# SCIENCE IN AUTISM TREATMENT

Vol. 7 No. 3 Newsletter of the Association for Science in Autism Treatment Summer 2010

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## Relationship Development Intervention: A review of its effectiveness

### by Thomas Zane, Ph.D., BCBA-D

Relationship Development Intervention (RDI) is a treatment for autism developed by Dr. Steven Gutstein from Texas. According to Gutstein, RDI has a focus of increasing social awareness through the use of "dynamic" intelligence. RDI methods are employed by the parents of the children in RDI therapy, since the general goal of the treatment is more natural and complete interactions among family members. Gutstein calls RDI a "cognitive-developmental" parent training program (2001). The program attempts to impact "experience sharing" and flexibility in thinking. He has outlined the types of methods and goals built into RDI, including "dynamic" analysis, flexible problem solving and resilience. As of September 2009 there are currently over 200 certified RDI therapists. This number has steadily increased over the past several years, suggesting increasing interest in this treatment.

A search found only one published article that attempted to evaluate the effectiveness of RDI (Gutstein, Burgess, & Montfort, 2007). The purpose of this study was to determine whether children who participated in RDI treatment improved in selected measures related to autism. The authors reviewed the files of 16 children who ranged in ages between 20-96 months, representing various diagnoses of autism (e.g., Asperger, Pervasive Development Disorder – Not Otherwise Specified [PDD-NOS] and Autism). These children had been receiving treatment based on the RDI model for at least 30 months. The authors attempted to measure three variables to assess whether or not the children improved due to the RDI intervention: (1) a subset of 13 items

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**Watch examples of effective teaching methods for children with autism here: http://www.asatonline.org/intervention/videos.htm**

### Message from ASAT President, David Celiberti, Ph.D., BCBA-D

Greetings! I wanted to open with a "Happy Summer" but am mindful that we have scores of SIAT subscribers in the southern hemisphere who are in their winter season. We now have our first Alaskan subscriber and have international subscribers in almost 100 countries. As Josh will discuss in his letter, presently the newsletter has nearly 5000 subscribers, which reflects a dramatic increase over previous months. This was accomplished in large part, with the help of the Association for Behavior Analysis International (ABAI). Following an e-blast to ABAI members, we received over 500 first-time subscribers within one week! Thank you ABAI for your support!

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For a short description of RDI, please see:
http://www.asatonline.org/intervention/treatments/relationship.htm

## Relationship Development Intervention continued...

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from the Autism Diagnostic Observation Schedule (ADOS; Lord, Rutter, Dilavore, & Risi, 2002) and the Autism Diagnostic Interview-Revised (ADI-R); (2) the results of a “flexibility interview,” developed by Gutstein, et al., in which parents used a self-report Likert scale to rate the degree to which they thought their children exhibited “rigidity” in their behavioral adaptation and thinking; and (3) educational placement of the participants, which involved parents and teachers reporting the type of school placement in which the children resided (ranging from mainstreaming with no special education services to full-time placement with special education support).

Gutstein and colleagues collected data on these measurements prior to and following the children’s participation in RDI for an average of 18 months. Following treatment, Gutstein, et al. reported: (a) improvement in ADOS diagnosis, (b) improvement in “age appropriate flexibility” to routines, and (c) more children participating in less restrictive, more mainstreamed educational placements. The authors concluded that RDI was a “promising program for remediating critical experience-sharing difficulties...” of children with autism (p. 409). They hypothesized that the RDI treatment was causally related to the positive changes in the children; that is, that RDI appeared to be responsible for the improvement.

Upon careful examination of the design and methodology of the Gutstein, et al. (2007) study, it seems as if there are methodological problems with this study that prevent confidence in the conclusions offered by the authors. For example, the research design used in this study involved one group of participants, with measurements taken prior to and after the RDI intervention. This type of design is a “one-group pretest-postest design” (e.g., Fraenkel & Wallen, 2009; Gay, Mills & Airasian, 2009) and offers unconvincing evidence that the treatment was the *sole* reason for changes in the dependent measures (e.g., Fraenkel & Wallen 2009). Thus, there is an assumption that the participants in the Gutstein, et al. study could have improved on the measures due to reasons unrelated to RDI (such as maturation or other, concurrent interventions).

There are two other issues related to the research design that prevents one from concluding that RDI was responsible for improvement in the participants. First, an important criterion for a well-designed study is proof of treatment implementation (i.e., procedural integrity; Gresham, Beebe-Frankenberger & MacMillan, 1999). Gutstein and colleagues not only failed to provide detailed information about what exactly the RDI treatment protocols were that were employed, but they also failed to provide any check on whether or not the treatment providers actually implemented the RDI strategies as Gutstein, et al. intended. Thus, this study fails to meet this particular research quality criterion.

A second essential criterion for “believability” of research is that of measurement reliability (e.g, Gay, et al. 2009). Specifically, researchers are required to provide evidence to support the belief that the dependent variables measured in the study were measured reliably. This is often accomplished by having a second independent observer measure the participants at the same time (and then comparing results), or by demonstrating that standardized instruments have pre-determined reliability and validity. In the current RDI study, of the four dependent variables, the authors mentioned that inter-rater reliability was obtained (successfully) with one measure (ADOS), and that the ADI-R developers reported satisfactory reliability. However, the other two dependent variables (flexibility and educational placement) had no reliability measurements reported. In addition, since only a subset of items of the ADOS and ADI-R were measured, the validity of these two assessments was compromised, since the initial strong validity of these assessment tools is based on the entire tests, not portions of them.

Due to the weak research methodology used by Gutstein, et al. (2007), the lack of fundamental research methodology and the existence of only one formal assessment of the effectiveness of this autism treatment, RDI should not be considered to be a treatment that has evidence of effectiveness. There is no existing research base for concluding that RDI has been proven to be effective. Thus, as with other treatments that have no valid effectiveness data, care providers should carefully consider whether RDI is appropriate to use. Researchers must begin to do well-designed research studies attempting to simply determine if RDI is causally related to any improvement of any measure related to autism. Hopefully such studies will be done to determine if RDI is effective. However, until that time, treatment providers and other caregivers would be advised to consider using other treatments that have a proven record of effectiveness (e.g., applied behavior analysis).

## References

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## **Clinical Corner:** How do I explain my decision to use science-based treatments for autism when friends and relatives often insist I try something new?

David Celiberti, Ph.D., BCBA-D
Pamela F. Colosimo, Ph.D.
Association for Science in Autism Treatment

In this issue, our first *Clinical Corner* response addresses how to explain decisions to use science-based treatments. Parents of individuals with autism have often expressed it can be difficult to explain their treatment decisions to family members or friends who encourage them to try fad therapies. Dr. David Celiberti and Dr. Pamela Colosimo provide helpful suggestions for parents who find themselves in such situations. We are also very pleased to bring you an explanation of “Verbal Behavior” by Dr. Tina Sidener. Parents may wonder what VB is, and how it relates to Applied Behavior Analysis (ABA). In her response, Dr. Sidener eloquently and clearly breaks down the VB approach as it pertains to understanding language and treating autism.
**Lori Bechner, M.A., BCBA SIAT *Clinical Corner* Coordinator**

When friends or acquaintances hear about our experiences with autism, quite often the first thing they ask is, “What is your opinion of vaccines?” Then, in many cases, that person asks if we have heard of or read anything about Jenny McCarthy and how she cured her son’s autism. The vaccine debate is an issue that lingers on, despite numerous scientific studies that find no evidence to support a link between vaccines and autism, and even in the face of the recent retraction of Andrew Wakefield’s article by the “Lancet” (a very rare occurrence by this highly reputable journal).

As American citizens, we respect any individual’s right to his or her own opinion, and specifically, for parents of children with autism to make decisions for their child regarding treatment. The late Senator Patrick Moynihan eloquently said, “Everyone is entitled to their own opinions, but not their own facts.” As scientists, we believe that objective data and evidence should guide treatment options for all diseases and disorders, and autism is no exception. It is simply a matter of fact that theories, hypotheses and individual experiences do not provide adequate information to guide treatment decisions.

Sadly, the controversies surrounding vaccines have detracted attention from the most important of conversations: How do we effectively help children who are *already* diagnosed with autism? Although applied behavior analysis is the treatment for autism that has the most empirical support, we are rarely ever asked our opinion of this therapy, or if it is effective.

Every few weeks or so, some "new" treatment (or "repackaging" of a known treatment) will gain the attention of consumers. In an ideal world, all treatment providers would make a commitment to science and evidence-based practices, and the media would make a commitment to responsible journalism. Until these ideals become reality, those who do understand science-based treatments should do what they can to inform and educate parents about the benefits of scientifically-validated treatment and the use of data to guide decision-making when assessing autism treatments.

Given the large numbers of television programs, newspaper articles and websites putting forth “miracle cures” and “breakthroughs,” it is not surprising that parents frequently receive advice and suggestions from extended family members, neighbors and co-workers, particularly after a news item is broadcasted, printed or otherwise disseminated. Many of these individuals have the best intentions and are eager to share what they believe is "cutting-edge" information about autism. In other cases, the advice is sometimes provided in a manner that comes across as critical of what you are choosing to do or not do for your child (i.e., there may be the implication that you may not be doing enough as a parent to help your child with autism).

If the information is offered by a more casual acquaintance, it may be best to simply thank him or her for their interest and concern and move on; however, such a strategy may not fare as well with individuals with whom you have a closer relationship. In these cases, you might consider sharing the following:

- There are dozens of "miracle cures" and “breakthroughs” for autism that manage to receive widespread media attention, even if they have not been proven effective.
- It is important to be critical of all available information, regardless of the source and to recognize that not all information on the Internet is reliable and accurate.
- There is a large body of scientific research published in peer-reviewed journals that supports the choices that you have made.
- Numerous task forces (some are listed at the end) have looked closely and objectively at the available research and have determined that the vast majority of autism treatments lack scientific support.
- Autism treatment is a multi-million dollar industry and many treatment proponents rely heavily on sensationalism and extraordinary claims to “sell” their products.
- Interventions that are actually shown to be the

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## Clinical Corner continued...

most effective often receive the least amount of media attention.

- For most other medical conditions, a provider that disregards proven intervention and uses a fringe treatment may actually be sued for malpractice (you may even consider drawing an analogy to a medical condition of particular interest to the person providing the advice).

Of course, you may also consider addressing this matter proactively. This would involve explaining your choices and commitment to science-based treatment to more significant family members and friends on your terms and at your convenience. It may helpful to view this discussion as a series of tiny conversations. You may even consider sharing links to websites such as www.asatonline.org, which will help your family members and friends separate the wheat from the chaff.

As we both serve on the board of the Association for Science and Autism Treatment (ASAT), this response would be incomplete without offering some of the valuable resources available through our organization. Many of you are already aware of ASAT's website, www.asatonline.org. We would like to draw your attention to a few components of the website that bear relevance to this discussion.

Summaries of Scientific Research on Interventions on Autism
http://www.asatonline.org/intervention/treatments_desc.htm
What is Evidence-Based Practice and Why Should We Care?
http://www.asatonline.org/intervention/articles/evidencebasedpractice.htm
Recommendations of Expert Panels and Government Task Forces
http://www.asatonline.org/intervention/recommendations.htm

As you know, this newsletter, Science in Autism Treatment, is a free publication. Please encourage your friends and family to sign up at www.asatonline.org/signup. It is our hope that this may help your friends and family better understand the role science should play in the treatment of autism, the importance of data in driving decision making and how to identify pseudoscience.

Some other helpful resources:
Interventions for Autism Spectrum Disorders: State of the evidence. (A collaboration of the Maine Department of Health and Human Services & the Maine Department of Education.)
www.muskie.usm.maine.edu/

Report of the MADSEC Autism Task Force (2000)
www.madsec.org/LinkClick.aspx?fileticket=YmikqkW4tFk%3d&tabid=81
New York State Department of Health Clinical Practice Guideline for Autism and Pervasive Developmental Disorders
www.health.state.ny.us/community/infants_children/early_intervention/disorders/autism/
National Professional Development Center's Evidence-Based Practices for Children and Youth with Autism Spectrum Disorders (ASD)
www.fpg.unc.edu/~autismPDC/resources/resources_public_ebp.cfm
Autism Watch
http://www.autism-watch.org/

## ASAT Committee Members

*In addition to our Advisory Board, a number of individuals lend their time and talents to support ASAT's mission and initiatives. As you can see, we have individuals who support each aspect of our organization. If you want to assist, please email us at info@asatonline.org*

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## Sweet Charity by Denise Grosberg, M.A.

When you pull into a Dairy Queen on a hot summer day, a few images ought to come to mind…a cold, creamy Blizzard, the delectable Buster Bar, a delicious waffle cone….autism treatment? The last one doesn't seem so obvious, but this has been the mission of Larry and Kathy Hannon, the owners of two Dairy Queens in Maine who blended their love of ice cream with their staunch support for evidence-based autism treatment.

