

# AUTISM

AND RELATED DEVELOPMENTAL DISABILITIES

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## AABT 2003 AUTISM SIG STUDENT RESEARCH CONTEST WINNER

### Differential Diagnosis of Children with Pervasive Developmental Disorders: The Use of Both Autism-Specific and General Measures

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#### Summary

The clinical diagnoses determined by a multidisciplinary team at a developmental disorders assessment clinic were compared to the results of common assessment instruments for autism that have strong psychometric support based on studies with research subjects but less evidence for effectiveness with real-world clinical populations. In addition, the relation of more general adaptive and problem behavior checklists to clinical diagnoses was examined. The results indicated that the Autism Diagnostic Observation Schedule and Autism Diagnostic Interview conclusions led to approximately 75% agreement, with the majority of the inconsistencies being "more autistic" diagnoses based on the measures. The Gilliam Autism Rating Scale was not very effective at discriminating between children with various team diagnoses, though the social and stereotyped behavior subscales showed the most promise. The Child Behavior Checklist indicated different patterns of adjustment for the non-PDD group, with higher externalizing and total problem behaviors as compared to those with autism or other PDDs. The other PDD group had significantly higher adaptive behavior skills according to the Scales of Independent Behavior-Revised as compared to those without PDDs (mostly with language disorders) and those with autism. These findings have important implications for the use of these measures in practice and research.

#### Introduction

The ADI-R and ADOS are the only diagnostic instruments considered adequate for research, yet there is a paucity of information on their relation to clinical diagnoses for children typically referred for clinical assessment in regular practice. Original studies that established the psychometric properties of the ADI-R (Lord et al, 1993; Lord et al., 1994) excluded children with questionable diagnoses. Despite the ADOS's status as the most empirically supported performance-based diagnostic play session for autism, it was not very effective at discriminating PDDNOS from autism (Lord et al., 2000).

The GARS, a behavior checklist for autism, has evidence of strong psychometric properties from the original studies by the author (Gilliam, 1995), but no additional research has been published to replicate these results in a clinical setting.

Supplementary questionnaires not specific to autism, such as the CBCL and SIB-R are also often used in the assessment of children with developmental disorders. All of these scales have well-established psychometric properties, but there is little to no research on their diagnostic value for children with pervasive developmental disorders.

#### Purpose

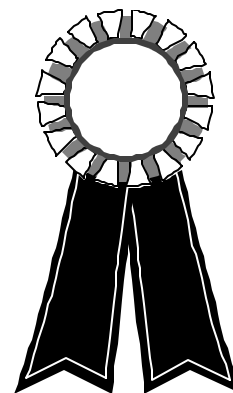
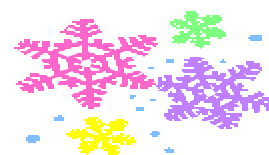
- To examine the diagnostic utility of widely used measures in the assessment of autism and related disorders in a sample of children who presented for evaluations in regular clinical practice, including: the Autism Diagnostic Interview-Revised (ADI-R), the Autism Diagnostic Observation Schedule-Generic (ADOS) and the Gilliam Autism Rating Scale (GARS).
- To determine the relation between problem and adaptive behavior checklists, including the Child Behavior Checklist (CBCL) and the Scales of Independent Behavior-Revised (SIB-R) ratings, and clinical diagnoses.

#### Methods: Setting

Participants were seen at a diagnostic assessment clinic for developmental disorders in a university medical hospital setting. Referrals to this clinic come from community providers and from advocacy organizations such as The Autism Program of Virginia and the Virginia Partnership for People with Disabilities.

#### Methods: Participants

Participants included 85 children between the ages of 1 and 8 years old (mean age = 4). The sample was 72% male. Of the children, 40.7% received a diagnosis of autism, 33.7% received a diagnosis of other pervasive developmental disorders (e.g. Asperger's disorder, PDDNOS), and 24.4% received other diagnoses such as language disorders.



