In Memoriam: Claudia P. Clark, Ed.D.

Claudia Clark passed away on July 24. Claudia had been battling cancer for some time but her sudden passing was a shock to those who knew her. Dr. Clark served as a consultant for Reaching Potentials and has assisted many families of children with autism in the region. Claudia is survived by her two fine sons, Justin and Jason.

Claudia was a gifted teacher and autism specialist. I recall seeing her in action several years ago in her classroom at the Seagull School in Broward County. Her students—children with moderate to severe levels of autism—were actively engaged in learning, data was being taken and her classroom assistants knew what they were doing. It was a model for the effective and efficient behavioral classroom. When discussions began on an autism preschool in Palm Beach County, Claudia quickly emerged as the best person to direct the school. Her leadership of this school since its inception has been remarkable. She was active in every phase of the school and personally supervised each child’s program. She was creative in recruiting staff and getting people involved in the preschool.

Claudia joined me in writing a book on autism. Her expertise as a teacher of children with autism made her the perfect person to help write a book designed for teachers. She knew what was practical for real teachers. Claudia knew that committed and knowledgeable teachers are the ones who are getting the job done.

For Claudia, getting a doctorate degree was very important. She launched into this knowing that her health was not great. As she got closer to completing her degree, she really started to get physically taxed by her disease. But mentally, she grew ever sharper. She completed her dissertation this spring and was awarded her doctorate degree on May 5, 2000. Her dissertation compared two approaches to conducting discrete trial instruction with preschoolers with autism. The title was THE DIFFERENTIAL EFFECTS OF SIMPLIFIED SPEECH VERSUS TYPICAL SPEECH ON RESPONSE ACCURACY IN DISCRETE TRIAL TEACHING FORMATS WITH PREKINDERGARTEN AGE STUDENTS WITH AUTISM. Dr. Clark provided evidence that the degree of autism and level of intelligence are factors that should be considered when selecting the form of discriminative stimulus in discrete trial instruction. Some children may need the very strictly limited language characteristic of a pure Lovaas Program. Others will likely do better with more natural instructions. Dr. Clark suggested that these are really data issues and should not be packaged program issues. She presented this study the Association for Behavior Analyst Conference in Washington in May. Leading researchers in autism listened and liked what they heard. Her findings are available in the dissertation and are being submitted to an autism research journal for publication.

While her academic achievements are significant, it was rather her work at the St. Mary’s Preschool for Children with Autism of which she was most proud. Because of her work at the school, many young children with autism are likely to have lives that are far more normal. A memorial service, attended by over 200 people, was held at the Preschool on August 2. Young children with autism and the St. Mary’s Preschool became her calling and her life. Dr Claudia Clark leaves a rich legacy to the South Florida autism community. She was responsible for giving many families of children with autism hope and strength and the skills to really help their child with autism. What finer legacy could any of us hope to have?

Dr. Jack Scott, Florida Atlantic University
The Behavior Analyst Certification Board, Inc. (BACB™) was formed as a result of credentialing needs identified by behavior analysts, various agencies within a number of state governments, and consumers of behavior analysis services.

The BACB’s main purpose is to develop, promote, and implement a voluntary national (and perhaps eventually international) certification program for behavior analyst practitioners. The BACB has established uniform content, standards, and criteria for the credentialing process. It seeks to ensure that the program meets 1) the legal standards established through state, federal and case law; 2) the standards for national certification programs as established by the National Organization for Competency Assurance and the National Commission for Certifying Agencies; and 3) the "best practice" and ethical standards of the behavior analysis profession.

The BACB program is based on the successful Behavior Analysis Certification Program operated by the State of Florida. The Florida Program has been in operation for over fifteen years and helps to ensure the competency of practitioners through stringent requirements for completing appropriate professional experience and specific formal education; passing a professionally-developed written examination; and obtaining ongoing continuing education. Similar criteria have been used to credential behavior analysts in California, Texas, Pennsylvania, New York, and Oklahoma. The BACB program evolved out of efforts of the Florida Department of Children and Families to nationalize the certifications developed by the Florida program.

The Behavior Analyst Certification Board and the State of Florida have executed an Agreement that grants the BACB exclusive use of the Behavior Analysis Certification Examinations outside of Florida for the purpose of establishing a national certification program. The BACB and Florida continue to work together in developing the examination item bank and completing the job analysis renewal process.

The Association for Behavior Analysis supports the Behavior Analyst Certification Board and provides limited financial assistance to aid the development process. The Behavior Analyst Certification Board is an Organizational Member of the National Organization for Competency Assurance.

The following individuals have been appointed to the BACB Board of Directors: Dr. James Johnston (President) representing the Association for Behavior Analysis; Dr. Jon Bailey; Michael Hemingway representing the State of Florida; Dr. Jerry Shook; and Dr. Catherine Maurice representing the voice of consumers. Additional Directors will be appointed.

The Behavior Analyst Certification Board has developed: 1) Transfer Standards to allow transfer of certification from the existing state programs (California, Texas, New York, Florida, Pennsylvania and Oklahoma) to BACB Certification; 2) Eligibility Standards for
individuals who wish to take the BACB Certification Examinations; 3) Renewal and Recertification Standards for certificants to maintain their BACB Certification; 4) Reentry Standards for individuals who wish to reenter the Certification Program; and 5) Professional (Disciplinary) Standards, Reporting Requirements, Application Limitations, and Review Committee Appeal Procedures.

The Behavior Analyst Certification Board credentials practitioners at two levels. Individuals who wish to become Board Certified Behavior Analysts must possess at least a Masters Degree, have 180 classroom hours of specific Graduate-level coursework, meet experience requirements, and pass the Behavior Analyst Certification Examination. Persons wishing to be Board Certified Associate Behavior Analysts must have at least a Bachelors Degree, have 90 classroom hours of specific coursework, meet experience requirements, and pass the Associate Behavior Analyst Certification Examination. The Florida State University, Educational Services Program develops and maintains both Examinations under contract.

The Behavior Analyst Certification Board contracts with the Professional Testing Corporation of New York City to administer BACB certification examinations. Individuals who wish to have examinations administered in their area should contact the BACB Executive Director. The Behavior Analyst Certification Board examinations will be administered to eligible candidates in the Spring and Fall. The Fall 2000 Administrations of the examinations will be on November 18.

FOR MORE INFORMATION CONTACT
Gerald L. Shook, Ph.D., BCBA
BACB Executive Director
519 East Park Avenue
Tallahassee, Florida 32301
850-222-6603 Shook@BACB.com

Or Visit the BACB Website at: www.bacb.com

© 2000 BEHAVIOR ANALYST CERTIFICATION BOARD, INC™ (BACB™). ALL RIGHTS RESERVED. THE MARKS “BEHAVIOR ANALYST CERTIFICATION BOARD™” “BACB™” “BCBA™” “BCABA™” “BOARD CERTIFIED BEHAVIOR ANALYST™” AND “BOARD CERTIFIED ASSOCIATE BEHAVIOR ANALYST™” ARE TRADEMARKS OF THE BEHAVIOR ANALYST CERTIFICATION BOARD. ALL RIGHTS RESERVED.

NON-CONTINGENT REINFORCEMENT
By Rebekah Houck


ON MAY 12, 2000, DR. VOLLMER FROM THE UNIVERSITY OF FLORIDA, PRESENTED AT FAU/CARD ON NON-CONTINGENT REINFORCEMENT (NCR) AS IT IS APPLIED TO PERSONS WITH AUTISM SPECTRUM DISORDER. HIGHLIGHTS FROM THIS PRESENTATION ARE AS FOLLOWS:

- A NCR IS A RESPONSE INDEPENDENT SCHEDULE AT WHICH A REINFORCEMENT DELIVERY IS NOT PRECEDED BY A BEHAVIOR; THEREFORE, SCHEDULES WOULD FOLLOW A FIXED TIME OR A VARIABLE TIME RATE.

