



Doug Moes, Ph.D., BCBA-D

**BECOMING AN EFFECTIVE INTERVENTIONIST:
*CONSIDERATIONS FOR FAMILIES, EDUCATORS, AND
SERVICE PROVIDERS***

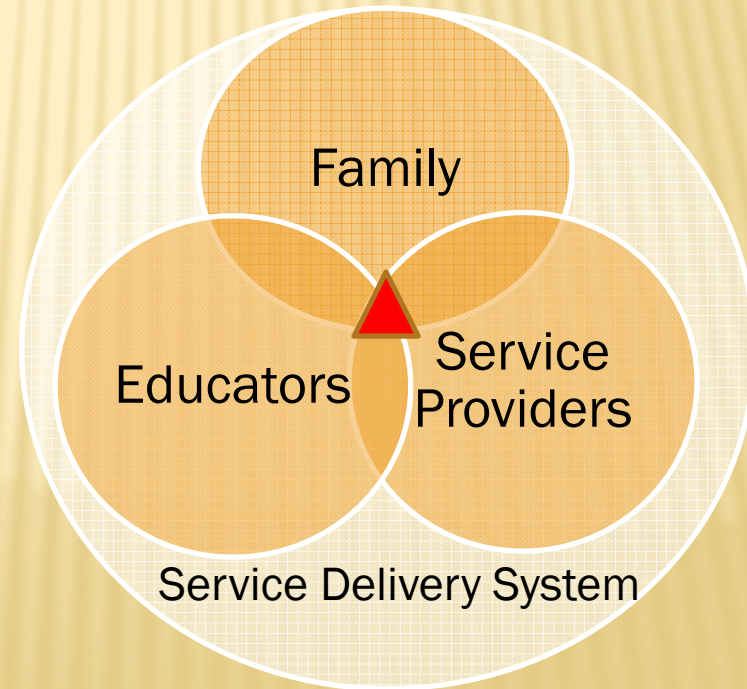
THE BRICKS & MORTAR OF INTERVENTION

- × “Wh” questions can inform our efforts:
 - × *What* interventions do we use?
 - × *Who* will deliver intervention?
 - × *Where* do we intervene?
 - × *When* do we intervene?



WHAT DO WE HAVE IN COMMON? ▲

- We are all stakeholders in the service delivery system
- We are each called upon to serve as interventionist to individuals with autism (“ready or not”)
- Understanding our unique differences as stakeholders will serve us well



INTERVENTION: PUTTING IT INTO PRACTICE

1. Intervention takes place in the context of a relationship between an interventionist and the individual with autism
 - + *Positive Working Relationship* – establishing it is an important area of common ground
 - + *Readiness to take on the role* – we need to consider meaningful differences that exist amongst each of us taking on this role

COMMON DENOMINATORS

- ✘ We need to use appropriate intervention strategies to teach new skills and resolve challenging behaviors that can address the individual's specific areas of need:
 - + *Evidence Based Practices*
 - + *Applied Behavior Analysis (ABA)*
- ✘ Ensuring that an effective working relationship exists between the interventionist and the individual with Autism:
 - + *Establishing an effective working relationship (therapeutic alliance) is a critical prerequisite to achieve before formal intervention efforts begin.*
 - + *Maintaining an effective working relationship (TA) should be an important outcome to sustain throughout intervention as well.*

THERAPEUTIC ALLIANCE

- ✘ The term Therapeutic Alliance was coined by Lester Luborsky to describe a high state of rapport between therapist and 'client' where they work together in a warm relationship (Horvath, Luborsky, 1993).
- ✘ According to Luborsky the quality of the relationship will influence the client towards achieving positive changes.
- ✘ It is characterized in part by the therapist considering the client's preferences, establishing common goals for intervention, and the display of specific qualities toward the client. This includes warmth and friendliness, genuineness and respect, as well as affirmation and empathy.

THERAPEUTIC ALLIANCE (TA)

- ✘ The quality of the therapeutic alliance is found to be one of the best predictors of treatment and outcome across a range of patient diagnoses and treatment settings (Horvath & Bedi, 2002; Horvath & Symonds, 1991; Martin, Garske & Davis, 2000; Meissner, 1996).
- ✘ While the term therapeutic alliance has historically characterized the working relationship between a therapist and client in the context of psychotherapy, generalization to intervention with individuals with autism can be useful.

TA IN AUTISM INTERVENTION

- ✘ Begin Intervention with a *Rapport Building Phase* aimed at establishing a therapeutic alliance between the interventionist and the individual with Autism.

- ✘ Developing a therapeutic alliance and establishing yourself as an effective interventionist can be characterized by 3 key features in your working relationship:
 1. *The individual you work with actively seeks you out and stays engaged during your interactions*

 2. *The individual understands what you expect them to do in your teaching efforts*

 3. *The individual readily responds to the instructions you present them*

TA IN AUTISM INTERVENTION

- ✘ **The Role of Reinforcement in Establishing Yourself as an Effective Interventionist**
 - + The primary objective of behavioral intervention is to create meaningful behavioral change in the lives of the individuals we support.
 - + In order to influence behavior you must identify potent sources of reinforcement.

ON REINFORCEMENT

What Type of Reinforcers should be considered?

- ✘ First you must discover which types of reinforcers are desired by the individual you are working with. These may be:
 - ✘ *Preferred Foods or drinks*
 - ✘ *Desirable forms of Social Praise*
 - ✘ *Tangible Items (toys, objects)*
 - ✘ *Activities (games, events)*
 - ✘ *Sensory (pressure, visual, movement)*

IMPORTANT REMINDERS WHEN USING REINFORCEMENT!

