

Autism

After the Diagnosis: Now What?

Focus on Unity Conference
Advances in the research for the Dx & Treatment of Young Children
with Autism

April 23, 2010 – Fresno Pacific University

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www.tpathways.org



Congratulations!

You live in California!



 Family
Story

Daughter



Son



Son



Attend RC Board meetings

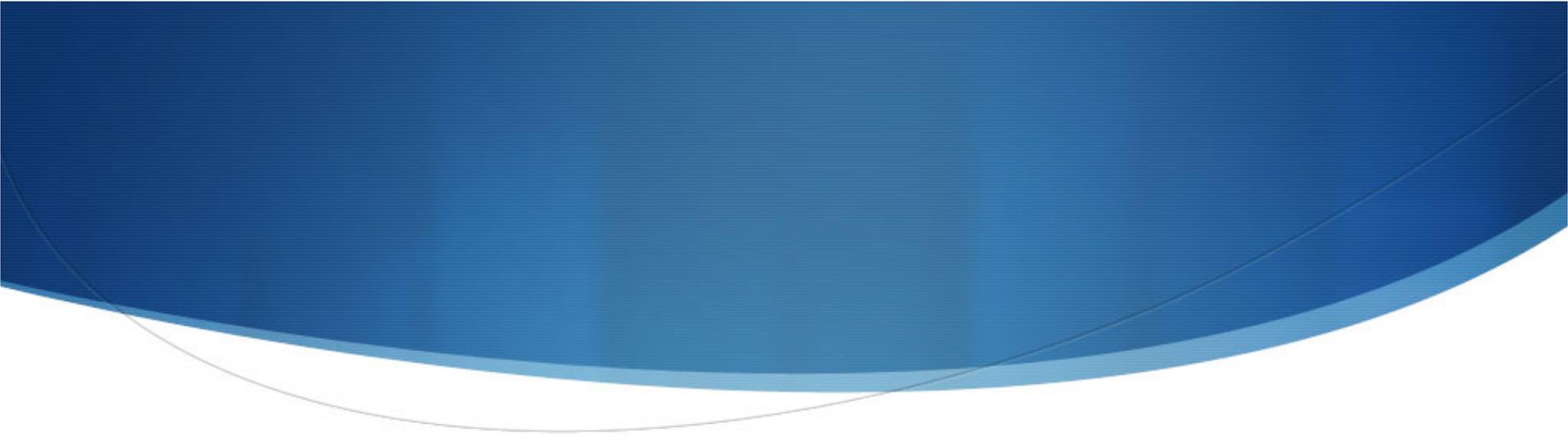
- ◆ Board meetings:
 - ◆ VMRC:
 - ◆ 6:00 pm - first Monday of each month in Cohen Board Room
VMRC Stockton office
 - ◆ Offices in Stockton & Modesto
 - ◆ CVRC Board meetings- Fourth Tuesday of the month 6-7:30 pm
 - ◆ Offices in Fresno, Merced & Visalia

Know Your Rights

- ◆ Disability Rights California- www.disabilityrightsca.org
- ◆ IDEA- Individuals with Disabilities Education Act
 - ◆ SERR (Special Education Rights and Responsibilities)
- ◆ Lanterman Act
 - ◆ Rights under Lanterman Act: Regional Center Services for people with Developmental Disabilities

Choose your information sources carefully!





Treatment: Evidence Based Practice

Center Based Treatment

Home Based Treatment

Complementary Treatments- Questions to ask yourself:

- ◆ Is it painful?
- ◆ Is it expensive?
- ◆ Is it disruptive to life?
- ◆ Does it detract from evidence based treatment?

And if the answers are “NO”?

