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**Manitoba Families for Effective Autism Treatment**

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# MFEATnew

## MFEAT General Meeting

MFEAT's **General Meeting** will be held on **Saturday, October 29, 2005** from 10:00 a.m. until Noon at St. Amant Centre, 440 River Road, Winnipeg. We will meet in the **East Dining Room**. Please note, this is a different location than usual. Mark your calendar! Agenda for this meeting is on page two.

Plan to attend!

## Preschool Program Update

The fall has been a busy time for the program, seeing several children transition to elementary school from preschool services. With the transition for these children nearly complete, the focus is addressing new children entering into the ABA Preschool Program. The transition, the largest since the inception of the program 3 years ago, provided valuable information regarding challenges for families and staff members, as well as insight into the focus and direction of transitional support.

*(continued on page 3)*

## President's Report

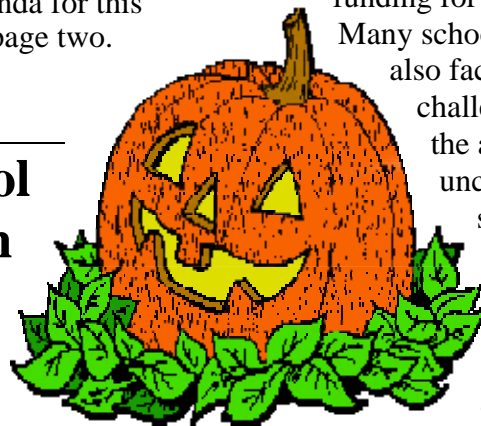
Once again another summer has past as we focus out attentions on returning to our normal routines. The MFEAT organization has had a relatively quiet summer in terms of activity, but are facing some significant challenges as we move forward with the implementation of the interim funding for school age ABA.

Many school age families are also facing some challenges along with the anxiety and uncertainty of a new school year.

MFEAT is committed to providing support and assistance in any

way we can to help families successfully advocate for effective treatment for their school age children.

*(continued on page 4)*



### Calendar

<b>MFEAT General Meeting.....</b>	<b>Oct 29, 2005</b>
<b>MFEAT Annual Conference.....</b>	<b>Nov 3&amp;4, 2005</b>

# Manitoba Families for Effective Autism Treatment

**General Meeting Agenda  
Saturday, October 29, 2005 - 10:00 a.m.  
St Amant Centre**

**Welcoming and Introductions**

**30 mins**

- 1. Introductions.....Eldon
- 2. Open Discussion on Family Experiences..... All

**MFEAT Business**

**90 mins**

- 1. Adoption of Agenda.....Eldon
- 2. Approval of Minutes of AGM June 11, 2005 meeting..... All
- 3. President’s Report.....Eldon / see newsletter
- 4. Treasurer’s Report .....Stephen
- 5. Old Business.....Eldon
  - a. Annual Conference.....Eldon / Teresa
  - b. Pre-School Program Update.....Kevin / Teresa
  - c. Update on School Age Programming / Interim Funding.....Eldon
  - d. MFEAT Parent Support Group Update / New Format..... Eldon
- 6. New Business
  - a. MFEAT Survey Results ..... Eldon
  - b. New Treasurer / Director.....Eldon
  - c. MFEAT library.....Eldon
  - d. Other New Business Items.....All
  - e. Next Meeting (Feb 6, 2006)..... All

(Preschool report cont'd from page 1)

The recent start of the ABA School Age Interim Funding Services indicated a larger interest than previously anticipated. This led to a number of issues to be further discussed with the provincial departments supporting the services and accompanying waitlist. The program is currently serving 47 families, with 5 more about to begin the intake and assessment process. Inquiries to program services have recently been on the rise, due in part to increased efforts in advertising through shared family stories in the Winnipeg Free Press, and the program's expanded website at [www.stamant.mb.ca](http://www.stamant.mb.ca)

Fall also represents a time for professional development opportunities for staff members, including the St. Amant and MFEAT conferences. Several program employees will be attending and, in some cases presenting posters at the events. Building on the success of our August general staff meeting, tutors, senior tutors, clinical consultants and administrative staff will again be meeting as an entire group in December to share information and to have a much needed opportunity to connect with each other both as St. Amant employees as well as on a personal level.

