

AUTISM

AND RELATED DEVELOPMENTAL DISABILITIES

Volume 20, Issue 4
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*Autism Special Interest Group
Association for Behavior Analysis
David Celiberti, Ph.D., BCBA*

I am pleased to report that the Autism SIG adopted a revision of the *Guidelines for Consumers of Applied Behavior Analysis Services for Individuals with Autism and Related Disorders* on September 15, 2004. The revised Guidelines reflected changes that were both general and specific. On a general note, the standards set forth by the BACB for BCBA's and BCABA's were incorporated along with a link to help consumers obtain current information (given that the BACB continues to refine and modify standards). On a specific note, we increased the numbers and type of competency areas, as well as the number of individuals with whom a professional should have worked prior to independently directing programs.

That first set of guidelines was developed by a committee chaired by Gina Green in 1998. At the Autism Special Interest Group meeting in May 2003, a revised draft of these Guidelines was distributed to attendees. Individuals were asked to review this draft and provide feedback. Feedback from Autism SIG members was considered up until June 30, 2003. The Guidelines subcommittee consisted of John Brown, Suzanne Buchanan, Jane Carlson, Ruth Donlin, Janet Lund, Mary McDonald, Jenna Miller, Sharon Reeve, Bridget Taylor, and Mary Jane Weiss. Gina Green and Jack Scott also provided input. I would like to thank these individuals for all their efforts in improving upon this important document.

On August 16, 2004, a final version of the revised *Guidelines for Consumers of Applied Behavior Analysis Services* was mailed to the Autism SIG membership for their vote. The deadline for voting was September 15th. A reminder email was sent to the SIG membership to reiterate the deadline for voting.

We conceptualize these Guidelines as a work in progress. The Autism SIG will continue to revise these Guidelines every 2-3 years. It has been proposed that a third revision will be initiated in 2005. Feedback can be provided to David Celiberti at dacnys@aol.com.



Inclusion of advertisements or announcements in the SIG newsletter does not necessarily indicate endorsement of these items or events by the SIG or SIG newsletter editing staff. The content of this publication has not been reviewed or endorsed by the Association for the Advancement of Behavior Therapy or the Association for Behavior Analysis.

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Revised Guidelines for Consumers of Applied Behavior Analysis Services
to Individuals with Autism and Related Disorders

Autism Special Interest Group (SIG)
Association for Behavior Analysis

Revision Adopted September 15, 2004
Original Version Adopted May 23, 1998

The Autism Special Interest Group (SIG) of the Association for Behavior Analysis asserts that all children and adults with autism and related disorders have the right to effective education and treatment based on the best available scientific evidence. Research has clearly documented the effectiveness of applied behavior analysis (ABA) methods in the education and treatment of people with autism (e.g., Matson et al., 1996; Smith, 1996; New York Department of Health, 1999; U.S. Surgeon General, 1999).

Planning, directing, and monitoring effective ABA programs for individuals with autism requires specific competencies. Individuals with autism, their families, and other consumers have the right to know whether persons who claim to be qualified to direct ABA programs actually have the necessary competencies. All consumers also have the right to hold those individuals accountable for providing quality services (e.g., to ask them to show how they use objective data to plan, implement, and evaluate the effectiveness of the interventions they use). Because of the diversity of needs of individuals in the autism spectrum and the array of specific competencies amongst the pool of potential service providers, consumers also need to focus on the match between their needs and the specific competencies of a particular provider.

Formal credentialing of professional behavior analysts through the Behavior Analyst Certification Board (BACB) can provide some safeguards for consumers, including a means of screening potential providers, and some recourse if incompetent or unethical practices are encountered. Unfortunately, there continues to exist a tremendous gap between the supply of qualified behavior analysts and the demand for ABA services. Nonetheless, as with any other credentialed professionals, consumers should exercise caution when working with individuals who have, or claim to have, credentials in behavior analysis. Although a formal credential in behavior analysis is evidence that a professional has met minimum competency standards, it does not guarantee that the individual has specific expertise in autism, nor that s/he can produce optimal treatment outcomes. Furthermore, the credentialing of professional behavior analysts has only been in place on an international level since 2000 and there may be some competent service providers who are still in the process of applying for BACB certification.