Four years ago, the Hannon's world was turned upside down when their then 4-year old daughter was diagnosed with autism. Her prognosis was not good, they were told. Fortunately, their daughter was already enrolled in an inclusive preschool where they were introduced to a team of people (psychologist/BCBA, early interventionists, and a speech-language pathologist) who began science-based treatment in the form of Applied Behavior Analysis. The treatment package included the full array of behavior analytic teaching techniques, intensive one-on-one instruction, well coordinated related services, reverse mainstreaming, and carefully planned and executed shadowing in the classroom. Their daughter rapidly responded to treatment, and went from being a nonverbal child with difficult-to-manage behaviors to an interactive, fun-loving, smart and popular little girl in a matter of a couple of years. She just completed first grade and is included with her peers for most of the day. She is even reading and comprehending above her grade level! Her current team is discussing where and when her shadow support can be withdrawn.

During their journey with autism, the Hannon's had googled "science facts in autism" and discovered ASAT-an organization who, like Larry and Kathy, believes that parents and the general public need a place where they can find accurate, scientifically-based information about autism and treatment. In Larry's words, "I'm a realist- I believe in facts-but sometimes parents don't know if the information they find online is fact or fiction. This is why ASAT is such an important organization for the autism community." We could not agree more!

The Hannon family realizes that they were lucky to have been exposed to science-based treatment so early on in their journey with autism, but know that many families out there are not so lucky. Families may pursue a host of unsubstantiated treatments and "miracle cures" while never accessing science-based treatment. It was on this premise that Larry and Kathy became committed to giving back to ASAT, and spreading awareness about science-based treatment in their community. Soon their two DQ stores in Bangor and Old Town, Maine began fundraising via collection jars on their store counters, and shortly thereafter in their Drive-Thru window. In April 2010, for Autism Awareness month, the Hannons raised $449 just from donation icons *alone*! They set up tables displaying an array of information about autism and best practices. Professionals in the field began to encounter consumers who learned important information about autism treatment and when asked where they received such education, would report "At the Old Town Dairy Queen."

In a short amount of time, the Hannons were able to raise more than $1000 for ASAT with "little-to-no effort" as Kathy and Larry put it. "They provided us with the boxes, flyers and business cards; and we did some in-store advertising. It was simple! The response from our community has been tremendous, and the numbers of people interested in the cause have increased." Their incredible fund raising aside, ASAT experienced a huge spike in Central Maine area subscribers to our newsletter. Although Larry makes it sound as though we made it easy, our readers should know that this was the first fundraising of this nature ever undertaken by ASAT. Larry and Kathy coached us every step of the way. Their smart business sense, experience, and attention to detail were invaluable. Larry and Kathy continue to raise money for ASAT and have played a major role in encouraging other businesses to do the same. Their staff have been wonderful in supporting these fund raising efforts and sharing information about autism.

On July 14th, Larry and Kathy presented ASAT with a check for $2132.65.

We thank you, Larry and Kathy, for your incredible generosity, your commitment to science, and for inspiring your local community to give back! What you have done is incredible!

## Clinical Corner: What is "VB" ("Verbal Behavior")? Is it different from ABA, and does my child need it to learn language? Answered by Tina Sidener, Ph.D., BCBA-D (Caldwell College)

The term "verbal behavior" can be a confusing one, perhaps because it is used to mean several different things. Let's start with one use of this term…*Verbal Behavior*, the book. In 1957, B. F. Skinner wrote a book called *Verbal Behavior*, in which he introduced a controversial idea – that language is behavior! He used the term "verbal behavior" instead of "language" to make this point very clear. His book was not about treating people with autism at all, but some behavior analysts became very interested in Skinner's book and how it might apply to the way we go about teaching language to children with autism.

One of the most interesting things about Skinner's approach to language is the way he broke it down into different types based on the way they are learned. He called the different types of language "verbal operants" and gave them specific names. To look at this more closely, imagine someone asking a parent or teacher about Brandon's language skills by saying, "Does Brandon *have* (or *know*) the word "cookie"…does he know what "cookie" *means*?" The answer to this question is more complicated than it might seem! In terms of Skinner's approach to language as behavior, you would want to get more information about the specific situations in which Brandon shows that he knows what "cookie" means, like:

Asking for a cookie when he wants one (a "mand")
Telling someone else when he sees a cookie (a "tact")
Repeating "cookie" when someone else says, "cookie" (an "echoic")
Answering "cookie" in response to a question (an "intraverbal")
Pointing to a cookie when someone asks him to ("listener behavior")

That's a lot of different kinds of cookies! Some behavior analysts use Skinner's analysis of language because they think it helps them to better identify all the parts of "meaning." In other words, to teach all the "cookies" that a child needs to learn! Typically developing children may learn all of these "meanings" so quickly that it's not important to distinguish between them. However, some children with language delays may need to be taught each of these individually.

OK – that's just the term "verbal behavior." The term "verbal behavior program" means something a little bit different. But first consider this…as you navigate your way through the field of applied behavior analysis (ABA), I'm sure you will (or have already) discovered that no two programs are exactly alike. This is because 1) every child is different, and 2) every behavior analyst is different. *The characteristics ABA programs share are more important than their differences.* Programs that describe themselves as being based on ABA should be committed to using a scientific approach to understand why people do what they do, and help them make meaningful changes in their lives. Intervention programs for children with autism that are ABA-based will likely share these characteristics:

- Program is directed by professional(s) who are BCBAs, have graduate-level (ideally doctoral) training in ABA, and extensive experience in autism treatment
- All relevant types of skills are systematically taught
- Behaviors are analyzed and taught using the principles of learning
- Teachers pair themselves with preferred items and activities to make interactions reinforcing
- Data are collected on learner progress on a regular basis and are used to make decisions about mastery and to guide problem solving
- Research drives programs and teaching procedures
- Progress is measured in terms of observable behavior
- There are written protocols describing how programs are taught
- On-going, hands-on, systematic training is provided for teachers and therapists by a behavior analyst

Having said that, you may find that some ABA programs for children with autism have more of an emphasis on certain teaching and data collection techniques (for example, fluency training, discrete trial training, or activity schedules). Similarly, "verbal behavior programs" are ABA programs that tend to emphasize certain techniques, such as

- Ensuring that each of the verbal operants is carefully taught
- Giving careful attention to using reinforcement strategically and effectively including efforts to pair instructors with reinforcement
- Teaching manding at the beginning of programming
- Using signs to teach talking
- Using a pairing procedure to increase vocalizations
- Using a "cold probe" data collection system (data are collected on just the first trial of a skill every day)

Also know that many behavior analysts who run programs that others might call "verbal behavior programs" may not label them as such. They may just call what they do an ABA-based program. And no two "verbal behavior programs" will be the same.

So…what's the bottom line? Instead of looking for a certain type of program for your child, I'm inclined to recommend looking for a program that describes itself as thoroughly based in the principles and methods of ABA (not eclectic), is comprehensive, has excellent, ongoing staff training and supervision, and is supervised by individuals who have advanced training in ABA and extensive experience in autism treatment.

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Tina Sidener, Ph.D., BCBA-D is an Assistant Professor of Psychology at Caldwell College.

## Letter from Josh Pritchard, M.S., BCBA

Marhaba!

I'm writing this letter to you from the Middle East. Each time that I travel abroad, I'm reminded of the importance of ASAT's mission. Here in Jordan, autism is beginning to be diagnosed and recognized as a growing problem. Hospitals are creating centers for the diagnosis and treatment of children, specialized treatment centers are opening doors to provide early intervention, and graduates from specialized university programs are establishing a higher level of treatment.

In Jordan, their most valuable natural resource is their people. Because of this, they are one of the leaders in the Arab world in the provision of support to those with disabilities. This means there is likely going to be growth in resources allocated to help the population of newly-diagnosed children with autism in the near future. This also means that there is now a reason for treatments to pop up which are not based in science, and have no evidence of benefit for children with autism.

As David says in his letter, financial constraints should never impede access to accurate information, and in the areas in which resources are beginning to be made available, it is especially important that all consumers and decision makers have ready access to accurate information about treatment that has evidence behind its efficacy.

You can help us make sure this happens. As we have our first subscribers from Jordan, and more and more copies of our newsletter reach international communities, SIAT is helping further the goal to disseminate accurate information -- regardless of location or financial situation.

At the beginning of this year, we set a goal for new subscribers. It was a lofty goal, and we are still working hard toward it. We simply can't reach it without your help. We need you to help spread the word about the Science in Autism Treatment newsletter. You can do one of three things:

- Forward this newsletter and a link (www.asatonline.org/signup) so they can sign up to everyone you know that may be impacted by autism
- E-mail us at newsletter@asatonline.org with any ideas you have on how we can reach more subscribers
- Use the web to spread the word (facebook, twitter, etc.) – also, feel free to use our flyer available by clicking: http://www.asatonline.org/pdf/newsletter_ad.pdf

We are currently at 4691 subscribers, can you help us reach out to the other 1300 we need to hit our goal?

Yours in Science,

Josh Pritchard, M.S. BCBA
Co-editor of SIAT

## Interview with Kathleen Moran by Josh Pritchard, M.S., BCBA

*Kathleen Moran is a graduate student of Dr. Sharon Reeve at Caldwell College. She has been the author of the research reviews featured in ASAT's newsletters for the past year. Due to her contributions to our newsletter content, she was chosen for a brief interview to allow our readers to get to know her.*

**Kathleen, You have single-handedly provided over a dozen research reviews for the Science in Autism Treatment (SIAT) newsletter. We wanted to take a moment and get a glimpse at the person behind all of these pieces. Thank you for taking the time to do this interview with me.**
**I wanted to start out with a very general question: What is your current line of work, when you're not slaving away at reviews for SIAT?**

I currently work as a paraprofessional for children with autism in a public school setting. In our school we have five classrooms with approximately 5-6 kids in each, and we work 1:1 with the children throughout the day using the science of applied behavior analysis (ABA).

In addition to my work in the school, I provide a child with 10 hours of instruction in his home each week. During this time I teach the child how to work and play independently. We focus on playing outside, joining his grandmother in the community, playing with siblings, how to make a snack, numerous self-help skills, and how to engage with various activities in the house.

During the school year, a fellow co-worker and I also teach a "mini-unit" (an after-school program) which is open to the entire school. We encourage parents of the children at our school to enroll their kids in the program to allow them more opportunities to socialize with other kids and learn new skills. We are thrilled to find that half of the participants in our mini-unit are students from our ABA program.

**Wow – that sounds like you keep busy providing science-based treatment! Other than your job and similar work, what occupies your time?**

Outside of work: I am enrolled in a program to earn my Master's degree in Applied Behavior Analysis and a certificate in Gerontology at Caldwell College in New Jersey. I am also planning to obtain another Master's in Speech and Language Pathology and eventually pursue my Ph.D. I would love to work with both the younger and older populations.

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## Interview with Moran continued...

I belong to several organizations related to autism and the field of behavior analysis such as New Jersey ABA (NJABA), Association for Behavior Analysis: International (ABAI), and ABAI's Autism Special Interest Group. In addition to science-based treatment for autism, I'm also interested in gerontology, and so am a member of ABAI's Behavioral Gerontology special interest group.

I am also a member of a group that runs in half-marathons to raise awareness of, and money for, autism research.

**It sounds as if you keep yourself busy enough for two people. I hope you are keeping a few moments a day for fun and relaxation.**

Most of my time outside of work is concentrated on school work and article reviews, but in my spare time I enjoying reading, jogging, biking, exploring new adventures, working on my house, tea outings, rock climbing, and time with family and friends.

**It is clear that you are very interested in autism and using science-based treatment for it. When did you first learn about autism, and how did you get so involved in the treatment of it?**

My first encounter with autism was during my undergraduate years through reading, research, and a personal circumstance. My undergraduate degree was advised by one of the Caldwell College professors who also happens to be a prominent member of the Applied Behavior Analysis field. It was due to his influence, and that of my colleagues at Caldwell College, which steered me in the direction of ABA and children with autism.

**Well, lucky for us that you happened to be at the right place with the right person. Could you tell us a little bit more about what you might consider the defining moment the point at which you knew you would choose a career in autism?**

Well, I always knew that I wanted to work with children. When I began working with adolescents with autism, I still hadn't found my niche. It was after I began working in our school program and younger population that I knew this was where I was meant to be. Working with these 8 year-old children was amazing. The fact that I was able to teach them new skills as well as advance their academic and functional repertoires was instantly attractive. Not only was I constantly developing these children's social, functional, and academic skills; but I was also able to help with the production of speech and language! It wasn't long after I began working with this younger age group before I knew that this was what I wanted to do.