The program continues to fulfill its mandate by developing and supporting locally accessible clinical consultants, and in the past months has welcomed four

new ABA clinical consultants to the team. A fifth, very welcomed addition joined the consulting team from abroad. The strengthening of our program by enhancing this aspect of service provision remains a primary focus. Recruitment and retention of senior tutors and tutors continues to go very well in the province. The increased emphasis on human resource relations within the program has been addressing many of the areas of service identified as challenging. Focusing on tutor lessening turnover and staff member relationships with families continues to be our target in the next months. Looking forward, the program has a variety of tasks at hand, including:


- 1) Continuing to review and assess the program structure to determine efficiencies and need for support in various program areas.
- 2) Working with St. Amant's Human Resource Services to review elements of workplace health and safety, adapting provincial standards and requirements to our staff working in family homes and other community settings.
- 3) Examining internal training needs at all levels to focus on continuing to develop strong clinical services and areas of client support and staff management skills, and capitalizing on the training opportunities offered by WRHA.

4) Continuing to provide support the unfolding school age interim services, including reviewing the continuum of care between the two services where that is desired by families.

Please call the administrative office at 256-4301 ext 442 for more information about the preschool program. Copies of recent program bulletins are available for download on the program website.


*Jill Franchuk*

## MFEAT 7<sup>th</sup> Annual Conference



MFEAT's 7th ABA Conference will be held at the Canad Inn - Polo Park (1405 St. Matthews Ave, Wpg, MB) on November 3 & 4th, 2005. Registration begins at 8:15 am each day and workshops at 9:00 am each day. The topic this year is *"Sharing the Knowledge: Effective Solutions to Everyday Challenges Faced by Those Living with Autism Spectrum Disorder"*.

The presenters this year include James Mulick, Kristen Villone, Michael Selbst, Rebecca MacDonald. Please visit [www.mfeat.ca](http://www.mfeat.ca) for more information about the presenters, available workshops and registration.



President's report cont'd from page 1)

**MFEAT Annual General Meeting-** The Annual General meeting for the organization was held on June 11<sup>th</sup>. There were two new board members elected to replace Jackie King and Valerie Slaa who decided not to run for another term. The new members are Martine Bonneau-Laczko and Lori Steele. I'd like to thank Jackie and Valerie for their commitment and dedication over the past two years and welcome Martine and Lori to the executive board. We have also been searching for a person to fill the treasurer role left vacant by Jackie's departure since the annual meeting, and are happy to report that Stephen Sutherland has volunteered to fill the position. Stephen will become our 11<sup>th</sup> board member at the next executive meeting and we are very excited to have him involved with the organization once again. The slate for the upcoming year is as follows:

- Eldon Strachan - President
- Kevin Augustine - Vice President
- Lori Steel – Secretary
- Stephen Sutherland - Treasurer
- Leslie Bering - Director at Large
- Martine Bonneau-Laczko - Director at Large
- Jeff Sigurdson - Director at Large
- Scott Holod - Director at Large

- Teresa Grabowski - Director at Large
- Heather Milne - Director at Large
- Kent Somers - Director at Large

**Advocacy Update**

**School Age Interim Funding:**

We continue to make inroads with the implementation of the interim funding, although it continues to be a challenge for some families as they work together with their school divisions and St Amant to resolve issues. The encouraging news is that some schools and school divisions are very supportive and families have been able to finalize arrangements for the current school year. The Department of Education also sponsored a one day ABA orientation session for school staff and families who have finalized arrangements. The orientation was well received by all who attended and St Amant did a very good job at facilitating the event. The MFEAT organization would like to thank the Department of Education for sponsoring this session as it helped to define the program structure and answer questions about what the program would look like in the school setting. We also would like to acknowledge and thank St Amant for all the extra administration and leg work that has taken place in trying

to establish programs in several schools and school divisions where families have applied. **MFEAT is also considering sponsoring a follow up session down the road to identify issues, answer questions and provide support to families and schools as they begin to deliver ABA services in the school setting. If you are interested in attending such an event, please contact the MFEAT office (487-1685) or Eldon Strachan at 204-324-5796.**

**School Age ABA Advisory Committee:** The committee has not met since the last report . The next meeting that was scheduled for October has been postponed and we are tentatively awaiting a new date.

**Ministers' Luncheon-** MFEAT, in conjunction with St Amant Centre hosted a luncheon on May 30<sup>th</sup> with the Ministers of Family Services and Housing and Education, Citizenship and Youth. The purpose of this luncheon is to thank the Ministers for their cooperation to date, share results of the preschool program and highlight the need for the development of school age services. Our messages were conveyed to the Ministers who indicated there desire to continue to partner with MFEAT to continue to develop ABA services in our province.