The Autism SIG recommends that consumers seek to determine if those who claim to be qualified to direct ABA programs for people with autism meet the following minimum standards:

I. Certification by the Behavior Analyst Certification Board as a Board Certified Behavior Analyst (BCBA), or documented evidence of equivalent education, professional training, and supervised experience in applied behavior analysis. Standards for certification as a BCBA, which can be found at www.BACB.com (Consumer Information Section), include: at least a master's degree in behavior analysis or a related area; 225 hours of graduate level coursework in specific behavior analytic content areas (as of the deadline for Spring 2005 applications); 18 months of mentored experience or 9 months of supervised experience in designing and implementing applied behavior analysis interventions; and a passing score on a standardized examination. Consumers are urged to check the BACB website as these requirements may change from time to time. An individual's BACB certification status may be verified by going to www.BACB.com, clicking on "Consumer Information," and then clicking "Registry."

Note that there is also a lower level of BACB certification, Board Certified Associate Behavior Analyst (BCABA), for individuals who have a bachelor's degree, 135 hours of classroom instruction in behavior analysis (effective for Spring 2005 applications), 12 months of mentored experience or 6 months of supervised experience in implementing applied behavior analysis interventions, and a passing score on a standardized examination.

A complete list of skills and knowledge covered on the Behavior Analyst Certification Board examinations is available at www.BACB.com. Both BCBA's and BCABA's must renew their BACB certification annually, participate in continuing education activities that must meet BACB standards, and adhere to the BACB's Guidelines for Responsible Conduct (also available at www.BACB.com).

With respect to BCABA's, the Behavior Analyst Certification Board explicitly states that

The BCABA designs and oversees interventions in familiar cases (e.g., similar to those encountered during their training) that are consistent with the dimensions of applied behavior analysis. The BCABA obtains technical direction

from a BCBA for unfamiliar situations. The BCABA is able to teach others to carry out interventions once the BCABA has demonstrated competency with the procedures involved under the direct supervision of a BCBA. The BCABA may assist a BCBA with the design and delivery of introductory level instruction in behavior analysis. It is strongly recommended that the BCABA practice under the supervision of a BCBA, and that those governmental entities regulating BCABAs require this supervision.

The Autism SIG does not consider BCABAs, or individuals with equivalent or less training and experience, to be qualified to independently design, direct, and guide behavior analytic programming for individuals with autism. They may deliver behavior analytic intervention, and may assist with program design, but should be adequately supervised by CBAs or the equivalent. The Autism Special Interest Group encourages consumers to request the name and contact information of the BCABA's supervisor and check to see that the supervisor is a BCBA or equivalent, as well as the information about the amount and type of supervision he/she provides.

The Autism SIG asserts that certification as a BCBA or documented equivalent training and experience is a necessary but not sufficient qualification to direct programming for individuals with autism. Consumers should be aware that the discipline of applied behavior analysis is broad and varied, and that many individuals who hold certification as a BCBA have little to no experience directing or delivering ABA programming to individuals with autism. Therefore, the Autism SIG considers the following training and experience, in addition to certification as a BCBA or the equivalent, to be necessary to competently direct ABA programming for individuals with autism:

Iia. At least one full calendar year (full-time equivalent of 1000 clock hours [25 hrs/wk for 40 weeks]) of hands-on training in providing ABA services directly to children and/or adults with autism under the supervision of a Board Certified Behavior Analyst or the equivalent with at least 5 years of experience in ABA programming for individuals with autism. The training and supervision should assure competency in the following areas:

