APPENDIX A. Exact Search Strings and Results

Table 1. PubMed search strategies (searches last updated January 8, 2010)

	Search terms	Search results
#1	Autistic[tiab] OR autism[tiab] OR autistic disorder[mh] OR asperger syndrome[mh] OR child development disorders, pervasive[mh:noexp] OR asperger[tiab] OR asperger's[tiab] OR aspergers[tiab] OR pervasive development[tiab] OR pervasive developmental[tiab] OR pdd[tiab]	17,231
#2	therapy[sh] OR therapeutics[mh] OR teaching[mh] OR psychotherapy[mh] OR treatment outcome[mh]	5,622,186
#3	#1 AND #2 AND eng[la] AND humans[mh]	4,572
#4	#3 AND newspaper article[pt]	1
#5	#3 AND letter[pt]	257
#6	#3 AND comment[pt]	157
#7	#3 AND case reports[pt]	794
#8	#3 AND review[pt]	820
#9	#3 AND practice guideline[pt]	6
#10	#3 AND news[pt]	48
#11	#3 AND editorial[pt]	67
#12	#3 AND historical article[pt]	27
#13	#3 AND meta-analysis[pt]	25
#14	#3 AND legal cases[pt]	6
#15	#3 NOT (#4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14)	2,651*

Key: [mh] Medical Subject Heading; [mh] Medical Subject Heading, not exploded; [tiab] title/abstract word; [pt] publication type; [sh] subheading

*Note: numbers do not tally as some articles are excluded in more than one category; 12 articles were case reports, comments, and letters; 69 were case reports and letters; 50 were case reports and reviews; 12 were meta-analyses and reviews; 15 were comments and editorials; 1 was a comment, editorials, and review; 94 were comments and letters; 2 were comments and reviews; 2 were reviews and practice guidelines; 1 was an editorial and practice guideline; 8 were historical articles and reviews; 2 were case reports and historical articles; 2 were case reports and editorials; 1 was a case report and meta-analysis; 1 was a case report and a legal case; 2 were editorials and reviews.

Table 2. PsycINFO search strategies (CSA interface)

Search terms		Search results
#1	DE=("pervasive developmental disorders" or "aspergers syndrome" or "autism")	15,966
#2	DE=("treatment" or "adjunctive treatment" or "aftercare" or "alternative medicine" or "acupuncture" or "aromatherapy" or "faith healing" or "folk medicine" or "behavior modification" or "behavior therapy" or "aversion therapy" or "covert sensitization" or "conversion therapy" or "dialectical behavior therapy" or "exposure therapy" or "implosive therapy" or "systematic desensitization therapy" or "reciprocal inhibition therapy" or "response cost" or "biofeedback training" or "classroom behavior modification" or "contingency management" or "token economy programs" or "fading conditioning" or "omission training" or "overcorrection" or "self management" or "self instructional training" or "time out" or "bibliotherapy" or "cognitive techniques" or "cognitive restructuring" or "cognitive therapy" or "self instructional training" or "computer assisted therapy" or "creative arts therapy" or "art therapy" or "dance therapy" or "music therapy" or "poetry therapy" or "recreation therapy" or "crisis intervention services" or "hot line services" or "suicide prevention centers" or "cross cultural treatment" or "cross cultural counseling" or "disease management" or "health care services" or "continuum of care" or "long term care" or "mental health services" or "community mental health services" or "palliative care" or "primary health care" or "interdisciplinary treatment approach" or "involuntary treatment" or "medical treatment general" or "gene therapy" or "milieu therapy" or "movement therapy" or "multimodal treatment approach" or "online therapy" or "outpatient treatment" or "outpatient commitment" or "partial hospitalization" or "personal therapy" or "physical treatment methods" or "acupuncture" or "artificial respiration" or "deep brain stimulation" or "drug therapy" or "hormone therapy" or "narcoanalysis" or "sleep treatment" or "polypharmacy" or "vitamin therapy" or "electrosleep treatment" or "gene therapy" or "phototherapy" or "psychosurgery" or "thalamotomy" or "radiation therapy" or "shock therapy" or "electroconvulsive shock therapy" or "insulin shock therapy" or "surgery" or "brain stimulation" or "brain self stimulation" or "chemical brain stimulation" or "electrical brain stimulation" or "spreading depression" or "transcranial magnetic stimulation" or "preventive medicine" or "psychotherapeutic techniques" or "animal assisted therapy" or "autogenic training" or "cotherapy" or "dream analysis" or "guided imagery" or "mirroring" or "morita therapy" or "motivational interviewing" or "mutual storytelling technique" or "paradoxical techniques" or "psychodrama" or "psychotherapy" or "adlerian psychotherapy" or "adolescent psychotherapy" or "analytical psychotherapy" or "autogenic training" or "behavior therapy" or "aversion therapy" or "covert sensitization" or "conversion therapy" or "dialectical behavior therapy" or "exposure therapy" or "implosive therapy" or "systematic desensitization therapy" or "reciprocal inhibition therapy" or "response cost" or "brief psychotherapy" or "child psychotherapy" or "play therapy" or "client centered therapy" or "cognitive behavior therapy" or "acceptance and commitment therapy" or "eclectic psychotherapy" or "emotion focused therapy" or "existential therapy" or "experiential psychotherapy" or "expressive psychotherapy" or "eye movement desensitization therapy" or "feminist therapy" or "geriatric psychotherapy" or "gestalt therapy" or "group psychotherapy" or "encounter group therapy" or "marathon group therapy" or "therapeutic community" or "guided imagery" or "humanistic psychotherapy" or "hypnotherapy" or "age regression hypnotic" or "individual psychotherapy" or "insight therapy" or "integrative psychotherapy" or "interpersonal psychotherapy" or "logotherapy" or "narrative therapy" or "persuasion therapy" or "primal therapy" or "psychoanalysis" or "dream analysis" or "self analysis" or "psychodrama" or "psychodynamic psychotherapy" or "psychotherapeutic counseling" or "family therapy" or "conjoint therapy" or "rational emotive behavior therapy" or "reality therapy" or "relationship therapy" or "solution focused therapy" or	457,308

	"supportive psychotherapy" or "transactional analysis" or "rehabilitation" or "cognitive rehabilitation" or "criminal rehabilitation" or "drug rehabilitation" or "alcohol rehabilitation" or "alcoholics anonymous" or "detoxification" or "neuropsychological rehabilitation" or "occupational therapy" or "physical therapy" or "psychosocial rehabilitation" or "therapeutic social clubs" or "vocational rehabilitation" or "supported employment" or "vocational evaluation" or "work adjustment training" or "relaxation therapy" or "progressive relaxation therapy" or "sex therapy" or "social casework" or "social group work" or "sociotherapy" or "speech therapy" or "treatment guidelines" or "self help techniques" or "self management" or "self instructional training" or "therapeutic social clubs" or "medicinal herbs and plants" or "hypericum perforatum" or "dietary supplements" or "diets" or "nutrition" or "vitamins" or "ascorbic acid" or "choline" or "lecithin" or "folic acid" or "nicotinamide" or "nicotinic acid")	
#3	#1 AND #2 and PT=(journal article) and (ME=(empirical study) or ME=(field study) or ME=(followup study) or ME=(longitudinal study) or ME=(prospective study) or ME=(qualitative study) or ME=(quantitative study) or ME=(retrospective study) or ME=(treatment outcome/clinical trial)), limited to English language and peer-reviewed journals and human population	1,176

Key: DE subject descriptor; PT publication type; ME methodology; AE age group

Table 3. ERIC search strategies (CSA interface)

Search terms		Search results
#1	(“pervasive developmental disorders”) or autism or (“asperger syndrome”)	6,021
#2	(DE=("therapy" or "educational therapy" or "group therapy" or "hearing therapy" or "music therapy" or "occupational therapy" or "physical therapy" or "psychotherapy" or "milieu therapy" or "relaxation training" or "speech therapy" or "therapeutic recreation" or "play therapy" or "art therapy" or "bibliotherapy" or "drug therapy" or "intervention" or "crisis intervention" or "early intervention" or "individualized family service plans" or "prereferral intervention" or "outcomes of treatment" or "rehabilitation" or "special education" or "adapted physical education" or "therapeutic environment" or "Dietetics" or "Food" or "Nutrition") OR KW=("therapy" or "therapeutic" or "therapeutics" or "intervention" or "interventions" or "psychotherapy" or "psychotherapeutics"))	96,578
#3	#1 and #2, limited to peer reviewed journals, English only	634

APPENDIX B. Sample Data Abstraction Forms

Therapies for Children with Autism Systematic Evidence Review
Abstract Review Form

First Author, Year: _____ Reference ID #: _____ Abstractor Initials: ___ ___ ___

Primary Inclusion/Exclusion Criteria			
1. Includes participants diagnosed with ASD (Autism, Aspergers, PDD-NOS) OR age 2 and under at risk for diagnosis of ASD a. __participants are ages 2-12 b. __participants are under age 2 and identified as at risk for diagnosis of ASD	Yes	No	Cannot Determine
2. Original research (exclude editorials, commentaries, letters, reviews, etc.)	Yes	No	Cannot Determine
3. Eligible study size (≥ 10) **N=____**	Yes	No	Cannot Determine
4. Addresses: a. __treatment modality (**circle applicable**: medical, behavioral, educational, comprehensive, allied health, CAM) intended to modify core symptoms of ASD in individual diagnosed/at risk b. __short or long term outcomes of treatment intended to modify core symptoms/co-morbidities of ASD in individual diagnosed/at risk. **Mark applicable**: __social skills __communication/language __repetitive/compulsive behavior __problem behavior (**circle applicable**: aggression; self-injury; defiance/non-compliance; property destruction; irritability) __adaptive behavior (life skills/ADL/feeding behaviors) __commonly occurring co-morbidities (**circle applicable**: sleep; hyperactivity; depression/anxiety/mood) __medical (**circle applicable**: GI distress; seizures; autoimmune/allergy) __fine/gross motor skills __sensory __educational/cognitive/academic attainment __other: _____ c. __harms/adverse effects associated with treatment intended to modify core symptoms of ASD in individual diagnosed/at risk	Yes **(must address 4a and 4b or 4a and 4c for "yes")**	No	Cannot Determine

Retain for: _____BACKGROUND/DISCUSSION _____REVIEW OF REFERENCES _____Other_____

COMMENTS:

Therapies for Children with Autism Systematic Evidence Review
Full Text Review Form

First Author, Year: _____ Reference ID #: _____ Abstractor Initials: ___ ___ ___

1. Includes participants **ages 2-12 diagnosed with ASD** (Autism, Aspergers, PDD-NOS) OR **0-2 at risk** a. If study includes participants >12yrs, record mean age+SD:_____. Circle **Yes** if mean age+SD ≤ 12.	Yes	No
2. Original research (exclude editorials, commentaries, letters, reviews, etc.)	Yes	No
3. Eligible study size (circle **Yes** if N ≥ 10 **TOTAL** age 2-12 with ASD or at risk OR with mean age+SD ≤ 12) a. if No, record N:____	Yes	No
4. Does the study address one or more of the following questions (check applicable KQ below):	Yes	No

__KQ1: Among children ages 2-12 with ASD, what are the short and long-term effects of available behavioral, educational, family, medical, allied health, or CAM treatment approaches?

Treatment studied (circle applicable: medical, educational, allied health, CAM, behavioral)
SPECIFY INTERVENTION_____

__KQ1a: What are the effects on core symptoms (e.g. social deficits, communication deficits and repetitive behaviors), in the short term (≤6 months)?
__KQ1b: What are the effects on commonly associated symptoms (e.g. motor, sensory, medical, mood/anxiety, irritability, IQ/cognition, and hyperactivity) in the short term (≤6 months)?
__KQ1c: What are the longer-term effects (>6 mos) on core symptoms (e.g. social deficits, communication deficits and repetitive behaviors)?
__KQ1d: What are the longer-term effects (>6 mos) on commonly associated symptoms (e.g. motor, sensory, medical, mood/anxiety, irritability, IQ/cognition, and hyperactivity)?

__KQ2: Among children ages 2-12, what are the modifiers of outcome for different treatments or approaches?
__KQ2a: Is the effectiveness of the therapies reviewed affected by the frequency, duration, and intensity of the intervention?
__KQ2b: Is the effectiveness of the therapies reviewed affected by the training and/or experience of the individual providing the therapy?
__KQ2c: What characteristics, if any, of the child modify the effectiveness of the therapies reviewed?
__KQ2d: What characteristics, if any, of the family modify the effectiveness of the therapies reviewed?

__KQ3: Are there any identifiable changes early in the treatment phase that predict treatment outcomes?

__KQ4: What is the evidence that effects measured at the end of the treatment phase predict long term functional outcomes?

__KQ5: What is the evidence that specific intervention effects measured in the treatment context generalize to other contexts (e.g., people, places, materials)?

__KQ6: What evidence supports specific components of treatment as driving outcomes, either within a single treatment or across treatments?

__KQ7: What evidence supports the use of a specific treatment approach in children under the age of 2 who are at high risk of developing autism based upon behavioral, medical, or genetic risk factors?

5. Study published in English	Yes	No

EXCLUDE IF AN ITEM IN A GRAY BOX IS SELECTED

6. Review the reference list (included papers only) and list author name/year for EPC to verify if included in database:

_____
_____
_____

7. If excluded, retain for ____Background/Discussion ___Other: _____

Comments:

Therapies for Children with ASD Systematic Evidence Review
Relevance Review Form for Previous Systematic Reviews (2008-09)

First Author, Year: _____ Reference ID #: _____ Reviewer Initials:__ __ __

PICOTS	Comments
Includes appropriate **population**?	
Addresses target **interventions**?	
Includes studies with **comparators** (treatment approach to no treatment, placebo, or comparative interventions/combinations of interventions)?	
Addresses target **outcomes** (including adverse effects/harms)?	
Addresses target **timing**?	
Includes studies in target **setting**?	
Study types specified? (circle applicable: RCT, controlled trials, observational studies (retrospective/prospective cohort studies, case-control, case series), individual case studies, other: _____)	
Includes studies with appropriate N of subjects? (specify N: _____)	
Other	
Includes studies in English only?	
When was the literature search conducted (specify timeframe:_____)	
Recommendation:	

Therapies for Children with ASD Systematic Evidence Review
Quality Review Form for Previous Systematic Reviews (2008-09)

First Author, Year: _____ Reference ID #: _____ Abstractor Initials:__ __ __

1. Was the search strategy appropriate (relevant terminology, comprehensive approach, etc.)?	Yes	No	N/A or Not Specified
2. Were the databases searched appropriate?	Yes	No	N/A or Not Specified
3. Were other search measures (circle applicable: handsearch, reference list search, contacting experts) specified?	Yes	No	N/A or Not Specified
4. Was grey literature included (dissertations, unpublished reports, etc.)?	Yes	No	N/A or Not Specified
5. Does the review provide an a priori design (e.g. procedures established in advance)?	Yes	No	N/A or Not Specified
6. Was there dual review study selection and data abstraction (e.g., 2 reviewers assessed each study for inclusion/exclusion and data extraction)?	Yes	No	N/A or Not Specified
7. Was a list of included and excluded articles provided?	Yes	No	N/A or Not Specified
8. Were characteristics of included studies provided?	Yes	No	N/A or Not Specified
9. Was the scientific quality of included studies rated and documented?	Yes	No	N/A or Not Specified
10. Was the scientific quality of included studies used appropriately to formulate conclusions?	Yes	No	N/A or Not Specified
11. Were methods used to combine findings of studies appropriate?	Yes	No	N/A or Not Specified
12. Was the likelihood of publication bias assessed?	Yes	No	N/A or Not Specified
13. Was authors' conflict of interest stated?	Yes	No	N/A or Not Specified

Comments:

APPENDIX C. Evidence Tables

Tables are sorted by year, then last name of first author.

Evidence Table: Therapies for Children With ASD

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Frankel et al., 2010 **Country:** US **Practice setting:** Academic **Intervention setting:** School and home **Enrollment period:** September 2003 to March 2008 **Funding:** NIH **Author industry relationship disclosures:** NR **Design:** Case series	**Intervention:** Children's Friendship Training: children were integrated into classes being conducted by the UCLA Children's Friendship Program, with no more than 4 children with ASD admitted to any class (class size was usually 10). Each training class was composed of children separated by no more than one grade level. Study children were not identified in any way to other class participants. Treatment consisted of 12 weekly sessions, each 60 minutes in length. Children and their parents were seen concurrently in separate locations (except for the finalization of the child's homework assignment). Each child session (except the first and last) was composed of four segments: • Children reported the results of their home-work assignment (10 minutes) • Didactic presentation and brief, coached behavioral rehearsal between two children (20 minutes) • Coached play in which children practiced newly learned skills (25 minutes) • Parents and children were reunited and finalized homework contracts. Number of sessions attended, mean ± SD: **G1:** 11.3 ± 0.8 **G2:** 10.7 ± 1.9	**Inclusion criteria:** • Satisfied ADOS-G and ADI-R criteria for ASD • Currently attending a 2nd through 5th grade regular classroom for most of the school day without a "shadow" or other closely supervising adult • Not currently prescribed any psychotropic medication • Verbal IQ > 60 • Able to switch topics in conversation when the other person was interested in talking about something else • Had adequate knowledge of rules in playing at least two common age-appropriate board games • Knowledge of rules to play common school yard games • Absence of a thought disorder • Free of clinical seizure disorder, gross neuro-logic disease, or other medical disorders **Exclusion criteria:** • See inclusion criteria **Age, months ± SD:** **G1:** 103.2 ± 15.2 **G2:** 101.5 ± 15.0 **Mental age:** WISC-III Verbal IQ, mean ± SD: **G1:** 106.9 ± 19.1 **G2:** 100.5 ± 15.7 **Gender, n (%):** Male: **G1:** 30 (85.7) **G2:** 28 (84.8)	**Social skills:** Loneliness scale score, mean ± SD: **G1:** 34.3 ± 12.3 **G2:** 37.8 ± 14.3 (n=32) Loneliness scale score, follow-up group, mean ± SD: **G1:** 36.3 ± 12.2 PHS popularity score, mean ± SD: **G1:** 7.2 ± 3.0 **G2:** 6.8 ± 3.00 PHS popularity score, follow-up group, mean ± SD: **G1:** 6.9 ± 3.0 Quality of Play Questionnaire score, mean ± SD: Host: **G1:** 2.4 ± 2.2 **G2:** 1.8 ± 2.3 (n=29) Guest: **G1:** 1.3 ± 1.6 **G2:** 1.1 ± 2.0 (n=29) Conflict: **G1:** 4.8 ± 4.2 **G2:** 5.1 ± 5.2 (n=27) Engage: **G1:** 4.2 ± 2.2 **G2:** 4.3 ± 2.1 (n=27) Disengage: **G1:** 5.2 ± 2.5 **G2:** 5.2 ± 2.2 (n=27) Quality of Play Questionnaire score, follow-up group, mean ± SD: Host: **G1:** 2.0 ± 2.1 Guest: **G1:** 1.4 ± 1.7 Conflict: **G1:** 4.3 ± 3.3	**Social Skills:** Loneliness scale score, mean ± SD: **G1:** 31.4 ± 8.5 **G2:** 38.9 ± 13.3 (n=32) **G1/G2:** $P < 0.025$ Loneliness scale score, follow-up group, mean ± SD: Post-treatment: **G1:** 31.6 ± 8.1 12 weeks: **G1:** 33.0 ± 13.7 **G1/BL:** P = NS **G1/PT:** P = NS PHS popularity score, mean ± SD: **G1:** 8.0 ± 2.8 **G2:** 6.4 ± 2.9 **G1/G2:** $P < 0.025$ PHS popularity score, follow-up group, mean ± SD: Post-treatment: **G1:** 7.9 ± 2.7 12 weeks: **G1:** 7.4 ± 2.8 **G1/BL:** P = NS **G1/PT:** P = NS Quality of Play Questionnaire score, mean ± SD: Host: **G1:** 3.7 ± 1.7 **G2:** 1.4 ± 2.0 (n=29) **G1/G2:** $P < 0.0001$

Evidence Table: Therapies for Children With ASD

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Frankel et al., 2010 (continued)	Homework required social contacts with children who were not class members **Assessments:** Children/parents in the intervention group completed outcome measures at baseline (just prior to receiving the intervention), the last night of the intervention, and at 12 week follow-up; waitlist controls completed outcome measures at baseline, 12 weeks later just prior to starting the intervention, and the last night of the intervention. Children and parents completed assessment measures in the presence of the research team, while teachers were mailed assessment measures at each of the testing periods. Child outcome measures: Loneliness Scale, PHS; parent measures: Quality of Play Questionnaire, SSRS; teacher measures: PEI; at baseline, WISC-III; VABS survey form; Socioeconomic Status **Groups:** **G1:** children's friendship training intervention **G2:** children's friendship training after 12 weeks; delayed treatment control **Provider:** • Psychologist • L.C.S.W. • Undergraduate psychology students **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR	Female: **G1:** 5 (14.3) **G2:** 5 (15.2) **Race/ethnicity, n (%):** White: 45 (66.2) Asian: 10 (14.7) African American: 7 (10.3) Hispanic: 4 (5.9) Pacific Islander: 1 (1.4) Native American: 1 (1.4) **SES:** Hollingshead index, mean ± SD: **G1:** 44.6 ± 10.6 **G2:** 50.6 ± 11.8 (n=32) Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** ADOS-G and ADI-R; High Functioning ASSQ **Diagnostic category, n:** Autism: 68 PDD-NOS: 0 Aspergers: 0 **Other characteristics, n (%):** Completely mainstreamed: 61 (89.7) Special education classes (but included in a main-streamed recess and mainstream classroom for part of the school day): 6 (8.8) Mainstream classroom with special help for 1-2 hours a day: 1 (1.5) Grade, mean ± SD: **G1:** 3.2 ± 1.0 **G2:** 3.4 ± 1.2	Engage: **G1:** 3.8 ± 2.1 Disengage: **G1:** 5.2 ± 2.3 SSRS score, mean ± SD: Assertion: **G1:** 9.5 ± 2.8 **G2:** 9.4 ± 3.4 Self-control: **G1:** 10.2 ± 3.4 **G2:** 9.0 ± 3.9 Externalizing: **G1:** 4.5 ± 2.6 **G2:** 5.4 ± 2.3 Internalizing: **G1:** 7.0 ± 1.7 **G2:** 7.2 ± 3.2 SSRS score, follow-up group, mean ± SD: Assertion: **G1:** 9.7 ± 2.8 Self control: **G1:** 9.8 ± 3.5 Externalizing: **G1:** 4.5 ± 2.4 Internalizing: **G1:** 7.1 ± 1.6 PEI score, mean ± SD: Withdrawal: **G1:** 4.0 ± 2.1 (n=31) **G2:** 3.8 ± 2.1 (n=28) Aggression: **G1:** 1.3 ± 1.7 (n=31) **G2:** 1.4 ± 1.8 (n=28) PEI score, follow-up group, mean ± SD: Withdrawal: **G1:** 4.2 ± 2.2 Aggression: **G1:** 1.5 ± 1.8 High functioning ASSQ, mean ± SD: **G1:** 22.4 ± 7.3 **G2:** 22.0 ± 9.3	Guest: **G1:** 2.0 ± 2.5 **G2:** 1.2 ± 1.5 (n=29) **G1/G2:** *P* = NS Conflict: **G1:** 1.9 ± 2.8 **G2:** 3.3 ± 3.2 (n=29) **G1/G2:** *P* = 0.069 Engage: **G1:** 4.7 ± 2.2 **G2:** 4.3 ± 1.7 (n=29) **G1/G2:** *P* = NS Disengage: **G1:** 2.3 ± 1.7 **G2:** 4.8 ± 2.1 (n=29) **G1/G2:** *P* < 0.0001 Quality of Play Questionnaire score, follow-up group, mean ± SD: Post-treatment: Host: **G1:** 4.0 ± 1.6 Guest: **G1:** 1.8 ± 2.6 Conflict: **G1:** 1.8 ± 3.0 Engage: **G1:** 4.5 ± 2.2 Disengage: **G1:** 2.1 ± 1.6 12 weeks: Host: **G1:** 3.1 ± 2.9 **G1/BL:** *P* = NS **G1/PT:** *P* < 0.05 Guest: **G1:** 1.9 ± 1.5 **G1/BL:** *P* = NS **G1/PT:** *P* = NS Conflict: **G1:** 2.0 ± 2.6 **G1/BL:** *P* = NS **G1/PT:** *P* < 0.0005

Evidence Table: Therapies for Children With ASD

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Frankel et al., 2010 (continued)	**N at enrollment:*** **G1:** 35 **G2:** 33 **N at follow-up:** **G1:** 26 **G2:** 31		VABS score, mean ± SD: Communication: **G1:** 84.3 ± 20.5 (n=34) **G2:** 79.8 ± 15.3 Daily living: **G1:** 67.0 ± 18.2 (n=34) **G2:** 62.4 ± 15.7 Socialization: **G1:** 66.3 ± 10.8 (n=34) **G2:** 66.1 ± 10.8 Composite: **G1:** 68.1 ± 16.4 (n=34) **G2:** 64.4 ± 11.0	Engage: **G1:** 4.2 ± 2.0 **G1/BL:** *P* = NS **G1/PT:** *P* = NS Disengage: **G1:** 4.1 ± 2.2 **G1/BL:** *P* < 0.0001 **G1/PT:** *P* < 0.025SSRS score, mean ± SD: Assertion: **G1:** 11.8 ± 3.2 **G2:** 10.5 ± 3.2 **G1/G2:** *P* = 0.054 Self-control : **G1:** 12.2 ± 2.9 **G2:** 10.1 ± 3.7 **G1/G2:** *P* < 0.05 Externalizing: **G1:** 3.8 ± 2.1 **G2:** 5.2 ± 2.3 **G1/G2:** *P* = 0.062 Internalizing: **G1:** 6.4 ± 2.1 **G2:** 7.3 ± 2.5 **G1/G2:** *P* = 0.058 SSRS score, follow-up group, mean ± SD: Post-treatment: Assertion: **G1:** 11.7 ± 2.8 Self Control: **G1:** 12.0 ± 2.8 Externalizing: **G1:** 3.8 ± 2.0 Internalizing: **G1:** 6.2 ± 1.7 12 weeks: Assertion: **G1:** 12.0 ± 3.5 **G1/BL:** *P* = NS **G1/PT:** *P* < 0.0001 Self Control: **G1:** 11.8 ± 3.8 **G1/BL:** *P* = NS **G1/PT:** *P* < 0.005

Evidence Table: Therapies for Children With ASD

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Frankel et al., 2010 (continued)				Externalizing: **G1:** 3.8 ± 2.5 **G1/BL:** *P* = NS **G1/PT:** *P* = NS Internalizing: **G1:** 6.0 ± 2.5 **G1/BL:** *P* = NS **G1/PT:** *P* < 0.025PEI score, mean ± SD: Withdrawal: **G1:** 3.6 ± 2.4 (n=31) **G2:** 3.7 ± 2.1 (n=28) **G1/G2:** *P* = NS Aggression: **G1:** 1.0 ± 1.3 (n=31) **G2:** 1.4 ± 2.0 (n=28) **G1/G2:** *P* = NS PEI score, follow-up group, mean ± SD: Post-treatment: Withdrawal: **G1:** 3.5 ± 2.5 Aggression: **G1:** 1.3 ± 1.3 12 weeks: Withdrawal: **G1:** 3.6 ± 2.8 **G1/BL:** *P* = NS **G1/PT:** *P* = NS Aggression: **G1:** 1.6 ± 1.7 **G1/BL:** *P* = NS **G1/PT:** *P* = NS **Harms:** NR **Modifiers:** NR

Comments:

* Initially, 40 children were assigned to G1 and 36 were assigned to G2 but 5 in G1 and 3 in G2 did not complete 12 week assessments and are not included in baseline data.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Owley et al., 2010 **Country:** US **Practice setting:** Academic clinic **Intervention setting:** Academic medical center **Enrollment period:** NR **Funding:** NIH, Autism Speaks **Author industry relationship disclosures:** NR **Design:** Prospective case series	**Intervention:** 10-week open label study of escitalopram based on genotype group, with participants seen at clinic at study start (baseline), week 4, and week 10. Forced titration with weekly increasing doses of escitalopram (2.5, 5, 10, 15, 20mg) unless specific criteria for downward titration due to side effects were met. **Assessments:** ABC-C completed weekly by parents/caregivers **Groups:** **G1:** all participants **G1a**: Low expression of serotonin transporter polymorphism promoter region (5-HTTPLR) genotypic variation (9 S/S) **G1b:** Intermediate expression (1 L_G/L_G, 2 S/L_G, 2 L_A/L_G, 24 S/L) **G1c**: High expression (19 L_A/L_A) **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** NR **Concomitant therapies**: Participants ceased psychoactive medication use 1 month prior to study; participants previously on fluoxetine stopped medication 6 weeks prior to study. **N at enrollment**: **G1:** 58* **G1a**: 9 **G1b**: 29 **G1c**: 19	**Inclusion criteria:** • Diagnosis of an ASD • Minimum score of 12 on the ABC-CV **Exclusion criteria:** • Parental sleep diaries during pre-medication baseline week indicating a range in time of awakening greater than 2 hours over 7 days • Concomitant serious medical or psychiatric conditions, including seizures • Study personnel unable to obtain blood sample due to child's restlessness (n=1) • Dropout (n=1) **Age, mean months ± SD (range):** **G1:** 117 ± 31 (54-204) **G1a:** 124 ± 22 (98–164) **G1b:** 121 ± 34 (82–204) **G1c:** 106 ± 28 (54–160) Mental age: NR Gender, n (%): **G1:** M: 48 (83) F: 10 (17) **G1a:** M: 8 (89) F: 1 (11) **G1b:** M: 25 (86) F: 4 (14) **G1c:** M: 14 (74) F: 5 (26)	**ADI-R, mean ± SD (range):** **G1:** Social interaction: 23 ± 5 (11-30) Communication, verbal: 17 ± 4 (7-26) Communication, non-verbal: 13 ± 2 (10-15) Repetitive behavior: 6 ± 3 (1-15) Abnormality of development: 4 ± 1 (1-5) **G1a:** Social interaction: 24 ± 4 (18-29) Communication, verbal: 18 ± 5 (11-26) Communication, non-verbal: 13 ± 1 (13-14) Repetitive behavior: 6 ± 2 (2-9) Abnormality of development: 4 ± 1 (2-5) **G1b:** Social interaction: 24 ± 4 (14-30) Communication, verbal: 17 ± 4 (10-23) Communication, non-verbal: 12 ± 2 (10-15) Repetitive behavior: 7 ± 3 (2-12) Abnormality of development: 4 ± 1 (0-5) **G1c:** Social interaction: 23 ± 5 (11-30) Communication, verbal: 17 ± 4 (7-26) Communication, non-verbal: 13 ± 2 (10-15) Repetitive behavior: 6 ± 3 (1-15)	**Problem behavior**: Final data on ABC Irritability subscale scores only represented graphically. **Harms** NR **Modifiers** Final dose did not differ significantly between genotype groups. Age and weight were not significantly correlated with final dose in the whole group or in the genotype expression subgroups.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Owley et al., 2010 (continued)	**N at follow-up**: **G1:** 45 **G1a**: NR **G1b**: NR **G1c**: NR *1 participant with rare genotype excluded from subgroup analyses	**Race/ethnicity, n (%):** **G1:** African American: 6 (10) Asian: 2 (3) Caucasian: 48 (83) Hispanic: 2 (3) **G1a:** African-American: 1 (11) Asian: 1 (11) Caucasian: 7 (78) Hispanic: 0 **G1b:** African-American: 5 (17) Asian: 1 (3) Caucasian: 21 (72) Hispanic: 2 (7) **G1c:** African-American: 0 Asian: 0 Caucasian: 19 (100) Hispanic: 0 **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study: ADI-R, ADOS **Diagnostic tool/method**: ADI-R, Autism Diagnostic Observation Schedule, cognitive testing, psychiatric evaluation **Diagnostic categor**y (best estimate diagnosis), n (%): **G1:** Autistic disorder: 35 (60) PDD-NOS: 17 (29) Asperger's: 6 (10) **G1a:** Autistic disorder: 6 (67) PDD-NOS: 1 (11) Asperger's: 2 (22) **G1b:** Autistic disorder: 20 (69) PDD-NOS: 7 (24) Asperger's: 2 (7) **G1c:** Autistic disorder: 8 (42) PDD-NOS: 9 (47) Asperger's: 2 (11)	Abnormality of development: 4 ± 1 (1-5) **ADOS, mean±SD (range):** **G1:** Social interaction: 9 ± 3 (4-14) Communication: 5 ± 2 (2-10) Communication+ social: 15 ± 4 (7-23) Play: 2 ± 1 (0-4) Stereotyped behavior/interests: 3 ± 2 (0-6) **G1a:** Social interaction: 9 ± 3 (4-14) Communication: 5 ± 2 (3-8) Communication+ social: 15 ± 5 (7-22) Play: 2 ± 1 (0-4) Stereotyped behavior/interests: 3 ± 2 (0-6) **G1b:** Social interaction: 10 ± 3 (4-14) Communication: 5 ± 2 (2-10) Communication+ social: 15 ± 5 (7-23) Play: 2 ± 1 (0-4) Stereotyped behavior/interests: 3 ± 2 (0-6) **G1c:** Social interaction: 9 ± 3 (4-14) Communication: 5 ± 2 (2-10) Communication+ social: 15 ± 4 (7-23) Play: 2 ± 1 (0-4) Stereotyped behavior/interests: 3 ± 2 (0-6)	

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Owley et al., 2010 (continued)		**Other characteristics:** NR	**Non-verbal IQ, mean ± SD (range):** **G1:** 86 ± 34 (21-146) **G1a**: 63 ± 34 (21-103) **G1b**: 91 ± 33 (25-140) **G1c**: 86 ± 34 (21-146) **Verbal IQ, mean ± SD (range)::** **G1:** 76 ± 35 (11-141) **G1a**: 60 ± 36 (11-114) **G1b**: 75 ± 34 (14-141) **G1c**: 76 ± 35 (11-141) **ABC Irritability scale score, mean ± SD (range)::** **G1:** 21 ± 6 (12-37) **G1a**: 21 ± 5 (14-30) **G1b**: 20 ± 6 (12-33) **G1c**: 21 ± 6 (12-37) **ABC Hyperactivity scale score, mean ± SD (range)::** **G1:** 25 ± 11 (4-45) **G1a**: 22 ± 8 (10-36) **G1b**: 27 ± 10 (7-45) **G1c**: 25 ± 11 (4-45)	

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures*	Outcomes
Author: Adams et al., 2009 (A) Adams et al., 2009 (B)† **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: None **Design:** Case series	**Intervention:** Phase I: Application of lotion that contained glutathione or placebo 1x per day after bath, with child rubbing it on for 7 days; all children received oral DMSA at 10 mg/kg 3x per day for 3 days Phase II: children then received either DMSA or placebo for up to 3 rounds (each round consisted of 3 days followed by 11 days of no DMSA/ placebo) • Children who received glutathione lotion received DSMA, those who received placebo lotion received placebo in Phase II • All participants received vitamin/mineral supplements for ≥ 2 months prior to and through the study period Duration: NR Frequency: NR **Assessments:** Phase I: ATEC and Heavy Metal Exposure Questionnaire completed by parents at baseline Phase II: ADOS administered by clinician following the completion of Phase I (at onset and completion of Phase II); parent completed the PDD-BI and SAS (at onset and completion of Phase II); Parental Global Impressions questionnaire (post-treatment only, answers range from -3 "much worse" to +3 "much better"); clinician working with child to complete ATEC for the child (post-treatment only)	**Inclusion criteria:** **Phase I:** • Age 3-8 years • ASD, diagnosed by a psychiatrist, psychologist, or developmental pediatrician • No mercury amalgam dental fillings • No previous DMSA or other prescription chelators • No anemia or currently being treated for anemia due to low iron • No known allergies to DMSA • No liver or kidney disease • Well hydrated **Phase II:** • Excretion of high amounts of toxic metals in Phase I • Normal liver function (serum transaminases ALT and AST), normal renal function, and complete blood cell count was not below the normal reference range • No changes in medication, supplements, diet, or behavioral interventions during the study • At least a two-month history of taking a multi-vitamin/mineral supplement with a least the RDA of zinc, and continuing to take that during Phase II • Continue to stay well hydrated **Exclusion criteria:** • See inclusion criteria **Age, years:†** **G1:** 6.7 **G2:** 6.5 **Mental age:** NR	**Overall ratings:** ATEC SPLC, mean ± SD: **G1:** 13.4 ± 7.7 **G2:** 12 ± 8.4 ATEC Total, mean ± SD: **G1:** 80.8 ± 24 **G2:** 66.2 ± 20.7 AWP/C composite (sensory + ritual + social pragmatic + semantic + arousal + fears + aggressive), mean ± SD: **G1:** 105 ± 58.6 (n=25) **G2:** 93.8 ± 29.5 REXSCA/C composite (social approach + express + LMRL), mean ± SD: **G1:** 127 ± 52.7 (n=25) **G2:** 135 ± 65.5 Autism composite (sensory + ritual + social problems – social approach behaviors – expressive language), mean ± SD: **G1:** -53.1 ± 66.4 (n=25) **G2:** -63.5 ± 65.1 SAS score, phase 1 onset, mean ± SD: **G1:** 5.2 ± 2.2) **G2:** 5.5 ± 2.7) **Social skills:** ATEC Sociability, mean ± SD: **G1:** 16.6 ± 8.5 **G2:** 14.9 ± 6.8 PDD-BI Social pragmatic problems, mean ± SD: **G1:** 16.9 ± 9.2 (n=25) **G2:** 13.9 ± 7.5	**Overall ratings:** ATEC SPLC, mean ± SD: **G1:** 10.6 ± 7 **G2:** 10.5 ± 8.9 **G1/BL:** $P < 0.001$ **G2/BL:** P = NS ATEC Total, mean ± SD: **G1:** 60.14 ± 27.9 **G2:** 53.4 ± 23.5 **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.01$ AWP/C composite, mean ± SD: **G1:** 79.5 ± 49.9 **G2:** 71.6 ± 38.8 **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.001$ REXSCA/C composite: **G1:** 139 ± 54.5 **G2:** 150 ± 53.6 **G1/BL:** $P < 0.01$ **G2/BL:** $P < 0.05$ Autism composite: **G1:** -73.3 ± 67.9 **G2:** -88.8 ± 58.3 **G1/BL:** $P < 0.01$ **G2/BL:** $P < 0.01$ SAS score, completion of phase 2, mean ± SD: **G1:** 4.2 ± 2 **G2:** 4.5 ± 2.6 **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.01$ **Social skills:** ATEC Sociability, mean ± SD: **G1:** 12.1 ± 6.5 **G2:** 11.2 ± 6.5 **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.05$

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures*	Outcomes
Adams et al., 2009 (A) Adams et al., 2009 (B)† (continued)	**Groups:** **G1:** treatment (7 rounds of treatment) **G2:** placebo (1 round of treatment followed by 6 rounds of placebo) **Provider(s):** NR **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** Phase 1: 82 Phase 2 :49 **N at follow-up:** Phase 1: 65 **G1:** 26 G2: **15**	**Gender, n:†** Male: **G1:** 24 **G2:** 14 Female: **G1:** 2 **G2:** 1 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** Initially diagnosed by community clinicians independent of this study, confirmed by ADOS-certified evaluator **Diagnostic Tool:** ADOS **Diagnostic category, %:†** Autism: **G1:** 96 **G2:** 100 Asperger: **G1:** 4 **G2:** 0 **Other characteristics:** NR	AWP/C Social approach behaviors, mean ± SD: **G1:** 63.8 ± 20.6 (n=25) **G2:** 68.2 ± 25.4 ADOS Sociability, mean: **G1:** 9.3 **G2:** 8.1 ADOS Communication + sociability, mean: **G1:** 17 **G2:** 14.7 **Communication/ language:** PDD-BI Semantic/pragmatic problems: **G1:** 15.2 ± 7.6 n=25) **G2:** 11.1 ± 5.6 AWP/C Express (phono-logical + semantic pragmatic), mean ± SD: **G1:** 41.4 ± 28.2 (n=25) **G2:** 44 ± 34.9 AWP/C Learning, memory, and receptive language, mean ± SD: **G1:** 22.7 ± 8.1 (n=25) **G2:** 23.2 ± 10.1 ADOS Communication, mean: **G1:** 7.8 **G2:** 6.7 ADOS Communication + sociability, mean: **G1:** 17 **G2:** 14.7	PDD-BI Social pragma-tic problems, mean ± SD: **G1:** 14.5 ± 9.2 **G2:** 9.9 ± 7.5 **G1/BL:** *P* = NS **G2/BL:** *P* < 0.01 AWP/C Social approach behaviors, mean ± SD: **G1:** 70.8 ± 23.6 **G2:** 72.6 ± 20.2 **G1/BL:** *P* < 0.01 **G2/BL:** *P* = NS ADOS Sociability, mean (% change): **G1:** 8.3 (-10) **G2:** 7.9 (-2) **G1/BL:** *P* < 0.01 **G2/BL:** *P* = NS ADOS Communication + sociability, mean (% change): **G1:** 15.4 (-9) **G2:** 13.7 (-7) **G1/BL:** *P* < 0.001 **G2/BL:** *P* = NS **Communication /language:** PDD-BI Semantic/prag-matic problems, mean ± SD: **G1:** 12.5 ± 7.3 **G2:** 9.6 ± 4.5 **G1/BL:** *P* = NS **G2/BL:** *P* = NS AWP/C Express, mean ± SD: **G1:** 43.6 ± 27.1 **G2:** 51.3 ± 31.5 **G1/BL:** *P* = NS **G2/BL:** *P* < 0.05

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures*	Outcomes
Adams et al., 2009 (A) Adams et al., 2009 (B)† (continued)			**Problem behavior:** PDD-BI Ritualisms/resistance to change, mean ± SD: **G1:** 13.9 ± 10.5 (n=25) **G2:** 15 ± 8.5 PDD-BI Arousal regulation problems, mean ± SD: **G1:** 17.9 ± 9 (n=25) **G2:** 14.9 ± 6.6 PDD-BI Aggressiveness, mean ± SD: **G1:** 13.4 ± 9.8 (n=25) **G2:** 11.4 ± 8.1 **Adaptive behavior:** ATEC Health/physical behavior, mean ± SD: **G1:** 29.9 ± 14.4 **G2:** 21.5 ± 9.4 PDD-BI Specific fears, mean ± SD: **G1:** 21.7 ± 16 (n=25) **G2:** 18.7 ± 10.3 ADOS Play, mean: **G1:** 3.2 **G2:** 2.8 ADOS SBRI, mean: **G1:** 3.9 **G2:** 3.5 **Sensory:** ATEC Sensory/cognitive awareness, mean ± SD: **G1:** 16 ± 7.4 **G2:** 13 ± 6.8 PDD-BI Sensory/perceptual approach behaviors, mean ± SD: **G1:** 22.8 ± 14.7 (n=25) **G2:** 20 ± 13.6	AWP/C Learning, memory, and receptive language, mean ± SD: **G1:** 25.4 ± 8.7 **G2:** 26.5 ± 8.9 **G1/BL:** *P* < 0.05 **G2/BL:** *P* < 0.01 ADOS Communication, mean (% change): **G1:** 7.1 (-9) **G2:** 5.9 (-11) **G1/BL:** *P* = NS **G2/BL:** *P* = NS ADOS Communication + sociability, mean (% change): **G1:** 15.4 (-9) **G2:** 13.7 (-7) **G1/BL:** *P* < 0.001 **G2/BL:** *P* = NS **Problem behavior:** PDD-BI Ritualisms/resistance to change, mean ± SD: **G1:** 10 ± 7.8 **G2:** 11.5 ± 8.2 **G1/BL:** *P* < 0.01 **G2/BL:** *P* < 0.01 PDD-BI Arousal regulation problems, mean ± SD: **G1:** 13.9 ± 8.5 **G2:** 12.1 ± 8.8 **G1/BL:** *P* < 0.01 **G2/BL:** *P* = NS PDD-BI Aggressiveness, mean ± SD: **G1:** 9.8 ± 6.7 **G2:** 8.4 ± 7.2 **G1/BL:** *P* < 0.05 **G2/BL:** *P* < 0.05

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures*	Outcomes
Adams et al., 2009 (A) Adams et al., 2009 (B)† (continued)				**Adaptive behavior:** ATEC Health/physical behavior, mean ± SD: **G1:** 21.6 ± 10.1 **G2:** 18.3 ± 9.2 **G1/BL:** *P* < 0.01 **G2/BL:** *P* = NS PDD-BI Specific fears, mean ± SD: **G1:** 14.6 ± 12.1 **G2:** 15.9 ± 11.1 **G1/BL:** *P* < 0.01 **G2/BL:** *P* = NS ADOS Play, mean (% change): **G1:** 3 (-5) **G2:** 2.8 (0) **G1/BL:** *P* = NS **G2/BL:** *P* = NS ADOS SBRI, mean (% change): **G1:** 3.5 (-9) **G2:** 3.5 (-2) **G1/BL:** *P* = NS **G2/BL:** *P* = NS **Sensory:** ATEC Sensory/cogni-tive awareness, mean ± SD: **G1:** 11.7 ± 7.9 **G2:** 9.6 ± 5.9 **G1/BL:** *P* < 0.001 **G2/BL:** *P* < 0.05 PDD-BI Sensory/percep-tual approach behaviors, mean ± SD: **G1:** 17.8 ± 13.9 **G2:** 13.7 ± 13.4 **G1/BL:** *P* < 0.05 **G2/BL:** *P* < 0.01

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures*	Outcomes
Adams et al., 2009 (A) Adams et al., 2009 (B)† (continued)				Parent global impression, overall category, score, %:** **G1:** +3 “much better”: **G1:** 29 **G2:** 27 +2 “better”: **G1:** 33 **G2:** 27 +1 “slightly better”: **G1:** 25 **G2:** 27 0 “no change”: **G1:** 4 **G2:** 18 -1 “slightly worse”: **G1:** 4 **G2:** 0 -2: “worse”: **G1:** 4 **G2:** 0 -3 “much worse”: **G1:** 0 **G2:** 0 Parent global impression, category, mean score:** Parent global impression Overall: **G1:** 1.7 **G2:** 1.6 Parent global impression Expressive language **G1:** 2 **G2:** 1.6 Parent global impression Receptive language: **G1:** 1.8 **G2:** 1.9

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures*	Outcomes
Adams et al., 2009 (A) Adams et al., 2009 (B)† (continued)				Parent global impression Cognition/ thinking **G1:** 1.8 **G2:** 1.8 Parent global impression Play skills: **G1:** 1.5 **G2:** 1.6 Parent global impression Sociability **G1:** 1.3 **G2:** 1.8 Parent global impression Eye contact: **G1:** 1.1 **G2:** .8 Parent global impression Tantruming: **G1:** 0.5 **G2:** 0.3 Parent global impression Stools/gastro-intestinal issues: **G1:** 0 **G2:** -0.2 Parent global impression Sleep: **G1:** -0.3 **G2:** -0.1 Parent global impression Hyperactivity: **G1:** -0.5 **G2:** -0.1 **Harms:†** Withdrew from phase 2 due to adverse events: **G1:** 2 **G2:** 2 Withdrew from phase 2 due to low urinary excretion of metals: **G1:** 2 **G2:** 0

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures*	Outcomes
Adams et al., 2009 (A) Adams et al., 2009 (B)† (continued)				Sleep problems, worsening of some behavior and skills, more self-stimulatory behavior, and some regression **Modifiers:** NR

Comments:

***** Baseline results reported for participants who completed Phase 2 of study.

** There were no significant differences between G1 (n=24) and G2 (n=12) on the PGI.

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Aman et al., 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic and home **Enrollment period:** NR **Funding:** NIMH; Johnson and Johnson provided risperidone **Author industry relationship disclosures:** 7 of 28 Abbott (1) Boehringer-Ingelheim (1) Bristol-Myers Squibb (5) CureMark (1) Eli Lilly (1) Forest (2) Janssen (2) Johnson & Johnson (2) Neuropharm (3) Novartis (1) Noven (1) Organon (1) Shire (2) Sigma Tau (1) Supernus (1) Targacept (1) **Design:** RCT, prospective case series (risperidone only data)	**Intervention:** Risperidone administered over first 4 weeks Dosage by weight: • 14-20 kg: 0.25 mg/day with gradual increases to maximum of 1.75 mg • 20-45 kg: 0.5 mg/day with gradual increases to maximum of 2.5 mg • > 45 kg: 0.5 mg/day with gradual increases to maximum of 3.5 mg If response to risperidone was unsatisfactory, treatment was switched to aripiprazole, which was increased as risperidone was tapered Parent training: delivered by one therapist/parent or couple; 11 core treatment sessions and 3 optional treatment sessions/ booster session and two follow-up phone consults **Assessments:** Stanford Binet IQ, LIPS, MSEL Diagnostic assessment, medical evaluation (including electrocardiogram, medical history, routine lab tests), ADI-R interview, parent ratings on Home Situations Questionnaire and ABC, and IQ testing; VABS, CGI-S, CYBOCS Assessed at 8 weeks for response to risperidone At 16 weeks, a face-to-face "booster" session and 2 follow-up phone consultations (conducted at 2 week intervals) to maintain treatment gains **Groups:** **G1:** risperidone **G2:** risperidone plus parent training	**Inclusion criteria:** • Presence of PDD (autism, PDD-NOS, Asperger) established by DSM-IV-TR clinical criteria and corroborated by ADI-R • Age 4-13 years • Score of ≥ 18 on ABC irritability subscale • CGI-S score ≥ 4 • Medication free 2 weeks for most psychotropic drugs and 4 weeks for fluoxetine and/or depot neuroleptics • IQ ≥ 35 or mental age ≥ 18 months as assessed by Stanford Binet, LIPS, or Mullen Scales of Development • If taking anticonvulsant, seizure-free ≥ 6 months and with stable dose for 4 weeks **Exclusion criteria:** • Positive HCG pregnancy test for females • Previous adequate trial of risperidone • Other PDD (e.g., Rett's, childhood disintegrative disorder) • Lifetime diagnosis of schizophrenia, other psychotic disorder, or bipolar disorder • Current diagnosis of major depression, obsessive-compulsive disorder, or substance abuse • Significant medical condition (e.g., heart, liver, renal, pulmonary disease), unstable seizure disorder, or significant abnormality on routine laboratory tests **Age, years ± SD:** **G1:** 7.5 ± 2.80 **G2:** 7.38 ± 2.21	**Social skills:** ABC social withdrawal score, mean ± SD: **G1:** 17.1 ± 8.37 **G2:** 15.2 ± 9.01 VABS socialization score, mean ± SD: **G1:** 53.5 ± 14.4 **G2:** 59.5 ± 15.0 **Communication/ language:** ABC inappropriate speech score, mean ± SD: **G1:** 6.37 ± 15.5 **G2:** 5.75 ± 3.43 VABS communication score, mean ± SD: **G1:** 53.2 ± 19.9 **G2:** 61.1 ± 20.9 **Repetitive behavior:** ABC stereotypic behavior score, mean ± SD: **G1:** 10.6 ± 5.46 **G2:** 7.59 ± 5.2 **Problem behavior:** Home Situations Questionnaire score, mean ± SD: **G1:** 4.16 ± 1.47 **G2:** 4.31 ± 1.67 ABC irritability score, mean ± SD: **G1:** 29.7 ± 6.10 **G2:** 29.3 ± 6.97 ABC hyperactivity/ noncompliance score, mean ± SD: **G1:** 36.1 ± 6.86 **G2:** 35.3 ± 9.30 **Adaptive behavior:** VABS daily living skills score, mean ± SD: **G1:** 41.1 ± 19.8 **G2:** 50.8 ± 18.5	**Social skills:** ABC social withdrawal score, week 24, mean ± SD **G1:** 6.44 ± 7.16 **G2:** 4.26 ± 5.17 **G1/G2:** *P* = 0.78 **Communication/ language:** ABC inappropriate speech score, week 24, mean ± SD: **G1:** 3.30 ± 3.66 **G2:** 2.56 ± 2.93 **G1/G2:** *P* = 0.20 **Repetitive behavior:** ABC stereotypic behavior score, week 24, mean ± SD: **G1:** 6.25 ± 5.68 **G2:** 3.20 ± 4.09 **G1/G2:** *P* = 0.04 **Problem behavior:** Home Situations Questionnaire score, week 24, mean ± SD: **G1:** 1.68 ± 1.36 **G2:** 1.23 ± 1.36 **G1/G2:** *P* = 0.006 ABC irritability score, week 24, mean ± SD: **G1:** 14.53 ± 9.90 **G2:** 10.96 ± 6.64 **G1/G2:** *P* = 0.01 ABC hyperactivity/ noncompliance score, week 24, mean ± SD: **G1:** 20.78 ± 12.38 **G2:** 15.38 ± 10.23 **G1/G2:** *P* = 0.04

