



# KIT

## "Keeping In Touch"

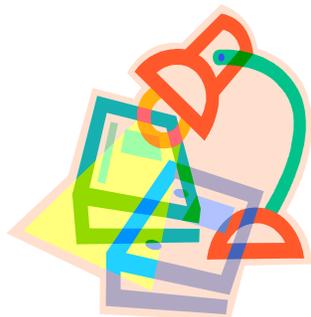
### November 2009



A Publication of the Army Educational & Developmental Intervention Services CSPD

### Resource Article

Exploring the array of treatment approaches for children with autism Dr. Corsello, of the University of Michigan and author of this month's KIT article, presents a review of intervention approaches, with a specific focus on children under three years of age.



Early intervention for children with autism is linked to greater success. However, as Corsello reminds us, "The preschool years are still considered 'early' when it comes to early intervention" (p. 82). As the reliable diagnosis of autism in children younger than three years of age has increased more is needed to be known about effective intervention approaches for this very young population and the parents and caregivers who ultimately support and promote the growth and development of these very young children.

In this month's article the supporting evidence, actual intervention methods, settings, and implementers of the following intervention approaches are reviewed.

- Walden Toddler Program
- Amy Wetherby's Social Pragmatic Communication Approach
- TEACCH (Treatment and Education of Autistic and Related Communication-handicapped Children)

- Applied Behavioral Analysis Programs, including the UCLA Young Autism Project
- LEAP (Lifeskills and Education for Students with Autism and other Pervasive Developmental Disorders)
- The Greenspan Model
- The Denver Model

While these models, with the exception of the Walden Toddler Program and Wetherby's approach, were not originally or specifically developed for children under three years of age, these programs are now exploring adaptations to address the needs of the birth to three-year-old population and their parents and caregivers. Although some strategies are known to be effective in teaching young children with autism the determination of which model or type of program is better than another remains unclear. Keeping abreast of advances in research and information about the models and programs remains important for parents and professionals.

This article is a helpful reference tool about prominent intervention programs and studies on their efficacy with families who have children with autism. Also, see the report referenced in the "On the WWW" section of this KIT.

Corsello, C. M. (2005). Early intervention in autism. *Infants and Young Children* 18(2), 74-85. Retrieved from [http://depts.washington.edu/isei/iyc/corsello\\_18\\_2.pdf](http://depts.washington.edu/isei/iyc/corsello_18_2.pdf)

## On the WWW

The web resource this month is the National Autism Center (NAC) at [www.nationalautismcenter.org](http://www.nationalautismcenter.org)

One of the many claims to fame for this Center is the recent completion of the "National Standards Project." The project was started in 2005 with the aim to answer the question: "How do we effectively treat individuals with Autism Spectrum Disorders (ASD)?" The culminating report provides informative guidelines for making treatment choices to address ASD symptoms. The entire report is available online at NAC, simply click on the "National Standards Project" tab at the home page.

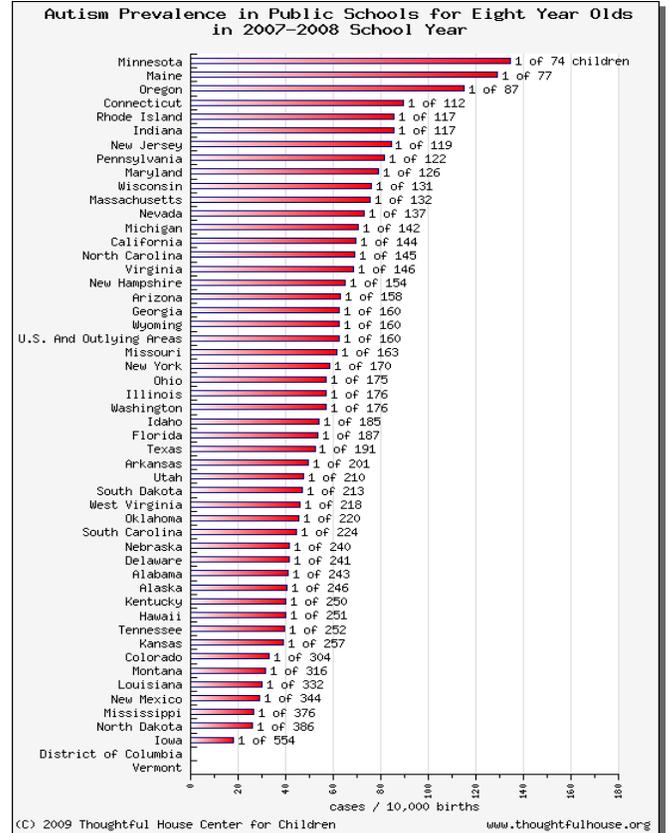
## What Do the Data Say?



