



SCIENCE IN AUTISM TREATMENT

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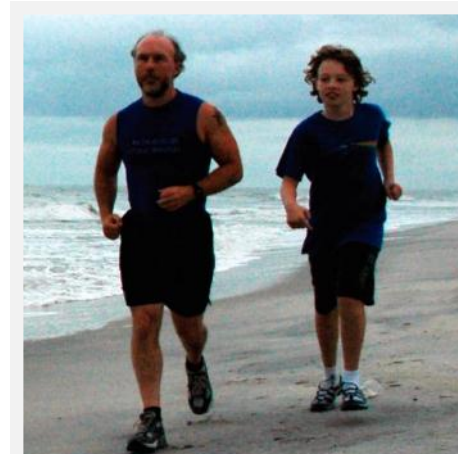
Interview with Past President of ASAT: Dr. Bobby Newman By Joshua K. Pritchard, PhD, BCBA-D

You were president of ASAT's Board of Directors back in 2006! How did you hear about ASAT and what motivated you to get involved?

I first heard about ASAT via a posted flyer at the annual ABAI (Association for Behavior Analysis: International) conference. I saw the mission and knew that it was one that had to be supported. It was an honor to serve as President.

How has ASAT changed since then?

The webpage has taken on a much more professional look, in my opinion, and the amount of helpful information has skyrocketed. The outreach to our



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THIS SUMMER 2012 ISSUE DEDICATED TO OUR FIRST PARTNER LEVEL SPONSOR: THE BEHAVIOR ANALYSIS CENTER FOR AUTISM



The Behavior Analysis Center for Autism (BACA) uses the principles and procedures of Applied Behavior Analysis (ABA) to teach language, social, self-help, academic, daily living and life skills to children and young adults with autism and related disorders throughout Indiana.

BACA provides a continuum of ABA services to children and young adults with autism in four different locations, with two centers in Fishers and new centers in Zionsville and Elkhart, Indiana.

Leading all of the centers is Dr. Carl Sundberg, one of the first experts on teaching children with developmental delays in central Indiana. He received his doctorate degree in Applied Behavior Analysis from Western Michigan University (WMU). Dr. Sundberg also teaches Skinner's Analysis of Verbal Behavior at Ball State University and was president of the Hoosier Association for Behavior Analysis.

BACA currently has five Board Certified Behavior Analysts-Doctoral, 16 Board Certified Behavior Analysts (BCBA), four Board Certified Associate Behavior Analysts (BCaBA), an onsite speech pathologist and an occupational therapist. All therapists have a minimum four-year college education and have gone through rigorous training.

BACA's implementation strategy includes creating an enriched learning environment at each facility through the utilization of B. F. Skinner's analysis of Verbal Behavior within the framework of ABA to teach children and young adults with language and social deficits. BACA also provides natural environment training (NET) in the community and home and coordinates with families and outside professionals to create a cohesive team to benefit clients.

By ensuring the staff receives and applies intensive, ongoing training, BACA provides the most efficacious ABA services to children and young adults with autism to improve their quality of life. BACA was recently named one of the best autism schools in the country and has attracted clients from across the globe in search of BACA's state-of-the-art curriculum. For more information, visit www.thebaca.com.

Interview with Bobby Newman continued...

community has had a wider range than before.

How did you first get involved with autism?

I began via some internship and volunteer work while I was an undergraduate and then as a graduate student at Queens College of the City University of New York. I was splitting my time between work with individuals with developmental disabilities and crime victims/crime prevention work. Eventually, I specialized, although I maintain ties and occasional work within law enforcement in regards to developmental disabilities.

What do you do now as an autism professional?

I consult with families/individuals, private clinics, schools, vocational, and adult service programs. That work involves both direct care and staff training/consultation. I also teach courses for graduate students pursuing their Board Certified Behavior Analyst (BCBA) certificates and supervise BCBA candidates. I also do some writing, aiming books at direct care audiences and families, making applied behavior analysis (ABA) approachable and understandable.

Why do you think there is such a proliferation of pseudoscience in autism treatment?

I think the field of honor has changed dramatically. Discussions of treatments used to take place, by and large, in professional journals and books and meetings where there were accepted rules of evidence and codes of honorable conduct. Now, with the availability of the internet and private seminars/webinars, all bets are off. In many quarters, all sense of

sportsmanship and honor have been lost, and personal attacks and case studies, often by people with something to sell, have become as common as (if not more so than) presentations of careful research. In our culture, we are often taught to pay attention to case study stories; they can be

parents would be to trust careful research. If there truly was a miracle cure, wouldn't we all know about it and wouldn't the numbers of people diagnosed with autism be dropping dramatically? As my dad, Leo Newman, used to say, "If it seems too good to be true, it almost certainly isn't true."



Dr. Bobby Newman and son at the Long Beach Polar Bear Swim for Make a Wish Foundation, an annual father/son activity for TEAM ABA.

more convincing than actual data. Unfortunately, those treatments that have proven effective, like ABA, are often also the most labor-intensive and expensive (in the short term). It is difficult to compete with good salespersonship, when you are offering a treatment that is more expensive (temporarily) and labor-intensive. It is very tempting to go for a quicker, cheaper and less labor-intensive cure, particularly when there are carefully crafted, convincing case studies and emotional testimonials to support that decision. I'll be extremely honest— in many ways, ABA has failed to do its own public relations effectively, resulting in a failure for those who truly need it to get treatment. My advice to

What's a typical day in the work-life of Bobby Newman?

That depends on where I am and on what day. The past year, it has included consultation regarding individuals with autism and law enforcement issues in Japan; consultation, staff training, and seminars in various parts of the United States, Australia, and Northern Ireland, in addition to my New York based programs that I work with in a more "every day" capacity. I also teach nonviolent crisis intervention philosophy and techniques for families and programs serving people with developmental disabilities. Some days are fairly ordinary in providing staff training,

consultation, direct service regarding individual programs, and behavior management procedures. Other days I have no idea what I'm walking into until I'm there.

You're running in the New York City Marathon on Team ASAT – is this your first marathon?

Actually, it will be my sixth (three in 2011 and two in 2012).

What made you start marathoning?