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2009 (continued)	**Co-interventions held stable during treatment:** NR **Treatment fidelity assessed:** Yes **Frequency of contact during study:** Weekly for first 18 weeks **Concomitant therapies, n (%):** Anticonvulsant medication: **G1:** 4 (8.2) **G2:** 0 **N at enrollment:** **G1:** 49 **G2:** 7 **N at 24 week follow-up:** **G1:** 40 **G2:** 55	**Mental age:** NR **Gender, n (%):** Male: 105 (85) Female: 19 (15) **Race/ethnicity, n (%):** White/non-Hispanic: **G1:** 34 (69.4) **G2:** 59 (78.7) Hispanic: **G1:** 7 (14.3) **G2:** 4 (5.3) African American: **G1:** 7 (14.3) **G2:** 9 (12.1) Asian American: **G1:** 0 **G2:** 3 (4.0) Native American **G1:** 1 (2.0) **G2:** 0 (0) **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** ADI, DSM-IV **Diagnostic category, n (%):** Autism: **G1:** 32 (65.3) **G2:** 49 (65.3) PDD-NOS: **G1:** 13 (26.5) **G2:** 22 (29.3) Aspergers: **G1:** 4 (8.2) **G2:** 4 (5.3) **Other characteristics:** Educational placement, n (%): Full time, regular education: **G1:** 10 (20.4) **G2:** 18 (24.0) Full time, regular education, with aide: **G1:** 0 **G2:** 3 (4.0)	**Commonly occurring comorbidities:** CYBOCS score, mean ± SD: **G1:** 16.22 ± 2.47 **G2:** 14.72 ± 2.85 Home Situations Questionnaire, “yes” count, mean ± SD: **G1:** 18.9 ± 3.46 **G2:** 18.6 ± 4.65 CGI-S score, n (%): Moderate/4: **G1:** 14 (28.6) **G2:** 25 (33.3) Marked/5: **G1:** 19 (38.8) **G2:** 33 (44.0) Severe/6: **G1:** 15 (30.6) **G2:** 17 (22.7) Extreme/7: **G1:** 1 (2.0) **G2:** 0 (0) VABS composite score, mean ± SD: **G1:** 45.8 ± 15.5 **G2:** 53.1 ± 15.7 **Educational/ cognitive/ academic attainment:** IQ category, n (%): Average: **G1:** 11 (22.5) **G2:** 28 (38.4) Borderline: **G1:** 12 (24.5) **G2:** 18 (24.7) Mild intellectual disability (ID): **G1:** 9 (18.4) **G2:** 14 (19.2) Moderate ID: **G1:** 17 (34.7) **G2:** 13 (17.8)	**Commonly occurring comorbidities:** CYBOCS score, week 24, mean ± SD: **G1:** 11.86 ± 4.47 **G2:** 10.11 ± 3.83 **G1/G2:** *P* = 0.62 **Harms, n (%):** Rhinitis: **G1:** 39 (79.6) **G2:** 60 (80.0) **G1/G2:** *P* = 0.96 Cough: **G1:** 39 (79.6) **G2:** 58 (77.3) **G1/G2:** *P* = 0.77 Appetite increase: **G1:** 38 (77.6) **G2:** 55 (73.3) **G1/G2:** *P* = 0.6 Fatigue: **G1:** 33 (67.5) **G2:** 60 (80) **G1/G2:** *P* = 0.11 Weight increase: **G1:** 40 (81.6) **G2:** 53 (70.7) **G1/G2:** *P* = 0.17 Somnolence: **G1:** 24 (49.0) **G2:** 32 (42.7) **G1/G2:** *P* = 0.49 Vomiting: **G1:** 19 (38.8) **G2:** 34 (45.3) **G1/G2:** *P* = 0.47 Excessive saliva: **G1:** 16 (32.7) **G2:** 36 (48.0) **G1/G2:** *P* = 0.09 Enuresis: **G1:** 16 (32.7) **G2:** 32 (42.7) **G1/G2:** *P* = 0.26 Insomnia: **G1:** 24 (49.0) **G2:** 23 (30.7) **G1/G2:** *P* = 0.04

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2009 (continued)		Regular education, with some special education: **G1:** 5 (10.2) **G2:** 4 (5.3) Special education classroom: **G1:** 8 (10.3) **G2:** 14 (18.7) Special elementary school: **G1:** 3 (6.1) **G2:** 2 (2.7) Home school: **G1:** 4 (8.2) **G2:** 5 (6.7) Special preschool: **G1:** 11 (22.4) **G2:** 11 (14.7) Regular preschool: **G1:** 6 (12.2) **G2:** 8 (10.7) No school: **G1:** 2 (4.1) **G2:** 12 (16.0)		Headache: **G1:** 18 (36.7) **G2:** 25 (33.3) **G1/G2:** *P* = 0.7 Diarrhea: **G1:** 17 (34.7) **G2:** 24 (32.0) **G1/G2:** *P* = 0.76 Constipation: **G1:** 18 (36.7) **G2:** 21 (28.0) **G1/G2:** *P* = 0.31 Skin rash: **G1:** 12 (24.5) **G2:** 24 (32.0) **G1/G2:** *P* = 0.37 Anxiety: **G1:** 14 (28.6) **G2:** 22 (29.3) **G1/G2:** *P* = 0.93 Dyspepsia: **G1:** 9 (18.4) **G2:** 21 (28.0) **G1/G2:** *P* = 0.22 Polydipsia: **G1:** 11 (22.5 **G2:** 17 (22.7) **G1/G2:** *P* = 0.98 Nausea: **G1:** 12 (24.5) **G2:** 15 (20.0) **G1/G2:** *P* = 0.55 Pyrexia: **G1:** 8 (16.3) **G2:** 18 (24.0) **G1/G2:** *P* = 0.3 Dry mouth: **G1:** 14 (28.6) **G2:** 11 (14.7) **G1/G2:** *P* = 0.06 Pharyngitis: **G1:** 9 (18.4) **G2:** 14 (8.7) **G1/G2:** *P* = 0.97 Tachycardia: **G1:** 7 (14.3) **G2:** 11 (14.7) **G1/G2:** *P* = 0.95

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2009 (continued)				Abdominal pain, upper: **G1:** 6 (12.2) **G2:** 11 (14.7) **G1/G2:** *P* = 0.7 Dyskinesia: **G1:** 7 (14.3) **G2:** 7 (9.3) **G1/G2:** *P* = 0.39 Nasal congestion: **G1:** 7 (14.3) **G2:** 6 (8.0) **G1/G2:** *P* = 0.26 Tremor: **G1:** 4 (8.2) **G2:** 9 (12.0) **G1/G2:** *P* = 0.5 Dizziness: **G1:** 2 (4.1) **G2:** 9 (12.0) **G1/G2:** *P* = 0.2 Epistaxis: **G1:** 7 (14.3) **G2:** 3 (4.0) **G1/G2:** *P* = 0.05 Polyuria: **G1:** 3 (6.1) **G2:** 7 (9.3) **G1/G2:** *P* = 0.74 Ear infection: **G1:** 2 (4.1) **G2:** 6 (8.0) **G1/G2:** *P* = 0.48 **Modifiers:** No interaction of treatment and treatment-by-time effects with IQ

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Bass et al., 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** Residential center **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: NR **Design:** RCT	**Intervention:** Therapeutic horseback riding sessions, 1 hour per week over the span of 12 weeks, consisting of: • Mounting/dismounting: 5 minute instruction sessions aimed at stimulating verbal communication • Exercises: 10 minute warm-up with stretches, side walkers practice giving verbal/modeled/ physical prompts • Riding Skills: 15 minutes riding skill practice aimed to stimulate sensory seeking, gross fine motor domains • Mounted Games: 20 minute segment focusing on group and individual games to stimulate social and communication skills • Horsemanship: 10 minutes of taking part in grooming activities **Assessment:** SRS and Sensory Profile, pre- and post-intervention **Groups:** **G1:** therapeutic horseback riding **G2:** waitlist group **Provider:** Staff at the Good Hope Equestrian Training Center **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** Yes **Concomitant therapies, n:** None: **G1:** 8 **G2:** 3	**Inclusion criteria:** • Met criteria for DSM-IV-TR autism spectrum diagnosis • Parents had to consent to pre-testing, 12 weeks of therapeutic horseback riding, and one post testing session • No previous exposure to equine activities **Exclusion criteria:** • See inclusion criteria **Age, years ± SD (range):** **G1:** 6.95 ± 1.67 (5-10) **G2:** 7.73 ± 1.65 (4-10) **Mental age:** NR **Gender, n:** Male: **G1:** 17 **G2:** 12 Female: **G1:** 2 **G2:** 3 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** DSM-IV-TR **Diagnostic category, n:** Mild autism: **G1:** 6 (18) **G2:** 5 (15) Moderate autism: **G1:** 10(29) **G2:** 6(18) Severe autism: **G1:** 2 (6) **G2:** 3(9) Aspergers: **G1:** 1(3) **G2:** 1(3)	**Social skills:** SRS score, mean ± SD: Total: **G1:** 85.9 ± 37.5 **G2:** 89.3 ± 35.4 Social cognition: **G1:** 20.8 ± 7.3 **G2:** 11.5 ± 3.6 Social awareness: **G1:** 12.1 ± 4.7 **G2:** 11.5 ± 3.6 Social motivation: **G1:** 17.3 ± 7.1 **G2:** 18.2 ± 7.1 **Motor skills:** Sensory Profile score, mean ± SD: Fine motor/ perception: **G1:** 8.9 ± 3.5 **G2:** 8.6 ± 2.9 Sedentary: **G1:** 13.5 ± 5 **G2:** 11.9 ± 5.1 **Sensory:** Sensory Profile score, mean ± SD: Total: **G1:** 237.6 ± 55.9 **G2:** 240.9 ± 50.9 Sensory seeking: **G1:** 58.4 ± 10.6 **G2:** 53.9 ± 10.9 Sensory sensitivity: **G1:** 15.7 ± 3.6 **G2:** 16.1 ± 4.6 **Educational/ cognitive/ academic attainment:** Sensory Profile inattention/distractibility score, mean ± SD: **G1:** 21 ± 7.1 **G2:** 21.6 ± 4.6	**Social skills:** SRS score, mean ± SD: Total: **G1:** 73.6 ± 24.1 **G2:** 94.4 ± 32.1 **G1/BL:** $P < 0.017$ **G2/BL:** P = NS **G1/G2:** $P < 0.05$ Social cognition: **G1:** 16.1 ± 5.8 **G2:** 18.9 ± 6.6 **G1/G2:** P = NS Social awareness: **G1:** 9.9 ± 2.7 **G2:** 11.1 ± 3.2 **G1/G2:** P = NS Social motivation: **G1:** 12.5 ± 5.9 **G2:** 16.2 ± 6.7 **G1/BL:** $P < 0.003$ **G2/BL:** P = NS **G1/G2:** $P < 0.05$ **Motor skills:** Sensory Profile score, mean ± SD: Fine motor/ perception: **G1:** 9.4 ± 3.0 **G2:** 8.7 ± 3.1 **G1/G2:** P = NS Sedentary: **G1:** 16 ± 3.3 **G2:** 11.3 ± 4.8 **G1/BL:** $P < 0.001$ **G2/BL:** P = NS **G1/G2:** $P < 0.01$ **Sensory:** Sensory Profile score, mean ± SD: Total: **G1:** 269.4 ± 51.6 **G2:** 245.7 ± 50.3 **G1/BL:** $P < 0.001$ **G2/BL:** $P = 0.101$ **G1/G2:** $P < 0.01$

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Bass et al., 2009 (continued)	Occupational therapy: **G1:** 6 **G2:** 5 Occupational/speech therapy: **G1:** 2 **G2:** 0 Occupational/speech/ physical therapy: **G1:** 0 **G2:** 1 Occupational/physical therapy: **G1:** 2 **G2:** 5 Speech therapy: **G1:** 1 **G2:** 1 **N at enrollment:** **G1:** 19 **G2:** 15 **N at follow-up:** **G1:** 19 **G2:** 15	**Other characteristics, n:** Verbal: **G1:** 9 **G2:** 6 Non-verbal **G1:** 10 **G2:** 9		Sensory seeking: **G1:** 62 ± 9.0 **G2:** 53.2 ± 10.5 **G1/BL:** *P* < 0.001 **G2/BL:** *P* = NS **G1/G2:** *P* < 0.01 Sensory sensitivity: **G1:** 17.2 ± 2.6 **G2:** 15.7 ± 4.8 **G1/BL:** *P* < 0.001 **G2/BL:** *P* = NS **G1/G2:** *P* < 0.001 **Educational/ cognitive/ academic attainment:** Sensory Profile inattention/distrac-tibility score, mean ± SD: **G1:** 27 ± 4.6 **G2:** 21.4 ± 4.5 **G1/BL:** *P* < 0.001 **G2/BL:** *P* = NS **G1/G2:** *P* < 0.01 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Chan et al., 2009 **Country:** China **Practice setting:** Academic **Intervention setting:** Academic **Enrollment period:** NR **Funding:** Culture Homes Ltd. **Author industry relationship disclosures:** NR **Design:** RCT	**Intervention:** Seven-star needle stimulation, 5-10 minute treatment sessions, 5 days a week for 6 weeks. Therapist tapped the child's skin quickly (approximately 20 times every 5 seconds) with dematoneural medical hammer; stimulation was performed three times each on the 2 sides of the child's back along the spine, along the midline of the front side of the body, and on dorsal and posterior parts of the head **Assessments:** Children were assessed before and after the treatment group underwent seven-star needle stimulation (baseline and 6 weeks); Parent's Rating Questionnaire, developed for the study, on language, social interaction and behavioral problems, as well as motor functioning; quantitative electro-encephalogram (qEEG) **Groups:** **G1:** needle stimulation **G2:** waitlist control **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** 5 days a week for 6 weeks, assessed at baseline and 6 weeks after treatment **Concomitant therapies** NR **N at enrollment:** **G1:** 16 **G2:** 16 **N at follow-up:** **G1:** 16 **G2:** 16	**Inclusion criteria:** • Children with autism **Exclusion criteria:** • See inclusion criteria **Age, mean** ± SD **G1:** 6.85 ± 1.76 **G2:** 6.89 ± 1.77 **Mental age:** TONI, IQ ± SD: **G1:** 84.06 ± 15.75 **G2:** 86.82 ± 19.91 **Gender, n:** Male: **G1:** 13 **G2:** 13 Female: **G1:** 3 **G2:** 3 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral from special education centers **Diagnostic tool/method:** NR **Diagnostic category:** NR **Other characteristics:** NR	**Overall ratings:** Parent's Rating Questionnaire score, mean ± SD: Language: **G1:** NR **G2:** NR Social interaction: **G1:** NR **G2:** NR Stereotyped behavior: **G1:** NR **G2:** NR Motor functioning: **G1:** NR **G2:** NR Overall: **G1:** NR **G2:** NR **Sensory:** QEEG spectral amplitude, mean ± SD: Delta: **G1:** 244.80 ± 86.32 (n=7) **G2:** 178.20 ± 38.81 (n=9) Theta: **G1:** 107.71 ± 31.90 (n=7) **G2:** 78.73 ± 16.90 (n=9) Alpha: **G1:** 61.86 ± 26.66 (n=7) **G2:** 45.62 ± 12.21 (n=9) Beta: **G1:** 33.71 ± 17.16 (n=7) **G2:** 20.20 ± 4.60 (n=9) High beta: **G1:** 34.23 ± 18.51 (n=7) **G2:** 24.19 ± 3.68 (n=9)	**Overall ratings:** Parent's Rating Questionnaire score, mean change ± SD: Language: **G1:** 1.21 ± 0.73 **G2:** 0.43 ± 0.35 Social interaction: **G1:** 1.07 ± 0.77 **G2:** 0.42 ± 0.49 Stereotyped behavior: **G1:** 0.55 ± 1.08 **G2:** 0.34 ± 0.67 Motor functioning: **G1:** 1.03 ± 1.15 **G2:** 0.59 ± 0.71 Overall: **G1:** 0.97 ± 0.73 **G2:** 0.41 ± 0.41 **Sensory:** QEEG spectral amplitude, mean ± SD: Delta: **G1:** 165.77 ± 81.61 (n=7) **G2:** 197.34 ± 51.35 (n=9) ANOVA: treatment x time ($P < 0.05$) **G1/G2:** $P < 0.05$ Theta: **G1:** 70.50 ± 15.62 (n=7) **G2:** 73.80 ± 12.21 (n=9) ANOVA: treatment x time ($P < 0.05$) **G1/G2:** $P < 0.05$ Alpha: **G1:** 49.89 ± 13.44 (n=7) **G2:** 43.36 ± 6.35 (n=9) ANOVA: treatment ($P < 0.05$), time x treatment (P = NS) **G1/G2:** P = NS

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Chan et al., 2009 (continued)				Beta: **G1:** 26.61 ± 13.82 (n=7) **G2:** 28.93 ± 9.68 (n=9) ANOVA: treatment x time ($P < 0.05$) **G1/G2:** $P < 0.05$ High beta: **G1:** 18.76 ± 7.58 **G2:** 29.54 ± 13.47 ANOVA: treatment x time ($P < 0.05$) **G1/G2:** $P < 0.05$ **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Cotugno, 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: NR **Design:** Prospective cohort series	**Intervention:** Social competency and social skills training and intervention program, 1 hour weekly group sessions for 30 weeks, employing a peer-based, group model within a stage-based cognitive-behavioral framework using group therapy, cognitive-behavioral, and skill instruction Control group: matched sample of non-ASD children not receiving treatment **Assessments:** WMS completed by teachers; SCDS completed by parents, six items selected from scale, two items each addressing stress/anxiety management, joint attention, and flexibility/transitions **Groups:** **G1:** social competency and social skills training and intervention program **G2:** non-ASD controls **Ga:** younger children (ages 7.0-8.2) **Gb:** older children (ages 10.0-11.0) **Provider:** Licensed group clinician **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1a:** 10 **G1b:** 8 **G2a:** 5 **G2b:** 5	**Inclusion criteria:** **G1:** • Families self-referred to MGH/Youth Care • Between the ages of 7 and 11 • Received a prior diagnosis on the autism spectrum meeting DSM-IV criteria, confirmed by neuropsychological evaluation by professionals with no connection to the program • Obtained a Full Scale or Verbal Scale IQ on the WISC-IV within the average range (80-119) or higher • Demonstrated no significant language or communication deficits • Participated in at least a partial inclusion program in a regular education curriculum **G2:** ○ Randomly selected from two local public schools to match the ages and grades of the intervention groups ○ No prior diagnosis of ASD ○ Had never been referred to nor ever received any special education services ○ Receiving no current psychological or school-based services (i.e. individual, group therapy, or counseling) ○ Had no prior contact with MGH/Youth Care **Exclusion criteria:** • See inclusion criteria **Age, range (years):** **G1a:** 7.0-8.2 **G1b:** 10.0-11.0 **G2a:** 7-8 **G2b:** 10-11	**Overall ratings:** WMS score, mean: **G1a:** 121.4 **G1b:** 120.5 **G2a:** 159.0 **G2b:** 187.0 **Social Skills:** WMS, teacher preferred social behavior subscale, mean: **G1a:** 46.2 **G2b:** 44.5 **G2a:** 59.6 **G2b:** 69.4 WMS, peer-preferred social behavior subscale, mean: **G1a:** 43.8 **G1b:** 44.0 **G2a:** 60.8 **G2b:** 74.0 SCDS, participants with scores of 1 or 2 on joint attention questions, n (%):* **G1a:** 12 (60) **G1b:** 11 (69) **Adaptive behavior:** WMS, school adjustment behavior subscale, mean: **G1a:** 31.4 **G1b:** 32.0 **G2a:** 40.6 **G2b:** 43.6 SCDS, participants with scores of 1 or 2 on flexibility/ transitions questions, n (%):* **G1a:** 17 (85) **G1b:** 11 (69)	**Overall ratings:** WMS score, 9 months, mean: **G1a:** 138.3 **G1b:** 136.4 **G2a:** 163.6 **G2b:** 181.4 **G1a/BL:** $P < 0.05$ **G1b/BL:** $P < 0.01$ **G2a/BL:** P = NS **G2b/BL:** P = NS **Social skills:** WMS, teacher preferred social behavior sub-scale, 9 months, mean: **G1a:** 52.7 **G1b:** 48.8 **G2a:** 60.4 **G2b:** 65.2 **G1a/BL:** $P < 0.05$ **G1b/BL:** $P < 0.05$ **G2a/BL:** P = NS **G2b/BL:** P = NS WMS, peer-preferred social behavior sub-scale, 9 months, mean: **G1a:** 50.9 **G1b:** 47.0 **G2a:** 63.2 **G2b:** 72.4 **G1a/BL:** $P < 0.05$ **G1b/BL:** $P < 0.05$ **G2a/BL:** P = NS **G2b/BL:** P = NS SCDS, 9 months, participants with scores of 1 or 2 on joint attention questions, n (%):* **G1a:** 7 (35) **G1b:** 4 (25)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Cotugno, 2009 (continued)	**N at follow-up:** **G1a:** 10 **G1b:** 8 **G2a:** 5 **G2b:** 5	**Mental age:** **G1:** See inclusion criteria **G2:** NR **Gender:** NR **Race/ethnicity, n (%):** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** DSM-IV **Diagnostic category:** NR **Other characteristics:** NR	**Commonly occurring co-morbidities:** SCDS, participants with scores of 1 or 2 on anxiety and stress management questions, n (%):* **G1a:** 17 (85) **G1b:** 16 (100)	**Adaptive behavior:** WMS, school adjustment behavior subscale, 9 months, mean: **G1a:** 34.6 **G1b:** 41.1 **G2a:** 40.0 **G2b:** 43.8 **G1a/BL:** $P < 0.05$ **G1b/BL:** $P <$ 001 **G2a/BL:** P = NS **G2b/BL:** P = NS SCDS, 9 months, participants with scores of 1 or 2 on flexibility/ transi-tions questions, n (%):* **G1a:** 11 (55) **G1b:** 5 (31) **Commonly occurring co-morbidities:** SCDS, 9 months, participants with scores of 1 or 2 on anxiety and stress manage-ment questions, n (%):* **G1a:** 9 (45) **G1b:** 7 (44) **Harms:** NR **Modifiers:** NR

Comments:

***** A score of 1 or 2 reflects no or very limited demonstrations of positive adaptive behavior.

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Dawson et al., 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic, residential center **Enrollment period:** NR **Funding:** NIH Author industry relationship disclosures: 2 of 8 Early Start Denver Model for Young Children with Autism (royalties) **Design:** RCT	**Intervention:** Early Start Denver Model: 20 hrs/week of ESDM, parent training, parent delivery for ≥ 5 hrs/week of ESDM, community services chosen by parents Assess-and-monitor: Families given resource manuals, intervention recommendations, and referrals for intervention at baseline and 2 follow-up assessments Duration: 2 years Frequency: 2 hour sessions, twice per day, 5 days/week **Assessments:** ADI-R; ADOS; MSEL (fine motor, visual reception, expressive language and receptive language scales); VABS; RBS Yearly assessments conducted by University of Washington clinicians (G1) and community providers (G2) **Groups:** **G1:** Early Start Denver Model **G2:** assess-and-monitor **Provider:** • Graduate-level, trained lead therapist (minimum of 5 years experience providing early intervention to young children with autism) • Clinical psychologist • Speech-language pathologist • Developmental behavioral pediatrician • Occupational therapist **Measure of treatment fidelity reported:** Yes	**Inclusion criteria:** • Age < 30 months at intake • Met criteria for autistic disorder on the Toddler Autism Diagnostic Interview • Met ADOS criteria for autism or ASD • Clinical diagnosis based on DSM-IV criteria using all available information • Resides within 30 minutes of the University of Washington • Willingness to participate in ≥ 2 year intervention **Exclusion criteria:** • Neurodevelopmental disorder of known etiology (such as fragile x syndrome) • Significant sensory or motor impairment • Major physical problems such as a chronic serious health condition • Seizures at time of entry • Use of psychoactive medications • History of a serious head injury and/or neurologic disease • Alcohol or drug exposure during the prenatal period • Ratio IQ below 35 as measured by mean age equivalence score/ chronological age on the visual reception and fine motor subscales of the MSEL **Age, months ± SD:** **G1:** 23.9 ± 4.0 **G2:** 23.1 ± 3.9 **G1/G2:** *P* = 0.490 **Mental age:** NR **Gender, male-to-female ratio:** 3.5:1	**Overall ratings:** ADOS severity score, mean ± SD: **G1:** 7.2 ± 1.7 **G2:** 6.9 ± 1.7 **G1/G2:** *P* = 0.557 **Social skills:** VABS socialization score, mean ± SD: **G1:** 73.8 ± 7.7 **G2:** 72.4 ± 9.4 **G1/G2:** *P* = 0.594 **Communication/ language:** MSEL scale score, mean ± SD: Early-learning composite: **G1:** 61.0 ± 9.2 **G2:** 59.4 ± 8.6 **G1/G2:** *P* = 0.530 Receptive language: **G1:** 21.1 ± 4.7 **G2:** 21.2 ± 3.8 **G1/G2:** *P* = 0.530 Expressive language: **G1:** 24.5 ± 7.2 **G2:** 26.0 ± 8.6 **G1/G2:** *P* = 0.492 Visual reception: **G1:** 33.2 ± 11.0 **G2:** 30.8 ± 8.9 **G1/G2:** *P* = 0.406 VABS communication score, mean ± SD: **G1:** 68.4 ± 7.6) **G2:** 69.6 ± 7.3) **G1/G2:** *P* = 0.577 **Repetitive Behavior:** RBS total score, mean ± SD: **G1:** 15.2 ± 10.8 **G2:** 21.5 ± 19.2 **G1/G2:** *P* = 0.171	**Overall ratings:** ADOS severity score, 2 years, mean ± SD: **G1:** 7.0 ± 1.9) **G2:** 7.3 ± 1.8 **G1/G2:** *P* = 0.422 Diagnostic category, 2 years, n: Autism: **G1:** 16 **G2:** 20 PDD-NOS: **G1:** 8 **G2:** 1 **Social skills:** VABS socialization score, 2 years, mean ± SD: **G1:** 69.2 ± 11.6 **G2:** 63.1 ± 9.3 **G1/G2:** *P* = 0.263 **Communication/ language:** MSEL scale score, 2 years, mean ± SD: Early-learning composite: **G1:** 24.2 ± 17.6 **G2:** 66.3 ± 15.3 **G1/G2:** *P* = 0.044 Receptive language: **G1:** 40.0 ± 16.3 **G2:** 31.5 ± 10.6 **G1/G2:** *P* = 0.048 Expressive language: **G1:** 36.6 ± 13.6 **G2:** 30.0 ± 9.2 **G1/G2:** *P* = 0.033 Visual reception: **G1:** 41.0 ± 17.9 **G2:** 34.5 ± 13.0 **G1/G2:** *P* = 0.433

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Dawson et al., 2009 (continued)	**Co-interventions held stable during treatment:** Yes **Concomitant therapies:** NR **N at enrollment:** **G1:** 24 **G2:** 24 **N at follow-up (%):** Year one: **G1:** 24 (100) **G2:** 23 (96) Year two: **G1:** 24 (100) **G2:** 21 (88)	**Race/ethnicity, %:** Asian: 12.5 White: 72.9 Latino: 12.5 Multiracial: 14.6 **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral and confirmed in study **Diagnostic tool/method:** Toddler Autism Diagnostic Interview, ADOS **Diagnostic category, n:** Autism: **G1:** 21 **G2:** 18 PDD-NOS: **G1:** 3 **G2:** 6 **Other characteristics:** NR	**Adaptive behavior:** VABS adaptive behavior composite score, mean ± SD: **G1:** 69.5 ± 5.7 **G2:** 69.9 ± 7.3 **G1/G2:** *P* = 0.844 VABS daily living skills score, mean ± SD: **G1:** 87.3 ± 11.4 **G2:** 86.8 ± 10.0 **G1/G2:** *P* = 0.381 **Motor skills:** MSEL fine motor score, mean ± SD: **G1:** 33.9 ± 11.9 **G2:** 30.6 ± 10.7 **G1/G2:** *P* = 0.318 VABS motor skills score, mean ± SD: **G1:** 70.9 ± 6.2 **G2:** 72.5 ± 6.5 **G1/G2:** *P* = 0.862	VABS communication score, 2 years, mean ± SD: **G1:** 82.1 ± 21.8 **G2:** 69.4 ± 15.8 **G1/G2:** *P* = 0.015 **Repetitive behavior:** RBS total score, 2 years, mean ± SD: **G1:** 16.7 ± 13.1 **G2:** 22.0 ± 16.3 **G1/G2:** *P* = 0.545 **Adaptive behavior:** VABS adaptive behavior composite score, 2 years, mean ± SD: **G1:** 68.7 ± 15.9 **G2:** 59.1 ± 8.8 **G1/G2:** *P* = 0.011 VABS daily living skills score, 2 years, mean ± SD: **G1:** 64.7 ± 12.4 **G2:** 58.0 ± 8.1 **G1/G2:** *P* = 0.013 **Motor skills:** MSEL fine motor score, 2 years, mean ± SD: **G1:** 33.5 ± 12.2 **G2:** 28.5 ± 9.5 **G1/G2:** *P* = 0.503 VABS motor skills score, 2 years, mean ± SD: **G1:** 77.4 ± 19.8 **G2:** 64.1 ± 12.3 **G1/G2:** *P* = 0.009

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Dawson et al., 2009 (continued)				**Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Hayward et al., 2009 Eikeseth et al., 2009† **Country:** UK **Practice setting:** Academic **Intervention setting:** Home and clinic **Enrollment period:** Autumn 1998 to Spring 2005 **Funding:** NIH Author industry relationship disclosures: 3 of 5† NOVA Institute for Children with Developmental Disorders (1) UK YAP (3) **Design:** Prospective cohort study Retrospective case series (subgroup analysis)†	**Intervention:** UCLA intensive ABA, either clinic based (G1) or parent managed (G2) Duration: 1 year Frequency, hours/week, mean ± SD: **G1:** 37.4 ± 3.47 **G2:** 34.2 ± 5.29 **G1/G2:** *P* = NS Supervision intensity per month, hours (range):† **G2:** 5.2 (2.9-7.8) Cumulative supervision intensity, hours ± SD (range):† **G2:** 73.05 ± 24.80 (40-109.5) **Assessments:** ADI-R, administered by first author BSID-R or WPPSI-R (depending on chronological age), Merrill-Palmer Scale of Mental Tests, RDLS, and VABS conducted by an independent psychologist **Groups:** **G1:** clinic based ABA **G2:** parent managed ABA **Provider:** Clinic-based: • Tutors: received basic and advanced theory seminars, a 60-hour practicum, continued training and supervision from senior tutor and program consultant • Senior tutor: ≥ 1 year experience working as a tutor with > 3 children • Program consultant: ≥ 3 years clinical experience as both tutor and senior tutor	**Inclusion criteria:** • Joined UK Young Autism Project within the enrollment period • Diagnosis of autism according to ICD-10 criteria • Age at intake between 24-42 months • No other severe medical conditions certified by medical practitioner **Exclusion criteria:** • See inclusion criteria **Age, months ± SD:** **G1:** 35.7 ± 6.2 **G2:** 34.4 ± 5.7 **Mental age:** See baseline measures **Gender, n:** Male: **G1:** 19 **G2:** 15 Female: **G1:** 4 **G2:** 6 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral, confirmed in study **Diagnostic tool/method:** Confirmed by ADI-R **Diagnostic category:** NR **Other characteristics:** NR	**Communication/ language:** RDLS score, mean ± SD: Comprehension: **G1:** 20.0 ± 0.0 **G2:** 20.7 ± 2.8 **G1/G2:** *P* = NS Expressive: **G1:** 20.2 ± 1.0 **G2:** 20.7 ± 3.3 **G1/G2:** *P* = NS **Adaptive behavior:** VABS composite score, mean ± SD: **G1:** 62.3 ± 6.8 **G2:** 65.1 ± 10.4 **G1/G2:** *P* = NS **Educational/ cognitive/ academic attainment:** IQ, mean ± SD: **G1:** 53.5 ± 15.1 **G2:** 54.1 ± 15.1 **G1/G2:** *P* = NS Visual-spatial IQ, mean ± SD: **G1:** 74.8 ± 22.6 **G2:** 76.2 ± 18.2 **G1/G2:** *P* = NS	**Communication/ language:** RDLS score, mean ± SD: Comprehension: **G1:** 26.7 ± 7.0 **G2:** 28.4 ± 9.5 **G1/G2:** *P* = NS **G1+G2/BL:** *P* < 0.01 Expressive: **G1:** 26.4 ± 6.1 **G2:** 27.6 ± 7.6 **G1/G2:** *P* = NS **G1+G2/BL:** *P* < 0.01 **Adaptive behavior:** VABS composite score, mean ± SD: **G1:** 68.4 ± 14.5 **G2:** 72.5 ± 17.3 **G1/G2:** *P* = NS **G1+G2/BL:** *P* < 0.001 **Educational/ cognitive/ academic attainment:** IQ, mean ± SD: **G1:** 70.9 ± 19.6 **G2:** 68.9 ± 22.1 **G1/G2:** *P* = NS **G1+G2/BL:** *P* < 0.001 Visual-spatial IQ, mean ± SD: **G1:** 89.4 ± 29.2 **G2:** 82.1 ± 28.0 **G1/G2:** *P* = NS **G1+G2/BL:** *P* < 0.001 **Harms:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Hayward et al., 2009 (continued)	Parent-based: • Parents were supervised for > 6 hours every 6 weeks by program consultant from clinic-based program **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** Yes Concomitant therapies: NR **N at enrollment:** **G1:** 23 **G2:** 21 **N at follow-up:** **G1:** 20 **G2:** 19			**Modifiers:** Visual-spatial IQ at intake was significantly correlated with change in VABS composite score at 1 year (r = 0.64; *P* < 0.01) and change in IQ at 1 year (r = 0.38; *P* < 0.05) In G2, intensity of supervision was significantly correlated with change in IQ at 14 month follow-up (r = 0.45; P < 0.05); estimated linear regression line has slope of 0.210 (*P* < 0.05)† In G2, visual-spatial IQ at intake was significantly correlated with change in IQ at 14 month follow-up (r = 0.63; P < 0.01)†

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Granpeesheh et al., 2009 **Country:** US **Practice setting:** Specialty treat-ment center **Intervention setting:** NR **Enrollment period:** 1995 to 2007 **Funding:** NR **Author industry relationship disclosures:** None **Design:** Retrospective case series	**Intervention:** Early Intensive Behavioral Intervention **Assessments:** WISC-R and WISC-III, SB-FE, MPS, LIPS-R, MESL (AGS edition), BSID-II, DAS **Groups:** **G1:** intervention **Provider:** NR **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 38 **N at follow-up:** **G1:** 38	**Inclusion criteria:** • No longer presented with developmental delay in any area of functioning of which author is aware • Placed in regular education classrooms and were earning passing grades without any special assistance • Reason for discharge from author's treatment was the absence of any apparent need for treatment • Agreement of criteria must be met between a minimum of two senior clinicians who were familiar with the course and outcome of a patient's treatment • Patient record had to contain cognitive testing within 6 months of start of ABA services and within 6 months of stopping ABA services **Exclusion criteria:** • See inclusion criteria **Age, months ± SD (range):** **G1:** 40.32 ± 7.27 (24-55) **Mental age:** NR **Gender:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** NR **Diagnostic category, %:** Autism: 100 **Other characteristics:** NR	**Adaptive behavior:** VABS composite score, mean ± SD (range): **G1:** 68.04 ± 7.79 (57-82) **Educational/ cognitive/ academic attainment:** IQ, mean ± SD (range): **G1:** 83.6 ± 19.15 (50-133)	**Adaptive behavior:** VABS composite, mean ± SD (range): **G1:** 88.87 ± 11.02 (69-111) **Educational/ cognitive/ academic attainment:** IQ, mean ± SD (range): **G1:** 107.9 ± 9.59 (89-128) **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Handen, et al., 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** PediaMed Pharmaceuticals **Author industry relationship disclosures:** 2 of 7 Alarus Developmental International (1) PediaMed Pharmaceuticals (1) PRA International (1) **Design:** RCT	**Intervention:** Randomized, double-blind, placebo-controlled, parallel groups, involving 12 centers in the US. Oral human immuneglo-bulin (IGOH; Oralgam), 140, 420, or 840 mg/day for 12 weeks (admini-stered in divided doses of 3 capsules in the morning and 3 capsules in the evening) or placebo A computerized system used to assign and verify 1:1:1:1 randomization, with subjects balanced by site and age **Assessments:** MGIS (response to treat-ment after 12 weeks); weekly, daily status of GI signs and symptoms completed by parents Behavioral measures (ABC), CGI-I to assess the severity of behavioral symptom as completed by parents and clinicians General safety and tolerability assessed **Groups:** **G1a:** IGOH 140 mg/day **G1b:** IGOH 420 mg/day **G1c:** IGOH 840 mg/day **G2:** placebo **Co-interventions held stable during treatment:** Yes **Frequency of contact during study:** 2 weeks and 12 weeks **Concomitant therapies:** NR **N at enrollment:** **G1a:** 32 **G1b:** 31 **G1c:** 31 **G2:** 31	**Inclusion criteria:** • Met diagnostic criteria for autism per DSM-IV, corroborated by ADI-R • CGI severity scale > 3 (autistic symptoms) • History of chronic, persistent GI disturbance (> 6 weeks duration) • One of following must be present: abnormal gaseousness, bloating, or symptoms of moderate-to-severe abdominal pain or discomfort • No elective changes in concurrent therapy during the study **Exclusion criteria:** • Evidence of a GI infection based on stool laboratory tests at baseline • Known diagnosis of other GI pathology • Current use of antibiotics or antifungal medications, chelation therapy, medication affecting GI transit (stool softeners and bulking agents were permitted if constant doses were used for ≥ 30 days prior to screening visit and no changes in dosing was planned during the course of the study) • Changes in diet intervention within 30 days prior to the screening visit • Changes in alternative medical therapies • DSM-IV diagnosis of a pervasive developmental disorder other than autism • Evidence of a seizure disorder, Fragile X syndrome, Tuberous Sclerosis Complex, liver or pancreatic disease, cystic fibrosis, or chronic infection		**Overall ratings:** CGI, physician rated, n (%): Very much or much improved: **G1a:** 3/29 (10.3) **G1b:** 9/26 (34.6) **G1c:** 5/28 (17.9) **G2:** 11/28 (39.3) Minimally improved or unchanged: **G1a:** 25/29 (86.2) **G1b:** 14/26 (53.9) **G1c:** 21/28 (75.0) **G2:** 15/28 (53.6) Minimally, much or very much worse: **G1a:** 1/29 (3.4) **G1b:** 3/26 (11.5) **G1c:** 2/28 (7.1) **G2:** 2/28 (7.1) **G1a/G1b/G1c/ G2:** $P = 0.5$ CGI, parent rated, n (%): Very much or much improved **G1a:** 6/29 (20.7) **G1b:** 12/26 (46.2) **G1c:** 7/28 (25.0) **G2:** 16/29 (55.2) Minimally improved or unchanged: **G1a:** 21/29 (72.4) **G1b:** 12/26 (46.2) **G1c:** 17/28 (60.7) **G2:** 12/29 (41.4) Minimally, much, or very much worse: **G1a:** 2/29 (6.9) **G1b:** 2/26 (7.6) **G1c:** 4/28 (14.3) **G2:** 1/29 (3.4) **G1a/G1b/G1c/ G2:** $P = 0.047$

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Handen, et al., 2009 (continued)	**N at follow-up:** **G1a:** 27 **G1b:** 23 **G1c:** 24 **G2:** 26	• Previous GI surgery with the exception of fundoplication, appendectomy, gastrostomy, endoscopy, pyloromyotomy, or herniorraphy • Pregnancy • Participation in another investigational study within 60 days prior to screening visit • IgA deficiency (serum IgA < 5 mg/dl) • A history of severe hypersensitivity to human immunoglobulin • Treatment with any human immunoglobulin and/or immunoglobulin products within 90 days prior to screening visit • Concurrent medication that would compromise tolerance of drug or compliance with the protocol **Additional exclusion criteria during screening:** • Clinically significant abnormal laboratory test values • Failure of parent or guardian to record at least 11/14 days of daily diary assessments or the weekly assessments • GI Symptoms Score of < 5 for week 1 or 2 of the screening period • MGIS score moderately or substantially improved during week1 or 2 of the screening period • Parent or guardian's inability or unwillingness to follow directions or inability to understand how to use the electronic diary data entry system **Age, years ± SD (range):** **G1a:** 7.4 ± 3.1 (3-13) **G1b:** 8.0 ± 4.1 (2-17) **G1c:** 7.6 ± 3.5 (3-13) **G2:** 6.2 ± 3.3 (2-14)		Responders to treatment, MGIS, ITT population, n: **G1a:** 11/32 **G1b:** 9/31 **G1c:** 11/31 **G2:** 14/31 **G1/G2:** *P* = 0.22 Dose-response trend: *P* = 0.52 Responders to treatment, MGIS, CE population, n: **G1a:** 9/20 **G1b:** 6/20 **G1c:** 8/20 **G2:** 10/22 **G1/G2:** *P* = NR ("similar to ITT population") Dose-response trend: *P* = 0.59 **Medical:** Responders to treatment by predominant bowel pattern, n: Diarrhea: **G1a:** 3/11 **G1b:** 2/9 **G1c:** 6/15 **G2:** 5/14 Dose-response trend: *P* = 0.69 Constipation: **G1a:** 7/20 **G1b:** 7/20 **G1c:** 3/11 **G2:** 7/12 Dose-response trend: *P* = 0.22 Alternating: **G1a:** 1/1 **G1b:** 0/2 **G1c:** 2/5 **G2:** 2/5 Dose-response trend: *P* = 0.79

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Handen, et al., 2009 (continued)		Age, n (%): 2-11 years: **G1a:** 28 (87.5) **G1b:** 27 (87.1) **G1c:** 27 (87.1) **G2:** 27 (87.1) 12-17 years: **G1a:** 4 (12.5) **G1b:** 4 (12.9) **G1c:** 4 (12.9) **G2:** 4 (12.9) **Mental age:** NR **Gender, n (%):** Male: **G1a:** 28 (87.5) **G1b:** 28 (90.3) **G1c:** 26 (83.9) **G2:** 25 (80.6) Female: **G1a:** 4 (12.5) **G1b:** 3 (9.7) **G1c:** 5 (16.1) **G2:** 6 (19.4) **Race/ethnicity, n (%):** Caucasian: **G1a:** 28 (87.5) **G1b:** 27 (87.1) **G1c:** 27 (87.1) **G2:** 23 (74.2) African-American: **G1a:** 1 (3.1) **G1b:** 0(0) **G1c:** 0(0) **G2:** 2 (6.5) Asian: **G1a:** 0(0) **G1b:** 1 (3.1) **G1c:** 0(0) **G2:** 0(0) Hispanic: **G1a:** 2 (6.3) **G1b:** 2 (6.5) **G1c:** 1 (3.2) **G2:** 4 (12.9) Other: **G1a:** 0 (0) **G1b:** 2 (6.5) **G1c:** 3 (9.7) **G2:** 2 (6.5) **SES:** Maternal education: NR Household income: NR		Responders to treatment with regression-onset of autistic symptoms, n **G1a:** 6/18 **G1b:** 7/20 **G1c:** 9/21 **G2:** 9/21 Dose-response trend: *P* = 0.85 Responders to treatment by age, n: 2–11 years: **G1a:** 9/28 **G1b:** 7/27 **G1c:** 9/27 **G2:** 13/27 Dose-response trend: *P* = 0.36 12–17 years: **G1a:** 2/4 **G1b:** 2/4 **G1c:** 2/4 **G2:** 1/4 Dose-response trend: *P* = 0.58 **Harms, n (%):** One or more AEs, %: **G1a:** 77.4 **G1b:** 74.2 **G1c:** 74.2 **G2:** 80.6 Discontinued due to AEs, n: **G1a:** 2 **G1b:** 2 **G1c:** 3 **G2:** 1 Infections and infestations:** **G1a:** 14 (45.2) **G1b:** 17 (54.8) **G1c:** 15 (48.4) **G2:** 16 (51.6) Gastrointestinal disorders:** **G1a:** 12 (38.7) **G1b:** 14 (45.2) **G1c:** 10 (32.3) **G2:** 9 (29.0)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Handen, et al., 2009 (continued)		**Diagnostic approach:** In Study/Referral Referral – experienced physicians In Study – using scale **Diagnostic tool/method:** DSM-IV, ADI-R **Diagnostic category, n (%):** Autism: 125 **Other characteristics, n (%):** Predominant bowel pattern: Diarrhea: **G1a:** 11 (34.4) **G1b:** 9 (29.0) **G1c:** 15 (48.4) **G2:** 14 (45.2) Constipation: **G1a:** 12 (38.7) **G1b:** 20 (62.5) **G1c:** 20 (64.5) **G2:** 11 (35.5) Alternating: **G1a:** 1 (3.1) **G1b:** 2 (6.5) **G1c:** 5 (16.1) G2: 5 (16.1)		Psychiatric disorders:** **G1a:** 6 (19.4) **G1b:** 5 (16.1) **G1c:** 6 (19.4) **G2:** 6 (19.4) Respiratory, thoracic, and mediastinal disorders:** **G1a:** 8 (25.8) **G1b:** 5 (16.1) **G1c:** 2 (6.5) **G2:** 4 (12.9) Skin and subcutaneous tissue disorders:** **G1a:** 8 (25.8) **G1b:** 2 (6.5) **G1c:** 2 (6.5) **G2:** 3 (9.7) General disorders and administration site conditions:** **G1a:** 3 (9.7) **G1b:** 5 (16.1) **G1c:** 1 (3.2) **G2:** 2 (6.5) Nervous system disorders:** **G1a:** 2 (6.5) **G1b:** 2 (6.5) **G1c:** 3 (9.7) **G2:** 0 Injury, poisoning, and procedural complications:** **G1a:** 2 (6.5) **G1b:** 0 **G1c:** 3 (9.7) **G2:** 1 (3.2) Investigations:** **G1a:** 1 (3.2) **G1b:** 0 **G1c:** 2 (6.5) **G2:** 1 (3.2) Metabolism and nutrition disorders:** **G1a:** 1 (3.2) **G1b:** 1 (3.2) **G1c:** 1 (3.2) **G2:** 1 (3.2)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Handen, et al., 2009 (continued)				Eye disorders:** **G1a:** 1 (3.2) **G1b:** 2 (6.5) **G1c:** 0 **G2:** 0 Blood and lymphatic system disorders:** **G1a:** 1 (3.2) **G1b:** 0 **G1c:** 0 **G2:** 1 (3.2) Renal and urinary disorders:** **G1a:** 0 **G1b:** 0 **G1c:** 0 **G2:** 2 (6.5) Ear and labyrinth disorders:** **G1a:** 1 (3.2) **G1b:** 0 **G1c:** 0 **G2:** 0 Immune system disorders:** **G1a:** 1 (3.2) **G1b:** 0 **G1c:** 0 **G2:** 0 Vascular disorders:** **G1a:** 0 **G1b:** 0 **G1c:** 1 (3.2) **G2:** 0 **Modifiers:** NR

Comments:

* Each subject was considered a responder if he or she was moderately improved or substantially improved on at least 2 of the last 4 assessments or somewhat improved for all of the last 4 assessments of the MGIS.