1. Experience in assuming the lead role in designing and implementing comprehensive ABA programming for individuals with autism. The experience should involve designing and implementing individualized programs to build skills and promote independent functioning in each of the following areas: "learning to learn" (e.g., observing, listening, following instructions, imitating); communication (vocal and nonvocal); social interaction; self-care; school readiness; academics; self-preservation; motor; play and leisure; community living; self-monitoring; and pre-vocational and vocational skills.
2. Providing ABA programming to at least 8 individuals with autism spectrum disorders who represent a range of repertoires and ages.
3. Employing an array of scientifically validated behavior analytic teaching procedures, including (but not limited to) discrete trial instruction, modeling, incidental teaching and other "naturalistic" teaching methods, small group instruction, activity-embedded instruction, task analysis, and chaining.
4. Incorporating the following techniques into skill-building programs: prompting; error correction; reinforcement and manipulation of motivational variables; stimulus control (including discrimination training); preference assessments; and choice procedures.
5. Employing a wide array of strategies to program for and assess both skill acquisition and skill generalization.
6. Modifying instructional programs based on frequent, systematic evaluation of direct observational data.
7. Conducting functional assessments (including functional analyses) of challenging behavior and becoming familiar with the array of considerations that would indicate certain assessment methods over others.
8. Designing and implementing programs to reduce stereotypic, disruptive, and destructive behavior based on systematic analysis of the variables that cause and maintain the behavior and matching treatment to the determined function(s) of the behavior.
9. Incorporating differential reinforcement of appropriate alternative responses into behavior reduction programs and efforts to teach replacement skills, based on the best available research evidence.
10. Modifying behavior reduction programs based on frequent, systematic evaluation of direct observational data.
11. Providing training in ABA methods and other support services to the families of at least 8 individuals with autism.
12. Providing training and supervision to at least 5 professionals, paraprofessionals, or college students providing ABA services to individuals with autism.
13. Collaborating effectively with professionals from other disciplines and with family members to promote consistent intervention and to maximize outcomes.

Iib. Additional training in directing and supervising ABA programs for individuals with autism that involves:

- Formal training and/or self-study to develop knowledge of the best available scientific evidence about the characteristics of autism and related disorders, and implications of those characteristics for designing and implementing educational and treatment programs, including their impact on family and community life.
- Formal training and/or self-study to develop knowledge of at least one curriculum for learners with autism consisting of:
 - (a) a scope and sequence of skills based on normal developmental milestones, broken down into component skills based on research on teaching individuals with autism and related disorders;
 - (b) prototype programs for teaching each skill in the

- curriculum, using behavior analytic methods; (c) data recording and tracking systems; and (d) accompanying materials.
- Formal training and/or self-study to develop skills in using scientifically validated methods to assess and build vocal-verbal and nonverbal communication repertoires in people with autism, consistent with the principles and practices of behavior analysis. This includes augmentative and alternative communication systems for individuals with limited vocal repertoires that are matched to the individual needs of the learner.
- Accrual of continuing education in the best available research from behavior analysis and other scientific disciplines as it informs autism treatment. The Autism SIG encourages consumers to ask prospective directors of ABA services for evidence that they have participated recently in continuing education activities relevant to the treatment of individuals with autism like those they will be serving (e.g., preschoolers, adults, individuals with limited vocal-verbal repertoires, etc.).

The Autism SIG urges consumers to ask prospective directors of ABA services (including those who use titles such as “consultant”) to provide evidence of their qualifications in the form of:

- Certification as a Board Certified Behavior Analyst (BCBA), or documented equivalent qualifications;
- Information about the amount and type of supervision they provide to all those who deliver intervention directly to individuals with autism and monitoring of the level of involvement/responsibilities and certification status of their supervisees (i.e., BCABAs are not qualified to independently design, direct, and oversee programming);
- Membership in the Association for Behavior Analysis (ABA);
- Membership in an affiliated chapter of ABA (e.g., CalABA, NYSABA, TxABA, FABAA, NJABA);
- Undergraduate, graduate, and post-graduate training in behavior analysis specifically, as differentiated from non-behavior analytic study in psychology, special education, education, or other disciplines;
- Letters of reference from employment supervisors and/or families for whom they have directed ABA programming for similar individuals with autism (with appropriate safeguards taken to ensure privacy and confidentiality); and
- Publications of behavior analytic research in peer-reviewed professional journals.