My father (who was my best friend) was a marathon runner when I was a child in the 1970's. I used to go to the 26 mile mark to watch him finish the NYC marathon. I never thought I would do one myself, though, and actually used to make

(Continued on page 3)

Interview with Bobby Newman continued...

good-natured fun of people who would run that far for no reason. I was always very active, biking century rides (100 miles) and competing in wrestling and drug-free bodybuilding, but had never run more than 10 miles (for wrestling practice and conditioning). Four years ago, while preparing for a fundraiser 100 mile ride for The ELIJA School for children with autism, I had a nasty bicycling accident where I was clotheslined by a downed wire while riding. I suffered a concussion and shoulder injury. The shoulder injury prevents me from biking more than a couple of hours at a time, so I needed something else. Two years ago, my wife, Dana, became sick with breast cancer (she's now completely healthy). I was invited by my good friend and colleague, speech therapist Melissa Slobin, to run some fundraisers for breast cancer with her. Carolyn Ryan joined us, and I began training so I wouldn't embarrass myself on those runs. I found I liked being back in condition and decided to go all the way up to the marathon to share a belated experience with my dad and let my wonderful son, David, see me come across the finish line the way I watched my dad.

Do you have any specific goals for the NY marathon?
I'm not a speedy guy. I have a special shirt that I wear for the marathons that www.spectrumdesigns.org made for me. It's a joke about my short stature and

lack of speed. The shirt features a large printed quote of Gimli from the *Lord of the Rings* movies: "We dwarves are natural sprinters, very dangerous over the short distances." I would love to crack four hours for the marathon one day, but four hours and twelve minutes is my current PR (personal record). This year, though, in addition to Melissa, Team ASAT will have veteran marathoner Jonathon Brunot, and first timers Helen Bloomer, Vanetta LaRosa, and Nicole Mammina. My goal is to finish in a reasonable time and to help those who are doing their first marathon to get the most out of the experience possible. It goes without saying, of course, that a primary goal is to raise as much money as possible to support ASAT's programs.

Your company has been sponsoring us since the beginning. If other companies were looking to sponsor, what would be reasons they should?

There is so much misinformation out there, and parents and others need to have a means of sifting through the hype, exaggerated claims, and occasional outright falsehood, to get to solid information. ASAT is the solution. I find myself directing people to www.ASATonline.org several times a week.

How do you increase speech intelligibility (articulation skills) or the variability in the sounds produced by children with autism spectrum disorders? Answered by Tracie L. Lindblad, Reg. CASLPO (SLP), MS, Med, BCBA

Speech-language skills are often a significant focus of intervention for children with autism and there are an increasing number of treatments used by clinicians of various disciplines to target these skills. For parents and other consumers, understanding these various treatment options and determining which may be best for their child with autism can be a daunting task. In this edition of Clinical Corner, Tracie Lindblad reviews the current evidence base for commonly implemented speech interventions for children with autism and offers recommendations for designing a program to target speech production skills.

*Nicole Pearson, PsyD
Clinical Corner Coordinator*

Approximately 30-50% of individuals with Autism Spectrum Disorders (ASDs) remain minimally verbal throughout their lives, with little or no functional speech (National Institutes of Health & National Institute on Deafness and Other Communication Disorders, 2010; Johnson, 2004; Mirenda, 2003). These individuals may rely on more effortful modes of communication such as reaching for desired items, taking another's hand to gain access, or obtaining the item independent of communication. Attempts to communicate may also take the form of challenging behaviors such as aggression, self-injury, and tantrums.

Parents face a difficult task in choosing a treatment for minimally verbal children with ASDs because a wide range of techniques are routinely used by speech-language pathologists and behavior analysts with varying degrees of success and evidence.

The following table highlights some of the most commonly implemented interventions to target speech skills and the current evidence base for each.

(Continued on page 5)

Clinical Corner continued...

Treatment	Brief Description	Evidence
Articulation Therapy	<ul style="list-style-type: none"> A sequence of therapy where the target sound is practiced first in isolation, then in syllables, words, sentences, stories, conversation, and finally, in generalized to all contexts of language Sound errors are usually targeted in the order that they occur in typically developing children 	<ul style="list-style-type: none"> Some limited evidence with results from quasi-experimental studies (single case design, multiple baseline studies, etc.) and non-experimental studies (descriptive reports, case studies, etc.) More rigorous research is needed in order to compare the relative benefits of different intervention approaches (Baker & McLeod, 2011)
Echoic Training	<ul style="list-style-type: none"> The use of strategies based on applied behavior analysis (ABA) to shape better productions of specific sounds and words Similar to articulation therapy in that it works on repetition of sounds 	<ul style="list-style-type: none"> Good evidence but results are highly variable across children with some making substantial progress in their speech while others do not (Ross & Greer, 2003)
Kaufman Speech Praxis Treatment approach (Kaufman, 1998)	<ul style="list-style-type: none"> A manualized systematic method of shaping speech sound combinations that follows a defined developmental progression This intervention was developed specifically for children with developmental apraxia of speech 	<ul style="list-style-type: none"> Insufficient evidence for children with ASDs; results from non-experimental studies (descriptive, case series, etc.) and expert opinion evidence only More research is needed (Morgan & Vogel, 2008)
Mand (request) Training	<ul style="list-style-type: none"> The use of echoic training/speech shaping within the context of a request in order to capitalize on the child's motivation to communicate (i.e., the child receives the item that he/she requests) In other words, the reward for saying the sound/word/phrase is obtaining that item, unlike echoic training or articulation therapy where the 'reinforcer' is not generally related to the target sound/word 	<ul style="list-style-type: none"> Good evidence to support use of this procedure Child response to this approach can also be variable (Sherer & Schreibman, 2005)
Oral-Motor Imitation Training (Rosenfeld-Johnson, 2001; Marshalla, 2009)	<ul style="list-style-type: none"> An approach which uses imitation training to increase non-speech movements and sounds such as puckering the lips, blowing, moving the tongue rapidly, etc. Tools such as Nuk® brushes, tongue depressors, and whistles/straws of varying diameters may be used as prompts/aids to assist the placement of the lips, teeth, tongue, and jaw 	<ul style="list-style-type: none"> No effectiveness demonstrated in any well-designed study non-experimental studies (descriptive, case studies, etc.) conducted; however, there is a growing number of studies to substantiate that there is no effect (McCauley, Strand, Lof, Schooling, & Frymark, 2009)
PROMPT Method (Prompts for Restructuring Oral Muscular Phonetic Targets) (Chumpelik [Hayden], 1984)	<ul style="list-style-type: none"> A manualized tactile-kinesthetic approach that uses touch cues to a student's jaw, tongue, and lips to manually guide the production of a target word Thought to help develop motor control and proper oral muscle movements 	<ul style="list-style-type: none"> Insufficient evidence for children with ASDs No research with individuals with ASDs conducted by independent labs/researchers (Pace, 2011)

Clinical Corner continued...

Within the fields of behavior analysis and speech pathology, evidence-based practice (EBP) should shape and guide our treatment decisions. EBP is the integration of:

- external scientific evidence,
- clinical expertise/expert opinion, and
- client/patient/caregiver perspectives.