- ✘ *Reinforce Immediately*—Initially be sure to provide reinforcement as soon as possible following the desired behavior
- ✘ *Differential Reinforcement*—Use more powerful reinforcers for more difficult, more independent, and better responses to help the learner understand that responses that more closely approximate or meet your expectations are met with greater reward
- ✘ *Deprivation & Satiation*—Withhold access to reinforcers to increase their value, and vary the reinforcer and use small amounts to avoid satiation (avoid the individual having “free access”)

IMPORTANT REMINDERS WHEN USING REINFORCEMENT!

- ✘ *Teach Waiting*—Once new skills are emerging, systematically teach the individual to tolerate delays in accessing reinforcement
- ✘ *Teach Discrimination of Contextual Factors*—Specify clearly the context, or stimulus conditions, under which a given response will be reinforced
- ✘ *Ensure Appropriate Reinforcer Quality*—Consider factors that influence the reinforcing value of a given reinforcer such as appropriateness, variety, novelty, and concurrent contingencies

IMPORTANT REMINDERS WHEN USING REINFORCEMENT!

- × *Provide Choices*—Provide the learner an opportunity to choose between options of reinforcers available to identify the most potent source of reinforcement in that moment
- × *Use Natural and Direct reinforcers when possible*—When possible use reinforcers that relate directly to the nature of your interaction with the individual
- × *Balance “response effort” with the “payoff” for the individual*—Ensure that the effort required to produce the response is met with a sufficient amount of reinforcement

THE INDIVIDUAL WITH AUTISM ACTIVELY SEEKS YOU OUT AND STAYS ENGAGED DURING YOUR INTERACTIONS

- ✘ One of the ways we can achieve this is to establish ourselves as a reinforcer for them (e.g., conditioned reinforcer).
- ✘ Applying the underlying principles of classical or respondent conditioning can help to achieve this objective.

THE INDIVIDUAL WITH AUTISM ACTIVELY SEEKS YOU OUT AND STAYS ENGAGED DURING YOUR INTERACTIONS

✘ In practice this process can also be referred to as '*Pairing*' and is characterized by presenting yourself (e.g., actions, words) while delivering reinforcers to the individual.

+ Mark Sundberg, Jim Partington, *et al* (1998, 2001)

THINGS TO DO WHEN PAIRING:

- ✘ Control the individual's access to reinforcers (No Free Reinforcers)
- ✘ Use items the individual wants in that moment (follow their lead, provide choices)
- ✘ Frequently evaluate how reinforcing you are to the individual (does the individual readily approach you, stay engaged with you, and does not want to disengage with you?)
- ✘ Pair as often as you can to establish and maintain yourself as a reinforcer for the individual

THINGS TO AVOID WHEN PAIRING:

- ✘ Place demands or make the reinforcer a task demand
- ✘ Reinforce inappropriate behavior(s)
- ✘ Be associated with only negative events (e.g., issuing difficult demands, removing preferred items/activities)

BEGINNING PAIRING:

- ✘ Identify potential reinforcers to use when engaging with the individual(s) you intervene with.
- ✘ Chose reinforcers which are easily controlled by you, can be given frequently in small doses, and which are qualitatively better with you than without you.
- ✘ Identify when you would have an opportunity to do pairing (e.g., during the first few weeks of intervention, during free time, in breaks between class periods or family routines, during the student's arrival/departure from school or the beginning and end of session in the home or community, or when accessing reinforcement during break times).
- ✘ Pairing should be at the onset and throughout the intervention process.

ENSURE THE INDIVIDUAL UNDERSTANDS WHAT YOU EXPECT

Gaining Attention

- ✘ Attention gaining strategies can include calling the individual's name, holding up a highly desired item or activity in front of the individual's face, touching the individual on the shoulder or arm, etc.
- ✘ The specific strategies used should be individualized for a particular individual and result in the desired response (e.g., individual looks at and positions their body so as to face the interventionist, sits calmly, keeps hands, arms, and legs still).
- ✘ Consider being able to attend a “readiness for learning skills” that may need to be one of the initial goals targeted for intervention.

ENSURE THE INDIVIDUAL UNDERSTANDS WHAT YOU EXPECT

Providing Clear Instructions

- ✘ Gain the individual's attention BEFORE delivering instruction
- ✘ Provide the instruction (i.e. ask the question) making sure the question/directive is short and simple, using language the individual can readily understand
- ✘ Be aware that having to gain the individual's attention is a prompt that you will eventually want to be able to fade to help the individual learn to be able to receive instruction without needing this type of assistance

ENSURE THE INDIVIDUAL UNDERSTANDS WHAT YOU EXPECT

Providing Clear Instructions

- ✘ Instructions should be short and simple so you increase the likelihood that your learner will understand exactly what you are expecting them to do (three “C’s”; **clear, concise, and consistent**)
- ✘ Delivering instructions that are both auditory (e.g., verbal request or direction) and visual (e.g., pointing, other gestures) can increase the likelihood that an individual with Autism will understand the instruction.
- ✘ Once the instruction is delivered allow the learner a reasonable amount of time to process the information you have provided. 1-3 seconds is usually sufficient, but may need to be lengthened if you are working with a learner who processes more slowly.

ENSURE THE INDIVIDUAL UNDERSTANDS WHAT YOU EXPECT

Using Prompting Strategies

- ✘ Another strategy to ensure the individual can understand what you expect of them (how they should respond to your instruction) during your teaching efforts is to use prompting strategies.
- ✘ Prompts are anything that will help the individual you work with respond correctly to an instruction. They are given in addition to whatever instruction you may give when you would like to elicit a specific response.
- ✘ There are a variety of prompting strategies. They should be chosen wisely and faded as quickly as possible in order to reduce prompt dependency.