**Other than your career choice, have these experiences affected your life in any major ways?**

Yes, studying applied behavior analysis and my experience working with children with autism has greatly affected my life. It has allowed me to expand my program development skills and enabled me to learn how to best teach children skills that we may take for granted. During my research and work, I learned components which seemed to have a way of somehow helping me in everyday life.

When I first began working in this field I knew it was where I was meant

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**Interview with Moran continued...**

to be. My fellow professionals are full of so much knowledge and experience. The individuals with autism whom I serve are amazing people. I thoroughly enjoy what I do and I hope I can expand it into different areas which have yet to reap the rewards of the science of applied behavior analysis.

**You indicate that we teach skills that others take for granted...could you tell us a few of these kind of things do we take for granted? How do you teach them?**

While working with the younger population for the past two years, I've taken great pride in what we do and what we have taught. On a daily basis we teach children to brush their teeth, use the bathroom, write their names, use language to request items, identify colors and emotions, read, and many other basic skills that many just seem to acquire naturally. Most people learn most of these skills without direct intervention by five years of age, if not earlier! For some of the children I am teaching, they are working on them at ages 8, 9, and 10.

I think it is important for people to know how hard these kids work to improve skills, and how rewarding it is for themselves and their families when it finally happens.

> "I think it is important for people to know how hard these kids work to improve skills, and how rewarding it is for themselves and their families when it finally happens."

Let's look at tooth brushing, for instance. We are teaching one child to brush his teeth who has had help from mom and dad for the past nine years. Both in school and at home, we are using a picture schedule and prompt fading techniques to teach him to brush his teeth independently. I watched this child grow from requiring the help of another individual to brushing his teeth with almost complete independence. I can't describe how rewarding an experience this is. Each time he finished this task, he turned to me with a big smile on his face and a little laugh. At the end of the day, I know that not only did I help him learn a new skill needed for quality of life, but I also helped his family.

**Wow – that's powerful stuff. To think, some people refer to their job as the daily grind – it sounds like you find yours as invigorating as a cup of joe! Hopefully most of our readers have experienced similar situations with science-based autism treatment. Often, people I have met who are so interested in the field of autism treatment became involved because they have a person close to them who is affected by this disorder. Is that the case for you?**

I do have a family member who is affected by autism. My brother was diagnosed with Asperger Syndrome late in life. Unfortunately he wasn't diagnosed until high school, but since then my family and I have been supporting and helping him in all he does. Based on experiences with my brother, I realize that if he had been able to receive intervention earlier, there are parts of his life that might have been enhanced.

Although he is currently 23 years old, I still work to improve his skills and daily options (in a sister/family-oriented way). Growing up with my brother, I knew there was something different, but autism diagnosis and treatment had not yet advanced to the point it is today. This experience has only taught me and reinforced my standing that early intervention provides the best and most successful outcome for children who are diagnosed with an autism spectrum disorder.

**How did you get involved with ASAT and the newsletter?**

During my second year of graduate school, I knew that I wanted to do more than just earn a degree and work with children each day. I wanted to expand my knowledge and do more research, writing, and helping others understand articles that might be too complex (contain too much scientific wording) for everyday consumers.

I applied for a graduate assistant position, and was then assigned to work with Dr. Sharon Reeve. Thanks to her help and guidance, I was able to review articles and work with other professionals in the field on the article reviews, including Drs. Robert LaRue and Tristram Smith.

I feel very privileged and honored to have the opportunity to do such work and thoroughly enjoy it. I can't wait to do more work with Dr. Sharon Reeve- she is an amazing professor and scientist. She has an extraordinary amount of experience from which I look forward to learning more.

**It sounds as if Sharon Reeve has been critical in your professional development– could you tell me more specifically how she's helped you?**

For the past year I have worked with Dr. Reeve to review and summarize articles; it has been an honor. She has helped me to understand some underlying concepts which I had trouble with initially. During this time, she showed me that it is not about the technical jargon, but rather about helping parents and educators understand how to educate our children. Each time I submitted a piece to her, she approached my revisions from a positive feedback model, which in turn motivated me to do more. Not only was she there to help with my writing and reviewing of articles, but she consulted with me at work. For over six months, she provided direct training to one of our students.

Because of this experience, I have been able to work with more confidence and use different teaching procedures that I had not tried before. When I ask for her help, she is willing to provide it unconditionally and with positive feedback. During work and class, she does an exceptional job of training staff. She has the unique ability to make staff and students feel that they are doing something that is

*(Continued on page 10)*

## Interview with Moran continued...

**both important and accomplished. Thank you so much for all your time. I have one question before you go: How do you feel about being one of the most prolific authors in the past year of SIAT? What do you hope to accomplish with all these research summaries in our newsletter and on our website?**

It is an honor to have the opportunity to do this work and I look forward to every minute of it. Not only am I helping others in the field, but I can bring what I learn to bear on the treatment of the children I work with. Just knowing that I was a part of something that helps others is a most satisfying feeling. I owe all my thanks to Caldwell College and to Dr. Reeve for trusting me with the opportunity to expand my writing and research abilities in the field.

The goal with these research summaries is to have educators, families, and the public understand the different teaching procedures that we use with children with autism. It is important that people outside of the applied behavior analytic field also understand what is important for children with autism to succeed. I hope to make clear the best teaching methods and educational programs.

> **"If one parent or educator walks away from reading a review and helps a child get the science-based services he or she needs, it is one more child that is being helped than before."**

Autism treatment is a growing field with many people proposing different therapies and theories on what might be the best options for the children. My summaries offer peer-reviewed evidence that people can rely on to help in their own investigation of treatment options.

Some professional articles use technical terminology that is difficult for nonprofessionals to understand or decipher. It is my goal that these article reviews break down the terminology so it is easier to understand and people can access that which our field offers.

If one parent or educator walks away from reading a review and helps a child get the science-based services he or she needs, it is one more child that is being helped than before.

**Exactly!**

**Well, I can tell you – it has been an honor for us too. We are very lucky to have you and your contributions. Thank you for all that you do to help make the research in the science of autism treatment easily accessible. to anybody who has an interest. I look forward to your continued contributions.**

*To our readers: In addition to their appearance in the SIAT newsletter, the research synopses are also posted in the Resources section of*

## Research Review: Teaching Children with Autism to Respond to Joint Attention Initiations

Martins, M. P., & Harris, S. L. (2006). Teaching children with autism to respond to joint attention initiations. *Child & Family Behavior Therapy, 28*, 51-68. 949-51. **Reviewed by Kathleen Moran, M.A., Caldwell College**

### Why research this topic?

Joint attention involves initiating or responding to nonverbal, social cues to direct the attention of an individual in order to share the experience of an object or event—a skill that is critical in the development of language, back-and-forth interactions with others, imitation, play, and eye contact. Deficits in joint attention are one of the earliest indicators of autism and may be a primary reason for their lifelong difficulties in communication and social interaction. The goal of the current study was to see if joint attention could be taught to children with autism.

### What did the researcher do?

Three preschool-age children (age 3 to 4) with autism participated in the current study. In the first stage of the intervention, the teacher called the child's name, turned her head toward an object, touched the object with her pointer finger, and said, "Look!" In the second phase, the teacher merely gestured toward the object instead of touching it. Subsequently, the teacher systematically faded out the pointing gesture and the request to look, so that eventually the participant would respond when the teacher only called the child's name and looked in the direction of the object. Every time the participants responded correctly, they received tangible objects such as preferred toys. The intervention was started at different points in the study for different participants to assess whether it improved joint attention regardless of when it began. After participants completed the intervention, teachers stopped giving tangible objects to participants as an incentive for correct responding in order to test whether participants would still display joint attention. Participants were also placed in other settings with other adults to see whether they demonstrated joint attention in different situations. In addition, they were observed to find out whether, having learned to respond to joint attention, they would begin to initiate joint attention more often on their own.

### What did the research find?

The intervention was successful in teaching joint attention skills to the children with autism in the study, and the children continued to engage in joint attention even after they stopped receiving tangible incentives for doing so and even when they were observed in different situations. However, their rate of initiating joint attention did not change.

### What are the strengths and limitations of the study? What do results mean?

This study supports the use of behavioral intervention to teach learners with autism to respond to joint attention. However, children continued to have difficulties with initiation of joint attention, suggesting that different interventions may be required for that skill. Additional research needs to be done to see if learning to respond to joint attention leads to more general improvements in communication and social interaction.

## Research Review: Change in autism core symptoms with intervention

Zachor, D. A., Ben-Itzchak, E., Rabinovich, A. L., & Lahat, E. (2007). Change in autism core symptoms with intervention. *Research in Autism Spectrum Disorders, 1*, 304-317. **Reviewed by Kathleen Moran, M.A., Caldwell College**

Why research this topic?

Both parents and therapists are forced to consider many different treatments for a child with autism, and finding the right one may be critical. This study compared two treatment approaches: Applied Behavior Analysis (ABA) and the Eclectic-Developmental (ED) approach. The ABA approach used in the investigation involved 35 hours per week of intervention that focused on one-to-one teaching in small steps, using repeated opportunities and systematic reinforcement, with the aim of addressing the main deficits in autism. ED was based primarily on developmental interventions such as the Developmental Individual-Difference Relationship (DIR) and focused on teaching imitation and social skills. It also included a variety of other individual therapies (speech, occupational, etc.) and small group instruction. The amount of intervention varied across children in ED.

What did the researcher do?

Thirty-nine preschool-age children with autism participated in the current study, including 19 in ED and 20 in ABA. Children were tested on measures of cognitive ability and autism severity when they entered the study and again after one year of treatment.

What did the researchers find?

Although there were no significant differences between the groups prior to intervention, there were major differences after treatment: the ABA group made greater gains in cognitive ability and reductions in autism severity than the ED group. This pattern was found both for children who were higher functioning at pretreatment (IQ above 80) and those who were lower functioning at pretreatment (IQ below 80).

What are the strengths and limitations of the study? What do the results mean?

Changes in cognitive ability and autism symptoms were more apparent with ABA treatment then ED. Although many previous studies have shown that early intensive ABA improves cognitive skills, this was one of the first to show that this intervention also reduces autism severity. The study also confirms findings from previous studies indicating that ABA may produce more improvement than eclectic approaches. However, the study had a number of limitations. For example, cognitive ability was assessed for only some children in the study. Also, the amount of intervention in the ED group was not clearly specified but was probably less than in the ABA group.

Following up on our Joint Attention theme in the last issue, the first article (Martins and Harris, 2006) outlines a successful strategy to teach children with autism joint attention that is described as two people sharing attention with an event or object. The next two articles compared several different treatment approaches on various outcome measures, such as educational achievement and adaptive behavior. These comparisons consisted of ABA and an eclectic approach (Zachor, Ben-Itzchak, Rabinovich, & Lahat, 2007) and ABA, a nursery school program, and a low intensity home program (Reed, Osborne & Corness, 2007). Both studies showed better outcomes on most measures with the ABA-based programs. **Sharon A. Reeve, Ph.D., BCBA-D, SIAT Research Corner Coordinator**

## Research Review: Real-World Effectiveness of Early Teaching Interventions for Children with Autism

Reed, P., Osborne, L. A., & Corness, M. (2007). The real-world effectiveness of early teaching interventions for children with autism spectrum disorder. *Exceptional Children*, *73*, 417-433. **Reviewed by Kathleen Moran, M.A., Caldwell College**

Why research this topic?

Although many educational programs have been developed for children with autism, few studies have compared the effects of different programs. This study examined outcomes for children with autism in three community-based programs in the United Kingdom: a special nursery program, portage (home visits to conduct play sessions with the child and provide training to parents), and applied behavior analysis (ABA).

What did the researcher do?

Fifty-three children with autism between the age of 2 and 4 years old entered one of the three programs, depending on what was available in their area. Children receiving ABA treatment received about 30 hours a week under trained supervisors who were Board Certified Behavior Analysts (BCBA). Sessions were 2-3 hours in length and took place in the home using one-to-one teaching. In the special nursery program, children attended a class of six to eight children taught by specialist in special education. Most teaching was done in small groups and the average amount of treatment hours per week was 13. Portage was a low intensity program that involved teaching sessions with the child in the home for 40-60 minutes per day and parent training sessions weekly or every other week.

What did the researcher find?

After eight months of service, students who received ABA had significantly larger gains in educational achievement than students in the other two groups and significantly outperformed the portage group (though not the special nursery group) on measures of intellectual functioning and adaptive behavior. Students in the portage group did not show gains on any measure and had the least favorable outcomes overall.

What are the limitations and strengths of the study? What do the results mean?

This study showed that ABA was particularly effective for teaching educational skills and that both ABA and special nursery classes had a greater impact on intellectual and adaptive functioning than portage. The biggest limitation is that groups were not randomly assigned. The study also did not focus on how well the interventions were delivered or what aspects of the programs were responsible for the children's improvement. Overall, however, the study provides important information about the comparative effects of different educational programs.