Principles of EBP can help any professional to provide high-quality services which reflect the interests, values, needs, and choices of the individuals, and promote the best outcomes possible with the current evidence to date.

Therefore, treatment decisions should take into account a number of factors such as:

- current level of evidence
- learner characteristics (such as initial echoic repertoire)
- motivation of the child
- response to imitation-type programs
- training and background of the professional/team (e.g., early intensive behavioral intervention (EIBI) team, speech-language pathologist (SLP), paraprofessional, etc.)
- intensity of the planned intervention

Working as a collaborative team comprised of behavior analysts, early interventionists, and SLPs will allow the development of appropriate targets by drawing on the specific strengths from each profession. Speech-pathologists are trained in the developmental acquisition of speech sounds and in the selection of appropriate substitutions or simplification of speech sounds in order to help the student progress from easier targets to more difficult ones. On the other hand, behavior analysts are uniquely trained in using shaping procedures effectively, assessing motivation to assist in learning, and collecting of detailed and specific data to guide treatment decisions. With a collaborative team, the child benefits from a well-designed program with appropriate targets.

When guided by the current evidence for treatment and the clinical expertise/knowledge from the fields of ABA and speech pathology, the following sequence may be helpful in designing a program to target echoic/speech production skills:

1. Conduct an initial assessment of the child’s sound productions. This may be completed by an SLP using standard articulation or phonological tests or by a behavior analyst using as-

essment tools such as the Assessment of Basic Language and Learning Skills—Revised (ABLLS-R; Partington, 2006) or Verbal Behavior Milestones Assessment Placement Program (VB-MAPP; Sundberg, 2008), which includes the Early Echoic Skills Assessment (EESA; Esch, 2008).

2. Compile a list of items and activities that the child would typically be motivated to request on a daily basis. Determine appropriate word approximations or the shaping steps for each of the words.
3. Set up opportunities throughout the day for the child to request these preferred items/activities in order to practice the target sounds/words. Some of these may be already occurring; however, it is often necessary to create additional opportunities and to ensure that the request is reinforced when it occurs.
4. Record the frequency and accuracy of the child’s production in order to determine when a more complex target will be required (i.e., shape the sound/word to a more ‘typical’ production).
5. Prompts or cues may be added to the practice trials to help the student meet the targeted production. These prompts will need to be systematically faded so that the student learns to accurately produce the sound/word independently.
6. Difficult targets should also be practiced within the context of an echoic program where the child is given additional opportunities for practice. Systematic and frequent teaching, prompting, and reinforcement are key elements in changing the behavior.
7. A planned effort to promote the generalization of all targets outside of the structured sessions is critically important.
8. Continue to assess the intelligibility of the child in order to ensure that vocal speech is functional. If the child is not understood by an unfamiliar listener at least 80% of the time, then an augmentative and alternative communication (AAC) system such as the Picture Exchange Communication System (PECS, Bondy & Frost, 2001) should be considered while speech skills continue to develop.

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Clinical Corner continued...

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Making a Difference One Quarter at a Time by Denise Grosberg, MA, BCBA & Ruth Donlin, MS

From New Jersey to California, businesses have raised thousands of dollars with counter-top donation jars to support ASAT. In New Jersey, Nutley's Bagel Boy, a family run business, has been collecting money since February and raised well over \$100 to support ASAT. As stated by owner Michael Scott, "My family supports ASAT because we want the best for our nephews. Knowing that there is an organization that could provide us with appropriate information on treatments for autism is very comforting to us. By placing a donation jar in our store we can show our community that we support ASAT, and we can ask our customers to support it as well. We are very proud to be involved with such a wonderful organization!"



Our first and longest involved business is Dairy Queen in three of its Maine locations. Owners Larry and Kathy Hannon have been strong supporters of ASAT

since 2009, and have raised thousands of dollars on our behalf. They have a daughter with autism and found ASAT to be a valuable resource for them and the people in their community. Not only do they place donation jars on their counters, they have posters and an autism information board for consumers as well. When asked what keeps them involved with ASAT after all these years, Larry said, "We raise money for ASAT because we would like parents to be properly educated about autism and its 400+ so-called treatments, in order to make the very best choices for their children. Time is of the essence; there is no time to waste."



Kathy Hannon feels strongly about the need for education about autism treatment and offered, "I have always felt that when people are forced to support a charity through their paycheck or by company policy, it leaves a bad taste in their mouth; however when you choose to put change or bills in a donation jar and have the ability to grab a business card with information, it is a win-win situation. ASAT is an organization that is close to our heart and I am happy we can help raise funds in our stores and communicate to our staff and customers how important autism research is."

ASAT is proud to have the support of these businesses and appreciates all of their efforts. We thank you Nutley's Bagel Boy, Yogurtland, Buck's Coffee House, and Dairy Queen for supporting ASAT and showing us how the community can make a difference one quarter at a time.

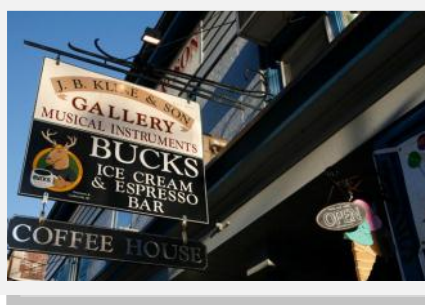
To find out more about how to participate in our donation jar campaign, please contact ASAT Board Member, Ruth Donlin, at asatevents@aol.com.



In Claremont, California, Yogurtland manager Eric Rockwell is another strong advocate for ASAT and has been helping to raise money with a donation jar in his store for more than a year. In speaking about his experience with the fundraiser, Eric stated, "I was raised in this community and

I know how autism has affected so many children and families who come into the store on a regular basis. Putting the donation jar in our store is one simple way we can help make a difference in the lives of families in our area." Furthermore, Eric is currently collaborating with ASAT to formalize a fundraiser in which 20% of the store's daily sales will be donated to ASAT. Eric says that while many organizations have raised money at Yogurtland with his help, ASAT holds a special place in his heart. "I want to do more; and this is one way I can help."

Several months ago Marianne Clancy, an ASAT board member, walked into Buck's Coffee House in Lambertville, NJ. She spoke with manager Barbara Simon about placing an ASAT donation jar in her business. Little did Marianne realize, Barbara recognized her from



church and was glad to participate, as she has mutual interests. Barbara shared, "I have really enjoyed participating and raising these funds because ASAT is a good cause with great information ... I was a Special Education teacher for years and worked with some children with autism. It warms my heart to have something available in the community and knowing you're helping others."



