

A S e c D de

updated and revised to reflect current diagnostic criteria. Some of the most common instruments used in the assessment of ASD follow:

Instrument	Author(s)
The Childhood Autism Rating Scale: Second Edition (CARS-2)	Schopler & Van Bourgondien (2010)
The Baby and Infant Screen for Children with Autistic Traits (BISCUIT)	Matson et al. (2009)
The Autism Diagnostic Observation Schedule (2 nd ed.; ADOS-2)	Lord et al. (2012)
The Pervasive Developmental Disorders Screening Test (PDDST)	Seigel (1996)
The Early Screening of Autistic Traits Questionnaire (ESAT)	Dietz et al. (2006)
The systematic observation of Red Flags for Autism Spectrum Disorders in Young Children	Wetherby and Woods (2002)
Gilliam Autism Rating Scale (3 rd ed; GARS-3)	Gilliam (2014)
Autism Diagnostic Interview Revised	Rutter, LeCouteur and Lord (2003)

INTERVENTION STRATEGIES

Applied Behavior Analysis

Though it is often referred to a treatment intervention, applied behavior analysis (ABA) is generally considered an overarching framework that can guide practice. Many separately-recognized interventions incorporate principles of ABA, and some of the main elements of ABA have emerged as individual interventions in the literature, including: (a) antecedent-based interventions, (b) differential reinforcement, (c) extinction, (d) fading, and (e) prompting. For more information on ABA visit <http://autismpdc.fpg.unc.edu/content/briefs>

Researchers found that children who receive intensive treatment based on the principles of ABA tend to make more significant improvements in more skill areas than do children who participated in other types of interventions. For more information on the ABA treatment literature visit <http://www.ncbi.nlm.nih.gov/pubmed/19758537>. What follows are several specific interventions based on ABA principles.

Discrete Trial Training. Discrete trial training (DTT) emphasizes the structured application of antecedent-

Floortime (Developmental, Individual-Difference, Relationship-Based [DIR] model)

Floortime/DIR promotes social interaction through child-centered play. The focus is on shared attention, engagement and problem solving. Engagement and interaction help to keep the child focused and build social awareness. As the child matures, joint activities can focus on any special interests. Parents are an integral part of Floortime, and Hilton and Seal (2007) found that some families are more comfortable using Floortime than ABA-based interventions.

INTERVENTION STRATEGIES: TREATMENTS FOR YOUNG CHILDREN

A number of approaches (see <http://www.ncbi.nlm.nih.gov/pubmed/23076956>) combine ABA techniques with intensive, early intervention programs for children with ASD. These programs are typically designed to applied with children younger than 4 years of age, and consist of 20 to 40 hours of therapy per week over the course of 1 to 3 years.

The Early Start Denver Model (ESDM)

The Early Start Denver Model (ESDM) has been noted as an effective early intervention approach. It incorporates ABA principles and the use of interactions that encourage positive interpersonal communication and engagement in shared activities. This approach systematically teaches developmental skills and can be used by a variety of trained individuals, including parents, in various settings. Dawson et al. (2010) found improved outcomes for children diagnosed with ASD who were treated using this model (<http://pediatrics.aappublications.org/content/125/1/e17.full>). Other resources that can be used to learn more about ESDM include:

Rogers S. J., & Dawson, G. (2009).

map out tasks in a pictorial form that a child can easily see during a scheduled event. An example might be steps to follow when making a sandwich or brushing teeth. Each small step must be represented in the pictorial representations. Work system informs the child of expected participation in a specific activity. Task organization informs the child of specific perimeters within a task that will be expected. All of these structured learning steps help to ensure consistency and structure within a well-defined learning environment. Additional information and resources for TEACCH include:

- Autism Web <http://www.autismweb.com/teacch.htm>
- National Autism Network <http://nationalautismnetwork.com/about-autism/autism-treatments/teacch.html>
- The National Autistic Society <http://www.autism.org.uk/living-with-autism/strategies-and-approaches/teacch.aspx>

Additional Information and Resources for ASD

The following resources provide additional information about prevalence, intervention, support, research, and treatment:

- Autism Society www.autism-society.org
- Learn the Signs. Act Early www.cdc.gov/ActEarly
- CDC Autism Information Center www.cdc.gov/autism
- Autism Society www.autism-society.org
- Family Voices www.familyvoices.org/
- Organization for Autism Research www.ResearchAutism.org
- The Autism Science Foundation www.autismsciencefoundation.org
- U.S. Department of Health and Human Services www.hhs.gov/autism/

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