**Stephen Fletcher Meeting-** Stephen Fletcher, MP for Charleswood- St. James and Senior Health Critic for the opposition Conservatives visited St Amant Centre on Sept 12th. The purpose of this meeting was to provide Stephen with an overview of the Preschool Program and raise awareness that ASD children are a distinctive group of children that require and benefit from a different level of services. In addition our aim was to highlight the fact that ABA is a cost effective service which is based on sound scientific principles and considered best practice in many autism communities. Stephen was very impressed with the presentations and had a lot of questions for the presenters.

**Other MFEAT Initiatives**

**MFEAT Conference-** This year's conference is quickly approaching and is scheduled for Nov 3<sup>rd</sup> and 4<sup>th</sup>. The registration brochures have now been distributed and early bird registration deadline is **Oct 14<sup>th</sup>** . If you have any questions please contact Laureen Ojala at 667-2120 or visit the website at [www.mfeat.ca](http://www.mfeat.ca) for registration forms.

**MFEAT Survey-** We are in the process of collecting the final information from the survey and should have a report available for the next general meeting.

**MFEAT Professional Memberships-** We are investigating the possibility of creating a professional wing of the organization as we think it is important for professionals to be associated with MFEAT. This would allow professionals to become more familiar with our mandate, remain informed of the latest developments in our quest for ABA services and access information from our library. More information will be available as details of this initiative are developed.

**Parent Support Group-** The parent support group has been terminated due to a lack of interest and attendance at recent meetings. We have decided to try to implement a family buddy system instead where one family could possibly support another family facing similar issues or circumstances. If you would like to become a buddy family or are a family who is looking for support please contact the MFEAT office. If the need arises for a formal support group then the organization would be happy to re-establish regularly scheduled meetings as required.

I think that covers most of the critical business currently in progress within the organization. Our primary focus has been around the implementation of the interim school age funding and the development of optimal school age programming in our province. We remain

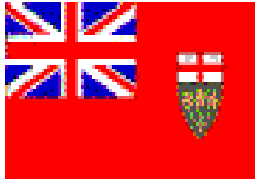
committed to helping families and working with schools and school divisions to establish ABA services in these settings. There are still a lot of misconceptions about ABA in the some schools and school divisions as well as the general community, and I think this is unfortunate because it tends to close a lot of doors before meaningful discussions can even begin. The program can work very well in school and I would encourage all those who have doubts, questions or concerns to contact families, schools or school divisions who have had success with the program. MFEAT can possibly help with this process by sharing information once the appropriate consent has been received.

Our next meeting will be held on Saturday October 29<sup>th</sup> at St Amant centre at 10 AM and we hope to see a lot of members there. In the meantime please don't hesitate to contact me or any other board member with any questions, comments or concerns you have about our organization.

***MFEAT President  
Eldon Strachan***

**The International Journal of Behavioral Consultation and Therapy (1.2 issue) is now available online at [www.behavior-analyst-online.org](http://www.behavior-analyst-online.org)**  
**Download your copy today!**

# Friends of Children with Autism is asking for your support!



On April 1, 2005, Justice Kiteley of the Supreme Court of Ontario issued her long-awaited reasons in the case of Wynberg al. v. Her Majesty the Queen. She agreed with the Wynberg plaintiffs that the age 6 cut-off for the Intensive Early Intervention Program (IEIP) for children age 2 to 5 is age discrimination contrary to section 15 of the Canadian Charter of Rights and Freedoms, and she also ruled that Ontario's failure to provide Intensive Behavioural Intervention (IBI) to autistic children in the province's Public schools violates the Minister of Education's duty under section 8(3) of the Education Act to ensure that appropriate special education programs and services are provided to children with identified exceptionalities. The judge also awarded damages for past and future costs of IBI, dating from November 2002.

The province of Ontario has appealed Justice Kiteley's landmark decision, and secured an early hearing date for its appeal: the week of December 5, 2005. The province challenges the judge's decision on the Charter and Education Act, and a number of the procedural decisions she made at trial about the admissibility of evidence. The broad scope of their appeal means that our lawyers will have to review over 17,000 pages of trial transcripts, and an equivalent number of pages of documentary evidence, in order to defend the decision we won after almost two years of trial. It is really important that we renew our financial commitment to this case, to allow our lawyers to protect and preserve the decision, and to make arguments to the Court of Appeal that, if successful, will make the decision even stronger as we anticipate that this case will eventually be heard by the Supreme Court of Canada. Our lawyers are also preparing a cross appeal to address certain points where the judge was not in agreement with us. We are therefore conducting a fundraising drive this summer, while our lawyers work intensively on the appeal and cross-appeal. Your contribution to the organization set up by the Wynberg plaintiff families and their supporters - The Friends

