What does the future hold for him? What kind of person will he be? What will his life and our lives be like? What kind of relationship will he share with his brother? What will he be when he grows up? Will he get married, have children . . . .? These were the questions dancing in my mind as I stroked the porcelain face of my newborn son. I felt tremendous joy because he was finally here, significant relief because the difficult delivery was finally over, and profound gratitude because I had a beautiful, healthy baby boy.

Eleven years later that memory is still so vivid, and the questions remain in the forefront of my mind. But anxiety has replaced the wonderment, and the reasons for my questions are so very different now.

Twenty-two months after Brian was born, I found myself posing those same questions to the social worker handling ‘our case’ at an early intervention center. Brian had not developed any language. He would stare off into space for long periods of time, and he didn’t respond to his name. His favorite ‘toy’ was a stick that he tapped incessantly on anything and everything he could find. The social worker’s answers to my questions were always quite vague – in fact they weren’t answers at all. Instead I got a lot of reassurance — it was still very

continued on page 3
EDITORIAL

Science Matters

Girl Dies After Controversial Therapy was the headline of a post on Yahoo’s daily news Internet site. According to the post, this “therapy” targets children who fail to form “bonds” with their parents. 10-year-old Candace Newmaker of North Carolina was wrapped tightly in a blue blanket (simulating the womb). She was then surrounded by pillows with which “therapists” simulated contractions, urging the child to struggle to be “born” through a twisted “end of the blanket at the top of the girl’s head.” According to the report, the child told therapists 13 times she could not breathe, or was going to die. The procedure was “captured on closed circuit television. . .while the girl’s horrified mother watched in a nearby room.”

Somehow, “controversial” doesn’t capture the essence of this tragedy. How about criminal? Outrageous? Evil? Where are our minds? How can this be happening?

We are so desperate, and therefore so vulnerable to quackery. Make no mistake about it: there are consequences of “new age,” “alternative,” antiscience “options” that proliferate around autism and other disorders. It starts out innocently enough—how can a soft blue blanket, a bunch of pillows and some noted practitioners be a prescription for a child’s last breath?

It was for Candace. . .

For every child who dies in such “controversial” therapy, how many have been injured? How much of our precious time and limited resources are squandered?

This tragedy illustrates the importance of ASAT’s commitment to provide accurate, science-based information, and to promote access to effective treatment. As parents, professionals and advocates, we need to provoke the consciousness of those who propose interventions for our children with one overriding value: science does matter.

- Lora Perry, Editor

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 competency;
- Forming interactive, supportive partnerships with universities to develop accredited educational programs for autism practitioners; and
- Improving standards of care for people with autism.

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.
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I remember attending a parent support meeting and asking for more concrete information. I expressed my need to know what we were dealing with and what might be in store for the future. “Why do you want to know?” asked one parent. “I don’t think I could handle knowing,” said another mother. “I don’t want to know,” proclaimed another, “that way I can always hope for the best.” “But that’s exactly why I need to know” I replied, “so I can learn about Brian’s needs and do everything I can to ensure that they are being met.” That is what would give me peace of mind, that is what would allow me to be hopeful.

A little more than a year later, as I continued the forms to admit Daniel, Brian’s younger brother, to the same early intervention program, it was difficult to have hope, and impossible, I believed, to ever again have peace of mind. “With that news came a strong sense of unending chaos.” There was very little to enjoy, and so much to be concerned about. We were imprisoned in our own home – able to do less and less – as our world became smaller and smaller. I watched other families from afar enjoying family life, and I wondered if we ever would. We had a house full of children, yet there was very little childhood there.

The concrete information I was longing for arrived three years later. Brian and Daniel had autism. Finally we had a diagnosis and, hopefully, we would get some direction. Not so.


We had a house full of children, yet there was very little childhood there. Life expectancy: normal. Prognosis: grave. With that news came a strong recommendation for me to join a support group, a cheerful reminder to take time for myself, a list of schools willing to ‘take’ kids like Brian and Daniel, and a word of caution not to forget that I had two ‘other’ children, and to always remember that they had needs too.

As a child, I had been gleefully un-ending the days barely two years old, and had spent little, if any, progress. Daniel was the oldest, was just 5 years old. Brian, his younger brother, to the same concern about. We were imprisoned in our own home – able to do less and less – as our world became smaller and smaller. I watched other families from afar enjoying family life, and I wondered if we ever would. We had a house full of children, yet there was very little childhood there.