# Consumer Corner: How to Obtain Health Insurance Coverage for ASD Therapies Under New Jersey Law by Jodi F. Bouer, Esq.

**Kate Fiske, Ph.D., BCBA-D, SIAT *Consumer Corner* Coordinator**
While many parents and professionals have heard that the Autism Insurance Bill will provide beneficial changes to the coverage for autism treatment, some may have difficulty interpreting and making use of the new law. In this installation of *Consumer Corner*, Jodi Bouer details how families can maximize the benefits they receive under the Autism Insurance Bill, as well as from the previously enacted New Jersey Mental Health Parity Act.

As a New Jersey law firm that specializes in representing policyholders seeking health insurance coverage, we have been asked to draft the following practical guide on how to use New Jersey law to obtain health insurance coverage for children in this state who need autism-related therapies. This guide also contains many tips which can be used by insureds and families with children on the autism spectrum that do not enjoy the right to coverage under New Jersey law.

## A. The New Jersey Autism Insurance Bill

Many families in New Jersey with children on the autism spectrum have long been hoping to tap into the health insurance coverage promised by the Autism Insurance Bill that was signed into law in the summer of 2009. According to Autism Votes, some form of this bill has been passed in 15 states throughout the country and is pending in another 20 states.

To determine if the Autism Insurance Bill will apply to your insurance policy, you first need to call your insurer and/or employer to determine whether your policy is state regulated or an ERISA/federally-regulated insurance plan. This is important because the bill only applies to state-regulated insurance policies.

If you have a state-regulated policy, the Autism Insurance Bill:

- Prohibits the denial of coverage on the basis that therapy is not restorative.
- Requires screening and diagnosis of autism and other developmental disabilities.
- Requires coverage for expenses incurred for medically necessary occupational, physical and speech therapy:
    - As prescribed through a treatment plan
    - When a covered person's primary diagnosis is autism or other developmental disabilities
    - Requires a "maximum benefit amount" of $36,000 in coverage for expenses incurred for medically-necessary behavioral interventions based on the principles of ABA and related structured behavioral programs
    - When a person is under 21 years old, and
    - The primary diagnosis is autism and therapy is prescribed through a treatment plan

A bulletin (No. 10-02) was issued by the New Jersey Department of Insurance ("DOBI") that clarifies these and other issues.

Most importantly, under the Federal Mental Health Parity law, DOBI notes in the bulletin that state-regulated group health insurers (not individual insurers) are generally prohibited from including more restrictive benefits and services for the treatment of mental illness than provided for under other medical provisions in an insurance plan. Thus, DOBI concludes that under the Federal Mental Health Parity Act, group health insurers generally have to cover ABA therapy as required by the Autism Insurance Bill but may not apply the $36,000 ABA limit to ABA claims because no such limit is likely to apply to medical benefits in such plans.

A few other questions have cropped up about the Autism Insurance Bill, such as: 1) When will it go into effect, and 2) Which diagnoses on the autism spectrum will enjoy the benefit of the bill's ABA coverage requirement?

First, the bulletin states that the bill will be implied into insurance plans that renew on or after **February 9, 2010.** Thus, if your health plan renews **before** that date, the bill will not be implied into your insurance policy until it renews the next policy year or unless your insurer voluntarily agrees to imply the terms of the Autism Insurance Bill into your insurance policy, regardless of the fact that your policy renews after February 9, 2010 (we have clients with such policies). A call to your insurer should clarify whether the bill applies to your plan regardless of when your plan renews.

Second, the bulletin requires insurers to apply the new bill's statutory requirement to several conditions classified as Pervasive Development Disorder in the Diagnostic and Statistical Manual of Mental Health Disorders, Fourth Edition -- which are given an ICD-9 diagnostic 299 code. Thus, the ABA requirements of the new bill apply to autistic disorder, Asperger's Disorder and PDD-NOS.

The bulletin specifically exempts children diagnosed with Rett's disorder or childhood disintegration disorder from the definition of autism and therefore, allows insurers to deny coverage for ABA therapy for children with these conditions. DOBI directs insurers to consider whether these diagnoses fall within the definition of a developmental disability as defined by New Jersey statute N.J.S.A. 30:6D-3 so that these children might still enjoy the benefits of speech, occupational and physical therapies required by the new bill. Again, a call to your insurer should clarify whether your child should fall within the bill's definition of autistic or developmentally disabled.

The bulletin also addresses a very significant issue that has cropped up in many of ASD insurance coverage cases handled by this firm over the past year (and which has been reported throughout the country).

Although insurers in New Jersey often recognize a coverage obligation for ABA therapy either under the New Jersey Mental Health Parity Act (discussed below) or because it is really almost

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impossible for them to assert that such treatment is experimental given the general acceptance in the medical community and by many state legislatures, insurers often attempt to overcome their obligation to cover ABA therapy by asserting that insurers are not required to cover therapy provided by unlicensed providers. New Jersey, like many other states, does not have a licensing requirement for ABA providers. Thus, many insurers impose a licensing requirement that does not exist in order to circumvent their obligation to provide health insurance coverage to children on the autism spectrum.

DOBI closed the door on this argument under the Autism Insurance Bill in the bulletin when it stated:

> The DOBI is also aware that most states, including New Jersey, have no professional license for ABA practitioners. There are, however, voluntary credentials that practitioners of ABA may obtain through the national Behavior Analyst Certification Board upon satisfaction of one or more very robust sets of standards. The DOBI does not construe [the new bill] as requiring carriers to pay for services for the treatment of autism without regard to practitioner qualifications. Consequently, the DOBI believes carriers should consider behavioral interventions based on ABA and related structured behavior program services eligible for benefits if administered directly by or under the <u>direct supervision</u> of an individual who is credentialed by the national Behavior Analyst Certification Board as either:
>
> a Board Certified Behavior Analyst – Doctoral (BCBA-D); or
>
> a Board Certified Behavior Analyst (BCBA). Bulletin No. 10-02 (emphasis added).

Up for grabs is what DOBI meant by the term "direct supervision." Insurers are already attempting to narrow their obligations by asserting that a BCBA has to be the first layer of supervision over the therapists and shadows working directly with the children in the field. For some ABA providers, this type of supervision may be hard or impossible to provide because they do not have enough BCBAs on staff. ABA providers should start to beef up their staffs with BCBAs. Insureds should broadly query about specific insurer requirements, provide this information to their providers and then the providers may have to be creative in restructuring their programming and billing practices by adding additional layers of supervision in order to help their clients maximize coverage reimbursements.

Significantly, if the Autism Insurance Bill will not apply to your policy until it renews, you are still faced with the argument that your provider is not licensed and therefore your insurer has no obligation to cover your child's ABA therapy.

If you are a New Jersey resident, you can respond to that under the New Jersey Mental Health Parity Act (see below) this issue was squarely addressed by the New Jersey Supreme Court in *Micheletti v. State Healthcare Benefits Commission*, 192 N.J. 588 (2007) (ordering payment of speech, physical, occupational and behavioral therapy). The oral argument before the Supreme Court indicates that the insurer attempted to overcome an Appellate Court ruling that it pay for the insured's ABA therapy by asserting that the therapist was an unlicensed BCBA. The Supreme Court would have none of this argument and, in fact, ordered the insurer to pay the claim regardless of the lack of license.

If New Jersey law does not apply to your insurance policy, review the policy language carefully to poke holes in your insurer's assertion that only licensed practitioners may provide ABA therapy. This firm has reviewed many insurance policies that do not clearly require the provision of all services by licensed practitioners. Make sure that your insurance policy states in clear and concise terms that the policy only covers services provided by licensed practitioners and if not, assert that the policy is ambiguous and should be construed in favor of coverage.

Finally, in order to get around a licensing requirement, you should see if it is possible for your ABA provider to associate with a licensed provider such as a medical doctor or a licensed psychologist, psychiatrist or social worker. Health insurance policies generally define licensed practitioners to include these professions. Once your ABA provider associates with a licensed practitioner, the basis of your insurer's denial no longer exists.

### B. <u>The New Jersey Mental Health Parity Act</u>

As explained above, the Autism Insurance Bill is not applicable to all state-regulated insurance policies at this time (only those that renew on after February 9, 2010) so some insureds still have to rely upon the statute that predated the bill, the New Jersey Mental Health Parity Act (the "Parity Act").

The Parity Act is mighty weapon, unique to New Jersey, that can be used by insureds to obtain coverage for the therapies needed by ASD children. This statute also only applies to state regulated insurance policies. It requires insurers to provide "coverage for biologically-based mental illness under the same terms and condition provided for any other sickness under the contract." N.J.S.A. 17:48-6v. The Parity Act defines biologically-based mental illness to mean: a mental or nervous condition that is caused by a biological disorder of the brain and results in a clinically-significant or psychological syndrome or pattern that substantially limits the functioning of the person with the illness, <u>including but not limited to pervasive development disorder</u>. The same "terms and conditions" is defined to mean that insurers cannot apply different copayments, deductibles or benefit or visit limits, preauthorization requirements to biologically-based mental health benefits than those applied to other medical or surgical benefits. See e.g. N.J.S.A. 11:4-57.3.

Under the Parity Act, insurers cannot deny coverage because:

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- The illness is chronic
- Medically necessary therapy is long-term
- Medically necessary therapy is not restorative
- The illness involves behavioral problems
- The illness is otherwise defined as a developmental or learning disability/delay
- A defined period of time has elapsed from date of injury or onset of illness

See N.J.A.C. 11:4-57.3

Even more promising for insureds in New Jersey is the fact that case law interpreting the Parity Act bars insurers from denying coverage on the basis of the:

- Non-Restorative Exclusion
- Developmental Disability Exclusion and
- Educational Exclusion.

See *Micheletti v. State Healthcare Benefits Commission*, 389 N.J. Super. 510 (App. Div. 2007) (barring reliance on non-restorative exclusion); *Markiewicz v. State Healthcare Benefits Commission*, 390 N.J. Super. 289-99 (App. Div. 2007) (barring reliance on developmental disability and educational exclusions).

The courts in New Jersey further bar insurers from denying coverage for the medically necessary therapies used to treat ASD, such as speech, occupational and physical therapy, and have extended that coverage obligation to ABA therapy. The Appellate Division reasons that to "allow carriers to exclude the primary mode of treatment for autism and pervasive development disorder ... would render the statutory directive" in the Mental Health Parity Law meaningless.

Thus, as indicated above, under the Parity Act, the New Jersey Supreme Court has required an insured be reimbursed for ABA therapy even though the provider, a BCBA, was not a licensed provider in the state of New Jersey. *Micheletti v. State Healthcare Benefits Commission*, 192 N.J. 588 (2007) (ordering payment of speech, physical, occupational and behavioral therapy).

Taking things a step further, Administrative Code interpreting the Parity Act requires insurers to apply the Act's benefit limits only "if those benefit limits ... are applicable to treatments of physical illnesses" N.J.A.C. 11:4-57.3 (b). This requirement is stupendous! ABA therapy is only provided to children on the autism spectrum and not to those insureds suffering from any other medical conditions. Thus, under the Parity Act which predates the Autism Insurance Bill, arguably insurers cannot limit the amount of ABA therapy covered under their respective provisions because the insurers cannot limit this therapy in relationship to other medical conditions, generally.

In fact, as a law firm representing many families with ASD children, we have been resoundingly successful in getting insurers to admit to this unlimited obligation under the Parity Act. The Autism Insurance Bill, in contrast, reads a $36,000 limit into state regulated policies, which essentially cuts back on the coverage required by the Parity Act.

Thus, we encourage you to make your ABA claims timely. You may find out that you had unlimited coverage this past year; money which, if reimbursed, can be used to supplement your child's services when coverage decreases to $36,000 under the Autism Insurance Bill.

### C. Insurance Plans Regulated By ERISA/Federal Law

Do not despair if your insurance plan is governed by federal and not state law. ERISA is a federal law that allows employers to step outside of state insurance law to draft, fund, administer (and purchase) insurance plans for their employees, such insurance plans do not have to comply with state insurance law. Generally speaking, ERISA allows employers to make coverage determinations which are only overturned if arbitrary and capricious. Insurers like to assert that this standard is almost insurmountable – rest assured, IT IS NOT. The arbitrary and capricious standard can be overcome, especially when there are procedural anomalies, a conflict of interest or vague and ambiguous language in plan documents which do not adequately inform employees of their right to coverage and the obligations of the parties.

Under ERISA, if your plan has any ambiguities, coverage will be interpreted in your favor. Federal law is currently in a great state of flux on the issue of compelling insurers country-wide to cover autism-related therapies and at least by 2014, or even sooner, may restrict the

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## Consumer Corner continued...

application of annual limits on autism-related therapies. By the time you make your claims, coverage under federal health care reform act may be securely amended to require your insurer to provide your child with some coverage for his or her autism-related therapies. Your employer's plan may also be constrained by the Federal Mental Health Parity Act which prohibits insurers that cover mental illness from limiting coverage benefits for ABA or other therapies when such limits do not apply to other medical conditions. As such, we strongly encourage you to make these claims as soon as possible to avoid limiting your reimbursement opportunity for failure to timely make your claims.

