we do share an in- credible love for each other and, despite autism, are able to enjoy a beautiful relation- ship. My son’s autism has not been cured, but we do share an incredible love for each other.

ABA has contributed to making significant progress. He has benefited immensely from the course of intervention we have chosen for him. While our life is by no means easy or typical, we are not devastated by the ob- stacles that come our way. We know we can develop a strategy to assess the situation, and to reach Justin whatever skills are necessary to address and overcome the problem. We feel Justin’s best chance of maximizing his potential will come from letting science lead as much as possible.

By choosing science for Justin, we now have the security of knowing that we are doing everything we can to help him become the best that he can be possibly.

As a mother who loves her child, and wishes only the best for him, I do not consider conversational. My son cannot tell me about his day, or if he feels ill. We can’t talk about his fears or share our hopes and dreams, but we do share an in- credible love for each other and, despite autism, are able to enjoy a beautiful relation- ship. My son’s autism has not been cured, but we do share an incredible love for each other.

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What is Evidence-Based Practice and Why Should We Care?

By Jeri A. Logemann

The following article is reprinted with permission from the March 14, 2000 issue of the ASHA Leader, a journal of the American Speech-Language-Hearing Association.

Professionalism in a variety of disciplines are talking about evidence-based practice. So what is it?

Evidence-based practice means that clinicians use evidence and treatment procedures for particular disorders and populations. Evidence-based practice also takes into account current understanding of the pathophysiology of the disorder(s) being treated, clinical expertise, and the client’s preferences for treatment.

Evidence-based practice means that clinicians are using procedures that have been studied carefully and whose result have been reviewed and published. Even though our education as speech-language pathologists and audiologists has included the use of diagnostic and trial therapy, the latter does not mean that the evaluations and procedures we use with patients should not be based in evidence indicating their efficacy.

Sometimes clients, parents, and others in desperation, “want to try anything.” For example, a patient approached me via email, desperate to return to eating after a severe skiing accident. This young man had tried a number of treatment approaches with good efficacy that were unsuccessful for him and he requested my opinion about trying another procedure. I indicated that I knew of no evidence that the procedure he named was successful with any patient group, let alone for his problem as he had described it, since I had not seen him in person. He emailed back in a month to say that he had requested permission from his insurance company to receive this treatment procedure, but was told that they would not pay for it as it was experimental and had no evidence of effectiveness in any population.

If we provide treatments that lack evidence to support their usefulness in a particular population of patients, we risk wasting their time and money, increasing their health risks, and not being paid for our services. In the educational setting, using procedures with no efficacy puts us at risk for slowing children’s progress and wasting time precious to their development and learning.

Some clinicians say, “I have good experience with a technique that has no efficacy data published in peer-reviewed journals. What do I do?” If you are using an unproven technique, you have a responsibility to collect and publish the data on its effectiveness. My advice is to collect data systematically. Be sure to control for confounding factors, such as spontaneous recovery. If you are inexperienced in designing and writing in a research mode, contact a researcher in one of our university programs who, I’m sure, would be interested in working with you.

Our professions’ futures depend on the effectiveness of our treatments, not on our impressions of their effectiveness. When you go to a workshop or continuing education experience or, better yet, before you go, it’s important to ask the presenter if data exist on the techniques being described and what peer-reviewed journals you can read about the data. It is irresponsible for presenters to discuss and advocate screening, diagnostic, or treatment procedures that are not supported by such evidence. It’s important that we as clinicians question the kind of data available to support the usefulness of a technique. It’s critical our patients’ well-being and our professions.

Our professions are ahead of most in ever-strengthening our evidence base. Although we still don’t have every bit of evidence we would like, we should be proud of the evidence we do have available to support our procedures and should consider these data as we care for patients. Each of us has a contribution to make in this area. Consider how you can collect data in the ASHA NOMS and Clinical Trials projects in your own setting. It’s time to care about evidence-based practice.

To learn more about how you can participate in NOMS, contact ASHA’s National Center for Treatment Effectiveness in Communications Disorders at 301-897-0101 or look on ASHA’s Web site at www.asha.org/ntct/treatment_outcomes.htm. Information on the Clinical Trials Project can be obtained by calling 301-897-5709, ext 4367.

REFERENCES


Some Lessons From Animal Research and Why Should We Care?

ROHAN KALLEN, M.D.

Cost-Benefit of Behavioral and Fad Treatments for Autism Spectrum Disorders: What Have You Got to Lose? JON W. JACOBSON, Ph.D., BCBA

Molecular Genetics of Autism JOSEPH D. BUXBAUM, Ph.D.