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became a mother. I grew much more cognizant of it. As the mother of two children with profound deficits and needs, I became haunted by it. What will happen to Brian and Daniel when I’m no longer here? Where will they live? Who will take care of them? Who will love them, understand them, meet their needs, have patience with them, and ensure their welfare? And what about Michael and Patrick? How will autism effect them and their lives? The questions are still quite painful, but the answers have become a little clearer.

I knew that the only way I could have peace of mind was to do everything I could to make sure that the needs of all four of the children were met. I wanted each of them to be able to maximize their full, God-given potential — whatever that might be — and I wanted each of them to live a decent life, filled with love, security, dignity and inner peace. My motivation to provide this security was twofold: the desire to give them the opportunity to grow to be the best they could be, and the desire to ease the burden on each of them when Tom and I were no longer there to take care of them.

Although I’d like to say that I was equally motivated by both goals, the latter consumed me. Michael, at the tender age of 7, had already witnessed and lived with more stress and uncertainty than most people three times his age. It was also obvious to us, from watching his patient and loving way with his brothers, and the wisdom, compassion and maturity he displayed far beyond his years, that Michael would be drawn to become their caretaker when the time came.

Although Michael’s devotion made me extremely proud, it brought more anxiety than comfort. I wanted to make sure that this would be a free choice for Michael to make, not a mandate proclaimed by an assumption on our part. I also felt compelled to do everything we could to leave Michael and his brothers with as little difficulty to deal with and live with as possible.

I knew how hard it was to be a caretaker, how exhausted I was, how overwhelmed I often felt, how frustrating it could get, and how draining it could be. I also saw how hard it was for Brian and Daniel to do even the simplest of things, how frustrated they would get, how overwhelmed with the world they often seemed and how much help they needed. There was so much to be done, and not a moment to waste.

I concluded that the only way I would ever be able to die in peace was to ensure that everyone’s needs were being met, and by working as hard as I could to ease everyone's burden. There was so much to be done, and not a moment to waste. I set out to find out everything I could about autism and its treatment. I began to pray that things would change, that the autism would disappear, that it would all be just a bad dream and that we would find a cure.

As a child, I was taught that God hears and answers every prayer, although sometimes His answers differ from what you request. Years of prayers and investigation did not lead us to a cure. It did, however, lead us to science.

We didn’t recognize it at first, but Applied Behavior Analysis became the answer to our prayers. It took some time for us to embrace it. At first glance it seemed rigid and cold rather than warm and nurturing, but we were drawn to the data that supported it, particularly since we had spent the last three years in ineffective intervention programs. The more we learned, the more we liked. Once Brian and Daniel started receiving effective intervention and Tom and I began receiving effective training, our lives began to slow improve.

We learned how to be proactive rather than reactive, to anticipate situations and to analyze behaviors. We learned to seize teaching opportunities, and to catch good behavior and deliver lots of praise. We learned how important it is to be consistent; in consistency on our part was actually teaching persistence on their part.

Inconsistency on our part was actually teaching persistence on their part. Above all, we learned that Brian and Daniel could learn and that through hard work, consistency and determination, our lives could and would improve. We were no longer alone or helpless and, finally, there was reason to have peace of mind.
APA APPROVES NEW SPECIALTY
by John Jacobson, PhD, BCBA, ASAT Board Member

The APA has approved the specialty in behavioral psychology for graduate training, passed in its entirety but not by acclamation, on August 3, 2000 in the APA Council of Representatives. This becomes the 9th specialty.

The effort to obtain approval was spearheaded by James Mulick of Division 33 and David Eckerman of Division 25. There was vocal and effective support from the Division of Psychoanalysis, and by Peter Nathan. Numerous state representatives encouraged deferral of the specialty, that "Wraparound is based on individualized, needs-driven planning and services. It is not a program or a type of service. It is a value base, and an unconditional commitment to create services on a ‘one kid at a time’ basis to support normalized and inclusive options for youth with complex needs, and their families."