### And the winner is...

There were several wonderful entries this year, but **Carla Mazefsky's** (formally Carla DiSalvo) poster was singled out by the judges for its writing style, presentation of material, and the relevance of the topic to professional practice. Carla is currently working on her Ph.D. in Child Clinical Psychology at Virginia Commonwealth University. Congratulations!!!

Thanks to this year's judges...  
Lara Delmolino, Ph.D., and  
Robert LaRue, Ph.D.

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### Methods: Measures

- **ADOS** The ADOS is a *semi-structured play assessment* designed to elicit behaviors that have been identified as important to the diagnosis of autism (Lord, Rutter, & DiLavore, 1998). The ADOS requires a skilled examiner to initiate planned social contexts, referred to as “presses.” Diagnoses are suggested on the basis of minimum scores for communication, qualitative impairments in reciprocal social interaction, and a combination of communication and social interaction. The ADOS classifies children as meeting criteria for autism, PDD-NOS, or not in the autism spectrum.
- **ADI-R** The ADI-R is a *standardized caregiver interview* (Lord, Storoschuk, Rutter, & Pickles, 1993). An abridged form for diagnostic purposes that consists of 49 items was used in the current study. The item scores are summed in: communication, social interaction, and restricted, repetitive behavior. Recommended diagnoses are formed on the basis of minimum scores in each of these areas (with lower communication minimums for nonverbal subjects than for verbal subjects), and evidence for developmental abnormality before the age of 36 months. The ADI-R distinguishes children who meet criteria for Autistic Disorder from those who do not.
- **GARS** The GARS is a 42-item *behavior checklist* intended to help identify children who have a likelihood of autism (Gilliam, 1995). The item scores are summed in 4 content areas: stereotyped behaviors, communication, social interaction, and developmental delays. Subtests are summed to generate the overall GARS total score that corresponds to a probability of autism, ranging from “very low” to “very high.”
- **CBCL** The Child Behavior Checklist is an empirically based *caregiver report* designed to obtain ratings of behavioral and emotional problems of children (Achenbach & Rescorla, 2000).
- **SIB-R** The SIB-R is a *caregiver report* designed to assess adaptive skills and problem behaviors that impact adjustment across environments and indicate relative strengths and weaknesses in personal living skills (Bruininks, Woodcock, Weatherman, & Hill, 1996).

### Methods: Procedure

All clinic patients participate in a formal three-hour diagnostic procedure aimed at clarifying the child’s disability and generating ideas to guide intervention. At a minimum, the evaluation team consists of a licensed clinical psychologist/psychiatrist, education specialist, speech/language pathologist, occupational therapist, and a doctoral level psychology student. The clinic’s assessment procedure routinely includes the ADOS, ADI, GARS, CBCL, and SIB-R.

### Results - ADOS

- A 3x3 chi square test indicated that while there was not complete agreement, ADOS Diagnosis and Team Diagnosis were significantly related,  $\chi^2 (2, N = 75) = 67.5, p < .001$ . Results indicated:
  - 77% agreement (58 out of 75)
  - In 16% (12 out of 75) of the cases, the ADOS “over diagnoses” (ADOS yields a “more autistic” diagnosis)
  - In 6% (5 out of 75) of the cases, the ADOS “under diagnoses” (ADOS yields a “less autistic” diagnosis)
 Specific frequencies are shown below:

		ADOS Diagnoses			Total
		Autism	PDD-NOS	Not a PDD	
Team Diagnoses	Autism	31	1	0	32
	PDD-NOS	9	11	4	24
	Not a PPD	1	2	16	19
	Total	41	14	20	75

