

FOREWORD

In the past decade, we have witnessed increased public and media attention on autism and its spectrum disorders. Public attention also has brought to the fore the enormous impact the diagnosis of autism can have on parents and families. These parents embark on a path with many questions and a search for answers. Among the most critical of questions is, “what can be done to help my child now?” The urgency that families experience in seeking alternative courses of action is met with a vast array of programs, fixes, and seemingly definitive answers, many of which have no basis in fact and can even distract from very promising options. The urgent question of individual families is embraced by the science community as well – both seek to identify whether there are interventions, treatments, programs, or regimens that genuinely help. We need a resource that can tell us what we know based on the most recent and rigorous evidence and what seems very promising that is in the process of development. We finally have that resource and are indebted to the editors and contributors of this book in bringing it to fruition. The book covers a broad array of interventions – psychosocial, educational, biological, and alternative therapies – and sifts through a vast amount of research to draw informed conclusions.

Evaluation of treatments for autism spectrum disorders is challenging to say the least. Autism encompasses several domains of functioning that are appropriate tar-

gets for intervention. Communication and language, social skills, repetitive and self-stimulatory behaviors, limits in play and self-care, and hyperactivity, anxiety, and other areas of functioning may or may not be involved in the symptom presentation and in varying degrees and combinations. Evaluation of treatment outcome is complex because there is no single critical outcome that is a common metric for all approaches or for all children. Contrast this with interventions directed toward more circumscribed goals (e.g., reducing blood pressure or eliminating an infection) and the challenge becomes clear. Thus, evaluation of treatment requires a tempered view that eschews simple answers and verdicts about one or two treatments having “the” answer. Autism’s many facets preclude a single answer, at least at present.

Treatments for autism vary in their focus and comprehensiveness. A very successful program in relation to social behavior or communication may leave untouched other domains of functioning that also are in need of intervention. Even within a given domain (e.g., social behavior), the goals (e.g., interpreting social cues, listening to others, or interacting) may vary for different interventions and for youths of different ages (e.g., preschool, teens). We want to satisfy the query of which treatment is better, but more often than not the treatments have not been compared and, because of varied goals, are not directly comparable.

The task of presenting treatments that have evidence is not all that straightforward. The quality and quantity of evidence represent as much of a spectrum as does autism. Controlled research is difficult to conduct and sacrifices often need to be made along the way in deciding whom to include, what will be evaluated after treatment, whether and how long follow-up will be conducted, and more. Thus, one does not merely tally the studies in support of an intervention and convey the count. As accomplished in this book, it is critical to elaborate the nuances of the evidence and how they will be addressed to reach meaningful conclusions.

The success of this book stems from how these and other complexities are handled. It would have been understandable if the editors and contributors conveyed that the topic is too complex or that we do not know enough to reach any conclusions at this time. When it comes to clinically relevant topics and the lives of individuals, this would be academia gone awry. The important problems in science (and life) invariably are complex and action is required without knowing all that we would like or even need to know. The editors and contributors were keenly aware of this, acknowledge the complexities, and still give us meaningful and helpful conclusions. The book brings together a remarkable set

of chapters that embrace complexity, convey what we know that can be useful now, and identify what the next steps ought to be to ensure further progress.

There is a natural tension in science that encompasses hope and frustration. Hope stems from advances in our understanding and breakthrough findings (e.g., a new diagnostic method, very early identification of a clinical problem, a genetic or neurological underpinning). These advances are pregnant with implications that something useful is close at hand and will make a difference. Frustration stems from the fact that, as with any pregnancy, there is a gestation period and implications may not be delivered quickly enough to those in need of help right now. The book bridges the gap between hope and frustration by conveying that there are interventions that make a difference now. Progress in research is still needed but much has been made. As work continues, an equally daunting challenge is to ensure that our best interventions at present reach the public and those who provide services to them. The editors of this book have made remarkable contributions to understanding autism already and we are indebted to them for yet another such contribution on the key topic – what do we know that will help – based on our best science, presented by a stellar list of contributors.

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2010

Evidence-Based Practices and Treatments for Children
with Autism

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(Eds.)

2011, XVIII, 408 p. 4 illus., Hardcover

ISBN: 978-1-4419-6973-6