- ◆ Do as part of research based institute i.e. MIND
 - ◆ Free or receive a stipend
 - ◆ Effective or not - furthering research
 - ◆ Opportunity to work with Leaders in the field

Be an Effective Advocate

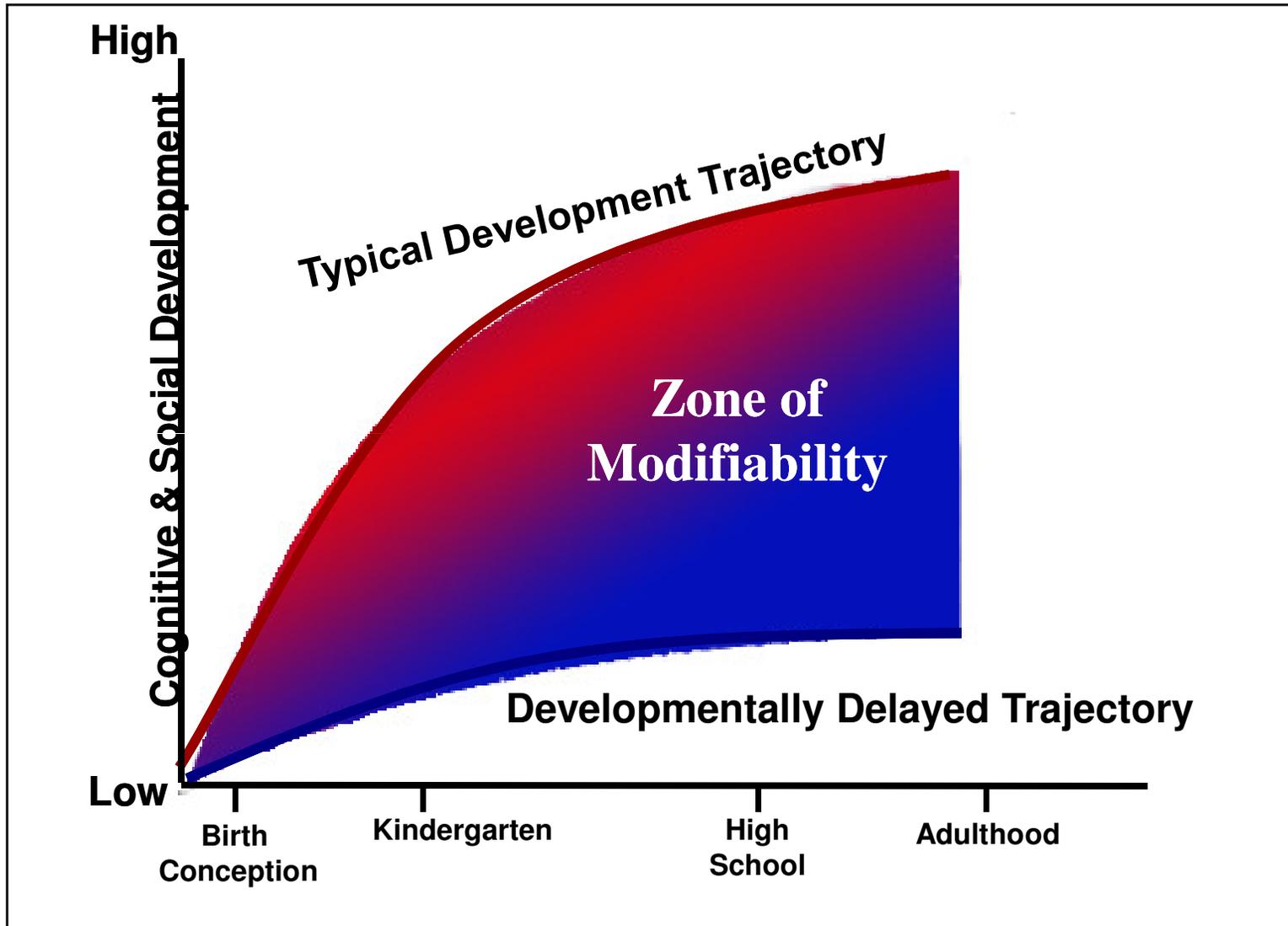
- ◆ Active Member of your child's IEP/IFSP team
- ◆ Advocate – don't be a combatant
- ◆ Show gratitude and respect
- ◆ Look for same qualities in an advocate

Your time is important!