### D. How To Argue for Coverage and Win Regardless of Whether State or Federal Law Applies to Your Insurance Policy

Whether you have a state-regulated or an ERISA/federal plan, the following analysis applies to combat any denials of coverage.

First, you should call your insurer and check your time limit to make claims, and get your ABA therapy claims filed with your insurer within that time frame. Advise your insurer of your child's diagnosis and treatment plan and inquire about whether the relevant therapy is covered, any limits, exclusions etc.

Second, you should obtain a copy of your insurance policy and confirm what you were advised. Determine:

- Annual and aggregate limits
- Deductibles
- Cost share
- Exclusionary language
- Out-of-network coverage
- Number of visits allowed
- Maximum days of coverage

If your policy has a maximum limit per diagnosis, use as many diagnoses as you can, in turn, until you have maximized your coverage obligation for that diagnosis and then move on to the next diagnosis and make your claims thereunder. If the number of diagnoses is not relevant, find out which one is covered for the therapy you need and then simply use that one diagnosis.

Third, when your insurer inevitably attempts to deny coverage, scrutinize the language in your insurance policy carefully. Whenever possible, argue that:

- Your insuring agreement should be construed broadly in favor of covering ABA and any other medically-necessary treatment for ASD
- Ambiguities in the policy should be construed in favor of coverage
- Exclusionary language is construed narrowly, in favor of coverage
- Procedural anomalies occurred which indicate your insurer is singling your child out to deny coverage not because the therapy is not covered, but rather because the insurer simply doesn't want to pay for the therapy at issue
- The insurer failed to comply with state or federal law or code
- The insurer failed to comply with policy terms and limitations
- Treatment is a medical necessity and appropriate, not experimental – insurers can no longer argue in New Jersey that ABA therapy is experimental because both the New Jersey Supreme Court and the state legislature has deemed the therapy medically necessary and appropriate to treat ASD.
- Medical files show past and expected progress and continuing need, and
- Proper coding was used by your therapist

Finally, don't give up hope! Make your claims and appeals timely or they will be forever barred! And please, unless you are certain that no coverage exists, appeal all denials of coverage. When in need, reach out to insurance advocates for support. In our practice, we continually are confronted by insurance companies who count on the fact that you are so overwhelmed by your child's illness that you will likely not appeal a denial of coverage, however erroneous, ill-conceived or contrary to law. Often a call to your insurer to clarify issues, resubmitting the claims or providing supporting information is sufficient to overcome a denial of a claims or a preauthorization request. Appeals are time-consuming to prepare but worth the effort when you consider that your child's progress and your family's financial well-being are at stake.

Disclaimer: The above is a general summary of the law. It does not address the provisions and exclusions in your insurance policy including, but not limited to, the timing in which your claims must be made or will otherwise be barred, preauthorization requirements which may limit or otherwise bar your coverage, or medical necessity which is required to invoke insurance coverage under most insurance plans. To determine your obligations and the obligations of your insurer, you should review your policy, consult your insurance agent or broker, consult counsel and make your claims accordingly.

An attorney-client relationship is not created by the provision of this summary. The Law Office of Jodi F. Bouer, LLC, 84 Hardy Dr., Princeton New Jersey, 08540. Phone: 609-924-3990; Fax: 609-964-1776.

**Autism treatment decisions should be guided by evidence-based practices. For more information, read: http://www.asatonline.org/intervention/articles/evidencebasedpractice.htm**

## Facilitate That: Interview with Dr. James Todd Part 2 by David Celiberti, Ph.D. BCBA-D

**We have received wonderful feedback on the first part of our interview which was featured in the Spring 2010 issue of this newsletter. I am grateful for your willingness to respond to a few more questions that are less relevant to facilitated communication and more related to how we can address the proliferation of pseudoscience in general within the autism community. It clearly takes a village to counter the influences of pseudoscience.**

**Given the significant impact that pseudoscience has had on our field, what should ABA organizations do to better address this issue? In your view, what are they not doing?**

We should start with the working assumption that pseudoscience flourishes in a vacuum. It is a creature of opportunity. If there is something better than the pseudoscience, and people can see it, the pseudoscience will wither and die. We also need to remember that bad science drives out good. You will not be able to sustain high scientific standards after you become willing to endorse autism interventions based on the most marginal evidence, or, after you succumb to *empirical fatigue,* when you actually believe that any treatment claim must be accepted by default until there is direct experimental evidence against it. Under those circumstances, why would anyone who has a treatment to sell, bogus or not, risk subjecting their stuff to experimental test? Thus, if those who promote science-based solutions could do anything, they need to show to non-scientists that what they have is better than what is claimed on behalf of the pseudoscientific alternatives. At the organizational level, they must avoid the *situational empiricism* that often besets specialty organizations when they discover that diminished and selectively applied scientific standards often result in a a larger membership and expanded influence. How do you know when empirical fatigue has set in? It's when you resign yourself to asking, "What could it hurt?" instead of "Why not the best?"

But we can't just say it. As good as our data are, just throwing them out there won't convince very many people. People need to see in clear and tangible ways that evidence-based practices are better. Popularization is necessary. Unfortunately, most of us are no good at engaging the public. Our talent lies in speaking to the single-digit percentages of people who actually enjoy things like a 50-minute lecture on the relative merits of no-prompts and errorless procedures. And, for its part, the public is not all that interested in the technical details of what we do. Thus, we need to recruit celebrities willing to become knowledgeable and serve as spokespeople, establish some good media contacts who will call us for sound bites, develop strong relationships with wealthy science-favoring foundations, find people among us who can speak and write for the general audience, and develop some memorable hooks. A big group read of Dale Carnegie's *How To Win Friends and Influence People* probably wouldn't hurt. We need to be attractive, fun, interesting, and credible from the outset. We need to lead with our results, not our technology.

Consider this. Skinner published "How to Teach Animals" in 1951 in *Scientific American*. Everyone wants to teach his or her dog a trick, and that's an audience of millions. But Skinner led with his technology. It took almost 40 years for

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reinforcement-based animal training to become the norm. If it hadn't been for things like Karen Pryor's popularization efforts, reinforcement-based training procedures would still be called "experimental animal training." The name "Clicker Training" is genius. Because of it, we see clickers for sale by the cash register in all the big pet stores.

The historian John Burnham, the same John Burnham mentioned in my earlier interview, reminds us that classical behaviorism was little more than an academic curiosity until Watson published his 1919 popular book, *Psychology from the Standpoint of a Behaviorist*. Our version of behavior analysis is not dominant right now because of Skinner's *The Behavior of Organisms (1938)*, which historian Terry Knapp (1995) reminds us originally sold only a few hundred copies. *Walden Two (1948)*, *Science and Human Behavior (1953)*, and *Beyond Freedom and Dignity (1971)*, each written for the general audience, were the catalysts for that. ABA might be a much smaller dot on the autism map but for *Let Me Hear Your Voice,* which provided an opportunity for the public to learn about behavior analysis, perhaps for the very first time.

Technical exposés of bogus treatments and theories are not the way to go with the public, except maybe the science nerds. You certainly do not convert the rank-and-file with that approach--essentially telling them they're wrong. Try it as an experiment. See what happens. Reactivity is a real behavior, and a highly probable one. This advice also applies to what we say about their leaders. Simply criticizing Jenny McCarthy for not knowing what she's talking about – or Andrew Wakefield for that matter – is more likely to consolidate support for what they say than to cause people to listen to you. McCarthy may seem like a soft scientific target. But in reality she is a public relations genius. Think about it. McCarthy is a college drop-out who used to have a website called "indigomoms.com" that recommended Angel Therapy and Quantum Resonance treatments for autism. She seems to believe that polio outbreaks are good things (*Time*, April 1, 2009; http://tinyurl.com/d5msxt). She shills modern-day patent medicines on her Generation Rescue website. Despite all this, she has convinced physicians and Ph.D.s that she should be the keynote speaker at their conferences. If we are going to try to compete in her arena, we have to know what we are doing.

> "ABA might be a much smaller dot on the autism map but for *Let Me Hear Your Voice,* which provided an opportunity for the public to learn about behavior analysis, perhaps for the very first time."

A caveat: We must absolutely keep up our science. It has served us well and will continue to do so. Our stuff is so good that others either make it the main target of their criticisms, plagiarize and repackage it as their own, or endorse it as an adjunct to whatever it is they do. However, when we do give our science away, we should never let the contingencies of popularization supersede the contingencies of excellence and methodological rigor. That has been the fate of many people and organizations. The American Psychological Association (APA) talks a good game about science, and I think many in the APA are sincere about it. But at the 2009 APA convention in Toronto, one of the more popular sessions (with an audience over 100) included one talk about using brain scanning technology to determine which ancient Central American priest a medium was channeling. It was followed by about improving upon William MacDougall's theories about the psychic carrying capacity of the universe. In comparison, my Facilitated Communication talk had almost 25 in attendance, including me and one heckler. The Autism Society of America, apparently fearing a loss of membership, dares not take a stand against even the most scientifically-repugnant autism interventions.

Of course, it is also entirely appropriate for our experts and professional organizations to call out their counterparts for their misinformation and forays into pseudoscience. Much of my published work does just that. If nothing else, ASAT, ABAI, and any other group or individual who cares about being accurate and honest, need to tackle the popular but false meme that ABA treatments are "cookie cutter" or "one size fits all," produce robotic kids who have "skills" but no socialization, involve long stretches of boring repetitive drilling, and are devoid of love, fun, and natural social interaction. The purveyors of Floortime, DIR, FC, Sensory Integration, Auditory Integration Therapy, Gentle Teaching, Rapid Prompting, and their kin are not telling the truth when they say those things about ABA. Well designed ABA programs are nothing if not individualized, varied, enriching, engaging, social, and effective.

If we weren't trying to be individualized and effective, why do they suppose behavior analysts still read Sidman's 1960 *Tactics of Scientific Research*, the classic reference on single-subject experimental designs – the exact methods needed to evaluate individualized interventions? Well, most of them aren't supposing anything because they aren't that aware of our, or any other, scientific literature. But, if they were aware, they'd not just know about the importance of individualization within ABA programs. They'd also know that good ABA programs move as quickly as possible to the most natural contingencies possible. It would not take them long to find out why--that ideas like those in Stokes and Baer's "Toward an Implicit Technology of Generalization," which is all about how to successfully transfer treatment effects to the natural environment, are foundational to our tradition, not theirs. Additional observation would show them that social skills are actually fundamental components of good ABA programs, especially for kids with autism who have so much difficulty with seeing other people as sources of social reinforcement. They'd know, if they cared to look, that variety and interpersonal engagement are hallmarks of well-

> "Simply criticizing Jenny McCarthy for not knowing what she's talking about -- or Andrew Wakefield for that matter -- is more likely to consolidate support for what they say than to cause people to listen to you. "

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## Interview with James Todd part 2 continued...

conceived ABA programming. They'd see, first hand, that "reinforcing" is just another word for "fun," and that any ABA program worth its salt maximizes reinforcement because doing so will maximize learning. What they already do know -- and I hope this is a source of considerable embarrassment for them -- is that not only don't they have the data to show their treatments are better than ABA, they don't even have the data to show that their stuff does what they say it does! Misrepresentation is an important competitive tactic in the developmental disabilities wars, and for obvious reasons. The people with the least effective treatments need to use it the most.

Here's the thing: Although we can't forget Charlie Ferster's work on autism in the early 60's, probably the earliest example of the use of ABA with autism as we know it today was published in 1964: "Application of Operant Conditioning Procedures to the Behaviour Problems of an Autistic Child" by Mont Wolf, Todd Risley, and Hayden Mees. This is the last sentence of that classic article: *According to a report from the mother six months after the child's return home, Dicky continues to wear his glasses, does not have tantrums, has no sleeping problems, is becoming increasingly verbal, and is a new source of joy to the members of his family*.

*"A new source of joy"— that's* vintage Mont Wolf. Any endeavor launched with an amazing affirmation like that is entitled to point out, as often as is necessary, that it long ago figured out what is fundamentally important: real joy is worth a whole lot more than false hope.