These “normalized and inclusive options” can be defined by the wraparound team to ensure the safety of our children. For example, the team might decide safety can be achieved through increased staffing for the child in the home and community, supplemented by the purchase of security technology including fencing, doors and alarms and tracking devices. The requirement to utilize methods of treatment and education that are scientifically validated as effective based upon peer reviewed science can also be included in the wraparound, individualized service plan (ISP).

Of course, the best planned and funded services for our children aren’t no use without the human resources necessary to implement them. At a time when unemployment fluctuates between 3 and 5%, this is a significant challenge that must be identified by the wraparound team and systematically overcome, ‘one kid at a time.’ By “human resources,” we don’t mean simply people who pass the “foggy mirror” test (translation: if they’re breathing, hire them.) The wraparound team needs to build strong foundations for our children that will protect their safety and nurture their independence throughout their lifetimes; therefore, wraparound teams must assume the responsibility of investing in the professional development of a work force which can use scientifically validated treatment, care and education methods, “one professional at a time.” This means including training costs in a wraparound budget, as well as wages sufficient to attract and retain already qualified staff and supervision.

With committed planning and coordination, we can support the whole child; and, perhaps, we can even capture a certain stability of life that diminished or disappeared when the diagnosis of autism entered our lives.

REFERENCE:

The Department of Behavior Analysis at the University of North Texas (UNT) offers a distance-learning graduate internet course on basic behavioral principles three semesters a year (BEHV 5290). This course is a prerequisite to three more on-line courses that, together, cover all of the content required by the Behavior Analyst Certification Board (BACB) as part of their requirements for certification. The course is open to anyone with a bachelor’s degree in any subject. Registration deadlines are December 15, 2000, April 15, 2001 and August 1, 2001. The cost is $900, plus text and CD-Rom.

The next graduate course in the series, covering behavior analytic principles and methods in applied settings, will be offered in Fall 2001. Registration deadline is August 1, 2001.

UNT also offers an undergraduate internet course, Behavior Principles I (BEHV 3300). Registration deadlines are December 15, 2000 and August 1, 2001. The cost is $600, plus text and CD-Rom.

Fees for both courses for Texas residents are set by UNT and are listed in the catalog at http://www.unt.edu/catalog/2000-01.

The course was designed by ASAT board member Dr. Sigrid Glenn, UNT Professor of Behavior Analysis.

For more information, visit http://webct.courses.unt.edu/public/BEHV5290SG & http://webct.courses.unt.edu/public/BEHV3300SG.
I am aware of five children with autism who have died tragically in the last year: three died in fire, and two drowned after slipping out of the home unnoticed.

These tragedies touch us all deeply—not only because of the searing empathy we feel for these grieving families, but also because they remind us with chilling clarity of the vulnerability of each child with autism.

In addition to our abiding and nurturing love, children with autism require care, treatment and education. The absence of any one of these puts our children at high levels of risk. It is our job as parents and adults to educate legislators, schools, funding authorities, service providers, gatekeepers and ourselves about the non-negotiable importance of a plan and resources to protect the whole child.

Care includes ensuring the child is properly nourished. The child must have access to routine and targeted health and dental care delivered by professionals, and daily in the home. The child must be bathed daily, benefit from adequate sleep, and be protected from the dangers of wandering, traffic, drowning, fire, exploitation, and other home and community hazards.

Treatment is calculated to maximize the child’s potential for a self-sufficient and rewarding life. Treatment objectives therefore include daily living skills, communication, “learning to learn,” and interventions targeted to overcome interfering behaviors including incontinence, self-injury, aggression and significant property damage.

Education is delivered to help a child achieve or make progress toward specific academic goals. In many cases the individualized educational plan for children with special needs includes treatment goals. However, under the Individuals with Disabilities Education Act (IDEA), public schools are not obligated to ensure that children maximize their potential in any domain; rather, schools must allocate sufficient resources in terms of method, frequency and intensity to document progress toward defined goals. Furthermore, and while we are quite fortunate to have this entitlement, IDEA’s mandate places a potential “cap” on the child that will have implications over a lifetime. Outcomes can be predictably less than optimum.

Consequently, to achieve outcome objectives important over the child’s lifetime, school services must be supplemented. Increasingly, parents, educators, health care providers and legislators are looking for ways to more equitably distribute the responsibility for a full range of care calculated to help children with special needs achieve outcome objectives for more self-sufficient lives. Such evolving models go by different names, among them “blended funding” or “wraparound services.”