** There were no significant differences in adverse events between treatment groups.

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures**	Outcomes
Author: Posey et al., 2007* Jahromi et al., 2009^ RUPP, 2005† **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** November 2001 to September 2003 **Funding:** NIH, Korczak Foundation **Author industry relationship disclosures:** NR† 8 of 18* Abbott (1) Amgen (1) Bard CR (1) Bristol-Myers Squibb (4) Cephalon (1) Forest (3) GSK (1) Jannssen (4) Johnson and Johnson (2) Lilly (5) McNeil (1) Merck (1) Novartis (2) Pediamed (2) Pfizer (3) Shire (2) UCB (1) Wyeth (2)	**Intervention, test dose phase:** Day 1: placebo pill; then 2 days each of 3 different doses of methylphenidate (0.125, 0.250, 0.500 mg/kg per dose) 3 times daily (3rd dose daily at half of the earlier doses), in a stepwise fashion; if participants had intolerable side effects to methylphenidate, they did not continue to trial phase **Intervention, randomized crossover phase:** Subjects tolerating methylphenidate during the test-dose phase received a week of placebo and one week each of 3 different dose levels (low, medium, high) of methylphenidate, administered by subject weight. Participants who could not tolerate the high dose of methylphenidate received two weeks of the medium dose (n=16; leading to 77 trials of medium dose in 62 subjects); the high dose did not follow the placebo phase to avoid abrupt exposure to the drug. The 4 pm dose could be dropped by the prescribing clinician to reduce insomnia if it occurred. 3 daily doses administered at 8 am, 12 pm, and 4 pm, respectively; dosage (mg) by weight: 16 to < 24 kg (n=29): Low: 2.5, 2.5, 2.5 Medium: 5.0, 5.0, 2.5 High: 10.0, 10.0, 5.0 24-34 kg (n=20): Low: 5.0, 5.0, 2.5 Medium: 10.0, 10.0, 5.0 High: 15.0, 15.0, 10.0	**Inclusion criteria:** • Children aged 5-14 years with a diagnosis of autistic disorder, Asperger disorder, or PDD-NOS based on DSM-IV criteria • Interfering symptoms of hyperactivity and/or impulsiveness that were present for at least 6 months and began prior to the age of 7 years • Severity confirmed by CGI severity subscale score of ≥ 4 and a total score ≥ 27 on both parent- and teacher-rated Swanson, Nolan and Pelham version IV ADHD scale, with a score of at least 10 on the hyperactivity/ impulsivity subscale; children also eligible if hyperactivity/impulsivity subscale was ≥ 15 even in the absence of notable inattentiveness • No concurrent psychotropic medications for at least 1-3 weeks (1 week for stimulants and clonidine hydrochloride; 2 weeks for antidepressants except fluoxetine and citalopram hydrobromide; 3 weeks for fluoxetine, citalopram hydrobromide, or antipsychotics) • Mental age of ≥ 18 months as determined by intelligence testing • No other neuropsychiatric disorders that might require alternative medical management • For those with a tic disorder, severity had to be mild or less on a CGI-severity subscale rating pertaining to tics only	**Overall ratings:** CGI severity subscale rating, n (%): Moderately ill: 20 (30.3) Markedly ill: 35 (52.0) Severely ill: 11 (16.7) **Educational/cognitive/academic attainment:** Slosson IQ, mean ± SD (range): 62.6 ± 32.9 (16-135) **Social skills:** VBS score, mean ± SD (range):† Socialization: 61.7 ± 16.7 (20-109) **Communication/ language:** VABS Communication: 62.8 ± 21.8 (20-126) **Adaptive behavior:** VABS composite: 56.2 ± 21.0 (20-109) VABS Daily living skills: 54.4 ± 19.8 (20-110) **Problem behavior:** ABC score, parent-rated, mean ± SD (range):† Irritability: 16.9 ± 10.1 (0-41) Lethargy/social withdrawal: 12.1 ± 8.9 (0-33) Stereotypy: 7.6 ± 5.9 (0-21) Hyperactivity: 33.2 ± 8.7 (2-47) Inappropriate speech: 6.0 ± 4.1 (0-12) ABC score, teacher-rated, mean ± SD (range):† Irritability: 16.1 ± 9.4 (0-43)	**Overall ratings:** Responded to treatment, subjects completing cross-over phase, n (%): Total: 44 (76) Optimal/best treatment:† Placebo: 9 (20) Low: 11 (25) Medium: 14 (32) High: 10 (23) Response rate, by dose, n (%):† **G1:** 20/61 (33) **G2:** 27/77 (35) **G3:** 18/47 (38) **G5:** 12/61 (20) **G1/G5:** *P* = 0.18 **G2/G5:** *P* = 0.05 (including first medium dose) **G2/G5:** *P* = 0.06 (including first and second medium dose when applicable) **G3/G5:** *P* = 0.07 **Social skills:^** Joint attention (n=33), mean ± SD Initiations: **G1:** 23.29 ± 16.62 **G2:** 20.85 ± 13.01 **G3:** 19.27 ± 14.23 **G4:** 25.09 ± 15.55 **G5:** 18.59 ± 12.03 **G1/G5:** *P* < 0.05 **G2/G5:** *P* = NS **G3/G5:** *P* = NS **G4/G5:** *P* < 0.05 Responses: **G1:** 2.48 ± 1.45 **G2:** 1.69 ± 1.42 **G3:** 1.93 ± 1.48 **G4:** 2.24 ± 1.69 **G5:** 1.90 ± 1.71 **G1/G5:** *P* < 0.01 **G2/G5:** *P* = NS **G3/G5:** *P* = NS **G4/G5:** *P* = NS

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures**	Outcomes
Posey et al., 2007* Jahromi et al., 2009^ (continued) 7 of 15^ Bristol-Myers Squibb (6) Forest (3) Jannssen (4) Lilly (4) McNeil (3) Neuropharm (3) Novartis (2) Organon (1) Pfizer (1) Shire (3) Supernus (2) UCB (1) Wyeth (1) **Design:** Randomized crossover trial with open label extension phase	> 34 kg (n=17): Low: 5.0, 5.0, 2.5 Medium: 10.0, 10.0, 5.0 High: 20.0, 20.0, 10.0 **Intervention, open label extension phase:** Participants meeting the criteria for positive response during ≥ 1 week in the crossover phase underwent best-dose determination with respect to the ABC hyperactivity subscale. If positive response during 1 week only, that dose was labeled best dose; if subject responded during more than 1 week of treatment, the prescribing and rating clinicians ranked the weeks of response in order from best to worst, then the prescribing physician broke the blind for this best dose. If this best/ optimal dose was methylphenidate, the participant entered the continuation phase. Participants with no response at any week and those responding best to placebo exited the study. **Assessments:** CGI rated by clinician at each weekly visit; CYBOCS-PDD rated by clinician weekly; JAMES administered weekly by experimenter; ABC-C rated by teacher; SNAP-IV rated weekly by parent and teacher **Groups:** **G1:** Low dose of methylphenidate **G2:** Medium dose of methylphenidate **G3:** High dose of methylphenidate **G4:** Best dose of methylphenidate **G5:** Placebo	• No significant medical conditions (e.g., heart or liver disease) that could make treatment with methylphenidate unsafe • For those with seizure disorder, no seizures in the past 6 months and stable anticonvulsant dose for ≥ 1 month • No hypertension • No treatment with an adequate trial of methyl-phenidate hydrochloride (0.4 mg/kg per dose given at least twice daily for ≥ 2 weeks) within the past 2 years • No history of severe adverse response to methylphenidate **Exclusion criteria:** • See inclusion criteria **Age, yrs ± SD (range):** 7.5 ± 2.2 (5.0-13.7) **Mental age, children completing social observation and regulation substudy, months ± SD (range):** 43.91 ± 19.72 (20-84) **Gender, n (%):** Male: 59 (89.4) Female: 7 (10.6) **Race/ethnicity, n (%):** White: 48 (72.7) African American: 9 (13.6) Asian: 6 (9.1) Hispanic or Latino: 3 (4.6) **SES:** Maternal education, n (%): High school graduate/GED or less: 8 (12.1) Some college or post-high school: 25 (37.9) College/advanced graduate or professional degree: 33 (50.0) Household income: NR Employed mother, n (%): 44 (66.7)	Lethargy/social withdrawal: 15.5 ± 10.9 (0-42) Stereotypy: 7.6 ± 5.1 (0-19) Hyperactivity: 30.9 ± 7.9 (16-45) Inappropriate speech: 5.8 ± 3.6 (0-12) SNAP-IV, parent-rated, mean ± SD:* ADHD: 39.82 ± 8.09 Inattention: 20.21 ± 5.17 Hyperactivity/ impulsivity: 19.61 ± 4.22 Oppositional defiant disorder: 9.61 ± 6.19 SNAP-IV, teacher-rated, mean ± SD:* ADHD: 37.23 ± 7.04 Inattention: 19.30 ± 4.32 Hyperactivity/ impulsivity: 17.93 ± 4.81 Oppositional defiant disorder: 8.83 ± 5.19 CYBOCS-PDD, clinician-rated, mean ± SD:* 13.30 ± 3.74 VABS Maladaptive behaviors total: 29.2 ± 9.2 (13-51) **Motor skills:** Motor skills: 69.2 ± 17.8 (44-113)	Requesting: **G1:** 4.04 ± 2.25 **G2:** 3.81 ± 2.65 **G3:** 3.69 ± 3.27 **G4:** 4.13 ± 2.58 **G5:** 3.67 ± 2.40 **G1/G5:** *P* = NS **G2/G5:** *P* = NS **G3/G5:** *P* = NS **G4/G5:** *P* = NS Competing demands task (n=33), mean ± SD: Self-regulating behavior: **G1:** 19.77 ± 10.89 **G2:** 16.21 ± 9.03 **G3:** 15.80 ± 12.65 **G4:** 16.47 ± 13.91 **G5:** 12.47 ± 11.29 **G1/G5:** *P* = 0.09 **G2/G5:** *P* < 0.01 **G3/G5:** *P* = NS **G4/G5:** *P* = 0.09 Regulated affective state: **G1:** 12.91 ± 4.98 **G2:** 12.96 ± 3.85 **G3:** 11.67 ± 5.53 **G4:** 12.47 ± 4.99 **G5:** 9.57 ± 6.72 **G1/G5:** *P* = NS **G2/G5:** *P* < 0.05 **G3/G5:** *P* < 0.05 **G4/G5:** *P* = 0.09 Clean-up task (n=33), mean ± SD: Compliance behaviors: **G1:** 3.67 ± 4.87 **G2:** 3.67 ± 5.64 **G3:** 4.06 ± 4.55 **G4:** 3.94 ± 4.88 **G5:** 3.47 ± 5.41 **G1/G5:** *P* = NS **G2/G5:** *P* = NS **G3/G5:** *P* = NS **G4/G5:** *P* = NS

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures**	Outcomes
Posey et al., 2007* Jahromi et al., 2009^ (continued)	**Co-interventions held stable during treatment:** NR **Frequency of contact during study:** Nightly phone contact during test dose phase; weekly clinic visits during crossover trial; visits at 4 and 8 weeks during continuation phase **Concomitant therapies:** NR **N enrolled, test dose phase:** Total: 72 **N randomized, double-blind crossover phase:** Total: 66 **G1:** 66 **G2:** 66 **G3:** 50 **G4:** NA **G5:** 66 **N completing double-blind crossover phase:** Total: 58 **N continuing to open label extension phase (responders to methylphenidate):** 35 **N completing extension phase:** 32 **SNAP-IV, parent-rated, n:*** **G1:** 62 **G2:** 63 **G3:** 47 **G4:** 64 **G5:** 61 **SNAP-IV, teacher-rated, n:*** **G1:** 46 **G2:** 48 **G3:** 33 **G4:** 55 **G5:** 46	Employed father, n (%): 59 (89.4) Married, n (%): 53 (80.3) **Diagnostic approach:** In Study Diagnostic tool/method: ADI-R administered to corroborate the DSM-IV diagnosis of autistic disorder based on a clinical interview and examination; since ADI-R does not have specific criteria for Asperger disorder and PDD-NOS, these diagnoses followed DSM-IV **Diagnostic category, n (%):** Autism: 47 (71.2) PDD-NOS: 14 (21.2) Aspergers: 5 (7.6) **Other characteristics:** Prior medications, n (%): Stimulant: 6 (9.1) Alpha-2 adrenergic agonist: 5 (7.6) Antipsychotic: 3 (4.6) SSRI: 3 (4.6) Other: 4 (6.1)		Regulated affective state: **G1:** 8.10 ± 5.18 **G2:** 6.88 ± 4.86 **G3:** 6.65 ± 6.03 **G4:** 7.42 ± 5.05 **G5:** 7.33 ± 4.86 **G1/G5:** *P* = NS **G2/G5:** *P* = NS **G3/G5:** *P* = NS **G4/G5:** *P* = NS **Repetitive behavior:†** See notes **Problem behavior:** ABC-hyperactivity subscale score, mean ± SD:† Parent-rated: **G1:** 23.0 ± 11.29 **G2:** 20.6 ± 10.27 **G3:** 22.1 ± 9.67 **G4:** 17.2 ± 9.87 **G5:** 26.0 ± 9.90 **G1/G5:** *P* = 0.03 (es = 0.29) **G2/G5:** *P* < 0.001 (es = 0.54) **G3/G5:** *P* = 0.003 (es = 0.40) **G4/G5:** *P* < 0.001 (es = 0.89) Teacher-rated: **G1:** 22.9 ± 12.84 **G2:** 23.6 ± 12.53 **G3:** 20.3 ± 11.94 **G4:** 20.1 ± 12.40 **G5:** 26.0 ± 11.66 **G1/G5:** *P* = 0.03 (es = 0.25) **G2/G5:** *P* = 0.008 (es = 0.20) **G3/G5:** *P* = 0.002 (es = 0.48) **G4/G5:** *P* < 0.001 (es = 0.48)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures**	Outcomes
Posey et al., 2007* Jahromi et al., 2009^ (continued)	**Clinician CYBOCS-PDD score, n:*** **G1:** 61 **G2:** 62 **G3:** 47 **G4:** 63 **G5:** 61			SNAP-IV inattention, mean ± SD:* Parent-rated: **G1:** 14.58 ± 6.56 **G2:** 13.38 ± 6.48 **G3:** 14.30 ± 6.35 **G4:** 11.83 ± 6.02 **G5:** 15.59 ± 6.51 **G1/G5:** *P* = 0.15 (es = 0.15) **G2/G5:** *P* < 0.001 (es = 0.34) **G3/G5:** *P* = 0.06 (es = 0.20) **G4/G5:** *P* < 0.001 (es = 0.60) Teacher-rated: **G1:** 15.24 ± 6.34 **G2:** 14.27 ± 6.93 **G3:** 14.67 ± 6.88 **G4:** 13.98 ± 6.46 **G5:** 16.15 ± 6.10 **G1/G5:** *P* = 0.21 (es = 0.15) **G2/G5:** *P* < 0.001 (es = 0.29) **G3/G5:** *P* = 0.02 (es = 0.23) **G4/G5:** *P* = 0.003 (es = 0.35) SNAP-IV hyperactivity/ impulsivity, mean ± SD:* Parent-rated: **G1:** 13.39 ± 5.87 **G2:** 12.19 ± 6.06 **G3:** 13.49 ± 6.41 **G4:** 10.80 ± 5.99 **G5:** 15.33 ± 5.81 **G1/G5:** *P* = 0.02 (es = 0.33) **G2/G5:** *P* < 0.001 (es = 0.53) **G3/G5:** *P* = 0.01 (es = 0.30) **G4/G5:** *P* < 0.001 (es = 0.77)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures**	Outcomes
Posey et al., 2007* Jahromi et al., 2009^ (continued)				Teacher-rated: **G1:** 12.76 ± 6.84 **G2:** 13.00 ± 6.71 **G3:** 11.45 ± 7.01 **G4:** 11.26 ± 6.26 **G5:** 14.41 ± 6.095 **G1/G5:** *P* = 0.08 (es = 0.24) **G2/G5:** *P* = 0.01 (es = 0.21) **G3/G5:** *P* = 0.005 (es = 0.42) **G4/G5:** *P* = 0.005 (es = 0.48) SNAP-IV oppositional defiant disorder, mean ± SD:* Parent-rated: **G1:** 6.77 ± 5.62 **G2:** 7.02 ± 5.90 **G3:** 7.53 ± 5.90 **G4:** 5.86 ± 4.70 **G5:** 7.69 ± 5.80 **G1/G5:** *P* = 0.14 (es = 0.16) **G2/G5:** *P* = 0.25 (es = 0.12) **G3/G5:** *P* = 0.66 (es = 0.03) **G4/G5:** *P* < 0.001 (es = 0.35) Teacher-rated: **G1:** 5.89 ± 5.43 **G2:** 6.65 ± 5.10 **G3:** 6.75 ± 5.63 **G4:** 5.61 ± 4.85 **G5:** 7.02 ± 5.80 **G1/G5:** *P* = 0.11 (es = 0.20) **G2/G5:** *P* = 0.17 (es = 0.07) **G3/G5:** *P* = 0.35 (es = 0.05) **G4/G5:** *P* = 0.04 (es = 0.26)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures**	Outcomes
Posey et al., 2007* Jahromi et al., 2009^ (continued)				CYBOCS-PDD, clinician-rated, mean ± SD:* **G1:** 12.82 ± 4.15 **G2:** 12.31 ± 4.27 **G3:** 13.02 ± 4.11 **G4:** 12.13 ± 4.22 **G5:** 13.05 ± 3.46 **G1/G5:** *P* = 0.90 (es = 0.06) **G2/G5:** *P* = 0.21 (es = 0.19) **G3/G5:** *P* = 0.80 (es = 0.01) **G4/G5:** *P* = 0.08 (es = 0.24) **Commonly occurring co-morbidities:** SNAP-IV ADHD, mean ± SD:* Parent-rated: **G1:** 27.97 ± 11.62 **G2:** 25.57 ± 11.66 **G3:** 27.79 ± 11.63 **G4:** 22.63 ± 11.19 **G5:** 30.92 ± 11.55 **G1/G5:** *P* = 0.04 (es = 0.25) **G2/G5:** *P* < 0.001 (es = 0.46) **G3/G5:** *P* = 0.02 (es = 0.27) **G4/G5:** *P* < 0.001 (es = 0.73) Teacher-rated: **G1:** 28.00 ± 12.12 **G2:** 27.27 ± 12.21 **G3:** 26.12 ± 12.64 **G4:** 25.24 ± 11.53 **G5:** 30.57 ± 11.84 **G1/G5:** *P* = 0.10 (es = 0.21) **G2/G5:** *P* = 0.001 (es = 0.27) **G3/G5:** *P* = 0.005 (es = 0.36) **G4/G5:** *P* = 0.003 (es = 0.46)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures**	Outcomes
Posey et al., 2007* Jahromi et al., 2009^ (continued)				**Harms:** Withdrawn due to inability to tolerate medium or high doses of study drug, test-dose phase, n: 6/72 Withdrawn due to AEs, cross-over phase, n: **G1:** 1 **G2:** 3 **G3:** 3 **Adverse effects, n (%):** Appetite decrease: **G1:** 3 (4.6) **G2:** 16 (24.2) **G3:** 12 (24.0) **G5:** 2 (3.0) **G2/G5:** $P \leq 0.001$ **G3/G5:** $P \leq 0.01$ Difficulty falling asleep: **G1:** 7 (10.6) **G2:** 12 (18.2) **G3:** 8 (16.0) **G5:** 1 (1.5) **G1/G5:** $P \leq 0.05$ **G2/G5:** $P \leq 0.01$ **G3/G5:** $P \leq 0.05$ Stomach or abdominal discomfort: **G1:** 2 (3.0) **G2:** 5 (7.6) **G3:** 6 (12.0) **G5:** 1 (1.5) Irritability: **G1:** 5 (7.6) **G2:** 8 (12.1) **G3:** 5 (10.0) **G5:** 2 (3.0) **G2/G5:** $P \leq 0.05$ Emotional outburst: **G1:** 5 (7.6) **G2:** 9 (13.6) **G3:** 5 (10.0) **G5:** 0 **G2/G5:** $P \leq 0.01$

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures**	Outcomes
Posey et al., 2007* Jahromi et al., 2009^ (continued)				Anxiety: **G1:** 3 (4.6) **G2:** 1 (1.5) **G3:** 4 (8.0) **G5:** 2 (3.0) Depression: **G1:** 1 (1.5) **G2:** 3 (4.6) **G3:** 4 (8.0) **G5:** 0 Repetitive behaviors and thoughts: **G1:** 2 (3.0) **G2:** 4 (6.1) **G3:** 3 (6.0) **G5:** 2 (3.0) Self-injury: **G1:** 1 (1.5) **G2:** 3 (4.6) **G3:** 3 (6.0) **G5:** 2 (3.0) Headache: **G1:** 2 (3.0) **G2:** 1 (1.5) **G3:** 3 (6.0) **G5:** 0 Diarrhea: **G1:** 3 (4.6) **G2:** 3 (4.6) **G3:** 3 (6.0) **G5:** 4 (6.1) Social withdrawal: **G1:** 2 (3.0) **G2:** 4 (6.1) **G3:** 2 (4.0) **G5:** 0 Increased motor activity: **G1:** 4 (6.1) **G2:** 1 (1.5) **G3:** 1 (2.0) **G5:** 1 (1.5) Bradycardia: **G1:** 3 (4.6) **G2:** 0 **G3:** 0 **G5:** 4 (6.1)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures**	Outcomes
Posey et al., 2007* Jahromi et al., 2009^ (continued)				Tiredness or fatigue: **G1:** 1 (1.5) **G2:** 4 (6.1) **G3:** 0 **G5:** 0 **Modifiers:** No effect of age, IQ, diagnosis, or weight on teacher-rated or parent-rated ABC hyperactivity subscale scores. **Response rate by dose, subjects with Asperger or PDD-NOS, n (%):** **G1:** 7/19 (37) **G2:** 7/19 (37) **G3:** 6/19 (32) **G5:** 6/19 (32) **G1/G5:** *P* = NS **G2/G5:** *P* = NS **G3/G5:** *P* = NS **Response rate by dose, subjects with autistic disorder, n (%):** **G1:** 13/47 (28) **G2:** 15/47 (32) **G3:** 12/47 (25) **G5:** 6/47 (13) **G1/G5:** *P* < 0.001 **G2/G5:** *P* < 0.001 **G3/G5:** *P* < 0.001 Nonsignificant trend toward moderating effect of diagnosis on effect (*P* = 0.07). Age group, IQ, weight group, or diagnosis did not moderate treatment effect on SNAP-IV or CYPBOCS-PDD scores.

Comments:
** Subjects randomized during crossover phase

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Kim et al., 2008* Kim et al., 2009† **Country:** South Korea **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Graduate School of Music Therapy, Institute for Communication and Psychology, Aalbord University, Denmark Author industry relationship disclosures: NR **Design:** Case-series, prospective	**Intervention:** 12 weekly 30 minute improvisational music therapy sessions vs. 12 weekly 30 minute play sessions with toys; half of the children had music therapy first, the others play sessions first (24 sessions total competed over 7-8 months) Music and play therapy sessions conducted by different therapists; sessions were divided into child lead first, then therapist lead second **Assessments:** Parent and provider report (PDDBI, CARS, Korean PEP-R), clinician direct observation and assessment (ESCS, video coding); frequency & duration of observed behaviors recorded by trained research assistants. Predefined target behaviors were undertaken on selected 4 minute samples taken from the undirected and more directed parts of the session, and from selected sessions (1, 4, 8, 12). Each target behavior was coded during joint engagement episodes. **Groups:** All participants received music therapy and play therapy **G1:** music therapy **G2:** toy play sessions **Providers, n:** Music therapists: 2 Play therapist: 1 Music therapy graduate students: 3 **Treatment manual followed:** "semi-flexible treatment manual developed and used for both conditions"	**Inclusion criteria:** • DSM-IV criteria for autistic disorder • no previous music or play therapy experience • Aged 3-5 years Exclusion Criteria: • See inclusion criteria **Age, months ± SD (range):** 51.20 ± 12.08 (39-71) **Mental age:** See IQ under baseline measures **Gender, n (%):** Enrollment: Male: 13 (87) Female: 2 (13) Follow-up: Male: 10 (100) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referred from Child and Adolescent Psychiatry at Seoul National University Hospital **Diagnostic tool/method:** Met DSM-IV criteria as well as cutoff on the Korean version of the CARS; ADOS administered for 4/10 children, who all met criteria (Korean version unavailable for earlier 6 participants) **Diagnostic category, n (%):** Autistic disorder: 10 (100) **Other characteristics, n (%):** Non-verbal: 5 (50) Verbal: 5 (50)	**CARS, mean ± SD (range):** 36.10 ± 3.41(32-42.5) **Korean PEP-DQ, mean ± SD (range):** 70.29 ± 9.97 (60-89) **Korean SMS-SQ, mean ± SD (range):** 58.84 ± 7.80 (47.40-71) **PDDBI score:** NR (graphs only) **ESCS score:** NR (graphs only)	**Overall ratings:*** PDDBI score: NR (graphs only) ANOVA: scores increase with time $P < 0.0001$ **Communication/ language:*** ESCS joint attention score: NR (graphs only) ANOVA: time-group interaction (music therapy more effective than play) $P = 0.01$ Eye Contact: NR (graphs only) ANOVA: Longer duration in music therapy than play $P < 0.0001$ Turn-Taking: NR (graphs only) ANOVA: Longer duration in music therapy than play $P < 0.0001$ **Social skills:†** Joy, mean ± SD: Duration: **G1:** 13.28 ± 22.98 **G2:** 2.81 ± 7.93 **G1/G2:** $P < 0.001$ Frequency: **G1:** 3.00 ± 4.64 **G2:** 1.02 ± 2.59 **G1/G2:** $P < 0.001$ ANOVA: Significant difference between selected sessions ($P < 0.01$) and undirected and directed parts ($P < 0.01$)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Kim et al., 2008* Kim et al., 2009† (continued)	**Defined protocol followed:** NR **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1+G2:** 15 **N at follow-up:** **G1+G2:** 10			Initiation of engagement by child, frequency, mean ± SD: **G1:** 3.41 ± 4.98 **G2:** 0.28 ± 0.71 **G1/G2:** *P* < 0.001 ANOVA: Significant difference between selected sessions (*P* < 0.01) and undirected and directed parts (*P* = 0.03) Initiation of interaction by therapist, frequency, mean ± SD: **G1:** 8.05 ± 5.13 **G2:** 10.05 ± 6.47 **G1/G2:** *P* < 0.01 **Communication/ language:†** Emotional synchronicity, mean ± SD: Duration: **G1:** 12.18 ± 22.20 **G2:** 2.44 ± 9.35 **G1/G2:** *P* < 0.001 Frequency: **G1:** 1.91 ± 3.45 **G2:** 0.38 ± 1.01 **G1/G2:** *P* < 0.001 ANOVA: Significant difference between selected sessions (*P* < 0.001) and undirected and directed parts (*P* < 0.001) **Problem behavior:†** Compliant response, frequency, mean ± SD: **G1:** 4.61 ± 3.22 **G2:** 4.16 ± 4.00 **G1/G2:** *P* < 0.001

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Kim et al., 2008* Kim et al., 2009† (continued)				ANOVA: Significant difference between selected sessions ($P < 0.05$) No response, frequency, mean ± SD: **G1:** 1.43 ± 1.79 **G2:** 3.04 ± 2.68 **G1/G2:** $P < 0.001$ **Harms:** NR **Modifiers:** None of the tested two- and three-way interactions of the predictors were significant for any of the outcomes.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: King et al., 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** Academic **Enrollment period:** NR **Funding:** NIH **Author industry relationship disclosures:** 8 of 13 Abbot Labs (3) Aspect Medical Systems (1) BioMarin (1) Boehringer-Ingelheim (1) Bristol-Myers Squibb (5) Eli Lilly (4) Forest Labs (3) Impax (1) IntegraGen (1) Janssen (4) Johnson & Johnson (3) McNeil (1) Nastech (2) Neuropharm (5) Novartis (1) Otsuka (1) Pfizer (1) Sanofi-Aventis (2) Seaside Therapeutics (2) Shire Pharma (2) Supernus (1) UCB Pharma (2) Wyeth (2) **Design:** RCT	**Intervention:** Citalopram 10 mg/5 mL or placebo Dosing: children < 40 kg: 2.5 mg/day increased by 2.5 mg increments until day 43, then increased bi-weekly in 5 mg increments, up to 20 mg/day Children ≥ 40 kg: 2.5 mg dosage increased in weekly intervals until day 36, then increased by 5 mg biweekly up to 20 mg/day; if treating clinician suspected a dose-limiting adverse effect, the dosage could be lowered in 2.5 mg increments **Assessments:** Two masked clinicians met with participants during each scheduled evaluation. The treating clinician reviewed efficacy ratings, monitored and recorded adverse events. The evaluating clinician was blinded to adverse events and monitored efficacy using CGI-I, CYBOCS-PDD, RBS-R, ABC-C questionnaires. **Groups:** **G1:** citalopram **G2:** placebo **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** Baseline and at week 12 **Concomitant therapies, n:** Sleep medication: NR **N at enrollment:** **G1:** 73 **G2:** 76 **N at follow-up:** **G1:** 60 **G2:** 63	**Inclusion criteria:** • 5 to 17 years old • Met DSM-IV_TR criteria for autistic disorder, Asperger disorder or PDD-NOS • CGI-S illness severity rating at least moderate • Compulsive behaviors score at least moderate on CYBOCS-PDD **Exclusion criteria:** • Rhett disorder • Child disintegrative disorder • Seizure within past 6 months • Weight less than 15 kg • Medical condition that might interfere with study participation • Clinically significant abnormal baseline laboratory test results • History of adverse events or failed treatment while taking two or more SSRIs • Prior treatment with citalopram or escitalopram oxalate • Recent initiation of behavior therapy • History of bipolar disorder or manic episode • Concomitant treatment with psychotropic medications or medication having known interactions with citalopram **Age, years ± SD (range):** **G1:** 9.1 ± 3.2 (5.0-17.3) **G2:** 9.6 ± 3.1 (5.1-17.1) **Mental age:** Non-verbal IQ > 70, n (%): **G1:** 43 (61.4) **G2:** 43 (60.6) **Gender, n (%):** Male: **G1:** 64 (87.7) **G2:** 64 (84.2)	**Overall ratings:** CGI-I score, n (%): 4: **G1:** 21 (28.8) **G2:** 22 (28.8) 5: **G1:** 37 (50.7) **G2:** 37 (48.7) 6: **G1:** 14 (19.2) **G2:** 16 (21.1) 7: **G1:** 1 (1.4) **G2:** 1 (1.3) **Social skills:** ABC-C social withdrawal subscale, mean ± SD: **G1:** 11.4 ± 8.2 **G2:** 11.1 ± 8.0 **Communication/ language:** ABC-C inappropriate speech subscale, mean ± SD: **G1:** 5.3 ± 3.7 **G2:** 5.0 ± 3.7 **Repetitive behavior:** CYBOCS-PDD, mean ± SD: **G1:** 15.1 ± 1.8 **G2:** 15.0 ± 2.1 RBS-R subscale, mean ± SD: Compulsive **G1:** 7.0 ± 5.4 **G2:** 5.9 ± 4.3 Restrictive: **G1:** 4.7 ± 2.8 **G2:** 4.1 ± 3.0 Ritualistic: **G1:** 7.0 ± 4.8 **G2:** 6.9 ± 4.5 Sameness: **G1:** 11.2 ± 7.4 **G2:** 10.2 ± 6.9 Self-injurious: **G1:** 2.8 ± 3.0 **G2:** 2.6 ± 2.6	**Overall ratings:** CGI-I score, 12 weeks, mean: **G1:** NR* **G2:** NR* G1+G2/BL: P < 0.001 **G1/G2:** *P* = NS Positive response, 12 weeks, %: CGI-I criteria: **G1:** 32.9 **G2:** 34.2 **G1/G2:** *P* = NS CYBOCS-PPD and CGI-I criteria: **G1:** 20.6 **G2:** 13.2 **G1/G2:** *P* = NS **Social skills:** ABC-C social withdrawal subscale, 12 weeks, mean change ± SD: **G1:** -3.4 ± 6.1 **G2:** -2.9 ± 5.0 **G1/G2:** *P* = NS **Communication/ language:** ABC-C inappropriate speech subscale, 12 weeks, mean change ± SD: **G1:** -0.8 ± 2.9 **G2:** -0.8 ± 2.5 **G1/G2:** *P* = NS **Repetitive behavior:** CYBOCS-PDD, 12 weeks, mean change ± SD: **G1:** -2.0 ± 3.4 **G2:** -1.9 ± 2.5 **G1/G2:** *P* = NS RBS-R subscale, 12 weeks, mean change ± SD: Compulsive: **G1:** -1.8 ± 3.9 **G2:** -1.3 ± 3.2 **G1/G2:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
King et al., 2009 (continued)		**Race/ethnicity, n (%):** Hispanic: **G1:** 9 (12.5) **G2:** 8 (10.5) American Indian or Alaskan native: **G1:** 0 **G2:** 2 (2.6) Asian: **G1:** 6 (8.2) **G2:** 8 (10.5) Black: **G1:** 7 (9.6) **G2:** 10 (13.2) Native Hawaiian: **G1:** 1 (1.4) **G2:** 0 White: **G1:** 53 (72.6) **G2:** 55 (72.4) Other: **G1:** 6 (8.2) **G2:** 4 (5.3) **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** DSM-IV-TR, ADI-R, ADOS **Diagnostic category:** See inclusion criteria **Other characteristics:** Tanner Stage, n (%): 1: **G1:** 52 (73.2) **G2:** 48 (63.2) 2: **G1:** 10 (14.1) **G2:** 12 (15.8) > 3: **G1:** 9 (12.7) **G2:** 16 (21.1)	Stereotyped: **G1:** 6.8 ± 4.0 **G2:** 6.1 ± 3.9 ABC-C stereotypy subscale, mean ± SD: **G1:** 7.2 ± 4.8 **G2:** 7.2 ± 4.5 **Commonly occurring co-morbidities:** ABC-C irritability subscale, mean ± SD: **G1:** 13.2 ± 8.8 **G2:** 11.2 ± 8.5 ABC-C hyper-activity subscale, mean ± SD: **G1:** 20.2 ± 11.7 **G2:** 20.2 ± 11.2	Restrictive: **G1:** -0.6 ± 2.6 **G2:** -0.9 ± 2.5 **G1/G2:** *P* = NS Ritualistic: **G1:** -1.6 ± 3.5 **G2:** -1.5 ± 3.4 **G1/G2:** *P* = NS Sameness: **G1:** -3.0 ± 6.0 **G2:** -2.4 ± 5.3 **G1/G2:** *P* = NS Self-injurious: **G1:** -0.4 ± 3.0 **G2:** -0.7 ± 2.0 **G1/G2:** *P* = NS Stereotyped: **G1:** -1.2 ± 3.2 **G2:** -1.1 ± 2.7 **G1/G2:** *P* = NS ABC-C stereo-typy subscale, 12 weeks, mean change ± SD: **G1:** -0.7 ± 4.5 **G2:** -1.0 ± 3.3 **G1/G2:** *P* = NS **Commonly occurring co-morbidities:** ABC-C irritability subscale, 12 weeks, mean change ± SD: **G1:** -3.2 ± 6.5 **G2:** -0.9 ± 6.0 **G1/G2:** *P* = 0.03 ABC-C hyper-activity subscale, 12 weeks, mean change ± SD: **G1:** -1.6 ± 7.8 **G2:** -3.1 ± 7.8 **G1/G2:** *P* = NS **Harms, n (%):** Any adverse event: **G1:** 71 (97.3) **G2:** 66 (86.8) **G1/G2:** *P* = 0.03

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
King et al., 2009 (continued)				Energy level increased: **G1:** 28 (38.4) **G2:** 15 (19.7) **G1/G2:** *P* = 0.02 Anger or irritability: **G1:** 18 (24.7) **G2:** 13 (17.1) **G1/G2:** *P* = 0.31 Aggression or hostility: **G1:** 17 (23.3) **G2:** 13 (17.1) **G1/G2:** *P* = 0.42 Headache or migraine: **G1:** 15 (20.5) **G2:** 10 (13.2) **G1/G2:** *P* = 0.28 Restlessness or difficulty settling down: **G1:** 13 (17.8) **G2:** 7 (9.2) **G1/G2:** *P* = 0.15 Disinhibited, impulsive, or intrusive behavior: **G1:** 14 (19.2) **G2:** 5 (6.6) **G1/G2:** *P* = 0.03 Silliness: **G1:** 9 (12.3) **G2:** 10 (13.2) **G1/G2:** *P* = 0.99 Anxiety: **G1:** 8 (11.0) **G2:** 9 (11.8) **G1/G2:** *P* = 0.99 Mood lability: **G1:** 7 (9.6) **G2:** 9 (11.8) **G1/G2:** *P* = 0.79 Increased speech: **G1:** 8 (11.0) **G2:** 4 (5.3) **G1/G2:** *P* = 0.24

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
King et al., 2009 (continued)				Attention and concentration decreased: **G1:** 9 (12.3) **G2:** 2 (2.6) **G1/G2:** *P* = 0.03 Hyperactivity: **G1:** 9 (12.3) **G2:** 2 (2.6) **G1/G2:** *P* = 0.03 Stereotypy: **G1:** 8 (11.0) **G2:** 1 (1.3) **G1/G2:** *P* = 0.02 Nightmares: **G1:** 5 (6.8) **G2:** 0 **G1/G2:** *P* = 0.03 Seizures: **G1:** 2 (2.7) **G2:** 0 **G1/G2:** *P* = NR Diarrhea or loose stools: **G1:** 19 (26.0) **G2:** 9 (11.8) **G1/G2:** *P* = 0.04 Abdominal discomfort: **G1:** 13 (17.8) **G2:** 9 (11.8) **G1/G2:** *P* = 0.36 Vomiting or nausea: **G1:** 14 (19.2) **G2:** 6 (7.9) **G1/G2:** *P* = 0.06 Insomnia: Any: **G1:** 28 (38.4) **G2:** 17 (22.4) **G1/G2:** *P* = 0.05 Initial, or difficulty falling asleep: **G1:** 17 (23.3) **G2:** 7 (9.2) **G1/G2:** *P* = 0.03 Midcycle or other: **G1:** 13 (17.8) **G2:** 9 (11.8) **G1/G2:** *P* = 0.36

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
King et al., 2009 (continued)				Cold, flu, or other systemic infection: **G1:** 31 (42.5) **G2:** 26 (34.2) **G1/G2:** *P* = 0.32 Appetite: Decreased: **G1:** 11 (15.1) **G2:** 10 (13.2) **G1/G2:** *P* = 0.82 Increased: **G1:** 7 (9.6) **G2:** 8 (10.5) **G1/G2:** *P* = 0.99 Rash: **G1:** 12 (16.4) **G2:** 8 (10.5) **G1/G2:** *P* = 0.34 Other skin or subcutaneous tissue disorder: **G1:** 9 (12.3) **G2:** 1 (1.3) **G1/G2:** *P* = 0.01 Fatigue: **G1:** 10 (13.7) **G2:** 10 (13.2) **G1/G2:** *P* = 0.99 Allergies: **G1:** 15 (20.5) **G2:** 11 (14.5) **G1/G2:** *P* = 0.39 Cough: **G1:** 10 (13.7) **G2:** 5 (6.6) **G1/G2:** *P* = 0.18 Any serious adverse event: **G1:** 1 (1.4) **G2:** 0 **G1/G2:** *P* = 0.49

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
King et al., 2009 (continued)				**Modifiers:** Results for primary and secondary outcomes remained consistent when adjusted for dosage, adherence, and relevant baseline characteristics. There was no significant effect of IQ on treatment response.

Comments:

***** Data only illustrated graphically.

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Laud et al., 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** December 2000 to February 2008 **Funding:** NR Author industry relationship disclosures: NR **Design:** Case series	**Intervention:** Intensive Interdisciplinary Feeding Program Behavior therapy – Consisted of systematic meal sessions with individualized behavior protocols involving antecedent and consequence manipulations in the meals Oral motor therapy – Conducted by speech pathologist/occupational therapist used to determine a child's skill and safety in eating by providing oral exercises Duration: Average: 47 days Frequency: Inpatients (n=23): 3 hrs/day behavioral and 1 hr/day oral therapy 7 days/week Outpatients (n=23): 3 hrs/day behavioral and 1 hr/day oral therapy 5 days/week **Assessments:** Participant feeding behaviors such as acceptance, refusal behaviors, negative vocalizations, and grams consumed Caregiver assessment measures (conducted upon admission and before discharge) included the CEBI, caregiver satisfaction scores, and follow-up survey **Groups:** **G1:** intensive behavioral/ oral therapy	**Inclusion criteria:** • ≥ 3 years of age • Diagnosis of ASD **Exclusion criteria:** • Discharged early for medical reason making involvement in treatment unsafe or for personal reasons of care giver **Age, years (range):** 69 (36-145) **Mental age:** NR **Gender, n (%):** Male: 40 (87) Female: 6 (13) **Race/ethnicity, n (%):** White: 24 (52) African American: 5 (11) Asian: 3 (7) Latinos: 3 (7) American Indian: 1 (2) Other: 10 (22) **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** NR **Diagnostic category, n (%):** ASD: 46 (100) **Other characteristics, n (%):** Failure to Thrive: 7 (15.2) GER: 26 (56.6) Food allergies: 8 (17.4) Nissen fundoplication: 7 (15.2) Esophagitis/gastritis/ duodenitis: 22 (23.9) Chronic lung disease: 6 (13.0) Cerebral palsy: 5 (10.9) TEF: 0 Tracheostomy: 0 Cleft palate: 0	**Feeding behaviors:** Acceptance, mean %: **G1:** 15.56 Refusal behaviors, mean rate per trial: **G1:** 25.00 Negative vocalizations, mean %: **G1:** 19.93 Grams consumed, mean: **G1:** 24.41 **Caregiver assessment:** CEBI total eating problems score, mean: **G1:** 107.12 Caregiver satisfaction score, mean: **G1:** NA	**Feeding behaviors:** Acceptance, mean %: **G1:** 91.42, **G1/BL:** $P < 0.000$ Refusal behaviors, mean rate per trial: **G1:** 21 **G1/BL:** $P < 0.007$ Refusal behaviors, follow-up survey, years from baseline, n (%): Improved: 1-3: 10/14 (71.4) 3+: 15/15 (100) Same: 1-3: 0/14 3+: 0/15 Worsened: 1-3: 1/14 (7.1) 3+: 0/15 Negative vocalizations, mean %: **G1:** 4.45 **G1/BL:** $P < 0.000$ Grams consumed, mean: **G1:** 247.82 **G1/BL:** $P < 0.000$ Variety of foods follow-up survey, years from baseline, n (%): Greater: 1-3: 11/14 (78.6) 3+: 8/15 (53.3) Same: 1-3: 1/14 (7.1) 3+: 3/15 (20) Less: 1-3: 0/14 3+: 0/15 Texture of foods follow-up survey, years from baseline, n (%): Higher: 1-3: 4/14 (28.6) 3+: 9/15 (60)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Laud et al., 2009 (continued)	**Provider:** • Main care providers: behavioral therapist, occupational and/or speech pathologist • Others: gastroenterologist, pediatrician, nurse practitioner, and nutritionist • Social worker for care providers of children **Measure of treatment fidelity reported:** No **Measure of inter-rater reliability reported:** Yes **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 46 **N at follow-up:** **G1:** 29	Prematurity, n (%): < 32 weeks: 6 (13) 32-38 weeks: 9 (19.6)		Same: 1-3: 7/14 (50) 3+: 4/15 (26.7) Lower: 1-3: 1/14 (7.1) 3+: 1/15 (6.7) Protocol usage, follow-up survey, years from baseline, n (%): Using: 1-3: 7/14 (50.0) 3+: 5/15 (33.3) Using modified version: 1-3: 3/14 (21.4) 3+: 3/15 (20) Not using: 1-3: 4/14 (28.6) 3+: 6/15 (40) **Caregiver Assessment:** CEBI total eating problems score, mean: **G1:** 99.62 **G1/BL:** $P < 0.004$ Caregiver satisfaction score, mean: **G1:** 4.48 Program recommendation, follow-up survey, years, n (%): Yes: 1-3: 12/14 (85.7) 3+: 15/15 (100) Depends: 1-3: 2/14 (14.3) 3+: 0/15 No: 1-3: 0/14 3+: 0/15 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Marcus et al., 2009 **Country:** US **Practice setting:** Pharmaceutical company **Intervention setting:** Multi-site clinics **Enrollment period:** June 2006 to June 2008 **Funding:** Bristol Myers Sqibb, Otsuka Pharmaceutical Co. **Author industry relationship disclosures:** 5 of 7 Bristol-Myers Squibb (5) Forest (1) Johnson & Johnson (1) Otsuka (2) **Design:** RCT, multicenter study **Note:** See related study Owen et al. 2009 ({#5714})	**Intervention:** Aripiprazole, 2 mg/day for week 1, increased to 5 mg/day for week 2 and increased in 5 mg increments until assigned daily dose (5, 10, 15 mg/day) reached **Assessments:** ABC rated by caregiver at each visit; CGI-severity and improvement rated by clinician at each visit, Yale Brown Obsessive Compulsion Scale (compulsion scale only, weeks 0,4,8), administrator/rater NR; Pediatric QoL Inventory, Caregiver Strain Questionnaire assessed at baseline and week 8. Simpson-Angus Scale, Barnes Akathisia Rating Scale, Abnormal Involuntary Movement Scale used by clinician to rate adverse events **Groups:** **G1a:** aripiprazole 5 mg/day **G1b:** aripiprazole 10 mg/day **G1c:** aripiprazole 15 mg/day **G2:** placebo **Co-interventions held stable during treatment:** All psychotropic medications discontinued prior to study; sleep aids, anti-anxiety medication diphenhydramine, psychotropic medications for acute treatment of unforeseen events, benztropine, propranolol administered at investigators discretion **Frequency of contact during study:** Weekly clinic visits; telephone contact at week 7	**Inclusion criteria:** • Autistic disorder diagnosis (DSMIV, ADI-R) and demonstrated tantrums, aggression, self-injurious behavior, or combination • CGI-S score ≥ 4 at screening and baseline • ABC irritability score ≥ 18 at screening and baseline • Weight ≥ 15 kg • Age 6-17 yrs **Exclusion criteria:** • Current diagnosis of bipolar disorder, psychosis, schizophrenia, major depression, or fragile X syndrome • Diagnosis of another disorder on the autism spectrum including PDD-NOS, Asperger syndrome, Rett syndrome, or childhood disintegrative disorder • History of neuroleptic malignant syndrome • Significant risk for suicide • Seizure in past year • History of severe head trauma or stroke • History or evidence of unstable medical conditions • Clinically significant lab or diagnostic test result • Demonstrated resistance to antipsychotic medication or allergy/ hypersensitivity to aripiprazole • Unstable/inconsistent non-pharmacologic therapies **Age, years ± SD:** **G1a:** 9.0 ± 2.8 **G1b:** 10.0 ± 3.2 **G1c:** 9.5 ± 3.1 **G2:** 10.2 ± 3.1 **Mental age:** NR	**Overall ratings:** CGI-S score, LOCF, mean (SE): **G1a:** 5.0 (0.1) (n=44) **G1b:** 4.9 (0.1) (n=52) **G1c:** 5.1 (0.1) (n=44) **G2:** 4.7 (0.1) (n=41) **Social skills:** ABC lethargy/social withdrawal score, LOCF, mean (SE): **G1a:** 17.7 (1.4) (n=52) **G1b:** 16.8 (1.3) (n=59) **G1c:** 18.9 (1.4) (n=53) **G2:** 18.0 (1.5) (n=49) **Repetitive behavior:** ABC stereotypy score, LOCF, mean (SE): **G1a:** 11.4 (0.8) (n=52) **G1b:** 11.6 (0.8) (N=59) **G1c:** 11.6 (0.8) (n=53) **G2:** 10.7 (0.8) (n=49) **Problem behavior:** ABC hyperactivity score, LOCF, mean (SE): **G1a:** 33.1 (1.4) (n=52) **G1b:** 33.7 (1.3) (n=59) **G1c:** 32.2 (1.4) (n=53) **G2:** 31.0 (1.4) (n=49)	**Overall ratings:** CGI-S, week 8, LOCF, mean change (SE): **G1a:** -0.9 (0.2) (n=44) **G1b:** -1.0 (0.1) (n=52) **G1c:** -1.1 (0.2) (n=44) **G2:** -0.6 (0.2) (n=41) **G1a/G2:** *P* = NS **G1b/G2:** *P* ≤ 0.05 **G1c/G2:** *P* = NS **Response rate, week 8, n (%)** **G1a:** 29 (55.8) (n=52; *P* ≤ 0.05) **G1b:** 29 (49.2) (n=59; *P* = NS) **G1c:** 28 (52.8) (n=53; *P* = NS) **G2:**17 (34.7) (n=49; *P* = NS) **Social skills:** ABC lethargy/ social withdrawal score, week 8, LOCF, mean change (SE): **G1a:** -5.8 (1.2) (n=52) **G1b:** -4.9 (1.1) (n=59) **G1c:** -7.9 (1.1) (n=53) **G2:** -5.2 (1.2) (n=49) **G1a/G2:** *P* = NS **G1b/G2:** *P* = NS **G1c/G2:** *P* = NS

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Marcus et al., 2009 (continued)	**Concomitant therapies, %:** Analgesics and antipyretics: **G1a:** 23.1 **G1b:** 30.2 **G1c:** 22.2 **G2:** 17.6 Anticholinergics: **G1a:** 3.8 **G1b:** 1.7 **G1c:** 9.3 **G2:** 0 Anxiolytics: **G1a:** 3.8 **G1b:** 1.7 **G1c:** 1.9 **G2:** 5.9 Hypnotics and sedatives: **G1a:** 3.8 **G1b:** 1.7 **G1c:** 1.9 **G2:** 3.9 Propranolol: **G1a:** 3.8 **G1b:** 0 **G1c:** 0 **G2:** 2.0 **N at enrollment:** **G1a:** 53 **G1b:** 59 **G1c:** 54 **G2:** 52 **N at follow-up:** **G1a:** 44 **G1b:** 49 **G1c:** 47 **G2:** 38	**Gender, n (%):** Male: **G1a:** 47 (88.7) **G1b:** 50 (84.7) **G1c:** 50 (92.6) **G2:** 48 (92.3) **Race/ethnicity, n (%):** White: **G1a:** 37 (69.8) **G1b:** 41 (69.5) **G1c:** 42 (77.8) **G2:** 35 (67.3) Black: **G1a:** 13 (24.5) **G1b:** 15 (25.4) **G1c:** 9 (16.7) **G2:** 13 (25.0) Asian: **G1a:** 1 (1.9) **G1b:** 2 (3.4) **G1c:** 0 **G2:** 3 (5.8) Other: **G1a:** 2 (3.8) **G1b:** 1 (1.7) **G1c:** 3 (5.6) **G2:** 1 (1.9) **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** ADI-R **Diagnostic category, %:** Autistic disorder: **G1:** 100 **G2:** 100 **Other characteristics:** Weight, kg ± SD: **G1a:** 38.9 ± 18.3 **G1b:** 44.8 ± 22.4 **G1c:** 42.2 ± 23.0 **G2:** 45.6 ± 20.0 Previous psychotropic medication, n (%): Any nervous system: **G1a:** 24/52 (46.2) **G1b:** 32/59 (54.2) **G1c:** 31/54 (57.4) **G2:** 22/51 (43.1)	**Communication/ language:** ABC inappropriate speech score, LOCF, mean (SE): **G1a:** 5.8 (0.6) (n=52) **G1b:** 6.8 (0.5) (n=59) **G1c:** 6.3 (0.5) (n=53) **G2:** 5.9 (0.6) (n=48) CYBOCS compul-sions score, LOCF, mean (SE): **G1a:** 13.9 (0.6) (n=52) **G1b:** 13.5 (0.5) (n=59) **G1c:** 14.1 (0.5) (n=53) **G2:** 13.7 (0.6) (n=48) **Other:** Serum prolactin, ng/mL: **G1a:** 7.2 **G1b:** 6.5 **G1c:** 6.7 **G2:** 6.9 Weight, kg (SE): **G1a:** 39.0 (3.1) **G1b:** 45.2 (2.9) **G1c:** 42.3 (3.0) **G2:** 46.3 (3.2) BMI, kg/m^2 (SE): **G1a:** 20.2 (1.0) **G1b:** 21.1 (1.0) **G1c:** 20.8 (1.0) **G2:** 21.0 (1.1) QTcF interval, milliseconds: **G1a:** 373.5 **G1b:** 380.2 **G1c:** 378.2 **G2:** 384.6	**Communication/ language:** ABC inappropriate speech score, week 8, LOCF, mean (SE): **G1a:** -2.0 (0.5) (n=52) **G1b:** -1.8 (0.4) (n=59) **G1c:** -2.3 (0.4) (n=53) **G2:** -1.1 (0.5) (n=48) **G1a/G2:** *P* = NS **G1b/G2:** *P* = NS **G1c/G2:** *P* ≤ 0.05 **Repetitive behavior:** ABC stereotypy score, 8 weeks. LOCF, mean change (SE): **G1a:** -4.5 (0.68) (n=52) **G1b:** -4.2 (0.63) (n=59) **G1c:** -4.5 (0.66) (n=53) **G2:** -1.8 (0.69) (n=49) **G1a/G2:** *P* ≤ 0.005 **G1b/G2:** *P* ≤ 0.05 **G1c/G2:** *P* ≤ 0.005 **Problem behavior:** ABC hyperactivity score, 8 weeks, LOCF, mean change(SE): **G1a:** -14.0 (1.6) (n=52) **G1b:** -13.3 (1.5) (n=59) **G1c:** -16.3 (1.6) (n=53) **G2:** -7.7 (1.7) (n=49) **G1a/G2:** *P* ≤ 0.005 **G1b/G2:** *P* ≤ 0.05 **G1c/G2:** *P* ≤ 0.001