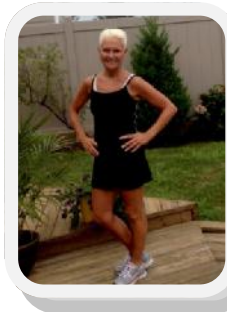
ASAT is proud to announce its participation in the

[NYC Marathon on November 4, 2012! \(click for more information\)](#)

Please support the members of our Marathon Team who are running to support ASAT. Help them reach their fundraising goals and thank them for their support of ASAT by posting to our Facebook page.

We are grateful to our Marathon Captain, Bobby Newman (Past-President of ASAT), and our five runners: Helen Bloomer Vanetta LaRosa, Nicole Mammina, Melissa Slobin and Jonathan Brunot. We'd like to introduce you to our runners who have chosen to join "Team ASAT" because they too, share ASAT's mission.

Helen Bloomer has done extensive work in the field of autism and applied behavior analysis for over 20 years supervising and directing school programs for students with ASD as well as providing consultation to a variety of programs. Helen is also a regular presenter locally, nationally and internationally within the field of autism. We appreciate her continued support of ASAT by being one of our runners this year.



field she is a current volunteer for ASAT and has assisted ASAT with various media and advertising projects to date. We appreciate her dedication to ASAT.

Melissa Slobin is a Speech-Language Pathologist and a marathoner who has raised money for various charities benefiting autism. Melissa works with adolescents diagnosed on the autism spectrum and published a chapter in *Move with a Purpose*. Thanks, Melissa, for being on Team ASAT!

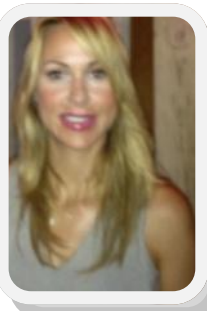


Jonathan Brunot is a young man with autism. Jonathan is an experienced marathon runner and has raised money for autism charities in the past. We are thrilled to have Jonathan running on our behalf at ASAT. Jonathan is currently being featured on the bill-

board in Times Square in NYC. To learn more about Jonathan please read the article featuring Jonathan's story on the next page of this newsletter.

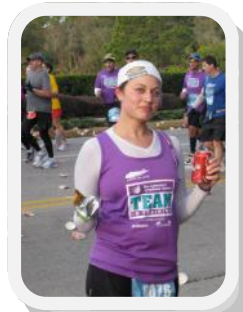
In this issue you will also find an interview with **Bobby Newman** (our Marathon Captain). Use the link above to learn more about Team ASAT, the runners, and how you can donate!

As you know, there are many organizations out there sharing information about autism treatments and interven-



Vanetta LaRosa has worked as an autism/ behavioral consultant for over 20 years. She has published in the area of autism and presents at professional conferences. She is a recipient of a social science research award. Special thanks to Vanetta for stepping up to help raise funds for ASAT.

Nicole Mammina is a Special Education teacher and is currently pursuing her advanced certificate degree in applied behavior analysis. Although Nicole is relatively new to the



tion. We believe ASAT is unique. We are not trying to promote any particular treatment; we are simply trying to educate the public about the importance and relevance of science in autism treatment. Our mission is to share accurate, scientifically sound information about autism and autism intervention because we believe individuals with autism and their families deserve nothing less.

If you are a runner in this event and are looking for a charity to support, please contact Ruth Donlin at asatevents@aol.com. You can also join us on Facebook and follow us on Twitter. Please visit our website often.

Who is Jonathon Brunot?



This was written for me by my older brother and it can be found [here](#).

Hi everyone! My name is Jonathan Brunot!

I am 23 years old and I am a passionate marathon runner! I am also profoundly autistic, but that hasn't stopped me from running 8 marathons and even running an ULTRA marathon (30 miles)!

The CRAZY part is that I wasn't born an athlete! I didn't compete in high school track; in fact until 5 1/2 years ago I had never run more than a full lap in my life! With the help and encouragement of my amazing mother and my running coaches, Vincent Del-Cid, and Suzanne Gamez, I steadily began to get better, lose weight and internalize the sport of running.

Now, I LOVE to run; in fact, I get anxious when I have long gaps between training!

My family, friends, teachers and coaches have dedicated so much time and effort to help me realize my potential through running, and this coming November I have the opportunity to run in my 9th marathon representing ASAT (Association For Science in Autism Treatment).

Since I am running for a charity, I have pledged to raise 2,500 dollars for ASAT before competing in the ING NYC Marathon 2012. **I NEED YOUR HELP!!!!**

Autism is a pervasive disorder, one that means that I will be facing many more challenges as I grow older and I will likely be dependent on others for the rest of my life. However, like ANYONE with autism, I have found one of the many things I enjoy and used my autism as an asset. My boundless energy now fuels every muscle in my body as I pound the pavement!

Please help be part of something great as we raise money to make sure I get into the NYC Marathon this year, and to support a wonderful organization like ASAT.

To learn more about me, you can visit my [facebook page](#). You can read about my very first marathon experience in a NY TIMES article from 2008 by clicking [here](#).

You can even see me (until late August) in TIMES SQUARE!! 44th and Broadway on the jumbotron between Toys R Us and Foot Locker. I won the Yurbuds #BEYOND THE WALL contest and even won a trip to Hawaii for my amazing coaches!

After the contest, I was even named one of America's most [INSPIRATIONAL ATHLETES!!!](#)

PLEASE JOIN TEAM JONATHAN AND HELP ME GET TO THE NYC MARATHON THIS YEAR!

SHOW YOUR VALUES SHOW YOUR BRAND



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.

If you share our values, take this opportunity to support our mission and share yours to 7,000 SIAT subscribers interested in autism treatment, services, and products.

2012 Advertising Rates	Non Sponsors	Partners \$5000/year	Champions \$2000/year	Benefactor \$1000/year	Alliance \$500/year	Patron \$200/year
	See rates below	Two free ads + 50% discount	One free 1/2 page + 50% discount	One free 1/4 page + 40% discount	40% discount	20% discount
Full Page 9" x 7"	\$800/Issue	\$400/Issue	\$400/Issue	\$480/Issue	\$480/Issue	\$640/Issue
Half Page 4.5" x 7"	\$500/Issue	\$250/Issue	\$250/Issue	\$300/Issue	\$300/Issue	\$400/Issue
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Message from SIAT Co-editor, David Celiberti, PhD, BCBA-D

Summer 2012 marks the third anniversary of the return of *Science in Autism Treatment*. The time has gone by so quickly. Josh and I remain so grateful to our incredible newsletter team showcased on the bottom of page 22 and, of course, to the thousands of readers worldwide who are committed to ensuring that science remains in the forefront of the conversation about autism treatment. No sooner do we get one issue out than we begin to put together another information-packed issue. If you have not already done so, please take a few moments to complete a [brief survey](#) about our newsletter. Your feedback will be much appreciated and will enable us to improve upon aspects of our newsletter to better meet your needs and to address topics of importance to you.

