

Long-term study: early intervention effects lasting

(continued from page 1)

autistic children. For instance, Lynn E. McClannahan and Patricia J. Krantz of Princeton reported in 1992 that "we continue to achieve outcomes that are comparable" (see ARRI 6/2).

One researcher impressed by both the earlier and the new studies is Donald Baer of the University of Kansas, who says both studies are "characterized by a standard, simple, powerful, and appropriate experimental design; a functionally random assignment of subjects to groups....a careful examination of the results of that assignment prior to intervention; a wide range of outcome measures; careful attention to appropriately blind testing whenever possible; careful and intensive data analysis; careful, comprehensive examination of potential biases; and conservative data interpretation."

Richard Foxx of Penn State is more reserved; while saying the researchers' results are "exciting," he expresses concerns about possible selection bias in assigning the subjects in the original study to experimental and control groups. This concern is also raised by Gary Mesibov of TEACCH in North Carolina, who says that "one must be careful in interpreting these results because the subjects were not randomly distributed" between experimental and control groups. (Children were assigned to the experimental group when trained staff members were available to work with them; otherwise, they were assigned to the control group.)

McEachin et al. acknowledge that the assignment to these groups was not strictly random, due to constraints of the program, but say the experimental group is comparable both to their control group and to typical groups of autistic children used in other researchers' studies. They comment that "the experimental group and the control group received equivalent assessment batteries at intake and were found to be very similar on a multitude of important variables."

Peter Mundy of the University of Miami notes that "the claims of the Lovaas group for marked intervention effects on IQ for a subsample of children increasingly appear valid." He cautions, however, that "the social and emotional status of high functioning individuals with autism may be compromised in specific but not readily observable ways," adding that even on the reported tests, some of the "best-outcome" group's scores were deviant. (McEachin et al. reiterate that one subject's high scores skewed these results, and add that some test questions concerned development during early childhood rather than current level of functioning, so that even children now functioning well had abnormal test results.)

Alex Kazdin of Yale comments that the studies of Lovaas and colleagues are noteworthy for their design, length of treatment, and long-term follow-up, but adds that their results need to be verified by studies by other researchers. Such studies, he says,

should include random assignment to experimental and control groups; a larger sample; the use of additional standard diagnostic tests; and a broad battery of tests to carefully evaluate the functioning of the subjects. McEachin et al. agree that their findings need to be replicated, and say that "three replication sites are off to a promising start."

Why does it work?

These studies may shed light on a still-unanswered question: how can intensive early intervention make some autistic children—who almost certainly suffer from some neurological abnormality—into "normal" children? While stressing that their ideas on this subject are very speculative, McEachin et al. note that "laboratory studies on animals have shown that alterations in neurological structure are quite possible as a result of changes in the environment in the first years of life, and there is reason to believe that alterations are also possible in young children." They further note that

children under the age of three over-produce brain cells and the connections between these cells, and say other researchers have hypothesized that "with appropriate stimulation from the environment, this over-production might allow infants and preschoolers to compensate for neurological anomalies much more completely than do older children."

"Long-term outcome for children with autism who received early intensive behavioral treatment," John J. McEachin, Tristram Smith, and O. Ivar Lovaas; "Quasi-random assignment can be as convincing as random assignment," Donald M. Baer; "Sapid Effects awaiting independent replication," R.M. Foxx; "Replication and extension of behavioral treatment of autistic disorder," Alan E. Kazdin; "Treatment outcome is encouraging," Gary B. Mesibov; "Normal versus high-functioning status in children with autism," Peter Mundy; and "Comments on replication and evaluation of outcome," Tristram Smith, John J. McEachin, and O. Ivar Lovaas; all in *American Journal on Mental Retardation*, Vol. 97, No. 4, January 1993, pages 359-391.

LETTERS

To the Editor: (re F/C)

I have been an avid supporter of your work for many years...[but I am] unhappy and disappointed in your attitude toward F/C.

[My daughter] and I were shown how to do it at a workshop in Alameda...It is a wonderful tool—how I wish I had been able to communicate with her years ago! I work with young autistic children at a private school and have had very positive results with the five that I have tried it with.

F/C is not a cure but it is a marvelous tool. I feel the biggest problem in F/C right now is the reluctance to try new things by professionals who have invested much in other methods and do not want to change...

Pat Hunt

Pleasant Hill, California

Editor's note: Many long-time friends are unhappy with us, but our duty is to report the news, be it good or bad. Sorry!

To the Editor: (re F/C)

I am a parent of a severely handicapped 14-year-old [who] has always lived with her father, brother and me in our home. We have always been a close family with a great deal of love for each other.

Without our permission, F/C was begun with my daughter. Within a very short period of time, the school staff was telling me that my daughter could spell and read and write in paragraphs. I was willing to listen and let them try the system [but] it became obvious by the notes from school that the time spent with my daughter "facilitating" was growing each day with fewer of her IEP goals and objectives being the focus of the school.

One afternoon the police arrived at my house to inform me that my daughter had [said through F/C] that she had been molested by my husband. They put her in foster care. Of course, I couldn't know where because we were now a threat to her. I was frantic with worry. During her stay in foster care she lost 10 pounds and suffered two black eyes. She had a severe ear infection which finally burst. Does it make sense that she never communicated to anyone [through F/C] that she was in pain?

The [court-ordered physical exam for abuse] was negative. She was still not released to us for weeks. My husband had to leave the home when she did come home. Court-ordered tests failed to prove the validity of F/C. Responses that the facilitators got from my daughter were wrong.

Four months later the court has dropped the case, my family is back together, my daughter is in a new school. But our lives will never be the same. We are financially strapped, fearful, and emotionally stressed. Please stop these terrible things from happening to you or people you know.

[name withheld by editor]
California

To the Editor: (re "inclusion")

We are presently facing the dissolution of our special school and are being pressured into accepting the "inclusion" argument. We hope [the Simpson and Sasso article cited in ARRI 6/4] will have the effect of alerting and stimulating other parents here in Ireland about the negatives and hazards associated with inclusion.

Maire O'Regan
Cork, Ireland

Editor's note: No one is against inclusion as ONE OPTION for autistic children. What many of us oppose is the elimination of other established and well-