CAUSES OF AUTISM

• Autism is a biological disorder with multiple etiologies
• No single cause, no single cure
• No biological marker
• No evidence of parenting defects or emotionally induced autism (e.g., the “refrigerator mother”)
• No evidence of vaccine administration

ETIOLOGY

• Abnormalities in the genome
  – Chromosome 15q11-q13 is implicated based upon twin & family studies (re: PWS & Angelman)
• Resulting structural and functional abnormalities in the brain
• Behavioral expressions of autism

MEDICATIONS

• According to the CDC:
  – No medications can cure or treat core symptoms
  – Medications may help an individual function better
    • High energy, focus, depression, seizures
• Medications might not affect all children in the same way
• Must monitor closely and watch for reactions and negative side effects
**EFFECTIVE TREATMENT**

- Government Mandate to provide appropriate educational services in USA 1975
- Emergence of effective methods of treatment
  - Lovaas (1987): landmark study
- Availability of financial, clinical and educational resources and expertise

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**STUDENT PLACEMENTS**

- Full Inclusion, 39.50%
- Partial Inclusion, 18.10%
- Self Contained, 33.30%
- Homebound/Hospitals, 0.30%
- Private Day, 0.70%
- Residential, 0.50%
- Public Day, 8%

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**Behavioral Treatment and Normal Educational and Intellectual Functioning in Young Autistic Children**

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Autism is a serious psychological disorder with many cognitive characteristics. Children with autism show minimal emotional development, absent or abnormal speech, related IQ, social, behavioral, aggressive, and withdrawal. Yet, autism therapies have not proven effective. This article reports the results of a behavioral intervention treatment for two groups of similarly matched, young autistic children. Follow-up data from an earlier long-term experimental treatment group (n = 11) showed that 67% achieved normal intellectual and educational functioning, with some cases being mainstreamed into regular education classes. In another 49% cases, children were still in special education classes, yet with a marked improvement in communication and social skills. In the experimental treatment group, 47% of children were indistinguishable from their peers. Among the 19 children with diagnosis of autism, 40 hours/week of structured ABA for 2-6 years resulted in:

- 42% moved from a self-contained or autism room to a language-delayed room
- 10% saw little improvement
- 89% saw substantial improvement

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**What Now?**
A medical diagnosis of ASD is made by a doctor or other specially trained clinician by using symptom criteria set in the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

- To address treatment, we need to understand a medical diagnosis vs. an educational need.

- Services and options within each system are varied and target different skills.

**DIFFERENCES**

- **Medically Necessary:**
  - Guided by a treatment plan overseen by a BCBA
  - Targets diagnostic criteria
  - Delivered by a QHCP

- **Educational:**
  - Guided by an Individualized Education Program
  - Targets academic goals
  - Delivered by a special educator or aide
  - Delivered by a QHCP

**SIMILARITIES**

- Developed after the initial assessment that identifies the needs to be addressed.

- Includes the objectives, interventions, and time frame for accomplishment and evaluation
CONSIDERATIONS

- Intellectual Disabilities
  - Intellectual Developmental disorder
- Communication Disorders
- Autism Spectrum Disorders
- Attention Deficit/Hyperactivity Disorder
- Specific Learning Disorder
- Motor Disorders

EDUCATION

- MORE than a diagnosis. Require that a student is in need of specialized services.
- Services are determined by an Individualized Education Program (IEP) team.
- May include some of the interventions used in the medical system (e.g., behavior or speech therapy), as well as other supports and specialized educational placements as determined by the IEP team.

CAUTION

- One test should not be used independently for diagnosis; should be used as part of a comprehensive evaluation.
- Multiple assessment measures (e.g., ADOS and ADI, SRS, SCQ, ASDS, CARS, BASC, Vineland, etc) are highly dependent on expertise of tester and concerns reported

TAKE AWAY

- Students with ASD are students first
- Evidence based practices are starting points
- Support participation through environmental arrangement and teaching
- Varied levels of support on a range of skills, across different activities, through life
- Lack of progress or growth is instructional failure
DISCUSSION

• What is your profession, job, job setting and educational level?
• What are your responsibilities related to children with autism?
• What are the strengths of your program?
• What challenges do you have in your work with children?
• What challenges do you face in your classroom?
• What do you hope to learn today?

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