ASAT has had a very productive year thus far, with progress made on many of our goals. We will write more about our 2012 accomplishments in the Fall issue of *Science in Autism Treatment*. In the meantime, I wanted to share a few noteworthy updates with SIAT readers.

- ⇒ My role within ASAT has changed, and I am thrilled to be serving as the Executive Director in a part-time capacity. Two of my responsibilities will be to submit grants on behalf of ASAT to fund some of our initiatives and to supervise ASAT's externs.
- ⇒ Mary McDonald has been elected President. Flo DiGennaro Reed and Daniela Fazio have been elected Vice President and Secretary respectively. Leigh Broughan will soon take over the role of Treasurer from Barbara Wells. I believe that ASAT has a very bright future with this current slate of officers coupled with the rest of our talented and committed Board of Directors.
- ⇒ We recently created a 150-hour externship program and have launched this experience with eight energetic and highly capable young people. These externs are currently engaged in a variety of projects that support all aspects of ASAT. If you are interested in learning more about an externship with ASAT, please write me at DCeliberti@asatonline.org

Your financial support, no matter what the amount, can make a big difference in enabling ASAT to continue its mission to disseminate accurate information about autism and its treatment and to help keep our resources free of charge to our consumers. Please make a donation by going to our [donation page](#) or directly online through PayPal (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 2012 Real Science, Real Hope Sponsor. Please see page 17 for more information.
- ⇒ If you are a business owner or know one who 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 page 7 where you can read about our community fund raising efforts.

Finally, I am proud that ASAT has dedicated this issue of the newsletter to the Behavior Analysis Center for Autism. We are very grateful to Dr. Carl Sundberg and all his colleagues for their support. Please visit www.thebaca.com for more information about this outstanding organization!

Best,



David Celiberti, Ph.D., BCBA-D
Executive Director and Co-Editor of SIAT

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Consumer Corner: An overview of www.AutismPPPSIG.org (A shared website of the Autism and the Parent-Professional Partnership Special Interest Groups of the Association for Behavior Analysis International) by Denise Grosberg, M.A. BCBA PPP SIG Secretary

The website, www.AutismPPPSIG.org, is a culmination of the combined efforts of the Autism and PPP SIGs of the Association for Behavior Analysis International (ABAI). Although the Autism and PPP SIGs have distinct missions, they share overlapping agendas, objectives, and leadership. To showcase the collaboration between our two SIGs, and to highlight the unique aspects of each SIG, we host a joint website. In this way, we can share our resources, increase search efficiency, and cross-reference optimally. When visiting the website, you will find Autism SIG content and links on the left and PPP SIG content and links on the right of the homepage. Although the SIGs are separate organizations, we have a long history of sharing resources and working closely together.

The Autism SIG

The Autism SIG brings together those individuals who specialize in or have an interest in the application of behavior analysis to the education and treatment of individuals and families affected by autism across the lifespan. The Autism SIG has three primary purposes:

- ⇒ To promote behavior analytic research and the exchange of scientific information in the area of autism treatment;
- ⇒ To advocate for and promote high standards in the application of behavior analytic treatments; and
- ⇒ To support consumers of ABA services.

SIG activities include conference events, participation in the ABAI Exhibition, a quarterly newsletter, and a student research award. Currently, several committees operate within the Autism SIG, including the Membership, Consumer Resource Development and Dissemination, Website, and Newsletter committees.

The left-hand side of the website is divided into two sections: Autism SIG and Autism SIG Resources. The Autism SIG section has a number of links:

In **About the Autism SIG**, you can learn about the Autism SIG's history, purpose, activities, and membership;

In **Questions about the Autism SIG**, you'll be able to find answers to questions such as how the Autism SIG was formed, how to join, how to access the newsletter and provide feedback about the website;

In **Committees**, you can learn about the four Autism SIG committees: Membership, Consumer Resource, Newsletter, and Website and their objectives; and

In **Student Research Award**, you can learn about how to apply for the Autism SIG Student Research Award, which is awarded to a graduate or undergraduate student who is the first author on a poster presented at ABAI. The poster submissions are reviewed by a panel of judges.

Within the Autism SIG Resources section, you can find:

Consumer Guidelines, a resource for identifying, selecting, and evaluating behavior analysts working with individuals with autism, and for identifying those individuals who are qualified to supervise/direct ABA programs for individuals with ASD;

Research Reviews, featuring reviews of selected articles relevant to the treatment of ASD and/or the application of ABA based interventions in ASD;

Interviews with various leaders in autism research and practice, typically discussing a key area of relevance to autism intervention;

Book Reviews on a number of different books on autism treatment such as self-help skills, visual supports, behavior analysis in education, and verbal behavior;

Topical Articles on topics related to the Association for Science in Autism Treatment, the Cambridge Center for Behavioral Studies, the Association for Professional Behavior Analysis, Hippotherapy, evaluating interven-

For well over a decade, the Autism Special Interest Group and the Parent Professional Partnership Special Interest Group (PPP SIG) of the Association for Behavior Analysis: International (ABAI) have partnered together to inform the public about autism and applied behavior analysis, and to help disseminate information regarding effective treatment for individuals with autism spectrum disorders. In keeping with the times, the Autism and PPP SIGs have developed a website to better achieve their goals and meet the public's needs. Denise Grosberg has written an overview of the website to orient readers to a great resource for parents and professionals.

*Kate Fiske Massey, Ph.D., BCBA-D
Consumer Corner Coordinator*



(Continued on page 13)

Consumer Corner continued...

tions' effectiveness, early detection of autism by pediatricians, and the Massachusetts licensing bill;

Program Descriptions of a number of home-based and center-based programs; and

Past issues of the Autism SIG Newsletter are also available in this area. These newsletters contain content such as book reviews, article summaries, and descriptions of programs for students with disabilities from all over the country.



The Parent Professional Partnership SIG

The Parent Professional Partnership Special Interest Group (PPP SIG) is now in its 11th year and was originally founded to help address the needs of the growing numbers of parents within the behavior analytic community. The PPP SIG is quite different than other SIGs within ABAI. Aside from educating parents about behavior analysis, our SIG's other primary initiative is helping parent attendees get the most out of ABAI and its conferences. The PPP SIG provides information, networking and resources for these parents. Although the bulk of our efforts center around autism spectrum disorders, parents of children with other disorders and disabilities may be interested in our SIG's activities or our website. More specifically, our ongoing initiatives include:

- ⇒ Helping parents involved in applied behavior analytic (ABA) services become more familiar with applied behavior analysis through our information, resources and links;
- ⇒ Providing parents with access to accurate information from other existing resources via links or summaries;
- ⇒ Sharing information with parent attendees prior to the ABAI convention;
- ⇒ Hosting an orientation to first-time parent attendees and other newcomers at the start of the convention;
- ⇒ Creating opportunities for networking; and
- ⇒ Providing a forum for discussion of objectives at our annual business meeting.