- ◆ Center efforts on what benefits *your* child
- ◆ Larger organizations & lobbying efforts

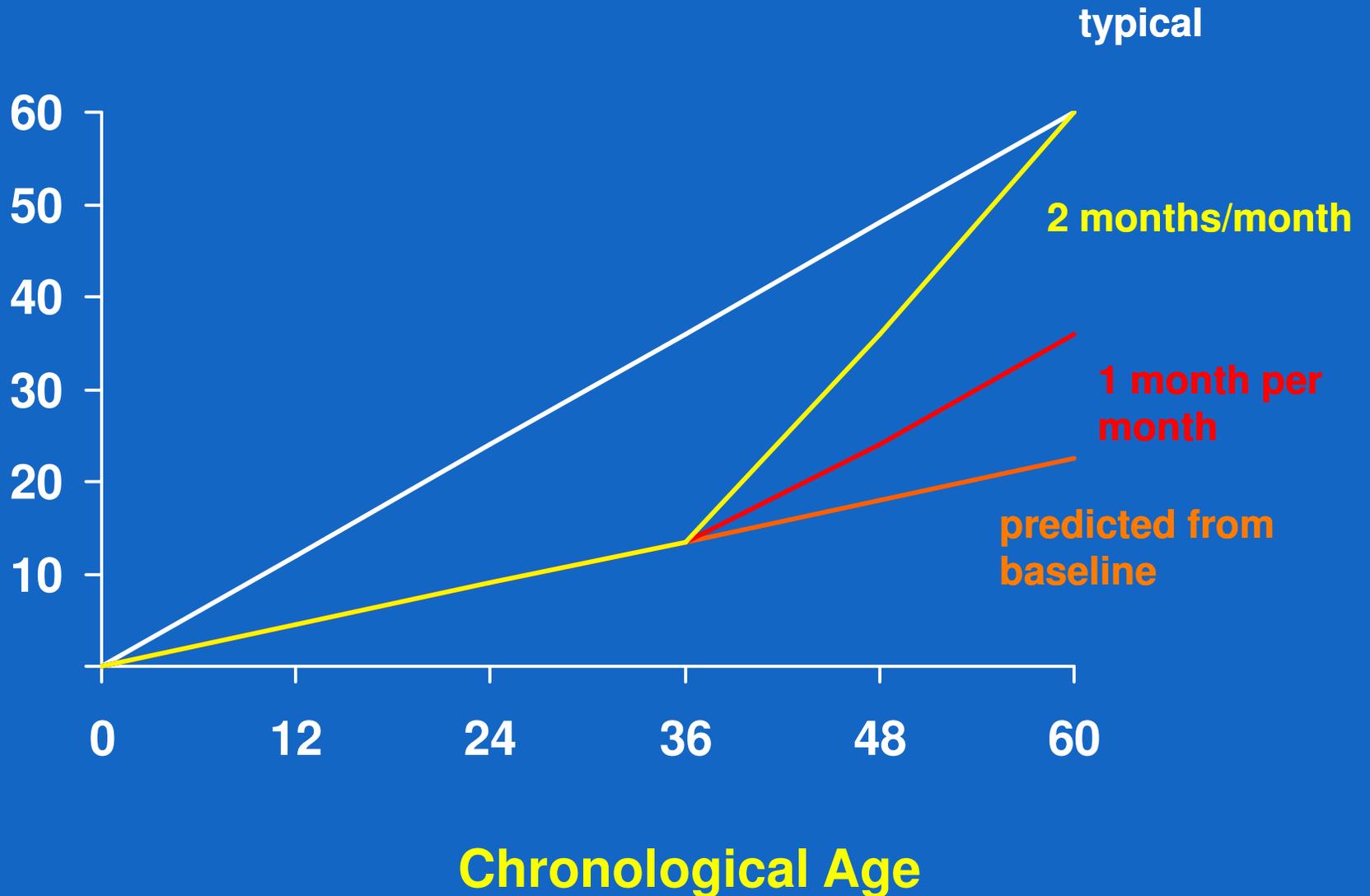
Which one has Autism?

