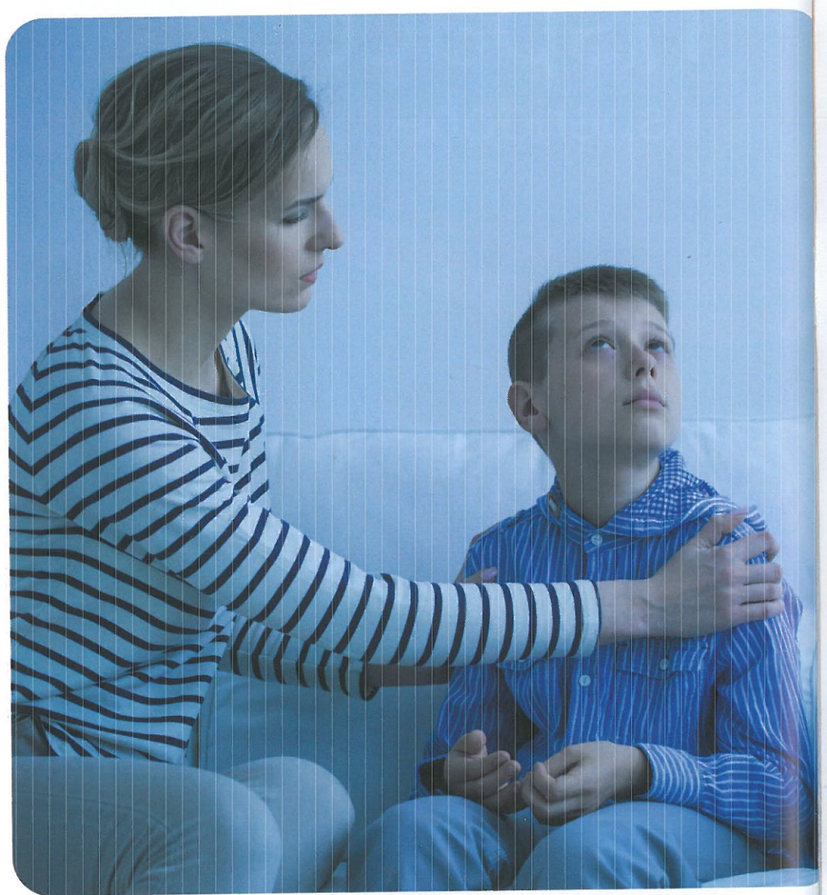


ASPERGER'S NOW PART OF AUTISM SPECTRUM DISORDER

By Jenna White
MMus. BCBA, Board Certified Behaviour Analyst
Director – Behavioural Intervention Certification Council
jenna@thestaracademy.co.za

If I could communicate one thing to General Practitioners, it would be that AUTISM IS TREATABLE.

Asperger's syndrome is one of several previously separate subtypes of autism which now fall under the umbrella diagnosis of Autism Spectrum Disorder (ASD) in the Diagnostic and Statistical Manual, DSM-5. It's recommended individuals who previously had a well-established diagnosis of Asperger's disorder be given the diagnosis of ASD. The DSM-5 specifies three severity levels: "requiring very substantial support", "requiring substantial support", and "requiring support" across two diagnostic domains: social interaction and communication, and restricted, repetitive patterns of behaviour. ASD is increasingly prevalent, with an estimated 1 in 68 school-aged children having been identified as having ASD in a Center for Disease Control report published in 2016.

ABA

Applied Behaviour Analysis (ABA) is the only empirically-validated method of intervention for ASD. In 1987, Dr O. Ivar Lovaas conducted the first controlled study to evaluate long-term, intensive, early ABA treatment for children with autism. This study compared a group of children who received intensive (40 hours per week) ABA treatment to two control groups; one received 10 hours per week of ABA treatment and one 10 hours per week of non-ABA for two or more years.

Assignment to groups was not random but based on availability of staff to provide intensive ABA therapy; however the groups did not vary significantly on any measures at intake. At follow-up, 47% of children in the intensive ABA group achieved both normal IQ and successful grade one placement in normal education classrooms. Children in the control groups, however, made much smaller gains, with only 2% of children across both control groups achieving normal educational and intellectual functioning.

In 1993, McEachin, Smith, and Lovaas published a follow-up study, wherein participants in the intensive ABA group of the original Lovaas study were re-evaluated at a mean age of 11.5 years. Eight of the nine participants demonstrated intellectual and adaptive functioning in the normal range. Subsequent studies on intensive ABA have produced similar results. Sallows and Graupner (2005) found that 48% of children who had received 4 years of intensive early ABA scored in the normal range on measures of IQ and adaptive behaviour and were able to transition to regular education with no support. Eikeseth, Smith, Jahr, and Eldevick (2007) extended previous research by evaluating intensive ABA treatment for slightly older children with autism, ages 4-7 at intake. The ABA group attained statistically significant increases in IQ and adaptive functioning, when compared to a control group whose members received standard "eclectic" special education services for the same number of hours per week and for the same duration.

RECOVERY FROM AUTISM?

In summary, research demonstrates that ABA, when conducted at a high intensity (typically between thirty and forty hours per week for several years), produces significantly superior gains to eclectic intervention or low-intensity intervention. Services initiated at any age are beneficial for the acquisition of skills and management of challenging behaviour, but with early intervention some individuals can recover from ASD. Perhaps that sounds like a bold statement? Let's clarify what "recovery" means.