The right-hand side of the website is divided into a number of sections: PPP SIG, ABAI, and PPP SIG Resources. The PPP SIG section has a number of links:

In **About the PPPSIG**, you can learn more about the PPP SIG's history, ongoing initiatives, and current objectives to broaden our scope;

In **Questions about the PPP SIG**, you can find out answers to questions such as who the members of the PPP SIG are, how to join, how to provide feedback on the website, and how to help; and

In **Committees**, you can find out more information about our Website, Convention, and Public Relations committees.

Within the ABAI section, you can find out more information on the following topics:

In **Association for Behavior Analysis International (ABAI)**, you can read about the mission of ABAI, events sponsored by ABAI, affiliate chapters, and how to become a member;

In **Annual Convention**, you can learn more about general convention events such as poster sessions, paper presentations, and panel discussions;

In **Convention Events**, you will find a link to the latest ABAI events; and

In **Save the Date**, you will find information about events and opportunities of interest for PPP SIG members at ABAI.

Within the PPP SIG Resources section, you can find:

Annotated Links, which contains a brief description of organizations taken directly from the referenced websites;

Upcoming Conferences, which lists both state and regional autism conferences in the U.S. and abroad;

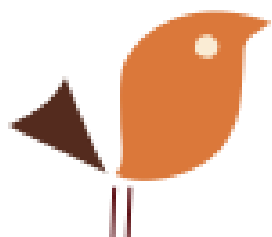
Suggested Books, which includes a list of titles on a wide range of topics from behavior analysis, to family resources, to advocacy, IEPs, and legal matters;

Other Organizations, which provides detailed information about the Association for Science and Autism Treatment (ASAT), the Association for Professional Behavior Analysts (APBA), the Behavior Analyst Certification Board (BACB), and the Cambridge Center for Behavioral Studies;

Frequently Asked Questions, which showcases questions and answers on topics such as basic autism information, early detection and diagnosis, funding, family support, and questions about the Autism SIG Consumer Guidelines, just to name a few; and

Resources of Other Organizations which summarizes resources developed by other organizations that are free of charge or available at a very low cost. More specific information is available on each organization's respective websites.

We hope that you find the pages of the website easy to navigate, and that you find the shared website to be a valuable resource for you, the user! Please readily share the information contained in our website. Use the toolbar to email the page, print it, or recommend it on Facebook. Please send us any feedback on layout, content, or any other matter by contacting us at autismsig@gmail.com for the Autism SIG side or denise@denisegrosberg.com for the PPP SIG side of the website.

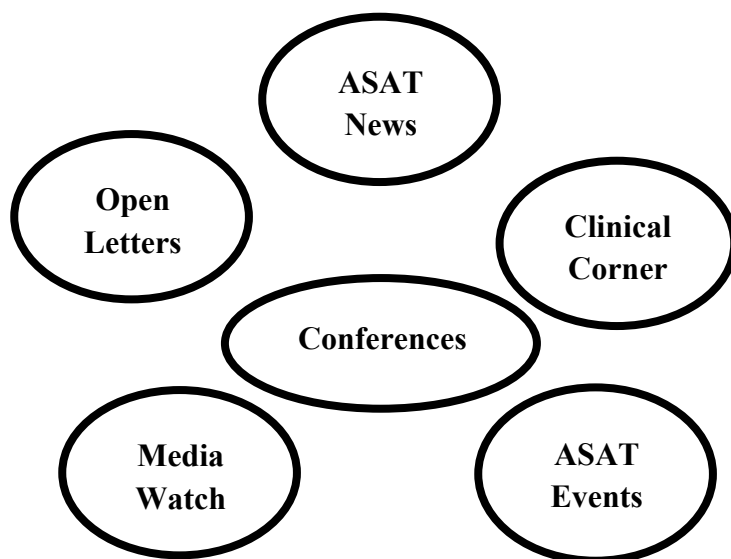


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From the Archives: Top 10 Questions Journalists Should Ask Before Writing the Next Autism Story by Daniela Fazzio, PhD, BCBA-D

#1 Are there any published research articles in peer-reviewed journals documenting the efficacy of the intervention method featured in my article or I am just finding hopeful testimonials? If not, why not, and how should I pitch my article given the absence of supporting research? If so, are the studies well designed?

#2 Who am I interviewing for this story and what are his/her qualifications? What does (s)he stand to gain by this interview? Is (s)he making claims of efficacy or effectiveness that are not supported by scientific data?

#3 Is there any evidence of harm associated with this intervention? What are the risks?

#4 How much does the intervention cost? Is the cost reasonable? How is it paid?

#5 What kind of training and supervision do treatment providers need to have before implementing the intervention? If none or very little, have I explored the ethics involved and asked if there is adequate consumer protection?

#6 What position statements have respected professional organizations generated that support or do not support this intervention method?

#7 Are science-based interventions (such as applied behavior analysis) recommended by these organizations?

#8 Have I consulted with an unbiased entity (such as the Association for Science in Autism Treatment (info@asatonline.org)) for their input?

#9 As described or discussed in this article, "Does the intervention encourage false hope or suggest unrealistic benefits for a family coping with a pervasive developmental disability?"

#10 Have I provided readers with related resources and references that are objective, science-based, and minimize the risk of coercion or manipulation?



Shout Outs, Accolades, and Appreciations! By Kerry Ann Conde, MS , BCBA

ASAT would like to recognize those individuals and organizations who strive to support our efforts to get the word out about ASAT and what it offers. Specifically, we would like to thank and send a "shout out" to...

- Dena Russell of the Hoboken Special Needs Parent Group for blogging about ASAT's restaurant based fundraiser, Dine In Deed <http://www.hobokensnpg.org/blog/2012/07/13/Dine-InDeed-Hoboken.aspx>
- Hoboken Patch writer, Alan Skontra, for publicizing Dine In Deed each week <http://hoboken.patch.com/events/support-good-causes-with-dinner-at-wicked-wolf>
- Dr. Dick Malott for disseminating ASAT Media Watch on Facebook
- Bobby Newman for being TEAM ASAT's Marathon Captain and for devoting his time and energy to help make ASAT's participation in the New York City Marathon on November 4, 2012 a great success

If you would like to share information about any initiatives you have undertaken to support ASAT, please write us at publicity@asatonline.org.