of Children with Autism (FOCA) - will enable us not only to hold the benefit of Justice Kiteley's decision, but also to make it even more beneficial by way of a powerful cross-appeal. We thank all of you who have supported us in the past and have enabled us to be where we are today but we are in need of additional funding as we move forward. We are confident that we will win in the Court of Appeal just as we did in Ontario Superior Court. This government will be made accountable for its broken promises and its violation of the Charter of Rights and Freedoms as well as the Education Act. We thank you in advance for your generosity and commitment to this landmark case. You may contribute by cheque or through Paypal via the name Friends of Children with Autism. If you are sending a cheque, please mail it to: Friends of Children with Autism, 775 Duplex Avenue, Toronto, ON M4R 1W5. If would like further information, please email [friendsofchildrenwithautism@rogers.com](mailto:friendsofchildrenwithautism@rogers.com) Finally, we ask that you forward this email to as many people as possible throughout Canada and the world who you think would be interested in this issue and willing to contribute. Thank you once again from the 28 families of Friends of Children with Autism.

# Autism: 'There's this wonderful treatment -- but you can't have it'

*This article was posted June 30, 2005 on www.belfasttelegraph.co.uk*

Tonight Professor Bobby Newman, one of the leading authorities in the treatment of autism will be delivering a lecture in the University of Ulster at Coleraine. He argues most children with autism here are not getting the treatment that could transform their lives.

Albert Einstein once remarked that the hardest thing in the world to understand is income tax. I'm fairly confident that Professor Einstein would have changed his assessment if he would have seen the dilemma facing parents and teachers of students diagnosed with autism. The 'Autistic Spectrum Disorders' (ASDs) are a group of neurologically-based syndromes that affect three main areas of the person's functioning. They are: socialization abilities and understanding, language and communication abilities, perseverative behaviour and restricted range of interests and activities. There is an enormous functioning range associated with ASDs. In its most severe form, the individual diagnosed with an ASD is often unable to make even basic wants and needs known and may appear so

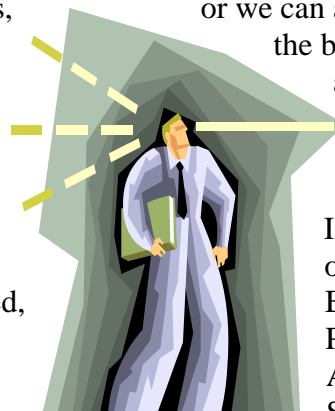
unresponsive to the environment that parents suspect severe sensory impairments. He or she may avoid any attempts at interaction by others, and may spend seemingly endless hours engaged in repetitive tasks such as spinning the wheels on a toy truck, flapping hands, or watching the same ten seconds of video over and over. Many individuals diagnosed with ASDs have a great deal of difficulty learning even basic self-care skills. In some cases, behaviour such as severe self-injury or aggression towards others may be noted. At the other end of the spectrum are individuals who may not have been diagnosed, but nonetheless encounter considerable difficulties in negotiating the everyday world due to their unusual language or social behaviour. As if the effects of the ASDs were not serious enough, parents and care-givers often face severe obstacles in obtaining diagnoses and treatment. Although the research literature has shown that clear diagnoses can be made during the pre-school years, many parents find themselves on endless waiting lists. Even when they do see the clinician, the professional may not be knowledgeable about the symptoms being observed, or may defer diagnosis. This is especially tragic, as research has clearly shown that the earlier the intervention, the more dramatic and rapid the improvement. In the best

outcome, all vestiges of the diagnosis can disappear, and the individual becomes indistinguishable from anyone else his or her age. While significant gains can be made at any age, it is during these early years that we have our best chance at maximum skill development for the development of maximum personal autonomy. Even when the diagnosis is finally made, often years after the best intervention can be provided, parents are faced with a bewildering array of choices. They are shown a laundry list of treatments, and assured that this is a matter for them to decide as parents. "No treatment has been shown to be superior to any other" is a commonly heard refrain. The situation has been compared to being told that your child has cancer, and you're being asked to choose between chemotherapy, black coffee enemas, and having the child take long rides on horseback. All of these options, you're assured, will be equally valuable in treating the cancer. Nothing, of course, could be further from the truth. According to a task force report, compiled at the request of the New York State Department of Health, a finding backed by the US Surgeon General's office, there is one (and only one) treatment that has been scientifically validated. That treatment is known as Applied Behaviour Analysis (commonly referred to as 'ABA'). ABA as a formalized field is decades