**What is the prevalence of autism ranked across the different states?**

Last month we examined how the number of cases of autism has changed over time. As commonly known, the rate of autism has increased dramatically over the past years. Possible reasons for this increase include advancement in diagnosis practices, expansion of the range of conditions categorized as autism spectrum disorders (ASD), and rise in the incidence of ASD in the general population.

This month we'll look a bit closer at the prevalence of autism across the states. To answer this question data from the U.S. Department of Education, Office of Special Education Programs (OSEP) were analyzed and reported in the following table by Thoughtful House Center for Children (available at [www.fightingautism.org](http://www.fightingautism.org)). The data presented in the table below illustrate the prevalence of autism in public schools across the states for 8-year-old children in the 2007-2008 school year. When reviewing these data it is important to note that states eligibility criteria may vary.



Based upon these data the states of Minnesota, Maine, and Oregon had a notably higher prevalence compared to the other states. Iowa on the other hand, had the lowest incidence for the 2007-2008 school year.

As our military families move in and out of these states it may be helpful for them to see prevalence differences. However, knowing prevalence alone is only part of the picture. The availability of resources, services, and supports will be essential for parents.

## Consultation Corner

From September 2009 through January 2010 the consultation corner topic is:



### **ASD and the Role of Early Interventionists**

Celine Saulnier, Ph.D., the Training Director for the Autism Program at the Yale Child Study Center and Karyn Bailey, the Social Work Director for the Yale

Child Study Center's Post-graduate Social Work Training Program are the KIT Consultation Corner experts sharing their knowledge and experience.

***1. What are good resources that you recommend sharing with families initially as they are in the diagnostic evaluation process - especially as they begin searching the web? (Celine Saulnier, Ph.D.)***

Upon initial diagnosis, it is very important to provide families with guidance as they seek out resources for their child and for their family. The internet can offer a wealth of resources, although it can also steer families in unhelpful directions. Therefore, it is often beneficial for parents to have support through this process, whether from service providers that are working directly with their child (e.g., social workers, clinicians, educators), and/or advocates. Professionals can help parents sift through the breadth of websites, books, articles, and media programs to determine which resources are most applicable to their child and that will be therapeutically beneficial and empirically based. The latter is a critical component, as there is an infinite amount of theories and therapies that are proposed to treat and/or cure autism spectrum disorders, but have little empirical evidence behind them. Thus, professionals who have knowledge of the science and validity of theories and methods applied in the field can be of great help. In the absence of (or in addition to) such information, the websites and resources listed below are suggested. In addition to professional support, families who are new to ASD can greatly benefit from seeking out other parents as advocates and support networks. Many states have formal advocacy groups that are founded and run by parents of children with ASD. Parent advocates are not only helpful in providing resources, but they also can help parents navigate the process of locating effective service provision in their geographical areas.