INCREASING THE INDIVIDUAL'S SUCCESS IN RESPONDING TO YOUR INSTRUCTION

Targeting Maintenance Tasks

- ✘ 'Build a Learning History of Success' by developing a history of reinforcing their compliance to your instructions, starting with easier tasks or requests that the individual can already do (e.g., maintenance tasks).
- ✘ Through repetition the individual will learn that responding to your instructions consistently leads to desirable outcomes (e.g., reinforcement) and increase their future likelihood of responding to your instruction.

INCREASING THE INDIVIDUAL'S SUCCESS IN RESPONDING TO YOUR INSTRUCTION

Errorless Learning

- ✘ When an instruction is presented with the addition of whatever level of prompting is needed to ensure that the individual is successful in demonstrating the correct response ('do not allow the individual to make an error').
- ✘ Increasing the individual's success ensures they will come in contact with reinforcement and strengthen their future use of the skills you are attempting to teach them.

INCREASING THE INDIVIDUAL'S SUCCESS IN RESPONDING TO YOUR INSTRUCTION

Errorless Learning

✘ *When to use it:*

- + When teaching new skills or targeting subject areas that are more difficult for the individual.
- + When working with individual's who cannot tolerate failure, or who become easily frustrated.

FAMILIES: WHAT MAKES THEM DIFFERENT



FAMILIES: WHAT YOU NEED TO KNOW

- ✘ Families represent the most important resource in the lives of their children with autism.

- ✘ Each Family's ability to serve as a resource requires they:
 1. Obtain the knowledge needed to make informed decisions about their child's care
 2. Obtain and maintain needed services and supports
 3. Actively participate in the intervention process to promote their child's development and independence
 4. Cope with the stressors associated with raising a child with autism

FAMILIES: WHAT YOU NEED TO KNOW

- ✘ Unfortunately, the impact of raising a child with autism can undermine a family's capacity for advocacy, intervention, coping, and obtaining knowledge.
- ✘ Families raising a child with autism are at greater risk for experiencing parenting stress, marital discord, social isolation, symptoms of depression and anxiety, parent-child relationship conflicts, and unresolved issues of grief and loss.

FAMILIES: WHAT YOU NEED TO KNOW

- ✘ To date autism research and services have focused primarily on the needs of the child with autism and have neglected to adequately address these barriers and broader family needs.
- ✘ In order to ensure that families can serve as an effective resource in the lives of their children with autism, the autism services community must focus on building **family capacity**.