old. The quarterly Journal of Applied Behaviour Analysis, for example, began publishing in the late 1960s. The International Association for Behaviour Analysis formed soon thereafter. The Behavior Analysis Certification Board has spent the last several years certifying individuals who have received the requisite college and graduate level training, gone through the necessary internships, and passed the rigorous exam to be called Board Certified Behavior Analysts (BCBAs). After decades of research, we have an impressive body of knowledge regarding how to treat the ASDs. We don't know everything, of course, that would be grandiose. We do, however, have a strong methodology for tackling the problems and finding solutions. ABA has been the subject of a great deal of controversy, often based upon a faulty understanding of what it actually entails. An education ministry report that was read at a conference in Belfast last year, for example, noted that many education and psychology professionals do not advocate for the use of ABA, and find its methods too intensive. What the report failed to mention, however, is that many well-trained professionals find that statement to be utterly nonsensical. ABA is simply the application of a scientifically-based approach to teaching and behaviour management. It holds as its greatest goal the development

of the autonomy of the individual - in other words, teaching the individual the skills that will allow him or her to be as self-determining and self-supporting as anyone else in society, able to make choices for their own lives. ABA is based on a solid grounding in the principles of learning. New skills are taught in a rigorous, data-based manner that allows for constant measuring of progress and fine-tuning of teaching technique based upon student progress. Similarly, behaviour that is interfering with the learning process, or is interfering with the individual being able to function in everyday environments, is analyzed, and learning-based procedures are put into place to reduce such behaviour and replace it with more adaptive behaviour. As these skills are mastered, generalization of skills to everyday environments, and the fading away of intensive teaching and behaviour management are accomplished. Try as I might, I can't see what is so controversial about the approach, other than it would require some of us to give up some of our pet theories and to receive intensive training in a perhaps unfamiliar discipline. That most students diagnosed with ASDs do not receive intensive and quality ABA services is one of the great tragedies of our time. I have

performed literally dozens of diagnostic evaluations for students throughout Ireland over the past eight years. I have often been in the position of diagnosing a child with an ASD, and then having to tell parents that: 'There's this wonderful science that could help your child. It's called Applied Behaviour Analysis, and it has been shown to help many students to develop the skills to allow them to live as autonomously and self-sufficiently as anyone else. And, by the way, you can't have it.' We have choices before us. We can study the problem some more, and we can write a few more papers, or we can actually get down to



the business of learning and applying this science that has been shown to be so effective.

I move for the latter option. Professor Bobby Newman is President of the Association for Science in Autism

Treatment. He has been involved in several conferences organized by the charity Parents Education As Therapists (PEAT) that is devoted to bringing scientifically validated behavioural intervention to children with autism in Northern Ireland. Prior to Professor Newman's support there had been no training in Applied Behaviour Analysis for professionals working with children with autism anywhere on the island of Ireland.

## Autism Society Canada is pleased to announce the launch of new website.



The Autism Society of Canada (ASC) hopes the site will be a valuable resource for people with Autism Spectrum Disorders, parents and caregivers of children with autism, family members, volunteers, educators, health and social service professionals and interested researchers.

The new site offers reliable information on autism and over 400 links to helpful resources. [www.mfeat.ca](http://www.mfeat.ca) is one of the links offered through the new website. You will also find news of Autism Society Canada's (ASC) recent activities and publications.

Please visit Autism Society Canada (ASC) at:  
[www.autismsocietycanada.ca](http://www.autismsocietycanada.ca)

Autism is the  
third most common  
developmental  
disorder - more  
common than  
Down Syndrome or  
cystic fibrosis

## Looking after the Disabled

By Gordon Powers

For the first time in history, people with disabilities are outliving their caregivers in unprecedented numbers. Within the next few years, a wave of adults with disabilities, many of whom still live with their parents, is expected to flood the social services system as these parents pass away – to say nothing of those families only beginning to struggle with the needs of a disabled child.

Not surprisingly few people are familiar with the correct financial options available for people whose children are disabled. Typically, it's not something we worry about until faced with the reality of someone facing physical or mental challenges. And this is going to happen for many: At least one in 10 Canadian families is affected by a disability. And if you're one of them, here are a few things to think about.

### *Explore insurance options*

Parents who are well off and can save a substantial amount of money to leave to their children have several estate planning options, the most appropriate of which is usually an absolute discretionary trust.