Traditionally, services for children with special needs have funneled toward existing programs and resources. This sort of “predetermination of placement” is not even IDEA-compliant. IDEA requires that a Pupil Evaluation Team (PET) define specific academic goals and objectives for the child before proposing the nature, frequency and intensity of services required to help the child achieve those objectives. “[T]he appropriate placement . . . cannot be determined until after decisions have been made about the child’s needs and the services that the public agency will provide to meet those needs . . . Therefore, the IEP must be developed before placement. Further, the child’s placement must be based, among other factors, on the child’s IEP.”

Dr. Newman’s work does not fall into this trap. He clearly presents the real-life stories as examples, each exploring how a principle of behavior analysis (a field that has produced over five hundred controlled studies) is properly applied. Even where recovery has never been achieved, these stories underline the potential to raise the bar for our children academically, keep them safe, and steer them toward lives of self-sufficiency.

Wraparound models have the potential to raise the bar for our children academically, keep them safe, and steer them toward lives of self-sufficiency.
Parents of special children learn to perceive the ordinary as miraculous.

always will have a significant amount of work ahead of us, our family enjoys many of the things we were once denied. Saturday nights usually find us enjoying dinner at a local restaurant, something that brings shared delight to all of us. We enjoy family vacations, long car rides, trips to the mall, outings to the park, the movies, and yes, even the grocery store. I have no hesitation taking the four children anywhere by myself, something I could never do years ago. A friend once said that "parents of special children learn to perceive the ordinary as miraculous," and I have found this to be profoundly true. I have come to deeply appreciate the "ordinary miracles" in our daily lives. My telephone conversations are often interrupted by children eager to tell or ask me something. Although I pretend to be upset when they argue, I will be forever grateful for the sibling rivalry that has developed. My stern voice insisting "get to sleep, up there" doesn't reflect the joy I feel listening to their simple, late-night conversations. And after years of complete disinterest, the children's nagging for a new toy every time we enter a store is most welcome. You come to appreciate such things that much more, when you have been deprived of them for so long.

These changes in the children and in our lives did not come quickly or easily; perhaps that is why they are so cherished and meaningful.

What remains the same? Michael does. And so does my desire to die in peace. I still pray every day for a cure, but I also ask for serenity. I pray for "the ability to accept the things I cannot change, to change the things I can, and the wisdom to know the difference."

In a recent essay Michael, now almost 14, wrote that the person he admires most in history is Helen Keller, because she not only overcame her own struggles, she went on to help others facing similar struggles. He said that he would consider it a huge accomplishment if he could go on to help people less fortunate than him in his lifetime.

We were right about Michael and his aspirations, and we were right about behavior analysis and the "serenity" that it brings us. Because of both of them, I know that my prayers have been answered. Because of both, I know now that someday, I will die in peace. ●

HELP DESK
continued from previous page

very, very persistently repeated response prevention. The are many possible variations on this general intervention strategy, but the keys to suc-cess, as with any behavioral intervention, are in persistence, immediacy, and in the availability of other things to do and other ways to obtain similar stimulation in acceptable ways. Care should be taken, obviously, not to offer an "acceptable" way to obtain oral or nutritional stimulation immediately after an attempt to bring non-food material to the mouth, because this would actually reinforce an instance of pica.

It may also be possible to teach a discrimination based on visual cues, such that the child learns to taste and eat only those things obtained from a brightly colored plate, for example, or from a formal place setting on a distinctive tablecloth. Sometimes children must be actively discouraged from going after certain dangerous objects that represent a marked health risk if swallowed. Such treatment requires a carefully designed, professionally supervised and conscientiously delivered behavior program. The program details for any youngster must be individualized. The necessary teaching resources and people to be involved need to be arranged advance. Again, these measures should not be undertaken lightly or sporadically, because there is a risk of inconsistent implementation that the child could learn to be more secretive about pica, and not actually decrease this dangerous behavior. ●

BOOK REVIEW
WHEN EVERYBODY CARES:

achieve significant success, if success is defined as step by step progress towards independence; as maximum possible integration into a social community; as an ability to communicate one's wants, needs, and desires. In each of these case studies, the child or teenager inspires us with hope, because even while the road is long, and there may be many hurdles yet to overcome, we see these young ones mastering particular challenges, one at a time, and we rejoice for them.