- NCR AS A TREATMENT HELPS TO CONTROL FOR THE LIMITATIONS ON EXTINCTION AND DIFFERENTIAL REINFORCEMENT.

- THERE ARE A FEW NEGATIVE EFFECTS ON THE USE OF NCR AS A TREATMENT: THERE IS A CHANCE OF ACCIDENTAL REINFORCEMENT AND A POSSIBLE REDUCTION OF MOTIVATION FOR AN INDIVIDUAL TO LEARN APPROPRIATE BEHAVIOR.

- AN OVERALL SUMMARY OF NCR: AN NCR SCHEDULE CAN ERODE CONTINGENCIES OF REINFORCEMENT, IT IS RELATIVELY EASY TO IMPLEMENT, AND IT SHOULD BE A COMPONENT OF A LARGER INTERVENTION PACKAGE.

JOIN THE STAFF
REACHING POTENTIALS

Reaching Potentials is currently seeking applications for therapists with experience in implementation of discrete trial programming for children with autism. Candidates must be available to travel and must have their own reliable transportation. Part-time and full-time positions available. We offer training and a competitive compensation package.

Interested candidates should forward a current resume/vita, together with salary history to: Pamela Gorski, Executive Director, Reaching Potentials, Inc. 2875 S. Congress Avenue, Suite H, Delray Beach, FL 33445. (Confidential submission may be sent via facsimile to 561-274-3932 or e-mail to RPforAutism@aol.com.)
[Thanks to Maria Santos, who reminds us that “Fairfax County (VA) is the richest county in the United States.” By Victoria Benning in today’s Washington Post.]

Evan Ovaska sits in a corner of his playroom in his family's town house in Burke. Spread before him are dozens of small cards with pictures of animals and other objects. In another pile is a jumble of brightly colored magnetic letters.

“What's this, Evan?” asks instructor Moira Lozzi, holding up a card.

Evan's blue eyes light up and the 3 1/2-year-old's nimble fingers pull out the letters Z-E-B-R-A. Lozzi praises Evan and rewards him with one of his favorite treats: a McDonald's french fry. Evan doesn't speak, but the big smile on his face shows he's done well.

To Evan's parents, such achievements are nothing short of miraculous. Evan has autism, and a year ago, he couldn't communicate with his parents. Now, he is able to follow simple commands and express his thoughts using pictures and letters. His parents hope he will learn to speak one day.

“He has come such a long way in a year,” said his father, Jeff Ovaska. "It is truly unbelievable."

But the treatment that appears to hold such promise for Evan is also a battleground in the bitter fight over how much money school districts should spend on educating students with disabilities.
The Fairfax County school system is providing Evan and nine other preschoolers with an intensive therapy being used with an increasing number of young autistic children nationwide. The children are drilled over and over again on skills ranging from sitting in a chair to recognizing colors, and rewarded each time they succeed at a task.

Each of the 10 children in the two-year-old pilot program is getting 30 hours a week of one-on-one home instruction, for 50 weeks a year. The annual cost per child is about $30,000, compared with Fairfax's average per-pupil spending of $8,203.

So far, Fairfax educators, like researchers who have studied children in similar programs elsewhere, have found the results encouraging.

But several parents of autistic children say it is inexcusable that Fairfax is offering the program to only 10 children when at least 40 others with similar problems could benefit from the approach, which could be their only chance for a normal life.

"What Fairfax County is doing--for all but a very small, fortunate handful--is denying children with autism the only form of therapy shown to be clinically effective," said Scott Greenspan, who tried to get his autistic son into the county program in April but was told it was closed. "They're ruining children and ruining families."

Greenspan's 2 1/2-year-old son instead was offered a slot in a class for autistic children that has one teacher and two assistants for every five children and provides 12 hours a week of instruction during the school year.

In the Washington area, most school systems do not offer the home treatment at all. But some, such as Montgomery and Howard counties, provide it and place no limits on enrollment, although children must be evaluated before qualifying. Montgomery and Howard have contracted with a private provider for the services. A Montgomery official estimated that about 30 children have been treated in that county in the past five years.

Fairfax school officials say the 10 children in the district's programs were chosen based on the severity of their autism and other clinical factors. They say they will wait a year, when the three-year pilot program ends, to evaluate the results before expanding it.
Without any additional funds, we'd be robbing Peter to pay Paul. Are we going to increase class sizes for all our other students to do that? Not buy textbooks? What is it that we are not going to do?

Fairfax school officials also say that the benefits of the treatment, known as Applied Behavioral Analysis, are not always as dramatic as some parents believe and that some autistic children need a different approach.

Similar disputes have erupted in communities across the country. In some cases, parents have gone to court seeking to force school districts to provide the autism treatment or reimburse them for the cost of obtaining it from private providers.

Several school districts have won such lawsuits, with courts ruling that although federal law requires public schools to provide services to disabled preschoolers, it does not mandate a program as elaborate as the ABA therapy. Fairfax won such a case last July, with a federal judge ruling against parents who were seeking reimbursement for private treatment.

Autism, a developmental disability that comes in many forms and degrees of severity, usually appears during the first three years of life and impairs a child's communication and social skills.

The ABA therapy seeks to overcome the learning difficulties of young autistic children by breaking down lessons into small steps and reviewing each one repeatedly.

For example, an instructor program ends and they have completed a thorough evaluation, before deciding whether the effort should be expanded. But the cost issue alone, they say, makes it unlikely that the district will provide the intensive therapy to every family requesting it.

"It's an issue of resources," said Fairfax School Superintendent Daniel A. Domenech. "For us to be able to make this available on a wide basis would require a significant increase in funds. Without any additional funds, we'd be robbing Peter to pay Paul. Are we going to increase class sizes for all our other students to do that? Not buy textbooks? What is it that we are not going to do?"

Fairfax school officials also say that the benefits of the treatment, known as Applied Behavioral Analysis, are not always as dramatic as some parents believe and that some autistic children need a different approach.

Similar disputes have erupted in communities across the country. In some cases, parents have gone to court seeking to force school districts to provide the autism treatment or reimburse them for the cost of obtaining it from private providers.

Several school districts have won such lawsuits, with courts ruling that although federal law requires public schools to provide services to disabled preschoolers, it does not mandate a program as elaborate as the ABA therapy. Fairfax won such a case last July, with a federal judge ruling against parents who were seeking reimbursement for private treatment.

Autism, a developmental disability that comes in many forms and degrees of severity, usually appears during the first three years of life and impairs a child's communication and social skills.

The ABA therapy seeks to overcome the learning difficulties of young autistic children by breaking down lessons into small steps and reviewing each one repeatedly.

For example, an instructor que los 10 niños en los programas del distrito fueron escogidos basados en la severidad de su impedimento así como otros factores. Dicen que esperarán un año, cuando el programa piloto de tres años termina y hallan completado las evaluaciones necesarias antes de decidir si expandir el programa o no. Pero solamente el costo, dicen, hace muy difícil la posibilidad de que el condado lo ofrezca a cada familia que lo pide.

"Es un problema de recursos," Dice el Superintendente de las Escuelas en Fairfax Daniel A Domènech. "Requeriríamos un gran aumento de fondos para poder ofrecer este programa a más. Sin estos fondos le estaríamos robando a Pedro para pagarle a Pablo. ¿Aumentaríamos el tamaño de las clases de nuestros otros alumnos para hacer eso? ¿No comprar libros? ¿Qué es lo que no vamos a hacer?"

Los oficiales Escolares de Fairfax también dicen que los beneficios del tratamiento, conocido como Análisis Aplicado de la Conducta, no son siempre tan dramáticos como algunos padres creen y que algunos niños con autismo requieren otro tipo de programa.