### Results-ADI

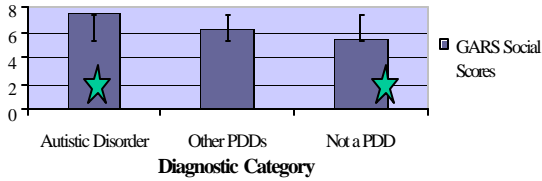
- A 2x2 chi square test indicated that while there was not complete agreement, ADI Diagnosis and Team diagnosis were significantly related,  $\chi^2 (1, N = 75) = 16.3, p < .001$ . Results indicated:
  - 73% agreement (55 out of 75)
  - In 16% (12 out of 75) of the cases, the ADI yielded a diagnosis of autism while the team did not
  - In 11% (8 out of 75) of the cases, the ADI did not yield a diagnosis of autism but the team did
 specific frequencies are shown below:

		ADI Diagnoses		Total
		Autism	Not Autism	
Team Diagnoses	Autism	24	8	32
	Not Autism	12	31	43
	Total	36	39	75

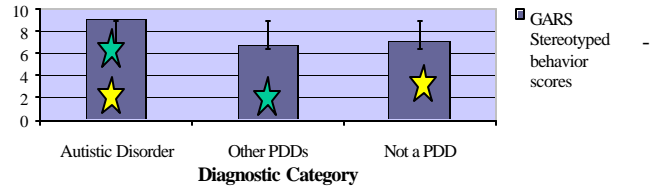
- 100% of cases were above the developmental abnormality cut-off, indicating that the developmental items are not specific enough for differential diagnosis between autism, other PDDs, and general/language delays.
- Taken separately, the social subscale cut-offs led to the highest agreement with team diagnoses (73%). This is the same level of agreement as when all four criteria of the ADI are used. The agreement of the communication (65%) and the stereotyped behavior (58%) subscales were not as good, however, when used in isolation.
- The agreement between the ADI conclusions and team diagnoses improved somewhat (from 73% to 77%) when only those cases with team diagnoses of autism or non-PDD diagnoses were included in the analyses (e.g. when team diagnoses of other PDD’s, such as Asperger’s disorder and PDDNOS, were excluded).

**Results – GARS**

- One-way analysis of variance tests for the GARS indicated that:
  - Mean **developmental delay** scores [ $F(2, 72) = .06, p > .05$ ] and mean **autism quotient (total)** scores [ $F(2, 71) = 3.0, p = .06$ ] did not significantly differ between diagnostic categories. All groups had a mean total score in the “Below Average” probability of autism range
  - Mean **communication scores** significantly differed between diagnostic categories,  $F(2,69) = 3.4, p < .05$ . However, post-hoc analyses did not reveal any significant differences between groups.
  - Mean **social behavior scores** differed significantly between diagnostic categories,  $F(2,71)=4.4, p < .05$ . Tukey post-hoc analyses indicated that those with Autism had significantly higher scores than those who do not have a PDD,  $p < .05$ .



**Figure 2.** Mean GARS Social Behavior Scores by Diagnostic Category; ★ = significantly differ from each other

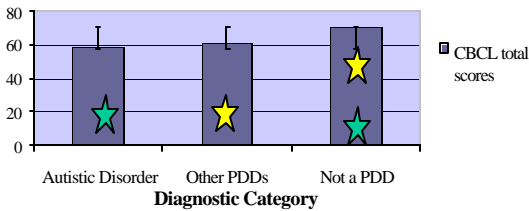


**Figure 1.** Mean GARS Stereotyped Behavior Scores by Diagnostic Category; ★, ★ = significantly differ from each other

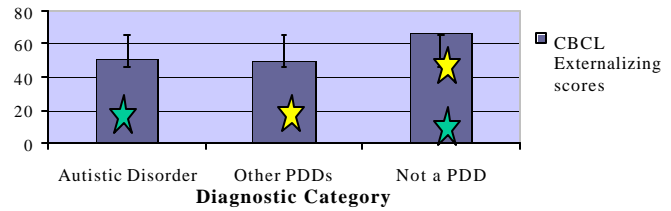
Mean **stereotyped behavior scores** differed significantly between diagnostic categories,  $F(2,73)=6.0, p < .01$ . Tukey post-hoc analyses indicated that those with Autistic Disorder had higher scores than those with other PDD’s and those without a PDD,  $p < .05$ .