Consumers should be aware of the following:

1. Attending or giving some workshops, taking some courses, or getting brief hands-on experiences does NOT qualify an individual to practice applied behavior analysis effectively and ethically. Unfortunately, there may be some individuals who misrepresent themselves when describing their skills and experiences to consumers.
2. Evidence of attendance and active participation in professional meetings and conferences in behavior analysis (e.g., the annual meeting of the Association for Behavior Analysis) is certainly desirable. Such activities by themselves, however, do not constitute training in behavior analysis, and conference presentations are not equivalent to publications in peer-reviewed professional journals because conference presentations typically are not reviewed carefully by a number of other behavior analysts, and do not have to meet scientific standards. Therefore, it is important for consumers to differentiate presentations at conferences and workshops from publications in peer-reviewed journals.
3. Consumers who have concerns about the ethical behavior of individuals providing ABA services are strongly encouraged to contact the Behavior Analyst Certification Board in the case of a BCBA or BCABA, and discipline-specific licensing boards in the case of those holding professional licensure (such as psychologists, speech-language pathologists, physicians, social workers).

DISCLAIMER: This document suggests guidelines for consumers to use in determining who may be qualified to direct applied behavior analysis programs for individuals with autism, as recommended by the Autism Special Interest Group of the Association for Behavior Analysis International. It does not represent the official policy, position, or opinions of the Association for Behavior Analysis, its members, or its Executive Council.

Selected Resources

Behavior Analyst Certification Board – www.BACB.com

Matson, J. L., Benavidez, D.A., Compton, L.S., Paclawskyj, T., & Baglio, C. (1996). Behavioral treatment of autistic persons: A review of research from 1980 to the present. *Research in Developmental Disabilities*, 17, 433-465.

New York State Department of Health Early Intervention Program (1999). *Clinical Practice Guideline Quick Reference Guide: Autism/Pervasive Developmental Disorders-- Assessment and Intervention for Young Children (Age 0-3 Years)*. Health Education Services, P.O. Box 7126, Albany, NY 12224 (1999 Publication No. 4216).

Smith, T. (1996). Are other treatments effective? In C. Maurice, G. Green, & S. Luce (Eds.), *Behavioral intervention for young children with autism: A manual for parents and professionals* (pp 45-59). Austin, TX: PRO-ED.

U.S. Surgeon General’s Report on Mental Health – Autism Section (1999)

**Autism & Developmental Disabilities Events at
Association for the Advancement of Behavior Therapy
New Orleans, LA**

Friday November 19, 2004

9:00 am – 12:00 pm

Workshop

Eglinton & Winton

Natural Setting Therapeutic Management (NSTM): A Multiple Model Approach to Maintain Individuals with Developmental Disabilities and Severe Behaviors in Community Settings

Michael R. Petronko & Russell J. Kormann
Rutgers University

1:15 pm – 2:45 pm

SIG Meeting

Durham

Autism & Related Developmental Disabilities Special Interest Group

Jan Handleman & Megan Martins, SIG
Leaders
Rutgers University

Following a short business meeting and discussion of recent SIG activities, there will be presentations on special topics in autism.

- Marlene Cohen will discuss applications of fluency-based instruction for older students
- Robert La Rue will present on evaluating the impact of medication in learners with autism.
- June Groden will discuss the use of self-management strategies for children with autism.