Problems! Maybe a few, non-essential. The author tries to speak in plain English, translating that ponderous behavioral jargon as best he can, and for the most part, he succeeds. This work can actually function as a neat little primer on some basic behavioral principles. On more than one occasion, however, the text cries out for a higher degree of professional editing than it may have received. At times, the syntax is convoluted, the grammar flat out wrong, ("who" for "whom," "lay" for "lie," etc.) and the meaning murky. “The commodities from the menu, it turned out, did not occasion inappropriate behavior the way the reinforcing that the staff had selected, including verbal praise, had.” (p.47) Sometimes, the text is too wordy, sometimes a bit too elliptical. For instance, we are told to use "telegraphic speech" at the beginning of a child’s learning, but Dr. Newman does not go into any rationale for this recommendation. Since the anti ABA folks just love to jump on telegraphic speech as an example of how cold and mechanical behavior analysts are, it may have been wise to include a sentence or two of explanation here. But never mind. For what I think this text can bring to anyone who cares about people with autism, these decoding challenges are a small price to pay. I would have drawn much hope and help from this book, had it been available to me when my children were in treatment. ●

FREELOTTO & ASAT ARE A WINNING COMBINATION!

Thank you to Freelloto.com, a free Internet lottery/sweepstakes site owned by Plasma-Net, Inc., for selecting ASAT as a participant in their Freelloto Charity Program.

Freelloto is the 9th largest site in the world as measured by page views, and currently has over 10.5 million players worldwide. Each month Freelloto sends over 200,000 prize checks, most of which are $1 and $5 checks. With the launch of Freelloto’s new Charity Program, the winners of these prizes are sent an e-mail giving them a choice of receiving their prize check, or clicking on a link to donate the prize amount to one of 25 pre-selected, charity organizations. The Charity Program, which was launched in August, has been a huge success. In addition to bringing much needed programmatic funds to ASAT, the program has helped to increase awareness about autism and ASAT among a constituency of enormous size. ASAT is grateful to Freellooto and Plasma-Net, Inc., for their tremendous support and commitment.

You can play Freelloto every day at www.freelloto.com – there’s nothing to lose, and so much to win! ●
Dear Friend,

Accurate information. Access to effective treatment. Hope for our sons’ future—our family’s future. Little thought to ask for, we thought, in the wake of hearing that our two year old twin sons, Jason and Joshua, have autism. But to our dismay, we discovered we were on our own.

That’s why I want to ask you for a very special annual contribution to the Association for Science in Autism Treatment (ASAT). What happened to our family, and to so many others, should never happen again.

MISINFORMATION

I ran to the bookstore to look more about autism. Book after book consigned my sons to a life of aloneness, void of imagination, language and love. Autism would rob my sons of friends, school, a profession, marriage, parenthood—it would rob richness from precious lives that had barely started.

Today, I know these prognoses were utterly gross. We faced a dizzying array of treatment choices, each accompanied by passionate proclamations of effectiveness. How could we chose? Which intervention offered our sons the best hope for a life as full as possible? Were all options equal? When you contribute to ASAT, you help increase the likelihood that families like yours and mine will have timely access to clear, accurate, science-based information about autism and treatments—information that helps us identify the fads, philosophies and “miracle cures” that have plugged autism intervention for decades.

WASTED TIME

We searched internet sites and met with early intervention providers, as each day we watched our sons withdrawing more and more into autism. We needed to do something right away! Surely there is no more painful experience for any parent or grandparent than to helplessy watch a child who is there, but not there; one who speaks, but cannot express thoughts; a child who looks, but will not engage with what he sees; a child to whom the birthright to love, and to achieve, is denied.

UNQUALIFIED PROFESSIONALS

State officials arranged meetings with unqualified professionals—university-based training—ABA practitioners. Your support also helps ASAT to continue to support the efforts of the Behavior Analyst Certification Board (BCBA), to ensure minimum levels of competency among ABA practitioners. Your support also helps ASAT to develop a more adequate labor pool of qualified professionals, able to work on a graduate-level university-based training model, including autism-specific curricula and supervised internships.