**You offer excellent insights that should be considered by the larger organizations in the field. What about individual behavior analysts working on multi-disciplinary teams?**

That's a tough one. I tried to encourage some ethics experts to address that very question in a session at the BAAM convention in February. They were very good at resisting my efforts as session chair to get them to talk about it. Of course, beyond saying "hold the line on science," there is no easy answer. The basic problem is that these multi-disciplinary teams are often creatures of politics, legislation, expediency, accident, and even superstition. Treatment decisions can be, and usually are, controlled more by social contingencies than scientific evidence. The works of social psychologists such as Solomon Asch, Stanley Milgram, and William Whyte thus become more important for understanding treatment decisions than the behavior analytic works of Mont Wolf, Todd Risley, and Don Baer. The rationalization for the multidisciplinary approach is that autism is a constellation of problems best treated with a multiplicity of approaches. While good behavior analysts know that they must be broadly knowledgeable about development, psychopathology, pharmacology, and other relevant content even from outside their own discipline, they also know that the evidence does not support "eclectic" treatment approaches to autism--except in the very specific areas that other disciplines do have bona fide evidence of effectiveness. Behavior analysts, finding themselves in such straits must make themselves believe that they are at least getting something important and effective injected into the treatment mix, modeling, hopefully with humility and tact, objectivity and data-based decision-making. However, they then lose sleep wondering where it will end. To what extent are they just doing the best that can be done under circumstances they cannot control, and to what extent are they compromising their scientific principles, and even their ethical ones? Once you've decided to strategically overlook the inclusion of the ineffective, time-wasting fancy that discipline X insists on, how hard will it be to stop dangerous dalliances into things like chelation, facilitated communication, or rapid prompting?

What to do on the IEP? General advice is hard because IEPs are like snowflakes. No two are alike. Obviously, a good scientist offers the best, most scientifically-valid recommendations available, consistent with ethical principles and laws. Thus, you must first decide if you can participate at all, particularly if the IEP decisions are likely to be ineffective, dangerous, or unethical. If your participation is enough of a net good, the next step is to carefully study and understand the limits of the system in which you are working so that you can scale your recommendations and expectations appropriately. An unimplementable suggestion is just a waste of time, and undermines your credibility. Likewise, figure out who the other members are, learn their backgrounds, beliefs, and read their works (if they have them). You might avoid stepping on a few land mines if

> "Once you've decided to strategically overlook the inclusion of the ineffective, time-wasting fancy that discipline X insists on, how hard will it be to stop dangerous dalliances into things like chelation, facilitated communication, or rapid prompting?"

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## Does your agency share ASAT's values?

ASAT believes that individuals with autism have the right to effective treatments that are scientifically demonstrated to make meaningful, positive change in their lives.

We believe that it should not be so challenging for families to find accurate information about the efficacy of various interventions for autism.

ASAT works toward a time when…
……….all families would be empowered with skills in identifying and choosing the most effective, scientifically-validated interventions for their child.
……….the media would educate and not confuse parents by providing accurate information and asking the right questions.
……….all providers would be guided by science when selecting and implementing their interventions.

Help us work toward this goal.

## What it means to be a sponsor…..

ASAT's sponsors have indicated their support of the following tenets:

1. All treatments for individuals with autism should be guided by the best available scientific information.
2. Service providers have a responsibility to rely on science-based treatments.
3. Service providers should take steps necessary to help consumers differentiate between scientifically-validated treatments and treatments that lack validation.
4. Consumers should be informed that any treatment lacking scientific support should be pursued with great caution.
5. Objective data should be used when making clinical decisions.

## …..Become a 2010 Sponsor

These sponsorships not only provide financial support used specifically for our dissemination efforts, but also send a clear message that ASAT's vision is shared by others within the professional community.

The tasks of educating the public about scientifically-validated intervention and countering pseudoscience are daunting ones, and ASAT appreciates the support of all of its sponsors.

If you are interested in becoming a 2010 sponsor, please visit the sponsor page on our website at www.asatonline.org/about_asat/sponsors.htm#learn.

Thank you for your consideration!

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## ASAT Needs Your Help

We know that many of our readers are concerned about the plethora of treatments that lack scientific support - and the burden this then places on families and service providers who are struggling to make decisions about treatment.

Help us make a difference!

**IMPORTANT DISCLAIMER:** ASAT has no formal relationship with any of the sponsor organizations. Furthermore, their stated endorsement of the above tenets is not verified or monitored by ASAT. Although ASAT expects that all sponsoring organizations will act in accordance with the above statements, ASAT does not assume responsibility for ensuring that sponsoring organizations engage in behavior that is consistently congruent with the statements above.

### Interview with James Todd part 2 continued...

you know the particular sensitivities of the others in the group. Disagree in a constructive manner, and avoid being summarily dismissive. Try to build sound principles into the other interventions whenever the opportunity arises. If someone wants a chewy, rubber “sensory” item used, and won’t be dissuaded, you might suggest that systematically fading it out would be good next step toward further habilitation and social integration. A constructional approach is generally more acceptable in these arenas. So if the behaviors are not simply so dangerous as to require quick elimination, lean toward building new replacement behaviors.

You will encounter people who believe that changing any behavior is an inappropriate affront to “individuality.” It is OK in those circumstances to gently suggest that bizarre mannerisms, aggression, and such things will, if nothing else, interfere with social integration. It is nice to dream about a Nirvana where everyone accepts everyone unconditionally. But we’re usually talking about integrating children with fragile adaptive skills into one of the most difficult, punishing, and aversive settings known to all of humanity: a school full of children. Most of the group will agree with you.

Consider how you present scientific treatments. Technical language is a turn-off in many groups, especially words like “control.” Try saying something like this when someone objects to the supposedly horrible, dehumanizing application of ABA--which will happen sooner or later: “It’s not like that really. ABA begins by making the needed social, academic, and living skills as easy and rewarding as possible for the child. It then works to make those newly learned skills fit naturally and increasingly well into everyday settings.” I am not talking about dumbing things down. Your colleagues, even the ones who believe in pseudoscience, are as smart as you are, maybe smarter. You can be sophisticated, just not incomprehensible. Be nice--which is always puzzling to people who believe that scientists are cold and insensitive. If you have substantive issues with something, say so politely so that your specific concerns can be put on the record. Also, keep your own record of your recommendations and observations in a secure, HIPAA-compliant, journal. By all means, always avoid sounding ignorant about other disciplines. Get a mainstream negotiations book, such as *Getting To Yes* (Fisher, Ury, & Patton, 1991), being careful to separate the good advice from the managerial chatter. And, of course, line your shelves with everything Aubry Daniels has written.

**Those are excellent suggestions. At IEP meetings, I used to worry that I would sound too predictable by asking questions such as “How will you measure that?”, “How will you ensure that you are not wasting Johnny’s precious time?”, “What data are you basing that upon and can we see it”, “Are there any published research articles to support what you are suggesting?”, and so on. I then realized that I was already making inroads if the team knew how I would respond to vague goals or unsubstantiated methods. What are the three most important things needed to bolster a shared commitment to science and to attenuate the influence of pseudoscience?**

The first requirement is a broad, and comprehensive knowledge of scientific method. That means reading Sidman, Skinner, Campbell and Stanley, John Stuart Mill, books by conjurers-scientists like James Randi and polymaths like Martin Gardner, and everything else that reinforces the methods of science in making decisions about the way the world works. It means knowing all there is to know about your own subject matter. It means knowing all about those things you intend to challenge.

Apply scientific methods and your knowledge of content, to the greatest extent possible, to any decision you make, especially if it involves the well-being of other people.

You must always and without reservation regard yourself as being even more susceptible to biases and fallacies than your subjects and co-workers. As far as objectivity is concerned, you have met the enemy and he is you (to paraphrase Pogo, that famous marsupial of an earlier time). Perhaps repeating this 1993 statement by Paul Meehl at the beginning of each day might not be a bad idea:

> “It is absurd, as well as arrogant, to pretend that acquiring a Ph.D. somehow immunizes me from the errors of sampling, perception, recording, retention, retrieval, and inference to which the human mind is suspect. In earlier times, all introductory psychology courses devoted a lecture or two to the classic studies in the psychology of testimony, and one mark of a psychologist was hard-nosed skepticism about folk beliefs. It seems that quite a few clinical psychologists never got exposed to this basic feature of critical thinking. My teachers at Minnesota … shared what Bertrand Russell called the dominant passion of the true scientist – the passion not to be fooled and not to fool anybody else … all of them asked the two searching questions of positivism: ‘What do you mean?’ ‘How do you know?’ If we clinicians lose that passion and forget those questions, we are little more than bedoctored, well-paid soothsayers. I see disturbing signs that this is happening and I predict that, if we do not clean up our clinical act and provide our students with role models of scientific thinking, outsiders will do it for us (pp. 728-729).

**Can you provide our readers with some specific homework? What titles would be good reads and why?**

Thank you for asking. I recently gave a presentation called “Some

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## Interview with James Todd part 2 continued...

Books Behavior Analysts Should Be Reading But Probably Aren't" and a sequel, unimaginatively titled, "Even More Books Behavior Analysts Should Be Reading But Probably Aren't." Thus, I have some ideas.

First, we need to get our own house in order. I meet a surprising number of behavior analysts who have read little or no original behavior analytic literature aside from a few assigned journal articles, and it shows. Anyone who calls himself or herself a "behavior analyst" had better get a copy of *Science and Human Behavior*, read it, and understand it. I'm not talking here about an exercise in textual devotion. Skinner figured out a lot, and his work is an important resource. The same applies to Skinner's *Cumulative Record (1972)*, which is essentially a "best of" collection. *Cumulative Record* has the advantage that its chapters can be read in any order. Given that we're dealing with pseudoscience, and FC in particular, readers of *Cumulative Record* should consider starting with "Has Gertrude Stein a Secret**?**" That article is about Stein's use of "automatic writing" to compose parts of some of her books. Automatic writing is relevant because it is essentially writing without being aware of what you are writing – **or** even that you are writing at all. Behaviorally, automatic writing is an important phenomenon because it shows that the activity we call "awareness" is controlled by a different set of contingencies than those that control the other things we do. Thus, it should hardly be a surprise that facilitators, like automatic writers, can compose meaningful verbal behavior while being entirely unaware that they are the authors of it.

Always investigate deeper and further. For instance, read the original Solomons and Stein 1896 article on automatic writing (http://tinyurl.com/346v5tz). It is a fascinating account of how people can learn to be unconscious of their own writing movements, and how they come to attribute their own movements to external forces. You probably didn't know that the answer to FC was already in the psychological literature almost a century before FC showed up as a practice!

Anyone who thinks they are doing "verbal behavior analysis" (aka VBA), or anything else with behavior, needs to read and understand Skinner's *Verbal Behavior*. And don't let me catch you saying it's a book about language. *Verbal Behavior* is a work of social psychology, using examples from discourse to show how interacting and interlocking contingencies of reinforcement between the speaker and verbal community can establish behavior of astounding complexity and subtlety. It applies to language, but to almost everything else humans do as well. And, germane to our discussion here, practically every important methodological bias, logical fallacy, and bizarre belief we encounter is the result of social contingencies establishing behavior that is inconsistent with the instructional control we call "rationality." Additionally, once in possession of a copy of *Verbal Behavior*, get a copy of John Platt's 1973 article "Social Traps." *Verbal Behavior* shows how people come to believe weird things; "Social Traps" shows why it is so hard to "unbelieve" them.

Don't be scientifically xenophobic. If you are, do some informal exposure therapy by reading Daniel Wegner's 2002 book, the *Illusion of Conscious Will*. It proves two things: (1) Some people don't know that they are really behaviorists; (2) cognitive psychologists may be doing better and more broadly-relevant research on verbal behavior than behavior analysts are. Nearly 40 years ago, Kurt Salzinger told us to pay attention to cognitive psychology in his review of Neisser's *Cognitive Psychology*. I am quoting his 1973 statement in the hopes we might now get the message:

> It behooves us, as good citizens of the science of psychology, to shirk no area of psychology as long as we can apply scientific method to it. The research in cognitive psychology is certainly interesting, on the whole well executed, and very challenging. It is well within the scope of a behavioristic approach. It merely awaits more attention from behaviorists. (p. 369)

Starting from different premises, Wegner comes to basically the same conclusions as Skinner did about the nature of private verbal behavior. We feel like our thinking directly controls our more outward behavior even when that is usually not what happens. Because we like to feel in control, the illusion of "agency" or free-will is reinforced, and we learn to strategically downplay, misidentify, or ignore the things that actually control our behavior --making all of those mistakes that social psychologists call "attributional errors" in the process. Germane to the present discussion, Wegner describes some very clever experiments he has done on FC that nicely show how facilitators come to mistakenly attribute the output to the subject. But he also covers mediumship, dowsing, and other fancies that directly inform our broader understanding of pseudoscientific thinking. A behavior analyst might say that Wegner has done a good functional analysis of the contingencies that establish and maintain pseudoscientific behavior.

Don't disregard the past. Some of yesterday's follies are today's faux-therapies. For a good sample of these things, check out and read Joseph Jastrow's 1935 *Wish and Wisdom: Episodes in the Vagaries of Belief.* Jastrow, a psychologist of the late 19th and early 20th centuries, covers many pseudoscientific phenomena, including Ouija Boards, clever horses, psychic dogs, the placebo effect, all kinds of biases, conscious frauds, sincere frauds, and especially foolish scientists. One of my favorite stories is the case of Lola the talking dog (pp. 211-213)--one of a whole pack of talking dogs that appeared in Germany in the early 20th century. Lola's putative communication method, described in detail in a 1922 book by Henny

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### Interview with James Todd part 2 continued...