2:45 pm – 3:45 pm

Poster Session – Developmental Disabilities
Exhibit Hall

Acceptability of Classroom Interventions for Students with Autism and Related Disorders: Teachers in Training Versus Teachers in Practice

Myra Beth Bundy, Matthew Winslow, Tara Kidwell, & Robert Brubaker

Teaching Social Skills to Children with Autism using Social Stories: An Empirical Study

Valbona Demiri, Richard O'Brien, Mary Jane Weiss, & Stavros Valenti

Adaptation of CBT Techniques: Treating Specific Phobias in Children with Autism

Jennifer Gillis, & Stephanie Lockshin

Evaluating Autism Interventions From a Family Perspective

Lisa Libster, Alisa Bahl-Long, & Jean Ayers

Knowledge of Symptoms of Autism in College Students and Early interventionists

Douglas Scrambler

Assessing the Effectiveness of Medication

Treatment for Children with Autism Using the Vineland Adaptive Behavior Scales

Susan Williams & Larry Scahill

6:30 pm – 8:30 pm

SIG Poster EXPO

Grand Ballroom

Using Fluency Based Instruction to Remediate Unilateral Motor Neglect in an Adult with Autism and Acquired Brain Injury

Jacqueline Wright, Donna Sloan, & Marlene Cohen

Classroom Based Functional Analysis: A Model for Assessing Challenging Behaviors Within the Classroom Environment

Mark J. Palmieri, Diana Antinoro, David Fischer, Karen Lenard, Robert H. La Rue, & Sandra L. Harris

The Impact of Training on the Documentation of Functional Assessment Observations

Gerald Groden, Stephen Porter, Andrea Pingitore, & Matthew S. Goodwin

The Effects of Video-Based Instruction on Teaching Discrimination Training with a Child Diagnosed with Autism

Jessica Feger, Lori Russo, & Tessa VanKirk

Treatment of Self-Injurious Behavior Maintained by Restricted Access to Preferred Items: The Integration of Functional Communication Training and Picture Exchange Communication System

Robert H. La Rue, David Fischer, Diana Antinoro, & Karen Lenard

Measuring Social Competence in Preschoolers with Autism: Changes during Structured and Unstructured Play

Megan P. Martins & Lara Delmolino

Saturday November 20, 2004

8:45 am – 10:15 am

Panel Discussion

Belle Chase

Special Considerations in the Assessment and Diagnosis of Axis I Disorders in Persons with Comorbid Developmental Disabilities

Moderator: Valerie Gaus

Panelists: Lynda Geller, Donald Levan, Maria Scalley-Gagnon, & Richard Timo

10:30 am – 12:00 pm

Panel Discussion

Belle Chase

Coping with Stress Through Picture Rehearsal

Chair: Gerald Groden

Panelists: June Groden, Patricia LeVasseur, & Amy Diller

1:15 pm – 2:45 pm

SIG Meeting

Trafalgar

Developmental Disabilities Special Interest Group

Russell J. Kormann, SIG Leader

The DD SIG is pleased to present Raymond G. Romanczyk, Director of the Institute for Child Development at SUNY at Binghamton, as our keynote speaker this year. Dr. Romanczyk will address his comments to the challenges inherent in the provision of comprehensive behavioral support services to persons with developmental disabilities. AABT can play an increasingly important role in the provision of quality services to one of the most vulnerable populations. The SIG meeting will address these roles.

3:30 pm – 5:00 pm

Panel Discussion

Prince of Wales

Issues of Comorbidity in Developmental Disabilities: A Focus on Anxiety Disorders

Moderators: Raymond G. Romanczyk & Jennifer Gillis

Panelists: Laura Arnstein, Stephanie

Lockshin, Latha Soorya, & Sara White

Sunday November 21, 2004

9:00 am – 10:30 am

Panel Discussion

Cambridge

Providing Comprehensive Behavioral Services to Persons with Developmental Disabilities and Severe Behaviors: Challenges for the Consultant and Staff

Moderator: Russell Kormann

Panelists: Judith Favell, Michael Petronko, Peter Gerhardt, & Barbara Natoli

Attention Students & Mentors!!