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Marcus et al., 2009 (continued)		Any psychotic: **G1a:** 9/52 (17.3) **G1b:** 14/59 (23.7) **G1c:** 10/54 (18.5) **G2:** 11/51 (21.6) Aripiprazole: **G1a:** 1/52 (1.9) **G1b:** 1/59 (1.7) **G1c:** 2/54 (3.7) **G2:** 3/51 (5.9) Anxiolytic: **G1a:** 8/52 (15.4) **G1b:** 9/59 (15.3) **G1c:** 10/54 (18.5) **G2:** 8/51 (15.7) Antidepressant: **G1a:** 8/52 (15.4) **G1b:** 6/59 (10.2) **G1c:** 13/54 (24.1) **G2:** 3/51 (5.9) Psychostimulant: **G1a:** 3/52 (5.8) **G1b:** 11/59 (18.6) **G1c:** 7/54 (13.0) **G2:** 5/51 (9.8)		CYBOCS compulsions, 8 weeks, LOCF, mean change (SE): **G1a:** -2.6 (0.5) (n=52) **G1b:** -2.4 (0.4) (n=59) **G1c:** -3.2 (0.5) (n=53) **G2:** -1.7 (0.5) (n=48) **G1a/G2:** *P* = NS **G1b/G2:** *P* = NS **G1c/G2:** *P* ≤ 0.05 **Other:** Pediatric QoL Inventory combined scales total score, LSQ treatment difference (95% CI): **G1a:** NR (NS) **G1b:** NR (NS) **G1c:** 8.2 (1.2-15.2) **Harms:** Experienced ≥ 1 harm, safety sample, n (%) **G1a:** 46/52 (88.5) **G1b:** 53/59 (89.8) **G1c:** 46/54 (85.2) **G2:** 37/51 (75.5) Harms (incidence ≥ 5% in G1a, G1b or G1c and twice G2 rate), n (%): Sedation: **G1a:** 9 (17.3) **G1b:** 17 (28.8) **G1c:** 13 (24.1) **G2:** 3 (5.9) Tremor: **G1a:** 4 (7.7) **G1b:** 7 (11.9) **G1c:** 6 (11.1) **G2:** 0 Somnolence: **G1a:** 4 (7.7) **G1b:** 5 (8.5) **G1c:** 5 (9.3) **G2:** 2 (3.9)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Marcus et al., 2009 (continued)				Drooling: **G1a:** 2 (3.8) **G1b:** 8 (13.6) **G1c:** 5 (9.3) **G2:** 0 Headache: **G1a:** 3 (5.8) **G1b:** 5 (8.5) **G1c:** 5 (9.3) **G2:** 2 (3.9) Extrapyramidal disorder: **G1a:** 2 (3.8) **G1b:** 4 (6.8) **G1c:** 6 (11.1) **G2:** 0 Lethargy: **G1a:** 4 (7.7) **G1b:** 3 (5.1) **G1c:** 3 (5.6) **G2:** 0 Hypersomnia: **G1a:** 3 (5.8) **G1b:** 0 **G1c:** 2 (3.7) **G2:** 0 Vomiting: **G1a:** 5 (9.6) **G1b:** 12 (20.3) **G1c:** 5 (9.3) **G2:** 4 (7.8) Salivary hyper-secretion: **G1a:** 1 (1.9) **G1b:** 4 (6.8) **G1c:** 6 (11.1) **G2:** 1 (2.0) Nausea: **G1a:** 1 (1.9) **G1b:** 3 (5.1) **G1c:** 4 (7.4) **G2:** 1 (2.0) Abdominal pain upper: **G1a:** 2 (3.8) **G1b:** 1 (1.7) **G1c:** 4 (7.4) **G2:** 1 (2.0)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Marcus et al., 2009 (continued)				Fatigue: **G1a:** 2 (3.8) **G1b:** 13 (22.0) **G1c:** 10 (18.5) **G2:** 0 Pyrexia: **G1a:** 3 (5.8) **G1b:** 7 (11.9) **G1c:** 5 (9.3) **G2:** 0 Thirst: **G1a:** 3 (5.8) **G1b:** 1 (1.7) **G1c:** 1 (1.9) **G2:** 1 (2.0) Cough: **G1a:** 8 (15.4) **G1b:** 4 (6.8) **G1c:** 0 **G2:** 2 (3.9) Rhinorrhea: **G1a:** 2 (3.8) **G1b:** 5 (8.5) **G1c:** 1 (1.9) **G2:** 1 (2.0) Nasal congestion: **G1a:** 1 (1.9) **G1b:** 1 (1.7) **G1c:** 4 (7.4) **G2:** 1 (2.0) Epistaxis: **G1a:** 0 **G1b:** 4 (6.8) **G1c:** 1 (1.9) **G2:** 0 Nasopharyngitis: **G1a:** 6 (11.5) **G1b:** 5 (8.5) **G1c:** 5 (9.3) **G2:** 2 (3.9) Gastroenteritis viral: **G1a:** 1 (1.9) **G1b:** 3 (5.1) **G1c:** 1 (1.9) **G2:** 0 Upper respiratory tract infection: **G1a:** 2 (3.8) **G1b:** 0 **G1c:** 3 (5.6) **G2:** 0

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Marcus et al., 2009 (continued)				Increased appetite: **G1a:** 10 (19.2) **G1b:** 3 (5.1) **G1c:** 7 (13.0) **G2:** 2 (3.9) Decreased appetite: **G1a:** 5 (9.6) **G1b:** 5 (8.5) **G1c:** 3 (5.6) **G2:** 1 (2.0) Rash: **G1a:** 0 **G1b:** 3 (5.1) **G1c:** 1 (1.9) **G2:** 1 (2.0) Weight increased: **G1a:** 4 (7.7) **G1b:** 1 (1.7) **G1c:** 2 (3.7) **G2:** 1 (2.0) Enuresis: **G1a:** 0 **G1b:** 1 (1.7) **G1c:** 3 (5.6) **G2:** 1 (2.0) **Other:** Serum prolactin, 8 weeks, mean change (ng/mL): **G1a:** -5.4 **G1b:** -5.2 **G1c:** -5.8 **G2:** 0.9 **G1a/G2:** P < 0.001 **G1a/G2:** P < 0.001 **G1a/G2:** P < 0.001 Weight, 8 weeks, LOCF, mean change (kg) (SE): **G1a:** 1.3 (0.3) **G1b:** 1.3 (0.3) **G1c:** 1.5 (0.3) **G2:** 0.3 (0.3) **G1a/G2:** P < 0.05 **G1a/G2:** P < 0.05 **G1a/G2:** P < 0.05

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Marcus et al., 2009 (continued)				BMI, 8 weeks, LOCF, mean change (kg/m^2) (SE): **G1a:** 0.5 (0.2) **G1b:** 0.5 (0.2) **G1c:** 0.7 (0.2) **G2:** 0.2 (0.2) **G1a/G2:** P = NS **G1a/G2:** P = NS **G1a/G2:** P < 0.05 Subjects with clinically relevant (≥ 7%) body weight gain, 8 weeks, LOCF, %: **G1a:** 32.7* **G1b:** 15.3 **G1c:** 30.2* **G2:** 8.2 **G1a/G2:** P < 0.005 **G1a/G2:** P = NS **G1a/G2:** P < 0.005 QTcF interval, 8 weeks, mean change (milli-seconds): **G1a:** -0.8 **G1b:** -4.5 **G1c:** -4.4 **G2:** -2.0 **G1a/G2:** P = NS **G1a/G2:** P = NS **G1a/G2:** P = NS **Modifiers:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Owen et al., 2009 **Country:** US **Practice setting:** Pharmaceutical company **Intervention setting:** Multi-site clinics **Enrollment period:** June 2006 to February 2008 **Funding:** Bristol Myers Sqibb, Otsuka Pharmaceutical Co. **Author industry relationship disclosures:** 8 of 8 Abbott (1) Addrenex (1) Astra Zeneca (1) Bristol Myers Squibb (6) Curemark (1) Forest (1) GlaxoSmithKline (1) Janssen (1) Johnson & Johnson (1) KemPharm (1) Lilly (2) Lundbeck (1) Neuropharm (2) Novartis (1) Organon (1) Otsuka (4) Pfizer (2) Sanofi-Aventis (1) Seaside Pharma (1) Sepracore (1) Shire (1) Solvay (1)	**Intervention:** Aripiprazole, 2 mg/day with target dosage of 5,10, or 15 mg/day (maximum 15 mg/day) **Assessments:** ABC rated by caregiver at each visit; CGI severity and improvement rated by clinician at each visit, CYBOCS (compulsion scale only, weeks 0, 4, and 8), administrator/rater NR; Pediatric QoL Inventory, Caregiver Strain Questionnaire assessed at baseline and week 8. Simpson-Angus Scale, Barnes Akathisia Rating Scale, Abnormal Involuntary Movement Scale used by clinician to rate adverse events **Groups:** **G1:** aripiprazole **G2:** placebo **Co-interventions held stable during treatment:** All psychotropic medications discontinued prior to study; lorazepam or alprazolam, sleep aids, diphenhydramine, benztropine, propranolol administered at investigators discretion **Frequency of contact during study:** Weekly clinic visits; telephone contact at week 7 **Concomitant therapies, %:** Analgesics/anti-pyretics: **G1:** 19.1 **G2:** 22.0 Hypnotics/sedatives: **G1:** 2.1 **G2:** 12.0 **N at enrollment:** **G1:** 47 **G2:** 51	**Inclusion criteria:** • Autistic disorder diagnosis (DSM-IV, ADI-R) and demonstrated tantrums, aggression, self-injurious behavior, or a combination thereof • CGI-S score ≥ 4 at screening and baseline • ABC irritability score ≥ 18 at screening and baseline • Weight ≥ 15 kg • Age 6-17 years **Exclusion criteria:** • Current diagnosis of bipolar disorder, psychosis, schizophrenia, major depression, or fragile X syndrome • Diagnosis of another disorder on the autism spectrum including PDD-NOS, Asperger syndrome, Rett syndrome, or childhood disintegrative disorder • History of neuroleptic malignant syndrome • Significant risk for suicide • Seizure in past year • History of severe head trauma or stroke • History or evidence of unstable medical conditions • Clinically significant lab or diagnostic test result • Demonstrated resistance to antipsychotic medication or allergy/ hypersensitivity to aripiprazole • Unstable/inconsistent non-pharmacologic therapies **Age, mean ± SD:** **G1:** 9.7 ± 3.2 **G2:** 8.8 ± 2.6 Age 13-17, n (%): **G1:** 10 (21.3) **G2:** 5 (9.8)	**Overall ratings:** CGI-S, mean: **G1:** 4.9 (n=40) **G2:** 4.8 (n=40) Serum prolactin, ng/ml, mean: **G1:** 9.8 **G2:** 6.8 QTcF interval, milliseconds, mean: **G1:** 377.6 **G2:** 376.3 **Social skills:** ABC lethargy/social withdrawal score, mean: **G1:** 19.9 **G2:** 18.1 **Communication/ language:** ABC inappropriate speech score, mean: **G1:** 7.0 **G2:** 7.0 **Repetitive behavior:** ABC stereotypy score, mean: **G1:** 11.9 **G2:** 10.7 **Problem behavior:** ABC irritability score, mean: **G1:** 29.6 **G2:** 30.8 ABC hyperactivity score, mean: **G1:** 34.1 **G2:** 34.7 CYBOCS score (compulsions only), mean: **G1:** 12.8 (n=43) **G2:** 13.7 (n=44)	**Overall ratings:** CGI-I at week 8, LOCF, efficacy sample, %: Very much/much improved: **G1:** 67 **G2:** 16 Minimally improved: **G1:** 15 **G2:** 20 No change: **G1:**13 **G2:**45 Minimally worse: **G1:**4 **G2:**10 Much/very much worse: **G1:** 0 **G2:** 8 CGI-I score, week 8, mean: **G1:** 2.2 **G2:** 3.6 **G1/G2:** $P < 0.001$ LSQ mean treatment difference (95% CI): -1.4 (-1.9,-1.0) CGI-S, week 8, mean change: **G1:** -1.2 (n=40) **G2:** -0.4 (n=40) **G1/G2:** $P < 0.001$ LSQ mean treatment difference (95% CI): -0.8 (-1.2,-0.4) Serum prolactin, ng/ml, week 8, mean change: **G1:** -6.3 **G2:** 1.6 **G1/G2:** $P < 0.001$ Weight gain, week 8, % **G1:** 28.9 **G2:** 6.1 **G1/G2:** $P < 0.01$

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Wyeth (1) **Design:** RCT, permuted block randomization; multicenter study **Note:** See related study Marcus et al., 2009	**N at follow-up:** **G1:** 46 **G2:** 49	**Mental age:** NR **Gender, n (%):** Male: G1 :42 (89.4) **G2:** 44 (86.3) **Race/ethnicity, n (%):** White: **G1:** 32 (68.1) **G2:** 41 (80.4) Black: **G1:** 11 (23.4) **G2:** 7 (13.7) Asian: **G1:** 2 (4.3) **G2:** 0 Other: **G1:** 2 (4.3) **G2:** 3 (5.9) **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** ADI-R **Diagnostic category, n (%):** **G1:** Autistic disorder: **G1:** 47 (100) **G2:** 51 (100) PDD-NOS: **G1:** 0 **G2:** 0 Asperger syndrome: **G1:** 0 **G2:** 0 **Other characteristics:** Weight, kg ± SD: **G1:** 43.9 ± 19.2 **G2:** 40.6 ± 18.9		QTcF interval, milliseconds, week 8, mean change: **G1:** 0.6 **G2:** 4.5 **G1/G2:** *P* = 0.381 **Social skills:** ABC lethargy/ social withdrawal score, week 8, mean change: **G1:** -7.9 **G2:** -6.2 **G1/G2:** *P* = NS **Communication/ language:** ABC inappropriate speech score, week 8, mean change: **G1:** -2.5 **G2:** -0.4 **G1/G2:** *P* < 0.001 LSQ mean treatment difference (95% CI): -2.0 (-3.1,-1.0) **Repetitive behavior:** ABC stereotypy score, 8 weeks, mean change: **G1:** -4.8 **G2:** -2.0 **G1/G2:** *P* < 0.001 LSQ mean treatment difference (95% CI): -2.9 (-4.5,-1.2) **Problem behavior:** ABC irritability score, 8 weeks, mean change: **G1:** -12.9 **G2:** -5.0 **G1/G2:** *P* < 0.001 LSQ mean treatment difference (95% CI): -7.9 (-11.7,-4.1)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Owen et al., 2009 (continued)				ABC hyperactivity score, 8 weeks, mean change: **G1:** -12.7 **G2:** -2.8 **G1/G2:** *P* < 0.001 LSQ mean treat-ment difference (95% CI): -9.9 (-13.8,-5.9) CYBOCS (compulsions only), 8 weeks, mean change: **G1:** -3.8 (n=43) **G2:** -0.8 (n=44) **G1/G2:** *P* < 0.001 LSQ mean treat-ment difference (95% CI): -3.0 (-4.3,-1.6) **Harms:** Occurring in ≥ 5% of any group, n (%): Any AE: **G1:** 43/47 (91.5) **G2:** 36/50 (72.0) Headache: **G1:** 3/47 (6.4) **G2:** 8/50 (16.0) Somnolence: **G1:** 8/47 (17.0) **G2:** 2/50 (4.0) Sedation: **G1:** 5/47 (10.6) **G2:** 1/50 (2.0) Drooling: **G1:** 4/47 (8.5) **G2:** 0 Tremor: **G1:** 4/47 (8.5) **G2:** 0 Diarrhea: **G1:** 4/47 (8.5) **G2:** 5/50 (10.0) Vomiting: **G1:** 7/47 (14.9) **G2:** 2/50 (4.0) Insomnia: **G1:** 3/47 (6.4) **G2:** 4/50 (8.0)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Owen et al., 2009 (continued)				Aggression: **G1:** 4/47 (8.0) **G2:** 1/50 (2.1)Fatigue: **G1:** 10/47 (21.3) **G2:** 2/50 (4.0) Pyrexia: **G1:** 4/47 (8.5) **G2:** 1/50 (2.0) Upper respiratory tract infection: **G1:** 1/47 (2.1) **G2:** 5/50 (10.0) Nasopharyngitis: **G1:** 2/47 (4.3) **G2:** 3/50 (6.0) Nasal congestion: **G1:** 3/47 (6.4) **G2:** 1/50 (2.0) Increased appetite: **G1:** 7/47 (14.9) **G2:** 5/50 (10.0) Enuresis: **G1:** 3/47 (6.4) **G2:** 4/50 (8.0) Any EPS event: **G1:** 7/47 (14.9) **G2:** 4/50 (8.0) Tremor: **G1:** 4/47 (8.5) **G2:** 0 Extrapyramidal disorder: **G1:** 1/47 (2.1) **G2:** 0 Muscle rigidity: **G1:** 1/47 (1.2) **G2:** 0 Muscle spasms: **G1:** 0 **G2:** 1/50 (2.0) Akathisia: **G1:** 0 **G2:** 1/50 (2.0) Psychomotor hyperactivity: **G1:** 1/47 (2.1) **G2:** 2/50 (4.0) Hypokinesia: **G1:** 1 (2.1) **G2:** 0 Hyperkinesia: **G1:** 0 **G2:** 1/50 (2.0)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Owen et al., 2009 (continued)				**Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Panerai et al., 2009 Country: Italy **Practice setting:** Research center **Intervention setting:** Residential, clinic, and/or school Enrollment period: NR Funding: NR **Author industry relationship disclosures:** NR Design: Prospective cohort study	**Intervention:** TEACCH in a residential center vs. TEACCH at home and at mainstream schools after a parent psychoeducational training vs. inclusive education in mainstream schools (i.e., treatment as usual, nonspecific program) Duration: 3 years in setting TEACHH residential – In residence education with regular intervals home and no additional school involvement TEACCH home based – Attended mainstream classes with support teacher; psycho-educational training of parents for 4 weeks, then repeated 2 week stays on 6 month basis **Assessments:** CARS, LAP-R, PEP-R, VABS **Groups:** **G1:** TEACCH in a residential center **G2:** TEACCH parent training **G3:** inclusive education in mainstream school (no protocol) **Provider:** **G1:** Educators with support of the management team (a psychologist, educational coordinator, neurologist, and doctor specializing in normal and special education)	Inclusion criteria: • Attending primary school • Evaluated for at least a 3-year period • Assessment included PEP-R • Diagnosed with autistic disorder and mental retardation Exclusion criteria: • See inclusion criteria Age, years ± SD: **G1:** 9.66 ± 2.31 **G2:** 8.66 ± 2.01 **G3:** 9.09 ± 2.07 **Mental age, months ± SD:** **G1:** 20.63 ± 9.52 **G2:** 23.69 ± 10.5 **G3:** 20.4 ± 6.93 Gender, n (%): Male: 34 (100) Female: 0 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR Diagnostic approach: In Study Diagnostic tool/method: DSM-IV, CARS, ADI Diagnostic category, n (%): Autism: 34 (100) PDD-NOS: 0 Aspergers: 0 **Other characteristics:** CARS score, mean ± SD: **G1:** 45.75 ± 5.23 **G2:** 42.42 ± 2.41 **G3:** 42.9 ± NR ADI-R score, mean ± SD: Communication: **G1:** 15.18 ± 2.79 **G2:** 14.15 ± 2.76 **G3:** 13.6 ± 2.01	**Overall ratings:** PEP-R composite score, mean ± SD: **G1:** 43.36 ± 24.36 **G2:** 54.15 ± 26.46 **G3:** 46.4 ± 21.9 **G1/G2/G3:** *P* = NS VABS composite scale, mean ± SD: **G1:** 100.72 ± 42.92 **G2:** 109.69 ± 33.83 **G3:** 94.8 ± 27.89 **G1/G2/G3:** *P* = NS **Social skills:** VABS socialization score, mean ± SD: **G1:** 16.1 ± 11.6 **G2:** 16.23 ± 7.45 **G3:** 16 ± 5.29 **G1/G2/G3:** *P* = NS **Communication/ language:** VABS communica-tion score, mean ± SD: **G1:** 15.9 ± 14.9 **G2:** 19.46 ± 11.24 **G3:** 18.1 ± 10.48 **G1/G2/G3:** *P* = NS **Problem behavior:** VABS maladaptive behaviors score, mean ± SD: **G1:** 16.18 ± 7.33 **G2:** 17.92 ± 6.57 **G3:** 18.5 ± 7.38 **G1/G2/G3:** *P* = NS **Adaptive behavior:** VABS daily living score, mean ± SD: **G1:** 33.1 ± 12.9 **G2:** 31.92 ± 11.62 **G3:** 27.8 ± 11.14 **G1/G2/G3:** *P* = NS **Motor skills:** PEP-R fine motor score, mean ± SD: **G1:** 8.54 ± 4.18 **G2:** 9.61 ± 3.69 **G3:** 9.3 ± 3.8 **G1/G2/G3:** *P* = NS	**Overall ratings:** PEP-R composite score, 3 years, mean ± SD: **G1:** 57.45 ± 29.76 **G2:** 69.54 ± 22.54 **G3:** 49 ± 25.24 **G1/BL:** *P* = 0.02 **G2/BL:** *P* = 0.022 **G3/BL:** *P* = NS **G1/G2/G3:** *P* = 0.009 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = 0.001 VABS composite score, 3 years, mean ± SD: **G1:** 127.81 ± 45.07 **G2:** 155.23 ± 39.89 **G3:** 109.6 ± 33.52 **G1/BL:** *P* = 0.02 **G2/BL:** *P* = 0.02 **G3/BL:** *P* = NS Composite score with motor skills: **G1/G2/G3:** *P* = NS **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS Composite score w/o motor skills: **G1/G2/G3:** *P* = 0.038 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = 0.01 **Social skills:** VABS socializa-tion score, 3 years, mean ± SD: **G1:** 25.5 ± 12.2 **G2:** 27.46 ± 10.89 **G3:** 16 ± 6.14 **G1/BL:** *P* = 0.02 **G2/BL:** *P* = 0.018 **G3/BL:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Panerai et al., 2009 (continued)	**G2:** Support teacher, specific generalist team (psychologist, doctor specializing in normal and special education, educator-coordinator, educator, social worker, psycho-motor and speech therapists), and parent **G3:** Support teacher and general education teachers **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies, n:** **G1:** NR **G2:** NR **G3:** Outpatient treatments (including psychomotor therapy and speech therapy): NR N at enrollment: **G1:** 11 **G2:** 13 **G3:** 10 N at follow-up: **G1:** 11 **G2:** 13 **G3:** 10	Social impairment: **G1:** 27.45 ± 2.8 **G2:** 24.92 ± 4.54 **G3:** 26.4 ± 2.55 Repetitive behavior: **G1:** 7.09 ± 2.43 **G2:** 7.2 ± 2.65 **G3:** 6.6 ± 1.78 LAP-R developmental age, months ± SD: Language and literacy: **G1:** 19.55 ± 9.76 **G2:** 20.82 ± 8.59 **G3:** 18.7 ± 6.78 Emotional and social skills: **G1:** 22.55 ± 9.44 **G2:** 22.15 ± 6.96 **G3:** 20.6 ± 6.29 Pre-writing: **G1:** 22.36 ± 14.47 **G2:** 26.77 ± 12.79 **G3:** 26.4 ± 16.11 Self help skills: **G1:** 29.64 ± 13.9 **G2:** 31.08 ± 17.69 **G3:** 27.5 ± 9.08	PEP-R gross motor score, mean ± SD: **G1:** 11.45 ± 3.14 **G2:** 13.23 ± 4.64 **G3:** 13.4 ± 4.03 **G1/G2/G3:** *P* = NS PEP-R eye-hand coordination score, mean ± SD: **G1:** 4.82 ± 2.89 **G2:** 5.54 ± 3.53 **G3:** 4.6 ± 2.95 **G1/G2/G3:** *P* = NS VABS motor skills score, mean ± SD: **G1:** 37.5 ± 7.79 **G2:** 42.15 ± 10.94 **G3:** 33.9 ± 8.99 **G1/G2/G3:** *P* = NS **Educational/ cognitive/ academic attainment:** PEP-R developmental age, months ± SD: **G1:** 20.64 ± 9.52 **G2:** 23.69 ± 10.55 **G3:** 20.04 ± 6.93 **G1/G2/G3:** *P* = NS PEP-R cognitive performances score, mean ± SD: **G1:** 4.82 ± 5.47 **G2:** 7.61 ± 6.2 **G3:** 6.5 ± 6.04 **G1/G2/G3:** *P* = NS PEP-R cognitive verbal performances score ± SD: **G1:** 2.09 ± 4.99 **G2:** 2.85 ± 4.08 **G3:** 0.6 ± 0.07 **G1/G2/G3:** *P* = NS **Additional:** PEP-R imitation score, mean ± SD: **G1:** 3.45 ± 4.86 **G2:** 5.77 ± 4.81 **G3:** 4.1 ± 3.69 **G1/G2/G3:** *P* = NS	Total score: **G1/G2/G3:** *P* = 0.009 **G1/G2:** *P* = NS **G1/G3:** *P* = 0.017 **G2/G3:** *P* = 0.006 Interpersonal relationships: **G1/G2/G3:** *P* = 0.017 **G1/G2:** *P* = NS **G1/G3:** *P* = 0.035 **G2/G3:** *P* = 0.008 **Communication/ language:** VABS communication score, 3 years, mean ± SD: **G1:** 22.1 ± 16.5 **G2:** 28.92 ± 16.43 **G3:** 21.4 ± 11.01 **G1/BL:** *P* = 0.05 **G2/BL:** *P* = 0.02 **G3/BL:** *P* = NS **G1/G2/G3:** *P* = NS **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS **Problem behavior:** VABS maladaptive behaviors score, 3 years, mean ± SD: **G1:** 12.27 ± 7.04 **G2:** 17.23 ± 7.35 **G3:** 24.1 ± 9.69 **G1/BL:** *P* = 0.02 **G2/BL:** *P* = 0.02 **G3/BL:** *P* = NS **G1/G2/G3:** *P* = 0.038 **G1/G2:** *P* = NS **G1/G3:** *P* = 0.032 **G2/G3:** *P* = 0.044

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Panerai et al., 2009 (continued)			PEP-R perception score, mean ± SD: **G1:** 8 ± 2.76 **G2:** 9.54 ± 2.47 **G3:** 7.9 ± 3.66 **G1/G2/G3:** *P* = NS	**Adaptive behavior:** VABS daily living skills score, 3 years, mean ± SD: **G1:** 42.2 ± 14 **G2:** 44.85 ± 10.95 **G3:** 31 ± 12.9 **G1/BL:** *P* = 0.02 **G2/BL:** *P* = 0.02 **G3/BL:** *P* = NS Total: **G1/G2/G3:** *P* = 0.033 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = 0.009 Personal: **G1/G2/G3:** *P* = 0.049 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = 0.022 **Motor skills:** PEP-R fine motor score, 3 years, mean ± SD: **G1:** 9.82 ± 4.17 **G2:** 11.46 ± 2.44 **G3:** 9.3 ± 3.9 **G1/BL:** *P* = NS **G2/BL:** *P* = 0.024 **G3/BL:** *P* = NS **G1/G2/G3:** *P* = NS **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS PEP-R gross motor score, 3 years, mean ± SD: **G1:** 14.1 ± 4.66 **G2:** 15.8 ± 3.24 **G3:** 13.8 ± 4.49 **G1/BL:** *P* ≤ 0.05 **G2/BL:** *P* = 0.018 **G3/BL:** *P* = NS **G1/G2/G3:** *P* = 0.031 **G1/G2:** *P* = NS **G1/G3:** *P* = 0.026 **G2/G3:** *P* = 0.032

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Panerai et al., 2009 (continued)				PEP-R eye-hand coordination score, 3 years, mean ± SD: **G1:** 6.09 ± 3.11 **G2:** 7.85 ± 2.82 **G3:** 5.9 ± 4.77 **G1/BL:** *P* = 0.02 **G2/BL:** *P* = 0.018 **G3/BL:** *P* = NS **G1/G2/G3:** *P* = NS **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS VABS motor skills score, 3 years, mean ± SD: **G1:** 42.1 ± 6.41 **G2:** 54.08 ± 13.9 **G3:** 39.4 ± 11.28 **G1/BL:** *P* = 0.02 **G2/BL:** *P* = 0.02 **G3/BL:** *P* = NS **G1/G2/G3:** *P* = NS **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS **Educational/ cognitive/ academic attainment:** PEP-R developmental age, 3 years, months ± SD: **G1:** 25.82 ± 12.03 **G2:** 29.15 ± 10.01 **G3:** 21.5 ± 8.36 **G1/BL:** *P* = 0.02 **G2/BL:** *P* = 0.022 **G3/BL:** *P* = NS **G1/G2/G3:** *P* = 0.005 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = 0.005

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Panerai et al., 2009 (continued)				PEP-R cognitive verbal performances score, 3 years, mean ± SD: **G1:** 3.91 ± 5.72 **G2:** 4 ± 5.07 **G3:** 1 ± 1.63 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G3/BL:** *P* = NS **G1/G2/G3:** *P* = 0.006 **G1/G2:** *P* = NS **G1/G3:** *P* = 0.034 **G2/G3:** *P* = 0.002 PEP-R cognitive performances score, 3 years, mean ± SD: **G1:** 8.09 ± 6.59 **G2:** 10.46 ± 5.62 **G3:** 5.9 ± 6.04 **G1/BL:** *P* = 0.032 **G2/BL:** *P* = 0.018 **G3/BL:** *P* = NS **G1/G2/G3:** *P* = NS **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS **Additional:** PEP-R imitation score, 3 years, mean ± SD: **G1:** 5.9 ± 6.12 **G2:** 8.69 ± 4.4 **G3:** 4.3 ± 4.14 **G1/BL:** *P* ≤ 0.05 **G2/BL:** *P* = 0.018 **G3/BL:** *P* = NS **G1/G2/G3:** *P* = 0.013 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = 0.004

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Panerai et al., 2009 (continued)				PEP-R perception score, 3 years, mean ± SD: **G1:** 9.54 ± 3.17 **G2:** 11.31 ± 1.75 **G3:** 8.8 ± 3.85 **G1/BL:** *P* = NS **G2/BL:** *P* = 0.02 **G3/BL:** *P* ≤ 0.05 **G1/G2/G3:** *P* = NS **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS **Harms:** NR **Modifiers:** NR

Evidence table: Therapies for children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Quirmbach et al., 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: NR **Design:** RCT	**Intervention:** Two social stories training sessions one week apart. Baseline and four other trials were completed each day. The last trial was a generalization trial, where games were switched. **Assessments:** Observation/direct assessment (ADOS, WISC-IV, PIAT-R); observation (turn-taking games 5 times per day in play room): total game playing skill score 0-8, 2 points per skill (greeting behaviors, requesting to play a game, asking another person what they want to play, accepting another's choice of game) **Groups:** **G1:** social story, standard condition (both training days) **G2:** social story, directive condition (both training days) **G3:** control story condition unrelated to social skills (control story first day, randomly assigned to either standard or directive story on the second day) **G1a:** G1 with VCI > 68 **G2a:** G2 with VCI > 68 **G3a:** G3 with VCI > 68 **G3s:** G3a with standard second day **G3d:** G3a with directive second day **Provider:** Research assistant **Treatment manual followed:** NR **Defined protocol followed:** NR	**Inclusion criteria:** • ASD diagnosis **Exclusion criteria:** • Insufficient reading skills (less than first grade level on PIAT-R) **Age, yrs ± SD (range):** **G1:** 9.49 ± 2.09 (7-12) **G2:** 10.33 ± 2.53 (7-14) **G3:** 8.85 ± 1.59 (7-12) **G1a:** 9.49 ± 2.04 (7-12) **G2a:** 9.72 ± 2.61 (7-14) **G3a:** 8.79 ± 1.38 (7-11) **Mental age:** See IQ under baseline **Gender, n (%):** Male: **G1:** 14 (93) **G2:** 14 (93) **G3:** 14 (93) Female: **G1:** 1 (7) **G2:** 1 (7) **G3:** 1 (7) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** NR **Diagnostic tool/method:** ADOS **Diagnostic category, n (%):** Autism: 42 (93) ASD: 3 (7) **Other characteristics:** NR	**Overall ratings:** ADOS score, mean ± SD: **G1:** 15.00 ± 4.99 **G2:** 14.40 ± 3.81 **G3:** 15.60 ± 4.87 **G1a:** 11.90 ± 2.42 **G2a:** 12.60 ± 3.20 **G3a:** 13.20 ± 2.94 **Educational/cog-nitive/academic attainment:** WISC-IV score, mean ± SD: FSIQ: **G1:** 86.20 ± 22.80 **G2:** 81.00 ± 20.26 **G3:** 79.47 ± 22.68 **G1a:** 98.80 ± 16.25 **G2a:** 91.70 ± 14.87 **G3a:** 91.50 ± 16.47 VCI: **G1:** 82.07 ± 28.04 **G2:** 79.33 ± 24.85 **G3:** 78.80 ± 27.86 **G1a:** 98.70 ± 17.32 **G2a:** 93.50 ± 16.34 **G3a:** 95.10 ± 17.92 PRI: **G1:** 99.47 ± 13.83 **G2:** 95.20 ± 13.18 **G3:** 90.67 ± 18.89 **G1a:** 103.20 ± 14.64 **G2a:** 100.90 ± 8.49 **G3a:** 97.80 ± 17.12 PIAT-R score, mean ± SD: Reading recognition: **G1:** 4.09 ± 3.55 **G2:** 3.66 ± 3.00 **G3:** 2.49 ± 1.41 **G1a:** 5.36 ± 3.76 **G2a:** 4.29 ± 3.51 **G3a:** 2.96 ± 1.51 Reading comprehension: **G1:** 3.82 ± 3.72 **G2:** 3.81 ± 3.72 **G3:** 2.85 ± 2.50 **G1a:** 5.00 ± 4.10 **G2a:** 4.68 ± 4.35 **G3a:** 3.66 ± 2.74	**Social skills:** Total game playing skills score, mean ± SD: Day 1, trial 2: **G1:** 4.53 ± 3.48 **G2:** 3.73 ± 2.96 **G3:** NR **G1a:** 6.30 ± 2.83 **G2a:** 5.10 ± 2.60 **G3a:** NR **G3s:** 2.40 ± 1.14 **G3d:** 2.40 ± 1.14 Day 1, trial 3: **G1:** 4.53 ± 3.25 **G2:** 4.87 ± 2.90 **G3:** NR **G1a:** 6.40 ± 2.07 **G2a:** 6.30 ± 2.45 **G3a:** NR **G3s:** 2.80 ± 1.30 **G3d:** 2.20 ± 0.84 Day 1, trial 4: **G1:** 4.07 ± 3.17 **G2:** 5.07 ± 2.84 **G3:** NR **G1a:** 5.90 ±2.03 **G2a:** 6.40 ± 2.27 **G3a:** NR **G3s:** 2.40 ± 1.67 **G3d:** 2.20 ± 0.84 ANOVA (only trials 1-4): **G1/G3:** $P < 0.05$ **G2/G3:** $P < 0.05$ Improvement across trials: $P < 0.001$ **G1a/G3a:** $P < 0.001$ **G2a/G3a:** $P < 0.001$ Improvement across trials: $P < 0.001$

Evidence table: Therapies for children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Quirmbach et al., 2009 (continued)	**Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 15 **G2:** 15 **G3:** 15 **G1a:** 10 **G2a:** 10 **G3a:** 10 **G3s:** 5 **G3d:** 5		Total game playing skills score, trial 1, mean ± SD: **G1:** 1.87 ± 1.30 **G2:** 2.40 ± 1.18 **G3:** NR **G1a:** 2.50 ± 0.97 **G2a:** 2.90 ± 0.88 **G3a:** NR **G3s:** 2.80 ± 0.84 **G3d:** 2.40 ± 0.89	Day 1, trial 5 (generalization): **G1:** 3.67 ± 2.82 **G2:** 4.33 ± 2.66 **G3:** NR **G1a:** 5.30 ± 1.77 **G2a:** 5.70 ± 2.06 **G3a:** NR **G3s:** 2.20 ± 1.48 **G3d:** 2.40 ± 1.14 Day 2, trial 6: **G1:** 4.53 ± 3.27 **G2:** 3.93 ± 1.94 **G3:** NR **G1a:** 6.50 ± 1.84 **G2a:** 4.70 ± 1.95 **G3a:** NR **G3s:** 3.00 ± 0.71 **G3d:** 3.00 ± 1.00 Day 2, trial 7: **G1:** 5.20 ± 3.28 **G2:** 4.93 ± 3.13 **G3:** NR **G1a:** 7.20 ± 1.69 **G2a:** 6.40 ± 2.63 **G3a:** NR **G3s:** 4.80 ± 3.03 **G3d:** 5.60 ± 1.82 Day 2, trial 8: **G1:** 5.07 ± 3.31 **G2:** 4.93 ± 2.99 **G3:** NR **G1a:** 7.10 ± 1.66 **G2a:** 5.90 ± 2.64 **G3a:** NR **G3s:** 6.40 ± 2.19 **G3d:** 4.80 ± 2.17 Day 2, trial 9: **G1:** 5.07 ± 3.17 **G2:** 5.80 ± 2.57 **G3:** NR **G1a:** 7.00 ± 1.70 **G2a:** 6.40 ± 1.78 **G3a:** NR **G3s:** 6.40 ± 2.19 **G3d:** 4.60 ± 2.30

Evidence table: Therapies for children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Quirmbach et al., 2009 (continued)				Day 2, trial 10 (generalization): **G1:** 4.80 ± 3.36 **G2:** 5.20 ± 2.73 **G3:** NR **G1a:** 6.80 ± 1.93 **G2a:** 6.50 ± 2.27 **G3a:** NR **G3s:** 5.40 ± 1.95 **G3d:** 6.60 ± 1.67 ANOVA (only groups G1 & G2, trials 1-10): **G1/G2:** *P* = NS Improvement across trials: *P* < 0.001 **Harms:** NR **Modifiers:** Condition-trial interaction (G1 and G2 improve across trials 1-4, G3 no improvement): *P* < 0.001 Condition-trial interaction (G1a and G2a improve across trials 1-4, G3a no improvement): *P* < 0.001 WISC-IV VCI: *P* < 0.001

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Reaven et al., 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Organization for Autism Research; Doug Flutie Foundation; US DHHS Administration on Developmental Disabilities **Author industry relationship disclosures:** NR **Design:** Non-randomized controlled trial	**Intervention:** 12 weekly 1.5 hour CBT sessions targeting anxiety reduction, including large group time, separate parent and child group meetings, and parent-child dyads **Assessment:** Two to three 2 hour assessment sessions; diagnostic and developmental batteries (ADOS, SCQ, WASI, K-SADS-PL, SCARED) administered by research team (clinical psychologist with extensive experience in autism, graduate student, postdoctoral fellow) **Groups:** **G1:** active treatment **G2:** waitlist control **Provider:** Clinicians, parents **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** No* **Concomitant therapies, n (%):** Anti-anxiety or antidepressant medications: **G1:** 5 (50) **G2:** 9 (39.1) Other psychotropic medications: **G1:** 4 (40) **G2:** 13 (56.5) Vitamins and supplements: **G1:** 6 (60) **G2:** 20 (87) Restricted diet: **G1:** 2 (20) **G2:** 8 (34)	**Inclusion criteria:** • Aged 7-14 years • Diagnosis on the autism spectrum as verified by exceeding the criteria on module III of the ADOS, exceeding the cutoff on the Social Communication Questionnaire, and receiving a current clinical diagnosis of ASD by a licensed clinical psychologist with extensive experience with children with autism • Overall IQ ≥ 70 • Verbally fluent as evidenced by participation in Module III of the ADOS • Significant anxiety symptoms (parent report of clinically significant symptoms of a social phobia, separation anxiety, or generalized anxiety on the Kiddie-Schedule for Affective Disorders and Schizophrenia; or exceeding the subscale cutoffs on the SCARED) **Exclusion criteria:** • Children with primary symptoms of obsessive-compulsive disorder • Receiving group or individual therapy focused on anxiety reduction **Age, months ± SD (range):** 132.20 ± 22.80 (97-177) **Mental age:** FSIQ, months ± SD (range): 102.46 ± 16.22 (65-141) Verbal IQ, months ± SD (range): 101.76 ± 19.51 (65-141) Nonverbal IQ, months ± SD (range): 101.76 ± 15.07 (75-144)	**Commonly occurring comorbidities:** SCARED score, parent report, mean ± SD (range): Total: **G1:** 32.70 ± 12.21 (20-54) **G2:** 29.35 ± 10.69 (7-51) Panic symptoms: **G1:** 4.40 ± 4.2 (0-15) **G2:** 4.91 ± 4.55 (1-18) Generalized anxiety: **G1:** 9.94 ± 2.61 (5-13) **G2:** 9.84 ± 3.82 (3-16) Separation anxiety: **G1:** 4.92 ± 3.87 (1-13) **G2:** 5.13 ± 4.39 (0-16) Social anxiety: **G1:** 9.40 ± 3.12 (5-14) **G2:** 6.82 ± 5.32 (0-14) School anxiety: **G1:** 1.80 ± 2.09 (0-7) **G2:** 2.43 ± 1.94 (0-7) SCARED, child report, mean ± SD (range): Total: **G1:** 25.67 ± 9.84 (4-34) **G2:** 26.09 ± 11.99 (3-48) Panic symptoms: **G1:** 4.67 ± 4.72 (1-15) **G2:** 6.04 ± 3.67 (0-15)	**Commonly occurring co-morbidities:** SCARED, parent report, mean ± SD (range) Total: **G1:** 19.53 ± 8.82 (9-38) **G2:** 27.33 ± 8.85 (9-52) ANOVA: time (P = 0.01), treatment X time interaction (P = 0.01) Panic symptoms: **G1:** 2.34 ± 2.54 (0-7) **G2:** 5.76 ± 4.44 (1-19) Generalized anxiety **G1:** 6.20 ± 2.86 (2-12) **G2:** 9.14 ± 3.16 (2-17) Separation anxiety: **G1:** 2.60 ± 2.63 (0-8) **G2:** 4.60 ± 2.81 (0-11) Social anxiety: **G1:** 6.80 ± 2.25 (4-12) **G2:** 6.57 ± 3.47 (0-14) School anxiety: **G1:** 1.5 ± 1.95 (0-3) **G2:** 1.27 ± 1.16 (0-3)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reaven et al., 2009 (continued)	Number of prescribed medications, n (%): None: 11 (33.3) One: 9 (27.3) Two: 6 (18.2) Three: 2 (6.1) Four: 0 Five: 5 (15.2) Medications, n (detail): Anti-anxiety medication PRN: 2 (1 clonipin; 1 busparone) SSRI: 14 (3 fluvoxamine; 3 fluoxetine; 4 sertraline; 2 paroxetine; 2 citalopram) Trazedone: 3 Mood stability: 4 (1 lithium; 2 depakote; 1 trileptal) Second generation antipsychotics: 6 (3 risperidone; 2 seroquel; 1 abilify) Attention deficit medication: 15 (9 Concerta; 5 Adderall; 1 Tenex) Multivitamins and general nutritional supplements: 21 Omega-3 supplements: 8 **N at enrollment:** **G1:** 10 **G2:** 23 **N at follow-up:** **G1:** 10 **G2:** 21	**Gender, n (%):** Male: **G1:** 7 (70) **G2:** 19 (82.6) Female: **G1:** 3 (30) **G2:** 4 (17.4) **Race/ethnicity, n (%):** White: **G1:** 8 (80) **G2:** 19 (82.6) African American: **G1:** 1 (10) **G2:** 1 (4.3) Hispanic: **G1:** 1 (10) **G2:** 1 (4.3) Other: **G1:** 0 **G2:** 2 (8.6) **SES:** Maternal education, n (%): High school: **G1:** 0 **G2:** 2 (8.7) Some college: **G1:** 3 (30) **G2:** 6 (26.1) College graduate: **G1:** 4 (40) **G2:** 8 (34.8) Postcollege: **G1:** 3 (30) **G2:** 6 (26.1) Missing: **G1:** 0 **G2:** 1 (4.3) Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** See inclusion criteria **Diagnostic category, n (%):** Autism: **G1:** 3 (30) **G2:** 12 (52.2) PDD-NOS: **G1:** 2 (20) **G2:** 2 (8.7) Aspergers: **G1:** 5 (50) **G2:** 9 (39.1)	Generalized anxiety: **G1:** 5.33 ± 4.15 (0-14) **G2:** 6.23 ± 3.89 (0-14) Separation anxiety: **G1:** 4 ± 3.87 (0-11) **G2:** 6.09 ± 3.09 (0-13) Social anxiety: **G1:** 6.89 ± 3.44 (2-13) **G2:** 7.23 ± 4.25 (1-14) School anxiety: **G1:** 2.44 ± 1.87 (0-5) **G2:** 2.05 ± 1.60 (0-6) Percentage of children in both groups obtaining SCARED scores within the clinically significant range:** Panic: Parent report: 27.3 Child report: 38.7 Generalized: Parent report: 69.7 Child report: 19.4 Separation: Parent report: 54.5 Child report: 51.6 Social: Parent report: 51.5 Child report: 45.2 School: Parent report: 33.3 Child report: 41.9 Total anxiety symptoms: Parent report: 66.7 Child report: 51.6	SCARED, child report, mean ± SD (range): Total: **G1:** 20.50 ± 12.69 (1-31) **G2:** 24.85 ± 16.34 (4-64) ANOVA: time (*P* = 0.67), treatment X time interaction (*P* = 0.99) Panic symptoms: **G1:** 3.33 ± 3.07 (0-8) **G2:** 5.60 ± 5.94 (0-21) Generalized anxiety: **G1:** 4.33 ± 2.50 (0-7) **G2:** 6.45 ± 6.14 (0-16) Separation anxiety: **G1:** 2.83 ± 2.40 (0-6) **G2:** 5.90 ± 5.14 (0-21) Social anxiety: **G1:** 6.33 ± 3.72 (0-10) **G2:** 6.50 ± 4.53 (0-14) School anxiety: **G1:** 2.83 ± 2.10 (1-6) **G2:** 0.91 ± 0.03 (0-2) Percentage of children in both groups obtaining SCARED scores within the clinically significant range:** Panic: Parent report: 16 Child report: 17.6 Generalized: Parent report: 8 Child report: 17.6

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reaven et al., 2009 (continued)		**Other characteristics, n (%):** Primary anxiety diagnosis: Generalized anxiety: **G1:** 7 (70) **G2:** 15 (65.2) Separation anxiety: **G1:** 2 (20) **G2:** 4 (17.3) Social anxiety: **G1:** 1 (10) **G2:** 4 (17.4) Food allergies and restricted diet: 10 (31.2)		Separation: Parent report: 24 Child report: 29.4 Social: Parent report: 32 Child report: 47.1 School: Parent report: 16 Child report: 17.6 Total anxiety symptoms: Parent report: 28 Child report: 41.2 **Harms:** NR **Modifiers:** NR

Comments:

* 1 child in G1 was placed on a different mood stabilizer and 2 children in G2 received higher doses of medicine for attentional difficulties; data on changes in therapy not available for 13 participants

** Chi-square analyses for the entire sample on pretreatment and post-treatment assessments indicated significant differences in clinical classification for parent report ($P = 0.03$), but not for child report ($P = 0.48$).