EXPANDING THE FOCUS OF PARENT EDUCATION

BUILDING FAMILY CAPACITY

Resilience

Intervention

Knowledge

Advocacy

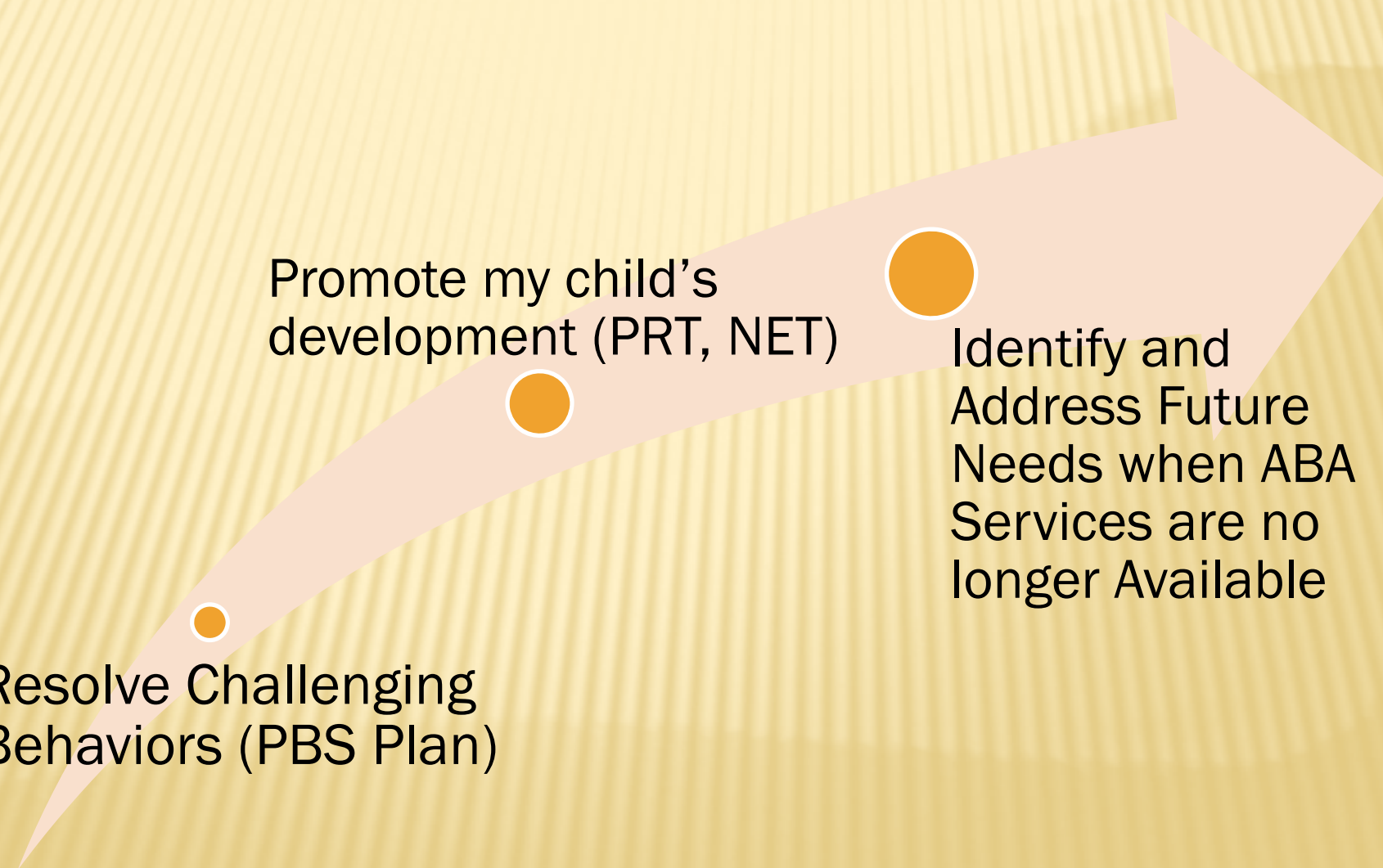
Coping

FAMILY

FAMILY CAPACITY: SKILLS THAT PROMOTE RESILLENCE AND WELL-BEING

- × **INTERVENTION** – the ability to implement relevant strategies to resolve challenging behaviors, build new skills, and improve family interactions.
- × **KNOWLEDGE** – having the information or ability to gather information necessary to make informed decisions.
- × **ADVOCACY** – the ability to obtain and maintain resources necessary to respond to changing child and family needs across time.
- × **COPING** – the ability to manage the stressors associated with raising a child with autism.

INTERVENTION: HOW DO I SUPPORT MY CHILD ACROSS TIME?



Resolve Challenging Behaviors (PBS Plan)

Promote my child's development (PRT, NET)

Identify and Address Future Needs when ABA Services are no longer Available

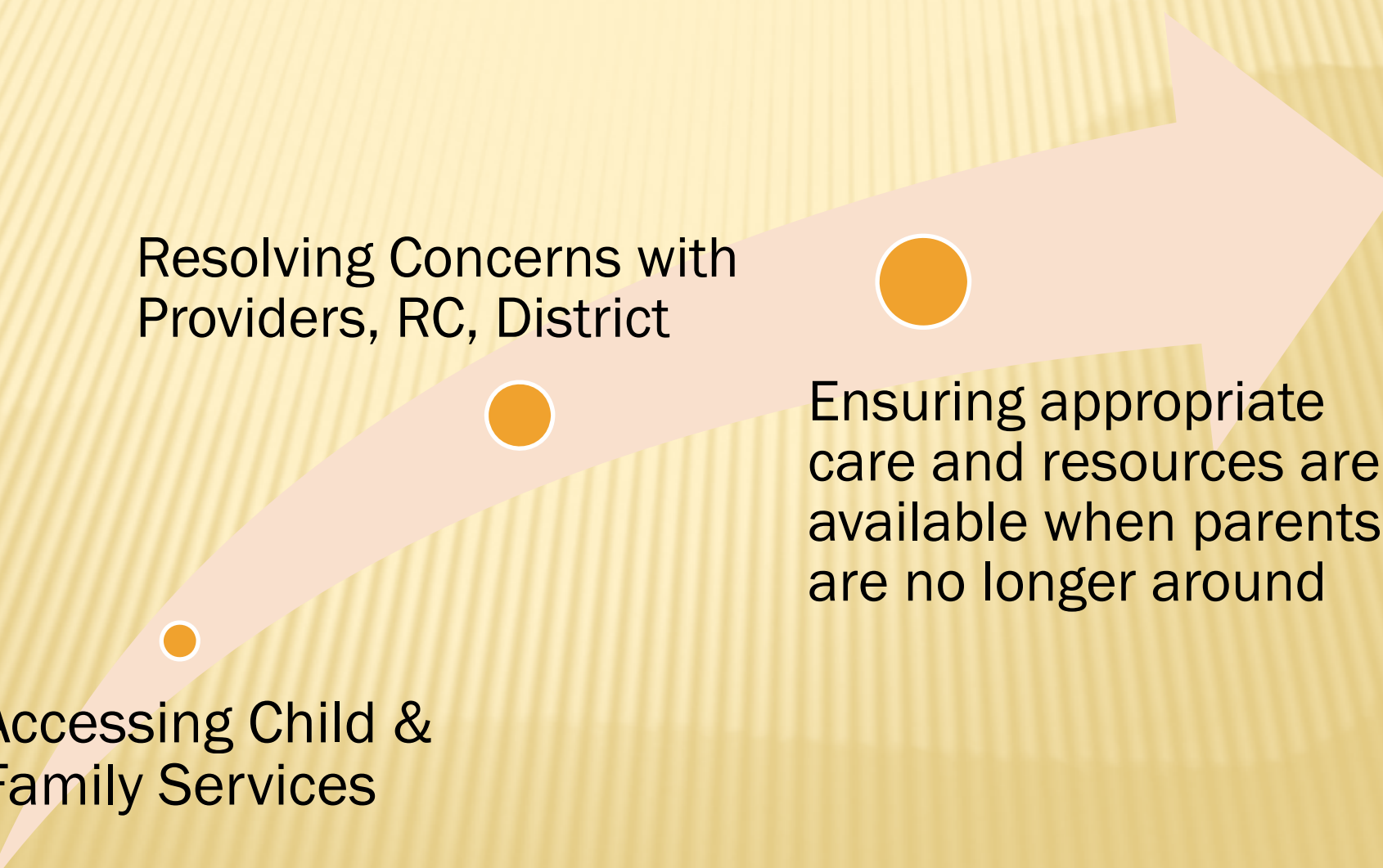
KNOWLEDGE: WHAT DO I NEED TO KNOW NOW AND IN THE FUTURE?