If you are a graduate or undergraduate student and the first author on a poster accepted by AABT, you are eligible to enter the AABT Autism SIG's student research contest. If you are mentoring a student who may not receive the newsletter, feel free to pass this notice along to your student.

Posters will be reviewed by a panel on the following criteria:

- * Are the objectives clear and logical extensions of the literature?
- * Is the method and design appropriate given the objectives outlined?
- * Are the results and their implications appropriately discussed?
- * Does the research make a significant contribution to the field?

To submit your poster, all you need to do is complete the form below and attach a copy of the poster. You may submit your poster at the Autism SIG Meeting at AABT (Friday 1:15pm) or mail your poster to:

Megan Martins, Autism SIG Co-Chair
 Newsletter Editor
 Rutgers University
 Douglass Developmental Disabilities Center
 151 Ryders Lane
 New Brunswick, NJ 08901

Name: _____

Address: _____

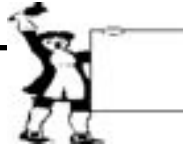
Phone: _____

E-mail: _____

Status (Circle): Full time Part time Major: _____

College/University: _____ Degree Seeking: _____

Title of Poster: _____



Advertisements & Announcements

ASSOCIATE EXECUTIVE DIRECTOR

Deer Park, NY, Private behaviorally based school for children with autism seeking Associate Executive Director to assist in administration and supervision of school. Duties include staff development and consultation with school districts. Doctorate in Psychology/Education and 3-5 years experience providing behavioral treatment to children with autism, including 2 years staff supervision required. Candidate must be outstanding teacher, work effectively with staff and demonstrate strong written and oral communication skills. Must hold or be willing to obtain NY State SAS or SDA. Competitive salary, comprehensive benefits. Visit Website at www.ascentschool.org. Mail resume, cover letter, three letters of reference and salary requirements to Nancy Shamow, Ph.D., Ascent, 819 Grand Blvd., Deer Park, NY 11729 or email the above to nshamow@aol.com. EOE.

AUTISM FOUNDATION SEEKS EXECUTIVE DIRECTOR

Quest Autism Foundation, Inc. (QAF), an innovative day program for adults with autism, seeks an experienced and creative executive director to steer its ground-breaking program. Established by a group of families of the first generation of children to benefit from Applied Behavior Analysis, QAF is the first program of its kind to extend comprehensive behavioral interventions to the growing population of adult learners with autism. Already housed in a permanent new facility QAF provides proactive, community-based vocational and leisure-skills training for adults with autism. Applicants should hold a Master's degree in a related field and must have documented experience with behavior analysis. Position includes full benefits and funding for research projects.

- Full Benefits, including YMCA membership
- Funding available for research studies
- Small one-on-one ABA based program
- Opportunity to shape a premier program
- Some flexibility on start date

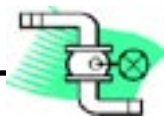
Please call (201) 848-9110 to inquire about this exciting opportunity.

LICENSED PSYCHOLOGIST EXPERIENCED IN AUTISM

The Minnesota Autism Center, a Minnesota Not-For-Profit organization based in Minneapolis serving children with Autism Spectrum Disorders and their families, is seeking a F/T Licensed Psychologist, Ph.D. or Psy.D., reimbursable by Minnesota State Health plans and insurance.

The successful candidate must have training in and an understanding of Applied Behavior Therapy methods, including Applied Behavior Analysis and experience working with children with Autism Spectrum Disorders. Experience conducting and supervising functional assessments and designing and supervising behavioral interventions to promote communication and social skills, as well as reducing behavioral challenges, is required. Experience with standardized psychological assessment of children with ASD is preferred. Competitive salary and excellent benefits. We are also accepting c.v.'s from applicants for a post-doctoral clinical associate position. We will be interviewing at the AABT conference in November, so please note if you will be attending.