Discusiones similares han ocurrido en otros comunidades a través el país. En algunos casos, padres han llevado a los distritos escolares a la corte para forzarlos a proveer este tratamiento a sus niños o para que cubran los costos de enviar a los niños escuelas privadas. Varios distritos escolares han ganado esos juicios, cuando las cortes decidieron que aunque las escuelas publicas son obligadas a proveer servicios a niños de edad pre-escolar con problemas, no están obligadas a proveer un programa tan elaborado como el basado en el Análisis Aplicado de la Conducta.

El autismo, una problemas de desarrollo, que se ve en muchas formas y diferentes grados, usualmente aparece durante os primeros tres años de vida e impide las habilidades del niño ara comunicarse relacionarse con otros.

La terapia del Análisis Aplicado de la Conducta busca sobrepasar las dificultades de los niños con autismo al enseñarles cada actividad seccionándola
teaching a child to recognize colors might start by focusing entirely on the color red. She would show the child a red card, then ask him to "touch red." The drill would be repeated until the child could respond correctly nine out of 10 times, and then the instructor would move on to another color.

Use of the therapy began to spread after a 1987 study by Ivar Lovaas, a researcher at the University of California, Los Angeles, found that out of 19 preschoolers who had undergone the treatment, 47 percent were attending a regular school by first grade and all of them had made some progress.

Since then, no other researcher has seen an outcome quite that impressive. But many experts agree that the therapy has shown remarkable results.

"Before this, children with autism were thought to be uneducable," said Marie Bristol-Power, who coordinates autism research for the National Institute of Child Health and Development. "I don't think 'cure' is a word I would use--even the children with the most dramatic progress will continue to need some support. But this method is just really very good for a majority of children."

Parents in Fairfax's pilot program say their children have made dramatic gains.

Charles Nucciarone said his son Anthony, 3 1/2, did not speak or answer to his name before he entered the program. Now, if you point to his father and ask, "Who's that?" Anthony will respond, "Daddy." He also has started doing skill drills on the computer.

Sherri Schornstein said her daughter, 4 1/2, has gone from being nonverbal and "oblivious" to being able to follow simple directions and make statements such as "I want juice, please." She now knows her colors and animals.

Schornstein rejects the school

en pasos muy pequeños y repitiéndolo varias veces.
Por ejemplo, el instructor enseñándole al niño los colores, empieza por enfocarse completamente en el color rojo. Este le enseñaría al niño una tarjeta roja, y le pide al niño que ‘toque rojo.’ La actividad se repite hasta que el niño pueda responder correctamente nueve de 10 veces, y después el instructor empieza con un nuevo color.

El uso de la terapia empezó a conocerse después del estudio de Ivar Lovaas n 1987, un científico de la Universidad de California, Los Ángeles, quien trató a 19 niños preescolares, de los cuales el 47 por ciento atendieron el primer grado en escuelas típicas.

Desde entonces, no otros estudio mostrado resultados tan impresionantes, p. Pero muchos expertos están de acuerdo en que la terapia a mostrado resultados remarcables.

‘Antes de esto, los niños con autismo eran considerados imposibles de educar,’ Dice Marie Bristol-Power, quien coordina estudios de autismo en el Instituto Nacional para la Salud y Desarrollo del Niño. ‘Yo no usaría la palabra ‘curado’ – aún los niños que muestran el mayor progreso continúan necesitando ayuda. Pero este método es realmente provechoso para la mayoría de los niños’

Los padres de los niños en el programa de Fairfax dicen que sus niños han mostrado grandes adelantos.

Charles Nucciarone dice que su hijo Anthony, de 3 ½ años, no hablaba o respondía a su nombre antes de llegar al programa. Ahora, si señala a su padre y pregunta, ‘¿Quién es él?’, Anthony contesta ‘Papá.’ El también ha empezado a trabajar en la computadora.

Sherri Schornstein dice que su hija, de 4 ½ años, ha pasado de no hablar y estar ‘ausente’, ahora es capaz de seguir instrucciones de un paso y decir cosas como ‘Yo quiero jugo, por favor.’ Ella ahora sabe sus colores animales.
system's arguments about the expense of expanding the program. She said the needs of the typical Fairfax student pale next to those of children like her daughter.

"It isn't a fair argument to say your child needs a computer in his classroom when my child is facing institutionalization," she said.

The estimate that at least 40 Fairfax preschoolers in similar circumstances are being denied the ABA therapy comes from a group called Parents for Autistic Children's Education, or PACE, which says the figure is based on parent surveys it has conducted.

School officials, however, say that the intensive home instruction is not appropriate for all of those children and that some are better served in classrooms. They also note that they are offering training in the ABA techniques to teachers working in both settings.

"There are many kids who could receive better results in a setting where they are interacting with other children," said Patricia Addison, the county's director of special education.

The parents contend that although the investment in home lessons is costly, it will save taxpayers money in the long run because the children will need fewer educational and social services later.

"I don't disagree with them that it's a good investment, but we need the money now," Domenech said. "That's an argument that needs to be made with the legislators who provide our funding." Domenech noted that in New York, where ABA services are widespread, the state covers the full cost of preschool special education.

The cost of special education for preschoolers is growing, as is special education spending overall. Fairfax's school system provides services to 1,414 disabled preschoolers, some as young as 2; that compares with 850 disabled preschoolers a decade ago. The county does not classify the children by disability.

Schornstein rechaza los argumentos del sistema escolar acerca de los costos de expandir el programa. Ella dice que las necesidades de los estudiantes típicos de Fairfax no se comparan a las necesidades de niños como su hija.

"No es justo decir que su hijo necesita una computadora en su salón de clases, cuando mi hija puede terminar en una institución," dice ella.

El calculo de que al menos 40 estudiantes pre-escolares en Fairfax en circunstancias similares están siendo negados la terapia del Análisis Aplicado de la Conducta viene de un grupo llamado Padres por la Educación de Niños con Autismo, (PACE en por sus iniciales en inglés), quienes dicen haber entrevistado a muchos padres. Los oficiales escolares dicen que la instrucción intensiva en casa no es apropiada para todos estos niños y que algunos son mejores servidos en un salón de clases. También dicen que todos los maestros están siendo entrenados en la técnicas el Análisis Aplicado de la Conducta.'

'Hay muchos niños que reciben mejores resultados en un salón donde están expuestos a otros niños,' dice Patricia Addison, el director de educación especial del condado.

Los padres dicen que aunque las lecciones en casa son costosas, a largo plazo el estado ahorrará dinero, pues los niños necesitarán menos servicios más adelante.

'Yo no estoy en desacuerdo con el hecho de que es una buena inversión, pero necesitamos el dinero ahora,' dice Doménech. 'Esa es una discusión que se debe tener con los legisladores que nos dan nuestros fondos.' Doménech hace notar que en New York, este tipo de servicio es pagado totalmente por el estado.

El costo de educación especial para niños pre-escolares continua creciendo, como lo hace el costo de educación especial en general. El sistema escolar de Fairfax provee servicios a 1,414 niños pre-escolares con problemas, algunos tan sólo de 2 años, hace una década eran sólo 850. El condado no clasifica a los niños por trastorno.

'Sabemos que se tienen que tomas unas decisiones muy difíciles, pero para
"We know there are some tough choices to be made, but for a lot of autistic children, ABA is their only chance," said Tom Urban, one of the founders of the parent group.

Urban paid for his son, now 6, to undergo 2 1/2 years of treatment in a private program after school officials refused to provide the therapy. His son was in a regular kindergarten class during the school year that just ended.

"I saw what this program did for my son and for many other children," he said. "It's not a miracle cure for 100 percent of kids, but the statistics show it works."

