

Naltrexone

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Campbell et al. conclude that eight of the 10 children tested responded well to naltrexone, and that the drug "seems to produce both calming and, particularly, stimulating effects in social and language behaviors." They caution that these results must be confirmed by long-term, double-blind placebo tests using larger groups of autistic children.

New Herman study positive

Barbara Herman et al., who tested naltrexone with autistic children in 1987 and reported that the drug reduced self-injury, have tested the drug again with three subjects from their initial study. They found that at the lowest dose administered (.5 mg per kilogram), the drug caused "significant decreases" in facial and head hitting.

"Rather surprisingly," they report, "the highest dose of naltrexone tested (2 mg/kg) appeared to have less of an effect [on one subject] or no effect [on one subject] on head and facial hits in comparison with the lower doses."

While it reduced self-hitting—which accounted for more than 80% of the children's total self-injury—naltrexone did not significantly reduce the rate at which children bit themselves.

Herman and her colleagues also report that naltrexone did not affect liver enzyme levels, body weight, temperature, or cardiovascular function in five autistic children they tested in a separate study.

"These data provide preliminary evidence for the safety of acute administration of naltrexone in children," they conclude.

A list of the three references cited in this article is available upon request. Send self-addressed, stamped envelope, and request references for the ARRI article on naltrexone.

Help Needed!

The Institute for Child Behavior Research is continuing its evaluation of various forms of treatment for autism by collecting assessments of these treatments from the parents of children who have been treated. Currently we would like to hear from parents or professionals who have had experience with any of the following treatments:

Auditory Training (Berard or Tomatis)

Holding Therapy

Options Program

Sensory Motor Integration

Please send your name, address, phone number (optional), and the treatment name, and we will send you a short questionnaire. All data will be kept confidential.

Follow-up: some adult autistic people doing surprisingly well

Autism may not be a life-long handicap for some high-functioning autistic people, according to a Canadian study (Szatmari et al.).

The researchers followed 16 high-functioning (I.Q. above 65) autistic individuals from early childhood to their late teens or adulthood, and report that "although the majority were functioning poorly in terms of occupational-social outcome and psychiatric symptoms, a surprising number (four) had a very good outcome and might be considered recovered."

Five of the subjects were living independently at the time of follow-up; one was married, and three dated regularly. Fourteen of the 16 required minimal or no supervision in handling finances and everyday needs. Eight had finished high school, and seven of these had university degrees.

Severity of early symptoms apparently was not a factor in adult outcome, but performance on nonverbal problem solving tests correlated strongly with later functioning.

The researchers conclude that "a small percentage of nonretarded autistic children can be expected to recover to a substantial degree."

"A follow-up study of high-functioning autistic children," P. Szatmari, G. Bartolucci, R. Bremner, S. Bond, and S. Rich; *Journal of Autism and Developmental Disorders*, Vol. 19, No. 2, June 1989, pp. 213-225. Address: P. Szatmari, Department of Psychiatry, Research Building, Chedoke Division, Chedoke-McMaster Hospitals, Box 2000, Station A, Hamilton, Ontario, Canada L8N 3Z5.

Gentle Teaching

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The researchers add that Gentle Teaching did not create more bonding between teachers and students than the aversive procedure did; nor was it more effective in reducing disruptive behaviors in general.

"Overall," they say, "our results indicate that Gentle Teaching is not the treatment of choice if one's intent is to treat stereotypy effectively."

The researchers speculate that Gentle Teaching may have failed to substantially reduce stereotyped behaviors because it "required that stereotypy be ignored, thus permitting subjects who did not respond to gestural redirection to engage in stereotypy without interruption." They conclude that Gentle Teaching may be successful only with individuals whose behavior problems are motivated by a desire to gain social attention.

Jordan et al. stress the lack of scientific evidence that Gentle Teaching is as effective as established teaching methods. "Although Gentle Teaching is promoted as a combined philosophy and treatment package that should be used for the entire gamut of behavior problems," they say, "our results indicate that uncritical acceptance of the approach and exclusion of other data-based treatments are not warranted."

New Zealand researcher Oliver Mudford had earlier criticized the lack of hard research on McGee's techniques, saying that "the lack of experimental design to evaluate the efficacy of Gentle Teaching is unfortunate."

Mudford also strongly questions McGee's contention that aversives produce "submitted, oppressed, couching [sic], and fearful persons, rather than persons engaged

in joyful human interactions." Mudford argues that studies indicate that aversives produce far more positive than negative side effects, and that the positive side effects include hugging, smiling, increased happiness, and other behaviors indicative of "bonding."

"An evaluation of Gentle Teaching and visual screening in the reduction of stereotypy," Jennifer Jordan, Nirbhay N. Singh, and Alan C. Repp; *Journal of Applied Behavior Analysis*, Vol. 22, No. 1, Spring 1989, pp. 9-22. Address: Nirbhay N. Singh, Educational Research and Services Center, Inc., 425 East Fisk Avenue, DeKalb, Illinois 60115.

"Treatment selection in behavior reduction: Gentle Teaching versus the least intrusive treatment model," Oliver C. Mudford, *Australia and New Zealand Journal of Developmental Disabilities*, Vol. 10, 1985, 265-270. Address: Oliver Mudford, Department of Psychology, University of Canterbury, Christchurch, New Zealand.

Gentle Teaching, by John J. McGee, Frank J. Menolascino, Daniel C. Hobbs, and Paul E. Menousek; 1987, Human Sciences Press, Inc., New York.

Letters and Notices

ARRI welcomes letters from readers. Letters intended for publication must be signed and should not exceed one page in length, including references. Letters may be edited without consulting the authors, to fit space limitations.