

Direct Quotes from Institutions that Endorse ABA as a Treatment for Autism

The following quotation is taken from *Mental Health: A Report of the Surgeon General*, published in 1999. Retrieved on April 17, 2007 from:

<http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec6.html>

“Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior. A well-designed study of a psychosocial intervention was carried out by Lovaas and colleagues (Lovaas, 1987; McEachin et al., 1993). Nineteen children with autism were treated intensively with behavior therapy for 2 years and compared with two control groups. Followup of the experimental group in first grade, in late childhood, and in adolescence found that nearly half the experimental group but almost none of the children in the matched group were able to participate in regular schooling. Up to this point, a number of other research groups have provided at least a partial replication of the Lovaas model (see Rogers, 1998).”

The following quotation is taken from *Clinical Practice Guideline: Report of the Recommendations: Autism / Pervasive Developmental Disorders: Assessment and Intervention for Young Children (Age 0-3 years)*, published by the New York State Department of Health, Early Intervention Program in 1999. Retrieved on April 17th, 2007, from:

http://www.health.state.ny.us/community/infants_children/early_intervention/autism/app_c.htm#APPENDIX_C

“Several studies done by independent groups of researchers have evaluated the use of intensive behavioral intervention programs for young children with autism. The four studies that met criteria for evidence about efficacy all compared groups of young children with autism who received either an intensive behavioral intervention, a comparison intervention, or no intervention. In all four of the studies reviewed, groups that received the intensive behavioral intervention showed significant functional improvements compared to the control groups.

While none of the four studies used random assignment of subjects to groups, there did not appear to be any evidence of important bias in group assignment. Within each study, the groups receiving different interventions had equivalent subject characteristics. Furthermore, all studies showed similar and consistent results.

Since intensive behavioral programs appear to be effective in young children with autism, it is recommended that principles of applied behavior analysis and behavioral intervention strategies be included as an important element of any intervention program.

It is recommended that intensive behavioral programs include a minimum of 20 hours per week of direct instruction by the therapist.”

The following quotation is taken from the review article published in *Pediatrics*, which is posted on the American Academy of Pediatrics website, under the section that gives information on autism treatment. The reference for the article is: Myers, S. M., & Johnson, C. P. (2007). Management of children with autism spectrum disorders. *Pediatrics*, 120, 1162-1182.

“The effectiveness of ABA-based intervention in ASDs has been well documented through 5 decades of research by using single-subject methodology^{21,25,27,28} and in controlled studies of comprehensive early intensive behavioral intervention programs in university and community settings.^{29–40} Children who receive early intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups.^{31–40}” (p. 1164).

The following quotation is taken from the National Academy of Sciences report entitled *Education Children with Autism*, put out by the Commission on Behavior and Social Sciences and Education in 2001.

“The consensus across programs is generally strong concerning the need for: early entry into an intervention program; active engagement in intensive instructional programming for the equivalent of a full school day, including services that may be offered in different sites, for a minimum of 5 days a week with full-year programming; use of planned teaching opportunities, organized around relatively brief periods of time for the youngest children (e.g., 15- to 20-minute intervals); and sufficient amounts of adult attention in one-to-one or very small group instruction to meet individualized goals. Overall, effective programs are more similar than different in terms of levels of organization, staffing, ongoing monitoring, and the use of certain techniques, such as discrete trials, incidental learning, and structured teaching periods.” (p. 6)