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Reed et al., 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: None **Design:** Case series, prospective	**Intervention:** Parent-based sleep education workshops, each workshop consisted of 3 sessions conducted over 3 consecutive weeks, with each session lasting 2 hours **Assessments:** Children's Sleep Habits Questionnaire, Family Inventory of Sleep Habits, Parental Concerns Questionnaire (PCQ), PSI-SF, RBS, sleep diaries completed by parents at baseline and again approximately 1 month after final session of workshop; actigraphy was downloaded at conclusion of each baseline and post-treatment week **Groups:** **G1:** sleep education workshop **G1a:** children who took more than 20 minutes to fall asleep on baseline actigraphy readings **G1b:** children with night wakings on actigraphy readings **Provider:** Neurology sleep specialist and a pediatrician with expertise in ASD with assistance from a nurse educator and educational consultant **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** Taking psychotropic medications, n: 6 **N at enrollment:** **G1:** 25	**Inclusion criteria:** • Families with children between the ages of 3 and 10 years • Child with clinical diagnosis of ASD • Families expressed that sleep was a concern **Exclusion criteria:** • Primary sleep disorders (e.g., sleep apnea, narcolepsy) • Neurological or medical conditions that may contribute to disordered sleep (e.g., epileptic seizures) **Age, years ± SD:** 5.8 ± 2.7 **Mental age:** **PPVT receptive language score, mean ± SD:** 74.6 ± 25 **Gender, n (%):** Male: 16 (80) Female: 4 (20) **Race/ethnicity, n:** White: 15 African-American: 4 Asian: 1 **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method:** ADOS **Diagnostic category, n:** Autism: 15 ASD: 5 **Other characteristics:** Reported sleep concerns, %: Difficulty falling asleep: 75 Night waking: 60 Early morning awakenings: 35 Cosleeping with parents: 35	**Social skills:** PCQ social interactions score, mean ± SD: **G1:** 2.80 ± 0.95 **Communication/ language:** PCQ language use/ understanding score, mean ± SD: **G1:** 3.00 ± 1.12 **Repetitive behavior:** RBS restricted behavior score, mean ± SD: **G1:** 5.11 ± 3.6 PCQ score, mean ± SD: Compulsive behavior: **G1:** 2.20 ± 0.89 Self-stimulatory behavior: **G1:** 2.47 ± 1.17 Self-injurious behavior: **G1:** 1.60 ± 0.88 **Problem behavior:** Children's Sleep Habits Questionnaire, bedtime resistance score, mean ± SD: **G1:** 10.50 ± 3.65 PCQ score, mean ± SD: Aggression: **G1:** 2.15 ± 1.04 Hyperactivity: **G1:** 3.15 ± 1.04 Mood swings: **G1:** 2.10 ± 1.02 **Adaptive behavior:** Family Inventory of Sleep Habits score, mean ± SD: Exercise during the day: **G1:** 4.25 ± 0.85	**Social skills:** PCQ social interactions score, mean ± SD: **G1:** 2.55 ± 0.89 **G1/BL:** *P* = NS **Communication/ language:** PCQ language use/understanding score, mean ± SD: **G1:** 2.85 ± 1.04 **G1/BL:** *P* = NS **Repetitive behavior:** RBS restricted behavior score, mean ± SD:* **G1:** 3.89 ± 3.1 **G1/BL:** *P* = 0.007 PCQ score, mean ± SD: Compulsive behavior: **G1:** 1.80 ± 0.83 **G1/BL:** *P* = NS Self-stimulatory behavior: **G1:** 2.05 ± 0.91 **G1/BL:** *P* = 0.021 Self-injurious behavior: **G1:** 1.45 ± 0.69 **G1/BL:** *P* = NS **Problem behavior:** Children's Sleep Habits Questionnaire, bedtime resistance score, mean ± SD: **G1:** 8.45 ± 2.84 **G1/BL:** *P* = 0.001 PCQ score, mean ± SD: Aggression: **G1:** 1.95 ± 0.94 **G1/BL:** *P* = NS Hyperactivity: **G1:** 2.60 ± 0.99 **G1/BL:** *P* = NS

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reed et al., 2009 (continued)	**N at follow-up:** **G1:** 20	Sleep problems present since birth: 50 Sleep problems occurring around the time of the autism diagnosis: 50	Wakes up about same time each day: **G1:** 3.70 ± 0.86 Relaxing activities before bed: **G1:** 2.95 ± 1.19 Goes to bed at same time each night: **G1:** 3.94 ± 1.16 Follow regular bedtime routine**:** **G1:** 3.39 ± 1.24 PCQ attention span score, mean ± SD: **G1:** 2.90 ± 0.79 **Commonly occurring co-morbidities:** Children's Sleep Habits Question-naire score, mean ± SD: Sleep onset delay: **G1:** 2.30 ± 0.80 Sleep duration: **G1:** 6.53 ± 2.22 Sleep anxiety: **G1:** 7.00 ± 2.27 Night wakings: **G1:** 5.55 ± 1.90 Daytime sleepiness: **G1:** 13.95 ± 4.32 Modified total: **G1:** 28.63 ± 6.15 Total score: **G1:** 56.63 ± 9.21 Family Inventory of Sleep Habits score, mean ± SD: Napping during the day: **G1:** 1.95 ± 1.00 Bedroom used for "time out" during day: **G1:** 1.15 ± 0.37	Mood swings: **G1:** 1.85 ± 0.93 **Adaptive behavior:** Family Inventory of Sleep Habits score, mean ± SD: Exercise during the day: **G1:** 4.50 ± 0.69 **G1/BL:** *P* = NS Wakes up about same time each day: **G1:** 4.05 ± 0.22 **G1/BL:** *P* = NS Relaxing activities before bed: **G1:** 4.05 ± 0.60 **G1/BL:** *P* = 0.001 Goes to bed at same time each night: **G1:** 4.06 ± 0.87 **G1/BL:** *P* = NS Follow regular bedtime routine**:** **G1:** 4.17 ± 0.79 **G1/BL:** *P* = 0.022 PCQ attention span score, mean ± SD: **G1:** 2.95 ± 0.76 **G1/BL:** *P* = NS **Commonly occurring co-morbidities:** Children's Sleep Habits Question-naire score, mean ± SD: Sleep onset delay: **G1:** 1.50 ± 0.61 **G1/BL:** *P* = 0.004 Sleep duration: **G1:** 4.79 ± 2.07 **G1/BL:** *P* = 0.003 Sleep anxiety: **G1:** 5.85 ± 1.73 **G1/BL:** *P* = 0.022

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reed et al., 2009 (continued)			Bedroom used as play area during the day: **G1:** 3.05 ± 1.23 Caffeine after 5pm: **G1:** 1.70 ± 0.86 Stimulating activities before bed: **G1:** 2.60 ± 1.05 Sleeps better with certain sleepwear: **G1:** 2.22 ± 1.44 Sleeps better with certain sheets: **G1:** 2.37 ± 1.38 Sleeps better when room certain temperature: **G1:** 2.44 ± 1.15 Room is dark or dimly lit at bedtime: **G1:** 4.61 ± 1.04 Room is quiet at bedtime: **G1:** 4.17 ± 1.15 Has favorite comfort object for sleep: **G1:** 2.94 ± 1.86 Parent stays in child's room until sleep: **G1:** 2.56 ± 1.65 Parent checks on child before he or she falls asleep: **G1:** 3.11 ± 1.60 Child watches TV, videos, or DVDs to fall asleep: **G1:** 2.28 ± 1.36 Child listens to music to fall asleep: **G1:** 2.61 ± 1.46 Parent keeps interactions brief if child awakens: **G1:** 4.00 ± 1.29	Night wakings: **G1:** 4.85 ± 1.79 **G1/BL:** *P* = NS Daytime sleepiness: **G1:** 13.25 ± 3.43 **G1/BL:** *P* = NS Modified total: **G1:** 22.84 ± 5.43 **G1/BL:** *P* = 0.000 Total score: **G1:** 49.74 ± 9.24 **G1/BL:** *P* = 0.004 Reported fewer nights of cosleeping, n: 5/7 Reported fewer early morning wakings, n: 1/3 Family Inventory of Sleep Habits score, mean ± SD: Napping during the day: **G1:** 1.85 ± 0.99 **G1/BL:** *P* = NS Bedroom used for "time out" during day: **G1:** 1.15 ± 0.37 **G1/BL:** *P* = NS Bedroom used as play area during the day: **G1:** 2.60 ± 1.19 **G1/BL:** *P* = NS Caffeine after 5pm: **G1:** 1.50 ± 0.51 **G1/BL:** *P* = NS Stimulating activities before bed: **G1:** 1.80 ± 0.95 **G1/BL:** *P* = 0.001 Sleeps better with certain sleepwear: **G1:** 2.11 ± 1.23 **G1/BL:** *P* = NS

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reed et al., 2009 (continued)			Parent returns child to bed if child awakens: **G1:** 2.82 ± 1.33 Children who took more than 20 minutes to fall asleep on actigra-phy readings, n: 9/12 Average time to fall asleep, minutes ± SD: **G1a:** 62.2 ± 33.3 Problems with night wakings, n: 5/12 Wake time after sleep onset, minutes ± SD: **G1b:** 5, 24.5 ± 9.8 Time in bed, minutes ± SD: **G1:** 575.21 ± 53.5 (n=12) PCQ score, mean ± SD: Anxiety: **G1:** 2.30 ± 0.98 Sleep disturbance: **G1:** 3.40 ± 0.94 Eating habits: **G1:** 3.00 ± 1.12 PSI-SF score, mean ± SD: Total: **G1:** 96.10 ± 23.40 Parental distress: **G1:** 32.05 ± 11.08 Parent-child interaction: **G1:** 25.90 ± 6.70 Difficult child: **G1:** 38.15 ± 8.80 Ease in establishing sleeping/eating schedule: **G1:** 4.05 ± 1.03	Sleeps better with certain sheets: **G1:** 2.47 ± 1.47 **G1/BL:** *P* = NS Sleeps better when room certain temperature: **G1:** 2.50 ± 1.34 **G1/BL:** *P* = NS Room is dark or dimly lit at bedtime: **G1:** 4.78 ± 0.43 **G1/BL:** *P* = NS Room is quiet at bedtime: **G1:** 4.56 ± 0.51 **G1/BL:** *P* = NS Has favorite comfort object for sleep: **G1:** 2.83 ± 1.62 **G1/BL:** *P* = NS Parent stays in child's room until sleep: **G1:** 1.94 ± 1.30 **G1/BL:** *P* = NS Parent checks on child before he or she falls asleep: **G1:** 2.72 ± 1.32 **G1/BL:** *P* = NS Child watches TV, videos, or DVDs to fall asleep: **G1:** 1.50 ± 1.04 **G1/BL:** *P* = 0.004 Child listens to music to fall asleep: **G1:** 2.17 ± 1.34 **G1/BL:** *P* = NS Parent keeps interactions brief if child awakens: **G1:** 4.46 ± 1.13 **G1/BL:** *P* = NS

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reed et al., 2009 (continued)			**Medical:** Children's Sleep Habits Question-naire score, mean ± SD: Parasomnias: **G1:** 10.50 ± 2.24 Sleep-disordered breathing: **G1:** 3.42 ± 0.84 **Sensory:** PCQ sensory issues score, mean ± SD: **G1:** 2.85 ± 0.99	Parent returns child to bed if child awakens: **G1:** 4.36 ± 0.67 **G1/BL:** *P* = NS Average time to fall asleep, minutes ± SD: **G1a:** 45.6 ± 27.6 **G1/BL:** *P* = 0.039 Problems with reported improvement in night wakings, n: Actigraphy and parent report: 2/5 Parent report only: 1/5 Wake time after sleep onset, minutes ± SD: **G1b:** 32.2 ± 24.7 Time in bed, minutes ± SD: **G1:** 541.91 ± 36.2 (n=12) **G1/BL:** *P* = 0.039 PCQ score, mean ± SD: Anxiety: **G1:** 2.05 ± 0.94 **G1/BL:** *P* = NS Sleep disturbance: **G1:** 2.20 ± 1.01 **G1/BL:** *P* = 0.000 Eating habits: **G1:** 2.70 ± 1.26 **G1/BL:** *P* = NS PSI-SF score, mean ± SD: Total: **G1:** 94.00 ± 23.00 **G1/BL:** *P* = NS Parental distress: **G1:** 31.10 ± 10.58 **G1/BL:** *P* = NS Parent-child interaction: **G1:** 26.50 ± 8.58 **G1/BL:** *P* = NS

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reed et al., 2009 (continued)				Difficult child: **G1:** 36.40 ± 7.79 **G1/BL:** *P* = NS Ease in establishing sleeping/eating schedule: **G1:** 3.32 ± 1.33 **G1/BL:** *P* = 0.021 End of workshop parent survey, n (%): Presenters competent and knowledgeable, 18/18 (100) Would recommend workshop: 18/18 (100) Believed child's sleep habits improved: 14/18 (77) Conveying of information relevant and useful: 17/18 (94) Total duration of workshop sufficient: 10/18 (58) **Medical:** Children's Sleep Habits Questionnaire score, mean ± SD: Parasomnias: **G1:** 10.05 ± 2.37 **G1/BL:** *P* = NS Sleep-disordered breathing: **G1:** 3.32 ± 0.75 **G1/BL:** *P* = NS **Sensory:** PCQ sensory issues score, mean ± SD: **G1:** 2.70 ± 0.73 **G1/BL:** *P* = NS **Harms:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reed et al., 2009 (continued)				**Modifiers:** The PPVT receptive language score did not correlate significantly with either the total or modified total Children's Sleep Habits Question-naire score

Comments:

* The authors reported no improvement on other subscales of the RBS.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Rossignol et al., 2009 **Country:** US **Practice setting:** Specialty **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** International Hyperbarics Association **Author industry relationship disclosures:** 8 of 11 Clinicians deriving revenue from hyperbaric treatment (8) International Hyperbaric Association (3) OxyHealth (1) **Design:** Prospective RCT	**Intervention:** 40 sessions of 1 hour-long hyperbaric treatments at 1.3 atm and 24% oxygen Controls received 40 hour-long treatments in slightly pressurized air (1.03 atm) and 21% oxygen **Groups:** **G1:** hyperbaric treatment **G2:** control **Assessements:** ABC, ATEC, CGI **Co-interventions held stable during treatment:** Yes **Frequency of contact during study:** 40 sessions for each group: twice a day, 5 days/week for 4 consecutive weeks **Concomitant therapies, n (%):** Nutritional supplements, medications: **G1:** 23/33 **G2:** 20/29 ABA therapy: **G1:** 15/33 **G2:** 11/29 Medications: **G1:** 16/33 **G2:** 10/29 **G1/G2:** *P* = NS Children not allowed to begin new or terminate ongoing therapies during the study **N at enrollment:** **G1:** 33 **G2:** 29 **N at follow-up:** **G1:** 29 **G2:** 26	**Inclusion criteria:** • Autistic disorder • Ages 2-7 years • No previous hyperbaric treatment **Exclusion criteria:** • Aspergers, PDD-NOS • Seizure disorder, current ear infection, uncontrolled asthma, inability to equalize ear pressure, fragile X, ongoing chelation treatment **Age, yrs ± SD (range):** Total: 4.92 ± 1.21 (2-7) **G1:** 4.97 ± 1.29 (NR) **G2:** 4.86 ± 1.13 (NR) **Mental age, mean/yrs (range):** NR **Gender, n (%):** Male: **G1:** 30 (90.9) **G2:** 22 (75.9) Female: **G1:** 3 (9.1) **G2:** 7 (24.1) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral diagnosis of autistic disorder **Diagnostic tool/method:** ADOS and ADI-R, plus DSM-IV criteria **Diagnostic category, n (%):** Autism: 62 (100) PDD-NOS: 0 Aspergers: 0 **Other characteristics:** NR	**Overall ratings:** ABC total score, mean ± SD: **G1:** 55.2 ± 28.7 **G2:** 53.3 ± 24.0 ATEC total score, mean ± SD: **G1:** 75.3 ± 19.5 **G2:** 75.6 ± 21.0 **Social skills:** ABC social withdrawal score, mean ± SD: **G1:** 10.5 ± 6.9 **G2:** 11.2 ± 6.9 ATEC sociability score, mean ± SD: **G1:** 17.4 ± 6.6 **G2:** 17.8 ± 6.2 **Communication/ language:** ABC speech score, mean ± SD: **G1:** 3.4 ± 3.1 **G2:** 3.6 ± 3.6 ATEC speech/ language/communication score, mean ± SD: **G1:** 16.3 ± 5.0 **G2:** 15.9 ± 6.1 **Repetitive behavior:** ABC stereotypy score, mean ± SD: **G1:** 7.5 ± 4.9 **G2:** 6.2 ± 4.7 **Problem behavior:** ABC irritability score, mean ± SD: **G1:** 13.2 ± 9.5 **G2:** 12.2 ± 7.9 ABC hyperactivity score, mean ± SD: **G1:** 20.7 ± 9.9 **G2:** 20.1 ± 8.2	**Overall ratings:** CGI score, clinician-rated, mean ± SD: **G1:** 2.87 ± 0.78 **G2:** 3.62 ± 0.75 **G1/BL:** *P* = 0.00008 **G2/BL:** *P* = NS CGI score, clinician-rated, n (%): 1 or 2: **G1:** 9/30 (30) **G2:** 2/26 (7.7) 3: **G1:** 15/30 (50) **G2:** 8/26 (30) 4: **G1:** 6/30 (20) **G2:** 14/26 (54) 5: **G1:** 0 **G2:** 2/26 (7.7) **G1/G2:** *P* = 0.0024 for improvement (CGI score 1-3) CGI score, parent-rated, mean ± SD: **G1:** 2.7 ± .81 **G2:** 3.17 ± .73 **G1/BL:** *P* = 0.0336 **G2/BL:** *P* = NS CGI score, parent-rated, n (%): 1, 2 or 3: **G1:** 27/30 (90) **G2:** 19/26 (73) **G1/G2:** *P* = NS ABC total score, mean ± SD: **G1:** 46.4 ± 24.7 **G2:** 45.5 ± 17.3 **G1/G2:** *P* = NS **G1/BL:** *P* = 0.01 **G2/BL:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Rossignol et al., 2009 (continued)			**Sensory:** ATEC sensory/ cognitive awareness score, mean ± SD: **G1:** 18.1 ± 5.2 **G2:** 19.6 ± 5.6 **Medical:** ATEC health/ physical/behavioral score, mean ± SD: **G1:** 23.5 ± 11.5 **G2:** 22.4 ± 8.3	ATEC total score, mean ± SD: **G1:** 65.9 ± 16.4 **G2:** 70.1 ± 21.9 **G1/G2:** *P* = NS **G1/BL:** *P* = 0.002 **G2/BL:** *P* = 0.04 **Social skills:** ABC social withdrawal score, mean ± SD: **G1:** 9.3 ± 6.7 **G2:** 8.9 ± 5.6 **G1/G2:** *P* = NS **G1/BL:** *P* = NS **G2/BL:** *P* = NS ATEC sociability score, mean ± SD: **G1:** 14.5 ± 6.5 **G2:** 16.0 ± 6.8 **G1/G2:** *P* = NS **G1/BL:** *P* = 0.0009 **G2/BL:** *P* = 0.01 **Communication/ language:** ABC speech score, mean ± SD: **G1:** 2.6 ± 2.5 **G2:** 3.3 ± 3.2 **G1/G2:** *P* = NS **G1/BL:** *P* = 0.02 **G2/BL:** *P* = NS ATEC speech/ language/com-munication score, mean ± SD: **G1:** 15.5 ± 5.1 **G2:** 15.4 ± 6.6 **G1/G2:** *P* = NS **G1/BL:** *P* = NS **G2/BL:** *P* = NS **Repetitive behavior:** ABC stereotypy score, mean ± SD: **G1:** 6.2 ± 5.1 **G2:** 5.4 ± 4.0 **G1/G2:** *P* = NS **G1/BL:** *P* = 0.01 **G2/BL:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Rossignol et al., 2009 (continued)				**Problem behavior:** ABC irritability score, mean ± SD: **G1:** 10.5 ± 7.4 **G2:** 11.3 ± 6.4 **G1/G2:** *P* = NS **G1/BL:** *P* = 0.01 **G2/BL:** *P* = NS ABC hyperactivity score, mean ± SD: **G1:** 17.8 ± 9.2 **G2:** 16.8 ± 7.7 **G1/G2:** *P* = NS **G1/BL:** *P* = 0.02 **G2/BL:** *P* = NS **Medical:** ATEC health/physical/behavioral score, mean ± SD: **G1:** 20.8 ± 8.7 **G2:** 20.2 ± 7.3 **G1/G2:** *P* = NS **G1/BL:** *P* = 0.04 **G2/BL:** *P* = NS **Sensory:** ATEC sensory/cognitive awareness score, mean ± SD: **G1:** 15.1 ± 3.9 **G2:** 18.5 ± 6.2 **G1/G2:** *P* = 0.04 **G1/BL:** *P* = 0.002 **G2/BL:** *P* = NS **Harms:** Increased asthma in one participant, but not associated with study. Increased urine frequency and skin rash in one child. Anxiety in one child. In control group, one child with abdominal distension and diarrhea, one with worsened eczema

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Rossignol et al., 2009 (continued)				**Modifiers:** Children's age: More improvement in ABC total score for children over age five (*P* = 0.048) Children in G1 over age five showed more improvement in ABC irritability (*P* = 0.015), social withdrawal (*P* = 0.009), and stereotypy (*P* = 0.04), and ATEC sociability (*P* = 0.01) and sensory/cognitive awareness (*P* = 0.04). For children age five and under, there was no significant difference between groups. No significant age difference was observed with either parental or physician CGI scale. Autism severity: Children in G1 with baseline ADOS below the 50th percentile showed improvement in ABC irritability (*P* = 0.03) and stereotypy (*P* = 0.04), and ATEC sociability (*P* = 0.03). For children above the 50th percentile, there was no significant difference between groups.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Rossignol et al., 2009 (continued)				No significant autism severity difference was observed with either parental or physician CGI scale

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Silva et al., 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** School/home **Enrollment period:** NR **Funding:** Curry Stone Foundation Author industry relationship disclosures: NR **Design:** RCT **Note:** See related papers Silva et al., 2007, 2008 ({#302; #58})	**Intervention:** Qigong massage treatment (trainers met with families for 20 visits over 5 months, at each visit child receives qigong massage treatment from the therapist and parents receive training and support in the follow-through massage given daily by parent to child) **Assessments:** PDDBI (questionnaire filled out by parents and teachers), ABC (questionnaire filled out by teacher), Sense and Self-regulation Checklist (parent questionnaire developed by authors) and VABS-II (parents completed selected portions) administered before intervention, immediately after final massage session, and 5 months after the intervention was completed **Groups:** **G1:** qigong massage **G2:** waitlist control **Co-interventions held stable during treatment:** Yes **Frequency of contact during study:** 20 training and treatment visits over 5 months **Concomitant therapies, n:** Early intervention preschools (5-10 hours per week): "majority of children" Oregon's Regional Program Autism Training Sites preschool program: 4 **N at enrollment:** **G1:** 25 **G2:** 21	**Inclusion criteria:** • Age < 6 years • Eligible for early intervention services for autism **Exclusion criteria:** • Complicating medical diagnoses or chronic medication **Age, months ± SD (range):** **G1:** 65.2 ± 20.7 (25-117) **G2:** 53.3 ± 18.7 (27-92) **Mental age:** NR **Gender, n:** Male: **G1:** 19 **G2:** 18 Female: **G1:** 6 **G2:** 3 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** NR **Diagnostic category:** Regressive autism: **G1:** 13 **G2:** 9 Nonregressive autism: **G1:** 12 **G2:** 12 **Other characteristics:** NR	**Overall ratings:** ABC score, mean ± SD: **G1:** 48.5 ± 20.8 **G2:** 64.3 ± 33.8 **G1/G2:** *P* = NS PDDBI autism composite score, mean ± SD: Teacher-rated: **G1:** NR **G2:** NR **G1/G2:** *P* = NS Parent-rated: **G1:** 49.3 ± 11.7 **G2:** NR **G1/G2:** *P* < 0.05* **Communication/ language:** PDDBI receptive/ expressive social communication abilities composite score, mean ± SD: Teacher-rated: **G1:** 53.7 ± 9.7 **G2:** 47.0 ± 13.0 **G1/G2:** *P* = NS Parent-rated: **G1:** 57.5 ± 6.8 **G2:** 49.0 ± 13.10 **G1/G2:** *P* < 0.05* **Problem behavior:** PDDBI maladaptive behaviors score, mean ± SD: Teacher-rated: **G1:** 50.9 ± 10.4 **G2:** 56.5 ± 13.3 **G1/G2:** *P* = NS Parent-rated: **G1:** 56.8 ± 11.5 **G2:** 59.5 ± 10.7 **G1/G2:** *P* = NS **Sensory:** PDDBI sensory score, mean ± SD: Teacher-rated: **G1:** NR **G2:** NR **G1/G2:** *P* < 0.01*	**Overall ratings:** Overall treatment effect: Teacher-rated: MANCOVA:** treatment (*P* = 0.019; partial η^2 = 0.316) Parent-rated: MANCOVA:** treatment (*P* = 0.029; partial η^2 = 0.412) ABC score, mean ± SD: **G1:** 33.9 ± 18.6 **G2:** 59.4 ± 35.4 **G1/BL:** *P* < 0.00 **G2/BL:** *P* = NS ANCOVA:** treatment (*P* < 0.003; partial η^2 = 0.237) PDDBI autism composite score, mean ± SD: Teacher-rated: **G1:** NR **G2:** NR ANCOVA:** treatment (*P* < 0.05; partial η^2 = 0.109) Parent-rated: **G1:** 38.5 ± 11.7 **G2:** NR ANCOVA:** treatment (*P* < 0.001; partial η^2 = 0.299) Parent-rated, 5 month follow-up: **G1:** 38.6 ± 9.9 (n=19)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Silva et al., 2009 (continued)	**N at follow-up:** **G1:** 25 **G2:** 21		Parent-rated: **G1:** 54.2 ± 9.6 **G2:** 56.0 ± 9.6 **G1/G2:** *P* = NS Sense and Self-regulation Checklist score, mean ± SD: Sense: **G1:** 16.4 ± 6.2 **G2:** 19.5 ± 6.1 **G1/G2:** *P* = NS Systems: **G1:** 8.2 ± 3.7 **G2:** 10.1 ± 4.5 **G1/G2:** *P* = NS	**Communication/ language:** **Teacher PDDBI** PDDBI receptive/ expressive social communication abilities composite score, mean ± SD: Teacher-rated: **G1:** 56.7 ± 9.7 **G2:** 47.6 ± 12.1 **G1/BL:** *P* < 0.01 **G2/BL:** *P* = NS ANCOVA:** treatment (*P* < 0.01; partial η^2 = 0.182) Parent-rated: **G1:** 61.1 ± 7.0 **G2:** 49.2 ± 12.8 **G1/BL:** *P* < 0.01 **G2/BL:** *P* = NS ANCOVA:** treatment (*P* < 0.007; partial η^2 = 0.200) Parent-rated, 5 month follow-up: **G1:** 59.8 ± 9.2 (n=19) **Problem behavior:** PDDBI maladaptive behaviors score, mean ± SD: Teacher-rated: **G1:** 44.0 ± 7.6 **G2:** 49.7 ± 12.2 **G1/BL:** *P* < 0.00 **G2/BL:** *P* = 0.01 ANCOVA:** treatment (*P* = NS) Parent-rated: **G1:** 45.6 ± 10.8, **G2:** 57.5 ± 10.4 **G1/BL:** *P* < 0.00 **G2/BL:** *P* = NS ANCOVA:** treatment (*P* < 0.0003; partial η^2 = 0.328)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Silva et al., 2009 (continued)				Parent-rated, 5 month follow-up: **G1:** 43.9 ± 8.3 (n=19) **Sensory:** PDDBI sensory score, mean ± SD: Teacher-rated: **G1:** NR **G2:** NR Parent-rated: **G1:** 46.2 ± 9.1 **G2:** 55.3 ± 10.0. **G1/BL:** *P* < 0.00 **G2/BL:** *P* = NS ANCOVA:** treatment (*P* < 0.005; partial η^2 = 0.216) Parent-rated, 5 month follow-up: **G1:** 43.5 ± 9.6 (n=19) Sense and Self-regulation Checklist score, mean ± SD: Sense **G1:** 10.8 ± 5.6 **G2:** 18.7 ± 6.6 **G1/BL:** *P* < 0.00 **G2/BL:** *P* = NS Systems: **G1:** 4.8 ± 3.3 **G2:** 10.1 ± 3.4 **G1/BL:** *P* < 0.00 **G2/BL:** *P* = NS Overall: ANCOVA:** treatment (*P* < 0.0002; partial η^2 = 0.346) **Harms:** NR **Modifiers:** NR

Comments:

* Computed using Bonferroni adjusted post-hoc ANOVA

** with age in months as the covariate

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Vismara et al., 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** Varied including children's hospital, clinical-research university, private intervention agency and a public school **Enrollment period:** NR **Funding:** NIH, gift from anonymous foundation **Author industry relationship disclosures:** NR **Design:** Case series	**Intervention:** Early Start Denver Model (ESDM); incorporates the Denver model (a relationship and play-based developmental intervention) and Pivotal Response Training (ABA application to optimize motivation to increase communication, language, and play skills) Phase I: direct intervention of the ESDM included manualized instruction in the teaching principles, intervention techniques, goal development and data collection methods, and fidelity system (5 months) Phase II: parent coaching of the ESDM included teaching therapists to educate parents on how to carry out the ESDM principles (5 months) Both training phases consisted of an initial baseline session followed by three training conditions, each lasting approximately 5-6 weeks: (i) self-instruction with the training materials using print and video materials provided on a DVD; (ii) a 10 hour didactic training seminar for direct treatment and a 3 hour didactic training seminar for parent coaching; and (iii) four hours of team supervision for specific discussion of each site's training cases. These three training conditions were provided sequentially to all ten therapists at four sites, two remote via telehealth conferencing	**Inclusion criteria:** • Age 12-60 months • Diagnosis of ASD • No significant health concerns • No serious or specific medical, genetic, neurological, or sensory condition • Parental consent for videotaping • At least 75% parental attendance if the family continued onto the parent training phase • No participation in additional services exceeding 10 hours per week during the study **Exclusion criteria:** • See inclusion criteria **Age, months ± SD:** **G1a:** 33 ± 7.3 **G1b:** 33 ± 7.7 **G2a:** 33 ± 4.4 **G2b:** 31 ± 6 **Mental age:** NR **Gender:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** Initially diagnosed by community clinicians independent of this study, confirmed by trained physician or psychologist **Diagnostic Tool:** DSM-IV, ADOS **Diagnostic category, n (%):** Autism: 32 (100)	**Overall ratings:** MSEL developmental age, months ± SD: Receptive language: **G1a:** 22 ± 13 **G1b:** 14 ± 9.2 **G2a:** 15 ± 12.3 **G2b:** 15 ± 12.8 Expressive language: **G1a:** 23 ± 10 **G1b:** 16 ± 6.9 **G2a:** 13 ± 11 **G2b:** 14 ± 12.5 ADOS score, module 1, mean ± SD: **G1a:** 13 ± 4.4 **G1b:** 15 ± 4.9 **G2a:** 17 ± 3.9 **G2b:** 15 ± 5.3 **Social skills:** Number of words, phase I, mean (SE): **G1:** 9.5 (4.63) Number of words, phase II, mean ± SD: **G2:** 22.29 ± 27.13 Number of imitations, mean ± SD: **G1:** NR **G2:** 14.57 ± 10.67 Attention score, mean ± SD: **G1:** NR **G2:** 3.00 ± 0.75 Social initiations, mean ± SD: **G1:** NR **G2:** 2.84 ± 0.45 Therapist treatment fidelity, score, mean (SE): **G1a:** NR** **G1b:** NR** Therapist-parent coaching fidelity score, mean (SE): **G2a:** NR** **G2b:** NR**	**Social skills:** Number of words, phase I, mean (SE): **G1i:** 10.3 (4.63) **G1ii:** 21.4 (4.63) **G1iii:** 13.5 (4.63) **G1i/BL:** *P* = NS **G1i/G1ii:** *P* < 0.01 **G1ii/G1iii:** *P* < 0.05 Number of words, phase II, mean ± SD: **G2i:** 15.5 ± 10.99 **G2ii:** 20.89 ± 16.1 **G2iii:** 28.22 ± 23.42 **G2i/G2ii/G2iii/BL:** *P* = NS Number of imitations, mean ± SD: **G1i:** NR **G1ii:** NR **G1iii:** NR **G2i:** 11 ± 8.38 **G2ii:** 13.56 ± 9.81 **G2iii:** 8.11 ± 9.83 **G1i/G1ii/G1iii/BL:** *P* = NS **G2i/G2ii/G2iii/BL:** *P* = NS Attention score, mean ± SD: **G1i:** NR** **G1ii:** NR** **G1iii:** NR** **G2i:** 3.26 ± 0.66 **G2ii:** 3.46 ± 0.63 **G2iii:** 3.54 ± 0.79 **G1i/BL:** *P* < 0.05 **G1i/G1ii+G1iii:** *P* < 0.05 **G1ii/G1iii:** *P* = NS **G2i/G2ii/G2iii/BL:** *P* = NS Social initiations, mean ± SD: **G1i:** NR** **G1ii:** NR** **G1iii:** NR** **G2i:** 3.07 ± 0.51 **G2ii:** 3.14 ± 0.60 **G2iii:** 3.13 ± 0.68

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Vismara et al., 2009 (continued)	**Assessments:** MSEL adminisitered at start of study; therapists' and parents' fidelity of implementation of the ESDM (all measures of fidelity increased over time), frequency of child social communicative behaviors, CBRS, and therapist satisfaction (conducted once post-intervention) **Groups:** **G1:** phase I **G2:** phase II **Ga:** live **Gb:** telehealth **Gi:** self-instruction **Gii:** didactic seminar **Giii:** team supervision **Provider(s):** • Psychologists • SLP • Autism specialist • OT • Case manager • Program director • Early childhood special educator • Behavior specialist **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** Total: 32 **N at follow-up:** Total: 29 **N used for analysis:*** **G1a:** 5 **G1b:** 5 **G2a:** 5 **G2b:** 5	**Other characteristics:** NR	Parent fidelity score, mean (SE): **G2a:** NR** **G2b:** NR**	**G1i/BL:** *P* < 0.05 **G1i/G1ii+G1iii:** *P* < 0.05 **G1ii/G1iii:** *P* = NS **G2i/G2ii/G2iii/BL:** *P* = NS Therapist treat-ment fidelity, score, mean (SE): **G1ai:** NR** **G1aii:** NR** **G1aiii:** NR** **G1bi:** NR** **G1bii:** NR** **G1biii:** NR** **G1a/G1b:** *P* = NS **G1i/BL:** *P* < 0.05 **G1i/G1ii+G1iii:** *P* = 0.05 **G1ii/G1iii:** *P* = NS Therapist-parent coaching fidelity score, mean (SE): **G2ai:** NR** **G2aii:** NR** **G2aiii:** NR** **G2bi:** NR** **G2bii:** NR** **G2biii:** NR** **G2a/G2b:** *P* = NS **G2i/BL:** *P* < 0.05 **G2i/G2ii:** *P* = 0.001 **G2ii/G2iii:** *P* = NS Parent fidelity score, mean (SE): **G2ai:** NR** **G2aii:** NR** **G2aiii:** NR** **G2bi:** NR** **G2bii:** NR** **G2biii:** NR** **G2a/G2b:** *P* = NS **G2/BL:** *P* < 0.05 **Harms:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Vismara et al., 2009 (continued)				**Modifiers:** In phase I, there was a significant relationship between therapist fidelity and both social initiations ($P < 0.01$) and and attention ($P < 0.001$) In phase II, there was a significant relationship between parent fidelity and social initiations ($P < 0.001$), imitations ($P < 0.01$), and attention ($P < 0.001$)

Comments:

* Authors report that data related to only one randomly selected child per therapist was used in the analysis; data from 2 children are included in both Phase I and II.

** data only illustrated graphically

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Whitingham et al., 2009 Whitingham et al., 2009† **Country:** Australia **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** School of Psychology, University of Queensland **Author industry relationship disclosures:** NR **Design:** RCT, case series†	**Intervention:** Stepping Stones Triple P Positive Parenting Program: participants in groups of 4-5 based on level of functioning, included parent training, practice and feedback, using strategies including descriptive praise, planned ignoring, comic strip conversations and social stories **Assessments:** Family background questionnaire; ECBI; parenting scale (7-point likert scale: minimum 1, maximum 7); being a parent scale (6-point likert scale; 1=strongly agree, 6=strongly disagree); PAQ **Groups:** **G1:** intervention **G2:** wait-list control **Provider:** Probationary psychologists enrolled in clinical psychology program; all attended a two-day workshop and received accreditation in stepping stones **Measure of treatment fidelity reported:** NR **Co-interventions held stable during treatment:** NR **Concomitant therapies:** Professional help sought for child's emotional or behavioral problems, n: **G1:** 12 **G2:** 13 **N at enrollment:** **G1:** 29 **G2:** 30 **N at follow-up:** **G1:** 29 **G2:** 30	**Inclusion criteria:** • 2.5 to 4 years old at start of intervention • Received no other major interventions during the assessment period • Diagnosed with ASD **Exclusion criteria:** • See Inclusion Criteria **Age, years ± SD:** Total: 5.91 ± 1.90 **G1:** 5.63 ± 1.74 **G2:** 6.2 ± 2.04 **Mental age:** NR **Gender, n (%):** Male: **G1:** 24 (83) **G2:** 23 (77) Female: **G1:** 5 (17) **G2:** 7 (23) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Independent pediatrician and confirmed in study **Diagnostic tool/method:** Semi-structured interview based on DSM-IV and Gillberg's criteria for Asperger syndrome **Diagnostic category, n (%):** ASD: **G1:** 11 (38) **G2:** 11 (37) Autism: **G1:** 4 (14) **G2:** 4 (13) Asperger syndrome: **G1:** 12 (41) **G2:** 15 (50) ASD-NOS: **G1:** 2 (7%) **G2: 0**	**Problem behavior:** ECBI intensity score, mean ± SD: **G1:** 144.14 ± 31.32 **G2:** 142.19 ± 31.73 ECBI problem score, mean ± SD: **G1:** 18.06 ± 7.71 **G2:** 19.72 ± 6.83 Parenting scale score, mean ± SD: Laxness: **G1:** 2.8 ± 0.76 **G2:** 2.87 ± 0.75 Over-reactivity: **G1:** 2.97 ± 0.75 **G2:** 2.9 ± 0.86 Verbosity: **G1:** 3.26 ± 0.97 **G2:** 3.38 ± 0.78 Being a parent scale score, mean ± SD: Efficacy: **G1:** 25.73 ± 5.35 **G2:** 26.57 ± 5.35 Satisfaction: **G1:** 32.85 ± 5.79 **G2:** 33.43 ± 7.21 PAQ child-referent bad behavior score, mean ± SD:† Internality: **G1:** 7.26 ± 1.79 **G2:** 6.82 ± 1.76 Stability: **G1:** 5.70 ± 1.66 **G2:** 6.59 ± 1.68 Controllability: **G1:** 6.30 ± 1.69 **G2:** 5.86 ± 1.75 PAQ child-referent good behavior score, mean ± SD:† Internality: **G1:** 6.83 ± 1.37 **G2:** 6.36 ± 0.90 Stability: **G1:** 7.04 ± 1.33 **G2:** 7.00 ± 1.15 Controllability: **G1:** 7.43 ± 1.27 **G2:** 6.86 ± 1.67	**Problem behavior:** ECBI intensity score, mean ± SD: **G1:** 121.40 ± 25.28 **G2:** 148.63 ± 30.33 ECBI problem score, mean ± SD: **G1:** 11.21 ± 6.77 **G2:** 18.82 ± 8.32 Parenting scale score, mean ± SD: Laxness: **G1:** 2.61 ± 0.45 **G2:** 3.30 ± 0.60 Over-reactivity: **G1:** 2.11 ± 0.59 **G2:** 3.01 ± 0.85 Verbosity: **G1:** 2.51 ±.84 **G2:** 3.37 ±.84 Being a parent scale score, mean ± SD: Efficacy: **G1:** 18.79 ± 5.99 **G2:** 23.30 ± 5.93 Satisfaction: **G1:** 39.41 ± 6.04 **G2:** 35.23 ± 7.60 PAQ child-referent bad behavior score, mean ± SD:† Internality: **G1:** 6.17 ± 1.11 **G2:** 6.95 ± 1.53 Stability: **G1:** 5.35 ± 1.61 **G2:** 5.86 ± 1.78 Controllability: **G1:** 6.91 ± 1.56 **G2:** 6.59 ± 1.65

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Whitingham et al., 2009 Whitingham et al., 2009† (continued)		**Other characteristics:** Current language abilities (for age), n (%): No language: **G1:** 1 (3) **G2:** 4 (13) Little language: **G1:** 6 (21) **G2:** 7 (23) Verbal: **G1:** 22 (76) **G2:** 19 (63) Current marital status of parents, n: Married: **G1:** 21 **G2:** 26 Defacto: **G1:** 2 **G2:** 2 Divorced: **G1:** 2 **G2:** 1 Separated: **G1:** 3 **G2:** 1 Never married/defacto: **G1:** 1 **G2:** 0 Family situation, n: Original: **G1:** 22 **G2:** 27 Step-Family: **G1:** 1 **G2:** 1 Sole Parent: **G1:** 5 **G2:** 2 Extended: **G1:** 1 **G2:** 0 Both Parents: **G1:** 15 **G2:** 20 Relationship of primary participating parent to child, n: Mother: **G1:** 29 **G2:** 25 Father: **G1:** 0 **G2:** 4	PAQ child-referent ASD-related behavior score, mean ± SD:† Internality: **G1:** 7.56 ± 1.34 **G2:** 7.14 ± 1.25 Stability: **G1:** 6.87 ± 1.63 **G2:** 7.00 ± 1.85 Controllability: **G1:** 5.30 ± 1.64 **G2:** 4.95 ± 1.84	PAQ child-referent good behavior score, mean ± SD:† Internality: **G1:** 6.74 ± 1.48 **G2:** 6.50 ± 1.18 Stability: **G1:** 7.22 ± 1.73 **G2:** 6.86 ± 1.52 Controllability: **G1:** 7.56 ± 1.50 **G2:** 7.00 ± 1.60 PAQ child-referent ASD-related behavior score, mean ± SD:† Internality: **G1:** 7.22 ± 1.35 **G2:** 6.77 ± 1.11 Stability: **G1:** 6.26 ± 1.68 **G2:** 7.27 ± 1.52 Controllability: **G1:** 5.65 ± 1.72 **G2:** 5.54 ± 1.53 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Whitingham et al., 2009 Whitingham et al., 2009† (continued)		Grandmother: **G1:** 0 **G2:** 1		

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Wood et al., 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** School, home **Enrollment period:** March 2006 to August 2007 **Funding:** Cure Autism Now Foundation, NIH **Author industry relationship disclosures:** NR **Design:** RCT **Note:** Methodology data extracted from Wood et al. 2009 ({#3618}), where more detailed information can be found	**Intervention:** Immediate treatment or 3-month wait list Therapists worked with families for 16 weekly sessions, each lasting 90 min (about 30 min with the child and 60 min with the parents/family), implementing a version of the *Building Confidence* CBT program **Assessments:** Posttreatment assess-ments were completed on the final day of treatment or within 1 week of termination; post-waitlist assessments were conducted 3 months after the baseline assessment but before initializing CBT **Groups:** **G1:** immediate treatment **G2:** 3-month waitlist **Provider:** Four doctoral students in clinical or educational psychology, and one postdoctoral fellow in psychology; therapists received training and weekly supervision **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** Yes **Concomitant therapies, n:** Psychiatric medication: NR N at enrollment: **G1:** 9 **G2:** 10 N at post-treatment follow-up: **G1:** 9 **G2:** 10	**Inclusion criteria:** • Met research criteria for ASD • Had at least one anxiety disorder • Psychiatric medication, if used, was at a stable dose prior to intake and throughout the trial **Exclusion criteria:** • IQ less than 70 • Concurrent psychotherapy **Age, years ± SD (range):** 9.37 ± 1.42 (7-11) **Mental age:** NR **Gender, n (%):** Male: 16 (84) Female: 3 (16) **Race/ethnicity, n (%):** Caucasian: 10 (53) Asian: 4 (21) Native American/ caucasian: 2 (11) Latino/Asian: 1 (5) African American/ caucasian: 1 (5) **SES:** Maternal education: NR Primary parent, college degree, n (%): 15 (79) Household income: NR **Diagnostic approach:** In Study and Referral **Diagnostic tool/method**: ADI-R; ADOS – Module 3; a checklist regarding circumscribed interests; review of previous assessment records **Diagnostic category, n (%):** Autism: 19 (100) **Other characteristics:** NR	**Social skills:** SRS total score, mean ± SD (range): **G1:** 113 ± 18.27 (87-145) **G2:** 116 ± 30.19 (61-151) SRS T-score ≥ 70, n: **G1:** 9/9 **G2:** 9/10	**Social skills:** SRS total score, mean ± SD (range): **G1:** 89 ± 26.39 (53-140) **G2:** 110.30 ± 29.22 (53-146) **G1/G2:** $P < 0.05$ SRS T-score ≥ 70, immediate post-treatment, n: **G1:** 7/9 **G2:** 9/10 SRS T-score ≥ 70, 3 months post-treatment, LOCF, n: **G1:** 4/9 **G2:** NA SRS social motivation score, mean: **G1:** NR **G2:** NR **G1/G2:** $P < 0.05$ (favoring G1) SRS social awareness score, mean: **G1:** NR **G2:** NR **G1/G2:** $P < 0.05$ (favoring G1) SRS social cognition score, mean: **G1:** NR **G2:** NR **G1/G2:** $P = 0.10$ (favoring G1) SRS autistic mannerisms score, mean: **G1:** NR **G2:** NR **G1/G2:** P = NS

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Wood et al., 2009 (continued)	**N at 3-month follow-up:** **G1:** 4 **G2:** NA			**Communication/ language:** SRS social communication score, mean: **G1:** NR **G2:** NR **G1/G2:** $P < 0.05$ (favoring G1) **Harms:** NR **Modifiers:** Post-treatment SRS scores were predicted by ADIS-C/P Clinician's Rating Scale change scores and baseline SRS total scores ($P < 0.01$) Post-treatment ADIS-C/P scores were predicted by baseline ADIS-C/P scores and SRS change scores ($P < 0.01$)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Wood et al., 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** September 2004 to December 2007 **Funding:** Cure Autism Now Foundation, NIH **Author industry relationship disclosures:** None **Design:** RCT **Note:** See follow-up paper with additional participants, Wood et al., 2009 ({#5523})	**Intervention:** Building Confidence CBT program (modified) – includes coping skills training followed by in vivo exposure (facing fearful situation repeatedly while using coping skills and remaining in situation until habituation). Hierarchy of fearful situations created and the child moves through the hierarchy. Parent training involves supporting in vivo, positive reinforcement, and using communication skills to encourage independence in daily routines Schedule: 16 weekly sessions each lasting 90 minutes (30 minutes with child; 60 minutes with parents) **Assessments:** Trained graduate student independent evaluators who were blind to the intervention condition of each family conducted diagnostic interviews before and immediately after intervention or waitlist (ADIS-C/P); MASC, CGI-I Measures were completed over the course of two days; post-treatment assessments were completed on the final day of treatment or within a week of termination; post-waitlist assessments were conducted three months after the baseline assessment but before initiating CBT (readministering all anxiety measures) **Groups:** **G1:** CBT program **G2:** waitlist	**Inclusion criteria:** • Met research criteria for diagnosis of autism, Asperger syndrome, or PDD-NOS • Met research criteria for one of the following: separation anxiety disorder (SAD), social phobia, or obsessive compulsive disorder (OCD) • Not taking any psychiatric medication at baseline or were on a stable dose of psychiatric medication • If medication was being used, children maintained the same dose throughout the study **Exclusion criteria:** • Verbal IQ less than 70 • Currently in psychotherapy or social skills training, or was receiving behavioral interventions such as applied behavior analysis • Family was currently in family therapy or a parenting class • Child began psychiatric medication or changed dose during intervention • The child or parents appeared unable to participate in the intervention program for any reason **Age, years ± SD:** **G1:** 9.18 ± 1.42 **G2:** 9.22 ± 1.57 **Mental age:** NR **Gender, n (%):** Male: **G1:** 12 (71) **G2:** 15 (65) Female: **G1:** 5 (29) **G2:** 8 (35)	**Commonly occurring comorbidities:** ADIS-CSR score, mean ± SD (range): **G1:** 5 ± 0.68 (4-6) **G2:** 5.14 ± 0.56 (4-6) Parent MASC score, mean ± SD (range): **G1:** 71.25 ± 17.07 (36-98) **G2:** 75.38 ± 12.98 (56-103) Child MASC score, mean ± SD (range): **G1:** 56.66 ± 16.84 (20-77) **G2:** 54.69 ± 16.8 (25-85)	**Overall ratings:** Meeting CGI response criteria, n (%): **G1:** 13 (92.9) **G2:** 2 (9.1) **G1/G2:** $P < 0.0001$ **Commonly occurring co-morbidities:** ADIS-CSR score, mean ± SD (range): **G1:** 2.36 ± 1.15 (1-4) **G2:** 4.77 ± 0.81 (3-6) **G1/G2:** $P < 0.0001$ Parent MASC score, mean ± SD (range): **G1:** 58.48 ± 14.72 (40-98) **G2:** 76.57 ± 14.65 (56-103) **G1/G2:** $P < 0.0001$ Child MASC score, mean ± SD (range): **G1:** 46.93 ± 14.76 (27-72) **G2:** 46.5 ± 15.83 (22-79) **G1/G2:** $P = 0.87$ **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Wood et al., 2009 (continued)	**Provider:** Doctoral students in clinical or educational psychology and doctoral-level psychologists **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** See inclusion/exclusion criteria **Concomitant therapies:** NR **N at enrollment:** **G1:** 17 **G2:** 23 **N at follow-up:** **G1:** 17 **G2:** 23	**Race/ethnicity, n (%):** **G1:** Caucasian: **G1:** 8 (47) **G2:** 11 (48) Latino/Latina: **G1:** 2 (12) **G2:** 3 (13) Asian/Pacific Islander: **G1:** 4 (23) **G2:** 2 (9) African American: **G1:** 0 **G2:** 1 (4) Asian/Caucasian: **G1:** 1 (6) **G2:** 1 (4) Asian/Latino: **G1:** 0 **G2:** 1 (4) African American/ Caucasian: **G1:** 0 **G2:** 2 (9) Latino/Caucasian: **G1:** 1 (6) **G2:** 1 (4) Middle Eastern/Caucasian: **G1:** 1 (6) **G2:** 0 Multiracial (> 3): **G1:** 0 **G2:** 1 (4) **SES:** Parent college graduate, n (%): **G1:** 12 (71) **G2:** 13 (60) Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** ADI-R and ADOS **Diagnostic category, n (%):** Autistic disorder: **G1:** 9 (53) **G2:** 11 (48) PDD-NOS: **G1:** 6 (35) **G2:** 11 (48) Asperger syndrome: **G1:** 2 (12) **G2:** 1 (4)		

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Wood et al., 2009 (continued)		**Other characteristics, n (%):** **Other comorbid diagnoses:** ADHD: **G1:** 9 (53) **G2:** 15 (65) Dysthymia/MDD: **G1:** 3 (18) **G2:** 0 ODD/CD: **G1:** 2 (12) **G2:** 6 (26) PTSD: **G1:** 0 **G2:** 1 (4) **Baseline anxiety disorders:** Social phobia: **G1:** 13 (76) **G2:** 22 (96) SAD: **G1:** 8 (47) **G2:** 16 (70) OCD: **G1:** 8 (47) **G2:** 9 (39) GAD: **G1:** 11 (65) **G2:** 8 (35) **Psychiatric medication use:** SSRI: **G1:** 2 (12) **G2:** 3 (13) Atypical antipsychotic: **G1:** 3 (18) **G2:** 3 (13) Stimulant or atomoxetine: **G1:** 4 (24) **G2:** 7 (30) Parent married/re-married: **G1:** 14 (82) **G2:** 19 (83)		