**Results – CBCL**

- One-way analysis of variance results indicated that:
  - Mean **CBCL internalizing scores** did not significantly differ between diagnostic categories,  $F(2, 30) = 1.6, p > .05$ .
  - Mean **CBCL externalizing scores** [ $F(2,30) = 5.6, p < .01$ ] and mean **CBCL total problem scores** [ $F(2,30) = 5.6, p < .01$ ] differed significantly across diagnostic categories.
- Tukey post-hoc results indicated that those without a PDD had significantly greater total problem behaviors than those with Autistic Disorder and those other PDDs,  $p < .05$ .



**Figure 3.** Mean Total CBCL t-scores by Diagnostic Category; ★, ★ = significantly differ from each other

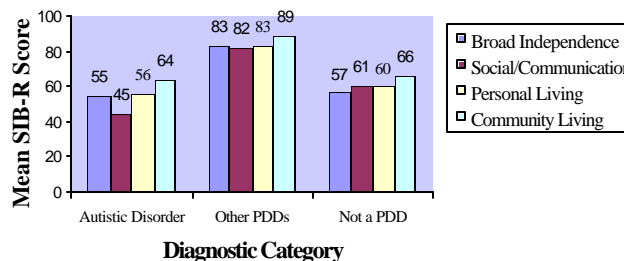


**Figure 4.** Mean CBCL Externalizing t-scores by Diagnostic Category; ★, ★ = significantly differ from each other

Tukey post-hoc results indicated that those without PDDs had significantly greater externalizing behaviors scores than those with Autistic Disorder and those with other PDDs,  $p < .05$ .

**Results – SIB-R**

- Significant differences were not found between diagnoses for **SIB-R motor skills** sub-scale.
- One-way analysis of variance tests indicated that there were significant differences between diagnostic categories for the following independence skills: **Broad independence, social and communication skills, personal living skills, and communication living skills**
- Tukey post-hoc analyses revealed that those with other PDDs had significantly higher adaptive behavior skills on these four subscales than those with autism and those without PDDs (as shown below). No other significant differences were found.



### *Discussion*

The results indicated that, in general, the diagnostic instruments did not correspond with clinical diagnoses as expected. Although there were fairly high rates of agreement, the ADOS and ADI diagnoses resulted in more frequent use of "Autistic Disorder" than clinical diagnoses. This may be related, in part, to the difficulty validly differentiating Asperger's disorder from autism using current diagnostic criteria. However, the ADI still resulted in "over-diagnoses" even when those with PDDs other than autism were excluded from the analyses. The GARS was the least successful of the autism-specific measures in providing differential diagnosis information. Though the stereotyped behavior and social GARS scores did a somewhat better job differentiating among disorders than other scales of the GARS, neither was able to differentiate among all three diagnostic categories.

The finding that those with other PDDs had higher adaptive behavior skills on the SIB-R as compared to those with autism and those without PDDs is likely related to greater language delays in the other two groups (autism and non-PDDs which were primarily language disorders) that interfere with personal independence skills. Patterns of externalizing and total problem behaviors on the CBCL were only able to differentiate those without PDDs from those with some type of PDD. Those without PDDs may be presenting with more complex behavioral problems rather than specific symptoms related to social behavior, communication, and repetitive behaviors.

The use of children who present for assessments in regular clinical practice as the participants in the current study is integral to interpretation of the results. The symptom presentation of the children used in the original studies to develop their psychometric properties included "prototypical" representations of the disorders and excluded those with questionable diagnoses. This suggests that clinical expertise in autism spectrum disorders is a crucial supplement to the diagnostic instruments for the less "clear-cut" cases seen in typical practice. These findings also highlight the need to establish the effectiveness of research instruments in natural environments as well.

**For More Information, Please Contact:**

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**Carla Mazefsky** (formerly Carla DiSalvo) is a fourth year doctoral student in child clinical psychology at Virginia Commonwealth University. She received her undergraduate degree at The College of William and Mary. She will begin her pre-doctoral internship at Brown University this summer.

