learning, it is essential that both positive outcomes and unintended side effects of medications for behavioral problems be considered. It is notable that... behavior, medication for behavioral intervention should be based on knowledge of medical pathology, with a focus on understanding the root causes... as well as the potential for negative outcomes. This evidence highlights the importance of considering both positive and negative outcomes when evaluating the effectiveness of medication interventions in the context of behavioral problems.

Medications to Reduce Behavior Problems

Although a comprehensive review of medications and their applications in the context of behavioral problems is beyond the scope of this discussion, several key considerations are important. Medications (e.g., stimulants, antidepressants, and mood stabilizers) can be effective in managing specific behavior problems, but their use requires careful monitoring and management to minimize potential side effects. In any case, there is agreement (New York State Department of Health, 1999) that physically punitive measures such as hitting, spanking, or other forms of physical aversives should be avoided. Instead, a broader intervention plan to teach appropriate behaviors should be developed, including strategies for positive reinforcement and support systems. The use of physical aversives is discouraged as they can contribute to increased aggression and disruptive behavior, and their negative effects on children’s development should be considered.

Behavioral Interventions and Supports

The use of behavioral interventions and supports, including positive behavioral interventions and supports (PBIS), has shown promise in addressing a broad range of behavior problems and promoting adaptive behavior outcomes. PBIS is a prevention and behavior intervention strategy that has been successfully implemented in educational settings and other environments to address the needs of individuals with autism spectrum disorders and other disabilities. PBIS consists of three components: (1) data-based decisions about what behavior changes are needed, (2) evidence-based strategies to teach new behaviors, and (3) clear, consistent consequences based on the occurrence of the targeted behavior. This approach has been shown to be effective in reducing behavior problems and improving adaptive behavior outcomes in various settings, including schools and community-based programs.

While medication interventions and behavioral supports are important components of the treatment approach for children with autism spectrum disorders, they should be considered within a broader framework that addresses the multifaceted nature of the condition. The use of these interventions should be guided by a comprehensive assessment and evaluation process that takes into account the individual's needs and strengths. Furthermore, strategies should be developed to promote positive behavior outcomes, enhance social interactions, and support the development of self-care and life skills. This holistic approach is crucial for optimizing the well-being of children with autism spectrum disorders and ensuring their successful integration into the wider community.
also target other developmental domains, including engagement, social, play, cognitive and academic skills, self-help, and motor skills. The distribution of treatment time devoted to teaching skills in different developmental areas

The programs vary in terms of their use of specialized therapists and whether or not those therapists are part of the school staff. Emphasis is placed on the therapist's role as a consultant to the classroom staff, so that therapeutic suggestions can be blended into normal daily home and community activities. The Denver Model, which is supported by Children's Unit, is designed to be delivered on a part-time basis of 20-30 hours per week, along with parent training activities. In sum, all of the model programs reviewed placed a high priority on parental involvement in the early education of their children with autism spectrum disorders.

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available, except for those discussed in Chapters 11 and 12, few interventions for these children are manualized at this ... media will assist personnel preparation activities for improv- ing the education of young children with autistic ...et al., 1999). The lead teacher usually has general special education credentials and substantial experience in autism ...responsibilities for such personnel. One systematic use of paraprofessionals can be seen in the Young Autism Project at ...programs discussed in Chapters 11 and 12 use many different curricula to design highly individualized programs for ...with alternative sets of curricula and various methods of implementing them. This requirement is strengthened by the ...centers or programs that could be transferred to their own program. Data Systems There are many important policy ...teachers are needed? can only be addressed if one has a data system to compile the demographics of the individuals or ...that includes a majority of typical peers (Harris et al., 2000). One reason the original Denver center-based treatment ...

communication (Doyle et al., 1984). LEAP The LEAP program's effect on children's cognitive growth (Hoyson ...


data suggest that for many of the model programs, the predictions that only 50 percent of children with autism will ...

most effective programs in this regard. Lord et al. (2000) conducted a meta-analysis of 121 controlled studies of social ...

behavioral programs use a mixture of discrete-trial and naturalistic teaching procedures, although the latter are more typically used in the original model. The Children's Unit typically uses discrete-trial的教学 procedures. However, the Children's Unit is a more structured and highly controlled environment than the regular classroom, which may be one reason for the lower percentage of children showing gains. The Children's Unit also uses more frequent and intensive instruction, which may also contribute to the higher percentage of children showing gains. The Children's Unit also uses more frequent and intensive instruction, which may also contribute to the higher percentage of children showing gains. The Children's Unit also uses more frequent and intensive instruction, which may also contribute to the higher percentage of children showing gains.
empirical and theoretical literature, should be vigorously applied across settings. b. Social instruction should be...

results translated into adjustments in programming. Curricula across different programs differ in a number of ways. They...

c. The teaching of play...