"...has gone from being nonverbal and "oblivious" to being able to follow simple directions and make statements such as "I want juice, please.""
REACHING POTENTIALS TRAINING
CALENDAR
AUGUST – DECEMBER 2000

BEGINNING DISCRETE TRIAL TRAINING SERIES:

August Track:
- August 17  Overview of Behavioral Programming  $25.00  6:30 p - 9:30 p
- August 19  Beginning I - Discrete Trial Training  $65.00  9:00 a - 4:00 p
- August 26  Beginning II - Discrete Trial Training  $40.00  9:00 a - 12:00 n
- August 26  Beginning III - Discrete Trial Training  $40.00  1:00 p - 4:00 p

September Track:
- September 21  Overview of Behavioral Programming  $25.00  6:30 p - 9:30 p
- September 23  Beginning I - Discrete Trial Training  $65.00  9:00 a - 4:00 p
- October 7  Beginning II - Discrete Trial Training  $40.00  9:00 a - 12:00 n
- October 7  Beginning III - Discrete Trial Training  $40.00  1:00 p - 4:00 p

October Track:
- October 19  Overview of Behavioral Programming  $25.00  6:30 p - 9:30 p
- October 21  Beginning I - Discrete Trial Training  $65.00  9:00 a - 4:00 p
- October 28  Beginning II - Discrete Trial Training  $40.00  9:00 a - 12:00 n
- October 28  Beginning III - Discrete Trial Training  $40.00  1:00 p - 4:00 p

November/December Track:
- November 30  Overview of Behavioral Programming  $25.00  6:30 p - 9:30 p
- December 2  Beginning I - Discrete Trial Training  $65.00  9:00 a - 4:00 p
- December 9  Beginning II - Discrete Trial Training  $40.00  9:00 a - 12:00 n
- December 9  Beginning III - Discrete Trial Training  $40.00  1:00 p - 4:00 p

(All classes to be held at our New DELRAY OFFICE)
(Call Reaching Potentials @ 561-274-3900 or 954-321-7393 one week prior to class date to confirm time and location)

BEGINNING SERIES CLASSES - SPANISH PRESENTATION
CLASES DE NIVEL BASICO - PRESENTACION EN ESPANOL

LLAME A LA OFICINA PARA OBTENER FECHA Y HORA EXACTA

INTERMEDIATE & ADVANCED TRAINING:  (Presenter: Jean Hays Bachrach, MA, CCC/SLP, CBA/f)

- September 9  Picture Exchange Communication System  $45.00  9:00 a - 1:00 p
- October 14  Shadowing Techniques  $45.00  9:00 a – 1:00 p
- November 4  Improve your Family Life Through ABA  $45.00  9:00 a - 1:00 p
Intensive Early Intervention: Varying measures of the effects of treatment intensity upon clinical progress.

Presented as a Poster Session at the Twenty-sixth Annual Convention of the Association for Behavior Analysis, Washington DC, May 2000 by Kristy L. Bartlett, Kala Dable, Sarah Kruse, Kelly Wolden, Angie Keene, Eric Larsson, Ph.D. – FEAT of Minnesota, University of Kansas

Abstract

The optimum level of intensity recommended in early intervention has been a point of contention in numerous consumer advocacy hearings (Larsson, Luce, Anderson, & Christian, 1992). Lovaas (1987) found that 40 hours per week of exclusively behavioral treatment was dramatically more effective than 10 hours per week of the same treatment in combination with traditional services. Other treatment programs have reported from 15 to 35 hours per week with less substantial results (Pionkowski, Larsson, Schwandt, & Keene, 1999). A complete analysis of treatment package requires much more than a simple accounting of treatment hours (Strain, 1989). In this study five young children with autism were treated using documented behavior therapy methods at various levels of intensity over a period of three years. The levels of intensity varied due to factors beyond the experimenter’s control. Therefore a post hoc analysis was conducted of the rates of skill acquisition in different periods of time during which treatment hours varied. With each child, the rate of skill acquisition increased at a substantially greater rate than did the number of hours when hours varied. Various qualitatively different methods of measuring these effects were used to replicate the essential findings.

Introduction

The optimum level of intensity recommended for early intervention has been a point of contention in numerous arenas (Larsson, Luce, Anderson, & Christian, 1992). Lovaas (1987) found that 40 hours per week of exclusively behavioral treatment was dramatically more effective than 10 hours per week of the same treatment program in combination with traditional services.
Other treatment programs have reported from 15 to 35 treatment hours per week with less substantial results (Green, 1996). A complete analysis of a treatment package requires much more than a simple accounting of treatment hours (Strain, 1989). However, when the specific methodology has been documented in numerous reports, then a longer term report of overall program outcomes can be viewed in that context. Therefore, when viewed in the context of the breadth of the behavior analysis literature, measures of treatment intensity have their place.

The purpose of the present study is to extend the generality of other reports of treatment intensity, by systematically reviewing the data illustrating the results of intensity using post hoc analyses; and to review some of the potential short-comings of this type of evaluation.

Subjects

This report will summarize the results of varying intensities of treatment with five young children with autism-spectrum disorders, who were treated using documented behavior therapy methods at various levels of intensity over a period of three years. The children’s ages at intake ranged from 30 to 50 mo. All were treated in home by their parents and paraprofessional staff. Each child received intensive early intervention services utilizing a wide range of established procedures from the literature of Applied Behavioral Analysis.

Method

Each subject received intensive early intervention services according to the structured model of behavioral therapy described in Lovaas et al. (1981) and Maurice, Green, & Luce (1996). When the number of therapy hours per week changed, treatment methods did not change in any a qualitative manner. For the purpose of this study, all children’s treatment hours are generally defined as scheduled therapy hours for which time is logged in the treatment book. This would include parent time as well as staff, when parents did log their time.

El propósito de este estudio agregar a otros reportes acerca de la intensidad del tratamiento, estudiando detalladamente la información relevante usando post hoc análisiss, y estudiar algunos de los posibles problemas de este tipo de evaluación.

Participantes

Este estudio resume los resultados del tratamiento de cinco niños con autismo, cada no usando diferentes niveles de intensidad, quienes fueron tratados usando métodos de la terapia del Análisis de la Conducta por un periodo de 3 años. La edad de los niños al inicio de su programa varía entre 0 y 50 meses. Todos fueron tratados en casa por sus padres y ayudantes. Cada niño recibió servicios de intensiva intervención temprana utilizando una gran variedad de procedimientos documentados en la literatura del Análisis Aplicado de la Conducta.

Método

Cada participante recibió servicios de intensiva intervención temprana e acuerdo al modelo de terapia descrito en Lobas et al. (1981) y Maurice, Green, & Luce (1996). Cuando la cantidad de horas de terapia por semana cambió, los métodos del tratamiento no cambiaron de manera cualitativa. Para el propósito de este estudio, las horas de tratamiento para todos los niños fueron definidas como aquellas horas de terapia que se contaban en sus cuadernos e horas. Esto incluía tiempo con los padres, como también con otros miembros del equipo, cuando los padres contaban sus propias horas.
Discussion

The results of this study replicate the essential findings of earlier data in which an increase in the number of therapy hours per week correlates to an increase in the number of exemplars mastered during each week. For each child within the study, there was an exponential increase in skill development with a modest increase in treatment hours. This suggests that there is a functional impact of sufficient intensity that goes beyond mere time available to teach. An analysis of skills, rather than an analysis of the number of exemplars mastered, was used to analyze the data for the first child. The results indicate that analyzing the data by skills does not show the effects of intensity when comparing it to the rate of mastery. A possible reason for this finding is that when averaging the number of therapy hours across a skill, rather than by the individual exemplars within the skill, differences in therapy hours per week are averaged out not showing an increase or decrease in them at different period of time. This effect was also suggested by Metosky, Larsson, & Smith, manuscript in preparation.

A third implication of this study show that the effects of intensity are more of an effect on a child’s global behavior rather than on specific skills. This effect was too suggested by Metosky, Larsson, & Smith, manuscript in preparation.