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Yoder and Stone, 2006a, 2006b Yoder and Lieberman, 2009† **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** January 2000 to March 2003 **Funding:** NIH **Author industry relationship disclosures:** NR **Design:** RCT	**Intervention:** Two communication interventions: Picture Exchange Communication System (PECS) and Responsive Education and Prelinguistic Milieu Teaching (RPMT), delivered three times/week in 20 minute sessions for 6 months, an average of 60 ± 7.1 sessions (range 33-70) Parents given up to 15 hours of training to complement material covered in the children's treatment sessions Parent training hours, mean ± SD: **G1:** 7.9 ± 2.3 **G2:** 10.6 ± 2.2 **G1/G2:** *P* < 0.01 **Assessments:** Pre- and post-treatment: ESCS-abridged, an unstructured free-play session with an examiner, a measure of turn taking and a free-play session with the primary caregiver Spoken communication assessed at pretreatment, post treatment and at 6-month follow-up period {#487} All assessments were conducted by examiners who were not the children's therapists **Groups:** **G1:** PECS **G2:** RPMT **Provider:** • Master's level professsionals • Closely supervised paraprofessionals **Treatment manual followed:** Yes	**Inclusion criteria:** • Diagnosis of autistic disorder or PDD-NOS • Age 18-60 months • Used fewer than 10 words during all of three communication samples • Passed hearing screenings administered outside of the project **Exclusion criteria:** • Severe sensory/motor deficits • English not the primary language spoken at home **Age, years ± SD (range):** **G1:** 3.1 ± 0.8 (7.8-4.5) **G2:** 2.7 ± 0.5 (1.9-3.5) **Mental age, months ± SD:** Nonverbal: **G1:** 18.8 ± 4.5 (11.5-26.5) **G2:** 18.6 ± 3.2 (13-23.5) Verbal: **G1:** 11.7 ± 3.4 (7-19) **G2:** 11.9 ± 2.5 (7-19) **Gender, n (%):** Male: 31 (86) Female: 5 (14) **Race/ethnicity, n (%):** White: 25 (69) African American: 8 (22) Other: 3(8) **SES:** Primary parent education, median: 3-4 years of college Parental occupational status, mean ± SD (range): **G1:** 43 ± 22 (10-87) **G2:** 51 ± 21 (8-80) **Diagnostic approach:** Referral **Diagnostic tool/method:** ADOS **Diagnostic category, n (%):** Autism: 33 (91.7) PDD-NOS: 3 (8.3) Aspergers: 0	**Communication/ language:** ESCS, number of requests, mean ± SD: Total: 11.9 ± 7.3 **G1:** 13 ± 8 **G2:** 11 ± 6 Unstructured free play, number of requests, mean ± SD: Total: 4.2 ± 9.2 ESCS, number of joint attention initiations, mean ± SD: Total: 2.7 ± 3.5 **G1:** 3 ± 4 **G2:** 2 ± 2 Unstructured free play, number of joint attention initiations, mean ± SD: Total: 2.7 ± 4.5 Number of object exchange turns, mean ± SD: Total: 3.7 ± 4.5 **G1:** 5 ± 5 **G2:** 2 ± 3 ADOS communica-tion algorithm score, mean ± SD:† **G1:** 5.79 ± 1.18 **G2:** 6.35 ± 1.27 **G1/G2:** *P* = NS ADOS social algorithm score mean ± SD:† **G1:** 10.32 ± 2.36 **G2:** 11.64 ± 1.17 **G1/G2:** *P* = 0.038 MSEL expressive language, standard score, mean ± SD:† **G1:** 19.47 ± 1.26 **G2:** 21.59 ± 3.36 **G1/G2:** *P* = 0.024	**Communication/ language:** ESCS, number of requests, mean ± SD: Total: 17.7 ± 10.7 **G1+G2/BL:** *P* = 0.002 Unstructured free play, number of requests, mean ± SD: Total: 4.5 ± 5.7 **G1+G2/BL:** *P* = NS ESCS, number of joint attention initiations, mean ± SD: Total: 4.7 ± 4.8 **G1+G2/BL:** *P* = 0.01 Unstructured free play, number of joint attention initiations, mean ± SD: Total: 8 9 ± 0.24 **G1+G2/BL:** *P* = 0.02 Number of object exchange turns, mean ± SD: Total: 5.5 ± 4.7 **G1+G2/BL:** *P* = 0.008 Number of object exchange turns, mean (SE): **G1:** 4 (0.81) **G2:** 7.1 (0.86) **G1/G2:** *P* = 0.019 Picture exchanges, mean ± SD:† **G1:** 3.84 ± 4.5 **G2:** 1.06 ± 1.3 ANOVA: time (*P* < 0.001), time x treatment (*P* < 0.001)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Yoder and Stone, 2006a, 2006b Yoder and Lieberman, 2009† (continued)	**Defined protocol followed:** Yes **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** NR **Concomitant therapies, mean ± SD:** {#487} Rx phase: 16.8 ± 22.7 6 months: 34.4 ± 39 *P* = 0.002 **Community based speech therapy, hrs/ month, mean ± SD:** Rx phase: 7.4 ± 4.2 6 months: 9.3 ± 5.9 *P* = 0.07 **Community based speech therapy, hrs/month, mean change ± SD:** **G1:** 4.0 ± 6.9 **G2:** -0.3 ± 5.19 **G1/G2:** *P* = 0.05 **N at enrollment:** **G1:** 19 **G2:** 17 **N at follow-up:** **G1:** 19 **G2:** 17	**Other characteristics:** IQ, mean ± SD (range): **G1:** 55 ± 7 (49-67) **G2:** 54 ± 6 (49-67) Number of words used across ESCS and unstructured free play, mean ± SD (range): **G1:** 0.6 ± 1 (0-5) **G2:** 0.4 ± 0.7 (0-2) Number of spoken acts across ESCS and unstructured free play, mean ± SD (range): **G1:** 1.1 ± 2 (0-6) **G2:** 0.6 ± 1 (0-4) Number of initiating joint attention in ESCS, mean ± SD (range): **G1:** 3 ± 4 (0-18) **G2:** 2 ± 2 (0-7) Number of requests in ESCS, mean ± SD (range): **G1:** 13 ± 8 (1-26) **G2:** 11 ± 6 (2-20) Number of object exchanges in turn-taking procedure, mean ± SD (range): **G1:** 5 ± 5 (0-16) **G2:** 2 ± 3 (0-8) Parent report of words understood, mean ± SD (range): **G1:** 108 ± 87 (3-291) **G2:** 62 ± 49 (1-141) Fidelity of prescription: **G1:** 2.88 ± 0.09 **G2:** 2.99 ± 0.17 **Other characteristics, mean ± SD (range):** Cognitive standard score: 51 ± 5.3 (48-67) Number of different nonimitative words used in SFPE: 0.17 ± 0.56 (0-3)	MSEL receptive language, standard score, mean ± SD:† **G1:** 19.26 ± 0.45 **G2:** 19.41 ± 0.51 **G1/G2:** *P* = NS IQ (derived from Mullen), mean ± SD:† **G1:** 50.32 ± 5.2 **G2:** 51.76 ± 5.41 **G1/G2:** *P* = NS Picture exchanges, mean:† **G1:** 0.05 **G2:** 0.06 Frequency of non-imitative spoken acts, study entry, mean ± SD**:** 0.25 ± 0.84 Number of different non-imitative words, study entry, mean ± SD: 0.17 ± 0.56	Frequency of non-imitative spoken acts, end of Rx, mean ± SD: 2.2 ± 3.9 Number of different non-imitative words, end of Rx, mean ± SD: 1.6 ± 2.8 Frequency of nonimitative spoken acts, 6 months, mean ± SD: 5.5 ± 10.4 *P* = 0.005 Number of different non-imitative words, 6 months, mean ± SD: 3 ± 5.8 *P* = 0.001 Frequency of non-imitative spoken acts, end of Rx, adjusted* group mean ± SD: **G1:** 3.6 ± 4.8 **G2:** 0.6 ± 4.8 *P* = 0.03 Number of different non-imitative words, end of Rx, adjusted* group mean ± SD: **G1:** 2.4 ± 3.6 **G2:** 0.6 ± 3.6 *P* = 0.04 Frequency of non-imitative spoken acts, 6 months, adjusted* group mean ± SD: **G1:** 5.5 ± 3.2 **G2:** 5.4 ± 3.2 *P* = 0.96

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Yoder and Stone, 2006a, 2006b Yoder and Lieberman, 2009† (continued)		Number of nonimitative spoken communication acts in SFPE: 0.25 ± 0.84 (0-4) Number of communication acts in SFPE: 8.4 ± 10.5 (0-56) Proportion of communication acts that are intentional communication in SFPE: 0.89 ± 0.21 (0-1.0) **Proportion of communication acts that are spoken words in SFPE: 0.05 ± 0.18 (0-1.0)**		Number of different non-imitative words, 6 months, adjusted* group mean ± SD: **G1:** 3.1 ± 2.4 **G2:** 2.9 ± 2.4 *P* = 0.93 **Harms:** NR **Modifiers:** Baseline ADOS negatively correlated with post-treatment frequency of requests in the ESCS (r = -0.35, *P* = 0.04) and initiating joint attention in the unstructured free play session (r = -0.40, *P* = 0.007) Baseline object exchange turns correlated with post-treatment frequency of object exchange turns (r = 0.65, *P* < 0.001) Baseline initiating joint attention predicted differential treatment effects on post-treatment initiating joint attention (*P* < 0.001) and differential response to treatments on post-treatment requests in the ESCS (*P* = 0.003)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Yoder and Stone, 2006a, 2006b Yoder and Lieberman, 2009† (continued)				Interaction between initial interest in a variety of objects and treatment (*P* = 0.01) predicting growth in the number of non-imitative words. Children low in initial object exploration benefited more from RPMT & those high in initial object exploration benefited more from PECS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Itzchak et al., 2009 Country: Israel **Practice setting:** Academic **Intervention setting:** Clinic Enrollment period: NR Funding: NR Author industry relationship disclosures: NR Design: Prospective cohort **Note:** See related studies: Ben Itzchak et al. 2007{#252}, Zachor et al. 2007{#5652}, Ben Itzchak et al. 2007{#538}; overlap among these not clear	**Intervention:** Participants received either behavioral (n=40) or eclectic (n=28) treatment. Behavioral was 1-to-1 individualized treatment for 35 hrs/week addressing various skills such as imitation, receptive and expressive language, joint attention, non-verbal communication, pre-academic skills, play, fine motor skills and adaptive living skills Eclectic was small-group activities supervised by special education teacher, individual therapy with various therapists (i.e., speech and language, occupational and music therapies, and structured cognitive teaching; each provided 2 hr of individual, 1 hr of group therapy, and 1 hr of consultation to the team), and included parent training to address problem behaviors **Groups:** **G1:** Unchanged diagnosis at 1 year **G2:** Improved autism diagnosis to ASD or off spectrum at 1 year **Provider:** Special education teacher, speech and language therapists, occupational therapists, music therapists, behavior analysts **Assessment:** ADI-R, ADOS, MSEL, VABS, changes in the severity of stereotyped behaviors. **Measure of treatment fidelity reported:** No	Inclusion criteria: • Meeting criteria for autism disorder on each of the measures (DSM-IV, ADI-R, ADOS) Exclusion criteria: • See inclusion criteria Age, months ± SD: **G1:** 25.1 ± 3.8 **G2:** 26.3 ± 4.6 **Mental age:** NR **Gender, n (%):** Male: **G1:** 49 (92) **G2:** 13 (87) Female: **G1:** 4 (8) **G2:** 2 (13) **Race/ethnicity:** NR **SES:** Parental education, years ± SD: **G1:** 14.8 ± 2.8 **G2:** 3.7 ± 3.5 Maternal education, years ± SD: **G1:** 14.5 ± 2.5 **G2:** 14.9 ± 2.5 Household income: NR Diagnostic approach: In Study **Diagnostic tool/method:** Clinical evaluation by a neuro-developmental pediatrician; ADOS, ADI **Diagnostic category, n (%):** Autism: 68 (100) **Other characteristics:** Parental age, years ± SD: **G1:** 36.2 ± 6.5 **G2:** 36.4 ± 5.9 Maternal age, years ± SD: **G1:** 32.5 ± 5.4 **G2:** 33.7 ± 5	**Overall measures:** ADOS algorithm, mean ± SD: **G1:** 18.3 ± 2.6 **G2:** 15.9 ± 2.7 **Communication/ language:** MSEL receptive language score, mean ± SD: **G1:** 28.1 ± 13.9 **G2:** 37.4 ± 14.1 MSEL expressive language score, mean ± SD: **G1:** 27.4 ± 10.4 **G2:** 32.9 ± 14.6 **Social Skills:** VABS socialization score, mean ± SD: **G1:** 69.2 ± 7.9 **G2:** 68.6 ± 8.3 **Educational/ cognitive/ academic attainment:** MSEL visual score, mean ± SD: **G1:** 38.2 ± 12 **G2:** 40.8 ± 11.2 **Motor skills:** MSEL fine motor score, mean ± SD: **G1:** 31.7 ± 14 **G2:** 36.7 ± 12.5 VABS motor skills score, mean ± SD: **G1:** 86.2 ± 11.9 **G2:** 88.5 ± 9.9 **Adaptive behavior:** VABS communication score, mean ± SD: **G1:** 67.8 ± 10.1 **G2:** 67.6 ± 6.4 VABS daily living score, mean ± SD: **G1:** 68.3 ± 6.9 **G2:** 69.3 ± 5.9	**Overall measures:** ADOS algorithm, 1 year, mean ± SD: **G1:** 16.6 ± 3.2 **G2:** 9.3 ± 2 **Communication/ language:** MSEL receptive language score, 1 year, mean ± SD: **G1:** 34 ± 13 **G2:** 45.7 ± 10.5 **G1/BL:** P < 0.001 **G2/BL:** *P* < 0.01 MSEL expressive language score, 1 year, mean ± SD: **G1:** 32.2 ± 13.8 **G2:** 43.8 ± 13.3 **G1/BL:** *P* < 0.01 **G2/BL:** *P* < 0.01 **Social Skills:** VABS socialization score, 1 year, mean ± SD: **G1:** 70.1 ± 14.2 **G2:** 77 ± 10.5 **G1/BL:** *P* = NS **G2/BL:** *P* < 0.05 **Educational/ cognitive/ academic attainment:** MSEL visual score, 1 year, mean ± SD: **G1:** 35.5 ± 14.6 **G2:** 50 ± 7.41 **G1/BL:** *P* = NS **G2/BL:** *P* < 0.05 **Motor skills:** MSEL fine motor score, 1 year, mean ± SD: **G1:** 30 ± 13 **G2:** 35.9 ± 15.9 **G1/BL:** *P* = NS **G2/BL:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Itzchak et al., 2009 (continued)	**Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR N at enrollment: G1: 53 G2: 15 N at follow-up: G1: 53 G2: **15**			VABS motor skills score, 1 year, mean ± SD: **G1:** 75.6 ± 13.1 **G2:** 80.9 ± 16.3 **G1/BL:** *P* < 0.001 **G2/BL:** *P* = NS **Adaptive behavior:** VABS communication score, 1 year, mean ± SD: **G1:** 72.3 ± 16.1 **G2:** 82.2 ± 12.9 **G1/BL:** *P* < 0.05 **G2/BL:** *P* < 0.001 VABS daily living score, 1 year, mean ± SD: **G1:** 69.2 ± 7.9 **G2:** 75.4 ± 13.3 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **Harms:** NR **Modifiers:** There was a significant (time X group) interaction in the ADOS stereotyped behaviors score (*P* < 0.05); a significant decrease in stereotyped behavior and restricted interests was noted for G1 (*P* < 0.000) but not for G2.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Akhondzadeh et al., 2008 **Country:** Iran **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** RCT, double blind, placebo controlled	**Intervention:** Piracetam, titrated up to 800 mg/day (200 mg/day starting dose with 200 mg increments every 2 days) Risperidone, dosage by weight: • 10-40 kg: titrated up to 2 mg/day fixed dose (0.5 mg starting dose with 0.5 mg increments in weekly dose for first 3 weeks) • > 40 kg: titrated up to 3 mg/day fixed dose Duration: 10 weeks **Assessments:** ABC-C, Extrapyramidal Symptoms Rating Scale administered by blinded rater in clinic **Groups:** **G1:** piracetam + risperidone **G2:** placebo + risperidone **Co-interventions held stable during treatment:** NA **Frequency of contact during study:** Ratings at weeks 0, 2, 4, 6, 8, and 10 **Concomitant therapies:** NR **N at enrollment:** **G1:** 20 **G2:** 20 **N at follow-up:** **G1:** 20 **G2:** 20	**Inclusion criteria:** • Age 3-11 years • Diagnosis of autism **Exclusion criteria:** • Previously received neuroleptics or any psychotropic drug treatment 6 months prior to recruitment • Significant active medical problem • Children without definitive diagnosis of autism as in severe/ profound mental retardation **Age, years ± SD (range):** **G1:** 6.9 ± 1.86 (3-11) **G2:** 6.75 ± 1.8 (3-11) **Mental age:** NR **Gender, n (%):** Male: **G1:** 16 (80) **G2:** 14 (70) Female: **G1:** 4 (20) **G2:** 6 (30) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In-study confirmation **Diagnostic tool/method:** Semistructured interview with a score of ≥ 6 on the DSM-IV diagnosis criteria and clinical evaluation **Diagnostic category, n (%):** Autism: 40 (100) **Other characteristics, n:** Extrapyramidal symptoms: **G1:** 6 **G2:** 8 **G1/G2:** *P* = 0.74	**Problem behavior:** ABC-C total score, mean ± SD: **G1:** 23.15 ± 5.80 **G2:** 24.00 ± 8.25 **G1/G2:** *P* = 0.70	**Problem behavior:** ABC-C total score, week 10, mean change ± SD: **G1:** -11.9 ± 3.79 **G2:** -5.15 ± 3.04 **G1/G2:** *P* < 0.0001 **Harms:** Treatment-related AEs, n (%): Constipation: **G1:** 4 (20) **G2:** 3 (15) **G1/G2:** *P* = NS Nervousness: **G1:** 1 (5) **G2:** 2 (10) **G1/G2:** *P* = NS Daytime drowsiness: **G1:** 7 (35) **G2:** 9 (45) **G1/G2:** *P* = NS Morning drowsiness: **G1:** 11 (55) **G2:** 8 (40) **G1/G2:** *P* = NS Increased appetite: **G1:** 7 (30) **G2:** 6 (30) **G1/G2:** *P* = NS Dry mouth: **G1:** 4 (20) **G2:** 3 (15) **G1/G2:** *P* = NS Fatigue: **G1:** 5 (25) **G2:** 3 (15) **G1/G2:** *P* = NS Loss of appetite: **G1:** 1 (5) **G2:** 1 (5) **G1/G2:** *P* = NS **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Allam et al., 2008 Country: Egypt **Practice setting:** Academic **Intervention setting:** Acupuncture clinic Enrollment period: 9 months (dates NR) Funding: NR Author industry relationship disclosures: NR Design: RCT	**Intervention:** Language therapy 2 times per week with or without scalp acupuncture 2 times per week for 9 months (cycle of 20 minutes twice weekly for 2 months followed by 2 weeks rest) **Groups:** **G1:** language therapy **G2:** language therapy and acupuncture **Provider:** • Same language therapist (blinded) worked with both groups • Scalp acupuncture performed by physician (specialized pediatric acupuncturist) **Assessments:** Battery of examinations before and after treatment, including communicative assess-ment and an Arab language test **Co-interventions held stable during treatment:** None **Frequency of contact during study:** Assessments conducted once prior to initiation of therapy and once post-therapy; twice a week during therapy **Concomitant therapies:** NR **N at enrollment:** **G1:** 10 **G2:** 10 N at follow-up: **G1:** 10 **G2:** 10	Inclusion criteria: • Age 4-7 years • Diagnosed with autism according to DSM-IV-T criteria • Diagnosed with autism according to interview with parents using ADI-R • CARS score ≥ 30 Exclusion criteria: • See inclusion criteria Age, years ± SD: G1: 5.5 ± 1.22 G2: 5.5 ± 1.22 **Mental age:** NR Gender, n: **G1, n:** Male: **G1:** 5 **G2:** 7 Female: **G1:** 5 **G2:** 3 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/ method:** DSM-IV-T, parent-rated ADI-R **Diagnostic category, n (%):** Autism: 20 (100) **Other characteristics, n (%):** Delayed language development: 20 (100)	**Communication/ language:** Language evaluation score, mean ± SD: Attention: **G1:** 1.4 ± 0.9 **G2:** 1.5 ± 0.8 Receptive semantics: **G1:** 5.2 ± 3.6 **G2:** 5.0 ± 2.7 Expressive semantics: **G1:** 0.9 ± 0.6 **G2:** 0.7 ± 0.5 Receptive syntax: **G1:** NR* **G2:** NR* Expressive syntax: **G1:** NR* **G2:** NR* Phonology: **G1:** NR* **G2:** NR* Pragmatics: **G1:** NR* **G2:** NR*	**Communication/ language:** Language evaluation score, mean ± SD: Attention: **G1:** 2.8 ± 0.8 **G2:** 3.1 ± 0.8 **G1/BL:** *P* = 0.021 **G2/BL:** *P* = 0.001 **G1/G2:** *P* = 0.008 Receptive semantics: **G1:** 7.0 ± 3.8 **G2:** 9.4 ± 3.1 **G1/BL:** *P* = 0.021 **G2/BL:** *P* = 0.001 **G1/G2:** *P* = 0.034 Expressive semantics: **G1:** 4.4 ± 3.4 **G2:** 4.1 ± 3.4 **G1/BL:** *P* = 0.031 **G2/BL:** *P* = 0.021 **G1/G2:** *P* = 0.545 Receptive syntax: **G1:** NR* **G2:** NR* **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = NS Expressive syntax: **G1:** NR* **G2:** NR* **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = NS Phonology: **G1:** NR* **G2:** NR* **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = NS Pragmatics: **G1:** NR* **G2:** NR* **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = NS **Harms:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Allam et al., 2008 (continued)				**Modifiers:** NR

Comments:

* Data for nonsignificant results was not reported.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ **Country:** US **Practice setting:** Academic centers **Intervention setting:** Clinic **Enrollment period:** June 1999 to April 2001 **Funding:** NIH; Kor-czak Foundation; Janssen (provided study medication) **Author industry relationship disclosures:** NR^‡ª¥ 1 of 15† Lilly (1) McNeil (1) Novartis (1) Noven (1) Shire (1) Sigma Tau (1) 8 of 17º Abbott (2) AGS Publishing (2 VABS royalties) AstraZenca (1)	**RCT intervention (8 weeks):** Risperidone or placebo Dosage by weight: • 20-45 kg: Initial dose of 0.5 mg at bedtime; increased to 0.5 mg twice daily on day 4; gradually increased in 0.5 mg increments to a maximum of 2.5 mg/ day (1.0 mg AM, 1.5 mg bedtime) by day 29 • > 45 kg: slightly accelerated dose schedule, with maximal dose of 1.5 mg AM and 2.0 mg bedtime • < 20 kg: initial dose 0.25 mg/day Scheduled dose increase could be delayed due to AEs or marked improvement at lower dose; dose reductions to manage side effects allowed at any time; no dose increases after day 29 Daily dose during final study week, mean mg (range): **G1:** 1.8 ± 0.7 (0.5-3.5) **G2:** 2.4 ± 0.6 (1.0-3.5) **Open label extension trial (8 weeks):** The 46 RCT placebo non-responders underwent an open label trial of risperidone after the RCT, with the same dosage schedule as the RCT **Assessments:** Lab tests, ECGS, prolactin and VABS maladaptive behavior pre- and post-RCT and post-extension Vital signs, height, weight, side effects, sleep log, SARS, AIMS at each visit	**Inclusion criteria:** • Children meeting DSM-IV criteria for autistic disorder, with tantrums, aggression, self-injurious behavior, or a combination of these problems • Aged 5 to 17 years • Weight ≥ 15 kg • Mental age ≥ 18 months • Clinically significant behavioral problems with clinician-determined rating of ≥ moderate on CGI-S and score ≥ 18 on ABC Irritability subscale rated by parent and confirmed by caregiver (children reassessed at baseline, 7-14 days after initial assessment to confirm first values) **Exclusion criteria:** • Serious medical disorders • Other psychiatric disorders requiring medication • Children receiving a psychotropic drug that was deemed effective for the treatment of aggression, tantrums, or self-injurious behavior **Age, RCT population, years (range):** 8.8 ± 2.7 (5-17) Prepubertal, RCT population, n (%): 88 (87) **Mental age:** Mental development, RCT population, n (%): Average or above average IQ: **G1:** 3/46 (7) **G2:** 2/45 (4) Borderline IQ: **G1:** 8/46 (17) **G2:** 4/45 (9) Mild or moderate retardation: **G1:** 20/46 (43) **G2:** 23/45 (51)	**Overall ratings:** RLRS score, mean ± SD:^ Overall: **G1:** 0.94 ± 0.36 **G2:** 1.03 ± 0.37 Affectual reactions: **G1:** 1.68 ± 0.64 **G2:** 1.84 ± 0.64 **Social skills:** RLRS social relationship to people score, mean ± SD:^ **G1:** 0.60 ± 0.43 **G2:** 0.72 ± 0.43 VABS socialization score, mean ± SD:‡ **G1:** 49.1 ± 16.6 **G2:** 47.4 ± 10.1 **Communication/ language:** RLRS language score, mean ± SD:^ **G1:** 0.28 ± 0.38 **G2:** 0.46 ± 0.42 VABS communication score, mean ± SD:‡ **G1:** 45.0 ± 16.7 **G2:** 42.0 ± 14.3 **Repetitive behavior:** ABC stereotypy score, mean ± SD:‡ **G1:** 10.6 ± 4.9 **G2:** 9.0 ± 4.4 **Problem behavior:** ABC score, mean ± SD:‡ Irritability: **G1:** 26.2 ± 7.9 **G2:** 25.5 ± 6.6 Social withdrawal: **G1:** 16.4 ± 8.2 **G2:** 16.1 ± 8.7 Hyperactivity: **G1:** 31.8 ± 9.6 **G2:** 32.3 ± 8.5	**Overall ratings:** Rate of positive response (≥ 25% improvement on ABC irritability subscale and rating of much improved or very much improved on CGI-I scale), post-RCT, n (%):‡ **G1:** 34 (69)** **G2:** 6 (12) **G1/G2:** *P* < 0.001 Rate of positive response, 8 week open label trial, n (%):^ **G1:** 29/46 (63) RLRS overall score, mean ± SD:^ Post-RCT: **G1:** 0.45 ± 0.31 **G2:** 0.88 ± 0.40 **G1/G2:** *P* < 0.001 (ES = 1.08) Post-extension phase: **G1:** 0.39 ± 0.35 RLRS affectual reactions score, mean ± SD:^ Post-RCT: **G1:** 0.88 ± 0.56 **G2:** 1.60 ± 0.71 **G1/G2:** *P* < 0.001 (ES = 1.10) Post-extension phase: **G1:** 0.78 ± 0.58 **Social skills:** RLRS social relationship to people score, mean ± SD:^ Post-RCT: **G1:** 0.15 ± 0.42 **G2:** 0.46 ± 0.52 **G1/G2:** *P* = NS (ES = 0.68)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued) Bristol-Myers Squibb (3) Cephalon (1) Forest (1) Jannssen (5) Lilly (5) McNeil (2) Novartis (1) Noven (1) Pediamed (1) Pfizer (4) Shire (2) Sigma Tau (1) Targacept (1) Wyeth (1) 7 of 17§ Bristol-Myers Squibb (6) Forest (3) Jannssen (4) Johnson and Johnson (1) Lilly (4) McNeil (3) Neuropharm (3) Novartis (2) Organon (1) Pfizer (1) Shire (3) Supernus (2) UCB (1) Wyeth (1)	RLRS at pre-, mid- and post-RCT, monthly thereafter CYBOCS, CGI and ABC bi-weekly during RCT and monthly thereafter Target symptoms, California VLT, Dot Test, Cancellation and Purdue Peg Board tasks pre-, mid- and post-RCT VABS at pre-RCT and post-extension **Groups:** **G1:** risperidone **G2:** placebo **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** Weekly during RCT, monthly thereafter **Concomitant therapies:** NR **N at RCT enrollment:** **G1:** 49 **G2:** 52 **N at start of 8 week extension trial:** **G1:** 46	Severe retardation: **G1:** 15/46 (33) **G2:** 16/45 (36) **Gender, RCT population, n (%):** Male: **G1:** 39 (80) **G2:** 43 (52) Female: **G1:** 10 (20) **G2:** 9 (17) **Race/ethnicity, RCT population, n (%):** White: 67 (66) Black: 11 (11) Hispanic: 7 (7) Asian: 8 (8) Other: 8 (8) **SES:** Education of parent or primary caregiver, n (%): High school or less: **G1:** 9 (18) **G2:** 13 (25) Trade school or college: **G1:** 33 (67) **G2:** 31 (60) Advanced degree: **G1:** 7 (14) **G2:** 8 (15) Annual household income, n (%): < $20,000: **G1:** 5/48 (10) **G2:** 8/51 (16) $20,001-$40,000: **G1:** 12/48 (25) **G2:** 16/51 (31) $40,001-$60,000: **G1:** 10/48 (21) **G2:** 7/51 (15) > $60,000: **G1:** 21/48 (44) **G2:** 20/51 (39) **Diagnostic approach:** In Study **Diagnostic tool/method:** Diagnosis corroborated by ADI-R, administered by a clinician with special training and systematic review to ensure reliability	Inappropriate speech: **G1:** 4.8 ± 4.1 **G2:** 6.5 ± 3.6 VABS maladaptive behavior score, mean ± SD:^ Part 1: **G1:** 24.89 ± 6.91 **G2:** 25.22 ± 5.72 Part 2: **G1:** 8.37 ± 2.59 **G2:** 8.29 ± 3.66 Total: **G1:** 33.26 ± 8.38 **G2:** 33.51 ± 8.29 **Adaptive behavior:** VABS score, mean ± SD:‡ Daily living: **G1:** 40.8 ± 21.0 **G2:** 34.0 ± 15.6 **Medical:** CYBOCS score, mean ± SD:^ **G1:** 15.51 ± 2.73 **G2:** 15.18 ± 3.88 BMI, CDC standard score, mean ± SD: **G1:** 0.4 ± 1.4 **G2:** 0.7 ± 1.3 SARS score, mean ± SD: **G1:** 0.27 ± 0.70 **G2:** 0.54 ± 1.60 AIMS score, mean ± SD: **G1:** 0.36 ± 0.99 **G2:** 0.23 ± 1.02 Sleep time, mean hours/day: **G1:** 9.66 **G2:** 9.42 Serum prolactin, mean ng/mL ± SD:ª **G1:** 9.3 ± 7.5 (n=42) **G2:** 9.3 ± 7.6 (n=36) **Motor skills:** Purdue pegboard, mean ± SD:§	Post-extension phase: **G1:** 0.00 ± 0.42 VABS socialization, standard score, post-extension phase, mean change ± SD:º **G1:** 1.83 ± 9.64 (n=48) **G1/BL:** *P* = NS (ES = 0.14) **Communication/ language:** RLRS language score, mean ± SD:^ Post-RCT: **G1:** 0.03 ± 0.29 **G2:** 0.34 ± 0.41 **G1/G2:** *P* = NS (ES = 0.81) Post-extension phase: **G1:** 0.10 ± 0.36 VABS communication, standard score, post-extension phase, mean change ± SD:º **G1:** 1.63 ± 8.91 (n=48) **G1/BL:** *P* = NS (ES = 0.11) **Repetitive behavior:** ABC stereotypy score, mean ± SD: Post-RCT:‡ **G1:** 5.8 ± 4.6 **G2:** 7.3 ± 4.8 **G1/G2:** *P* < 0.001 (ES = 0.8) (ES = 1.2)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued) **Design:** Randomized trial with open label continuation phase		**Diagnostic category:** See inclusion criteria CGI-S, RCT population, n (%) Moderate: **G1:** 9/49 (18) **G2:** 9/49 (18) Marked: **G1:** 27/49 (55) **G2:** 28/49 (57) Severe: **G1:** 12/49 (24) **G2:** 12/49 (24) Extreme: **G1:** 1/49 (2) **G2:** 0 **Other characteristics, n (%):** Educational placement of child, RCT population: Regular class: **G1:** 5/47 (11) **G2:** 3/50 (6) Special education program: **G1:** 42/47 (89) **G2:** 46/50 (92) Residential school: **G1:** 0 **G2:** 1/50 (2) Current anticonvulsant treatment, RCT population: **G1:** 2/49 (4) **G2:** 2/49 (4) Previous medication, RCT population: None: **G1:** 8/41 (20) **G2:** 10/35 (29) Antipsychotic agent: **G1:** 4/41 (10) **G2:** 1/35 (3) SSRI: **G1:** 6/41 (15) **G2:** 10/35 (29) Stimulant: **G1:** 14/41 (34) **G2:** 7/35 (20) Alpha-2 adrenergic agonist: **G1:** 9/41 (22) **G2:** 7/35 (20) Child living at home with at least 1 parent, RCT population: 92 (91)	Dominant hand insert: **G1:** 32.76 ± 17.4 (n=17) **G2:** 24.08 ± 10.5 (n=13) Nondominant hand insert: **G1:** 26.82 ± 18.4 (n=17) **G2:** 22.38 ± 9.9 (n=13) Dominant hand drops: **G1:** 2.35 ± 1.9 (n=17) **G2:** 2.77 ± 2.4 (n=13) Nondominant hand drops: **G1:** 3.24 ± 3.0 (n=17) **G2:** 2.31 ± 2.4 (n=13) Both hands inserts: **G1:** 59.59 ± 35.3 (n=17) **G2:** 46.46 ± 19.5 (n=13) Both hands drops: **G1:** 5.59 ± 4.0 (n=17) **G2:** 5.08 ± 4.3 (n=13) **Sensory:** RLRS score, mean ± SD:^ Sensory motor behaviors: **G1:** 1.00 ± 0.52 **G2:** 0.93 ± 0.58 Sensory responses: **G1:** 1.13 ± 0.53 **G2:** 1.21 ± 0.53	**Problem behavior:** ABC irritability score, post-RCT, mean ± SD:‡ **G1:** 11.3 ± 7.4 **G2:** 21.9 ± 9.5 **G1/G2:** *P* < 0.001 ABC lethargy/ social withdrawal score, mean ± SD: Post-RCT:‡ **G1:** 8.9 ± 6.4 **G2:** 12.0 ± 8.3 **G1/G2:** *P* = 0.03 (ES = 0.4) ABC hyperactivity score, mean ± SD: Post-RCT:‡ **G1:** 17.0 ± 9.7 **G2:** 27.6 ± 10.6 **G1/G2:** *P* < 0.001 (ES = 1.0) ABC inappropriate speech score, mean ± SD: Post-RCT:‡ **G1:** 3.0 ± 3.1 **G2:** 5.9 ± 3.8 **G1/G2:** *P* = 0.03 (ES = 0.3) VABS maladap-tive behavior score, part 1, mean ± SD:^ Post-RCT: **G1:** 14.89 ± 5.93 **G2:** 22.97 ± 5.99 **G1/G2:** *P* < 0.001 (ES = 1.17) Post-extension phase: **G1:** 16.55 ± 6.87 VABS maladap-tive behavior score, part 2, mean ± SD:^ Post-RCT: **G1:** 5.45 ± 3.25 **G2:** 7.30 ± 3.45 **G1/G2:** *P* = 0.02 (ES = 0.49)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)			**Educational/ cognitive/ academic attainment:** Cancellation task, mean ± SD:§ Correct detections: **G1:** 126.75 ± 46.9 (n=12) **G2:** 110.71 ± 56.3 (n=7) Commissions: **G1:** 6.50 ± 22.2 (n=12) **G2:** 2.29 ± 4.3 (n=7) Omissions: **G1:** 11.75 ± 22.6 (n=12) **G2:** 19.00 ± 20.3 (n=7) Analogue classroom task, mean ± SD:§ Number attempted: **G1:** 22.88 ± 14.7 (n=8) **G2:** 31.63 ± 11.0 (n=8) Number correct: **G1:** 19.25 ± 11.4 (n=8) **G2:** 24.50 ± 10.5 (n=8) Verbal learning task, mean ± SD:§ Immediate recall: **G1:** 28.50 ± 11.9 (n=12) **G2:** 25.00 ± 8.8 (n=8) Delayed recall: **G1:** 6.20 ± 4.6 (n=12) **G2:** 4.67 ± 2.9 (n=8) Recognition: **G1:** 77.87 ± 19.1 (n=12) **G2:** 81.00 ± 11.6 (n=8)	Post-extension phase: **G1:** 5.04 ± 3.20 VABS maladaptive behavior total score, mean ± SD:^ Post-RCT: **G1:** 20.34 ± 7.93 **G2:** 30.27 ± 8.87 **G1/G2:** *P* < 0.001 (ES = 1.03) Post-extension phase: **G1:** 21.60 ± 9.50 Target symptom ratings (lower scores better) post-RCT, mean ± SD:† **G1:** 2.8 ± 1.16 (n=44) **G2:** 4.5 ± 1.28 (n=43) **G1/G2:** *P* < 0.001 (ES = 1.39) **Adaptive behavior:** VABS standard score, post-extension phase, mean change ± SD:º Composite: **G1:** -0.29 ± 12.53 (n=48) **G1/BL:** *P* = NS (ES = -0.02) Daily living skills: **G1:** 0.96 ± 10.35 (n=48) **G1/BL:** *P* = NS (ES = 0.06) **Medical:** CYBOCS score, post-RCT, mean ± SD:^ **G1:** 11.65 ± 4.02 **G2:** 14.21 ± 4.81 **G1/G2:** *P* = 0.005 (ES = 0.55)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)			Dot test, mean ± SD:§ Average distance: **G1:** 2.40 ± 1.0 (n=4) **G2:** 3.52 ± 1.8 (n=4) Average distance-delay: **G1:** 7.19 ± 2.34 (n=4) **G2:** 4.95 ± 2.2 (n=4) Difference: **G1:** 4.79 ± 2.0 (n=4) **G2:** 1.43 ± 1.5 (n=4) **Harms:** Potential harms, %: Difficulty falling asleep: **G1:** 32.7 **G2:** 50.0 Tired during day: **G1:** 14.3 **G2:** 23.1 Enuresis: **G1:** 40.8 **G2:** 32.7 Anxiety: **G1:** 20.4 **G2:** 32.7 Rhinitis: **G1:** 12.2 **G2:** 17.3 Excessive appetite: **G1:** 12.2 **G2:** 11.5 Coughing: **G1:** 8.2 **G2:** 19.2 Dry mouth: **G1:** 12.2 **G2:** 11.5 Nausea/vomiting: **G1:** 4.1 **G2:** 5.8 Diarrhea: **G1:** 8.2 **G2:** 9.6 Difficulty waking: **G1:** 14.3 **G2:** 19.2	Weight increase, post-RCT, mean kg ± SD:‡ **G1:** 2.7 ± 2.9 **G2:** 0.8 ± 2.2 **G1/G2:** *P* < 0.001 Weight increase, extension phase, mean kg ± SD (range):¥ **G1:** 5.6 ± 3.9 (-4.0 -15.3) BMI, CDC standard score, post-RCT, mean ± SD: **G1:** 1.0 ± 1.2 **G2:** 0.8 ± 1.3 **G1/G2:** *P* < 0.001 BMI increase, extension phase, mean kg/m^2 ± SD:¥ **G1:** 2.0 ± 1.9 SARS score, post-RCT, mean ± SD: **G1:** 0.52 ± 1.33 **G2:** 0.69 ± 2.48 **G1/G2:** *P* = NS SARS score, maximum value during extension ± SD: **G1:** 0.71 ± 2.67 AIMS score, post-RCT, mean ± SD: **G1:** 0.17 ± 0.57 **G2:** 0.22 ± 0.73 **G1/G2:** *P* = NS AIMS score, maximum values during extension ± SD: **G1:** 0.11 ± 0.50 Sleep time, mean hours/day, RCT phase: **G1:** 10.33 **G2:** 9.70 **G1/G2:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007[a] Aman et al., 2008§ Martin et al., 2004¥ (continued)			Constipation: **G1:** 16.3 **G2:** 11.5 Skin rash: **G1:** 8.2 **G2:** 7.7 Headaches: **G1:** 10.2 **G2:** 5.8 Dyspepsia: **G1:** 0 **G2:** 1.9 Excessive saliva: **G1:** 4.1 **G2:** 7.7 Dizziness/loss of balance: **G1:** 0 **G2:** 1.9 Tachycardia: **G1:** 2.0 **G2:** 1.9 Muscles appear stuck: **G1:** 0 **G2:** 5.8 Tongue movements: **G1:** 4.1 **G2:** 3.8	Serum prolactin, post-RCT, mean ng/mL ± SD:[a] **G1:** 39.0 ± 19.2 **G2:** 10.1 ± 8.8 **G1/G2:** *P* < 0.0001 Serum prolactin, 6 months, mean ng/mL ± SD:[a] **G1:** 32.4 ± 17.8 (n=43) **G1/BL:** *P* < 0.0001 **G1/PE:** *P* = 0.009 Serum prolactin, 22 ± 2 months, mean ng/mL ± SD:[a] **G1:** 25.3 ± 15.6 (n=30) **G1/BL:** *P* < 0.0001 **Motor skills:** Purdue pegboard, post-RCT, mean ± SD:§ Dominant hand insert: **G1:** 34.59 ± 16.0 (n=17) **G2:** 28.38 ± 13.9 (n=13) ANOVA: time ($P \leq 0.05$) Nondominant hand insert: **G1:** 29.53 ± 14.7 (n=17) **G2:** 24.23 ± 10.3 (n=13) Dominant hand drops: **G1:** 4.00 ± 3.4 (n=17) **G2:** 3.00 ± 2.6 (n=13)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)				Nondominant hand drops: **G1:** 4.00 ± 3.00 (n=17) **G2:** 3.54 ± 2.9 (n=13) Both hands inserts: **G1:** 64.12 ± 30.0 (n=17) **G2:** 52.62 ± 23.2 (n=13) Both hands drops: **G1:** 8.00 ± 5.5 (n=17) **G2:** 6.54 ± 4.9 (n=13) **Sensory:** RLRS-sensory motor behaviors mean ± SD:^ Post-RCT: **G1:** 0.59 ± 0.42 **G2:** 0.91 ± 0.60 **G1/G2:** *P* = 0.002 (ES = 0.45) Post-extension phase: **G1:** 0.60 ± 0.49 RLRS sensory responses score, mean ± SD:^ Post-RCT: **G1:** 0.60 ± 0.38 **G2:** 1.07 ± 0.54 **G1/G2:** *P* = 0.004 (ES = 0.77) Post-extension phase: **G1:** 0.45 ± 0.37

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)				**Educational/ cognitive/ academic attainment:** Cancellation task, post-RCT, mean ± SD:§ Correct detections: **G1:** 138.50 ± 59.7 (n=12) **G2:** 95.29 ± 59.7 (n=7) ANOVA: drug x time ($P \leq 0.05$) Commissions: **G1:** 0.08 ± 0.3 (n=12) **G2:** 4.09 ± 9.7 (n=7) Omissions: **G1:** 10.00 ± 19.3 (n=12) **G2:** 27.75 ± 33.8 (n=7) Analogue classroom task, post-RCT, mean ± SD:§ Number attempted: **G1:** 24.50 ± 5.8 (n=8) **G2:** 32.50 ± 15.7 (n=8) Number correct: **G1:** 20.50 ± 6.6 (n=8) **G2:** 26.63 ± 18.0 (n=8)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)				Verbal learning task, post-RCT, mean ± SD:§ Immediate recall: **G1:** 31.92 ± 11.6 (n=12) **G2:** 29.88 ± 8.9 (n=8) ANOVA: time ($P \leq 0.01$) Delayed recall: **G1:** 7.40 ± 2.7 (n=12) **G2:** 4.83 ± 2.9 (n=8) Recognition: **G1:** 83.17 ± 15.4 (n=12) **G2:** 81.00 ± 11.6 (n=8) ANOVA: drug x time ($P \leq 0.05$) Dot test, post-RCT, mean ± SD:§ Average distance: **G1:** 2.57 ± 1.3 (n=4) **G2:** 2.90 ± 1.3 (n=4) Average distance-delay: **G1:** 5.08 ± 2.4 (n=4) **G2:** 5.27 ± 2.6 (n=4) Difference: **G1:** 2.52 ± 2.0 (n=4) **G2:** 2.38 ± 2.9 (n=4) ANOVA: drug x time ($P \leq 0.05$) **Harms:** AEs during RCT, n (%):‡ Mild increased appetite: **G1:** 24/49 (49) **G2:** 13/51 (25) **G1/G2:** $P = 0.03$

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)				Moderate increased appetite: **G1:** 12/49 (24) **G2:** 2/51 (4) **G1/G2:** *P* = 0.01 Nasal congestion: **G1:** 25/49 (51) **G2:** 20/51 (39) **G1/G2:** *P* = 0.32 Fatigue: **G1:** 29/49 (59) **G2:** 14/51 (27) **G1/G2:** *P* = 0.003 Enuresis: **G1:** 15/49 (31) **G2:** 15/51 (29) **G1/G2:** *P* = 0.93 Drowsiness: **G1:** 24/49 (49) **G2:** 6/51 (12) **G1/G2:** *P* < 0.001 Vomiting: **G1:** 16/49 (33) **G2:** 12/51 (24) **G1/G2:** *P* = 0.24 Insomnia: **G1:** 7/49 (14) **G2:** 15/51 (29) **G1/G2:** *P* = 0.11 Anxiety: **G1:** 12/49 (24) **G2:** 10/51 (20) **G1/G2:** *P* = 0.73 Diarrhea: **G1:** 9/49 (18) **G2:** 11/51 (22) **G1/G2:** *P* = 0.88 Constipation: **G1:** 14/49 (29) **G2:** 6/51 (12) **G1/G2:** *P* = 0.06 Sleep problems: **G1:** 11/49 (22) **G2:** 9/51 (18) **G1/G2:** *P* = 0.73 Skin irritation: **G1:** 11/49 (22) **G2:** 7/51 (14) **G1/G2:** *P* = 0.38

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)				Drooling: **G1:** 13/49 (27) **G2:** 3/51 (6) **G1/G2:** *P* = 0.02 Headache: **G1:** 9/49 (18) **G2:** 6/51 (12) **G1/G2:** *P* = 0.52 Stomachache: **G1:** 5/49 (10) **G2:** 9/51 (18) **G1/G2:** *P* = 0.43 Dry mouth: **G1:** 9/49 (18) **G2:** 5/51 (10) **G1/G2:** *P* = 0.34 Increased thirst: **G1:** 6/49 (12) **G2:** 5/51 (10) **G1/G2:** *P* = 0.94 Dizziness: **G1:** 8/49 (16) **G2:** 2/51 (4) **G1/G2:** *P* = 0.05 Dyskinesia: **G1:** 6/49 (12) **G2:** 3/51 (6) Nausea: **G1:** 4/49 (8) **G2:** 5/51 (10) **G1/G2:** *P* = 0.95 Decreased appetite: **G1:** 3/49 (6) **G2:** 5/51 (10) **G1/G2:** *P* = 0.76 Tremor: **G1:** 7/49 (14) **G2:** 1/51 (2) **G1/G2:** *P* = 0.06 Tachycardia: **G1:** 6/49 (12) **G2:** 1/51 (2) **G1/G2:** *P* = 0.06 Upper respiratory tract infection: **G1:** 5/49 (10) **G2:** 2/51 (4) **G1/G2:** *P* = 0.40

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)				Earache: **G1:** 2/49 (4) **G2:** 4/51 (8) **G1/G2:** *P* = 0.71 Muscle rigidity: **G1:** 5/49 (10) **G2:** 1/51 (2) Sore throat: **G1:** 5/49 (10) **G2:** 1/51 (2) **G1/G2:** *P* = 0.11 Restlessness: **G1:** 3/49 (6) **G2:** 3/51 (6) **G1/G2:** *P* = 0.71 Elevated serum glutamic-oxaloacetic transaminase level: **G1:** 1 **G2:** 1 Elevated serum glutamic-pyruvic transaminase level: **G1:** 0 **G2:** 1 Nonspecific, clinically insignificant changes in cardiac conduction: **G1:** 0 **G2:** 1 Fever in association with documented time-limited illness, n: **G1:** 8 **G2:** 10 Withdrew due to AEs, RCT study: **G1:** 0 **G2:** 0

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)				AEs during RCT, % (overall symptom *P*-values): Difficulty falling asleep: Mild: **G1:** 24.5 **G2:** 30.8 Moderate/severe: **G1:** 22.4 **G2:** 34.6 **G1/G2:** *P* = 0.02 Tired during day Mild: **G1:** 57.1 **G2:** 42.3 Moderate/severe: **G1:** 36.8 **G2:** 11.5 **G1/G2:** *P* < 0.0001 Enuresis: Mild: **G1:** 32.7 **G2:** 19.2 Moderate/severe: **G1:** 32.7 **G2:** 28.8 **G1/G2:** *P* = 0.11 Anxiety: Mild: **G1:** 18.1 **G2:** 14.2 Moderate/severe: **G1:** 32.7 **G2:** 15.4 **G1/G2:** *P* = 0.05 Rhinitis: Mild: **G1:** 38.8 **G2:** 36.5 Moderate/severe: **G1:** 16.3 **G2:** 7.7 **G1/G2:** *P* = NS Excessive appetite: Mild: **G1:** 49.0 **G2:** 28.8

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)				Moderate/severe: **G1:** 32.6 **G2:** 9.6 **G1/G2:** *P* < 0.0001 Coughing: Mild: **G1:** 40.8 **G2:** 21.2 Moderate/severe: **G1:** 6.1 **G2:** 15.4 **G1/G2:** *P* = NS Dry mouth: Mild: **G1:** 40.8 **G2:** 26.9 Moderate/severe: **G1:** 2.0 **G2:** 1.9 **G1/G2:** *P* = 0.15 Nausea/vomiting: Mild: **G1:** 36.7 **G2:** 23.1 Moderate/severe: **G1:** 4.0 **G2:** 5.8 **G1/G2:** *P* = 0.20 Diarrhea: Mild: **G1:** 26.5 **G2:** 19.2 Moderate/severe: **G1:** 4.1 **G2:** 9.6 **G1/G2:** *P* = NS Difficulty waking: Mild: **G1:** 34.7 **G2:** 19.2 Moderate/severe: **G1:** 12.2 **G2:** 7.7 **G1/G2:** *P* = 0.05 Constipation: Mild: **G1:** 28.6 **G2:** 13.5 Moderate/severe: **G1:** 10.2 **G2:** 11.5 **G1/G2:** *P* = 0.14

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)				Skin rash: Mild: **G1:** 24.5 **G2:** 15.4 Moderate/severe: **G1:** 2.0 **G2:** 1.9 **G1/G2:** *P* = NS Headaches: Mild: **G1:** 18.4 **G2:** 11.5 Moderate/severe: **G1:** 4.1 **G2:** 5.8 **G1/G2:** *P* = NS Dyspepsia: Mild: **G1:** 10.2 **G2:** 11.5 Moderate/severe: **G1:** 0 **G2:** 5.8 **G1/G2:** *P* = 0.19 Excessive saliva: Mild: **G1:** 24.5 **G2:** 9.6 Moderate/severe: **G1:** 4.0 **G2:** 1.9 **G1/G2:** *P* = 0.04 Dizziness/loss of balance: Mild: **G1:** 16.3 **G2:** 7.7 Moderate/severe: **G1:** 6.1 **G2:** 0 **G1/G2:** *P* = 0.04 Tachycardia: Mild: **G1:** 6.1 **G2:** 7.7 Moderate/severe: **G1:** 2.0 **G2:** 0 **G1/G2:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)				Muscles appear stuck: Mild: **G1:** 4.1 **G2:** 3.8 Moderate/severe: **G1:** 4.1 **G2:** 1.9 **G1/G2:** *P* = NS Tongue movements: Mild: **G1:** 6.1 **G2:** 3.8 Moderate/severe: **G1:** 4.0 **G2:** 0 **G1/G2:** *P* = NS AEs, 8 week open label trial, %: Difficulty falling asleep: Mild: **G1:** 54.1 Moderate/severe: **G1:** 10.8 Tired during day Mild: **G1:** 83.8 Moderate/severe: **G1:** 2.7 Enuresis: Mild: **G1:** 43.2 Anxiety: Mild: **G1:** 35.1 Moderate/severe: **G1:** 2.7 Rhinitis: Mild: **G1:** 45.9 Excessive appetite: Mild: **G1:** 73.0 Coughing: Mild: **G1:** 35.1 Dry mouth: Mild: **G1:** 37.8

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)				Nausea/vomiting: Mild: **G1:** 27.0 Diarrhea: Mild: **G1:** 32.4 Difficulty waking: Mild: **G1:** 54.1 Moderate/severe: **G1:** 10.8 Constipation: Mild: **G1:** 18.9 Moderate/severe: **G1:** 2.7 Skin rash: Mild: **G1:** 18.9 Headaches: Mild: **G1:** 13.5 Moderate/severe: **G1:** 2.7 Dyspepsia: Mild: **G1:** 8.1 Excessive saliva: Mild: **G1:** 35.1 Dizziness/loss of balance: Mild: **G1:** 13.5 Moderate/severe: **G1:** 2.7 Tachycardia: Mild: **G1:** 10.8 Muscles appear stuck: Mild: **G1:** 5.4 Moderate/severe: **G1:** 2.7 Tongue movements: Mild: **G1:** 2.7

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)				AEs, pre-extension phase, %: Excessive appetite: **G1:** 54.0 Enuresis: **G1:** 41.3 Tired during day: **G1:** 22.2 Dry mouth: **G1:** 20.6 Coughing: **G1:** 19.0 Anxiety: **G1:** 19.0 Rhinitis: **G1:** 15.9 Excess saliva: **G1:** 12.7 Nausea/vomiting: **G1:** 6.3 Difficulty falling asleep: **G1:** 6.3 Gynecomastia: **G1:** 3.2 Difficulty waking: **G1:** 4.8 Diarrhea: **G1:** 6.3 Constipation: **G1:** 6.3 Skin rash: **G1:** 1.6 Muscles “stuck”: **G1:** 3.2 AEs, extension phase, month 4, %: Excessive appetite: **G1:** 49.1 Enuresis: **G1:** 35.1 Tired during day: **G1:** 21.1

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aman et al., 2005 McDougle et al., 2005^ Arnold et al., 2003† RUPP, 2002‡ Williams et al, 2006º Anderson et al., 2007ª Aman et al., 2008§ Martin et al., 2004¥ (continued)				Dry mouth: **G1:** 15.8 Coughing: **G1:** 12.3 Anxiety: **G1:** 14.0 Rhinitis: **G1:** 15.8 Excess saliva: **G1:** 15.8 Nausea/vomiting: **G1:** 10.5 Difficulty falling asleep: **G1:** 10.5 Gynecomastia: **G1:** 7.0 Difficulty waking: **G1:** 5.3 Diarrhea: **G1:** 3.5 Constipation: **G1:** 3.5 Skin rash: **G1:** 8.8 Muscles “stuck”: **G1:** 3.5 Withdrew due to AEs, extension phase: **G1:** 1 (constipation) **Modifiers:** No clinical complaints or physical findings associated with changes in prolactin; no significant effects of DRD2 poly-morphisms on changes in serum prolactin from baseline to end of RCTª

Comments:

* 30 from the RCT risperidone group, 30 from the placebo non-responders, and 3 who did not meet open label response criteria but were still included in phase.