Kindermann (available online, http://tinyurl.com/29wrgpl), will be immediately seen as a hybrid of Facilitated Communication and the Rapid Prompting Method--the latter essentially being a version of FC in which the cues for pointing do not involve physical contact. Lola's hidden literacy, supposedly representative of the latent cognitive talents of all canines, was revealed through careful tutelage in a communication system in which Lola tapped out an alphabetic code in her owner's hand, sometimes her owner holding Lola's paw to prevent impulsiveness. In standard FC fashion, Lola even supposedly complained of being insulted when someone proposed a controlled test of the validity of her communication! In recounting the tale of Lola, as he did with the rest of his targets, Jastrow quickly cut through much bunk with an incisive understanding of basic experimental methodology. He did not usually spend a lot of time on exhaustive analyses. For Jastrow, one fatal methodological flaw was usually fatal enough. In recommending a book now almost 80 years old, I am trying to show how ossified these superstitions are, how many of them are still with us, and how the rationalizations supporting them have remained the same despite the advance of science all around them.

Add to your reading of Jastrow a perusal of Milbourne Christopher's 1970, *ESP, Seers, and Psychics*. It includes a fascinating account of Lady Wonder, a Richmond Virginia typing horse. Lady Wonder tapped out her messages on a large keyboard, illustrating, as did Lola, many of basic features of the Rapid Prompting Method. As noted by Christopher, among Lady Wonder's methods was scanning her head back and forth across the keys while being cued for the correct letter to press by subtle movements of her owner. (Watch for something similar apparently happening when you see Rapid Prompting done with children pointing at letter boards.) Just as FC and Rapid Prompting have fooled Ph.D.s today, Duke University psychic investigators Joseph and Louisa Rhine, helped by James McDougall, were unable to figure out exactly what was happening. They eventually concluded that the horse might actually be psychic (Rhine & Rhine, 1929a, 1929b)--sort of like Paul Haskew and Anne Donnellan (1993, pp. 12-14), unable to grasp the significance of failed double-blind tests of FC, concluding that their subjects must be directly reading the minds of the facilitators. Like James Randi—whose book *Flim Flam* is a dated but valuable read—Christopher shows that magicians can be better methodologists than many who claim to be scientists. The advantage may be that magicians are better prepared than scientists to assume that their subjects could be conscious frauds. Scientists, it seems, are often far too trusting and naive, thus getting duped with fair regularity by the purveyors of false claims.

Read Robert Rosenthal's 1966 *Experimenter Effects in Behavioral Research*. We don't hear as much about "experimenter effects" as we used to. But now that behavior analysts are mostly studying human behavior in relatively poorly-controlled natural settings, they really need to pay more attention to the fact that we and our subjects are important and troublesome biasing elements in our own research.

In the same vein, I would suggest getting Rosenthal and Sebeok's 1970 *Clever Hans Phenomenon: Communication With Horses, Whales, and People* and Sebeok and Umiker-Sebeok's *1980 Speaking of Apes.* All of the problems associated with FC were previously encountered by the researchers, and described in detail in these books—expectancy biases, inadvertent authorship by observers, sloppy procedures, statistical anomalies leading to erroneous conclusions, and even rationalizations by researchers unwilling to accept their own methodological failures.

Of course, anyone interested in these matters must own a copy Pfungst's *Clever Hans*. It can be downloaded free in PDF and EPub format from Google, and available in hard copy from at least one reprint service. It is difficult to believe that in the early 1900s, the double-blind methodology used by Pfungst to show that the horse was responding to unconscious anticipation cues was a relatively new thing. It is amazing to read about a top-notch functional analysis being worked out in real time, leading to the resolution of a problem that evaded efforts of all previously sent to solve it.

Without question, if you're interested in FC itself, read Howard Shane's 1994 *Facilitated Communication: The Clinical and Social Phenomenon* and Herman Spitz's 1997 *Nonconscious Movements: From Mystical Messages to Facilitated Communication.*

Closing with more practical matters: Run, don't walk, to your computer and download Baer, Wolf, and Risley's "Some Current Dimensions of Applied Behavior Analysis." Read it and know it. Too many seem to see this article as merely defining the fundamentals of applied behavior analysis. But it is far more than that. The seven dimensions of applied behavior analysis together comprise a comprehensive rubric for therapeutic program evaluation and quality control. Any good clinical effort should possess all seven dimensions, regardless of whether it is a large center-based effort or an individual toilet training program. Can you take your treatment, whatever it is, and show that it passes each of the seven tests? Is what you do actually applied, behavioral, analytic, technological, conceptual, effective, and general? If not, you are drifting away from behavior analysis, and toward those things that are not science-based. Set aside a few minutes and apply the same seven rules to Floortime, DIR, FC, Rapid Prompting, Son-Rise, and all the other things that claim to treat autism. I can assure you that to one significant degree or another, none will pass the test.

**Your final points are well taken. No intervention should get a "pass" on these important dimensions. Until proponents with broader treatment community embrace these dimensions as their own, the onus will continue to fall on consumers to separate the wheat from the chaff. Thank you for another incredible interview.**

*(Continued on page 23)*

**Interview with James Todd part 2 continued...**

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## ASAT's Guiding Values

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**.

## Treatment Summary: Sensorimotor Therapies by Tristram Smith, Ph.D.

**Description:** Sensorimotor therapies are based on the assumption that children with autism spectrum disorders either (1) are under- or over-aroused by everyday sights, sounds and other environmental events or (2) have a motor apraxia—difficulty reacting to sensory input despite having the desire and physical ability to do so. One such therapy is known as patterning, which involves manipulating a child's head and extremities in patterns intended to simulate prenatal and postnatal movements of non-impaired children. In the rapid prompting method (RPM), practitioners attempt to compensate for the assumed sensory overload and apraxia in children with ASD by continually speaking and requesting responses so that the children stay attentive.

**Examples:** Patterning, rapid prompting method. See also the sections on auditory integration therapy, facilitated communication, sensory integration therapy and vision therapy.

**Research Summary:** There are no scientific studies on patterning or the rapid prompting method for children with autism spectrum disorders. Research on sensorimotor therapies for children with other special needs suggests that these therapies are ineffective (Kavale & Forness, 1999). The American Academy of Pediatrics concluded that patterning "is based on an outmoded and oversimplified theory of brain development. . .[I]ts use continues to be unwarranted" (Committee on Children with Disabilities, 1999, p. 1149).

**Recommendations:** Researchers may wish to conduct studies with sound scientific designs to evaluate sensorimotor therapies such as patterning and the rapid prompting method. Professionals should present patterning as untested and encourage families who are considering this intervention to evaluate it carefully.

**Selected Publications:**

Systematic review of scientific studies:

Kavale, K. A., & Forness, S. R. (1999). *Efficacy of special education and related services.* Washington, DC: American Association on Mental Retardation.

Position statements from professional organizations:

Committee on Children with Disabilities, American Academy of Pediatrics (1999). The treatment of neurologically impaired children using patterning, *Pediatrics*, 1149-1151.

## Statement about Chelation by U. S. Food and Drug Administration (FDA)

The US Food and Drug Administration (FDA) advises consumers to be wary of so-called "chelation therapy" capsules, tablets, or suppositories marketed over-the-counter (OTC) that are promoted for home use to prevent or treat diseases. Various forms of "chelation" therapies are purported to cleanse the body of chemicals (such as mercury-containing chemicals) or to improve the cardiovascular system. "Chelation" has been proposed as a treatment for autism or hardening of the arteries; and for many other serious conditions. Many of these products are promoted on the internet. FDA has never approved any marketing application for a nonprescription oral or rectal chelation product. Such products have not been studied in adequate and well-controlled clinical trials, and clinical data sufficient to support either the safety or efficacy of drugs used for these "chelation" purposes has not been reviewed by FDA. These products are illegally marketed and have not been subject to the rigorous manufacturing scrutiny required for FDA-approved products. FDA is concerned about the potential direct health risks posed by these products because of the lack of safety information, and because serious side effects can occur when a "chelation" product is used without the oversight of a licensed health-care professional. The products also pose serious indirect health risks to patients using these products that may be foregoing effective conventional medical treatment. Families of children and adults with autism spectrum disorders are encouraged to speak to their health-care professional about treatment options, including pursing new therapies with clinical investigators engaged in research monitored under an Institutional Review Board approved Investigational New Drug application, to make sure the risks are as low as possible and are worth any potential benefits.

Read more at: http://www.oregon.gov/DHS/ph/lead/docs/FDAStatementOTCChelation.pdf

## Join our Facebook Fan Page! Please invite your Facebook friends to join as well.

With your help, we are reaching out to more people every day united in their commitment to science in the treatment of autism. Individuals with autism deserve nothing less! Posts on our fan page include:

- Information about upcoming issues of our newsletter, Science in Autism Treatment
- Media Watch announcements
- Information about upcoming ASAT Conferences, Events, and Fund Raisers
- Other ASAT News and Highlights

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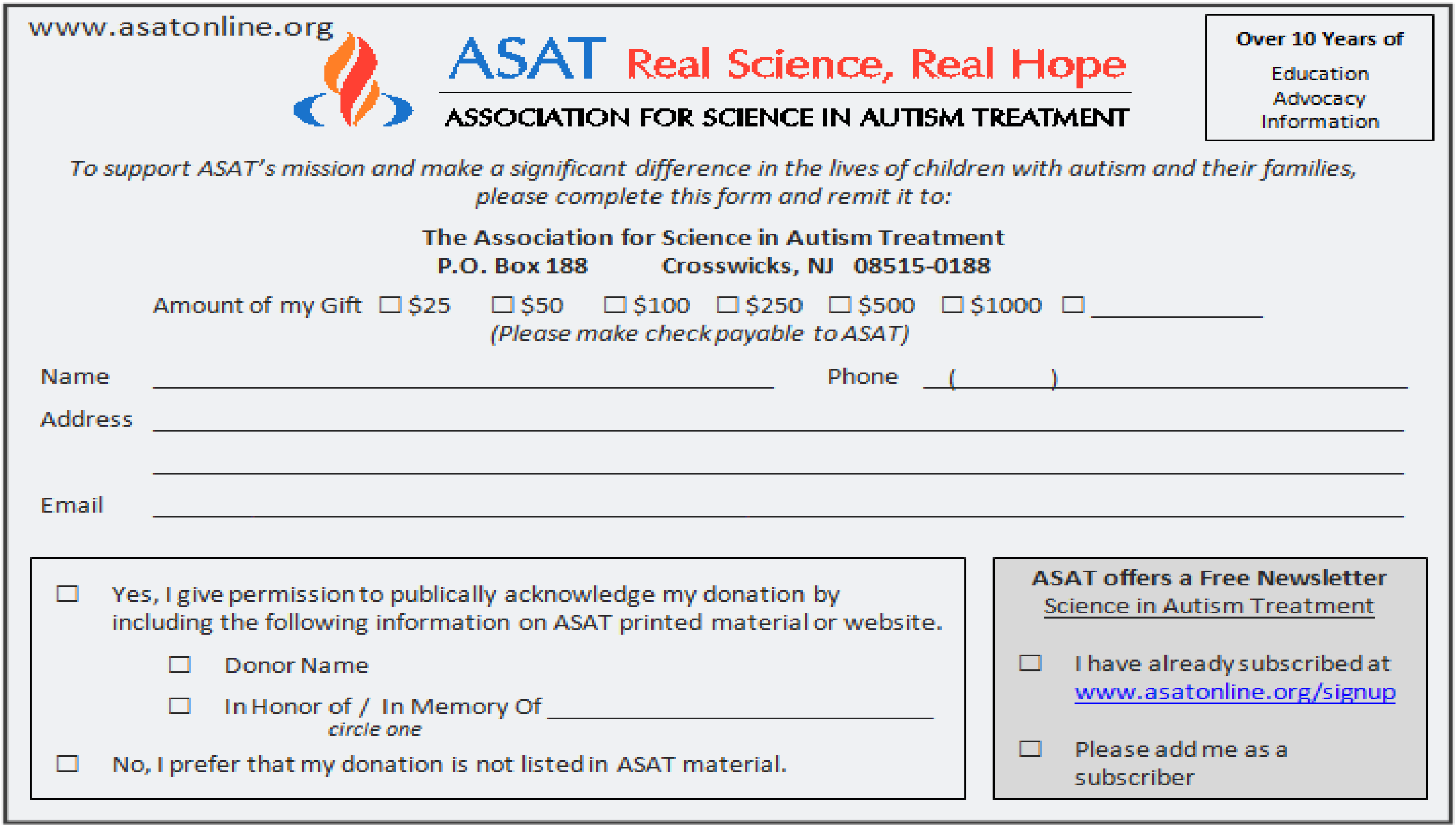

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## The Legend of Loxley's: A Tale of One Restaurant Giving Back by Denise Grosberg, M.A.