Transition IEP: What are my rights and what educational services should I pursue?

Accessing Services: What are Evidence Based Practices?

Newly Diagnosed: What is autism?

ADVOCACY: HOW DO I GET WHAT MY CHILD AND FAMILY NEED?

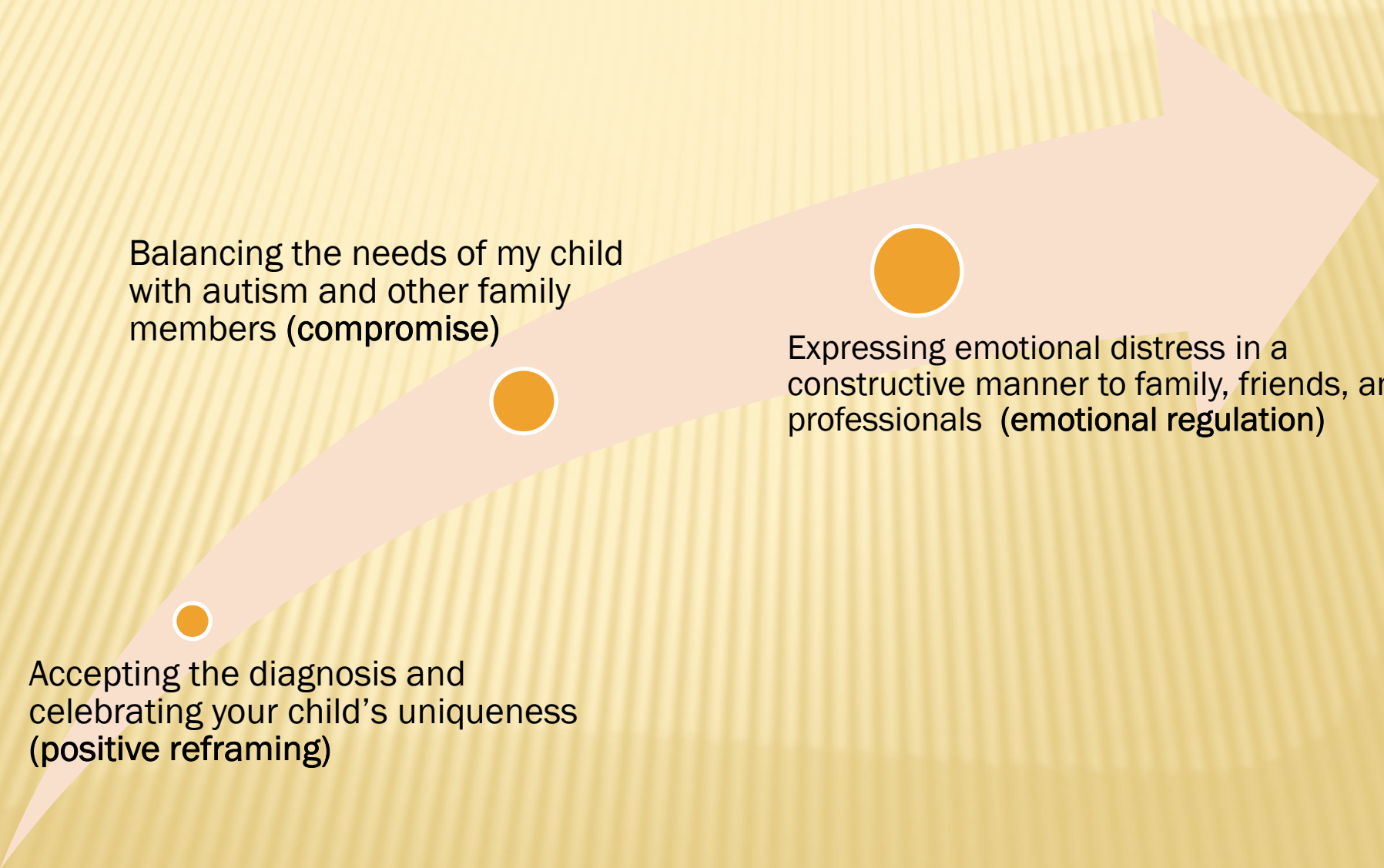


Resolving Concerns with
Providers, RC, District

Ensuring appropriate
care and resources are
available when parents
are no longer around

Accessing Child &
Family Services

COPING: HOW DO I EFFECTIVELY COPE WITH STRESSORS?



Balancing the needs of my child with autism and other family members (**compromise**)

Expressing emotional distress in a constructive manner to family, friends, and professionals (**emotional regulation**)

Accepting the diagnosis and celebrating your child's uniqueness (**positive reframing**)

EXPAND THE SCOPE OF PARENT EDUCATION

- ✘ Identify variables that undermine family well-being
- ✘ Establish corresponding goals that will promote family well-being
- ✘ Select the appropriate intervention strategies to target these goals in order to achieve desired outcomes and promote family well-being

IN PRACTICE:

Barriers
(-)

Facilitators
(+)

Child with significant care giving needs

Social isolation & depression

Marital discord

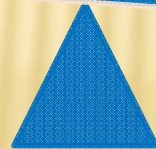
Increase Child Independence

Improve parent-child interactions

Increase Social Supports

Increase relationship satisfaction

Help Families Get "Unstuck"



INTERVENTION: PUTTING IT INTO PRACTICE!