For parents who can't put as much aside, life insurance is clearly the next route. Premiums on joint and last to die policies are more modest and the benefits can be paid into an absolute discretionary trust for the child with no immediate tax consequences. In some instances, parents may choose to name the organization caring for their child as beneficiary of any policies, enjoying some tax relief because the premiums would be deemed a charitable donation. Following their death, the estate receives a tax deduction, but the income from the policy continues to flow into the child's trust. Upon his or her death, the money goes to the charity.

### *Look for tax relief*

If you or someone you know is facing such a challenge, be sure to become more familiar with the tax breaks available to parents of disabled children, such as the opportunity to deduct disability-related expenses like medical and respite care. Typically, this includes the federal government's caregiver credit, which can save about \$500 per year in taxes. This is on line 315 on the tax return, and you can backfile to 1998 when the credit was introduced. Parents can often also transfer the disability tax credit. This has the potential to save them an additional \$1,500 a year in taxes – plus it's possible to back file to 1985.

As well, parents should take note of how much money a disabled individual can hold without affecting their entitlement to government programs. Recipients of the Ontario Disability Support Program (ODSP), for instance, can hold and accumulate a maximum of \$5,000 in liquid assets without infringing on their ODSP benefits. Similar regulations apply in other provinces. Therefore, if a parent wills a child a substantial sum of money, there's the danger that the inheritance will disqualify the child from receiving government benefits. The challenge is to arrange for parents to leave money to their child without reducing – or worse, eliminating – government benefits. Beware of 'backwards planning' though. It's important to look at the bigger financial picture and not expend all your energies on simply securing government benefits.



***Draw up a will***

Disputes over wills are almost always a question of what seems reasonable. A will that splits an estate disproportionately between able and disabled siblings is almost certainly going to be challenged. The Dependants Relief Act provides that if a

person makes a will and fails to make adequate provision for his or her dependants, then the dependant can apply to the court for a greater share of the estate. In this instance, that could mean the appropriate government agency seeking to change the will, rewarding more to the dependant and reducing their benefits at the same time.

The best strategy for most families will be an absolute discretionary trust. Known as a Henson Trust in Ontario, this is a trust that is worded such that the disabled child is deemed not to have personally received the inheritance. It definitely requires professional help. The wording of the trust must be very specific, spelling out quite clearly that the funds are not in the name of the child. If the child is considered not to personally own the assets, then he or she can continue to receive full government benefits. Meanwhile, the designated trustee can pay out the trust assets for the benefit of the child at his or her discretion. There is no limit on how much can be left to the trust by the will or by directed insurance proceeds. Although an absolute discretionary trust is an effective way for parents to ensure their child is properly cared for after their death, many parents are still relying on the Disability Expenses Trust, which, in Ontario, allows a child to

inherit up to \$100,000 without penalty. The trouble with this kind of trust is that \$100,000 is likely an inadequate sum, especially if the child is young when he or she inherits it. Secondly, this trust stipulates that funds can be used only for expenses directly related to the child's disability, a feature that can severely limit trustees' options.

***Prepare a life plan***

Besides writing a will and setting up a trust, parents should also prepare a comprehensive life plan for their disabled child. Future caregivers need to get a complete picture of the person including likes and dislikes, friends, education, preferred activities. Be sure to choose your trustee carefully. In the case of adult dependent children, for instance, it's best to choose someone closer to the age of the beneficiary to act as trustee, rather than a contemporary of the parent. This makes it less likely that the trustee will die first. As well, be wary of siblings who may have a conflict of interest not yet evident to their parents.

**Did you know?**  
*There are  
191 MFEAT Members  
&  
29 Friends of MFEAT*

# Cal State University Stanislaus Professors Publish Revealing Report on Methods for Treating Autism



TURLOCK, Calif., Aug. 5  
(AScribe Newswire)

A California research team that includes a pair of California State University, Stanislaus psychology professors has taken a significant step in what most experts predict will be a long journey in developing effective treatment for autism. They were part of a team of psychologists who conducted a study that dispels some popular notions about how to treat autism.

Autism is a disorder of brain development characterized by deficits in language, learning and social interaction. It typically appears during the first three years of life and affects males about four times more often than females across all income strata and ethnic groups. Genetics seems to be a contributing factor, but the

specific causes of autism have not yet been identified. The National Institutes of Health note that prevalence studies have been done in several states and also in the United Kingdom, Europe, and Asia. Prevalence estimates range from 2 to 6 per 1,000 children. Most individuals with autism who do not receive effective treatment are unlikely to live independently as adults.

