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Critical Features of Early Intervention: Merging Best Practices

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Educational services continually evolve as new theory and research emerge and are translated into policy and practice. This is certainly the case in early intervention for children with autism and related pervasive developmental disorders (PDD). The past decade has brought not only expanded educational services and options for young children, but more focus on answering a basic question: "What are the critical features of early intervention for children with autism, Asperger's Syndrome, and other pervasive developmental disorders?"

As a precursor to addressing this question, several important points should be highlighted:

- Early intervention research for children with autism spectrum disorders has focused on children between the ages of 3 and 5. However, as children are diagnosed at increasingly earlier ages, the focus will expand to include these children as well.
- Though there are a range of model demonstration programs for young children with autism spectrum disorders that have produced impressive educational results, it is not possible to "cross compare" these programs meaningfully due to differences in evaluation strategies and children served.
- According to Prizant and Rubin (1999), "No studies directly compare the effectiveness of two or more approaches by use of randomly assigned, matched control samples, which would be required to make direct comparisons."
- Model demonstration and research programs have many common elements that cut across program philosophies and have formed the basis for an emerging consensus of critical features in early intervention.
- There is generally more professional agreement regarding essential features of intervention for children with autism spectrum disorders than there is regarding the "best" specific program.

Critical features of early intervention for children with autism spectrum disorders include the following:

- Curriculum which focuses on a child's ability to attend to relevant aspects of his/her environment; develop verbal and motor imitation skills; develop language comprehension and functional communication; learn appropriate toy play skills; and develop social interaction with non-disabled peers (Dawson and Osterling, 1997).
- Family education and training, with an emphasis on enhancing parental skill in promoting the child's communication competence (Dunlap and Fox, 1996).
- A focus on generalization and maintenance of learned skills (Horner, Dunlap and Koegel, 1988). Much of the criticism directed toward applied behavior analysis centers on the potential for a lack of transfer of training from 1:1 instructional settings to more typical settings encountered in daily life. Approaches such as pivotal response training (Koegel and Koegel, 1995) and incidental teaching (McGee et. al, 1999) attempt to address this issue.
- Use of functional behavioral assessment procedures to identify situations associated with problem behavior as well as the child's behavioral intent in those situations as a precursor to modifying instructional situations and teaching alternative behaviors which can successfully replace the problem behavior (Carr et. al, 1994).
- Development of educational settings, which capitalize on the natural tendency of individuals with autism spectrum disorders to respond positively to visual structure, routines, schedules, and predictability (Mesibov and Schopler, 1994).
- Sufficient intensity and frequency. In a review of eight model demonstration programs conducted by Dawson and Osterling (1997), the number of hours of center-based programming ranged from 20-40 hours weekly. In addition, most of these programs involved either an in-home training component directed by professional staff, which complimented center-based programming or a family training component, which increased the ability of parents to serve as an additional source of on-going intervention.



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Effective education for young children with autism spectrum disorders is an achievable goal. However, it will require that sufficiently individualized and intensive instructional opportunities be delivered over time in a well-coordinated manner by both educators and family members.

The sources listed at the end of this article are an excellent starting point in developing a knowledge base about educational practices for children with autism spectrum disorders. Additional information can be accessed from the Indiana Resource Center for Autism.

Sources:

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