Carla is interested in applied autism research, including both diagnostic and treatment issues. Her dissertation is on the emotion perception abilities of eight- to sixteen-year-old children with Asperger's disorder and high-functioning autism. Conceptual issues addressed by the study include the importance of using more detailed (than the DSM) and empirically-supported diagnostic criteria for Asperger's disorder and the impact of the intensity of the emotion cue on emotion perception accuracy. Drs. Albert Farrell (Department of Psychology) and Donald Oswald (Department of Psychiatry) are her dissertation co-chairs and joint advisors. The study described in the poster is currently being prepared for publication submission in further detail.

Please contact Carla at [cdisalvo@vcu.edu](mailto:cdisalvo@vcu.edu) for any further inquiries regarding the study.

## ADVERTISEMENTS & ANNOUNCEMENTS



### SAVE THE DATE July 27, 28, 29, 2004

#### MAKING INCLUSION SUCCEED: STRATEGIES THAT WORK FOR LEARNERS ON THE AUTISM SPECTRUM

PRESENTER: Mary Jane Weiss, Ph.D., BCBA

- Building skills in following classroom routines.
- Helping learners respond to group instructions.
- Increasing social skills.
- Understanding and intervening with challenging behaviors

For more information call:  
Douglass Developmental Disabilities Center  
732-932-4500 Ext 100, or 134

### ABA Consultant

**The Douglass Developmental Disabilities Center of Rutgers University – Douglass Outreach Division**, seeks a full-time consultant to provide behavioral consultation to classrooms and agencies in regard to learners with autism. Requirements: Masters degree in Special Education, Psychology or another related field, plus 3 years experience working with individuals with autism using Applied Behavior Analysis. Prefer BCBA. The successful candidate must demonstrate strong organizational, supervisory, leadership, communications and consulting skills. **The Center**, for people of all ages with autism, includes a day school, Outreach Services, Adult Services, and Research & Training Division.

Send resume and cover letter to Rita F. Gordon, M.Ed., BCBA, Outreach Division, Douglass Developmental Disabilities Center, Rutgers, The State University of NJ, 151 Ryders Lane, New Brunswick, NJ 08901 or email, [kdvorak@rci.rutgers.edu](mailto:kdvorak@rci.rutgers.edu)

Equal opportunity employer



### Services For Families

We are continuing a series focused on services for families in which we will provide descriptions of programs for individuals with autism and the family services and programs that they provide. If you are interested in submitting information about your program, please contact the editor.



**Autism & Aspergers Consulting and Treatment Now**

<b>An Integrated Solutions Approach</b>	252 Shadow Mountain Dr. Suite D7 El Paso, TX 79912	3035 S Fountain Square Blvd Suite #205 New Berlin, WI 53151	Worldwide Phone: 414-7882614 Fax: 262-7870933 Email: <a href="mailto:info@aactnow.com">info@aactnow.com</a>
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[www.aactnow.com](http://www.aactnow.com)

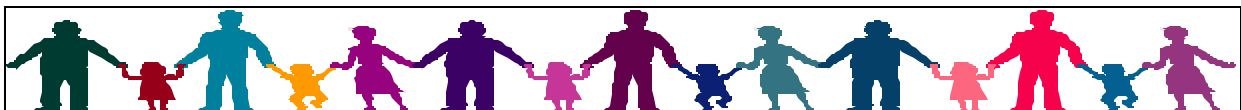
Autism & Aspergers Consulting and Treatment Now (AACT Now) specializes in designing in-home therapy programs and providing continued consultation services for special needs children. We began working with children diagnosed with Autism, Pervasive Developmental Disorders, and Asperger's and have expanded our services to include those with Downs Syndrome, cerebral palsy and other developmental disorders.