2. Make Sure Interventions are compatible with the settings in which they are to be implemented
 - + Home & School Settings
 - + “Goodness of Fit” and “Sustainability”

COMPATIBILITY OF INTERVENTIONS AND THE CONTEXTS IN WHICH THEY ARE TO BE APPLIED

- ✓ All families/educators spend considerable time and effort in creating sustainable daily routines.
- ✓ Families/Educators organize and carry out their daily routines with a purpose, that is to balance their beliefs, values, goals; resources and constraints; as well as abilities and needs.
- ✓ Interventions may represent a separate routine that is incompatible or may compete with ongoing family/educational routines/practices.

CONTEXTUALIZE INTERVENTIONS

- ✓ Collaborate with Families/Educators to discuss how to increase compatibility between family/school routines and intervention strategies (EBPs)

- ✓ Modifications should be made so interventions are:
 1. Consistent with family/educator goals
 2. Address family/educator concerns
 3. Utilize available supports and resources
 4. Build upon the abilities & needs of family/educators
 5. Make compatible with competing activities
 6. Reflect desired patterns of interaction

CONTEXTUALIZE INTERVENTIONS

- ✘ When interventions are contextualized:
 - + Positive appraisals and acceptance of interventions increase among those responsible for implementing them.
 - + There is an increased likelihood that interventions will be implemented by families/educators when service providers are no longer present (*sustainability*).
 - + When implemented EBPs can produce their intended benefits.

INTERVENTION: PUTTING IT INTO PRACTICE!

3. Ensure interventions are implemented as designed so they can indeed produce their intended benefit
 - + Systems of accountability (expertise, training, and supervision)
 - + Fidelity of implementation – Treatment Integrity

ON IMPLEMENTATION

- ✘ Dissemination of EBPs to inform Intervention Efforts:
 - + NSP Report
 - + Self-Directed Study in the literature
 - + Conferences
 - + Internet/Websites
 - + Online Learning
 - + Training and Certificate Programs (BCBA, BCABA, Autism Certificate)

ON IMPLEMENTATION

✘ The Role of Experts

- + Identify the Experts around you (within and outside your immediate circle)
- + Make sure they are Expert (knowing EBPs well enough to teach to others)

ON IMPLEMENTATION

- ✘ Transmitting EBPs from the Expert to those serving as interventionist:
 - + Competency Based Training (Train to Criteria)
 - + Multi-modal (Online Learning, Experiential, Video Modeling and Feedback, In-Vivo Coaching)
 - + Apprentice Models for Supervision

ON IMPLEMENTATION

- ✘ Ensuring EBPs are being implemented across time:
 - + *Fidelity of Implementation* - Verify intervention strategies are being implemented as intended (data collection on the behavior of the interventionist)
 - + *Supervision* - Continue monitoring and feedback to achieve fidelity and prevent drift across time

THE ROLE OF SERVICE PROVIDERS

- ✘ Service Providers with expertise can serve as conduits for dissemination of EBP and building capacity in Families and Educators to implement them.

+ CASE STUDY

THE NEED

- ✘ District requested we assist them in responding to the social needs of students with autism.
- ✘ Planning meetings took place to define our goals and objectives:
 - + Improve the ability of students with ASD at a particular public elementary school to successfully engage socially with their peers.

THE PLAN

- ✘ Who will intervene? Para-educators and typical peers (peer buddies).
- ✘ Where will intervention take place?
 - + After school program in which teachable moments could be controlled.
 - + During lunch and recess periods where we ultimately wanted to see change take place and which outcomes would be evaluated.

THE PLAN

- ✘ **What to Teach?** Identify a specific skill for each student related to *starting*, *sustaining*, and *stopping* social interactions.
- ✘ **What Interventions?**
 - + *Pivotal Response Treatment*- Evidence on its efficacy in targeting social, communication, and play skills in natural environments.
 - + *Peer Mediated Approach* – Paras set up contingencies, delivery of prompts and reinforcement through peer buddies.

THE PLAN

- ✘ What will Training look like?
 - + Paras – Online coursework on PRT methodologies, didactic and Q&A session, In-Vivo Coaching during after school program and lunch and recess periods.

