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Early intervention for autism: Who provides treatment and in what settings



Johnny L. Matson, Matthew J. Konst*

Louisiana State University, United States

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ABSTRACT

Early intensive interventions have become popular. Thus, not surprisingly, the amount of research surrounding this topic has increased and evolved rapidly. The persons providing treatment, the settings in which treatment is provided, and the methods used have varied considerably. This paper reviews current trends. For example, 20–40 h of therapy weekly has consistently characterized the literature. Conversely, the role of parents has transformed as they have increasingly become co-therapists. One major concern is that little effort has been put into the transition from these intensive programs to educational settings. These factors and related parameters are reviewed and the implications are discussed.

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Autism spectrum disorders (ASDs) constitute a life-long set of symptoms (Matson, Gonzalez, Wilkins, & Rivet, 2008; Matson, Gonzalez, & Wilkins, 2009; Matson & LoVullo, 2009; McDonald & Machalicek, 2013; Vismara, Colombi, & Rogers, 2009). The disorder occurs in more than one percent of the population, making it one of the most common and most debilitating of the childhood mental health/developmental disorders (Matson & Boisjoli, 2008; Matson & Dempsey, 2008; Worley & Matson, 2012). Among the core symptoms are major deficits in communication, social skills, and ritualistic and repetitive behaviors (Horovitz & Matson, 2010; Koning, Magill-Evans, Volden, & Dick, 2013; Matson, Kozlowski, Hattier, Horovitz, & Sipes, 2012; Matson, LoVullo, Rivet, & Boisjoli, 2009; Nordahl-Hansen, Kaale, & Ulvund, 2013). The core symptoms are more pronounced than social and communication problems observed in other developmental disabilities (Fisher, Moskowitz, & Hodapp, 2013; Matson, Carlisle, & Bamburg, 1998; Matson, LeBlanc, & Weinheimer, 1999; Matson, Smiroldo, & Bamburg, 1998). ASD tends to be more common in boys than girls, and some differences in symptom presentation by gender may also be evident (Rivet & Matson, 2011).

Comorbid conditions have also been identified at very high rates among persons with ASD (Lane, Paynter, & Sharmon, 2013; Liu & Breslin, 2013). For example, feeding problems and other adaptive skill deficits are more frequent for persons with ASD than in the general population (Fodstad & Matson, 2008; Kuhn & Matson, 2004; Matson, Kiely, & Bamburg, 1997; Matson et al., 2005; Matson, Minshawi, Gonzalez, & Mayville, 2006; Matson, Rivet, Fodstad, Dempsey, & Boisjoli, 2009). Health issues, intellectual disability, challenging behaviors, and comorbid psychopathology especially ADHD, seizures, depression, and anxiety are also evident (Fodstad, Rojahn, & Matson, 2010; Cherry, Matson, & Paclawskyj, 1997; Davis et al., 2010; Matson & Boisjoli, 2007; Matson, Boisjoli, Gonzalez, Smith, & Wilkins, 2007; Matson, Cooper, Malone, & Moskow, 2008; Matson, Dempsey, & Fodstad, 2009; Matson, Gonzalez, & Rivet, 2008; Matson, Boisjoli, Hess, & Wilkins, 2010;

* Corresponding author at: Clinical Psychology, Department of Psychology, LSU, Baton Rouge, LA 70803, United States. Tel.: +1 225 578 1494.
E-mail address: mkonst1@tigers.lsu.edu (M.J. Konst).

Table 1
Identifying information of reviewed manuscripts.

Author(s)	Participants	Age	Therapist(s)	Setting	Intensity	Treatment
Lovaas (1987)	38	40 months or less	Student therapists, parents	Home, school, and community	40	ABA
Smith et al. (1997)	21	46 months or less	Therapists	Home and community settings	30	ABA
Sheinkopf and Siegel (1998)	11	29–47 months	Teachers and parents	School and home	19	ABA
Graff, Green, and Libby (1998)	1	4 years	Teachers	Group home	30	ABA
Koegel et al. (1999)	10	2–7 years	Graduate students	School, home, and university setting	4.5–6 h outside of regular classroom	ABA
Smith et al. (2000)	28	18–42 months	Psychologists	University clinic	30	ABA
Mudford, Martin, Eikeseth, and Bibby (2001)	75	46 months or less	Parents	Home	40	ABA
Bibby, Eikeseth, Martin, Mudford, and Reeves (2002)	66	Mean of 45 months	Parents	Clinic	Not reported	ABA
Green et al. (2002)	1	14 months	Psychologist, home-based teacher, and parent	Home	25–33	ABA
Salt et al. (2002)	20	Mean of 42 months	Teachers	School	30	Developmental model
Eikeseth, Smith, Jahr, and Eldevik (2002)	25	4–7 years	Teachers and aides	School	20	ABA
Stahmer and Ingersoll (2004)	20	28–35 months	Teacher	School	15	Inclusive education/mix of children with ASD and typical development, plus four 1 h 1–1 sessions, plus 2 h of parent consultation
Sallows and Graupner (2005)	38	24–42 months	Parents and clinic supervisors	Home	6–10	ABA
Eikeseth, Smith, Jahr and Eldevik (2007)	25	4–7 years	Parents and staff	School	28	ABA
Reed, Osborne, and Corness (2007)	27	2–4 years	Parents and tutors	Home	20–40	ABA
Zachor, Ben-Itzhak, Rabinovich & Lahat (2007)	39	22–34 months	Behavior therapists	School	35	ABA
Solomon et al. (2007)	68	1–6 years	Parents	Home	15	Play based behavior therapy
Granpeesheh, Dixon, Tarbox, Kaplan, and Wilke (2009)	245	2–7 years	Behavior therapists	Clinic	Mean of 19	ABA
Jones and Hoerger (2009)	1	5 years	Psychology therapists	School	15–30	ABA
McGarrell, Healy, Leader, O'Connor, and Kenny (2009)	6	8–10 years	Teachers	School	30	ABA
Tarbox, Wilke, Findel-Pyles, Bergstrom, and Granpeesheh (2010)	4	3–5 years	Behavior therapists	Clinic	20–40	ABA
Green et al. (2010)	152	2–4 years	Therapist and parent	Clinic	4	Developmental model, routines
Zachor & Ben-Itzhak (2010)	71	15–35 Months	Teachers, behavior therapist, speech and language pathologists, occupational therapy	School	20	ABA
Kodak, Fisher, Clements, and Bouxsein (2011)	1	7 years	Student therapists	University based clinic	Not provided	ABA, computer assisted instruction
Fernell et al. (2011)	208	20–54 months	Teachers and parents	School and home	15–40	ABA
Fava et al. (2011)	22	26–81 months	Therapists and parents	Clinic	10–12	ABA
Magiati et al. (2011)	36	27–55 months	Teachers, parents, and tutors	School and home	15	ABA
Eikeseth et al. (2012)	38	3–6 years	Behavior therapists, teachers, and parents	School and home	10	ABA
Klintwall and Eikeseth (2012)	21	2–4 years	Therapist and parents	School	20	ABA
Strauss et al. (2012)	24	26–81 months	Parents	Clinic	25	ABA
Stock, Mironda, and Smith (2013)	14	31–62 months old	Psychologists	School	Not reported	ABA

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