While the core of our programming is derived from the research of Dr. Ivar Lovaas and Verbal Behavior theories, we recognize that each child is an individual. Because we believe each child faces unique challenges, we have augmented our approach with the most current techniques from a variety of disciplines that work with developmental disorders to provide a truly integrated and personalized resource for our clients.

Mr. James Deehr began working with children with Autism in July, 1995, through the Wisconsin Lovaas study replication site. He completed an intensive training based on the UCLA program established by Dr. Ivar O. Lovaas, under the direction of WEAP (Wisconsin Early Autism Project). In his nine years of involvement with children with autism, Mr. Deehr has worked with more than 250 children diagnosed with a variety of Pervasive Developmental Disorders. He has also assisted in conducting the Wisconsin replication study of Dr. Lovaas' 1987 research. Mr. Deehr edited and compiled the curriculum (affectionately known as the flowchart and big book) currently used by WEAP and the other Young Autism Project replication sites.

AACT Now currently offers services for families in Illinois, Kansas, Missouri, New Mexico, Texas, Wisconsin and Mexico with more states to come. Quality and affordability are important to our mission. Many of our service areas have local consultants which allow us to keep travel expenses to a minimum, but all families are supervised by a senior staff member. Many families' only contact with an organization is their consultant. This is not the case with AACT Now, as children receive supervision from a variety of sources within our organization. AACT Now offers programs in sign-language, English, and Spanish. Please visit our website [www.aactnow.com](http://www.aactnow.com) or contact us for more information.

For Texas/New Mexico and Mexico call 1-915-587-0929





## PUBLICATION PIPELINE

Listed below are recently published articles focusing on issues related to behavioral assessment and treatment for individuals with autism and related disabilities.