** Gains in risperidone group maintained for 6 month extension phase in 23 of 34 children (68%) with positive responses during RCT. Of the other 11 responders, 4 did not enter extension phase. 2 children's parents decided to seek other treatment in addition to risperidone, 4 were withdrawn because treatment was no longer effective, and 1 was withdrawn due to an unrelated medical problem.‡

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Anan et al., 2008 **Country:** US **Practice setting:** Private practice **Intervention setting:** Clinic and home **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: NR **Design:** Prospective case series	**Intervention:** Group Intensive Family Training (GIFT); 12 hour didactic weekend followed by a 12 week (180 hour, 3 hours each weekday) of parent training in EIBI **Groups:** **G1:** intervention group **Assessments:** Prior to treatment, skill strengths and deficits were evaluated; informal preference assessments conducted to identify effective reinforcers for acquisition of new skills; problem behaviors MSEL, VABS **Provider:** Parents trained by a board-certified behavior analyst and 4 staff members with experience implementing behavior analytic training **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 81 **N at follow-up:** **G1:** 72	**Inclusion criteria:** • Children diagnosed with ASD using the DSM-IV criteria by experienced physicians and/or clinical psychologists in the community • Significant impairment relative to chronological age (e.g., score on measures of cognitive and/or adaptive functioning more than 2 SD below the mean) **Exclusion criteria:** • See inclusion criteria **Age, months ± SD (range):** 44 ± 12.6 (25-68) **Mental age:** NR **Gender, %:** Male: 84.7 Female: 15.3 **Race/ethnicity:** NR **SES:** Parent/caregiver years of post-high school education, mean: 3 Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** DSMIV clinical interview **Diagnostic category, n (%):** Autism: 72 (100) **Other characteristics:** NR	**Overall ratings:** MSEL composite score, mean ± SD: **G1:** 51.69 ± 6.27 MSEL visual reception score, mean ± SD: **G1:** 60.10 ± 11.84 VABS composite score, mean ± SD: **G1:** 53.11 ± 7.39 **Social skills:** VABS socialization: score, mean ± SD: **G1:** 56.17 ± 5.29 **Communication/ language:** MSEL receptive language score, mean ± SD: **G1:** 56.58 ± 5.62 MSEL expressive language score, mean ± SD: **G1:** 56.31 ± 5.24 VABS communication score, mean ± SD: **G1:** 54.61 ± 8.35 **Adaptive behavior:** VABS daily living skills score, mean ± SD: **G1:** 57.59 ± 7.96 **Motor skills:** MSEL fine motor score, mean ± SD: **G1:** 57.35 ± 7.59 VABS motor skills score, mean ± SD: **G1:** 62.74 ± 13.50 **Educational/ cognitive/ academic attainment:** MSEL developmental age, months ± SD: Composite: **G1:** 16.99 ± 5.64	**Overall ratings:** MSEL composite score, mean ± SD: **G1:** 59.65 ± 16.58 **G1/BL:** $P < 0.001$ MSEL composite score ≥ 70, n (%): **G1:** 10 (14) MSEL visual reception score, mean ± SD: **G1:** 70.99 ± 23.00 **G1/BL:** $P < 0.001$ VABS composite score, mean ± SD: **G1:** 58.27 ± 9.59 **G1/BL:** $P < 0.001$ VABS composite score ≥ 70, n (%): **G1:** 8 (11) **Social skills:** VABS socialization: score, mean ± SD: **G1:** 61.54 ± 8.39 **G1/BL:** $P < 0.001$ **Communication/ language:** MSEL receptive language score, mean ± SD: **G1:** 63.94 ± 20.86 **G1/BL:** $P < 0.001$ MSEL expressive language score, mean ± SD: **G1:** 63.81 ± 19.40 **G1/BL:** $P < 0.001$ VABS communication score, mean ± SD: **G1:** 60.09 ± 12.19 **G1/BL:** $P < 0.001$ **Adaptive behavior:** VABS daily living skills score, mean ± SD: **G1:** 59.70 ± 8.65 **G1/BL:** $P < 0.01$

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Anan et al., 2008 (continued)			Visual reception: **G1:** 20.90 ± 6.52 Fine motor: **G1:** 21.44 ± 5.30 Receptive language: **G1:** 13.39 ± 7.17 Expressive language: **G1:** 12.21 ± 7.12 VABS developmental age, months ± SD: Composite: **G1:** 15.91 ± 3.60 Communication: **G1:** 11.90 ± 4.71 Socialization: **G1:** 10.30 ± 2.56 Daily living skills: **G1:** 17.86 ± 3.96 Motor skills: **G1:** 23.57 ± 6.20	**Motor skills:** MSEL fine motor score, mean ± SD: **G1:** 65.29 ± 18.97 **G1/BL:** *P* < 0.001 VABS motor skills score, mean ± SD: **G1:** 70.06 ± 16.20 **G1/BL:** *P* < 0.001 **Educational/ cognitive/ academic attainment:** MSEL developmental age, months ± SD: Composite: **G1:** 25.20 ± 7.93 Visual reception: **G1:** 29.51 ± 7.61 Fine motor: **G1:** 28.46 ± 8.81 Receptive language: **G1:** 21.85 ± 10.22 Expressive language: **G1:** 21.00 ± 10.36 VABS developmental age, months ± SD: Composite: **G1:** 21.65 ± 5.71 Communication: **G1:** 17.87 ± 6.37 Socialization: **G1:** 15.75 ± 4.83 Daily living skills: **G1:** 21.68 ± 5.67 Motor skills: **G1:** 30.99 ± 9.41 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Andersen et al., 2008 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** None **Design:** Retrospective case series	**Intervention:** Melatonin given 30 minutes to one hour before bedtime Children under 6 started on 0.75-1 mg and increased by 1 mg every 2 weeks up to 3 mg if no response at lower dose Children 6 and older started on 1.5 mg and increased to 3 mg after 2 weeks if no response All children who did not show a response after 4 weeks were increased to 6 mg Sleep hygiene techniques were suggested with start of melatonin **Assessments:** Parent report in medical chart; children were from a single pediatrician's practice (specializing in ASD) **Groups:** **G1:** melatonin (dose range: 0.75-6.0 mg) **Measure of treatment fidelity reported:** Parental compliance with sleep hygiene techniques documented in 65 (58%) children **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** 2-6 month intervals for an average of 1.8 ± 1.4 years after initiating melatonin (18 children had only 1 documented follow-up visit after initiation of melatonin)	**Inclusion criteria:** • Clinical diagnosis of ASD based on DSM-IV criteria • Confirmed use of supplemental melatonin for sleep concerns based on medication records at follow-up clinical visits **Exclusion criteria:** • Comorbid childhood bipolar disorder **Age, years (range):** NR (2-18) **Mental age:** NR **Gender, %:** Male: 80 Female: 20 **Race/ethnicity, %:** Caucasian: 60 African American: 6 Race unknown: 34 **SES:** Maternal education: NR Household income: NR **Diagnostic approach:**NR Diagnostic tool/method: Chart review, based on DSM-IV criteria **Diagnostic category, %:** Autistic disorder: 71 PDD-NOS: 19 Aspergers: 5 **Other characteristics, n (%)**: Epileptic seizures: 21 (20) Refractory epilepsy: 4 (4) Comorbid psychiatric diagnoses, including ADHD, OCD, depression, ODD, anxiety: 31 (29) Mean age at onset of sleep problems, years ± SD: 6.7 ± 3.8 Mean age at start of melatonin, years ± SD: 8 ± 3.9	**Overall ratings:** Sleep complaints, %: Sleep-onset insomnia only: 23 Sleep-maintenance insomnia only: 8 Both sleep-onset and sleep-maintenance insomnia: 68 Early awakening: 1 Medication-free at baseline, n (%):* 45 (42)	**Overall ratings:** Quality of sleep, n (%): No longer reported sleep concerns: 27 (25) Improved sleep, but still some concerns in follow-up visits: 64 (60)** Sleep still a major concern: 14 (13) Worse sleep after melatonin: 1 (1) Undetermined response: 1 (1) **Harms:** Morning sleepiness, fogginess, increased enuresis, n: 3 **Modifiers:** No significant difference in melatonin response between medication-free before taking melatonin vs. prescribed psychotropic medication.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Andersen et al., 2008 (continued)	**Concomitant therapies, n (%):** Any psychotropic medication use: 96 (90) Antidepressants: 60 (56) Antipsychotics: 68 (64) Sedative/hypnotics: 50 (45) Antiepileptics: 36 (34) Stimulants: 46 (43) **N at enrollment:** **G1:** 107 **N at follow-up:** G1: 107			

Comments:

* 34 of these 45 children started psychotropic medication within 2-6 months after initiation of melatonin.

** 7 initially reported improvement, but sleep problems returned after 3-12 months

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Beaumont et al., 2008 **Country:** Australia **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: 1 of 2 The Junior Detective Training Program (future royalties) **Design:** RCT	**Intervention:** The Junior Detective Training Program: group social skills training, parent training, teacher handouts and a computer game 2 hour training sessions for 7 consecutive weeks: • Sessions 1 & 2: 1 hour training, 1 hour group therapy and parent training • Sessions 3 & 4: 45 min training, 75 min group therapy and parent training • Sessions 5 & 6: little group therapy and parent training • Session 7: 1 hour group therapy, 1 hour re-assessment **Provider:** • Chief investigator • Two intern therapists enrolled in post-graduate clinical psychology and counseling degrees **Assessments:** Developmental history questionnaire; CAST; SSQ parent and teacher forms; ERSSQ; WISC-III short-form; Assessment of Perception of Emotion from Facial Expression (Spence, 1995b); Assessment of Perception of Emotion from Posture Cues (Spence, 1995c); James and the Maths Test (Attwood, 2004a); Dylan is Being Teased (Attwood, 2004b) **Groups:** **G1:** new treatment **G2:** wait-list **Measure of treatment fidelity reported:** Yes	**Inclusion criteria:** • AS diagnosis confirmed by pediatrician • WISC-III pro-rated IQ score of ≥ 85 • Age 7.5-11 years at intake **Exclusion criteria:** • See inclusion criteria **Age: years ± SD (range):** **G1:** 9.64 ± 1.21 (7.5-11.7) **G2:** 9.81 ± 1.26 (8.1-11.7) **Mental age:** WISC-III IQ, mean ± SD (range): **G1:** 107.15 ± 11.94 (85-130) **G2:** 107.43 ± 14.21 (85-138) Gender, n: Male: **G1:** 23 **G2:** 21 Female: **G1:** 3 **G2:** 2 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** AS diagnosis confirmed by pediatrician; parents completed questionnaire including diagnostic items and CAST **Diagnostic category, n (%):** Asperger Syndrome: 49 (100) **Other characteristics:** CAST score, mean ± SD (range): **G1:** 21.63 ± 3.51 (17-29) **G2:** 21.61 ± 2.78 (17-26)	**Social Skills:** SSQ score, parent rated, mean ± SD (range): **G1:** 25.30 ± 7.43 (12-41.50) **G2:** 23.16 ± 9.05 (7-44) SSQ score, parent rated, follow-up group, mean ± SD (range): **G1:** 25.30 ± 7.43 (12-41.50) **G2:** 25.09 ± 7.34 (7-42)* ERSSQ score, mean ± SD (range): **G1:** 39.78 ± 10.17 (23-64) **G2:** 39.64 ± 12.52 (17-64) ERSSQ score, follow-up group, mean ± SD (range): **G1:** 39.78 ± 10.17 (23-64) **G2:** 39.96 ± 10.27 (12-64)* **Emotion Recognition:** Assessment of Perception of Emotion score, mean ± SD (range): Facial expression: **G1:** 17.44 ± 2.67 (12-24) **G2:** 18.30 ± 2.46 (13-22) Body posture: **G1:** 20.48 ± 3.15 (14-24) **G2:** 20.96 ± 2.44 (16-24)	**Social skills:** SSQ score, parent rated, mean ± SD (range): **G1:** 38.08 ± 9.84 (15-55) **G2:** 25.11 ± 7.91 (7-42) **G1/BL:** $P < 0.001$ **G2/BL:** P = NS **G1/G2:** $P < 0.05$ SSQ score, parent rated, follow-up group, mean ± SD (range): Post-treatment: **G1:** 38.08 ± 9.84 (15-55) **G2:** 41.50 ± 8.55 (29-58)* **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.001$ 6 weeks: **G1:** 43.24 ± 8.81 (24-58) **G2:** 39.96 ± 9.46 (22-59)* **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.001$ 5 months: **G1:** 40.64 ± 12.85 (13-60) **G2:** 41.17 ± 8.48 (28-58)* **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.001$ ERSSQ score, mean ± SD (range): **G1:** 57.38 ± 13.40 (32-80) **G2:** 40.14 ± 10.69 (12-64) **G1/BL:** $P < 0.001$ **G2/BL:** P = NS **G1/G2:** $P < 0.05$

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Beaumont et al., 2008 (continued)	**Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 26 **G2:** 23 **N at follow-up:** **G1:** 25 **G2:** 21		Assessment of Perception of Emotion score, follow-up group, mean ± SD (range): Facial expression: **G1:** 17.40 ± 2.75 (12-24) **G2:** 19.35 ± 2.82 (15-24)* Body posture: **G1:** 20.44 ± 3.16 (14-24) **G2:** 20.96 ± 2.44 (16-24)* **Emotion Management:** Dylan is Being Teased score, mean ± SD (range): **G1:** 2.93 ± 1.62 (0-6) **G2:** 2.78 ± 1.59 (0-6) Dylan is Being Teased score, follow-up group, mean ± SD (range): **G1:** 3.00 ± 1.55 (0-6) **G2:** 2.39 ± 1.67 (0-6)* James and the Maths Test score, mean ± SD (range): **G1:** 1.70 ± 1.07 (0-4) **G2:** 1.74 ± 1.21 (0-4) James and the Maths Test score, follow-up group, mean ± SD (range): **G1:** 1.76 ± 1.09 (0-4) **G2:** 1.91 ± 0.95 (0-4)*	ERSSQ score, follow-up group, mean ± SD (range): Post-treatment: **G1:** 57.38 ± 13.40 (32-80) **G2:** 61.87 ± 8.91 (47-81)* **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.001$ 6 weeks: **G1:** 64.24 ± 9.27 (45-82) **G2:** 58.61 ± 11.99 (36-83)* **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.001$ 5-months: **G1:** 62.12 ± 12.90 (36-88) **G2:** 61.19 ± 10.96 (46-79)* **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.001$ **Emotion Recognition:** Assessment of Perception of Emotion score, mean ± SD (range): Facial expression: **G1:** 19.92 ± 2.67 (13-24) **G2:** 19.73 ± 2.80 (15-24) ANOVA: time ($P < 0.001$), treatment (P = NS) Body posture: **G1:** 21.81 ± 2.97 (13-24) **G2:** 21.32 ± 2.82 (15-24) ANOVA: time ($P < 0.02$), treatment (P = NS) Assessment of Perception of Emotion score, follow-up group, mean ± SD (range):

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Beaumont et al., 2008 (continued)				Facial expression: Post-treatment: **G1:** 19.88 ± 2.71 (13-24) **G2:** 20.65 ± 2.46 (14-24)* **G1/BL:** *P* < 0.05 **G2/BL:** *P* < 0.05 6 weeks: **G1:** 20.32 ± 4.76 (17-24) **G2:** 21.35 ± 2.31 (16-24)* **G1/BL:** *P* = NS **G2/BL:** *P* = NS Body posture: Post-treatment: **G1:** 21.76 ± 3.02 (13-24) **G2:** 22.57 ± 1.95 (17-24)* **G1/BL:** *P* < 0.05 **G2/BL:** *P* = NS 6 weeks: **G1:** 22.20 ± 2.52 (15-24) **G2:** 22.91 ± 1.98 (17-24)* **G1/BL:** *P* < 0.05 **G2/BL:** *P* = NS **Emotion Management:** Dylan is Being Teased score, mean ± SD (range): **G1:** 5.08 ± 2.23 (2-10) **G2:** 2.64 ± 1.56 (0-7) **G1/BL:** *P* < 0.001 **G2/BL:** *P* = NS **G1/G2:** *P* < 0.05

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Beaumont et al., 2008 (continued)				Dylan is Being Teased score, follow-up group, mean ± SD (range): Post-treatment: **G1:** 5.16 ± 2.23 (2-10) **G2:** 4.04 ± 2.31 (1-10)* **G1/BL:** *P* < 0.05 **G2/BL:** *P* < 0.05 6 weeks: **G1:** 4.36 ± 2.27 (1-9) **G2:** 4.22 ± 2.32 (1-9)* **G1/BL:** *P* = NS **G2/BL:** *P* = NS James and the Maths Test score, mean ± SD (range): **G1:** 3.81 ± 1.58 (1-7) **G2:** 2.00 ± 1.11 (0-4) **G1/BL:** *P* < 0.001 **G2/BL:** *P* = NS **G1/G2:** *P* < 0.05 James and the Maths Test score, follow-up group, mean ± SD (range): Post-treatment: **G1:** 3.92 ± 1.50 (1-7) **G2:** 2.87 ± 1.63 (1-8)* **G1/BL:** *P* < 0.05 **G2/BL:** *P* < 0.05 6 weeks: **G1:** 2.76 ± 1.33 (1-5) **G2:** 3.48 ± 2.02 (1-8)* **G1/BL:** *P* = NS **G2/BL:** *P* < 0.05 **Harms:** NR **Modifiers:** NR

Comments:

* Once the treatment group completed the intervention, the program was offered to the wait-list group, so G2 constitutes another follow-up treatment group.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Ben Itzchak et al., 2008 **Country:** Israel **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Israeli Association for Children with Autism **Author industry relationship disclosures:** NR **Design:** Prospective case series **Note:** See related studies: Ben Itzchak et al., 2007{#538}, Zachor et al., 2007{#5652}, Zachor et al., 2009{#3844} (overlap among these not clear)	**Intervention:** Autism group: center-based early-intervention program for 45 hrs/week Comparison group: center-based setting (cerebral palsy participants); 1-2 weekly developmental treatments (speech, occupational, physical therapy) for 17 children with global developmental delay; information not available on intervention for 2 children **Assessments:** Cognitive ability: BSID-II for preverbal children, SB-FE for verbal children Autism severity: ADI, ADOS Cognitive assessments done for all participants, ADOS for only those with autism; re-examined after 1 year of intervention Head circumference measurements taken by senior child neurologist **Groups:** **G1:** autism **Ga:** normal cognitive score (IQ > 90) **Gb:** borderline cognitive score (70 < IQ < 89) **Gc:** low cognitive score (50 < IQ < 69) **G2:** other developmental disability **Provider:** • Child neurologist and multidisciplinary team at regional child development center (G2) • Not specified (G1) **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR	**Inclusion criteria:** • Children with autism (G1) • Children with developmental disability (G2) **Exclusion criteria:** • See inclusion criteria **Age, months (range):** **G1:** 27.29 (19-35) **G2:** 24.16 (16-31) **Mental age:** NR **Gender, n:** Male: **G1:** 43 **G2:** 23 Female: **G1:** 1 **G2:** 14 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method:** ADI-R and DSM-IV criteria **Diagnostic category, n (%):** Autism: **G1:** 44 (100) **G2:** 0 PDD-NOS: **G1:** 0 **G2:** 0 Aspergers: **G1:** 0 **G2:** 0 Cerebral palsy: **G1:** 0 **G2:** 18 Global developmental delay: **G1:** 0 **G2:** 19 **Other characteristics:** NR	**Social skills:** ADOS social interaction, mean ± SD: **G1a:** 14.42 ± 4.43 **G1b:** 16.18 ± 4.19 **G1c:** 21.79 ± 4.64 ADOS play, mean ± SD: **G1a:** 2.71 ± 1.50 **G1b:** 3.61 ± 1.33 **G1c:** 4.78 ± 0.94 **Communication/ language:** ADOS language and communication, mean ± SD: **G1a:** 9.55 ± 2.64 **G1b:** 12.61 ± 3.22 **G1c:** 13.90 ± 5.11 **Repetitive behavior:** ADOS stereotyped behaviors, mean ± SD: **G1a:** 3.71 ± 2.43 **G1b:** 3.87 ± 1.64 **G1c:** 5.65 ± 1.78 **Educational/ cognitive/ academic attainment:** IQ, mean ± SD: **G1:** 74.84 ± 2.57 **G2:** 71.00 ± 2.81	**Social skills:** ADOS social interaction, mean ± SD: **G1a:** 8.44 ± 5.91 **G1b:** 11.72 ± 6.28 **G1c:** 15.94 ± 5.80 **G1/BL:** $P < 0.001$ ADOS play, mean ± SD: **G1a:** 2.14 ± 1.21 **G1b:** 1.94 ± 1.26 **G1c:** 3.22 ± 1.21 **G1/BL:** $P < 0.001$ **Communication/ language:** ADOS language and communication, mean ± SD: **G1a:** 6.86 ± 3.72 **G1b:** 7.82 ± 3.24 **G1c:** 9.58 ± 4.24 **G1/BL:** $P < 0.001$ **Repetitive behavior:** ADOS stereotyped behaviors, mean ± SD: **G1a:** 2.29 ± 1.11 **G1b:** 3.37 ± 1.75 **G1c:** 4.89 ± 1.91 **G1/BL:** $P < 0.05$ **Educational/ cognitive/ academic attainment:** IQ, mean ± SD: **G1:** 89.66 ± 2.69 **G2:** 79.76 ± 2.94 MANOVA: time ($P < 0.001$), time x group ($P < 0.05$) **Harms:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Ben Itzchak et al., 2008 (continued)	**Concomitant therapies:** NR **N at enrollment:** **G1:** 44 **G1a:** 7 **G1b:** 18 **G1c:** 18 **G2:** 37 **N at follow-up:** **G1:** 44 **G1a:** 7 **G1b:** 18 **G1c:** 18 **G2:** 37			**Modifiers:** Pre- and post-intervention IQ scores inversely related with ADOS scores on language and communication ($P < 0.05$), social interaction ($P < 0.01$), play ($P < 0.01$), and stereotyped behaviors ($P < 0.01$)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Carr et al., 2008 **Country:** UK **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: NR **Design:** RCT **Note:** See related study Carr et al. 2007{#462}	**Intervention:** Six object-and-picture relations using highly preferred reinforcer pictures learned in earlier phases Both groups initially received discrimination teaching at baseline Error correction group: 6 subsequent teaching sessions, 1 per day with max of 2 days between sessions; each session comprised 5 conditional discrimination trials using standard error correction procedure followed by 5 correspondence checks Error prevention group: 6 subsequent teaching sessions; each session comprised 5 conditional trials using error prevention procedure followed by 5 correspondence checks **Assessments:** Picture Exchange Communication System **Groups:** **G1:** error correction **G2:** error prevention **Provider:** Experimenter **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** Total: 29 **G1:** 14 or 15 (NR) **G2:** 14 or 15 (NR) **N at follow-up:** Total: 29	**Inclusion criteria:** • Children with formal autism diagnosis by a clinical practitioner • Age 3-7 years • At Phase II of the Picture Exchange Communication System (able to make independent exchanges of pictures for items) **Exclusion criteria:** • See inclusion criteria **Age, months:** **G1:** 66 **G2:** 65 **Mental age, months:** PLS-3 receptive communication: **G1:** 8.4 **G2:** 8.6 PLS-3 expressive communication: **G1:** 8.4 **G2:** 7.6 VABS composite: **G1:** 15 **G2:** 15 **Gender:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** Diagnosis from clinical practitioner **Diagnostic category, n (%):** Autism: 29 (100) **Other characteristics:** NR	**Educational/ cognitive/ academic attainment:** Number of trials to mastery of conditional discriminations, mean (range): **G1:** 15 (10-40) **G2:** 15.3 (10-60) **G1/G2:** *P* = NS	**Educational/ cognitive/ academic attainment:** Correspondence trial accuracy rates, mean % (range): **G1:** 72.8 (30-97) **G2:** 92.7 (70-100) **G1/G2:** *P* < 0.01 Learning outcome accuracy rates, mean % (range): **G1:** 72.5 (39-100) **G2:** 91.7 (72-100) **G1/G2:** *P* < 0.03 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Corbett et al., 2008 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** UC Davis MIND Institute **Author industry relationship disclosures:** NR **Design:** RCT, double-blind crossover design	**Intervention:** Tomatis Method: administration of prepared auditory stimulation recordings (2 hours/day filtered music, passed through Electronic Ear (for attenuation and modulation) and audio-vocal feedback; administered in 4 blocks, 3 weeks each for duration followed by break for 18 weeks. The second round (crossover design) for 18 more weeks. Placebo: commercially produced music without active microphone or Electronic Ear **Assessments:** Stanford Binet Intelligence Scale, PPVT-III, EOWVT; context of assessments not clear **Groups:** **G1:** treatment/placebo **G2:** placebo/treatment **Provider:** Two trained assistants **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies :** NR **N at enrollment:** **G1:** 6 **G2:** 5 **N at follow-up:** **G1:** 6 **G2:** 5	**Inclusion criteria:** • DSM-IV diagnosis of autistic disorder corroborated by the ADOS-G and clinical judgment • Able to speak 1-3 words • Had a pointing gesture • Tolerated wearing headphones **Exclusion criteria:** • Previous exposure to auditory stimulation treatments **Age, years (range):** Total: 5.56 (3.5-7.17) **G1:** 5.25 (3.5-7.42) **G2:** 5.93 (4-7.17) **Mental age:** See baseline measures **Gender, n (%):** Male: 9 (82) Female: 2 (18) **Race/ethnicity, n (%):** Caucasian: 4 (36) Caucasian/Hispanic: 2(18) Hispanic: 2(18) Caucasian/Native American: 1 (9) Caucasian/Native American/Hispanic: 1 (9) Pacific Islander: 1 (9) **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method:** DSM-IV criteria confirmed by ADOS and clinical judgment **Diagnostic category, n (%):** Autism: 11 (100) **Other characteristics:** NR	**Educational/ cognitive/ academic attainment:** IQ mean, (range): 66.8 (52-83) **Communication/ language:** PPVT-III score, mean ± SD: **G1:** 20.83 ± 28.52 **G2:** 32.20 ± 25.21 EOWVT score, mean ± SD: **G1:** 16.50 ± 21.11 **G2:** 25.20 ± 19.82	**Educational/ cognitive/ academic attainment:** IQ, mean, (range): 62.45 (44-84) **Communication/ language:** PPVT-III score, mean ± SD: Mid-treatment: **G1:** 20 ± 25.76 **G2:** 40.2 ± 26.69 Post-treatment: **G1:** 22.83 ± 29.36 **G2:** 47.2 ± 24.45 ANOVA: group (*P* = NS), time (*P* = 0.03), time X group (*P* = 0.08) EOWVT score, mean ± SD: Mid-treatment: **G1:** 18 ± 18.73 **G2:** 29.4 ± 22.65 Post-treatment: **G1:** 21.5 ± 23.3 **G2:** 34.4 ± 25 ANOVA: group (*P* = NS), time (*P* = 0.04), time X group (*P* = 0.63) **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Fazlioglu et al., 2008 **Country:** Turkey **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: NR **Design:** RCT	**Intervention:** Sensory integration program based on "The Sensory Diet", administered in a specially arranged room at the center, 45 minutes per session, 2 sessions per week for 24 sessions total Control group, matched for age, gender, and level of function, attended regularly scheduled special education classrooms at the center, no sensory integration program **Assessments:** observations (administrator NR) **Groups:** **G1:** experimental **G2:** control group **Provider:** Special educator **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 15 **G2:** 15 **N at follow-up:** **G1:** 15 **G2:** 15	**Inclusion criteria:** • Low functioning children with autism • Attended the Trakya University Training and Research Center for Mentally and Physically Handicapped Children • Ages 7-11 years **Exclusion criteria:** • Previous participation in a sensory integration program • History of epileptic seizures **Age, years (range):** NR (7-11) **Mental age:** NR **Gender, n (%):** Male: **G1:** 12 (80) **G2:** 12 (80) Female: **G1:** 3 (20) **G2:** 3 (20) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** NR **Diagnostic tool/method:** DSM-IV **Diagnostic category, n (%):** Autism: 30 (100) **Other characteristics:** "majority" could not use language to communicate	**Sensory:** Sensory Evaluation for Children with Autism score, mean ± SD: **G1:** 98.2 ± 19.3 **G2:** 95.8 ± 17.0	**Sensory:** Sensory Evaluation for Children with Autism score, mean ± SD: **G1:** 66.5 ± 11.4 **G2:** 97.3 ± 17.8 **G1/G2:** $P < 0.01$ **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Greenberg et al., 2008 **Country:** US **Practice setting:** Community **Intervention setting:** School **Enrollment period:** September 2006 through August 2007 **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Case series, retrospective	**Intervention:** Early intervention class at CCEI, ABA services provided in environment that combines discrete trial training and natural environment training by delivering learning units across the settings, 10 hours weekly for 44 weeks **Assessments:** Data Decision Analysis Protocol filled out daily by teachers and assistants **Groups:** **G1:** early intervention class at CCEI **Provider:** Teachers **Measure of treatment fidelity reported:** Yes: interobserver agreement ranged between 80% and 100% **Co-interventions held stable during treatment:** No **Concomitant therapies:** Majority of children's programs were supplemented by 10 hours of homebased ABA special instruction **N at enrollment:** **G1:** 24 **N at follow-up:** **G1:** 24	**Inclusion criteria:** NR **Exclusion criteria:** NR **Age, mos. (range):** (23-42) **Mental age:** NR **Gender:** M, n (%): NR F, n (%): NR **Race/ethnicity, n (%):** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** NR **Diagnostic tool/method:** NR **Diagnostic category, n (%):** PDD: 24 (100) **Other characteristics**, %: Severely limited speaker and listener skills, 80 1 child experienced Seizures at the start of CCEI	NR	**Educational/ cognitive/ academic attainment:** Learn Units, weekly: **G1:** (graph) Learn Units presented, total, mean (range): **G1:** 490, 807, 11155 (4413-15281) Learn Units correctly responded to, total, mean (range): **G1:** 315,680, 7175 (2871-10904) Learn Units presented per child per day, across the year mean (range): **G1:** 134 (100-168) Correct Learn Units per child per day, mean (range): **G1:** 86 (60-104) Classwide mean correct & total learn units per day for each child: **G1:** (graph) Total cumulative objectives mastered, n: **G1:** 2561 Average per child objectives mastered, n: **G1:** 107 Objectives met per week, n: **G1:** 58

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
				Cumulative number of objectives met each week: **G1:** (graph) Learn units per objective, mean (range): **G1:** 213 (103-750) Weekly classwide mean learn units to criterion: **G1:** (graph) Students moving to lesser restrictive environments, %: **G1:** 95 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Kasari et al., 2006 Kasari et al., 2008† **Country:** US **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** NIH **Author industry relationship disclosures:** NR **Design:** RCT	**Intervention:** Symbolic play or joint attention intervention sessions for 30 minutes daily for 5-6 weeks Combination of adult-directed behavioral drill (approximately 5 minutes) and child-directed milieu teaching approach for approximately 20 minutes ABA and developmental procedures of responsive and interactive methods Semi-structured child-driven floor sessions with environmental adjust-ments to facilitate social and communicative attempts Number of sessions, mean ± SD: **G1:** 28.6 ± 15.6 **G2:** 34.7 ± 16.4 **G1/G2:** *P* = NS **Assessments:** MSEL, RDLS, ESCS, and Structured Play Assessment (parent report); parent-child observation (independent assessors) collected pre- and post-intervention and at 6 and 12 months post-intervention follow-up **Groups:** **G1:** joint attention **G2:** symbolic play **G3:** controls **Provider:** Graduate students in education psychology experienced with autistic children **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** NR	**Inclusion criteria:** • Diagnosis of autism on the ADI-R and ADOS • Age < 5 years old • Accessible for follow-up **Exclusion criteria:** • Seizures • Additional medical diagnoses (e.g., genetic syndromes) • Geographically inaccessible for follow-up visits • Did not plan to stay in the early intervention program for at least 4 weeks **Age, months ± SD:** Study entry: **G1:** 43.2 ± 7.05 **G2:** 42.67 ± 6.93 **G3:** 41.94 ± 4.93 Post-intervention: **G1:** 44.68 ± 6.86 **G2:** 44.60 ± 6.61 **G3:** 43.47 ± 5.06 12 month follow-up: **G1:** 58.25 ± 6.86 **G2:** 57.59 ± 6.74 **G3:** 56.63 ± 4.70 **Mental age:** See baseline measures **Gender, n:** Male: **G1:** 15 **G2:** 16 **G3:** 15 Female: **G1:** 5 **G2:** 5 **G3:** 2 **Race/ethnicity, n (%):** White: **G1:** 13 **G2:** 14 **G3:** 10 Minority: **G1:** 3 **G2:** 6 **G3:** 7	**Communication/ language:** RDLS expressive language score, mean ± SD (range): **G1:** 20.60 ± 6.51 (17.55-23.65) **G2:** 21.43 ± 7.59 (17.97-24.89) **G3:**19.41 ± 7.70 (15.45-23.37) RDLS receptive language score, mean ± SD (range): **G1:** 20.55 ± 7.27 (17.15-23.95) **G2:** 21.00 ± 9.75 (16.56-25.44) **G3:** 17.53 ± 8.70 (13.06-22.00) **Social skills:** ESCS score, mean ± SD: Showing: **G1:** 0.10 ± 0.31 **G2:** 0.52 ± 1.78 **G3:** 0.35 ± 0.61 Child joint attention looks: **G1:** 7.25 ± 6.05 **G2:** 11.9 ± 9.07 **G3:** 8.12 ± 6.75 Pointing: **G1:** 13.15 ± 14.95 **G2:** 9.62 ± 12.81 **G3:** 7.82 ± 11.96 Giving: **G1:** 3.65 ± 3.44 **G2:** 2.52 ± 3.06 **G3:** 3.59 ± 3.45 Responds joint attention: **G1:** 10.50 ± 5.42 **G2:** 11.91 ± 9.07 **G3:** 10.53 ± 6.49	**Communication/ language:** RDLS expressive language score, mean ± SD (range): Post-intervention: **G1:** 23.15 ± 6.43 (20.14-26.16) **G2:** 23.67 ± 8.78 (19.67-27.88) **G3:** 21.18 ± 9.11 (16.49-25.86) 12 month follow-up:† **G1:** 35.70 ± 12.57 (29.82-41.59) **G2:** 38.29 ± 15.03 (30.57-46.02) **G3:** 28.06 ± 13.52 (20.86-35.27) RDLS receptive language score, mean ± SD (range): Post-intervention: **G1:** 22.80 ± 6.90 (19.57-26.03) **G2:** 24.12 ± 10.31 (19.43-28.81) **G3:** 18.76 ± 10.55 (13.34-24.19) 12 month follow-up:† **G1:** 31.85 ± 9.21 (27.54-36.16) **G2:** 35.06 ± 11.18 (29.31-40.81) **G3:** 27.31 ± 15.63 (18.99-35.64) **Social Skills:** ESCS score, mean ± SD: Showing: **G1:** 0.70 ± 1.19 **G2:** 1.29 ± 2.65 **G3:** 0.17 ± 0.53 **G1/G2:** *P* = NS **G1/G3:** *P* < 0.05 **G2/G3:** *P* < 0.05 ANOVA: time (*P* < 0.05)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Kasari et al., 2006 Kasari et al., 2008† (continued)	**Concomitant therapies:** NR **N at enrollment:** **G1:** 20 **G2:** 21 **G3:** 17 **N at 6 month follow-up:†** **G1:** 20 **G2:** 19 **G3:** 17 **N at 12 month follow-up:†** **G1:** 20 **G2:** 17 **G3:** 16	**SES:** Maternal education, n : High school : **G1:** 0 **G2:** 3 **G3:** 2 Some college : **G1:** 2 **G2:** 4 **G3:** 4 College/professional: **G1:** 18 **G2:** 14 **G3:** 11 Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method:** ADI-R, ADOS **Diagnostic category, n (%):** Autism: 58 (100) **Other characteristics:** NR	Joint attention initiations composite, mean ± SD (range):† **G1:** 3.95 ± 2.33 (2.86-5.04) **G2:** 4.32 ± 3.07 (2.92-5.71) **G3:** 3.29 ± 2.74 (1.88-4.70) Joint attention responses, mean ± SD (range):† **G1:** 10.05 ± 5.42 (7.96-13.04) **G2:** 10.24 ± 5.59 (7.69-12.78) **G3:** 10.52 ± 6.49 (7.19-13.87) Mother-child interaction, mean ± SD: Child joint attention looks: **G1:** 2.45 ± 3.35 **G2:** 2.33 ± 2.67 **G3:** 2.76 ± 4.19 Pointing: **G1:** 2.35 ± 4.04 **G2:** 2.62 ± 3.47 **G3:** 2.18 ± 3.52 Giving: **G1:** 1.65 ± 2.79 **G2:** 2.09 ± 2.68 **G3:** 1.47 ± 2.21 Showing: **G1:** 1.00 ± 1.34 **G2:** 2.90 ± 7.48 **G3:** 0.53 ± 0.71 Mother-child interaction, seconds ± SD: Child-initiated joint attention: **G1:** 140 ± 109 **G2:** 128 ± 179 **G3:** 229 ± 291 Mother-initiated joint attention: **G1:** 449 ± 191 **G2:** 432 ± 233 **G3:** 382 ± 226	Child joint attention looks: **G1:** 9.55 ± 7.88 **G2:** 12.14 ± 9.30 **G3:** 10.35 ± 9.74 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS ANOVA: time ($P < 0.05$) Pointing: **G1:** 4.65 ± 15.60 **G2:** 9.76 ± 10.21 **G3:** 5.76 ± 7.57 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS ANOVA: time (*P* = NS) Giving: **G1:** 5.10 ± 3.54 **G2:** 3.05 ± 2.27 **G3:** 3.59 ± 2.40 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS ANOVA: time (*P* = NS) Responds joint attention: **G1:** 16.55 ± 6.64 **G2:** 12.04 ± 5.91 **G3:** 9.35 ± 6.00 **G1/G2:** $P < 0.05$ **G1/G3:** $P < 0.05$ **G2/G3:** *P* = NS ANOVA: time ($P < 0.01$), time X treatment ($P < 0.01$) Joint attention initiations composite, mean ± SD (range): Post-intervention: **G1:** 5.23 ± 3.14 (3.76-6.69) **G2:** 4.70 ± 3.40 (3.16-6.25) **G3:** 3.65 ± 2.89 (2.17-5.14)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Kasari et al., 2006 Kasari et al., 2008† (continued)			Mother-child interactions, mean ± SD: Functional types: **G1:** 5.33 ± 4.15 **G2:** 6.45 ± 4.84 **G3:** 5.71 ± 3.87 Symbolic types: **G1:** 1.76 ± 2.77 **G2:** 3.65 ± 4.73 **G3:** 3.12 ± 4.70 Level of play: **G1:** 4.89 ± 2.62 **G2:** 6.14 ± 2.61 **G3:** 5.70 ± 2.83 **Adaptive behavior:** Symbolic play level composite, mean ± SD (range):† **G1:** 6.44 ± 2.03 (5.49-7.39) **G2:** 5.37 ± 2.43 (4.26-6.48) **G3:** 6.18 ± 2.24 (5.02-7.33) Symbolic play types composite, mean ± SD (range): **G1:** 3.83 ± 3.84 (2.03-5.62) **G2:** 2.10 ± 2.54 (0.94-3.25) **G3:** 2.91 ± 3.23 (1.25-4.57) Structured play, mean ± SD: Functional types: **G1:** 18.95 ± 8.17 **G2:** 17.85 ± 8.57 **G3:** 20.76 ± 4.75 Symbolic types: **G1:** 2.43 ± 3.09 **G2:** 4.00 ± 5.16 **G3:** 2.71 ± 3.39 Level of play: **G1:** 5.86 ± 2.73 **G2:** 6.75 ± 2.27 **G3:** 6.65 ± 2.45	12 month follow-up:† **G1:** 6.44 ± 2.89 (5.09-7.79) **G2:** 7.92 ± 4.81 (5.45-10.39) **G3:** 2.91 ± 4.12 (0.71-5.10) **G1/G2:** *P* = NS **G1/G3:** *P* < 0.05 **G2/G3:** *P* < 0.05 Joint attention responses, mean ± SD (range): Post-intervention: **G1:** 16.55 ± 6.64 (13.44-19.66) **G2:** 12.05 ± 5.91 (9.36-14.74) **G3:** 9.35 ± 6.00 (6.27-12.44) 12 month follow-up:† **G1:** 10.00 ± 3.58 (8.22-11.78) **G2:** 10.88 ± 4.01 (8.82-12.95) **G3:** 9.30 ± 4.47 (6.10-12.50) **G1/G2:** *P* = NS **G1/G3:** *P* < 0.05 **G2/G3:** *P* < 0.05 Mother-child interaction, mean ± SD: Child joint attention looks: **G1:** 3.55 ± 5.38 **G2:** 3.47 ± 3.76 **G3:** 1.53 ± 1.77 **G1/G2:** *P* = NS **G1/G3:** *P* < 0.05 **G2/G3:** *P* < 0.05 ANOVA: time X treatment (*P* < 0.05)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Kasari et al., 2006 Kasari et al., 2008† (continued)			**Educational/ cognitive/ academic attainment:** Mental age, months ± SD: **G1:** 26.29 ± 8.71 **G2:** 24.55 ± 8.09 **G3:** 21.86 ± 9.26 Non-verbal composite age, months ± SD: **G1:** 28.65 ± 9.03 **G2:** 27.60 ± 6.74 **G3:** 24.34 ± 7.53 Developmental quotient, mean ± SD: **G1:** 58.30 ± 17.18 **G2:** 58.90 ± 18.21 **G3:** 51.98 ± 21.84	Pointing: **G1:** 2.45 ± 3.10 **G2:** 3.71 ± 4.76 **G3:** 4.53 ± 7.00 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS ANOVA: time (*P* = NS) Giving: **G1:** 3.25 ± 2.95 **G2:** 1.28 ± 1.71 **G3:** 2.06 ± 3.61 **G1/G2:** *P* < 0.05 **G1/G3:** *P* = NS **G2/G3:** *P* = NS ANOVA: time X treatment (*P* < 0.05) Showing: **G1:** 2.65 ± 3.08 **G2:** 2.90 ± 4.25 **G3:** 1.23 ± 2.30 **G1/G2:** *P* < 0.05 **G1/G3:** *P* = NS **G2/G3:** *P* = NS ANOVA: time X treatment (*P* < 0.05) Mother-child interaction, child-initiated joint attention, seconds ± SD: Post-intervention: **G1:** 299 ± 237 **G2:** 212 ± 266 **G3:** 128 ± 188 **G1/G2:** *P* = NS **G1/G3:** *P* < 0.05 **G2/G3:** *P* = NS ANOVA: treat-ment (*P* < 0.05), time X treatment (*P* < 0.001)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Kasari et al., 2006 Kasari et al., 2008† (continued)				12 month follow-up:† **G1:** 363.55 ± 316.58 (215.39-511.71) **G2:** 309.00 ± 335.70 (136.40-481.60) **G3:** 129.40 ± 228.69 (2.76-256.05) **G1/G2:** *P* = NS **G1/G3:** *P* < 0.05 **G2/G3:** *P* < 0.05 Mother-child interaction, mother-initiated joint attention, seconds ± SD: Post-intervention: **G1:** 420 ± 194 **G2:** 521 ± 236 **G3:** 459 ± 207 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS ANOVA: time (*P* = NS) 12 month follow-up:† **G1:** 348.40 ± 259.69 (226.86-469.94) **G2:** 467.24 ± 277.21 (324.71-609.76) **G3:** 533.00 ± 242.12 (398.92-667.08) **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS Mother-child interactions, mean ± SD: Functional types: **G1:** 7.43 ± 3.56 **G2:** 5.95 ± 4.20 **G3:** 5.23 ± 3.31 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS ANOVA: time (*P* = NS)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Kasari et al., 2006 Kasari et al., 2008† (continued)				Symbolic types: **G1:** 5.48 ± 7.19 **G2:** 3.70 ± 4.28 **G3:** 2.58 ± 3.62 **G1/G2:** *P* < 0.05 **G1/G3:** *P* = NS **G2/G3:** *P* < 0.05 ANOVA: treatment (*P* < 0.001), time (*P* < 0.001), time X treatment (*P* < 0.001) Level of play: **G1:** 7.61 ± 2.75 **G2:** 7.47 ± 2.71 **G3:** 5.69 ± 2.42 **G1/G2:** *P* < 0.05 **G1/G3:** *P* = NS **G2/G3:** *P* < 0.05 ANOVA: treatment (*P* < 0.05), time (*P* < 0.001), time X treatment (*P* < 0.001) **Adaptive Behavior:** Symbolic play level composite, mean ± SD (range):† Post-intervention: **G1:** 7.21 ± 1.76 (6.38-8.04) **G2:** 7.61 ± 2.41 (6.52-8.71) **G3:** 6.05 ± 2.23 (4.91-7.19) 12 month follow-up: **G1:** 8.23 ± 2.46 (7.08-9.38) **G2:** 9.60 ± 1.73 (8.71-10.49) **G3:** 6.75 ± 2.46 (5.44-8.06) **G1/G2:** *P* < 0.05 **G1/G3:** *P* = NS **G2/G3:** *P* < 0.05

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Kasari et al., 2006 Kasari et al., 2008† (continued)				Symbolic play types composite, mean ± SD (range):† Post-intervention: **G1:** 5.00 ± 4.08 (3.09-6.91) **G2:** 5.0 ± 5.38 (2.55-7.45) **G3:** 2.85 ± 3.10 (1.26-4.45) 12 month follow-up: **G1:** 9.40 ± 7.58 (5.85-12.94) **G2:** 11.26 ± 7.89 (7.21-15.32) **G3:** 5.34 ± 8.50 (0.81-9.88) **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* < 0.05 Structured play, mean ± SD: Functional types: **G1:** 22.67 ± 6.51 **G2:** 24.00 ± 8.56 **G3:** 21.71 ± 6.82 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS ANOVA: time (*P* < 0.001) Symbolic types: **G1:** 4.52 ± 4.64 **G2:** 6.30 ± 6.65 **G3**: 3.12 ± 3.31 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS ANOVA: time (*P* < 0.001) Level of play: **G1:** 7.62 ± 2.75 **G2:** 6.95 ± 2.30 **G3:** 6.41 ± 2.60 **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* < 0.05 ANOVA: time X treatment (*P* < 0.05)