FEATURED SYMPOSIUM ON BRAIN PLASTICITY: MAXIMIZING HUMAN POTENTIAL THROUGH EFFECTIVE AND APPLIED LEARNING TECHNIQUES - PART I Does Behavioral Intervention Change the Brain? GINA GREEN, Ph.D., CBBA

Antagonizing Brain Damage in Adulthood by Learning RICK TESSEL, Ph.D.

Reorganization of Brain Functioning Through Learning and Practice GEORGE NEMANN, Ph.D.

Clinical Practice Guidelines: Methodology, Findings and Implications STEPHEN R. ANDERSON, Ph.D.

Project Play: Using Play to Learn About Objects, Events and Language in Social Contexts KARIN LIFTER, Ph.D.

Fluency-Based Instruction: A New Standard for Teaching Effectiveness CARL BINDER, Ph.D.

Teaching Language to Children with Autism: Scientific Foundations of Behavioral Language Assessment and Intervention JAMES W. PARTINGTON, Ph.D.
Catherine Maurice’s Opening Remarks at Conference 2000: Science in Autism Treatment

In response to the numerous inquiries ASAT has received since Conference 2000, Science in Autism Treatment is pleased to reproduce Catherine Maurice’s opening remarks.

The Association for Science in Autism treatment was formed by people who shared a dream: That there was a real chance that the diagnosis of autism could have access to credible information and effective treatment.

We have had to acknowledge a painful fact. Credible information and effective treatment is not available to the vast majority of families. Instead, most of the families we know had to fashion their way through conflicting claims, internet gos-
tips, sensationalized false and untruthful opinions, or ground themselves in facts, science, and evidence.

Treatment has for decades consisted of three major options: first we had a variety of psychoanalytic therapies, by the assumption that autism was caused by emotional abuse, neglect, or misunderstanding of a hurt-
ing child. Under this model, a therapist, tried, through play therapy or through psychoanaly-
sis (which must have been a trick with a non-
verbal child) to bond with the child, to become, in a sense, a surrogate parent. Children with autism in-
term is running in to claim expertise in this area. This creates other complications:

- The principle of science, by which I mean that when we pursue the truth, we are driven to test, in the end, to create a new vision for the future, one founded on science, and inspired by trust and compassion. For after all, none of us would be involved in this arduous task if we did not believe in three fundamental principles:

- The principle of trust, by which I mean our assumption that people with autism are ca-

able of growth and change throughout their lives, as long as we commit to teaching them well;

- The principle of compassion, by which I mean the fundamental assumption that people with autism deserve our unfailing devotion, however far they progress or not, as cherished members of our families and our community.

One final note: in these brief remarks, we have attempted to outline our mission and our vision. Our mission is clear: we are determined to uphold the rights of people with autism.

How to begin to address some of these prob-
lems? Our answer was to found an organization dedicated to disseminating research-based information about treatments for autism, to sup-
port certification standards for treatment providers, and, eventually, to establish and establish a model training program for therapists—so, in short, do all we could to improve the standards of care for people with autism.

Our founding members are professionals and parents. We knew that any group purporting to convey messages. The child has to learn to translate communicative concepts into sym-
bols, and also receptive symbols. The child who is not yet doing so can be helped only by showing true promise, according to stan-
dards of reason and science. We really do not care about the behavioral experimentalism that is promot-
ted by the behavioral realm; if autism will one day be cured by eating apricot pits and chanting poems, we will embrace that treatment— if it stands up to rigorous scientific scrutiny.

We are dedicated to speaking the truth about any treatment that has shown it works, or that shows true promise, according to standards of reason and science.

Unfortunately for all of us, behavioral inter-
vention has been largely ignored by the psychi-
atrie and special education establishment, who tend to dismiss it as robot training, cruel, inef-
fective, etc. Now, of course, since research shows that behavioral intervention can sometimes re-

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enabling students, all hypotheses and all expert-
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Green Receives Psychology Today Mental Health Award

Gina Green, PhD, BCBA, a member of the ASAT Board of Directors, was one of eight men and women selected to receive Psychology Today’s First Annual Mental Health Awards. The awards announced in May/June issue of the magazine recognize “courageous people who have helped us feel and function better” through their exemplary work in mental health. Gina was the winner in the category of mental health professional.