**Informative Websites:**

National Institute of Mental Health  
<http://www.nimh.nih.gov/health/publications/autism/complete-index.shtml>

Centers for Disease Control and Prevention  
<http://www.cdc.gov/ncbddd/autism/index.html>

Yale Autism Program  
<http://www.autism.fm/resources>

National Autism Center  
<http://www.nationalautismcenter.org>

A.S.P.E.N. (Asperger's Syndrome Education Network – New Jersey) <http://www.aspenj.org>

Autism Speaks <http://www.autismspeaks.org/>

**Parent Advocacy Websites:**

Wrights Law: Assertiveness and Effective Parent Advocacy  
<http://www.wrightslaw.com/info/advo.parent.sherr ett.htm>

CT Parent Advocacy Center, Inc. (CPAC)  
<http://www.cpacinc.org>

**Resources:**

Chawarska, K., Klin, A., & Volkmar, F.R. (2008). *Autism spectrum disorders in infants and toddlers: Diagnosis, assessment, and treatment*. New York: The Guilford Press.

National Research Council (2001). *Educating children with autism*. Committee on Educational Interventions for Children with Autism. Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

Ozonoff, S., Dawson, G., & McPartland, J. (2002). *A parent's guide to Asperger syndrome and high-functioning autism: How to meet the challenges and help your child thrive*. New York: Guilford Press.

Powers, M. (2000). *Children with autism: A parent's guide*. Bethesda, MD: Woodbine House.

Siff Exkorn, Karen (2005). *The Autism Sourcebook: Everything You Need to Know about Diagnosis, Treatment, Coping, and Healing*. Regan Books.

Volkmar, F.R. & Wiesner, L.A. (2009). *A Practical Guide to Autism*. Hoboken, NJ: Wiley.

Wright, P., & Wright, P. (2006). *Wrightslaw: From emotions to advocacy, 2<sup>nd</sup> edition. The special education survival guide*. Hartfield, VA: Harbor House Law Press, Inc.

Wright, P., & Wright, P. (2007). *Wrightslaw: Special education law, 2<sup>nd</sup> edition*. Hartfield, VA: Harbor House Law Press, Inc.

## **2. How can an early intervention provider help families cope with the diagnosis of autism? (Karyn Bailey, LCSW)**

Families receiving an early and/or confirming diagnosis are typically seeking guidance regarding intervention planning and programming for their child. Professionals who offer tangible assistance in this area go a long way toward helping families make well-informed decisions, advocate effectively on behalf of their children, and cope with the myriad of emotions experienced in the early phase of living with autism spectrum disorder (ASD). Hence, it behooves professionals to have a comprehensive understanding of a given child's needs in all areas of development and at least a basic understanding of special education rights and guidelines. Useful references for further details include: "Supporting Families," Chapter 11 in *Autism Spectrum Disorders in Infants and Toddlers: Diagnosis, Assessment, and Treatment*, and [www.wrightslaw.com](http://www.wrightslaw.com).

Families also have many questions about alternative interventions: diet, supplements, chelation, whether or not to vaccinate, etc. Families often face enormous pressure from various media and other families living with ASD to pursue/practice alternative interventions. Experience suggests that it is wiser for professionals to help families think through the real risks and the perceived benefits while leaving room for families to make their own decision. The goal is to help families develop a rational decision making process that they can apply to numerous questions/options that they will encounter over time.

It is common for families living with ASD to experience difficulties that may warrant professional support. Many parents tend to put off or dismiss these difficulties as less urgent/important than the needs of their identified child. In such instances, it may be useful to alert parents to warning signs that call for intervention: intrusive thoughts, changes in sleeping, eating, and sexual activity, parentification of siblings, cut-off from extended family, social isolation, etc. and remind them that maintaining their own health (physical, emotional, social, spiritual) is vital to ensure that they are adequately fueled to support the needs of their child.

### **Continuing Education for KIT Readers**



The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for EDIS KIT readers.

In line with the focus on ASD and the Role of the Early Interventionist, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (September 2009 through January 2010) and completing a multiple choice exam about the content covered in these KITs.

If you are interested, complete the exam online at [www.edis.army.mil](http://www.edis.army.mil) and upon successful completion, you will receive a certificate of non-discipline specific continuing education contact hours.



Please send your Consultation Corner questions and KIT ideas via email to [ediscspd@amedd.army.mil](mailto:ediscspd@amedd.army.mil)