The Minnesota Autism Center is an equal opportunity employer and encourages applications from women, people with disabilities and those from under-represented minority groups. For more information about this position, please contact Heidi Wolverson Director of Human Resources at hrd@mnautism.org. Send introductory letter, curriculum vitae and names of three professional references to: Heidi Wolverson, Director of Human Resources, 3001 Broadway Street, N.E., #185, Minneapolis, MN 55413.



Publication Pipeline: Family Issues

Listed below are recently published articles focusing on issues related to families of individuals with autism and related disabilities.

- Abbeduto, L., Seltezer, M. M., Shattuck, P., Kraus, M. W., Orsmond, G., & Murphy, M. M. (2004). Psychological well being and coping in mothers of youths with autism, Down Syndrome, or Fragile X Syndrome. *American Journal on Mental Retardation*, 109, 237-254.
- Anders, T. F., Gardner, C. R. Jr., & Gardner, S. E. (2003). Parent-professional collaboration: The M.I.N.D. Institute model. In S. Ozonoff & S. J. Rogers (Eds.), *Autism spectrum disorders: A research review for practitioners (pp.227-238)*. Washington DC: American Psychiatric Publishing.
- Becker-Cottrill, B. McFarland, J., & Anderson, V. (2003). A model of positive behavioral support for individuals with autism and their families: The family focus process. *Focus on Autism & Other Developmental Disabilities*, 18, 113-123.
- Buschbacher, P., Fox, L., & Clarke, S. (2004). Recapturing desired family routines: A parent-professional behavioral collaboration. *Research & Practice for Persons with Severe Disabilities*, 29, 25-39.
- Dillenburger, K., Keenan, M., Gallagher, S., & McElhinney, M. (2004). Parent education and home-based behaviour analytic intervention: An examination of parent's perceptions of outcome. *Journal of Intellectual & Developmental Disability*, 29, 119-130.
- Erguner-Tekinalp, B., & Akkok, F. (2004). The effects of a coping skills training program on the coping skills, hopelessness, and stress levels of children with autism. *International Journal for the Advancement of Counseling*, 26, 257-269.
- Fleischmann, A. (2004). Narratives published on the Internet by parents of children with autism: What do they reveal and why is it important? *Focus on Autism & Other Developmental Disabilities*, 19, 35-43.
- Harris, S. L. & Glasberg, B. A. (2003). *Topics in Autism: Siblings of children with autism: A guide for families (2nd ed.)*. Bethesda, MD: Woodbine House.
- Hastings, R. P. (2003). Child behaviour problems and partner mental health as correlates of stress in mothers and fathers of children with autism. *Journal of Intellectual Disability Research*, 47, 231-237.
- Hastings, R. P. (2003). Behavioral adjustment of children with autism engaged in applied behavior analysis early intervention programs: The moderating role of social support. *Journal of Autism and Developmental Disorders*, 33, 141-150.
- Hastings, Richard P. (2003). Behavioral adjustment of children with autism. *Journal of Autism and Developmental Disorders*, 33, 99-104.
- Opperman, S. & Alant E. (2003). The coping responses of the adolescent siblings with severe disabilities. *Disability & Rehabilitation*, 25, 441-454.
- Pilowski, T., Yirmiya, N., Doppelt, O., Groo-Tsur, V., & Shalev, R. (2004). Social and emotional adjustment of siblings of children with autism. *Journal of Child Psychology & Psychiatry*, 45, 855-865.
- Rivers, J. W., & Stoneman, Z. (2003). Sibling relationships when a child has autism: Marital stress and support coping. *Journal of Autism and Developmental Disorders*, 33, 383-394.
- Spann, S. J., Kohler, F. W., & Soenksen, D. (2003). Examining parent's involvement in and perceptions of special education services: An interview with parents in a parent support group. *Focus on Autism & Other Developmental Disabilities*, 18, 228-237.

Please send your suggestions of topic ideas for possible inclusion in an upcoming issue of the SIG newsletter to:

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SPECIAL INTEREST GROUP

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