- Ahearn, W. H. (2003). Using simultaneous presentation to increase vegetables consumption in a mildly selective child with autism. *Journal of Applied Behavioral Analysis, 36*, 361-365.
- Ahearn, W. H., Clark, K. M., Gardenier, N. C., Chung, B. I., & Dube, W. V. (2003). Persistence of stereotypic behavior: Examining the effects of external reinforcers. *Journal of Applied Behavioral Analysis, 36*, 439-448.
- Arntzen, E., Halstadro, A., & Halstadro, M. (2003). Training play behavior in a 5-year-old boy with developmental disabilities. *Journal of Applied Behavior Analysis, 36*, 367-370.
- Asmus, J. M., Franzese, J. C., Conroy, M. A., & Dozier, C. L. (2003). Clarifying functional analysis outcomes for disruptive behaviors by controlling consequence delivery for stereotypy. *School Psychology Review, 32*, 624-630.
- Barry, T. D., Klinger, L. G., Lee, J. M., Palardy, N., Glimore, T., & Bodin, S. D. (2003). Examining the effectiveness of an outpatient clinic-based social skills group for high-functioning children with autism. *Journal of Autism & Developmental Disorders, 33*, 685-701.
- Bosseler, A., & Massaro, D. W. (2003). Development and evaluation of a computer-animated tutor for vocabulary and language learning in children with autism. *Journal of Autism & Developmental Disorders, 33*, 653-672.
- Brookman, L., Boettcher, M., Klein, E., Openden, D., Koegel, R. L., & Koegel, L. K. (2003). Facilitating social interactions in a community summer camp setting for children with autism. *Journal of Positive Behavior Interventions, 5*, 249-252.
- Carr, D. (2003). Effects of exemplar training in exclusion responding on auditory-visual discrimination tasks with children with autism. *Journal of Applied Behavioral Analysis, 36*, 507-524.
- Crager, D. E., & Horvath, L. S. (2003). The application of social skills training in the treatment of a child with Asperger's Disorder. *Clinical Case Studies, 2*, 34-49.
- Ducharme, J. M., & Drain, T. L. (2004). Errorless academic compliance training: Improving generalized cooperation with parental requests in children with autism. *Journal of the American Academy of Child & Adolescent Psychiatry, 43*, 163-171.
- Ducharme, J. M., Harris, K., Milligan, K., & Pontes, E. (2003). Sequential evaluation of reinforced compliance and graduated request delivery for the treatment of noncompliance in children with developmental disabilities. *Journal of Autism and Developmental Disorders, 33*, 519-526.
- English, C. L., & Anderson, C. M. (2004). Effects of familiar versus unfamiliar therapists on responding in the analog functional analysis. *Research in Developmental Disabilities, 25*, 39-55.
- Ingersoll, B., Schreibman, L., & Tran, Q. H. (2003). Effect of sensory feedback on immediate object imitation in children with autism. *Journal of Autism & Developmental Disorders, 33*, 673-683.
- Jennett, H. K., Harris, S. L., & Mesibov, G. B. (2003). Commitment to philosophy, teacher efficacy, and burnout among teachers of children with autism. *Journal of Autism & Developmental Disorders, 33*, 583-593.
- Kodak, T., Miltenberger, R. G., & Romaniuk, C. (2003). The effects of differential negative reinforcement of other behavior and noncontingent escape on compliance. *Journal of Applied Behavior Analysis, 36*, 379-382.
- Koegel, L. K., Koegel, R. L., Frea, W., & Green-Hopkins, I. (2003). Priming as a method of coordinating educational services for students with autism. *Language, Speech & Hearing Services in the Schools, 34*, 228-235.
- Lattimore, L. P., Parsons, M. B., & Reid, D. H. (2003). Assessing preferred work among adult with autism beginning supported jobs: Identifications of constant and alternating task preferences. *Behavioral Interventions, 18*, 161-177.
- LeBlanc, L. A., Miguel, C. F., Cummings, A. R., Goldsmith, T. R., & Carr, J. E. (2003). The effects of three stimulus-equivalence testing conditions on emergent U.S. geography relations of children diagnosed with autism. *Behavioral Interventions, 18*, 279-289.
- McAdam, D. B., Sherman, J. A., Sheldon, J. B., & Napolitano, D. A. (2004). Behavioral interventions to reduce the pica of persons with developmental disabilities. *Behavior Modification, 28*, 45-72.
- McDonald, M. E., & Hemmes, N. S. (2003). Increases in social initiation toward an adolescent with autism: Reciprocity effects. *Research in Developmental Disabilities, 24*, 453-465.
- Mirenda, P. (2003). Toward a functional augmentative and alternative communication for students with autism: Manual signs, graphic symbols, and voice output communication aids. *Language, Speech & Hearing Services in the Schools, 34*, 203-216.
- Najdowski, A. C., Wallace, M. D., Doney, J. K., & Ghezzi, P. M. (2003). Parental assessment and treatments of food selectivity in natural settings. *Journal of Applied Behavioral Analysis, 36*, 383-386.
- Rapp, J. T., Dozier, C. L., Carr, J. E., Patel, M. R., & Enloe, K. A. (2004). Functional analysis of erratic body movement maintained by visual stimulation: Incorporating conjugate reinforcement into a paired-stimulus preference assessment. *Behavior Modification, 28*, 118-132.
- Ricciardi, J. N., & Luiselli, J. K. (2003). Behavioral intervention to eliminate socially mediated urinary incontinence in a child with autism. *Child & Family Behavior Therapy, 25*, 53-63.
- Schreck, K. A., Mulnick, J. A., & Smith, A. F. (2004). Sleep problems as possible predictors of intensified symptoms of autism. *Research in Developmental Disabilities, 25*, 57-66.
- Watanabe, M., & Sturmey, P. (2003). The effect of choice-making opportunities during activity schedules on task engagement of adults with autism. *Journal of Autism & Developmental Disorders, 33*, 535-538.
- Williams, G., Perez-Gonzalez, L. A., & Vogt, K. (2003). The role of specific consequences in the maintenance of three types of questions. *Journal of Applied Behavior Analysis, 36*, 285-296.
- Wynn, J. W., & Smith, T. (2003). Generalization between receptive and expressive language in young children with autism. *Behavioral Interventions, 18*, 245-266.
- Yang, J. K., Huang, T. A., Schaller, J. L., Wang, M. H., & Tsai, S. (2003). Enhancing appropriate social behaviors for children with autism in general education classrooms: An analysis of six cases. *Education & Training in Developmental Disabilities, 38*, 405-416.