The California study found that intensive Applied Behavior Analysis (ABA) was a substantially more effective treatment for a group of preschool children with autism than the mixture of methods that is provided in many education and treatment programs. ABA emphasizes breaking skills down into small parts and building them systematically through repetition and positive reinforcement. At the same time, behaviors that are harmful or that interfere with learning are analyzed carefully and are not reinforced. The long-term goal is to help each child be as successful and independent as possible at school, at home and in the community.

The pioneering study was completed by CSU Stanislaus psychology faculty members Dr. Jane Howard and Dr. Harold Stanislaw and their colleagues Coleen Sparkman, Director of The Kendall School in Modesto; Dr. Howard Cohen, Clinical

Director of Valley Mountain Regional Center in Stockton; and Dr. Gina Green of San Diego, a nationally known researcher and consultant in the field of autism. "This study corroborates earlier studies showing the power of early intensive behavior analytic intervention," said Howard, the study's principal investigator. "It is important because it is one of only a few studies in which the ABA intervention was delivered through a community-based, rather than a university-affiliated program. These results signal the potential for delivering effective intervention without the resources of a university-based clinic." Howard noted that this aspect is important because there are too few university-affiliated programs capable of providing ABA intervention for the growing number of children diagnosed with autism spectrum disorders. "The study is also noteworthy because it is only the second one to compare the common practice of combining multiple treatment approaches ("eclectic" treatment) with a cohesive approach based on the science of applied behavior analysis," Howard said.

The report indicates that most autism experts agree that the earlier the intervention is delivered, the better the outcomes. It also questions the suitability of treating children with autism using a

variety of intervention methods. Although it may seem reasonable to many parents and professionals to use a mixture of treatment methods, the researchers note that this practice has not been carefully evaluated. Co-researcher Green noted that scientific studies of "eclectic" treatment are necessary because funding treatments that have not been scientifically validated waste scarce resources and costs these children the opportunity to realize their full potential. "Although ABA methods have proven effective for building skills in people with autism of all ages, it is not clear that effective intervention provided later in life can have the same impact as it does in the preschool years," Green said.

According to information provided by the California Department of Developmental Disabilities, the cost of providing basic services to adolescents and adults with autism throughout the lifespan is substantially more per person than the cost of comparable services for individuals with other developmental disabilities. The authors noted in their article that "eclectic" or mixed-method treatment approach is often recommended for children

with autism by consultants, educators and clinicians. It is widely used in both public and private schools. Eclectic treatment for children with autism often include the Picture Exchange Communication System (PECS), sensory integration therapy, speech and language therapy, discrete trial training, play therapy, and techniques drawn from the Teaching and Education of Autism and related Communication handicapped Children (TEACCH) program developed in North Carolina. Green noted that some of these techniques, such as sensory integration therapy, have not been shown through sound research to produce measurable improvements in useful skills or reductions in problem behavior. "Children with autism may appear to enjoy participating in some of these therapies, but to date, there is no strong evidence that

they benefit in any meaningful, lasting way from participating in them," Green said.



The CSU Stanislaus study put eclectic and ABA-based interventions to the test over a 14-month period with three groups of pre-school children with autism who were similar when they entered the study. A total of 61 children who were under the age of 4 when they were diagnosed and began treatment for their autism

participated in the study, which was conducted in Stanislaus, San Joaquin, Sacramento, Placer and Nevada counties. After 14 months of intervention, most children participating in intensive ABA for 25 to 40 hours a week had made substantial improvements in most skill areas, according to numerous standardized evaluations conducted by professionals who were not affiliated with any of the treatment programs. Many of those children actually had accelerated rates of development in language, cognitive and self-help skills. One group of preschool children with autism received intensive "eclectic" intervention in specialized classrooms for 30 hours per week. That intervention featured combinations of methods designed for children with autism customized to each child and delivered in a format in which one trained adult worked with 1 to 2 children. Another group participated in early intervention programs for children with various developmental delays, also utilizing a combination of methods for 15-20 hours per week. Both of those groups also received 14 months of intervention. Despite its widespread availability and popularity, "eclectic" intervention proved comparatively ineffective. The two groups whose treatment consisted of a combination of methods made negligible gains

in some skills, and lost ground in others. Their rates of development remained largely unchanged. Although the intellectual functioning of the children in the 3 groups was similarly delayed when the study began, 16 of 29 children in the intensive ABA group, tested within the normal range at the end of the study. In contrast, only 5 of 32 children in the two "eclectic" treatment groups combined had normal intellectual functioning after 14 months of intervention. Similarly, children who received intensive ABA treatment had gains on standardized language tests that were more than double those of the children who received "eclectic" intervention. In fact, at the end of the 14-month intervention period, the ABA group had an average rate of language development that was greater than that of typically developing preschoolers.