A final implication of this study shows that when increasing the number of hours of school intervention, by which decreasing the number of therapy hours done in the child’s home, there is a decrease in the number of exemplars mastered in a discrete trial setting. These results corroborate the effects of increasing the level of therapy hours.

Certain limitations of this study are reflected by the results obtained from the particular form of analysis used for the child. Although this form of analysis did not indicate the effects of intensity, it did lend weight to the need for more analyses to be done comparing exemplars mastered to intensity. Future research would benefit from week by week analyses of the number of exemplars compared to the number of days to mastery along with analyses of exemplars within a specific skill compared to the number of days to mastery.

Discusión

Los resultados de este estudio duplicaron los hallazgos principales de información anterior en los cuales un aumento en la cantidad de horas de terapia por semana se relaciona directamente con el aumento en el número de objetivos logrados durante cada semana. Por cada niño en el estudio, hubo un aumento en el desarrollo de sus habilidades con un aumento moderado en las horas de tratamiento. Esto sugiere que hay un impacto funcional de suficiente intensidad que va más allá de simplemente el tiempo disponible para enseñar.

Un análisis de habilidades, en lugar de un análisis el número de objetivos logrados fue utilizado para analizar la información del primer niño. Los resultados indican que analizar la información según habilidades o muestra los efectos de la intensidad cuando e le compara con la proporción de objetivos logrados. Una de las razones de este hallazgo puede ser que cuando se calcula el promedio de las horas de terapia a través de cada habilidad / programa, en lugar de a través de cada objetivo dentro del programa / habilidad, la diferencia entre las horas de terapia por semana son promediadas, y no muestran un aumento o disminución en diferentes semanas. Este efecto fue también sugerido por Metosky, Larsson, & Smith, manuscrito en preparación.

Este estudio también muestra que los efectos de la intensidad afectan más que nada el comportamiento general del niño, en lugar de sólo un objetivo específico. Esto también fue sugerido por Metosky, Larsson, & Smith, manuscrito en preparación.

Finalmente, este estudio muestra que cuando se aumenta el número de terapia en la escuela, lo cual disminuye el número de horas de terapia llevadas a cabo n casa, hay una disminución en el número e objetivos logrados en el programa. Estos resultados corroboran el efecto de aumentar la cantidad de horas de terapia.

Ciertas limitaciones de este estudio se observan en los resultados obtenidos para uno de los niños. Aunque la manera en que se analizó su información no indicaba los efectos de la intensidad, mostró a necesidad de realizar más estudios que comparan el número de objetivos logrados contra la intensidad. Estudios futuros se beneficiarían al analizar el número de objetivos contra el número de días hasta que se logran los objetivos cada semana, conjuntamente con el análisis de objetivos bajo cada habilidad comparado contra el número de días hasta que se logre el objetivo.
References


Pionkowski, J., Larsson, E., Schwandt, W., & Keene, A. (1999). The effects of treatment intensity upon clinical progress in intensive early intervention. In E.V. Larsson (Cahri), Intensive early intervention: Conceptual and research issues regarding efficacy. Symposium conducted at the twenty-fifth annual convention of the Association for Behavior Analysis, Chicago, IL.


Referencias


Pionkowski, J., Larsson, E., Schwandt, W., & Keene, A. (1999). Los efectos de la intensidad del tratamiento en el progreso clínico de la intervención temprana. En E.V. Larsson (Cahri), Intensive early intervention: Conceptual and research issues regarding efficacy. Symposium conducted at the twenty-fifth annual convention of the Association for Behavior Analysis, Chicago, IL.

Strain, P.S. (1989, May). Una evaluación psicológica de niños con autismo: Predicciones son nulas. En L. E. McClannahn (Chair), Intake and follow-up assessment procedures for persons with autism: Seeking consensus. Symposium conducted at the fifteenth annual convention of the Association for Behavior Analysis, Milwaukee, WI
Around a circular classroom table, five 6-year old boys are drawing pictures of blue whales with crayons. Mozart’s “Requiem” pipes away on a nearby cassette player, by the window, a group of sunlit bean-bag chairs looks inviting. One of the children, Asa, is turning out a waxy masterpiece with the meticulous care of a jeweler. The fins and tail of Asa’s whale, who is jumping out of the water, have been drawn with striking precision; a dialogue bubble percolates from its mouth “Wow!” the whale is shouting. “Look at him – he’s psyched,” the bespectacled Asa says in a curiously expressionless voice. “He’s so happy to be out of the water and turning double somersaults that he can’t stop talking.”

The teacher, Lauren Cacciabaudo, asks each boy how he has managed his day. “How was your sitting, Henry?” she says to one boy. “Three,” little Henry says, giving himself a grade from 1 to 3. “Nice sitting, Henry! How about focusing, Jean Paul?”

“Three”

“Nice focusing, Jean Paul. What about looking in the eye, Asa?”

“Three”

“Nice eye contact, Asa!”

Glued onto the surface of the classroom table are pairs of cut-out handprints. Frequently, Cacciabaudo asks the boys to put their hands on these prints and keep them still. For there is a flitting energy of restless birds about these boys, even though not one of them looks up to inspect the stranger sitting in their midst. Instead, they fixated on a colorful pencil I have just bought at the Guggenheim gift shop. Bright green, it sports and elephant’s head with felt ears on a mountable spring. The boys are mesmerized. At first glance, this brightly decorated room is no different from that of any other
elementary school. Shelves are filled with storybooks; on the chalkboard, a vertical line of words reads “prudence,” “pretzel,” “prairie,” “purple.” But the nervous agitation of the boys’ hands, punctuated by occasional odd flapping gestures, betrays the fact that something is off kilter. There is also a curious poster on one of the walls with a circle of human faces annotated with words like “sad,” “proud,” and “lonely.” When I ask Cacciabaudo about it, she explains that her students do not know how to read the basic expressions of the human face. Instead, they must learn them by rote.

The boys in this Manhattan classroom, part of a special education school run in association with the New York League for Early Learning, all have a mysterious condition known as Asperger’s syndrome – a neurological disorder that disproportionately affects males and is often connected to a striking precocity with language. The Learning Disabilities Association of America defines Asperger’s syndrome as “a severe developmental disorder characterized by major difficulties in social interaction and restricted and unusual patterns of interest and behavior.” Although sufferers display behaviors associated with autism – monotone speech, social isolation, a paucity of empathy – they are not mute or incapacitated. Indeed, the outsize vocabularies of children with Asperger’s often make them seem less disabled than gifted. In the United States, the syndrome was only made official among psychologists by entry into the DSM-IV, or Diagnostic and Statistical Manual of Mental Disorder, in 1994.

The precise relationship between Asperger’s and autism remains to be untangled. Dr. Richard Perry, a child psychiatrist at NYU Medical Center, argues that Asperger’s syndrome shares a basic triad of dysfunctions extraños de estas, traiciona el hecho de que hay algo fuera de lo común. Hay también un extraño boletín en una de sus paredes que muestra varios rostros humanos marcados con palabras como triste, orgulloso, solo. Cuando le pregunto a Cacciaiabu acerca de esta, ella explica que sus estudiantes no saben leer las expresiones básicas del rostro humano. En su lugar, deben aprenderlas a leer de memoria.

Los niños en este salón de clases en Maniatan, parte de una escuela de educación especial, que existe en colaboración con la Liga de New York para el Aprendizaje Temprano, tienen una misteriosa condición conocida como Síndrome de Asperger es un problema neurológico que afectan a más hombres que mujeres y está muchas veces conectado con una marcada precocidad en el lenguaje. La Asociación Americana para Problemas del Aprendizaje define el síndrome de Asperger como “un problema de desarrollo severo, caracterizado por una gran dificultad en relacionarse socialmente, así como extraños comportamientos e intereses”. A pesar que los que sufren de este problema poseen comportamiento asociados con el autismo - habla monótona, insolución social, falta de empatía - no son mudos o incapacitados. En su lugar, el tamaño de sus vocabularios los hacen muchas veces parecer menos incapacitados que superdotados.

