

**SUGGESTED RESOURCES FOR PARENTS AND TEACHERS INTERESTED IN
APPLIED BEHAVIOR ANALYSIS (ABA) INTERVENTION FOR AUTISM**

Catherine Maurice, Ph.D. ©

Behaviorally based programs are ideally structured around each individual child's needs. There is no generic model that is applicable to every child with autism. "Lovaas Therapy," originally used by several commentators to describe the pioneering work of Dr. Lovaas and his colleagues at UCLA, should not be used to describe all behaviorally based programs. "Verbal behavior therapy," may be a term that is receiving much attention lately in Internet chat rooms, which is fine, as long as consumers understand that teaching communicative language to children with autism is not a "new development" in ABA. Many clinicians and scholars can be helpful when a parent or teacher is seeking strategies to help children learn communicative language. If a parent chooses ABA for a child, it is probably wise not to get caught up in "the autism wars," (bickering about whose treatment model is "the best"), but rather to learn as much as he or she can from a variety of sources within the ABA literature.

A few of those resources are listed here below, especially for those who cannot easily access a quality behavioral program for a child. I highly recommend, however, checking the various web sites for more titles and leads. The list is not meant to be exhaustive at all.

I. Treatment Guidelines: Reports of Multidisciplinary Panels

- *Clinical Practice Guideline: Report of the Recommendations. Autism/Pervasive Developmental Disorders, Assessment and Intervention for Young Children (Age 0-3 Years). 5_ " x 8_ "*, 322 pages. 1999 Publication No. 4215. Call New York State Dept. of Health at 518-439-7286 to order.
- *Clinical Practice Guideline: Quick Reference Guide. Autism/Pervasive Developmental Disorders, Assessment and Intervention for Young Children (Age 0-3 Years). 5_ " x 8_ "*, 108 pages. 1999 Publication No. 4216 Call New York State Dept. of Health at 518-439-7286 to order
- *Report of the Autism Task Force. (1999). Maine Administrators of Services for Children with Disabilities* www.madsec.org

II. Agencies dedicated to autism advocacy, and/or the dissemination of information about Autism and/or Applied Behavior Analysis

- ASAT the Association for Science in Autism Treatment, www.asatonline.org
See: Science in Autism Treatment, ASAT's newsletter

- The Cambridge Center for Behavioral Studies www.behavior.org
- Association for Behavior Analysis www.abainternational.org
See esp. “Guidelines for Consumers of Applied Behavior Analysis Services to Individuals with Autism.” Published by the Autism Special Interest Group of the Association for Behavior Analysis. Access it also through www.asatonline.org
- Autism Biomedical Information Network www.autism-biomed.org. Good source of information about proposed biological treatments for autism.
- Web Site of the United States Surgeon General: See esp.: “Mental health: A Report of the Surgeon General. Chapter Three. Autism”
www.surgeongeneral.gov/library/mentalhealth/images/mast.gif :
- NAAR National Alliance for Autism Research. www.NAAR.org. Mission: to “fund and otherwise accelerate biomedical research in autism.”
- American Association of Mental Retardation: www.aamr.org .See especially: “Behavioral Consultants: Who are they and how do I find the right one?” (Click on: Psychology Divisions Page)

III. Some books on Autism or ABA or both

A handful of the books and other materials that parents or teachers may find helpful. See the Resource Lists on the various Web Sites noted already, or check out the bibliographies of the works cited here for many more titles. List is not meant to be exhaustive.

- Cooper, J. O., Heron, T. & Heward, W. (1989). *Applied behavior analysis*. Columbus, OH: Merrill. An introductory textbook in applied behavior analysis.
- Latham, Glenn. *Behind the Schoolhouse door: Eight skills every teacher should have*. Logan, Utah: P&T Ink ,1780 N. Research Parkway, N. Logan, Utah, 84341 Phone: (435) 752-0238]
- Lovaas, O. I. (1981). *Teaching Developmentally Disabled Children: The Me Book*. Pro-Ed.
- Maurice, Catherine, Green, Gina & Luce, Stephen C. (1996). *Behavioral intervention for young children with autism – A manual for parents and professionals*. Pro-Ed.
- Maurice, Catherine, Green, Gina & Foxx, Richard M. (2001). *Making a Difference: Behavioral Intervention for Autism*: Maurice, Green, Foxx; Pro-Ed.