In the legend of Robin Hood, the protagonist represents a hero among the common people, acting in the name of "right against might." This is the premise behind Loxley's restaurant in the Heritage Hotel in Lancaster, Pennsylvania, an enchanted establishment true to the spirit of Robin of Loxley both inside and out. For its exterior, the restaurant boasts eight Robin Hood-themed rooms, an impressive outdoor dining area, and an arrowhead-encrusted Sherwood Bar that surrounds a tree growing in the center of the room.

But décor is not the only magical aspect that diners experience at Loxley's. In the Loxley's Legend program, the restaurant gives back to local and national charities by donating 5% of restaurant checks to various participating organizations each month since it opened in July 2009. Charities are designated after an application process, and up to three charities are chosen on a monthly basis. We are proud to report that ASAT was one of the chosen charities for this month.

Customers at Loxley's are also able to designate which of the three charities receives their donation, and have the option to increase or add to the donated amount. To help customers make informed decisions, charity information is prominently displayed at each table and literature is available and displayed at the hostess station. When asked about what customers think of the program, General Manager of Loxley's Matt DeRose said, "Most people don't know about the Loxley's Legend program when they walk in the door, but when they leave, they really appreciate what we are doing for the community."

As one modern day Robin Hood once said, "For every man, there is a purpose which he sets up in his life. Let yours be the doing of all good deeds." It is in this spirit that the Association for Science and Autism Treatment would like to raise our glasses and toast Matt DeRose and Loxley's for their continued efforts to give back to the community and for encouraging their patrons to do the same. Cheers to you, Loxley's, for all your good deeds and for showing us that the tradition of Robin Hood is alive and well.

For directions and more information about Loxley's, please check out their website at http://www.heritagelancaster.com/dining.html. And if you are in the Lancaster area, please pay them a visit and thank them in person!

## Shout Out to our Lancaster, Pennsylvania Area Subscribers: Rockin for Autism Awareness is Coming to Town

### by Denise Grosberg, M.A.

As is the case with families of children with autism worldwide, countless Pennsylvania families spend thousands of dollars on pseudo-scientific treatments that promise to cure their child with autism. However the question remains; what does published research reveal as effective ways to help children with autism lead the life they deserve? This year the, Association for Science in Autism Treatment, along with the Pennsylvania Renaissance Faire and Loxley's Restaurant, is proud to be hosting the 1st annual Rockin' for Autism Awareness on Saturday, July 31st, 2010.

This day of family-friendly fun and festivities is designed to promote autism awareness and education about best practices, while enjoying food, drink, raffles to win great prizes, the live music of several well-known bands: Steven Courtney, Mark DeRose Duo, Josh Albright, Chuck Gibson, the Blind Willies, and Eye Wish Eye, and much much more!

We are thankful to the many local businesses, organizations, and families whose generous sponsorships/donations, time, and energy have made this event possible, including: Loxley's Restaurant, Rethink Autism, Heritage Hills Golf Resort, The Irish Cottage, National Fire & Safety Solutions, Apollo Electric, C.M. Richey Electric, Cissy and the Man: Juggler and Clown Entertainers based in Lancaster County, Hartman Team Photography. We are also grateful to the Pennsylvania Renaissance Faire for donating the location for the event, advertising, support & staff. This event would not be possible without the hard work, boundless energy and dedication of our two local Event Coordinators, Barry Donlin (Eye Wish Eye musician and brother of ASAT Board Member Ruth Donlin) and Tracy Horning (Lancaster area Event planner, supporter of the local music scene, and strong believer in ASAT's mission ).

If you would like to volunteer or know a local business that may be interested in supporting this event, we welcome the opportunity to talk with you further. Please do not hesitate to contact Ruth Donlin, ASAT Event Coordinator at (516) 946-8668 or via email at asatevents@aol.com to discuss this or to answer any questions you may have.

So mark your calendars, grab your friends and family, and join the fun on July 31st to help make a difference in the life of individuals with autism and have a great time at the Faire! For more information about the event and its sponsors, please visit our Facebook page at http://www.facebook.com/R4AA.PA.

See you at the Faire!

# ASAT Advertising Policy and Protocols

The Association for Science in Autism Treatment (ASAT) accepts advertising for the ASAT.org website, newsletter and other ASAT publications to offset its operational expenses. Products or services accepted for advertisement by ASAT will be consistent with our mission to disseminate accurate, scientifically-sound information about autism and its treatment 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.

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1. All treatments for individuals with autism should be guided by the best available scientific information.
2. Service providers have a responsibility to rely on treatments that have been shown to be safe and effective in scientifically rigorous, peer-reviewed research studies.
3. Service providers should take steps necessary to help consumers differentiate between scientifically-validated treatments and treatments that lack validation.
4. Consumers should be informed that any treatment lacking scientific support should be pursued with great caution.
5. Objective data should be used when making clinical decisions.

Advertisement on www.asatonline.org , newsletter or other publication does not imply endorsement by ASAT of the advertised company, service or product. All advertisements will be clearly labeled as an advertisement. ASAT reserves the right to decline any advertising request if the content of ad contains reference to treatments that are not established. ASAT may also decline requests if the website or mission statement contains content not consistent with the tenets above.

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## Media Watch Update by Barbara Jamison

Many consumers turn to the media for information about autism and its treatment. Sadly, the media's portrayal of autism treatment is fraught with inaccuracies and misinformation. Media Watch, one of the most recent initiatives of ASAT's Public Relations Committee, is intended to improve upon the accuracy of media representations.

Media Watch has three main purposes:

1) Educating the public about effective autism treatment through proactive contact with the media,
2) Responding to both accurate and inaccurate information or portrayals of treatments reported by the media, and
3) Increasing awareness of both scientific evidence and scientific methods that can lead to real hope for those touched by autism.

Media Watch responses in 2010 include (Click dates to read full replies):

- Iricka Berlinger, in her Tallahassee Democrat story, "Autistic child responding well to learning option," (February 20, 2010) is called to task by ASAT, as there are no studies to document the effectiveness of the Son-Rise program. ASAT president David Celiberti suggests four critically important questions that every journalist should be asking before publishing their articles on autism treatment.
- We commend Dr. Bill Ahearn for his post, "FC IS BS," (The Radical Behaviorist blog on the Psychology Today website, April 7, 2010) in which he presents the results of the New England Center for Children study that that helped to debunk facilitated communication.
- Although Dori Hjalmarson's article, "E. Ky. school uses intensive therapy to educate kids with autism" (Lexington Herald-Leader, February 16, 2010) does point out the importance of relying on objective data to help individuals with autism reach their fullest potential, she refers to the "expense and tedious nature" of ABA treatment, without addressing the complexities of autism, and without noting that initial dollars invested in scientific and affective treatment can save many more dollars throughout the lifespan.
- ASAT gives a "Thumbs up" to ABC News story "A Gluten-Free, Casein-Free Diet No Remedy for Autism" (May 19, 2010) in which journalists Dan Childs, Lara Salahi, and Pam Mazzeo, M.D., report on the results of University of Rochester Medical Center double-blind study on the GFCF diet. The title of the article says it all.
- In responding to "Best Practice Autism Treatment 'Will Vanish' Under Proposals" (Carl O'Brien, Irish Times, July 19, 2010) ASAT points out the danger of discarding science-based intervention (e.g., ABA) in favor of so-called "eclecticism" by Ireland's Department of Education.

Please take a look at some more correspondence between Media Watch and the media at: http://asatonline.org/media_watches. Check back often for more Media Watch updates on our webpage.

*We wholeheartedly welcome you to join our efforts. You could be involved by alerting us of articles or media pieces that may warrant our attention or you could assist us with tracking information more formally by setting up an alert system to identify important articles as they come out. If you would like more specific information about how to participate in Media Watch, you can reach us at Media-Watch@asatonline.org.*

*We hope to hear from you!*

## Message from ASAT President David Celiberti, Ph.D., BCBA-D continued ....

It is hard to believe that we are now in the second half of 2010. We have had a very productive year thus far and I am pleased to report that progress has been made on many of our goals. Stay tuned for the Fall issue in which more details will be provided. In the meantime, I wanted to share a few noteworthy updates with SIAT readers.

We have expanded our Board of Directors with some incredible additions. Ruth Donlin, MS joined us in April and will be heading up ASAT's fund raising efforts. Ruth immediately directed her energies to organizing a benefit rock concert in Lancaster, PA this month. Ruth is the Past President of the ABAI's Autism Special Interest Group. Peggy Halliday, M.Ed., BCBA and Florence DiGennaro Reed, Ph.D., BCBA joined us in June. Peggy will be developing our Pediatrician Awareness initiative and will serve on our Website committee. Peggy is the Director of Outreach at the Virginia Institute of Autism. Florence will be developing our Journalist Awareness initiative and will serve on the Public Relations Committee. A former writer for ASAT's Media Watch, Florence is relocating to Kansas where she has joined the faculty of the Department of Applied Behavioral Science at the University of Kansas. ASAT is fortunate to have all three of these committed and diligent women on board!

Our accomplishments would not be possible without the hard work and dedication of our volunteers. Please see page 4 for a complete list of our current volunteers. As you can see, volunteers support every aspect of our organization. I want to take this opportunity to congratulate a few of them on some recent accomplishments and milestones. Three of our volunteers recently earned their BCBAs: Jennifer Hieminga, Renita Paranjape, and Kerry Ann Conde. Kerry Ann also received her MS in behavior analysis from Florida State University (we hope Kerry Ann will relax a bit this summer). Sara Jane Cohen and Denise Grosberg received their MAs in Applied Developmental Psychology from the School of Organizational and Behavioral Sciences (SBOS) at Claremont Graduate University. Congratulations ladies!

Our website remains a work in progress. Amanda Wadsworth, an ASAT Volunteer, has culled content from the last several issues of our SIAT newsletter so that is can be available and shared on our website. Over 100 pages of new content have been added to the Resources section alone. Please visit the site at www.asatonline.org . This newsletter marks the 1st Anniversary of the resumption of Science in Autism Treatment. Ironically, tradition would suggest that paper is the gift to commemorate year one;

*(Continued on page 29)*

## Message from ASAT President David Celiberti, Ph.D., BCBA-D continued ....

however, ASAT is committed to keeping its newsletter free of charge and distributes our newsletter paperlessly!

Your financial support, however small, can make a big difference in enabling us to continue our mission to disseminate accurate information about autism and its treatment, and to keep our resources free to the public. Financial constraints should never impede access to accurate information about autism treatment. Please make a donation by completing the donor panel on page 25 or donating online through Pay Pal (found on the lower left corner of our home page at www.asatonline.org ).

There are other ways to support ASAT:

If you are affiliated with a professional organization that shares ASAT's values, there is still time to become a 2010 Real Science, Real Hope Sponsor. So far, we have 31 organizations that are 2010 sponsors. Please see page 19 for more information.

If you are a business owner, or know of one, and would like to become a Community Sponsor or help raise monies for ASAT through donation jars or customer appeals, please write us at donate@asatonline.org. We can provide you with information about how your business can take small easy steps to support ASAT. I turn your attention to pages 5 and 26 where you can read about the generous efforts of the Hannon's from Maine, and Loxley's respectively.

Your support is greatly appreciated.

Best,

David Celiberti

David Celiberti, Ph.D., BCBA-D
President and SIAT Co-Editor

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### Autism New Jersey Releases A Blueprint for Lifetime Support

Autism New Jersey released a groundbreaking report that addresses the future needs of the state's autism community. The report, entitled *Connecting with Autism: A Blueprint for Lifetime Support*, was developed over a yearlong period and involved more than 2,000 hours conducting face-to-face interviews with 537 individuals with autism, their families, and the professionals who support them.

The Blueprint was facilitated by James Davy, former Commissioner of the New Jersey Department of Human Services and has been distributed to legislators, local officials, community leaders and other decision makers across New Jersey. It provides guidance and direction to produce meaningful action and effective policy change to improve the quality of life for the autism community.

In addition to already generating positive feedback from the Governor and current Commissioner of the New Jersey Department of Human Services, the Blueprint has received significant media attention, including the following feature segment from NJN Nightly News and an article in the Star Ledger.

Although it was developed in New Jersey, the Blueprint can be used as a call to action nationwide. The Blueprint is a vision of the future. If the plan is followed, tomorrow can be better for individuals with autism, their families and the professionals who support them.

Download *Connecting with Autism: A Blueprint for Lifetime Support* now! This document will be featured in the Consumer Corner of ASAT's fall issue.

Learn more about the Blueprint on our website.