En los Estados Unidos, el síndrome fue hecho oficial entre los psicólogos al agregársele en el DSM-IV (el Manual para Identificar Problemas Mentales, por sus iniciales en Inglés), en 1994.

La relación exacta entre el síndrome de Asperger y el Autismo sigue sin aclararse. El Dr. Richard Perry, un psiquiatra infantil del Centro Médico de la Universidad de New York opina
with autism: problems with social interaction, with communication and with play. Both types of children, he says, have perplexing difficulties in “reading” human social signals like facial expressions and dealing with the nuanced to-and-fro of ordinary conversations. “For some reason we don’t yet fully understand,” he explains, “Asperger’s kids cannot decipher basic visual social signals. This leads people to see them as emotionally disturbed.”

Or brilliant. For the flip side of this somber picture is a recognition that Asperger’s sufferers may also have extraordinary gifts. Consider Glenn Gould. The eccentric Canadian pianist, who died in 1982 and who retired from the concert circuit at age 31, was notorious for his bizarre behavior; he had a phobia about shaking hands, ate nothing but scrambled eggs and arrowroot biscuits and rocked incessantly at the keyboard. At the same time, Gould’s obsessive focus and prodigious memory helped give his legendary renderings of Bach their burning intensity. Might Gould have been an Asperger’s sufferer? Timothy Maloney, a musicologist who manages the Gould archives, suggested precisely that at a recent academic conference.

Others scholars have retroactively applied the Asperger’s label to oddball intellectuals ranging from Vladimir Nabokov to Bela Bartok to Ludwig Wittgenstein. Nabokov’s hypertrophied vocabulary and obsession with butterflies, some say, may qualify him for the disorder (though an equally focused obsession with nymphs seems somewhat less incriminating.) Such claims may be dubious, and probably infuriating to lepidopterists, but the argument is seductive to many: could the very qualities that make Asperger’s people so strange lie at the root of their peculiar talents?

This sense of potential explains why kids with Asperger’s are being...
grouped together in special-ed classrooms. “if you look at these children you can see at once that they don’t have classical autism,” says Jeanne Angus, director of the New York League school, who stops by Cacciabaudo’s class for a visit. “They’re normal in so many ways. They’re often very sweet. And they’re often amazingly precocious, with sky-high I.Q.’s. But look closer and you’ll see cracks. Many of them have had appalling difficulties in the regular school system.

Those difficulties include temper tantrums and erratic behavior that can unnerve the most strong-willed teacher. Angus nods toward Asa. “When he first came here, he would roll around the floor all the time, just to get a feel for its texture.” The boy had no idea that this was inappropriate. “The thing is,” she goes on, “everything has to be taught to them – everything. When you ask them at first, ‘How do you do?’ they will say something like, ‘Why do you want to know?’ they simply don’t understand social games.”

It is an impression of anarchic solitude that is often reinforced by the tendency of Asperger’s children to have obsesional interest. Angus tells me that Michael, one of the boys in the class, had a fixation with tornados when he first arrived at the school. “He knew everything about them. The statistics, the F Forces, the wind velocities. He was like a videocassette about tornados, which he could rewind and play over and over. He was using technical terms I’ve never even heard of. And he was 5!” Michael also behaved like a tornado, whirling round the room and tearing everything up.

Other children have sometimes bizarre fixations. They will memorize entire TV shows and recite them over and over (an ability known as perseverative scripting). Other times, they specialize in memorizing everything there is to know about the oddest things: deep-fat fryers, telephone cable insulating companies, the passengers on the Titanic, exotic species of cicadas, the provincial capitals of Brazil. In one documented case, a child memorized the birthdays of every member of Congress. Needless to say, these obsessions are deeply unsettling to parents. “Just imagine,” says Fred Volkmar, a child psychiatrist at the Yale Child Study Center, which is conducting the nation’s largest research project on Asperger’s muchos, pero el argumento llama también la atención de muchos: ¿podría ser que las mismas cualidades que hacen a las personas con Asperger tan extraños estén a la base de sus talentos peculiares? Este posible potencial explica porque niños con el síndrome están siendo agrupados en salones de educación especial. ‘Si una mira a estos niños e da cuenta en seguida que no poseen el autismo clásico,’ dice Jeanne Angus, directora de la escuela League de New York, quien se detiene a visitar el salón de Cacciabaudo. ‘Son normales en muchas cosas. Son frecuentemente muy dulces. Y son muchas veces increíblemente precoces, con IQ muy altos. Pero miré más de cerca y verá las grietas. Muchos de ellos han tenido dificultades increíbles en el sistema escolar normal. Esas dificultades incluyen pataletas y comportamientos extraños que alteran al más calmado maestro. Angus dice acerca e Asa, ‘Cuando él llegó, rodaba en el suelo todo el tiempo, simplemente para sentir como se sentía.’ El niño no sabía que esto era inapropiado. ‘El problema es,’ dice ella, ‘que todo se les tiene que enseñar. Cuando se les pregunta, ¿Cómo estás?’ dicen algo como ¡Por qué quieres saber?’ simplemente no comprenden el intercambio social. Es la impresión de soledad total que es reforzada por su tendencia a poseer intereses obsesivos. Angus dice que Michael, uno de los niños en la clase, estaba obsesionado con tornados usando llegó a la escuela. ‘El sabía todo acerca e ellos. Las estadísticas, la velocidad del viento. Era una película acerca de tornados, la cual el podía retroceder y mostrar una y otra vez. Usaba vocabulario técnico que yo nunca había oído. ‘¿Y tenía sólo 5 años!’ Michael también se comportaba como un tornado, girando alrededor del cuarto destrozando cuando estaba su paso. Otros niños tienen intereses extraños. Memorizan todo un programa e televisión y lo repiten una y otra vez (habilidad conocida como perseverancia.) En otras ocasiones, se especializan n memorizar todo lo que pueden saber cerca de cosas muy extrañas: freidoras, cable de teléfono, los pasajeros del Titanic, especies exóticas de cigarras, las capitales e las provincias de Brazil. En un caso, un niño se memorizó todos los cumpleaños de cada miembro del Congreso. No es necesario aclarar que estas obsesiones inmodan a los padres. ‘Imagínense,’ dice Fred Volkmar, un psicólogo infantil en el Centro de Estudios del Niño en Yale, el cual está conduciendo el proyecto de investigación del Síndrome de Asperger más grande el país. ‘‘Entra a un restaurante y su niño
This baffling syndrome was originally diagnosed a half-century ago by the Austrian pediatrician Hans Asperger. In 1944, Asperger published his postgraduate thesis, “Autistic Psychopathy in Childhood,” which described many of the symptoms of the syndrome and ascribed a genetic basis for them. But Asperger refused to label children with a heavy psychiatric hand. Autism, he argued, was not a straightforward fate, the condition could be ameliorated through “pedagogical methods.”

Currently, the Yale Child Study Center is working with 900 families nationwide to produce the first empirical diagnostic for Asperger’s syndrome. One of its directors, Ami Klin, says that is was only seven years ago that Yale researchers began tracking socially isolated children who did not fit the profile for classic autism. “Cognitively, they were quite good,” he says. “But socially, they were disabled. They fell between the cracks.”

Asperger’s children, Klin feels, are unique. “Classic autistic people,” he says, “are bad at language, good at images; with Asperger’s people, it’s exactly the opposite.” Yet efforts to produce a cast-iron definition of Asperger’s have been difficult. Scientists involved in the Yale study are mapping out chemical reactions in the brain as it tries to decode faces and exploring abnormalities in “eye tracking” – the reaction of the human eye to social signals. This research may provide a way of
pinpointing Asperger’s suffers. “But it will take time,” Klim cautions.

