

AUTISM SPECTRUM DISORDER WORKGROUP INTERVENTION MODELS AND PROCESSES SUBCOMMITTEE

Practice Classification System for Young Children with Autism Spectrum Disorder

Well Supported, Efficacious Practice

- Early Intensive Behavioral Intervention (EIBI)

Supported and Probably Efficacious Practice

- Pivotal Response Training
- Pyramid Approach which includes using Picture Exchange Communication System (PECS)
- Learning Experiences: An alternative Program for Preschoolers and Parents (LEAP)
- Positive Behavior Supports (PBS)

Supported and Acceptable Practice

- Hanen/More Than Words
- Treatment and Education of Autistic and related Communication handicapped Children (TEACCH)
- Denver Model

Acceptable Practice

- Developmental, Individual Difference, Relationship based (DIR) (Including Floor time and Play Project)/Responsive teaching (These models meet acceptable practice criteria when grouped)

Innovative or Novel Practice

- Gentle Teaching
- Music Therapy
- Sensory Integration
- Relationship Development Intervention (RDI)
- ECO Model
- Prompt

- Social Communication Emotional Regulation Transactional Support (SCERTS)

Concerning Practices

- Holding Therapy
- Facilitated Communication

Intervention Models with not enough research to classify:

- Hippotherapy
- Dolphin Therapy
- Pet Therapy
- Brain Gym
- Links to Language
- Joint Action Routines (JARS).

Medical treatments/interventions outside the scope of the subcommittee charge:

- Gluten free/casein free diet
- Secretin
- Hyperbaric Chamber
- Chelation
- Vitamin Therapy
- Anti-Yeast Therapy
- Feingold Diet
- Vitamin Therapy
- Vision Therapy

Family Support

The Intervention Models Subcommittee believes that, in addition to effective intervention, family support services are a critical component of the system of care for young children with ASD. Family support includes linkages to supports and services, support groups for parents, peer support for siblings and respite care services.

Speech and Occupational Therapy

The Intervention Models Subcommittee recognizes that Speech Therapy and Occupational Therapy are widely used methods for children with ASD. There is a great deal of anecdotal support for these methods, including the report of

person's with ASD. Given that there are distinct models of intervention within the practice of both Speech and Language Therapy and Occupational Therapy, it is difficult to make a general statement regarding the effectiveness of either of these methods. There is research-based evidence that supports the effectiveness of the following speech and language models; Hanen/More Than Words, Sign and Milieu.

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