



Autism Early Intervention: Best practice

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International research increasingly supports the value of early intervention as a means of providing positive outcomes for children, families and community and it has also been demonstrated that early intervention can greatly improve a child's developmental outcome (Brereton et al., 2002; DHS, 2005; DHS, 2003; Handleman and Harris, 2000; National Research Council, 2001). There is no doubt that intervention practice has evolved in response to social change and service developments. Moore (2006) divides these changes into two types of "evolutionary trends in service delivery", the first being well-established trends and the second is those trends that are still emerging. Well-established trends include:

- the move from professionally-directed practice to family-centred practice that shifts the service delivery away from professionally controlled diagnosis and treatment to one where there is an active partnership between parents and professionals that gives parents the opportunity to identify needs and priorities
- the shift from a child-focused to a family-focused approach that considers the needs of the whole family rather than focusing early intervention on the child alone
- the shift away from an isolationist model of family functioning to a systemic ecological model that seeks to understand the way in which family functioning is dependent upon and influenced by the community and wide social environments
- the recognition that child-focused therapeutic and educational programmes are not all that is needed to create long-lasting changes in children, but rather, development should be seen as the result of a "dynamic reciprocal interaction between the child's intrapersonal characteristics on the one hand and family and community factors on the other" (Moore, 2006)
- moving from a multidisciplinary to interdisciplinary teamwork breaking down the service model of specialists working with the child independently of one another, to a service model that brings specialists together to provide the child and family with a coordinated effort
- moving from segregated centre-based services to inclusive community-based services where children with disabilities have the opportunity to mix with children in mainstream education and community settings
- shifting from a norm-referenced (developmental) approach to assessment to a functional approach where assessment and intervention are fused.

Family - Centred Practice has been described as an umbrella term for both a philosophy and a method of service delivery (Rosenbaum et. al., 1998). To date there is no agreed definition of family-centred practice. The consequence of this is that researchers have tended to develop their own models, including underlying principles and practices according to their interpretation of the term. Nevertheless, there is a general consensus among researchers and practitioners that has led to the identification of best practice principles for family-centred practice. The US Council for Exceptional Children, Division of Early Childhood (DEC) (Trivette and Dunst, 2001) has developed a statement of best practice principles. The development of practice principles is important but it is also essential to have behaviour-based practice indicators. These provide practical guidance to agencies about the way in which they can work towards becoming a service that is truly family-centred. McBride (1999) compiled a useful list of practice indicators for family centred partnerships in education. These include the use of positive communication skills, the promotion of family choices and decision-making, affirming and building on the positive aspects and strengths of the child and family, and honouring and respecting the diversity and uniqueness of the families.

Natural Environments is the term that is now used to describe the child and family's everyday routines, activities and places of daily life. Bruder (2001) described the term as "an expanded application of inclusion for infants, toddlers and their families." There is a consensus of opinion that *how* services are delivered is just as important as *what* is delivered and that it is natural settings that provide the best opportunity to promote learning (Dunst et al., 2001). For example, different learning opportunities occur in natural environments that may be either pre-planned with goals and purposes or simply the result of opportunities and experiences (Bruder, 2001). Young people learn and develop in the context of their family, therefore it makes sense that intervention techniques must be transferable across the settings that the child and family participate in. Making use of natural environments also takes advantage of the learning activities that occur by being at the right place at the right time (serendipitous learning).

Transdisciplinary approach. Historically, educational programmes offered children services in a multidisciplinary approach that involved specialists working independently of each other. This was replaced by the now well-established interdisciplinary practice where specialists coordinate their efforts to a much greater extent but still continue to be directly involved with the child and family. There is currently a newer transdisciplinary model emerging that requires several professionals working together to provide an integrated service to the child and family with one professional acting as the key worker. Moore (2006) stated that the "rationale for adopting this approach is two-fold. First there is good evidence that parents prefer and do better with a single case worker and second ...because of increases in parent numbers, services are no longer able to provide full interdisciplinary services to all eligible families".

This term "transdisciplinary" is often interpreted as professionals working together with common goals, integrated across settings, including natural environments and family centred practice.

The DEC document (Trivette and Dunst, 2001) describes six recommended practices in the transdisciplinary strand of recommendations. These are:

1. Families and professionals, including regular caregivers, work as team members in planning, delivering and evaluating early intervention and early childhood special education services
2. All team members participate in the early intervention plan/individual family service plan process

3. Team members are knowledgeable about funding and reimbursement policies and advocate for policies that support recommended practices
4. Team members support an optimum climate for all care giving adults to ensure trust, collaboration and open communication
5. Team members make time for and use collaborative skills when consulting and communicating with other team members, including families and regular teachers and caregivers
6. Team members support paraeducators so they are treated respectfully and used most effectively (p. 537).

This interpretation of transdisciplinary practice takes the model beyond the simplistic view of just crossing discipline boundaries. Importantly, team members are expected to work in harmony with one another and in partnerships with families.

The National Research Council (NRC, 2001), the New York Guidelines for Sound Comprehensive Programs (NYSDH, 1999) and more recently the Australian report “Early Intervention for Children with Autism Spectrum Disorders: Guidelines for Best Practice” (Roberts and Prior, 2006) have summarised the research on comprehensive model intervention programmes documenting evidence of effectiveness, published in peer reviewed journals.

Some common elements that are recommended for effective early intervention are pertinent to all those with autism spectrum disorders, beyond the early childhood years particularly:

- that all children with a diagnosis of autism should receive an autism specific curriculum focusing on communication, attention to task, joint attention (engagement) social, play, cognitive, self–help, behaviour and motor skills
- staff should have specific knowledge of autism and how it affects children, together with skills for meeting the special needs of children with autism
- individualized and systematically planned programmes that address specific, measurable objectives
- inclusion of family as collaborative partners in planning interventions
- highly supportive teaching environments that provide predictability and routine to help with emotional and behavioural problems such as obsessions, rituals and resistance to change
- support for children in transition
- support for family members, access to parent education programmes, access to parent-to-parent support groups and planned respite care

Effective intervention for children, adolescents and young adults with autism and their families does not only focus on the needs of the person with an ASD. Successful programmes work with parents as collaborative partners to assess family and child needs and also seek to empower and support family members by offering ASD specific parent education programmes, access to parent to parent support groups and planned respite care. Successful programmes also employ skilled staff and offer further training programmes to ensure that they have a high level of expertise and knowledge of autism spectrum disorders.

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