Goals of Intervention



Narrowing the Gap

Developmental Equivalent



typical

2 months/month

1 month per month

predicted from baseline

Chronological Age

IFSP/ IEP Meetings

- ◆ Eligibility
- ◆ Goals and Objectives
- ◆ Placement
 - ◆ Team Decision

Continuum of Special Education Services

0-3 years of age

3-22 years of age

- ◆ Natural Environment
- ◆ Multi-disciplinary team
- ◆ Services revolve around the whole family, including eligible child

Least Restrictive Environment

General Education Classroom

General Education Classroom with Support

General Education Classroom with Resource

Special Day Class

Special Day School

Residential Facility

Hospital Facility

Home

Most Restrictive Environment

Early Intervention Classroom

- ◆ 1:6 staffing ratio
- ◆ 15-17 hours per week
- ◆ >50% DIS Services
- ◆ Curriculum
 - ◆ Developmentally appropriate
 - ◆ Language “rich” environment
 - ◆ Typical preschool activities

Autism Preschool Classroom

- ◆ 1:1 or 1:2 staffing ratio
- ◆ 26-30 hours per week
- ◆ Behavioral consultant
- ◆ >50% DIS Services
- ◆ Curriculum
 - ◆ Discrete trial component
 - ◆ PECs
 - ◆ TEACCH
 - ◆ Typical preschool activities

Intensive ABA Program

- ◆ 1:1 staffing ratio
- ◆ 35 hours per week
- ◆ Errorless Learning
- ◆ ~ 2000 learning opportunities per day
- ◆ Joint attention, imitation, initiation*
- ◆ Speech Pathologist Consultant

What is “Evidence- Based Practice”?

- ◆ Can it be tested?
- ◆ Contradictory evidence?
- ◆ Anecdotes only?
- ◆ Peer Review?
- ◆ Grandiose claims?
- ◆ Holistic only?

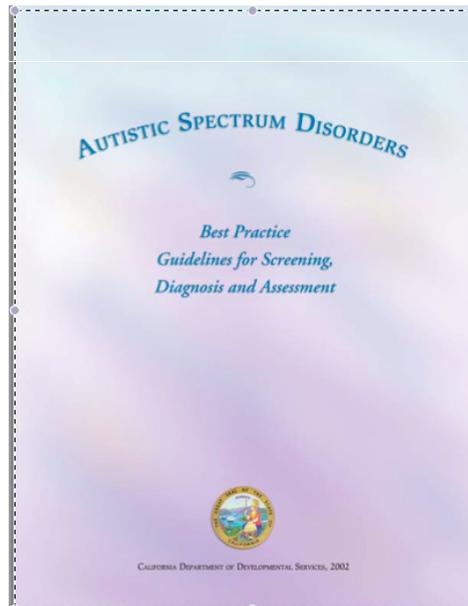
Science

or

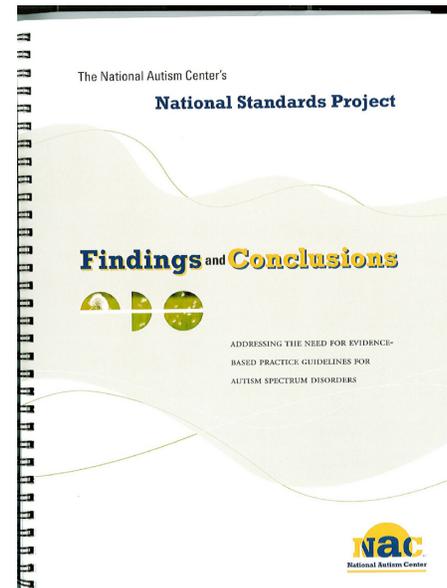
Pseudoscience???

What does the Evidence tell us?

DDS Diagnostic Best Practices



National Standards Project



Educational & Behavioral Treatments

Target core characteristics of autism



Established Treatments

Several well controlled studies showed
Beneficial effects for individuals with Autism
Spectrum Disorders
Compelling scientific evidence



Established Treatment Examples (11 total)

- ◆ Comprehensive Behavioral Treatment for Young Children
- ◆ Behavioral Package
- ◆ Pivotal Response Treatment
- ◆ Self-Management
- ◆ Schedules

Emerging Treatments

One or more studies suggest favorable outcomes
Additional high quality studies must be done
No firm conclusions can be drawn



Emerging Treatment Examples (22 total)

- ◆ AAC devices
- ◆ Cognitive Behavioral Intervention
- ◆ Language training
- ◆ Social Skills
- ◆ Theory of Mind

Unestablished Treatments

Little or no evidence to draw firm conclusions.
No reason to assume these treatments are effective.
No way to rule out possibility they are ineffective or harmful



Unestablished Treatments (5 total)