WHY SPONSOR?

BACA often refers to the Association for Science in Autism Treatment (ASAT) as a resource for our clinical team, staff and parents.

We understand that parents of children and young adults with autism are often targets of entrepreneurs who are selling unsubstantiated autism treatments. We want to make sure those parents and families are protected from these individuals by offering specialized education.

We would also like to give support to those researchers who are in the process of examining the most effective treatments for autism.

That is why we at BACA support ASAT, and we look forward to our partnership with them.”

~Carl Sundberg, PhD, Executive Director/President



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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Focus on Science: "Verification" and the Peer Review Process by Daniel W. Mruzek, Ph.D., BCBA-D

If one wanted to market a scientifically-unproven intervention, device, or pill as a valid autism treatment to families affected by autism, how would one go about it? Glossy pictures? Glowing testimonials? Miracle claims? Hyped social media pitches? Charming infomercials? Answer: All of the above.

And, here's another marketing strategy: portraying one's product as having scientific validation when, in fact, such validation does not exist. To do this, one might make references to "scientific evidence" in material that, upon systematic inspection, is less than convincing.

I was reminded of this when I recently reviewed a web page (http://www.autismtreatmentcenter.org/LandingPages/Scientific_Research.html) that boldly claims, "SCIENTIFIC RESEARCH Verifies *The Son-Rise Program*® WORKS!" *Findings support the efficacy of parent-delivered SRP intervention for promoting social-communicative behavior in children with autism spectrum disorders.*"

What are these findings? On the website, the Son-Rise marketers provide a link to a key source of their "verification" – a paper entitled "Training Parents to Promote Communication and Social Behavior in Children with Autism: The Son-Rise Program". This paper, written by a trio of Northwestern University researchers, presents a study of the purported benefits of intervention delivered by 35 parents of children with autism who participated in a five-day parent-training course on Son-Rise Program methods, as well as an advanced follow-up course 3-12 months later. Parents

completed The Autism Treatment Evaluation Checklist (ATEC), a rating scale that contains items on communication, sociability, cognition, physical status and behavior.

The authors divided the 35 parents into three groups based on how many hours of intervention the parents reported giving their child each week during the interval between their first and second Son-

Rise trainings (i.e., no intervention [11 parents], 1–19 hours [13 parents], 20 or more hours [11 parents]). The authors present results reflecting statistically significant higher ATEC scores at second ATEC completion relative to the first, and they suggest that these higher scores reflect real improvements in communication, social skills, and sensory and cognitive awareness. They go on to point out that children with greater gains were more likely to have had more hours of parent-administered SRP.

As linked on the Son Rise website, this study is typeset like a published research article, prompting me to try to determine which peer-reviewed journal had published it. Through email correspondence, the third author, Cynthia K. Thompson, reported that the study had not been published because the team had decided to collect additional data prior to submission for peer review. In other words, this study is a "work in progress" and certainly not a verification of treatment effectiveness. In fact, this practice of repeatedly analyzing results prior to the close of data collection is, in itself, problematic from a scientific standpoint, as the process involves conducting many analyses that often yield varying results but are never reported (see Simmons, Nelson, & Simonsohn, 2011).

One of the mechanisms that make science such a powerful engine for progress is the reliance on the peer review process. The scientific method requires that, when a scientist makes an assertion (e.g., "This treatment works!"), (s)he knows that there exists a responsibility to show other scientists how they arrived at their conclusions with enough specificity that others can replicate the study. It is through this process of peer review that faulty assertions about the data are challenged and, hopefully, rejected in short order.

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(Continued on page 19)

Focus on Science continued...

Typically, in the peer review process, an editor reviews a manuscript and, if deemed appropriate, shares the manuscript with a team of reviewers with demonstrated expertise in the relevant subject area. In many cases, these reviewers are “blind” to the identity of the authors and vice-versa, so as to minimize personal biases (e.g., affiliations, personal grudges). The reviewers are charged with the task of evaluating the contents of the manuscript on the basis of scientific merit, including the methodology, statistical analyses of the data and logic of the authors’ conclusions. The reviewers then describe, in writing, their opinions regarding the strengths and weaknesses of the study and make a recommendation regarding publication. The editor synthesizes this feedback and provides a summary to the author(s). In many cases, the editor will reject the manuscript for publication altogether. In other cases, he or she may require revisions, acknowledge limitations, temper conclusions or make other substantive changes prior to publication. *(Editor’s Note: For additional discussion of the peer review process, see the Media Watch article on p. 20 of this issue.)*

In the case of the manuscript written by Thompson and her colleagues, I suspect that, if it were submitted to a journal with a legitimate peer review process, a multitude of questions would be raised about it, including:

- ⇒ participant recruitment (35 self-selected parents out of a pool of 430 parents, many of whom participated in the first training but apparently did not return for more);
- ⇒ group distribution (non-random group assignment);
- ⇒ the outcome measure (one brief checklist completed by parents);
- ⇒ treatment fidelity (no way of verifying the quality or quantity of actual treatment), and
- ⇒ control for placebo effect, expectancy bias or any number of potential threats to the validity of responses.

And, despite some effort on the part of the authors to con-

trol for this, there is no real way of knowing what other interventions the child was engaged in during the interval between their parents’ first and second Son Rise training.

Of course, scientists who make up peer review committees are vulnerable to the same kinds of human frailties as the rest of humanity (i.e., jealousy, ego, bias, profit motive); however, the communal nature of the process, as well as another scientific safeguard- replication of results by others- helps to minimize the degree to which these frailties impact decisions regarding the quality of a study and our confidence in the results. The scientific method is far from perfect, but it is probably the best game in town for vetting new interventions.

Parents and other consumers of product pitches can watch for treatment claims that *look* like they have been established through the scientific process but in actuality fall short. Discuss potential treatment options with licensed and/or board certified experts whom you trust. Practice skepticism, especially when fantastical claims are made. Use resources, such as ASAT’s Treatment [Summaries](#) for quick reference. Families affected by autism deserve honest, direct communication about the state of the science for treatment options. Accept nothing less.



Reference

Simmons, J. P., Nelson, L. D., & Simonsohn, U. (2011). False positive psychology: Undisclosed flexibility in data collection and analysis allows presenting anything as significant. *Psychological Science*, 22, 1359–1366.

We want to hear from you!
 Please share your opinion about this newsletter by going to the following web-address and participating in a very brief survey:
<http://questionpro.com/t/AIR0ZMuGB>
 Your input will help us improve upon our quarterly newsletter!