"Recovery" means that (a) a child previously diagnosed with ASD can be re-evaluated by a medical doctor or psychologist, and the clinician's conclusion is that the child no longer qualifies for any diagnosis on the autism spectrum, (b) the child scores in the average range or higher on standardised tests of intelligence, language, socialisation, and daily living skills, and (c) the child earns passing grades in a mainstream classroom environment with no specialised supports.

Research, no matter how robust, is often not enough to remove the scepticism about recovery in professionals. On one hand, I applaud this, because one of the key characteristics of a good scientist is a healthy dose of scepticism. On the other hand, it has been frustrating to encounter professionals and non-professionals alike who view autism as a lifelong disorder for which the best approach is to "make the child comfortable" and "start making financial provisions for the future".

I speak from personal experience when I speak of recovery. Using the comprehensive treatment curriculum designed by the Center for Autism and Related Disorders (CARD USA), and with the collaboration of an open-minded school staff complement, and the dedicated acceptance and implementation of my recommendations by a determined mother, I saw a child shed a firm autism diagnosis in just two short years.

Ryan's story

This child – let's call him "Ryan" – was two years and eight months old at the time of intake. He had received a firm autism diagnosis, and his symptoms included a significant speech delay (approximately ten one-to two-word phrases), limited imitation skills (he would only imitate one person), limited social interest (distanced himself from peers), limited play skills (lined stones up, did not engage in toy play), and the presence of challenging behaviour (toe-walking, spinning in circles and pinching people, among others).

Throughout the course of Ryan's ABA treatment, he made steady progress. Stumbling blocks naturally arose in the progression through the CARD curriculum, but the science of ABA is like a magical toolbox where lack of progress just means you reach in and find another way, and Ryan responded positively to every treatment plan change I made. His language developed so swiftly I recommended he be moved to a class above his chronological age group, so that he could be exposed to the best possible language models. Ryan's ABA treatment was dynamic, at times requiring home-based sessions and school facilitation, and at other times requiring school-based sessions and facilitated playdates.

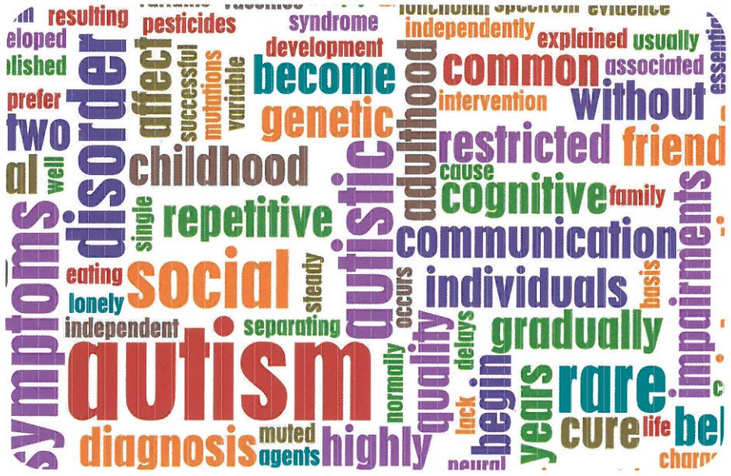
After two years of ABA, Ryan was socially engaged, a very capable conversationalist, and benefitting from the classroom environment without a facilitator. I recommended he be taken to an educational psychologist for assessment. This educational psychologist conducted a battery of standardised assessments in order to assess Ryan's cognitive, scholastic, visual-perceptual, fine motor, and emotional development. She also garnered information from Ryan's school teacher, school report, and parents. The conclusion of the psychologist's assessments was that Ryan's developmental profile showed he was performing at a level congruent with or above his chronological age in many skill areas. Not so much as a hint of a diagnosis. Ryan had recovered!

I tell this story not to pretend that the road is so smooth for every child or every family. I tell this story to give hope. I tell this story to change mind-sets and put cracks in the ceilings placed on those with ASD.

Some might question whether such intensive intervention is necessary for a child with "low support needs", i.e. a child with what was previously known as Asperger's disorder. The reality is, though, that we take for granted the plethora of skills needed to navigate complex social interactions. We underestimate the pace at which we are registering and responding to social cues, sometimes inhibiting our gut reaction to situations in favour of more "socially appropriate" responses. We take for granted the ease with which we can problem-solve and respond flexibly to ever-changing situations.

It's common for me to observe a child at school who manages to keep up academically, especially in subjects or with teachers who tap into their special interests, but spend their days isolated and often angry. This child often misreads people's intentions, either leaving them more susceptible to bullying, or feeling persecuted. This child struggles to regulate their emotions when unexpected changes arise, to tolerate the banality of small-talk, or respond fluently to the unpredictability of peer interaction. This child is also often challenging for a teacher not to under- or over-estimate. Teachers sometimes over-estimate the child's ability to implement all the social skills that come so naturally to their peers, leading to undeserved frustration towards the child. Other times, teachers under-estimate the child's potential and capacity for growth and achievement because ASD is "a disorder" and "untreatable".

My work takes place at The Star Academy in Johannesburg (with



branches in other main centres as well as in other parts of Africa) which is affiliated to CARD, using BCAT (Board Certified Autism Technicians) registered with the BICC (Behavioural Interventions Certification Council). They design ABA programmes to suit each child. This is vital as each child with autism is completely different and needs their own unique programme.

Rest assured as a General Practitioner that any child, no matter where they fall on the spectrum, can benefit from a high quality ABA programme working within the framework of a solid curriculum which addresses behavioural excesses as well as academic, adaptive, cognitive, language, motor, social, play and other skill deficits, and go on to live a happy, independent, socially integrated life. MHM

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