Currenty the Director of Research at the New England Center for Children and Associate Scientist at the E.K. Shriver Center in Massachusetts, Dr. Green has worked with people with autism and other developmental disabilities for the better part of 20 years. She has made significant contributions to the field of behavioral analysis, including serving as this year’s President of the Association for Behavior Analysis. Dr. Green has been a tireless advocate for effective, science-based treatment for people with autism, and others with special needs.

Other Psychology Today honorees include David Satcher, MD, PhD, United States Surgeon General; Donald O. Clifton, PhD, Chairman, Gallup International Research and Education Center; Ann Landers, syndicated advice columnist; Judy Weber, Tobilowork Executive Director; Herbert Benson, MD, Harvard Medical School Associate Professor of Medicine; Tipper Gore, Mental Health Policy Advisor to President Clinton; and Carlina Junghaenel, a survivor of mental illness.

“I’m flabbergasted but deeply honored,” Green said of the award. “It’s especially gratifying that our efforts to promote a science-based approach to autism are being recognized in a national publication. My colleagues from the New England Center, the Shriver Center, ASAT, and ABA who support and share in those efforts also share in this award.”

Thank you to Merrill Lynch & Co., for sponsorship of the conference. To Pro-Ed, Inc., for sponsorship of the conference manual and brochures of all presenters are available. For more information, please call the ASAT office at 516-466-4400.
“As a pediatrician and parent of an autistic child, it was truly a pleasure and a welcome change to be in the company of so many interested, dedicated and knowledgeable professionals. My faith has been renewed. I have newfound energy to go home, to continue to work with my patients and share with them the knowledge and tools that I have learned here. The level of knowledge and dedication exhibited by all of you was impressive to me.”

The Department of Behavior Analysis at the University of North Texas (UNT) offers a distance-learning graduate course on basic behavioral principles. The course was designed by ASAT's board member Dr. Sigrid Glenn, UNT Professor of Behavior Analysis. It is the first in a sequence of four courses that will cover all the content required by Behavior Analysis Certification Board (BACB) as part of their requirements for certification. The course is administered via the Internet and CD-ROM, costs $850, and is only taught with a bachelor's degree in any subject. The next course will begin in Fall, 2000. For more information, log onto the following website:
http://abacc.unt.edu/publics/BEHAVIORS/index.html

Thank you!
Providing Accurate, Science-Based Information

Before seeing answers to these questions, it's important to understand the difference between "prevalence" and "incidence." Prevalence refers to the number of people at a point in time or over a period of time who have a particular identified condition. This can be expressed as a number per 10,000 of the general population. Incidence refers to the number of people who are newly identified or acquire a condition over a period of time, often over a year or a longer period.

For example, among a population of 100,000 people, perhaps 300 have measles at one time ("point prevalence") and 1,200 have it during the course of a year (annual prevalence). The annual prevalence is 1,200/100,000, and the annual (yearly) prevalence is 1.200/100,000.

In contrast, the point prevalence of a condition is a snapshot in time, whereas the annual prevalence of a condition is a count of newly identified cases in a specific population over a year or longer.

However, there are at least two factors that may be inflating the reported numbers of children with ASD. These factors are:

1. **Newer and more sensitive diagnostic tools**
   - These tools have increased the number of children identified with ASD. For example, the Autism Diagnostic Observation Schedule (ADOS) is a tool that assesses social, communication, and reciprocal social interaction skills in children and adolescents. It is used to help identify children with autism.
   - The Autism Diagnostic Interview-Revised (ADI-R) is a structured interview that assesses the presence of ASD symptoms in individuals aged 18 months to 85 years. It is used to help identify children with autism.

2. **Changes in diagnostic criteria**
   - The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published in 2013, introduced new criteria for ASD, which likely led to an increase in the number of children identified with the condition.
   - The DSM-5 criteria for ASD include a more flexible and less rigid set of diagnostic criteria, which may have led to an increase in the number of children identified with the condition.

The scientific foundation for estimating the prevalence of autism among preschoolers, school age children, and adults is very strong in the U.S.

The prevalence of ASD in the United States has been studied extensively, and there are several large-scale studies that have contributed to our understanding of the condition. These studies include:

- The Wisconsin Birth Cohort Study (1990-1994)

These studies have consistently shown an increase in the prevalence of ASD in the United States. The prevalence of ADHD has also shown a steady increase over the past few decades, and there is evidence to suggest that these conditions may be related.

In conclusion, while the prevalence of ASD has increased over time, it is important to note that the increase is likely due to changes in diagnostic criteria and the availability of diagnostic tools. It is crucial to continue to study and understand the causes of ASD to improve our ability to support individuals and families affected by the condition.