This diagnostic uncertainty makes it extremely hard to know exactly how many people suffer from Asperger’s. A 1993 study reported a prevalence of 36 per 10,000 children, while a 1999 paper reported a rate between 2 and 5 per 10,000. (The male to female ratio is at least 5 to 1.) Since Asperger’s entered the DSM, the number of students in U.S. elementary schools found to have some form of autism has soared by 154 percent to around 35,000, and increase attributable in part to Asperger’s awareness. Indeed, Asperger’s advocates tout figures as high as 1 per 250 of the general population, though this is most likely an exaggeration. Yet because Asperger’s sufferers usually manage to get by in the world, it is indeed possible that someone we know – someone previously dismissed as a bookish outcast – might sufferer from it.

The school’s STAR program (Social-Emotional Training and Academic readiness) aims not to drum every Asperger’s characteristic out of the children’s heads but simply to help them control the more outwardly disadvantageous ones, enabling them to survive in the social jungle. Jeanne Angus explains that in the regular school system the emphasis is on “inclusion” – that is, lumping Asperger’s children with everyone else and hoping for the best. “It doesn’t work,” she says. “We feel that we need to get to the Asperger’s children as early as possible in order to get through to them.” They are, she goes on, usually unhappy and isolated in normal school, whereas in the tiny classes provided by a specialty school like hers, they are among peers who share their problems. “When we teach them the facial expression charts here, they are all learning the same thing.” She says. “When we make them focus and maintain eye contact, they all have to do it. It doesn’t make them feel abnormal.”

The school recognizes that, with patience, Asperger’s children can at least learn to imitate social behavior that other kids learn intuitively. “We take it slowly, rather than forcing them to conform to what neurotypical children can do.” Angus says.

The school day is broken down into small periods in which socializing is strongly emphasized; even lunch breaks have structured conversations. Angus has seen Asa’s progress

Esta dificultad para diagnosticar hace sumamente difícil saber cuantas personas sufren del síndrome. Un estudio en 1993 reportó que 36 de cada 10,000 niños padecen del síndrome, mientras que en 1999 se reportó entre 2 y 5 por cada 10,000 (el porcentaje es de al menos 5 varones por cada 1 mujer). Desde que el síndrome fue agregado al DSM, el numero de estudiantes diagnosticados con alguna forma del autismo en las escuelas primarias de EE.UU. a aumentado en un 154 por ciento a 35,000, un aumento atribuido en parte al conocimiento del síndrome de Asperger. Algunos opinas que 1 de cada 250 personas padecen del síndrome, pero este número es probablemente una exageración. Pero como los que padecen del síndrome normalmente pueden desenvolverse en el mundo, es muy posible que alguien que conocemos - a quien se le considera simplemente un solitario – puede padecerlo.

El programa STAR de la escuela (Entrenamiento Social-Emocional y Preparación Académica, por sus iniciales en inglés) no busca desaparecer las características de los niños que los identifican con el síndrome, sino enseñarles a controlar las que los ponen en desventaja, permitiéndoles así sobrevivir en esta selva social. Jeanne Angus explica que el sistema de educación regular se enfoca en incluir a los niños con el síndrome con los niños típicos y espera que pase lo mejor. “Esto no funciona,” opina ella. “Nosotros creemos que necesitamos identificar a estos niños lo antes posible para poder ayudarlos.” Ella opina que en las escuelas regulares, estos niños son usualmente infelices y aislados, pero en pequeñas clases creadas en escuelas especiales como la suya, ellos están entre otros niños que comparten sus problemas. “Cuando les enseñamos acerca de rostros humanos, es algo que todos están aprendiendo,” dice ella. “Cuando los hacemos enfocarse en el contacto visual, todos lo tienen que hacer. No los hace sentirse diferente.” La escuela reconoce que, con paciencia, los niños con el síndrome pueden al menos aprender a imitar el comportamiento social que otros niños aprenden intuitivamente.

“Avanzamos lentamente, en lugar de forzarlos a que hagan lo que los niños típicos pueden hacer,” dice Angus.

El día en la escuela está dividido en pequeños periodos en los cuales socialización es siempre una parte importante, hasta la hora de almuerzo incluye este componente. Angus ha observado el progreso
Reducing the Costs of an Intensive Home-Based Early Intervention Program

**Recruiting affordable Instructors:**
Have a college student work for the program in exchange for course credit. Have a college student work as an instructor in exchange for extra credit. Recruit students to serve as volunteers for your home program. Have high school students work for the program in order to complete community service requirements. Ask a friend to exchange a few hours a week working with your child for a few hours of babysitting for their child.

**Reducing the Costs of Materials:**
Connect with a family (or families) in your area and share swap materials. Make your own materials whenever possible. Re-use, Recycle! Write to a large manufacturer for discounts. Ask your local school district to lend you instructional materials.

**Other Suggestions for Families:**
Share workshop travel expenses. Ask your consultant if you can keep in touch via e-mail updates. Write to a local food store and request a donation/discount for a workshop. Ask a community group to adopt your family. Shop at yard sales, flea markets or consignment shops. Test potential reinforcers with your child before you buy them.

Presented as a Poster Session at the Twenty-sixth Annual Convention of the Association for Behavior Analysis, Washington DC, May 2000 by Shari A. Golden, Golden Autism Program, phone (410) 643 9128, facsimile (410) 643 8331, e-mail: golden@friend.ly.net.

---

Reduciendo el Costo de su Programa en Casa de Intervención Intensiva

**Encontrando instructores:**
Consiga un estudiante universitario quien pueda trabajar a cambio de crédito universitario o quien trabaje a cambio de extra crédito. Encuentre estudiantes que trabajen como voluntarios. Consiga estudiantes de escuelas secundarias que trabajen en el programa para completar sus horas de servicio comunitario. Propóngale a un amigo intercambiar unas horas de trabajo con su niño cada semana, a cambio de que usted cuide a su niño.

**Reduciendo el Costo de Materiales:**
Póngase en contacto con una familia (o familias) en su área y comparta intercambie materiales. Haga sus propios materiales. ¡Re-use! Escribale a un fabricante para conseguir descuentos. Pregúntele a su distrito escolar si le pueden prestar materiales educativos.

**Otras Suggerencias:**
Comparta los gastos de un taller. Pregúntele a su asesor si se pueden mantener en contacto vía correo electrónico. Escribale a su tienda de víveres y pida una donación/descuento para su próximo taller. Pídale a un grupo comunitario local que adopte a su familia. Compre en tiendas de segunda mano, mercados de descuento y ventas locales. Pruebe la efectividad de los reforzadores con su hijo antes de comprarlos.

Presentado como una Sesión Póster en la 26ava Convención Anual de la Asociación de Análisis de la Conducta, Washington DC, Mayo 2000 presentado por Shari A. Golden, Golden Autism Program, teléfono: (410) 643 9128, facsimile: (410) 643 8331, correo electrónico: golden@friend.ly.net.

---

firsthand. “When he first came to this school,” she remembers, “he would clasp his hands together and jump up and down all the time. It’s typical self-stimulation that we see in a lot of Asperger’s boys. But he’s calmed down a lot.”

In the end, perhaps Asperger’s sufferers perpetually wing between brilliance and isolation, between originality and awkwardness. Asa’s mother, for her part, recognizes that Asa alternates between wildly differing psychological states. “When I walk him from home to school,” she says, “I see him stepping from one state into the other. He puts on his ‘school face’ and goes from being lively and relaxed to being locked into a kind of monotone. It’s a startling transformation. But then, that’s the Asperger’s world in a nutshell.”

de Asa a primera vista. “Cuando el recién llegó a la escuela,” recuerda ella, “juntaba sus manos y saltaba todo el tiempo. Era una actividad de estimulación propia que vemos mucho en niños con el síndrome. Pero se ha calmado mucho.”