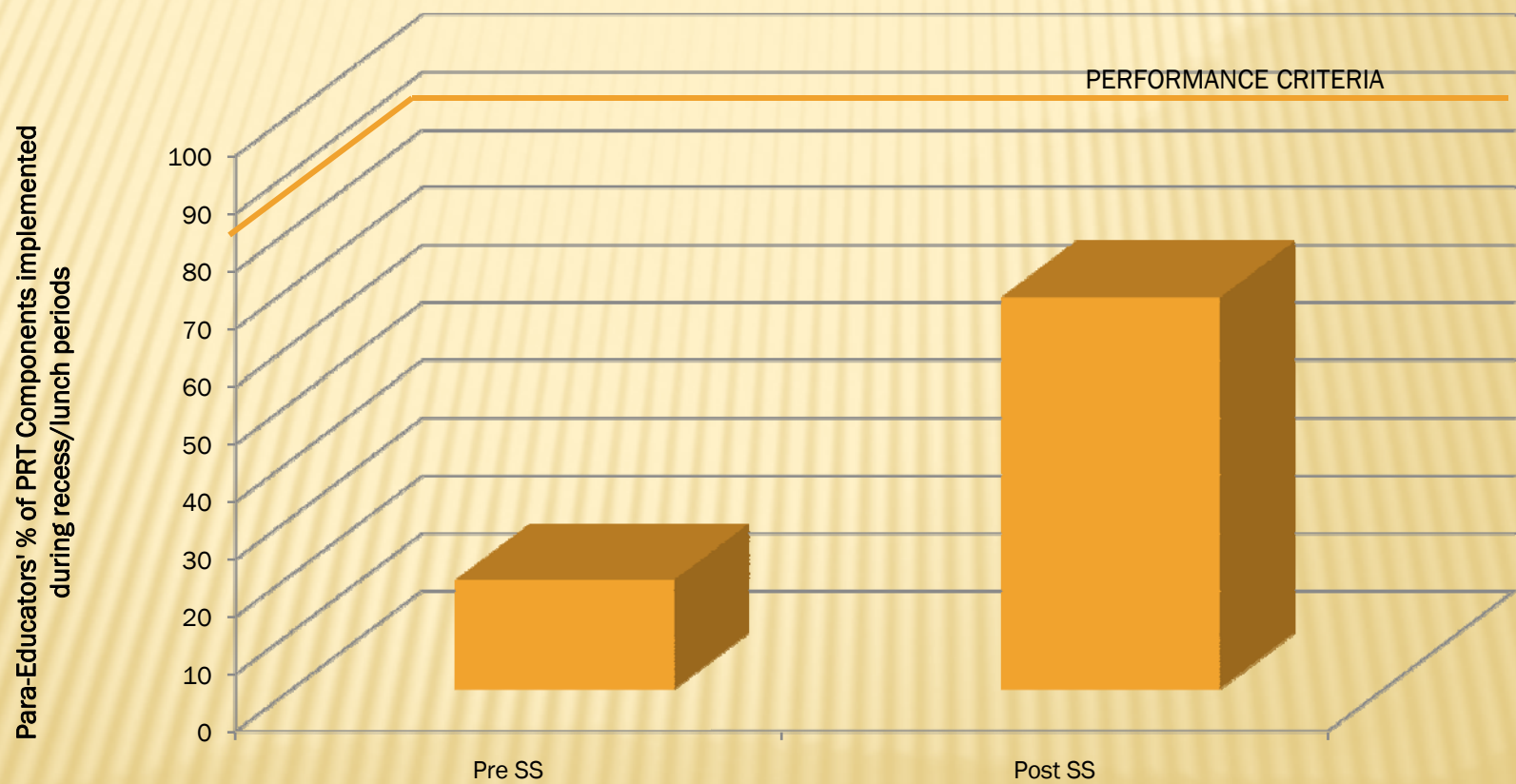
 - + *Peer Buddies* – priming on expectations for engaging with students with autism (e.g., stand close, make eye contact, offer choices, verbal and model prompts of desired social skills, withhold access until desired behaviors are observed, praise, persist).

THE PLAN

- ✘ What data will we collect?
 - + *Para Outcomes* - Fidelity of Implementation Data on Paras during after school program and lunch and recess periods; Social Validity – paras' ratings on the training and intervention program.
 - + *Student with ASD Outcomes* – Level of independence in using their starting, sustaining, and stopping skills
 - + *Regular and Special Education Students* – Social Validity (ratings on quality of their experience with program)

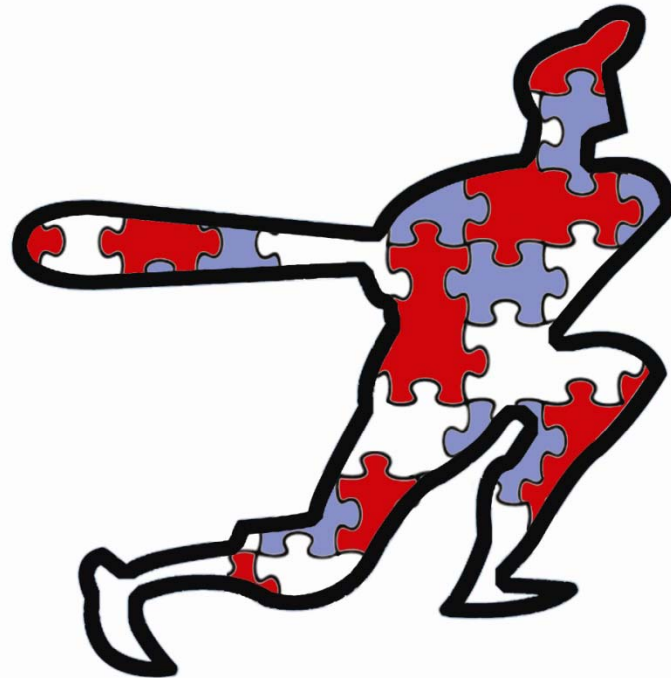
CAPACITY THROUGH PARTNERSHIPS: CASE STUDY

Para-Educators Social Facilitation Training Outcomes



**LET NEW PARTNERSHIPS AND INNOVATION
COME FROM ADVERSITY!**

Who's up to



BAT?
Battle Autism Together 

CONTACT INFORMATION

Doug Moes, Ph.D., BCBA-D

dmoes@starautism.com

dmoes@causecenter.org

(805) 915-9912

(805) 644-7827

RESOURCES

- ✗ starautism.com
 - + Click the e-learning link
 - + Seek out the online course: *Establishing Yourself as an Effective Interventionist*

REFERENCES

- Abidin, R. R. (1992). The determination of parenting behavior. *Journal of Clinical Child Psychology, 21*, 407-412.
- Abidin, R. R., Jenkins, C. L., & McGaughey, M. C. (1992). The relationship of early family variables to children's subsequent behavioral adjustment. *Journal of Clinical Child Psychology, 21*, 60-69.
- Abidin, R. R., & Wilfong, E. (1989). Parenting stress and its relationship to child health care. *Children's Health Care, 18*, 114-117.
- Clarke, S., Dunlap, G., & Vaughn, B. (1999). Family-Centered, Assessment-Based Intervention to Improve Behavior During an Early Morning Routine. *Journal of Positive Behavior Interventions, 1*(4), 235-241.
- Lucyshyn, J. M., Olson, D., & Horner, R. H. (1995). Building an Ecology of Support: A Case Study of One Young Woman With Severe Problem Behaviors Living in the Community. *JASH, 20*(1), 16-20.
- Moes, D. R., & Frea, W. D. (2000). Using Family Context to Inform Intervention Planning for the Treatment of a Child with Autism. *Journal of Positive Behavior Interventions, 2*(1), 40-46.
- Moes, D. R., & Frea, W. D. (2002). Contextualized Behavioral Support in Early Intervention for Children with Autism and Their Families. *Journal of Autism and Developmental Disorders, 32*(6), 521-534.