Today

Today Jason and Joshua are seven years old. They receive treatment and education comprised entirely of scientifically validated methodologies, delivered and supervised by appropriately credentialed professionals. I wish I could say similar intervention integrity is likely for the families who are helping autism for their sons or daughter today, but I cannot. Even today, much responsibility remains imposed upon parents and professionals to wage through the quagmire of misinformation. Families are still likely to access services controlled by unqualified gatekeepers and practitioners, and to endure life-draining conflict over “what works” and what does not work in the treatment of autism. That’s why ASAT needs your financial, tax deductible help.

Please support ASAT as generously as you can by using the attached reply envelope. Your contribution will help us to continue to aid our community to disseminate accurate, science-based information about autism and treatments for autism, 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.

In a line in which every family faced with a diagnosis of autism enters a service system that is family-friendly, science based, and outcome driven. With your generous financial support, ASAT will continue to bring us closer to that goal.

Thank you!

Sincerely,

Lora Perry, MS
Editor
Science in Autism Treatment

PLEASE GIVE GENEROUSLY

DO YOU KNOW SOMEONE WHO WOULD BENEFIT FROM RECEIVING SCIENCE IN AUTISM TREATMENT?

Parents, pediatricians, psychologists, educators, social workers, legislators, service providers, grandparents, speech pathologists, psychiatrists, researchers, advocates and others rely on the thoughtful, well-grounded information contained in the ASAT newsletter.

Send us the names and addresses of individuals to add to our mail list by mail, Association for Science in Autism Treatment, 175 Great Neck Road, Suite 406, Great Neck, NY 11021; by phone: 516-466-4400; by fax: 516-466-4484; or by e-mail: ASAT@autism-treatment.org. ASAT is happy to distribute Science in Autism Treatment free of charge.

HELP DESK

The keys to success, as with any behavioral intervention, are in persistence, immediacy, and in the availability of other things to do and other ways to obtain similar stimulation in acceptable ways.

Substances. This can be a result of failing to teach children appropriate caution, especially for things that neither look nor taste dangerous to the children. However, it is more likely to represent impaired sensation or a profound learning disability when it persists in the older child. After all, pica is merely the reflection of fundamental nutrition-seeking behavioral tendencies which serve an adaptive function in all children. It is a dangerous behavior because poisons are not always signaled in ways that produce averition or fear until they are followed by illness or pain. Sometimes this happens too quickly, or it can happen so much later or so gradually that there is no direct association for the child, despite biological preparedness in all healthy people to learn such things quite rapidly.

When children do not learn to avoid ingesting poisonous or dangerous substances they can reach, there is no substitute for protective measures. The home should be thoroughly child-proofed so that toxic or sharp items are kept securely out of the reach of the child with pica. Toddlers and children who are excessively fascinated by tastes and smells and who cannot be readily taught to avoid such dangers must be closely supervised while they are awake and freely mobile.

Some children can learn to avoid attractive but hazardous tastes by

continued on next page
Pica refers to the apparent appetite for non-food items with no nutritional value. It presents a problem when the items are poisonous, pose the risk of infection, are otherwise harmful to health or might produce injury (as a result of swallowing something sharp.) Exploring objects by tasting and smelling is a universal human investigative technique which eventually diminishes based upon experience and learning. Babies explore many things with their mouths until “bitter experience” teaches them caution; many poisonous substances have a bitter taste, and parents are generally alert to prevent, stop or otherwise discourage inappropriate oral exploration. Most children gradually learn to discriminate edible objects visually, or based on the social cues and encouragements provided continuously by concerned caregivers.

Why do we explore things with our mouths? The organs of taste and smell are fundamental to learning about what is good to eat and where to find it. Babies are born with exquisite sensitivity to, for example, very small changes in sucrose concentration in a liquid solution. They demonstrate this sensitivity by changing the rate at which they suck a nipple to obtain a drink; concentrations increasing in sweetness by as little as 5 to 10 percent can slow the rate of suckling, as though the baby were savoring a more delicious treat. The tongue is almost ready-made for exploration, with more sweet receptors on the tip to guide the mouth toward high calorie and readily energizing sweet tastes; bitter receptors are located at the back of the tongue to give warning not to swallow, and to expel dangerous or poisonous substances. The chemical receptors in the baby’s nose serve to orient the face to accept nutrition efficiently, and they support rapid association of good smells with safe tastes. Mothers who eat distinctive foods throughout the last trimester of pregnancy will find their babies prefer food with similar tastes and smells for a brief period after birth. Taste and smell preference can be maintained if the nursing mother continues to eat the distinctively flavored foods, because some of the chemical distinctiveness is carried in the milk she produces to feed her infant. Infants tend to prefer familiar sensations, with just moderate levels of novelty provoking some exploratory interest beyond the security of familiar sensations.