Al final, aquellos que padecen del síndrome siempre van a moverse entre ser brillantes y aislados, entre ser originales y extraños. La madre de Asa, reconoce que Asa pasa por estados psicológicos muy diferentes. “Cuando caminamos hacia la escuela,” dice ella, “yo lo veo pasar de un estado al otro. Se pone su ‘cara de escuela’ y pasa de ser un niño vibrante y relajado a caer dentro de un estado monotóno. Es una transformación impresionante. Pero después de todo, esto resume el mundo del síndrome de Asperger.”

---

“When he first came to this school,” she remembers, “he would clasp his hands together and jump up and down all the time. It’s typical self-stimulation that we see in a lot of Asperger’s boys. But he’s calmed down a lot.”

In the end, perhaps Asperger’s sufferers perpetually wing between brilliance and isolation, between originality and awkwardness. Asa’s mother, for her part, recognizes that Asa alternates between wildly differing psychological states. “When I walk him from home to school,” she says, “I see him stepping from one state into the other. He puts on his ‘school face’ and goes from being lively and relaxed to being locked into a kind of monotone. It’s a startling transformation. But then, that’s the Asperger’s world in a nutshell.”

Reducing the Costs of an Intensive Home-Based Early Intervention Program

**Recruiting affordable Instructors:**
Have a college student work for the program in exchange for course credit. Have a college student work as an instructor in exchange for extra credit. Recruit students to serve as volunteers for your home program. Have high school students work for the program in order to complete community service requirements. Ask a friend to exchange a few hours a week working with your child for a few hours of babysitting for their child.

**Reducing the Costs of Materials:**
Connect with a family (or families) in your area and share swap materials. Make your own materials whenever possible. Re-use, Recycle! Write to a large manufacturer for discounts. Ask your local school district to lend you instructional materials.

**Other Suggestions for Families:**
Share workshop travel expenses. Ask your consultant if you can keep in touch via e-mail updates. Write to a local food store and request a donation/discount for a workshop. Ask a community group to adopt your family. Shop at yard sales, flea markets or consignment shops. Test potential reinforcers with your child before you buy them.

Presented as a Poster Session at the Twenty-sixth Annual Convention of the Association for Behavior Analysis, Washington DC, May 2000 by Shari A. Golden, Golden Autism Program, phone (410) 643 9128, facsimile (410) 643 8331, e-mail: golden@friend.ly.net.
WEBSITES

Reaching Potentials Website:
http://www.reachingpotentials.org

Hyperlexia Parents Group:
http://www.iac.net/~whaley/gordy.html

General Autism Information:
http://pages.prodigy.com/MI/dporcari.html
http://web.syr.edu/~jmwobus/autism/
http://134.68.79.12/AIA.html

Advocacy:
http://www.wrightslaw.com
http://www.Myerslaw.com

Autism & Lovaas Type Programs:
http://web.syr.edu/~jmwobus/autism/lovaas/

Autism Frequently Asked Questions:
http://web.syr.edu/~jmwobus/autism/autism.faq

ASA Website:
http://www.autism-society.org

NICHY Website:
http://www.nichcy.org

Asperger's Disorder HomePage:
http://www.unmed.edu:8000/pub/o/ozbayrak/asperger.html

Asperger’s Syndrome Resources Page:
http://www.udel.edu/bkirby/asperger/

TEACCH Homepage:
http://www.unc.edu.dept/teacch

Autism & Brain Development Research Lab:
http://nodulus.externucsd.edu/

National Institute of Health:
http://www.nih.gov/

National Alliance Autism Research:
http://www.naar.org

CAN (Cure Autism Now) Website:
http://www.canfoundation.org
http://www.hbdi.org

NIH Grants & Contracts:
http://www.nih.gov/grants/

Autism Network International:
http://www.students.uiuc.edu/~bordner/ani.html

Future Horizons Autism Homepage:
http://www.onramp.net/autism

Insurance Appeal:
http://web.syr.edu/~jmwobus/autism/lovaas/appeal.txt

Association for Behavior Analysis:
http://www.wmich.edu/aba/

The Recovery Zone:
http://pages.prodigy.net/damianporcari/recovery.htm

The ME-List: (a parent ABA mail list)
rallen@iupui.edu
(E-mail Ruth Allen & ask to be put on mailing list)

Family Network on Disabilities:
http://www.fndfl.org

Edlaw, Inc.:
http://www.access.digex.net/~edlawinc/

Abstracts of Journal of Applied Behavior Analysis:
http://www.envmed.rochester.edu/wwwrap/behavior/jaba/jaba.html

Univ. of So. FL - ABA Website:
http://www.coedu.usf.edu/behavior/behavior.html

NEWSGROUPS:

Dads with Disabled Children:
Listserv@dadvocate@ukcc.edu

(St. Johns) Autism & Developmental Disabilities:
listserv@maelstrom.stjohns.edu
Upcoming Events / Conferences

**EIGHT ANNUAL STATEWIDE CARD CONFERENCE**
Keynote Speakers: Dr. Phil Strain, Jay Klein, MSW, Dr. James Partington, and Dr. Sally Ozonoff

**WHEN:** January 13 & 14, 2000
**WHERE:** Hilton Fort Lauderdale Airport
1870 Griffin Road
Dania, Florida

Early registration costs are $85.00 per person
(postmarked before 12/15/00)
Regular registration costs are $100 per person
(postmarked after 12/15/00)

Checks can be made out to UM CARD and sent to
UM CARD
1500 Monza Avenue, Third Floor
Coral Gables, FL 33146

For more information contact 1800 9 AUTISM (Ext. 2)

**Florida Association for Behavior Analysis**
20th Annual Meeting
Co-sponsored by the Department of Children and Families Developmental Services

**WHEN:** September 20-22, 2000
**WHERE:** Adam’s Mark Resort
Daytona Beach, Florida

Contact FABA for more information:
FABA Conference Registration
Department of Psychology
Florida State University
Tallahassee, FL 32306-1270
www.psy.fsu.edu/~FABA/index.html

**Future Horizons Autism 2000**
**Atlanta**

Featuring
Dr. Temple Grandin
And
Dr. Liane Holliday Willey

**WHEN:** October 5-6, 2000
**WHERE:** Atlanta, Georgia

For more information call 1-800-489-0727

**Orlando 2000:**
New Biological Directions In Autism Research

A Conference for Professionals and Parents

**WHEN:** October 14-15, 2000
**WHERE:** Orlando Airport Hyatt, Orlando Florida

Orlando 2000 has been organized by parents and professionals dedicated to increasing the accessibility of the most current and scientifically valid information concerning the biology of autism, and diminishing the myths that stand in the way of effective treatments for our children.

For information write to:
autismconference@mindspring.com
or
call toll free, 877-452-6752

**From Autism to Asperger's and Beyond**

**WHEN:** November 3-4, 2000
**WHERE:** Tampa, Florida

For more information contact MAAP at 219-662-1311
INTERMEDIATE LEVEL TRAINING

PICTURE EXCHANGE COMMUNICATION SYSTEM
September 9, 2000

Attendees will be trained in basic knowledge of the use of the Pictures Exchange Communication System and the Pyramid approach to education, and how to incorporate it as a very important part of an existing behavioral program. This session will include video demonstration, hands-on training, and ideas to create your own materials. Parents and professionals are welcomed!!

Presenter: Jean Hays Bachrach, MA, CCC/SLP, BCBA/e

When: September 9, 2000
9:00 a.m. – 1:00 p.m.

Where: 2875 S. Congress Avenue, Suite H
Delray Beach, FL 33445

Reaching Out

Reaching Potentials, Inc.
P.O. Box 970161
Boca Raton, FL 33498

Non-Profit Org
U.S. Postage
PAID
Boca Raton, FL
Permit No. 1634

Inside This Issue

About the Behavior Analyst Certification Board
Reaching Potentials Training Calendar
Intensive Early Intervention
The Little Professor Syndrome
Uncommon Conferences