According to the researchers, the accelerated rates of development mean that these children are positioned to catch up to their typically developing peers if they continue to receive intensive ABA intervention for another 1-2 years. The prognosis, for the children who received "eclectic" treatment was, on the whole, substantially less promising. "This study suggests that the 'shot gun' approach to autism intervention, where children receive a little bit of

everything including interventions that have yet to demonstrate their effectiveness, needs to be examined critically," Howard said.

Similar findings were reported in 2002 by Norwegian researcher Svein Eikeseth and his colleagues. They compared intensive ABA with intensive "eclectic" treatment in a study involving children of elementary age with autism. Eikeseth and colleagues also found that intensive behavior analytic intervention was superior to one that utilized mixed methods, even though both groups of children received one-to-one instruction for 30 hours each week for a year. "The popular notion that virtually any intervention can produce meaningful benefits for children with autism if it is provided intensively has not been confirmed by two controlled studies that addressed that hypothesis," the CSU Stanislaus researchers and colleagues noted in their report.

The study conducted by Howard and her colleagues, titled "A comparison of intensive behavior analytic and eclectic treatments for young children with autism," is published in the July/August issue of the Journal of Research and Developmental Disabilities. The article can be purchased online at: [www.sciencedirect.com](http://www.sciencedirect.com)

## Update of Bill 13



Bill 13 was intended to more closely align the Public Schools Act with the

Canadian Charter of Rights and the Manitoba Human Rights Code, ensuring that all students in Manitoba are entitled to receive appropriate educational programming. The legislation is meant to ensure that all students, particularly those with special needs, receive the appropriate educational services that they require. The legislation will permit the minister of education to make regulations respecting appropriate educational programming to be provided for children.

### What is happening with Bill 13 right now?

- Currently, the Bill 13 Committee is reviewing the feedback from the Stakeholder Forum held on June 8, 2005. At the forum, suggestions and issues were received from 15 stakeholder groups.
- Based on the feedback from the Forum, the regulations for Bill 13 will be finalized and sent for final approval from senior management.
- The regulations will then be sent to the legal counsel for the department for final drafting.

Regulations, Policies and Guidelines- The Next Step

Now that the main principles of Bill 13 have been established, the specific regulations, policies and guidelines that accompany the legislations are being created. The specific details on the regulations, policies and guidelines that will accompany the proposed legislation are being drafted and will be shared with educational stakeholders over the next few months. The broad areas to be addressed by these regulations, policies and guidelines will:

- Require a special education plan for students who require modified course content or individualized programming.
- Require meaningful involvement for the parents and students in the development and review of the Individual Education Plan when required to address special needs.
- Provide a resolution process for instances when there is a dispute between parents and educators.
- Ensure that student services plans are developed annually by schools / divisions / districts with input from families and the community.

- Ensure that schools offer a continuum of supports and services that will meet the needs of students.
- Inform parents in a timely fashion of any changes in programming, procedures, and delivery of specialized services used to accommodate their child.
- Ensure that decisions about instructional environment (placement) are based on inclusion and providing the most enabling environment.
- Ensure that disability is taken into account in making disciplinary decisions.
- Ensure decisions involving students with special needs be based on appropriate and well documented assessments.
- Require school boards to develop policies and procedures consistent with the service standards in provincial policy.

Based on the initial feedback received from the stakeholder groups and from educators and parents involved in the regional sessions, thirteen areas were identified as requiring considerations for regulation. Over the course of the consultation

process, other areas were also suggested as needing attention but these thirteen were seen as being most important to ensure appropriate educational programming for all students. The thirteen suggested areas for regulation include:

- 1) Individual education or student specific planning.
- 2) Parental involvement and student participation.
- 3) Early identification and intervention.
- 4) Student services planning.
- 5) Range of supports and services
- 6) Placement decisions based on inclusion
- 7) Disability considered in disciplinary decisions (planning for behaviour).
- 8) Timely, appropriate and well documented assessments.
- 9) Resolution processes for resolving differences.
- 10) Universal design and accessibility
- 11) Transition processes.
- 12) Staff training and certification.
- 13) Consistency of programming and funding.

Bill 13 is of interest to MFEAT as we continue to advocate for school aged ABA.