

Video Guide

BEHAVIORAL TREATMENT OF AUTISTIC CHILDREN

1988, 43 minutes, RJ506.A9 (The material here is primarily taken from a written film guide sent with the video tape.)

BACKGROUND ON AUTISM

Autism is a rare childhood disorder which affects the emotional, social and intellectual development of children and is estimated to affect approximately 6 in 10,000 children with onset of symptoms occurring by the age of 30 months. Frequent characteristics displayed by autistic children include impairments in language skills such as echolalic (repeating what was said), poor emotional attachment, very short attention span, little toy play, little peer play, few self help skills and excesses or ritualist behaviors, self stimulation, tantrums and self injury. Autism is thought to be biological in origin, but the specific causes are unknown. Boys are affected four times as frequently as girls. The social and emotional impairment is almost always severe with 70% displaying a retarded intellectual functioning capability. As adults, most autistic persons require lifetime supervised care at home, in group homes, or mental hospitals. Without treatment, this disorder will remain chronic.

TREATMENT FOR AUTISM

Lovaas (the researcher who is seen in the 1966 film *Reinforcement Therapy*) uses B.F. Skinner's theory of operant condition to encourage behavior changes with a three year old girl, Lisa. He used food and social praise as a means of positive reinforcement for teaching desired behaviors. Undesired behaviors were ignored or extinguished. During early extinction an extinction burst (many undesired responses) may occur. By rewarding only improvement in behavior, the tantrums begin to decline and finally disappear. Kissing was found to be a reinforcer for Lisa.

Psychoanalysis was used for autism until the 1970's but with little success. Behavior modification does not treat the underlying cause but works to decrease undesired excessive behaviors and to teach and increase desired behaviors.

EARLY RESEARCH AND TREATMENT BY LOVAAS - 1964-1969

Numerous autistic children were studied by Lovaas and a team of UCLA students. Pamela and **Ricky** were two children studied then and shown here in their late teens. Intensive behavior intervention using operant conditioning and the ABA reversal design were the method of treatment. The ABA reversal design involves the children being given treatment, removed from treatment, and then given treatment again with effects recorded each time.

Conclusions

1. Behavioral treatment helped increase appropriate and complex behaviors, such as language skills, spontaneity, and social interaction.
2. Serious problem behaviors like self injury were reduced.
3. The longer the treatment lasted, the more the improvement.

4. The gains were limited. The children never caught up with other children their age.
5. Most children regressed when treatment was removed.

THE UCLA YOUNG AUTISM PROJECT • 1970-1984

Research indicated that treatment was more effective for children under the age of four. Thirty-eight autistic children, age three and younger, were chosen to participate in experimental research after testing and determining each had similar levels of symptoms of autism. Two groups of nineteen each were formed establishing a treatment group and a control group. The treatment was moved from the clinic into the child's home and the parents became involved. The treatment was more intensive than the earlier research. The treatment group received 40 hour per week of intensive treatment while the controlled group received 10 hours per week. The two groups were similar before treatment. Examples of the curriculum included eye to face contact, tantrum reduction, self help skills, imitation, toy play, language skills and normal peer group integration.

Results of the intensive treatment from 1970 to 1984

Treatment Group (N=19)	Control Group (N=19)
9 children recovered	No children recovered to regular school placement
8 placed in classes for aphasic	8 placed in classes for aphasic
2 placed in classes for autistic or retarded	11 placed in classes for autistic or retarded
IQ up average of 20 points	IQ down average of 5 points

Five cases of autistic children from the treatment group are examined in more detail on the next page.

Chris

Chris started with an IQ of 30 at three, had stopped talking at 18 months, spun tops and knobs, sifted sand and had tantrums.

After 15,000 hours of 1 on 1 treatment his IQ remains unchanged. However, he is able to accept affection, set the table, combines verbal language with sign language with a vocabulary of about 200 words. His self help and adaptive skills have improved. He still remains easily distracted. His mother continues to work with him.

Val

Val was very aggressive, had no toy or family play capability, rejected affection, flapped his hands, smelled objects and paced the floor.

After treatment Val's IQ increased from 23 to 57, and he has been placed in classes for mildly delayed children. He can carry on a conversation, interact with other children, and dance. He will probably be able to work as an adult.

Ian

Ian had no verbal communication skills, displayed severe tantrums, spun objects, flapped his hands, laughed inappropriately, and held fixed, rigid body positions for long periods of time.

After treatment Ian's IQ rose 40 points to a **normal** range after two years of intensive and another 3 years of consistent treatment. Today he is indistinguishable from friends in abilities.

Scott

Scott was non-responsive with no communication skills, did not interact with peers, lined up objects and frequently rocked his body.

After treatment Scott's IQ rose to a normal range. He has become very functional, attends high school, has joined a search and rescue team with a friend, and plays football.

Neils

Neils exhibited no toy or peer play, acted blind and deaf, resisted adult attention, spun himself around, lined up objects, and stared at things.

After treatment Neils' IQ rose to a superior range. He and his family moved back to his hometown, where he has been placed in gifted classes for math and science. He wants to join the Air Force after graduation. Today he cannot be distinguished from other boys his age.

LEARNING OBJECTIVES

1. What specific symptoms or characteristics do autistic children display?
2. What are self stimulatory symptoms?
3. Describe the key ideas of behavior modification.
4. What did the ABA reversal treatment demonstrate?
5. How important is parent involvement?
6. What percentage of autistic children can be helped? What happened long term for the experimental group? The control group?
7. What are the main ideas you learned from this film?

Thanks to Chris Slaugh for her help with this film guide.