

Preface

Perhaps more so than any other human quality, our drive to connect, socialize, relate, and be with others defines us and provides a solid foundation upon which we build intellectual, emotional, and educational experiences. The capacity to socialize effectively, gain access to peers, and enjoy the company and play of others is a powerful, driving force in human development. Infants deprived of the opportunity to connect to consistent caregivers fail to thrive. Toddlers unable to relate to the social world around them become introverted and disengaged. Preschoolers disinterested or lacking the capacity to develop adequate social skills are quickly ostracized, and they struggle to meet the early challenges of educational and social settings. School-age children who struggle to develop social skills, either because they are withdrawn and neglected or disrupted and rejected, wander the playground at recess. Teenagers and adults unable to relate to the social world struggle to transition successfully to independent living, competitive work, and the normal experiences of adulthood. It is the limited drive to connect, socialize, relate, and be with others that defines Autism Spectrum Disorders (ASD). Helping individuals with ASD overcome these behaviors forms the basis of all intervention programs.

Children with ASD require significantly more assistance, support, and education than other youngsters if they are to transition successfully and happily into adult life. As many of the authors in this volume will attest, the earlier the intervention particularly focused on socialization, the better appears to be the impact and outcome. We have more than adequately demonstrated, however, that symptom relief, while essential, is not the equivalent of changing long-term outcome. Children with ASD require support throughout their childhood into adolescence and adulthood if they are to transition functionally into adult life.

More children are now being diagnosed with ASD than ever before. The Center for Disease Control estimates that of the four million children born in the United States every year, approximately 26,000–27,000 children will eventually be diagnosed with ASD. Assuming a consistent prevalence, about a half a million children under the age of 19 have been diagnosed with ASD. Their outcome, as attested by a number of transitional research studies, speaks of our failure thus far to identify a consistent method/program of socialization and education and to maintain that support into adulthood.

The evolution of the scientific understanding of any clinical diagnosis is often best measured by the number of peer-reviewed scientific articles and text books on the subject. As knowledge about a particular topic such as ASD grows, so do the number of texts, beginning with those that generally cover the topic and eventually evolving to texts that cover specific aspects of the topic. ASD is one such condition on a fast evolutionary track. This is our second scientific volume on autism; the first focused on assessment (Goldstein, Naglieri, and Ozonoff, 2009). It is our belief that this is the first text specifically published focusing on interventions for ASD.

This volume is divided into three parts. In the first part, the chapters cover foundational issues, including an overview of ASD history, assessment, and diagnosis, followed by an important chapter authored by Andrew Livanis focusing on treatment integrity for ASD. Section I concludes with a chapter by co-editor Jack Naglieri providing an examination of issues such as reliability and validity with particular attention to scaling issues related to assessment and intervention.

Section II provides overviews of four widely used comprehensive programs for children with ASD. All focus on young children, a phenomena that very clearly demonstrates the infancy of comprehensive treatment programs for children with ASD.

Section III, the longest in this book, contains nine chapters dealing specifically with strategic interventions. Margaret Semrud-Clikeman and Lori Krasny provide chapters focusing on an overview of strategies for developing social competence. Brooke Ingersoll focuses on adult as well as peer socialization. Chapters additionally cover modifying common symptomatic impairments in autism, including sensory sensitivity, stereotypies, unusual behavior, problems with attention, self-regulation, and pragmatic language. Brenda Smith-Myles provides an overview of classroom strategies for children with ASD. Robert Brooks, along with co-author Sam Goldstein, provides an overview of their resilience model directed at parents raising children with ASD.

Thomas Jefferson wrote, “Nothing can stop the man with the right mental attitude from achieving his goal; nothing on earth can help the man with the wrong mental attitude.” We have slowly come to understand the challenges and impairments of children and adolescents with ASD. It is our hope that this volume is to be the first of many to guide this important process.

“On the other hand, I think cats have Asperger’s. Like me, they’re very smart. And like me, sometimes they simply need to be left alone.”

Jodi Picoult, House Rules

“What would happen if the autism gene was eliminated from the gene pool? You would have a bunch of people standing around in a cave, chatting and socializing and not getting anything done.”

Temple Grandin, The Way I See It: A Personal Look at Autism and Asperger’s

“If they can’t learn the way we teach, we teach the way they learn.”

O. Ivar Lovaas



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Interventions for Autism Spectrum Disorders

Translating Science into Practice

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