



WHAT WE KNOW

- 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

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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

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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

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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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Journal of Consulting and Clinical Psychology
1987, Vol. 55, No. 1, 3-9

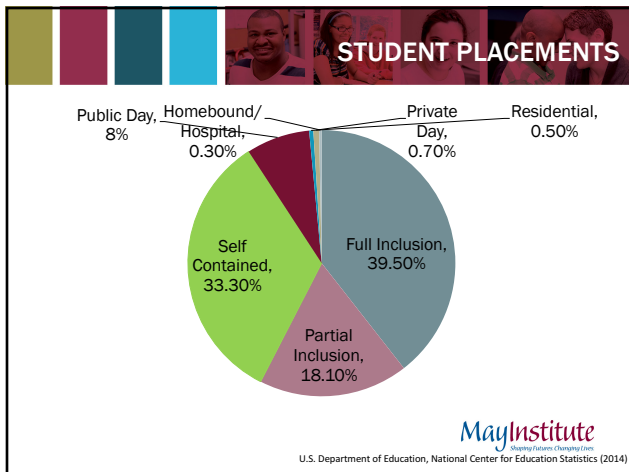
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Behavioral Treatment and Normal Educational and Intellectual Functioning in Young Autistic Children

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Autism is a serious psychological disorder with onset in early childhood. Autistic children show minimal emotional attachment, absent or abnormal speech, retarded IQ, ritualistic behaviors, aggression, and self-injury. The prognosis is very poor, and medical therapies have not proven effective. This article reports the results of behavior modification treatment for two groups of similarly constituted, young autistic children. Follow-up data from an intensive, long-term experimental treatment group ($n = 19$) showed that 47% achieved normal intellectual and educational functioning, with normal-range IQ scores and successful first grade performance in public schools. Another 40% were mildly retarded and assigned to special classes for the language delayed, and only 10% were profoundly retarded and assigned to classes for the autistic/retarded. In contrast, only 2% of the control-group children ($n = 40$) achieved normal educational and intellectual functioning; 45% were mildly retarded and placed in language-delayed classes, and 53% were severely retarded and placed in autistic/retarded classes.



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MEDICAL DIAGNOSIS

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).

MEDICAL VS EDUCATIONAL

- 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:
Educational:


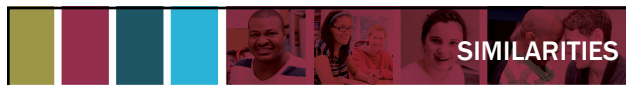
Guided by an Individualized Education Program
Guided by treatment plan overseen by a BCBA

Targets academic goals

- Targets diagnostic criteria


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


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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.


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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


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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

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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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