## CONFERENCE CORNER



### AABT

AABT's 37<sup>th</sup> Annual Convention in Boston was a great success and the Autism SIG meeting was well-attended. Many thanks to our meeting presenter, Dr. Sandra Harris. Her presentation on sibling of individuals with autism was practical, interesting, and generated much discussion among attendees. If you were unable to make to attend the SIG meeting this year, please see the minutes that follow.

**AABT Autism SIG Meeting Minutes**  
November 21, 2003

#### BUSINESS & ANNOUNCEMENTS

1. The student research contest was introduced. The Autism SIG sponsors a student research award each year. Posters presented at AABT with students as the first author will be eligible to enter the contest. SIG members were encouraged to apply or to encourage their students to apply. The winner of the contest will receive a certificate at next year's AABT convention and will have their poster printed in the next issue of the Autism SIG newsletter.
2. The student research award from 2002 was presented to LeeAnn Cardaciotto of Drexel University for by Megan Martins, Autism SIG co-chair. She was presented with a framed certificate for her poster "Treating Social Anxiety Disorder with CBT in the Context of Asperger's Syndrome: A Single Subject Report."
3. The SIG Newsletter is a quarterly publication that feature articles, conference information, article synopses, free advertisements and announcements. The newsletter is a joint publication of the Autism SIGs of the Association for Behavior Analysis and AABT. Submissions are always welcome. Opportunities to renew and initiate a subscription were given.
4. Ideas for topics to be presented at the next AABT SIG Meeting were discussed. Suggestions included a presentation on stress and coping in individuals with autism.

#### SPECIAL PRESENTATION: SIBLINGS TALK ABOUT AUTISM

*Dr. Sandra Harris, Professor at the Graduate School of Applied and Professional Psychology at Rutgers, the State University of New Jersey, presented on issues related to siblings of children with autism.*

Highlighted points from her presentation include:

A sibling's cognitive perception of autism becomes more mature with age (Glasberg, 2000). As the sibling develops, understanding of the definition of autism, the cause of the disorder, and the impact of the disorder on the child and the family changes.

An understanding of the cognitive development of children may help families explain the disorder to siblings.

1. The Preschool Years
  - o Very Concrete Explanations
  - o Safety is Key
  - o Notice Only Most Obvious Differences in Behavior
2. 5 to 6 Years Old
  - o Learning About Cause and Effect
  - o Rich Capacity for Fantasy
  - o May Worry – Can I Catch It? – Did I Cause It?
  - o Key Items to Include in Definition – Speech, Behavior, Play
  - o Not Yet Thinking About Long Term Future
  - o Notice Only Most Obvious Differences in Behavior
3. 7 to 10 Years Old
  - o Understand Basic Biological Facts
  - o Not Able to Articulate Long Term Impact
  - o Limited Perspective on Emotional Issues
  - o Equity is Important
  - o Peer Group Gaining Importance
4. Preteen and Teenage Years
  - o Mature Understanding of Biological Origin
  - o Learning to Deal with Feelings
  - o Learning to Deal with Long Term Implications

There are no serious mental health implications for most siblings, but some may experience sadness, worry, or jealousy. Coping strategies for siblings include:

1. Special Times for Siblings
2. Teaching Play and Interaction Skills to Siblings
3. Support Groups for Siblings

#### ASSOCIATION FOR BEHAVIOR ANALYSIS 30<sup>TH</sup> ANNUAL CONVENTION

MAY 28-JUNE 1, 2004  
BOSTON, MA

The convention program is now online! Check it out at [www.abainternational.org](http://www.abainternational.org). Autism related convention events to come in a future issue of the newsletter. Stay tuned!

*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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