- McClannahan, Lynn E. & Krantz, Patricia J. (1999) *Activity schedules for children with autism: Teaching independent behavior*. Woodbine
 - Princeton Child Development Institute (PCDI) Research www.pcdi.org/biblio.htm.
 - Sulzer-Azaroff, B. & Mayer, G. (1991). *Behavior analysis for lasting change*. Atlanta. Wadsworth Publishing.
 - Sundberg, Mark L. & Partington, James W. (1998). *Teaching language to children with autism or other developmental disabilities*. Behavior Analysts, Inc. 3329 Vincent Road, Pleasant Hill CA 94523
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IV. Guidelines for discriminating between science and pseudoscience:

- A) Tables reprinted from www.quackwatch.org with permission of Stephen Barrett, MD, who runs the site. The tables below are part of an article by Dr. Rory Cocker, MD.

Science

Their findings are expressed primarily through scientific journals that are peer-reviewed and maintain rigorous standards for honesty and accuracy.

Reproducible results are demanded; experiments must be precisely described so that they can be duplicated exactly or improved upon.

Failures are searched for and studied closely, because incorrect theories can often make correct predictions by accident, but no correct theory will make incorrect predictions.

As time goes on, more and more is learned about the physical processes under study.

Convinced by appeal to the evidence, by arguments based upon logical and/or mathematical reasoning, by making the best case the data permit. When new evidence contradicts old ideas, they are abandoned.

Does not advocate or market unproven practices or products.

Pseudoscience

The literature is aimed at the general public. There is no review, no standards, no pre-publication verification, no demand for accuracy and precision.

Results cannot be reproduced or verified. Studies, if any, are always so vaguely described that one can't figure out what was done or how it was done.

Failures are ignored, excused, hidden, lied about, discounted, explained away, rationalized, forgotten, avoided at all costs.

No physical phenomena or processes are ever found or studied. No progress is made; nothing concrete is learned.

Convinced by appeal to faith and belief. Pseudoscience has a strong quasi-religious element: it tries to convert, not to convince. You are to believe in spite of the facts, not because of them. The original idea is never abandoned, whatever the evidence.

Generally earns some or all of his living by selling questionable products (such as books, courses, and dietary supplements) and/or pseudoscientific services

B) Pseudoscientific Therapies: Some Warning Signs:

These “warning signs” are adapted, with permission, from The American Arthritic Foundation

- High “success” rates are claimed
- Rapid effects are promised
- The therapy is said to be effective for many symptoms or disorders.
- The “theory” behind the therapy contradicts objective knowledge and sometimes common sense
- The therapy is said to be easy to administer, requiring little training or expertise.
- Other, proven treatments are said to be unnecessary, inferior or harmful
- Promoters of the therapy are working outside their area of expertise
- Testimonials, anecdotes, or personal accounts are offered in support of claims about the therapy’s effectiveness, but little or no objective evidence is produced
- Catchy, emotionally appealing slogans are used in marketing the therapy
- Belief and faith are said to be necessary for the therapy to “work.”
- Skepticism and critical evaluation are said to make the therapy’s effects evaporate
- Promoters resist objective evaluation and scrutiny of the therapy by others.
- Negative findings from scientific studies are ignored or dismissed
- Critics and scientific investigators are often met with hostility, and are accused of persecuting the promoters, being “closed minded,” or having some ulterior motive for debunking the therapy.

C) Books/ Book chapters /Web Sites

- Green, G. (1996). “Evaluating Claims about Treatments for Autism, in Maurice, C., Green, G., & Luce, S.C., (1996). *Behavioral Intervention for Autism: A Manual for Parents and Professionals*. Austin, Texas. Pro-Ed.
- www.quackwatch.org
- *Crazy Therapies: What are they? Do They Work?* Margaret Thaler Singer and Janja Lalich. San Francisco: Jossey-Bass, 1996

D) Useful Thoughts:

“...the scientific process [can be defined]... as comprehending probability, the experimental method and hypothesis testing...we need to teach that science is not a database of unconnected factoids but a set of methods designed to describe and interpret phenomena, past or present, aimed at building a testable body of knowledge open to rejection or confirmation.”ⁱ

From “Smart People Believe Weird Things” By Michael Schermer, publisher of *Skeptic* magazine (www.skeptic.com)

V. Behavior Analyst Certification

Information about Behavior Analyst Certification and Registry of Board Certified Behavior Analysts can be found at:

The Behavior Analyst Certification Board: www.bacb.com

ⁱ Michael Schermer, “Smart People Believe Weird Things.” *Scientific American*, September, 2002, p.35