- ◆ Academic Interventions
- ◆ Auditory Integration Training (AIT)
- ◆ Facilitated Communication
- ◆ GF/CF Diet
- ◆ Sensory Integration

Ineffective/Harmful treatments (0)

- ◆ Not surprising:
 - ◆ When studies aren't showing promising outcomes- people shift focus or abandon project

Complementary & Alternative Medicine Treatments

- ◆ 70% families have tried one or more
- ◆ CAM usage is positively correlated with severity of ASD diagnosis
 - ◆ Children with more severe diagnoses have tried more CAM tx
 - ◆ Most common source for info: other parents
- ◆ Current evidence does not support or recommend
 - ◆ 38% parents – some improvement
 - ◆ 38% no improvement noted

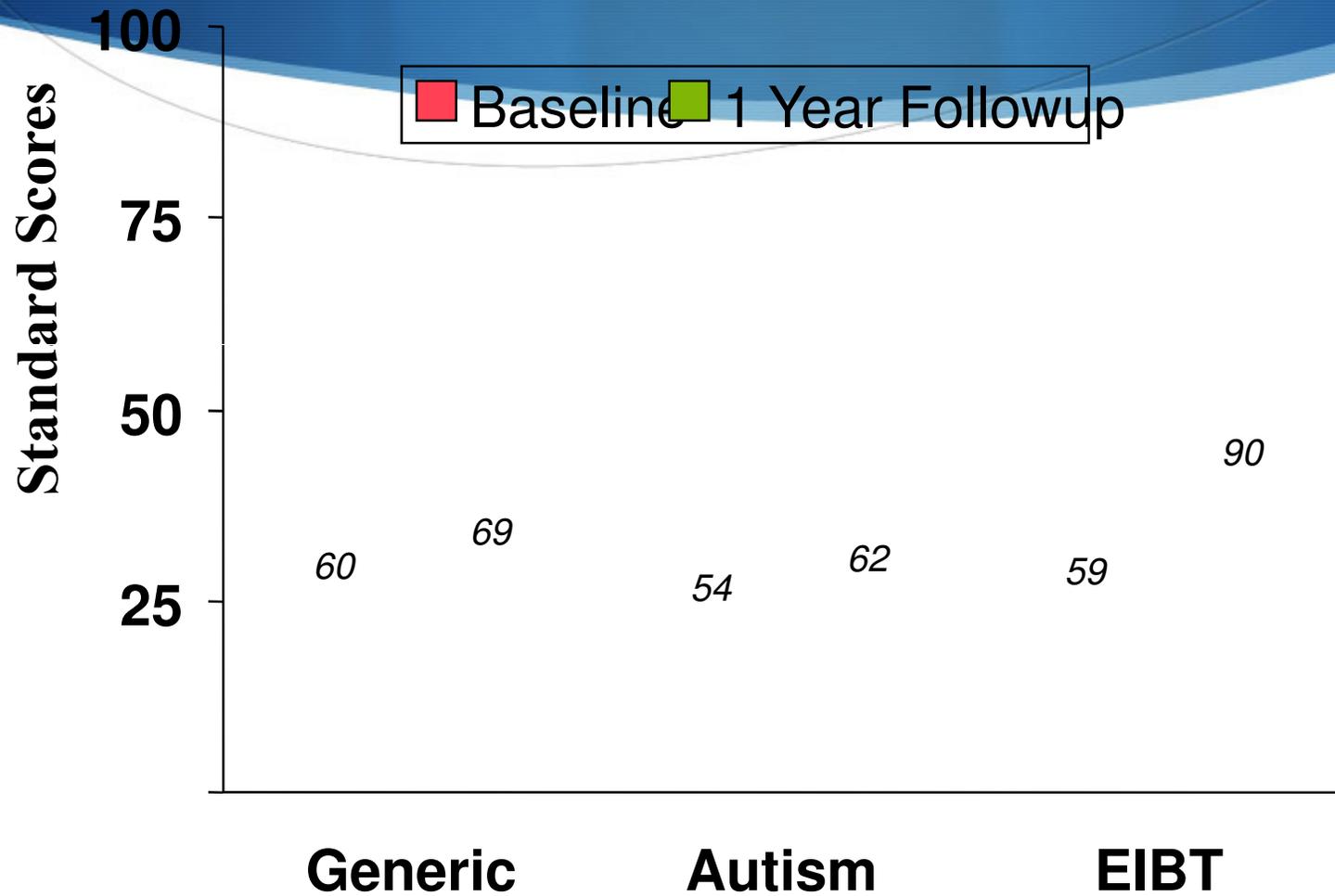
Potential Problems

- ◆ Media enthusiasm & Parent recommendations weigh heavily
- ◆ Look at time from diagnosis until Kindergarten
- ◆ Look at family resources
- ◆ Look at focus during time available

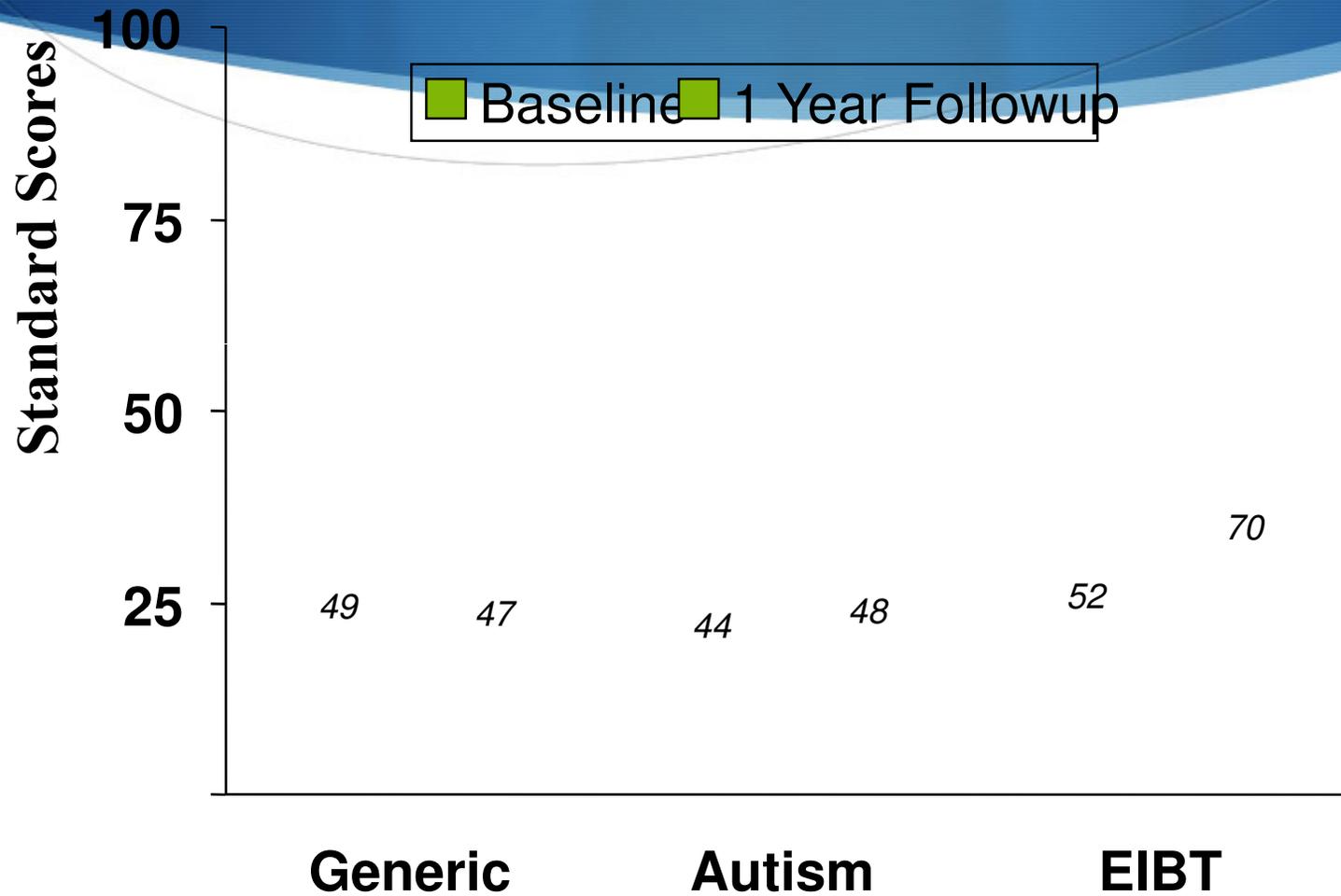
Program Outcomes

- ◆ Public School Classrooms
- ◆ Early Intensive Behavior Treatment Programs
 - ◆ Non-Public Agency/School