Media Watch Reply: *Pets May Help Kids With Autism Develop Social Skills* by David Cellberti, PhD BCBA-D and Daniel Mruzek, PhD BCBA-D

Dear Ms. Gardner,

Thank you for your article, "[Pets May Help Kids With Autism Develop Social Skills](#)," and for highlighting the fact that young children with autism, like other children, may enjoy and benefit from having a pet in their home. As with many articles about autism treatment, this is a heartwarming story, and we do not dispute the idea that pets may provide wonderful opportunities for children with autism to enter into social exchanges with others. Furthermore, the empathy and responsibility that may develop as a function of pet ownership should not be discounted.

At a time when there are 400+ treatments for autism, journalists must be very careful how they pitch their message, however touching and seemingly benign an intervention may appear. To this end, we would like to share a few concerns:

- Your article provides an incomplete description of the status of social skills intervention for children with autism. We suggest a more accurate title: "Pets May Help Kids With Autism Develop Social Skills, but Teachers and Providers Using Evidence-Based Practice Help Even More." The social deficits discussed in your article are at the core of an autism diagnosis. There exists a body of treatment research that targets these deficits which require careful and comprehensive intervention. Treatment methods derived from this research help children with autism forge positive relationships with others by *directly targeting* important skills such as cooperative play, conversation skills, sharing and turn-taking. Such procedures are carried out every day in schools and center-based programs. Unfortunately, your article did not mention science-based interventions to address social skills.
- In the realm of scientific research, there is an important saying: "correlation does not imply causation." In this case, parents who obtained a pet after their child turns four reported the highest level of "offering to share" and "offering comfort" behaviors. It is very plausible that these pro-social characteristics in children with autism were the actual causal factor in the parents deciding to obtain a pet in the first place. Alternatively, a third factor, such as a family making a commitment to owning a pet, may have occasioned shifts in parents' behavior that benefited the child with autism as well. In any case, a causal relationship between pet ownership and an increase in social skills is not established.
- Your readers should be aware that the research on social skills directly measures the objectively defined social behaviors of children with autism and does not exclusively rely on parental report, which, like all subjective measures, is not always accurate. Any intervention posited to improve social skills must adequately and objectively measure those social skills; otherwise, claims regarding effectiveness are speculative.
- The type of research that truly advances the conversation about autism treatment is one that demonstrates that a new intervention yields comparable - but ideally superior - outcomes to already established practice. Based on the available scientific literature, animal-assisted therapy is neither comparable nor superior to established practice. Unfortunately, a reader may infer from your article that pets are an effective social skills intervention and may postpone other interventions that are grounded in science. Considering that intervention should begin as soon as possible in the life of a child with autism, that would be unfortunate.
- We also wanted to share some important information about the on-line journal you cited in your article, PLoS ONE. A review of their stated Editorial and Peer Review Process (<http://www.plosone.org/static/information.action#2>) indicates that they employ a unique review process, with 69% of 2,216 manuscripts accepted in a recent three month period. The journal charges authors \$1,350 for publication of their article. It may very well be that this particular venue for the dissemination of new scientific findings is not as trustworthy as a journal employing a standard peer-reviewed process.

We believe it is important and necessary to make the distinction between the joys of a relationship with a pet and the clinical effects of "pet therapy" or any other "therapy" for autism. With 400 purported treatments for autism, a billion-dollar industry has emerged. If a journalist picked one treatment per month, he or she would have enough to write about for the remainder of his/her career. Please consider following this story with one that highlights a social skills intervention that is science-based and equally heartwarming.

Sincerely,

David Cellberti, Ph.D., BCBA-D and Daniel W. Mruzek, Ph.D., BCBA-D
Association for Science in Autism Treatment



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Research Review: RCT of a Manualized Social Treatment for High-Functioning Autism Spectrum Disorders

Zang, J., & Wheeler, J. J. (2011). A meta-analysis of peer-mediated interventions for young children with autism spectrum disorders. *Education and Training in Autism and Developmental Disabilities, 46*, 62-77.

Reviewed by: Kathleen Moran, Caldwell College

Why research this topic?

For children with autism, social interaction with peers is a key skill domain to address in treatment. One strategy for increasing the quality and quantity of social interaction is to use peer-mediated interventions, in which typically-developing peers are trained to coach children with autism or model skills for them. Many studies have tested whether peer-mediated interventions are effective in improving the social interaction skills of children with autism. However, it remains unclear whether such interventions have enough scientific support to be considered evidence-based and, if so, whether the effectiveness of the intervention is influenced by individual characteristics of the child, interventionist, or intervention procedures.

What did the researcher do?

The authors conducted an electronic search with keywords that included autism, social interaction, social skills, peer relation, and young children. They then selected studies that were published in English between 1977 and 2006 and that focused on peer-mediated interventions to improve social interaction for children with autism under eight years old. They found 45 peer-reviewed articles that met their criteria for inclusion in their analysis. Research assistants extracted data from these studies on: (1) the effect of the intervention on social interaction and (2) characteristics of the child, intervention, and intervention procedures. Effect sizes were calculated by statistically comparing the rate of social interaction during intervention to the rate during baseline.

What did the researcher find?

Results showed that peer-mediated interventions are effective for children with autism under the age of eight. Additional findings suggested that slightly older boys were the most effective models for boys with autism and that intervention was most successful when it took place in the home and when the child's family and instructors participated

This edition includes a summary of a literature review for peer-mediated interventions. In this article, Zhang and Wheeler (2011) looked at data from a variety of studies, made conclusions based on these data, and made recommendations for areas of further research. Enjoy!

Sharon A. Reeve, Ph.D, BCBA-D
SIAT Research Corner Coordinator

in implementing the intervention. Areas that the authors identified as needing further research include: (1) applications of peer-mediated interventions to girls and to children with diagnoses other than autism, (2) studies on peer-mediated interventions that involve using peers as models for social interaction, and (3) procedures to improve responses to social bids from peers and to promote generalization and maintenance.

What are the strengths and limitations of the study?

One limitation of the study is that the authors only searched for and included peer-reviewed journal articles. This resulted in a biased meta-analysis if authors are more likely to publish their results if they obtain positive results than if they obtain limited findings, a review of the published literature only may overestimate the effects of the intervention.

One strength of the study is that it builds on a careful literature review that identified gaps in what is known about peer-mediated intervention. Another is that it clearly defines peer-mediated intervention and describes variations in how this intervention is delivered in different studies. In addition, the authors illustrate how meta-analyses of single-subject research can be used to identify evidence-based practices.

What do the results mean?

This review established that peer-mediated intervention is an evidence-based teaching procedure.

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