Furthermore, the lips and tongue are richly innervated with other sensory receptors for touch, pressure, and even pain, indicating that it is a very important information gathering site for the body. It is so rich with touch sensors, and these so effectively register the consequences of good tastes and good nutrition, that their stimulation is doubtless rapidly associated with goodness early in infant development, and is maintained in close association with good food and other social comforts for life in most people.

Is it any wonder that children explore things with their mouths? This is natural and nearly inevitable provided the sense organs are functioning properly. Unfortu-

The scientists in Bethesda usually have little difficulty discerning between pursuit of credible science, and unsubstantiated, vigorously promoted agendas.

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FIRST ANNUAL ASAT GOLF CLASSIC A SUCCESS

Vincent Casa, for donating his time and technical expertise to helping to create our newly updated computerized databases.

And a special thank you to Kim Donovan, SLP, and Jack Lieckfeld, for their generous donation to ASAT on the occasion of their wedding on October 27, 2000. This donation was made in the names of wedding guests in lieu of favors. Kim is a speech-language pathologist currently working with children who have autism at Summit Educational Resources in Tonawanda, New York. Congratualtions!

THANK YOU TO OUR SUPPORTERS!

Vincent Casa

Dear ASAT:

As an American posted abroad, I was unsure of where to turn when I found out my son might be on the autism spectrum. Hours after I contacted ASAT, highly valuable information and emotional support came pouring into my e-mail, and I no longer felt so isolated. Now I am pursuing several options of behavioral therapy thanks to ASAT.

Sincerely,
N. FitzGerald, Berlin

Dear ASAT:

I got a copy of your fall 1999 newsletter, and I am very interested in your work. I am a child and adolescent psychiatrist at the University of Zurich, Switzerland, and I see autistic children and their families quite regularly. They and I are overwhelmed by all the great success for everybody. A critical review is deeply needed.

Sincerely,
Ronnie Gundelfinger

Families are struggling so hard to find honest, science-based information about treatment. The importance of ASAT’s mission cannot be overstated.

The Hughes Family, and Michele and David Lender for sponsoring the ASAT Golf Classic. In addition, we’d like to acknowledge the generous prize donations received from John Trimble and NFL Properties, Mike Kostel, and CarePackages.com.

Of course the ASAT Classic would not have been a success without the support of all of its contributors, too numerous to mention in limited space. The outpouring of generosity from contributors, golfers, sponsors and prize donors alike was overwhelming, and deeply appreciated.

ASAT would also like to extend sincere thanks to the Centennial Golf Club and its staff for their guidance in planning and conducting the event. Many thanks also to Nicole Weidenbaum and Michael Mannion for their volunteer services.

After a round of golf, the evening was capped by cocktails, dinner, award presentations and a silent auction.

“This evening has taught me so much about autism,” attendee Andrew Eisner commented. “Prior to tonight I did not know how common this disorder is, nor did I have any idea how families are struggling so hard to find honest, science-based information about treatment. The importance of ASAT’s mission cannot be overstated.”

ASAT thanks everyone who made this premiere fundraising event a spectacular success.

The sun was shining and it was a perfect autumn day as golfers teed off at the start of the First Annual ASAT Golf Classic. The Centennial Golf Club in Carmel, New York provided a breathtaking backdrop to a beautifully designed and very challenging course.

“This is one of the most beautiful golf courses I’ve ever played,” ASAT supporter Mark Murphy said. “The opportunity to play here while also raising awareness about ASAT’s important work is truly a privilege, one I expect to make a yearly event.”

The success of the event would not have been possible without the support of our many sponsors who gave so generously to help ASAT’s cause and mission. ASAT would like to extend heartfelt thanks to Phase2Media, FreeLotto, NexCard Visa, Upbroz.com, Net Creations, Wuliweb, B2B Works, Ernst and Young, Prokauer Rose LLP, Promotions.com, the Cortale Family, the Hughes Family, and Michele and David Lender for sponsoring the ASAT Golf Classic.

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