REFERENCES

- Santarelli, G., Koegel, R. L., Casas, J. M., & Koegel, L. K. (2001). Culturally Diverse Families Participating in Behavior Therapy Parent Education Programs for Children with Developmental Disabilities. *Journal of Positive Behavior Interventions*, 3(2), 120-123.
- Vaughn, B. J., Dunlap, G., Fox, L., Clarke, S., & Bucy, M. (1997). Parent-Professional Partnership in Behavioral Support: A Case Study of Community-Based Intervention. *JASH*, 22(4), 186-197.
- Fox, L., Vaughn, B. J., Dunlap, G., & Bucy, M. (1997). Parent-Professional Partnership in Behavioral Support: A Qualitative Analysis of One Family's Experience. *JASH*, 22(4), 198-207.
- Bristol, M. M., Gallagher, J. J., & Schopler, E. (1988). Mothers and Fathers of Young Developmentally Disabled and Nondisabled Boys: Adaptation and Spousal Support. *Developmental Psychology*, 24(3), 441-451.
- Carver, C. S., (1997). You Want to Measure Coping But Your Protocol's Too Long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4(1), 92-100.

REFERENCES

- McCubbin, H. I., McCubbin, M. A., Patterson, J. M., Cauble, A. E., Wilson, L. R., & Warwick, W. (1983). CHIP – Coping Health Inventory for Parents: An Assessment of Parental Coping Patterns in the Care of the Chronically Ill Child. *Journal of Marriage and the Family*, 359-370.
- Pottie, C. G., & Ingram, K. M. (2008). Daily Stress, Coping, and Well-Being in Parents of Children With Autism: A Multilevel Modeling Approach. *Journal of Family Psychology*, 22(6), 855-864.
- Higgins, D. J., Bailey, S. R., & Pearce, J. C. (2005). Factors associated with functioning style and coping strategies of families with a child with autism spectrum disorder. *Autism*, 9(2), 125-137.
- Hastings, R. P., Kovshoff, H., Brown, T., Ward, N. J., Espinosa, F. D., & Remington, B. (2005). Coping strategies in mothers and fathers of preschool and school-age children with autism. *Autism* 9(4), 377-391.
- Tonge, B., Brereton, A., Kiomall, M., MacKinnon, A., King, N., & Rinehart, N. (2006). Effects on Parental Mental Health of an Education and Skills Training Program for Parents of Young Children with Autism: A Randomized Controlled Trial. *Journal of the American Academy of Child Adolescent Psychiatry*, 45(5), 561-569.
- Kuhn, J. C., & Carter, A. S. (2006). Maternal Self-Efficacy and Associated Parenting Cognitions Among Mothers of Children With Autism. *American Journal of Orthopsychiatry*, 76(4), 564-575.

REFERENCES

- Vostanis, P., Anderson, L., & Window, S. (2006). Evaluation of a Family Support Service: Short-term Outcome. *Clinical Child Psychology and Psychiatry, 11*(4), 513-528.
- Rao, P. A., & Beidel, D. C. (2009). The Impact of Children With High-Functioning Autism on Parental Stress, Sibling Adjustment, and Family Functioning. *Behavior Modification, 33*(4), 437-451.
- Wachtel, K., & Carter, A. S. (2008). Reaction to diagnosis and parenting styles among mothers of young children with ASDs. *Autism, 12*(5), 575-594.
- Bromley, J., Hare, D. J., Davison, K., & Emerson, E. (2004). Mothers supporting children with autism spectrum disorders. *Autism, 8*(4), 409-423.
- Honey, E., Hastings, R. P., & McConachie, H. (2005). Use of the Questionnaire on Resources and Stress (QRS-F) with parents of young children with autism. *Autism, 9*(3), 246-255.
- Mandell, D. S., & Salzer, M. S. (2007). Who joins support groups among parents of children with autism? *Autism, 11*(2), 111-122.

REFERENCES

- Sivberg, B. (2002). Family system and coping behaviors. *Autism, 6(4)*, 397-409.
- Hare, D. J., Pratt, C., Burton, M., Bromley, J., & Emerson, E. (2004). The health and social care needs of family carers supporting adults with autistic spectrum disorders. *Autism, 8(4)*, 425-444.
- Osborne, L. A., & Reed, P. (2008). Parents' perceptions of communication with professionals during the diagnosis of autism. *Autism, 12(3)*, 309-324.
- Reid, D. H., & Parsons, M. B. (2002). Working with Staff to Overcome Challenging Behavior Among People Who Have Severe Disabilities: A Guide for Getting Support Plans Carried Out.
- Reid, D. H. (1998) . Organizational Behavior Management and Developmental Disabilities Services: Accomplishments and Future Directions.
- LaVigna, G. W., Willis, T. J., Shaul, J. F., Abedi, M., & Sweitzer, M. (2003). The Periodic Service Review: A total quality assurance system for human services and education. Paul Brooks Publishing Co.
- Brereton, A., V. & Tonge, B. J. (2005). Pre-Schoolers with Autism: an Education and Skills Training Programme for Parents. Jessica Kingsley Publishers.