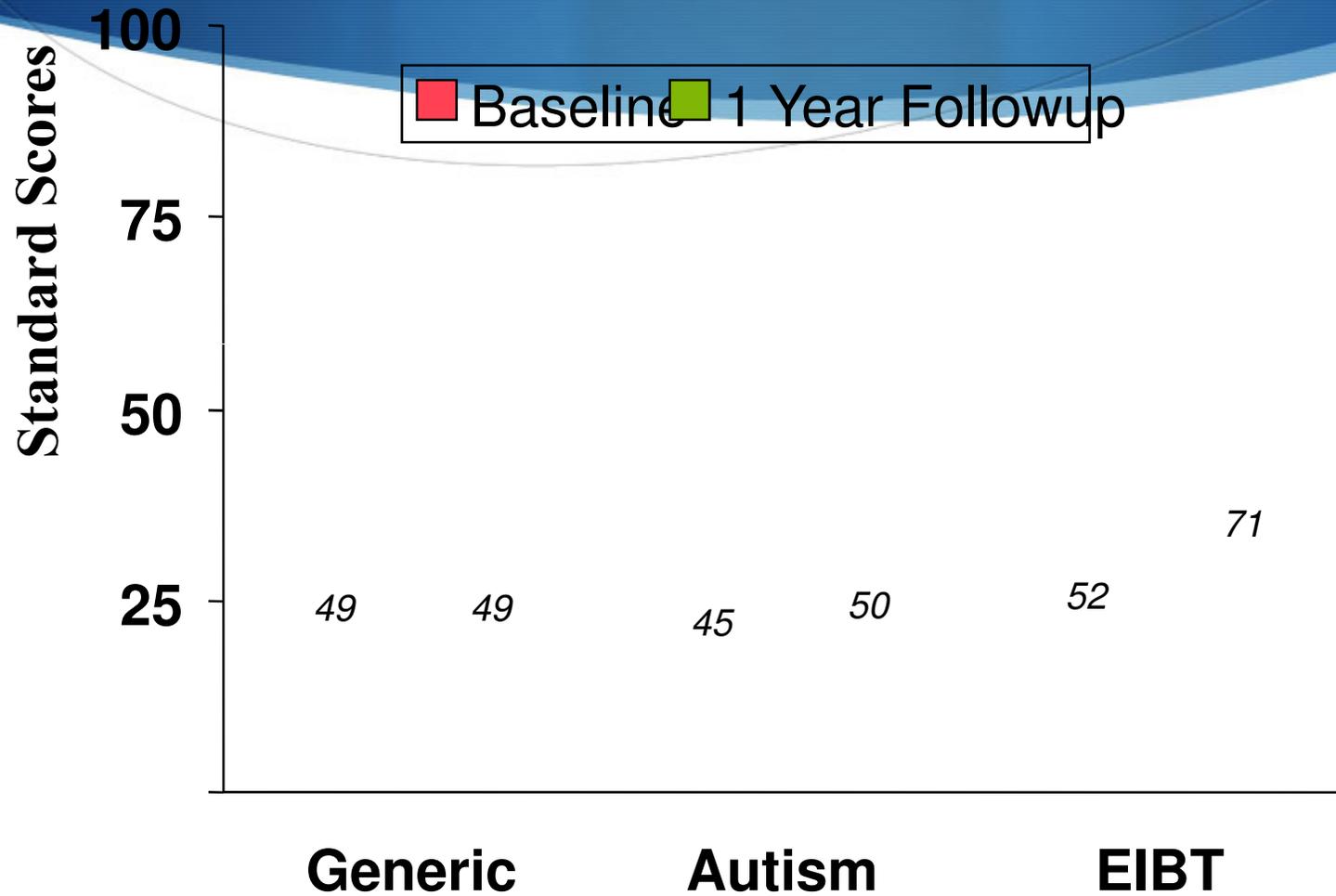
Cognitive Functioning

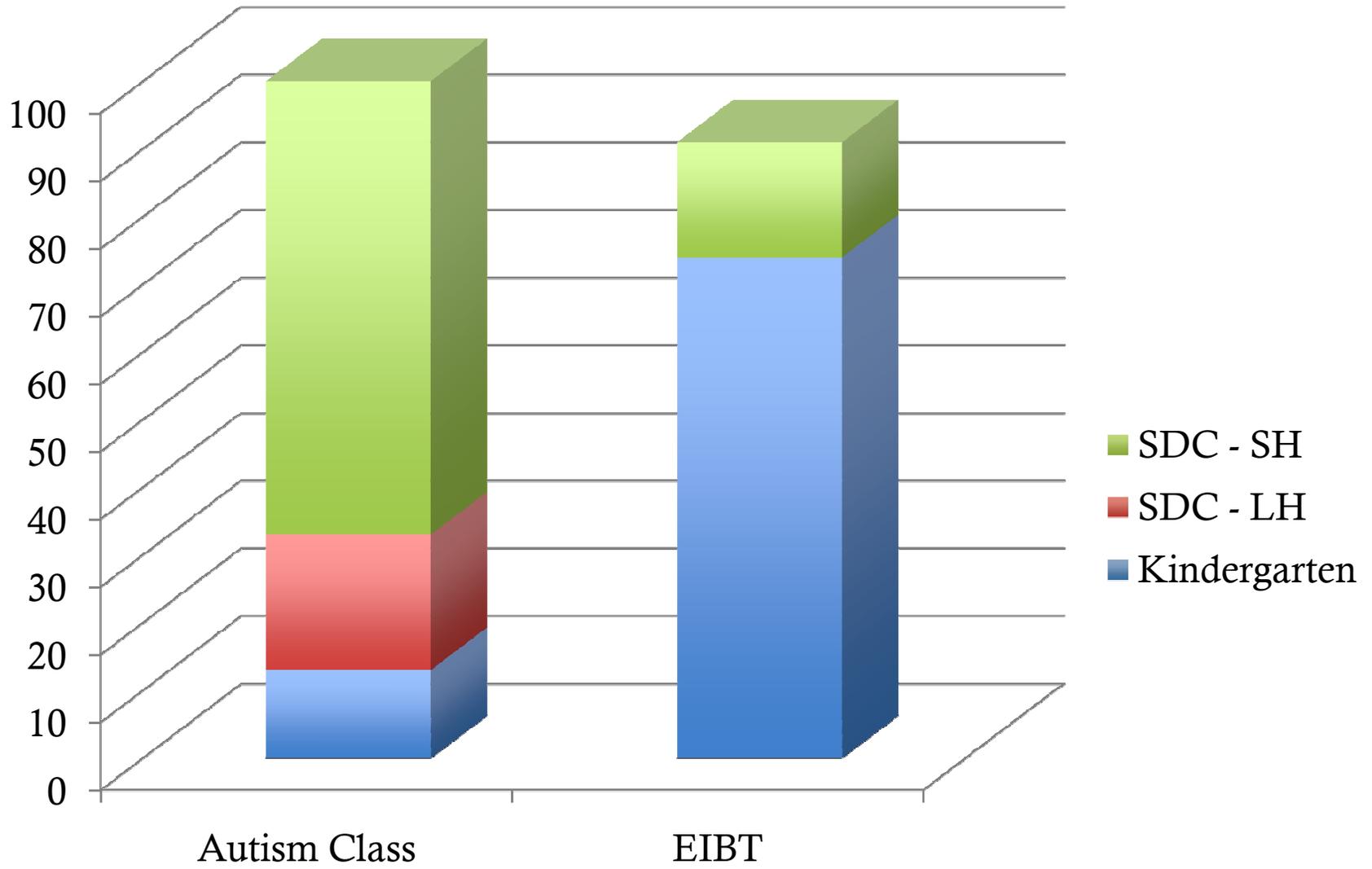


Expressive Language



Receptive Language





Outcome video

Parent updates: daughter & son



Parent updates: and Family