Expressive verbal language, receptive language, and non-verbal communication skills; c. A functional symbolic...

most commonly reported outcome... changes in large numbers of children in intervention studies and longitudinal studies in which children received...

The appropriate goals for educational services are the same as those for other children: personal independence and...

characteristics, and features of educational intervention. For most families, having a child with an autistic spectrum ...

committees' conclusions about the state of the science in early intervention for children with autistic spectrum...

interventions for young children with autistic spectrum disorders: how the disorders are diagnosed and assessed...

and treatment outcomes (e.g., social functioning, spontaneous communication and language, peer relationships, and...

in science. They include the Office of Special Education Programs (OSEP) in the U.S. Department of Education and the National Insti...

of methods and strategies adequate for different ages and domains. Although often used interchangeably, outcomes and outcome measure...

longitudinal analyses in which children were followed for up to 8 years. GOALS FOR EDUCATIONAL SERVICES

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and generalization are not unique to single-subject research. Group design studies of comprehensive treatment programs (e.g., Harris and Handleman, 2000; McEachin et al., 1993; Strain...


200. Didden, R., T. van der Mars, and M. Van den Asgood 1997 Methods to assess family functioning in the study of children with autism. Pp. 345-356 in The Handbook of Autism and Pervasive Developmental Disorders, G. Bishop, ed. New York: The Guilford Press. 1992 The role of values and facts in policy development for infants and toddlers with disabilities and their families. Journal of Autism and Developmental Disorders 23:483-493. ... With the implementation of the IDEA regulations, the service delivery system for young children with disabilities has become more complex and less systemically coordinated. Families are being asked to take a greater role in the decision making process and to be more involved in the evaluation and intervention planning for their children. In addition, federal agencies are emphasizing the need to use evidence-based practices that have been demonstrated to be effective in improving the outcome for children with disabilities. The shift away from a focus on diagnosis to a focus on the child's strengths and needs has created a new challenge for families, who must make decisions about the best ways to support their children in a rapidly changing environment. The goal of this chapter is to identify and describe evidence-based practices that have been shown to be effective in improving the outcome for children with autism spectrum disorders. These practices are organized by domain: communication, social-cognitive, and behavioral.

CONCLUSIONS AND RECOMMENDATIONS 225 may understate the multiple immediate and long-term needs of children for behavior support and for instruction across areas. Teachers are faced with a huge task. They must be familiar with theory and evidence-based practices from a variety of fields to be able to develop effective teaching strategies for children with autism spectrum disorders. A comprehensive approach that includes behavioral and social-cognitive interventions is needed to address the complex needs of these children. The role of families in the decision-making process is crucial, and they must be actively involved in the planning and implementation of programs for their children. Evaluation of the effectiveness of interventions is essential to ensure that children are receiving the best possible care. The National Research Council (2001) has provided guidelines for evaluating the effectiveness of interventions, which include the use of multiple outcome measures, the use of randomized controlled trials, and the use of both short-term and long-term outcomes.

REFERENCES 226 The National Research Council (2001) has provided guidelines for evaluating the effectiveness of interventions, which include the use of multiple outcome measures, the use of randomized controlled trials, and the use of both short-term and long-term outcomes. These guidelines are essential for ensuring that interventions are effective and that children with autism spectrum disorders are receiving the best possible care.


Kern, L., R.L. Koegel, and G. Dunlap 1984 Using two-component teaching procedures to teach symbolic play to children with autism. Journal of Applied Behavior Analysis 17:77-89. The use of two-component teaching procedures has been shown to be effective in teaching children with autism a wide range of behaviors, including social-cognitive skills. These procedures involve the use of a reinforcement component and a modeling component, which are combined to teach the target behavior. The reinforcement component provides immediate reinforcement for the target behavior, while the modeling component provides a demonstration of the target behavior. This combination of reinforcement and modeling has been shown to be effective in teaching children with autism a variety of skills, including symbolic play.

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