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Kasari et al., 2006 Kasari et al., 2008† (continued)				**Educational/ cognitive/ academic attainment:** Mental age, 12 month follow-up, months ± SD:† **G1:** 41.82 ± 12.09 **G2:** 40.33 ± 13.24 **G3:** 32.90 ± 14.54 Non-verbal composite age, 12 months follow-up, months ± SD:† **G1:** 47.37 ± 13.77 **G2:** 42.82 ± 14.08 **G3:** 35.87 ± 13.00 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes*
Author: Lopata et al., 2008 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding**: NR Author industry relationship disclosures: NR **Design:** Prospective cohort **Note:** See preliminary report of intervention, Lopata et al. 2006 ({#2697})	**Intervention:** Manualized social treatment program Participants assigned to one of two performance feedback treatment conditions: response-cost or non-categorical feedback The response-cost group received feedback based on operationally defined behaviors, and the non-categorical feedback group received feedback but there were no predetermined behavioral categories on which feedback was based Each summer the program was administered for 6 weeks, five days/week for 6 hours each day; there were 4 treatment cycles each day, with each cycle beginning with a 20 minute structured social skills group and ending with a 50 minute therapeutic activity; social treatments were delivered in small groups of 6 children and 3 staff **Assessments:** By treatment staff, teachers, and parents: WISC-IV short form, BASC-PRS, BASC-TRS, Skillstreaming survey, DANVA2, Parent Satisfaction Survey **Groups:** **G1:** non-categorical **G2:** response-cost **Provider:** Psychology and education graduate students **Measure of treatment fidelity reported:** Yes	**Inclusion criteria:** • Formal written diagnosis of AD, autism, or PDD-NOS by a licensed psychologist or psychiatrist • WISC-IV short-form IQ composite > 70 • Index score ≥ 80 on at least one factor of the WISC-IV • Absence of a current significant language delay **Exclusion criteria:** • Current significant language delay **Age, years ± SD:** **G1:** 9.41 ± 2.31 **G2:** 9.6 ± 2.12 **Mental age:** Short-form IQ (WISC-IV), mean ± SD: **G1:** 97.56 ± 13.62 **G2:** 100.87± 17.92 **Gender, n (%):** Male: **G1:** 27 (93.1) **G2:** 23 (92) Female: **G1:** 2 (6.9) **G2:** 2 (8.0) **Race/ethnicity, n (%):** White: **G1:** 26 (89.7) **G2:** 22 (88) African American: **G1:** 1 (2.4) **G2:** 0 Latino: **G1:** 1 (1.9) **G2:** 1 (4) Other: **G1:** 2 (6.9) **G2:** 2 (8) **SES:** Parent education, years ± SD: **G1:** 15.83 ± 2.26 **G2:** 15.30 ± 2.37 Household income: NR	**Social Skills:** BASC social skills score, parent rated, mean ± SD: **G1:** 36.18 ± 7.00 (n=28) **G2:** 36.91 ± 8.81 (n=22) BASC social skills score, teacher rated, mean ± SD: **G1:** 47.38 ± 6.80 (n=28) **G2:** 43.52 ± 8.57 **Adaptive behavior:** BASC adaptive skills score, parent rated, mean ± SD: **G1:** 34.29 ± 7.17 (n=28) **G2:** 35.27 ± 8.69 (n=22) BASC adaptive skills score, teacher rated, mean ± SD: **G1:** 42.63 ± 6.53 (n=28) **G2:** 41.60 ± 6.92 BSI score, parent rated, mean ± SD: **G1:** 65.86 ± 11.50 (n=28) **G2:** 60.91 ± 10.88 (n=22) BSI score, teacher rated, mean ± SD: **G1:** 53.41 ± 9.33 (n=28) **G2:** 53.56 ± 7.70 Skillstreaming survey score, parent report, mean ± SD: **G1:** 104.28 ± 22.84 (n=25) **G2:** 103.15 ± 19.98 (n=20) Skillstreaming survey score, staff report, mean ± SD: **G1:** 118.59 ± 23.67 **G2:** 118.16 ± 19.52	**Social Skills:** BASC social skills score, parent rated, mean ± SD: **G1:** 40.75 ± 8.37 (n=28; d=-0.59) **G2:** 38.59 ± 7.71 **G1+G2/BL:** *P* = 0.002 **G1/G2:** *P* = 0.153 BASC social skills score, teacher rated, mean ± SD: **G1:** 47.84 ± 6.25 (n=28; d=-0.07) **G2:** 46.76 ± 7.97 (d=-0.39) **G1+G2/BL:** *P* = 0.008 **G1/G2:** *P* = 0.067 **Adaptive behavior:** BASC adaptive skills score, parent rated, mean ± SD: **G1:** 37.79 ± 8.01 (n=28; d=0.45) **G2:** 36.05 ± 7.13 (n=22; d=0.1) **G1+G2/BL:** *P* = 0.011 **G1/G2:** *P* = 0.133 BASC adaptive skills score, teacher rated, mean ± SD: **G1:** 43.79 ± 5.89 (n=28; d=0.19) **G2:** 44.20 ± 5.98 (d=0.4) **G1+G2/BL:** *P* = 0.004 **G1/G2:** *P* = 0.291 BSI score, parent rated, mean ± SD: **G1:** 61.32 ± 9.78 (n=28; d=0.43) **G2:** 58.55 ± 11.71 (d=0.21) **G1+G2/BL:** *P* = 0.001 **G1/G2:** *P* = 0.295

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes*
Lopata et al., 2008 (continued)	**Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 29 **G2**: 25 **N at follow-up:** **G1:** 29 **G2:** 25	**Diagnostic approach:** Referral/In-Study assessment **Diagnostic tool/method:** NR **Diagnostic category, n (%):** Autistic disorder: **G1:** 20 (69) **G2:** 16 (64) PDD-NOS: **G1:** 6 (20.7) **G2:** 6 (24) High-functioning autism: **G1:** 3 (10.3) **G2:** 3 (12) **Other characteristics:** NR	**Problem behavior:** BASC atypicality score, parent rated, mean ± SD: **G1:** 62.30 ± 13.06 (n=27) **G2:** 61.95 ± 11.88 (n=22) BASC atypicality score, teacher rated, mean ± SD: **G1:** 57.45 ± 11.64 (n=28) **G2:** 60.50 ± 13.28 BASC withdrawal score, parent rated, mean ± SD: **G1:** 64.61 ± 12.37 (n=28) **G2:** 65.50 ± 10.20 (n=22) BASC withdrawal score, teacher rated, mean ± SD: **G1:** 55.05 ± 10.24 (n=28) **G2:** 60.56 ± 10.27 **Communication/ language:** DANVA2 score, mean ± SD: Child faces: **G1:** 90.83 ± 21.25 (n=18) **G2:** 92.72 ± 17.98 (n=18) Adult faces: **G1:** 102.11 ± 9.68 (n=18) **G2:** 97.56 ± 14.35 (n=18)	BSI score, teacher rated, mean ± SD: **G1:** 56.96 ± 10.10 (n=28; d=0.37) **G2:** 52.52 ± 6.63 (d=0.14) **G1+G2/BL:** *P* = 0.049 **G1/G2:** *P* = 0.003 Skillstreaming survey score, parent report, mean ± SD: Parent report: **G1:**116.04 ± 20.00 (n=25; d=0.55) **G2:**113.60 ± 19.67 (n=20; d=0.53) **G1+G2/BL:** *P* < 0.001 **G1/G2:** *P* = 0.79 Skillstreaming survey score, staff report, mean ± SD: **G1:** 126.88 ± 18.50 (d=0.39) **G2:** 130.42 ± 17.67 (d=0.66) **G1+G2/BL:** *P* < 0.001 **G1/G2:** *P* = 0.395 **Problem behavior:** BASC atypicality score, parent rated, mean ± SD: **G1:** 58.89 ± 8.00 (n=27; d=0.31) **G2:** 59.67 ± 13.81 (n=22; d=0.1) **G1+G2/BL:** *P* = 0.075 **G1/G2:** *P* = 0.52 BASC atypicality score, teacher rated, mean ± SD: **G1:** 61.50 ± 13.72 (n=28; d=-0.32) **G2:** 59.04 ± 14.43 (d=0.11) **G1+G2/BL:** *P* = 0.15 **G1/G2:** *P* = 0.03

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes*
Lopata et al., 2008 (continued)				BASC withdrawal score, parent rated, mean ± SD: **G1:** 61.29 ± 12.79 (n=28; d=0.26) **G2:** 62.50 ± 9.03 (n=22; d=0.31) **G1+G2/BL:** *P* = 0.004 **G1/G2:** *P* = 0.887 BASC withdrawal score, teacher rated, mean ± SD: **G1:** 55.46 ± 10.11 (n=28; d=0.04) **G2:** 56.56 ± 9.44 (d=0.41) **G1+G2/BL:** *P* = 0.036 **G1/G2:** *P* = 0.028 **Communication/ language:** DANVA2 score, mean ± SD: Child faces: **G1:** 87.11 ± 22.37 (n=18; d=-0.17) **G2:** 89.22 ± 15.16 (n=18; d=-0.21) **G1+G2/BL:** *P* = 0.07 **G1/G2:** *P* = 0.963 Adult faces: **G1:** 101.39 ± 15.55 (n=18; d=-0.06) **G2:** 94.06 ± 13.86 (n=18; d=-0.25) **G1+G2/BL:** *P* = 0.166 **G1/G2:** *P* = 0.521 **Harms:** NR **Modifiers:** See above

Comments:

***** In the outcomes column, d is the Cohen's d effect size estimate for mean differences.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Ludlow et al., 2008 **Country:** UK **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** 1 of 3 British Medical Research Council (royalties for intuitive overlays) **Design:** Prospective case series	**Intervention:** Three experiments to assess therapeutic benefits of colored overlays; participants selected the best color and side (matt or gloss) for clarity over text and as favorite over a blank sheet of paper Experiment 1 tested the rate of reading with and without colored overlays. Experiment 2 compared the rate of reading with overlays chosen for clarity vs. favorite color. Experiment 3 detected changes in visual stimuli with and without colored overlays in children with high and low functioning ability. **Assessments:** BPVS, rate of reading test, symptoms of visual stress (out of five) **Groups:** **G1:** Experiment 1 **G2:** Experiment 2 **G3:** Experiment 3 **Ga:** colored overlay, chosen for clarity **Gb:** colored overlay, chosen as favorite **Gc:** no colored overlay **Provider:** NR **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:*** **G1:** 18 **G2:** 16 **G3:** 26	**Inclusion criteria:** • Diagnosis of ASD • Recruited from schools for children with moderate learning difficulties with autism units **Exclusion criteria:** • See inclusion criteria **Age, years ± SD (range):** **G1:** 12.3 ± 2.1 (9-15.83) **G2:** 14.8 ± 8.1 (NR) **G3:** 12.3 ± 2.2 (NR) **Mental age:** IQ score (Raven's matrices), mean ± SD: **G1:** NR **G2:** 67.0 ± 5.3 **G3:** 75.8 ± 16.2 **Gender, n (%):** Male: **G1:** 18 (100) **G2:** 12 (75) **G3:** NR Female: **G1:** 0 **G2:** 4 (25) **G3:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** NR **Diagnostic category, n (%):** ASD: **G1:** 18 (100) **G2:** 16 (100) **G3:** 26 (100) **Other characteristics:** NR	**Communication /language:** BPVS score, mean ± SD: **G1:** 64.5 ± 11.2 **G2:** 59.6 ± 5.3 **G3:** NR	**Communication/ language:** **Experiment 1:** Symptoms of visual stress, mean ± SD: **G1a:** 0.06 ± 0.24 **G1c:** 0.39 ± 0.78 **G1a/G1c:** $P < 0.05$ Words read per minute, mean ± SD: **G1a:** 96.9 ± 33.7 **G1c:** 83.2 ± 32.3 **G1a/G1c:** $P < 0.001$ **Experiment 2:** Words read per minute, mean ± SD: **G2a:** 72.3 ± 29.2 **G2b:** 65.4 ± 29.7 **G2c:** 57.8 ± 36.8 **G2a/G2c:** $P < 0.05$ **G2b/G2c:** $P < 0.05$ **G2a/G2b:** $P < 0.05$ **Experiment 3:** Accuracy (out of 30) in sample matching task, mean ± SD: **G3a:** 26.8 ± 4.4 **G3c:** 26.4 ± 3.9 **G3a/G3c:** P = NS Time taken to complete sample matching task, seconds ± SD: **G3a:** 112.9 ± 57.0 **G3c:** 135.7 ± 60.1 **G3a/G3c:** $P < 0.05$ **Harms:** NR **Modifiers:** Experiment 3: There were no significant differences between low functioning and high functioning children with ASD. There was also no significant correlation between age or Raven's matrices scores and time taken with or without overlays.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Ludlow et al., 2008 (continued)	**N at follow-up:*** **G1:** 18 **G2:** 16 **G3:** 26			

Comments:

* None of the partipants in Experiment 2 participated in Experiment 1 or 3, but 13 of the participants from Experiment 1 also participated in Experiment 3.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Meguid et al., 2008 **Country:** Egypt **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Non-randomized controlled trial	**Intervention:** Efalex supplement (blend of high DHA fish oil and evening primrose oil containing both omega 3 and 6 fatty acids as well as vitamin E) Children with autism (G1) received 2 capsules twice per day for 3 months; the controls (G2) were healthy and received no treatment or placebo **Assessments:** Blood levels of free PUFAs estimated from dried blood spot using tandem mass spectrometry; CARS at baseline and follow-up (3 months after treatment) **Groups:** **G1:** children with autism **G2:** healthy children, same age and gender **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** NR **Concomitant therapies:** None **N at enrollment:** **G1:** 30 (28 families) **G2:** 30 **N at follow-up:** **G1:** 30 **G2:** NA	**Inclusion criteria:** • Autism based on DSM-IV criteria and CARS scores • Good physical health • Not currently taking medications or essential fatty acid supplements during study • Agree not to make changes in treatments for autism (medical, nutritional, behavioral, dietary) during the three months of the study Exclusion criteria: • See inclusion criteria **Age, yrs (range):** NR (3-11) **Mental age:** NR **Gender, n (%):** Male: 18 (60) Female: 12 (40) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral Department of Children with Special Needs **Diagnostic tool/method:** DSM-IV and CARS **Diagnostic category, n (%):** Autism: 30 (100) **Other characteristics:** NR	**Overall ratings:** CARS score, mean ± SD: **G1:** 39.5 ± 3.86 **Medical:** PUFA levels, mean ± SD: Linolenic: **G1:** 0.86 ± 0.44 **G2:** 3.2 ± 0.72 **G1/G2:** $P < 0.0001$ DHA: **G1:** 0.95 ± 0.2 **G2:** 2.85 ± 0.65 **G1/G2:** $P < 0.0001$ Linoleic: **G1:** 1.75 ± 0.46 **G2:** 2.77 ± 0.64 **G1/G2:** $P < 0.0001$ Arachidonic: **G1:** 2.5 ± 0.5 **G2:** 4.65 ± 0.5 **G1/G2:** $P < 0.0001$ AA/DHA: **G1:** 2.77 ± 0.84 **G2:** 1.71 ± 0.4 **G1/G2:** $P < 0.0001$	**Overall ratings:** CARS score, mean ± SD: **G1:** 32.7 ± 3.37 **G1/BL:** $P < 0.0001$ **Medical:** PUFA levels, mean ± SD: Linolenic: **G1:** 1.76 ± 0.56 **G1/BL:** $P < 0.0001$ DHA: **G1:** 1.69 ± 0.42 **G1/BL:** $P < 0.0001$ Linoleic: **G1:** 2.32 ± 0.41 **G1/BL:** $P < 0.0001$ Arachidonic: **G1:** 3.23 ± 0.49 **G1/BL:** $P < 0.0001$ AA/DHA: **G1:** 2.01 ± 0.53 **G1/BL:** $P < 0.0001$ **Harms:** NR **Modifiers:** Correlation between CARS and baseline PUFA level, no significant improvement in autistic behavior (n=10): Linolenic: -0.471 ($P > 0.05$) DHA: -0.670 ($P < 0.05$) Linoleic: -0.118 ($P > 0.05$) AA: 0.115 ($P > 0.05$)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Meguid et al., 2008 (continued)				Correlation between CARS and post-treatment PUFA level, no significant improvement in autistic behavior (n=10): Linolenic: 0.395 (*P* > 0.05) DHA: -0.541 (*P* > 0.05) Linoleic: -0.287 (*P* > 0.05) AA: 0.262 (*P* > 0.05)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Nickels et al., 2008 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** January 1976 to December 1997 **Funding:** Grant from Mr. and Mrs. David and Elaine Dana **Author industry relationship disclosures:** NR **Design:** Retrospective case series	**Intervention:** Population-based study of stimulant medication use in treatment of autism symptoms **Assessments:** Detailed chart review to abstract treatment information Episode of treatment: period of time subject treated with specific medication at specific dose, converted to methylphenidate equivalent units (MEUs) **Groups:** **G1:** stimulant medication **G2:** other treatment **Ga:** male **Gb:** female **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** NR **Concomitant therapies:** NR **N at enrollment:** Total: 124 **G1:** 65 **N at follow-up:** NA	**Inclusion criteria:** • Research identified autism • Resident of Olmsted County, MN upon meeting DSM criteria • IQ or DQ ≥ 35 • Age 21 and younger **Exclusion criteria:** • Diagnosis of Rett disorder, CDD, or schizophrenia prior to fulfilling DSM-IV criteria for autism **Age, onset of stimulant treatment, years (range):** **G1:** 7.9 ± 2.9 (3.4-14.5) **G1a:** 7.0 ± 2.5 (3.4-14.2) **G1b:** 10.8 ± 2.4 (6.7-14.5) **G1a/G1b:** *P* < 0.001 **Mental age:** NR **Gender, n (%):** Male: Total: 95 (76.6) **G1:** 50 (76.9) Female: Total: 29 (23.4) **G1:** 15 (23.1) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** NR **Diagnostic tool/method:** Review of records noting any reference to autism symptoms as per an autism glossary developed from 182 children given diagnoses of autism in the medical diagnosis index at the Mayo Clinic. School and medical records of children with ≥ 2 symptoms noted were reviewed and all noted symptoms were evaluated using DSM-IV criteria	**Overall measures:** Medication use, n (%): Psychopharmacologic treatment: 82/124 (66) Psychostimulants: 65/124 (52) Number of stimulants used, n (%): One: **G1:** 32 (49) Two: **G1:** 19 (29) Three: **G1:** 14 (22) Total episodes of psychostimulant treatment, n: **G1:** 398 Episodes of psychostimulant treatment, median per child (range): **G1:** 5 (1-21) Type of stimulant used, n (%): Methylphenidate: **G1:** 52 (80) **G1a:** 41 (82) **G1b:** 11 (73) Dextroamphetamine: **G1:** 34 (52) **G1a:** 29 (58) **G1b:** 5 (33) Mixed amphetamine salts: **G1:** 13 (20) **G1a:** 11 (22) **G1b:** 2 (13) Pemoline: **G1:** 11 (17) **G1a:** 9 (18) **G1b:** 2 (13) Methamphetamine: **G1:** 2 (3) **G1a:** 2 (4) **G1b:** 0	**Overall measures:** Duration of treatment, years ± SD (range): **G1:** 4.0 ± 3.9 (0.003-14.1) **G1a:** 4.5 ± 4.0 (0.008-14.1) **G1b:** 2.3 ± 2.8 (0.003-6.9) **G1a/G1b:** *P* = 0.03 Average daily dose, mg MEUs ± SD (range): **G1:** 27.3 ± 7.8 (2.5-75.2) **G1a:** 25.4 ± 15.3 (2.5-67.3) **G1b:** 34.1 ± 24.0 (5-75.2) Favorable response, n (%): **G1:** 276/398 (69) **G1a:** 235/345 (68) **G1b:** 41/53 (77) **G1a/G1b:** *P* = 0.33 Favorable response by stimulant episodes, n (%): Methylphenidate: 135/195 (69) Dextroamphetamine: 105/143 (73) Mixed amphetamine salts: 24/41 (59) Pemoline: 11/16 (69) Methamphetamine: 1/3 (33) **Harms:** Experienced at least one side effect, n (%): **G1:** 43/65 (66) **G1a:** 36/50 (72) **G1b:** 7/15 (47) **G1a/G1b:** *P* = 0.069

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Nickels et al., 2008 (continued)		**Diagnostic category, n (%):** Autism: 124 (100) **Other characteristics:** Comorbid diagnoses, n (%):* Speech/language: Total: 96 (77) Epilepsy: Total: 17 (14) Cognitive impairment (IQ/DQ < 70): Total: 68 (61)		Side effects by stimulant episodes, n (%): Total: 67/398 (16.8) Methylphenidate: 31/195 (16) Dextroampheta-mine: 24/143 (17) Mixed ampheta-mine salts: 7/41 (17) Pemoline: 4/16 (25) Methamphetamine: 1/3 (33) Methylphenidate side effects, n (# episodes): Tics: 4 (4) Appetite changes: 5 (6) Sleep disturbances: 6 (6) Headaches: 2 (2) Irritability/anxious-ness/worsening of behavior: 9 (10) Sedation/lethargy/ sleepiness: 3 (4) Other: 2 (2) Dextroampheta-mine side effects, n (# episodes): Tics: 2 (3) Appetite changes: 3 (5) Sleep disturbance: 4 (6) Irritability/anxious-ness/worsening behavior: 10 (10) Sedation/lethargy/ sleepiness: 1 (1) Other: 1 (1) Unknown: 1 (1)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Nickels et al., 2008 (continued)				Mixed amphetamine salts side effects, n (# episodes): Tics: 1 (2) Sleep disturbances: 2 (2) Irritability/anxiousness/worsening behavior: 3 (3) Other: 2 (3) Pemoline side effects, n (# episodes): Tics: 1 (1) GI complaints/ stomach ache: 1 (1) Other: 2 (2) Methamphetamine side effects, n (# episodes): Tics: 1 (1) **Modifiers:** No significant difference in rate of favorable response by type of stimulant used. No association between type of stimulant used and occurrence of side effects

Comments:

* The authors state that these comorbid diagnoses are “among others”.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Osborne et al., 2008 **Country:** UK **Practice setting:** Academic **Intervention setting:** Home, school **Enrollment period:** 2003 to 2005 **Funding:** South East Regional Special Education Needs Partnership Author industry relationship disclosures: NR **Design:** Prospective cohort	**Intervention:** Teaching interventions: reinforcement (ABA-like with 1:1 in-home antecedent-behavior-conseuquence discrete trial training, with reinforcement), nursery (classes of 6-8 children with postgrad-trained teacher, plus 2-3 learning support assistants; some TEACCH methodology), speech/language, and parent training (on what is ASD and how to manage behaviors) Intervention types, n (%): Reinforcement: 49 (75) Nursery: 36 (55) Speech/language: 31 (48) Parent training: 11 (17) Reinforcement: 49 (75) Nursery: 36 (55) Number of interventions, n (%): 1: 21 (32) 2: 27 (42) 3: 16 (25) 4: 1 (1) Hours of intervention by type, mean ± SD (range):* Reinforcement: 13.5 ± 10.7 (1-35) Nursery: 8.1 ± 5.5 (1-23) Speech/language: 1.2 ± 0.7 (1-3) Parent training: 4.2 ± 2.3 (1-10) Total intervention hours/ week: mean ± SD (range): 15.6 ± 9.2 (2-40) **Groups:** **G1:** low intensity (< 15.6 hours/week) intervention **G2:** high intensity (> 15.6 hours/week) intervention **Ga:** parenting stress (self-reported) below median **Gb:** parenting stress (self-reported) above median	**Inclusion criteria:** • Age 2.6-4.0 years • At the start of their first teaching intervention • Independent prior ASD diagnosis from specialist pediatrician • Initial referral from a general medical practitioner • Statement of special education needs related to ASD from local education authorities **Exclusion criteria:** • See inclusion criteria **Age, years (range):** NR (2.6-4.0) **Mental age:** See developmental age in baseline measures **Gender, n (%):** Male: 59 (90.1) Female: 6 (9.9) **Race/ethnicity:** NR **SES:** Maternal education, %: Secondary (16 yrs): 8 Tertiary (18 yrs): 33 Degree: 59 Postgraduate: 0 Paternal education, %: Secondary (16 yrs): 17 Tertiary (18 yrs): 17 Degree: 33 Postgraduate: 33 Maternal occupation, %: Unskilled/laborer: 33 Skilled/technical: 8 Managerial: 8 Unemployed/career houseworker: 50 Paternal occupation, %: Unskilled/laborer: 8 Skilled/technical: 17 Managerial: 75 Unemployed/career houseworker: 0	**Overall ratings:** GARS score, mean ± SD: **G1a:** 90.7 ± 19.8 **G1b:** 95.8 ± 11.8 **G2a:** 90.7 ± 13.7 **G2b:** 90.6 ± 19.0 **G1a/G1b/G2a/G2b:** *P* = NS **Adaptive behavior:** VABS score, mean ± SD: **G1a:** 55.6 ± 4.7 **G1b:** 56.6 ± 6.2 **G2a:** 57.0 ± 6.6 **G2b:** 58.6 ± 11.0 **G1a/G1b/G2a/G2b:** *P* = NS VABS developmental age, months ± SD: **G1a:** 18.1 ± 3.6 **G1b:** 17.4 ± 6.7 **G2a:** 18.1 ± 5.4 **G2b:** 20.7 ± 13.6 **G1a/G1b/G2a/G2b:** *P* = NS **Educational/ cognitive/ academic attainment:** PEP-R score, mean ± SD: **G1a:** 51.3 ± 11.9 **G1b:** 53.7 ± 22.1 **G2a:** 54.0 ± 12.2 **G2b:** 57.2 ± 20.2 **G1a/G1b/G2a/G2b:** *P* = NS PEP-R developmental age, months ± SD: **G1a:** 21.7 ± 6.3 **G1b:** 21.9 ± 11.8 **G2a:** 21.9 ± 6.0 **G2b:** 25.2 ± 16.1 **G1a/G1b/G2a/G2b:** *P* = NS	**Adaptive behavior:** VABS score, 9-10 months, mean change ± SD: **G1a:** NR** **G1b:** NR** **G2a:** NR** **G2b:** NR** **G1a/G1b:** *P* = NS **G2a/G2b:** *P* < 0.05 **G1a/G2a:** *P* < 0.05 **G1b/G2b:** *P* = NS VABS developmental age, 9-10 months, months ± SD: **G1a:** NR** **G1b:** NR** **G2a:** NR** **G2b:** NR** **G1a/G1b:** *P* = NS **G2a/G2b:** *P* = NS **G1a/G2a:** *P* = NS **G1b/G2b:** *P* = NS **Educational/ cognitive/ academic attainment:** PEP-R score, 9-10 months, mean change ± SD: **G1a:** NR** **G1b:** NR** **G2a:** NR** **G2b:** NR** **G1a/G1b:** *P* = NS **G2a/G2b:** *P* = NS **G1a/G2a:** *P* < 0.05 **G1b/G2b:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Osborne et al., 2008 (continued)	**Provider:** Teachers, tutors (2-9, mean 4.2 ± 1.6), and/or parents **Assessment:** • Autism severity by GARS • Intellectual functioning by PEP-R • Educational achievement by BAS-2 • Adaptive behavior and social functioning by VABS • Self-report parental stress by QRS-F • All testing conducted by an educational psychologist blind to intervention **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** No **Concomitant therapies, %:** Dietary interventions: 60 Fringe crystal treatment: 1.5 **N at enrollment:** Total: 65 **G1a:** 25 **G1b:** 20 **G2a:** 9 **G2b:** 11 **N at follow-up:** Total: 65 **G1a:** 25 **G1b:** 20 **G2a:** 9 **G2b:** 11	Marital status,%: Married: 83 Separated/divorced: 17 Household income: NR **Diagnostic approach:** Referral from specialized pediatrician based on clinical judgment, often with psychometric data In study confirmation **Diagnostic tool/method:** GARS **Diagnostic category, n (%):** Autism: 65 (100) **Other characteristics:** NR	BAS-II score, mean ± SD: **G1a:** 53.4 ± 9.1 **G1b:** 56.8 ± 14.0 **G2a:** 57.7 ± 19.0 **G2b:** 59.3 ± 20.7 **G1a/G1b/G2a/G2b:** *P* = NS BAS-II developmental age, months ± SD: **G1a:** 22.5 ± 5.5 **G1b:** 23.2 ± 9.7 **G2a:** 23.9 ± 11.2 **G2b:** 27.0 ± 18.4 **G1a/G1b/G2a/G2b:** *P* = NS **Parenting Stress:** QRS score, mean ± SD: **G1a:** 23.4 ± 5.3 **G1b:** 33.3 ± 4.7 **G2a:** 25.1 ± 4.4 **G2b:** 32.5 ± 4.1	PEP-R developmental age, 9-10 months, months ± SD: **G1a:** NR** **G1b:** NR** **G2a:** NR** **G2b:** NR** **G1a/G1b:** *P* = NS **G2a/G2b:** *P* = NS **G1a/G2a:** *P* < 0.05 **G1b/G2b:** *P* = NS BAS-II score, 9-10 months, mean change ± SD: **G1a:** NR** **G1b:** NR** **G2a:** NR** **G2b:** NR** **G1a/G1b:** *P* = NS **G2a/G2b:** *P* < 0.05 **G1a/G2a:** *P* < 0.01 **G1b/G2b:** *P* = NS BAS-II developmental age, 9-10 months, months ± SD: **G1a:** NR** **G1b:** NR** **G2a:** NR** **G2b:** NR** **G1a/G1b:** *P* = NS **G2a/G2b:** *P* < 0.001 **G1a/G2a:** *P* < 0.001 **G1b/G2b:** *P* = NS **Harms:** NR **Modifiers:** Baseline QRS score was not associated with intervention intensity.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Osborne et al., 2008 (continued)				MANOVAs showed a significant effect of intervention intensity ($P < 0.05$), stress ($P < 0.05$), and stress X intensity ($P < 0.05$) for both standard scores and developmental age.

Comments:

* Means and standard deviations reported only within children who received the specified treatment

** Data only illustrated graphically.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Owens et al., 2008 **Country:** UK **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** Medical Research Council Author industry relationship disclosures: NR **Design:** Non-randomized Control Trial	**Intervention:** LEGO Therapy and SULP (Social Use of Language Programme) One hour of group therapy per week for 18 weeks (over 5.5 months) LEGO: Collaborative LEGO play with projects divided into different roles, facilitated by adult supervisor SULP: direct teaching based on stories, activities, and games using stories, adult models, and children practicing to learn social and communication skills **Assessments:** Initial: Wechsler IQ, GARS, Spence Children's Anxiety Scale, Conner's ADHD and CDC. Outcome: VABS (socialization, communication and maladaptive behavior domains), GARS, parent satisfaction and child enjoyment, direct observation on school playground (examiner unblinded to group) **Groups:** **G1:** LEGO **G2:** SULP **G3:** controls* **Provider:** First author (trained in LEGO therapy by Dr. LeGoff) with undergraduate volunteers who attended a one day training supervised by the first author **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR	**Inclusion criteria:** • Current diagnosis of HFA, Aspergers, ASD, or autism by a clinical psychologist, psychiatrist, or pediatrician • 6-11 years old • IQ > 70 • Met cutoff on SCQ or ADI-R • Able to speak on phrases • Currently receiving no other behavioral intervention or social skills groups • Attending mainstream education or an inclusion unit in a mainstream school • No additional diagnoses of psychiatric disorders **Exclusion Criteria:** • See inclusion criteria **Age, months ± SD:** **G1:** 99.13 ± 20.14 **G2:** 97.33 ± 22.33 **G3:** 105.81 ± 16.05 **Mental age, mean ± SD:** WASI FSIQ: **G1:** 113.93 ±16.97 **G2:** 106.87 ± 17.15 **G3:** 108 ± 14.48 WASI VIQ: **G1:** 110.4 ± 16.24 **G2:** 100.62 ± 22.62 **G3:** 105 ± 15.61 GARS AQ: **G1:** 81.75 ± 16.39 **G2:** 86.27 ± 13.53 **G3:** 93.19 ± 18.23 **Gender, n (%):** Male: **G1:** 16 (100) **G2:** 14 (93) **G3:** 16 (100) Female: **G1:** 0 **G2:** 1 (7) **G3:** 0 **Race/ethnicity:** NR	**Overall ratings:** GARS social interaction score, mean ± SD: **G1:** 7.94 ± 2.70 **G2:** 8.60 ± 2.97 **G3:** 8.75 ± 2.91 **Social skills:** Frequency of self-initiated social interactions, 10 minute playground observation, mean ± SD:** **G1:** 9.09 ± 5.49 **G2:** 8.40 ± 6.34 Duration of self-initiated social interactions, 10 minute playground observation, mean ± SD:** **G1:** 4.77 ± 2.25 **G2:** 4.96 ± 2.30 **Adaptive behavior:** VABS socialization score, mean ± SD: **G1:** 70.56 ± 12.13 **G2:** 63.73 ± 11.63 **G3:** 67.19 ± 11.51 VABS communication score, mean ± SD **G1:** 87.25 ± 14.89 **G2:** 74.13 ± 18.47 **G3:** 82.5 ± 23.94 VABS maladaptive behaviors score, mean ± SD **G1:** 17.75± 9.43 **G2:** 19.31 ± 7.89 **G3:** 23.19 ± 6.15	**Overall ratings:** GARS social interaction score, mean ± SD: **G1:** 7.44 ± 2.20 **G2:** 9.27 ± 2.66 **G3:** 9.75 ± 3.36 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G3/BL:** *P* = NS **G1/G2:** *P* < 0.05 **G1/G3:** *P* < 0.05 **G2/G3:** *P* = NS **Social skills:** Frequency of self-initiated social interactions, 10 minute playground observation, mean ± SD:** **G1:** 8.81 ± 7.32 **G2:** 7.20 ± 5.67 Duration of self-initiated social interactions, 10 minute playground observation, mean ± SD:** **G1:** 6.66 ± 3.54 **G2:** 5.80 ± 2.30 **G1/BL:** *P* < 0.05 **G2/BL:** *P* = NS **G1/G2:** *P* = NS **Adaptive behavior:** VABS socialization score, mean ± SD **G1:** 75.94 ± 14.86 **G2:** 71.33 ± 12.63 **G3:** 69.69 ± 13.23 **G1/BL:** *P* = NS **G2/BL:** *P* < 0.05 **G3/BL:** *P* = NS **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Owens et al., 2008 (continued)	**Concomitant therapies, n (%):** **G1:** Speech and language: **G1:** 3 (19) **G2:** 4 (27) **G3:** 7 (44) OT: **G1:** 0 **G2:** 0 **G3:** 4 (25) GF/CF diet: **G1:** 1 (6) **G2:** 0 **G3:** 1 (6) **N at enrollment:** **G1:** 16 (in 5 groups) **G2:** 15 (in 5 groups) **G3:** 16 **N at follow-up:** **G1:** 16 **G2:** 15 **G3:** 16	**SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral, diagnosis was confirmed in study **Diagnostic tool/method:** ADI-R for G1 and G2; SCQ for G3 **Diagnostic category, n (%):** High functioning autism: **G1:** 5 (31) **G2:** 1 (7) **G3:** 2 (13) Aspergers: **G1:** 8 (50) **G2:** 8 (53) **G3:** 11 (69) ASD: **G1:** 2 (13) **G2:** 4 (27) **G3:** 2 (13) Autism: **G1:** 1 (6) **G2:** 2 (13) **G3:** 1 (6) **Other characteristics:** Educational support, n (%): Part-time TA: **G1:** 4 (25) **G2:** 4 (27) **G3:** 8 (50) Full time TA: **G1:** 7 (44) **G2:** 4 (27) **G3:** 2 (12.5) Inclusion unit: **G1:** 1 (6) **G2:** 3 (20) **G3:** 2 (12.5)		VABS communication score, mean ± SD **G1:** 91.88 ± 18.83 **G2:** 83.13 ± 16.34 **G3:** 76.06 ± 17.17 **G1/BL:** *P* = NS **G2/BL:** *P* < 0.01 **G3/BL:** *P* = NS **G1/G2:** *P* = NS **G1/G3:** *P* = NS **G2/G3:** *P* = NS VABS maladaptive behaviors score, mean ± SD **G1:** 13.81 ± 5.23 **G2:** 16.69 ± 5.79 **G3:** 22.75 ± 5.52 **G1/BL:** *P* < 0.05 **G2/BL:** *P* = NS **G3/BL:** *P* = NS **G1/G2:** *P* = NS **G1/G3:** *P* < 0.05 **G2/G3:** *P* < 0.05 **Harms:** NR **Modifiers:** NR

Comments:

* Participants initially only recruited for G1 and G2; G3 participants were recruited at a later date as part of another study and asked if their data could be used for this study in a no intervention control group sample.

** In an unspecified subset of 21 of the 31 children in groups G1 and G2.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Perry et al., 2008 **Country:** Canada **Practice setting:** Academic **Intervention setting:** home, clinic, or child care center **Enrollment period:** NR Program data: 2000-2006 **Funding:** Ontario Ministry of Children and Youth Services **Author industry relationship disclosures:** NR **Design:** Retrospective case series	**Intervention:** Ontario IBI, 20 to 40 hours a week throughout the year in a variety of settings (home, center, and integrated child care) using structured behavioral teaching based on the principles of applied behavior analysis duration ranged from 4 to 47 months (mean 18 months) **Assessments:** CARS, VABS, and cognitive (most commonly used: MSEL, BSID, WPPSI, SB-FE) "typically conducted by assessment staff of the central agency"(p.627). Seven categories of progress/outcomes were generated based on all available information including developmental rates, VABS ABC, cognitive standard scores, and CARS. **Groups:** **G1:** IBI **G1a:** higher functioning (VABS ABC ≥ 60) **G1b:** intermediate functioning (VABS ABC between 50 and 59) **G1c:** lower functioning (VABS ABC ≤ 49) **Provider:** Instructor-therapists (virtually all had a college or university level education and all received same initial IBI training) who were supervised by Senior Therapists (had a Master's degree and/or were Board Certified Behavior Analysts) **Measure of treatment fidelity reported:** No	**Inclusion criteria:** • entry assessment within 3 months of entry • another assessment (usually at exit) • diagnosis of autism or a disorder toward the severe end of the autism spectrum **Exclusion criteria:** • see inclusion criteria **Age, mean/yrs (range in months):** 4.5 (20-86) **Mental age, n, mean/months ± SD (range):** (Combined scores from MSEL, BSID, WPPSI, and SB:FE) **G1:** 151, 22.92 ± 10.96 (3-60) **G1a:** 44, 28.24 ± 11.46 **G1b:** 66, 21.51 ± 10.61 **G1c:** 33, 17.64 ± 6.84 *P* < 0.001 **Gender, n (%):** M: 276 (83) F: 56 (17) **Race/ethnicity, n (%):** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** DSM-IV **Diagnostic category, n (%):** Autism 194 (58) PDD-NOS 46 (14) ASD/PDD 92 (28) **Other characteristics:** NR	**Overall ratings:** CARS, n, mean ± SD: **G1:** 275, 36.09 ± 5.09 **G1a:** 68, 33.48 ± 4.35 **G1b:** 105, 35.71 ± 4.43 **G1c:** 79, 38.91 ± 5.37 CARS symptom severity, n: Not quite autism range: 24 Mild/moderate autism range: 145 Severe autism range: 106 VABS/ABC, n, mean age equivalent ± SD: **G1:** 279, 16.81 ± 6.46 **G1a:** 72, 21.80 ± 7.96 **G1b:** 115, 16.16 ± 5.25 **G1c:** 9, 13.73 ± 3.73 VABS/ABC, n, mean standard score ± SD: **G1:** 274, 54.77 ± 9.24 **G1a:** 70, 66.90 ± 6.76 **G1b:** 116, 54.55 ± 3.00 **G1c:** 86, 45.65 ± 3.30	**Overall ratings:** CARS, n, mean ± SD: **G1:** 275, 31.26 ± 5.31 *P* < 0.001 **G1a:** 68, 26.99 ± 4.93 *P* < 0.001 **G1b:** 105, 31.62 ± 4.14 *P* < 0.001 **G1c:** 79, 34.85 ± 4.61 *P* < 0.001 main effect of time: *P* < 0.001 reported reductions (*P* < 0.001) on each individual items of the CARS (with the exception of item XIV (*P* = 0.055)) CARS symptom severity changes, n (%): Non-autism remained non-autism: 19 (79) Non-autism to mild/moderate: 5 (21) Mild moderate to non-autism: 59 (41) Mild/moderate remained mild/moderate: 76 (52) Mild/moderate to severe: 10 (7) Severe to non-autism: 16 (15) Severe to mild/moderate: 63 (59) Severe remained severe: 27 (26) Children initially scoring in autism range changed to milder category: 138 (50)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Perry et al., 2008 (continued)	**Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 332 **G1a:** 78 **G1b:** 126 **G1c:** 96 **N at follow-up:** **G1:** 332 **G1a:** 78 **G1b:** 126 **G1c:** 96		**Social skills:** VABS Socialization domain, n, mean age equivalent ± SD: **G1:** 279, 13.71 ± 6.34 **G1a:** 72, 18.60 ± 7.62 **G1b:** 115, 13.15 ± 5.37 **G1c:** 91, 10.56 ± 3.50 VABS Socialization domain, n, mean standard score ± SD: **G1:** 274, 56.69 ± 7.82 **G1a:** 70, 66.10 ± 8.68 **G1b:** 116, 55.49 ± 3.66 **G1c:** 86, 50.83 ± 2.47 **Communication/ language:** VABS Communication domain, n, mean age equivalent ± SD: **G1:** 281, 15.65 ± 8.86 **G1a:** 72, 22.29 ± 12.01 **G1b:** 115, 14.33 ± 6.24 **G1c:** 92, 12.18 ± 5.54 VABS Communication domain, n, mean standard score ± SD: **G1:** 273, 53.92 ± 11.34 **G1a:** 70, 68.23 ± 11.09 **G1b:** 116, 52.47 ± 4.30 **G1c:** 85, 44.51 ± 4.54	VABS/ABC, n, mean age equivalent ± SD: **G1:** 279, 29.71 ± 14.21 *P* < 0.001 **G1a:** 72, 43.70 ± 14.48 *P* < 0.001 **G1b:** 115, 28.12 ± 10.83 *P* < 0.001 **G1c:** 91, 20.83 ± 8.20 *P* < 0.001 main effect of time *P* < 0.001 VABS/ABC, n, mean standard score ± SD: **G1:** 274, 56.26 ± 16.20 *P* = 0.02 **G1a:** 70, 75.79 ± 14.47 *P* < 0.001 **G1b:** 116, 54.28 ± 9.42 *P* = NS **G1c:** 86, 43.69 ± 7.32 *P* = 0.007 main effect of time *P* < 0.001 **Categories of progress/ outcome, n (%):** Average functioning: **G1:** 32 (10.8) **G1a:** 25 (32.5) **G1b:** 5 (4.2) **G1c:** 0 Substantial improvement: **G1:** 43 (14.5) **G1a:** 19 (24.7) **G1b:** 16 (13.4) **G1c:** 6 (6.5)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Perry et al., 2008 (continued)			**Adaptive behavior:** VABS Daily Living Skills domain, n, mean age equivalent ± SD: **G1:** 282, 20.90 ± 6.70 **G1a:** 73, 24.19 ± 8.25 **G1b:** 115, 20.99 ± 6.16 **G1c:** 92, 18.29 ± 4.58 VABS Daily Living Skills domain, n, mean standard score ± SD: **G1:** 274, 53.84 ± 12.10 **G1a:** 70, 66.36 ± 9.24 **G1b:** 116, 55.68 ± 5.24 **G1c:** 86, 41.99 ± 7.73 **Motor skills:** VABS Motor domain, n, mean age equivalent ± SD: **G1:** 167, 27.45 ± 7.59 **G1a:** 58, 28.71 ± 7.02 **G1b:** 69, 26.87 ± 7.60 **G1c:** 40, 26.63 ± 8.28 VABS Motor domain, n, mean standard score ± SD: **G1:** 138, 66.33 ± 13.95 **G1a:** 52, 76.94 ± 12.41 **G1b:** 66, 61.92 ± 10.10 **G1c:** 20, 53.30 ± 9.29	Clinically significant improvement: **G1:** 90 (30.4) **G1a:** 18 (23.4) **G1b:** 43 (36.1) **G1c:** 28 (30.4) Less autistic: **G1:** 31 (10.5) **G1a:** 4 (5.2) **G1b:** 11(9.2) **G1c:** 14 (15.2) Minimal improvement: **G1:** 25 (8.4) **G1a:** 4 (5.2) **G1b:** 7 (5.9) **G1c:** 14 (15.2) No change: **G1:** 55 (18.6) **G1a:** 5 (6.5) **G1b:** 27 (22.7) **G1c:** 22 (23.9) Worse: **G1:** 20 (6.8) **G1a:** 2 (2.6) **G1b:** 10 (8.4) **G1c:** 8 (8.7) *P* < 0.001 **Social skills:** VABS Socialization domain, n, mean age equivalent ± SD: **G1:** 279, 24.28 ± 13.59 *P* < 0.001 **G1a:** 72, 36.65 ± 14.99 *P* < 0.001 **G1b:** 115, 22.58 ± 10.72 *P* < 0.001 **G1c:** 91, 16.79 ± 7.89 *P* < 0.001 main effect of time *P* < 0.001

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Perry et al., 2008 (continued)			**Educational/ cognitive/ academic attainment:** FS IQ, n, mean ± SD: **G1:** 127, 47.42 ± 19.47 **G1a:** 40, 62.05 ± 15.99 **G1b:** 56, 43.44 ± 17.28 **G1c:** 26, 31.08 ± 9.90 Rate of developmental score, n, mean ± SD: **G1:** 278, 0.32 ± 0.12) **G1a:** 72, 0.47 ± 0.12 **G1b:** 114, 0.31 ± 0.06 **G1c:** 91, 0.22 ± 0.06	VABS Socialization domain, n, mean standard score ± SD: **G1:** 274, 58.91 ± 12.07 *P* < 0.001 **G1a:** 70, 72.11 ± 13.11 *P* = 0.001 **G1b:** 116, 56.82 ± 7.69 *P* = NS **G1c:** 86, 51.63 ± 4.87 *P* = NS main effect of time *P* < 0.001 **Communication/ language:** VABS Communication domain, n, mean age equivalent ± SD: **G1:** 281, 32.12 ± 19.94 *P* < 0.001 **G1a:** 72, 52.31 ± 19.09 *P* < 0.001 **G1b:** 115, 29.26 ± 15.85 *P* < 0.001 **G1c:** 92, 20.30 ± 11.95 *P* < 0.001 main effect of time *P* < 0.001

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Perry et al., 2008 (continued)				VABS Communication domain, n, mean standard score ± SD: **G1:** 273, 59.13 ± 22.16 *P* < 0.001 **G1a:** 70, 86.00 ± 20.45 *P* < 0.001 **G1b:** 116, 55.14 ± 14.09 *P* < 0.022 **G1c:** 85, 43.09 ± 8.60 *P* = NS main effect for time *P* < 0.001 **Adaptive behavior:** VABS Daily Living Skills domain, n, mean age equivalent ± SD: **G1:** 282, 32.60 ± 12.43 *P* < 0.001 **G1a:** 73, 42.21 ± 14.77 *P* < 0.001 **G1b:** 115, 32.50 ± 9.68 *P* < 0.001 **G1c:** 92, 25.24 ± 7.52 *P* < 0.001 main effect of time *P* < 0.001

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Perry et al., 2008 (continued)				VABS Daily Living Skills domain, n, mean standard score ± SD: **G1:** 274, 50.68 ± 17.89 *P* < 0.001 **G1a:** 70, 69.26 ± 16.62 *P* = NS **G1b:** 116, 50.89 ± 10.74 *P* < 0.001 **G1c:** 86, 36.00 ± 11.03 *P* < 0.001 main effect of time *P* < 0.001 **Motor skills:** VABS Motor domain, n, mean age equivalent ± SD: **G1:** 167, 43.52 ± 14.51 *P* < 0.001 **G1a:** 58, 50.98 ± 13.10 *P* < 0.001 **G1b:** 69, 42.12 ± 12.89 *P* < 0.001 **G1c:** 40, 35.13 ± 14.04 *P* < 0.001 main effect of time *P* < 0.001 VABS Motor domain, n, mean standard score ± SD: **G1:** 138, 68.47 ± 20.56 *P* = NS **G1a:** 52, 82.31 ± 18.10 **G1b:** 66, 62.08 ± 17.78 **G1c:** 20, 53.60 ± 13.72 main effect of time *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Perry et al., 2008 (continued)				**Educational/ cognitive/ academic attainment:** Mental age (Combined scores from MSEL, BSID, WPPSI, and SB-FE) mean/months ± SD: **G1:** 127, 41.40 ± 17.33 *P* < 0.001 **G1a:** 40, 54.77 ± 12.65 *P* < 0.001 **G1b:** 55, 38.40 ± 15.46 *P* < 0.001 **G1c:** 26, 25.56 ± 11.64 *P* = 0.002 main effect of time *P* < 0.001 Mental age changes, n (%): Gain of more than 12 months: 77 (61) Gain of 24 months or greater: 40 (32) Reduction of more than 12 months: 1 (0.8) Remained within 12 month of intake level: 48 (38) FS IQ mean ± SD: **G1:** 127, 59.28 ± 27.34 *P* < 0.001 **G1a:** 40, 82.67 ± 21.12 *P* < 0.001 **G1b:** 56, 53.74 ± 22.52 *P* < 0.001 **G1c:** 26, 33.08 ± 15.44 *P* = NS main effect for time *P* < 0.001

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Perry et al., 2008 (continued)				IQ changes, n (%): Increased by 15 points or more: 49 (39) Increased by 30 points or more: 22 (17) Decreased by 15 or more points: 3 (2) Remained within 15 points of initial score: 75 (59) Rate of developmental score, n, mean ± SD: **G1:** 278, 0.77 ± 0.76 *P* < 0.001 **G1a:** 72, 1.16 ± 0.95 *P* < 0.001 **G1b:** 114, 0.66 ± 0.59 *P* < 0.001 **G1c:** 91, 0.59 ± 0.69 *P* < 0.001 main effect of time *P* < 0.001 Developmental rate at or above typical development, n (%): **G1a:** 38 (53) **G1b:** 34 (30) **G1c**: 14 (15) **Harms:** NR **Modifiers:** CARS: group x time interaction: *P* = 0.004 FSIQ: group x time interaction: *P* < 0.001

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Perry et al., 2008 (continued)				MA: group x time interaction: *P* < 0.001 VABS Communication age equivalent, standard scores: group x time interaction: *P* < 0.001, *P* < 0.001 VABS Daily Living age equivalent, standard score: group x time interaction: *P* < 0.001, *P* < 0.001 VABS Socialization age equivalent, standard score group x time interaction: *P* < 0.001, *P* < 0.001 VABS Motor age equivalent, standard score group x time interaction: *P* < 0.001, *P* = NS VABS/ABC age equivalent, standard score group x time interaction: *P* < 0.001, *P* < 0.001. Developmental rate, group x time interaction: *P* = 0.006

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Probst and Leppert, 2008 **Country:** Germany **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: NR **Design:** Case series, prospective	**Intervention:** Teacher training in ASD symptoms, causes, assessment, treatment as well as educational skills focusing on antecedent interventions, methods of structured teaching and use of visual supports Three training sessions in two groups of 5 teachers each; one month between each session (months 1-3) Following group trainings, teachers had individual training sessions in the classroom for 6 months (months 4-9) Number of individual training sessions ± SD: 6 ± 1.25 Duration of individual training sessions, minutes ± SD: 30 ± 13 **Assessments:** Classroom Child Behavior Symptoms Questionnaire (CCBSQ) developed by authors, administered at baseline and the end of month 9 **Groups:** **G1:** teacher training **Provider:** 10 teachers (8 female) aged 42.0 ± 13.4 in two special education schools; each teacher had one child with ASD in a classroom of 8 ± 1.2 total children with MR. Teachers were trained by a graduate student who had competed a 5-day intensive TEACCH-training program **Measure of treatment fidelity reported:** No	**Inclusion criteria:** • Met DSM-IV criteria for autism **Exclusion criteria:** • See Inclusion Criteria **Age, years ± SD:** 10.0 ± 2.1 **Mental age:** NR **Gender, n (%):** Male: 7 (70) Female: 3 (30) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** Previous diagnosis of autism, as per school records; DSM-IV, CARS **Diagnostic category, n (%):** Autism: 10 (100) Severe Autism: 6 (66) Moderate Autism: 3 (33) Mild Autism: 1 (10) **Other characteristics, n (%):** Moderate or severe MR: 9 (90) Verbal language use: Never or seldom: 6 (60) Sometimes: 3 (30) Often: 1 (10)	**Overall ratings:** CARS score, mean ± SD: **G1:** 39.0 ± 7.0 **Educational/ cognitive/ academic attainment:** CCBSQ score, mean ± SD: **G1:** 106.4 ± 15.5	**Educational/ cognitive/ academic attainment:** CCBSQ score, month 9, mean ± SD: **G1:** 100.8 ± 16.7 **G1/BL:** $P < 0.05$ **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Probst and Leppert, 2008 (continued)	**Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 10 **N at follow-up:** **G1:** 10			

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Silva et al., 2008 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic and home **Enrollment period:** 2006 **Funding:** Spirit Mountain community fund Author industry relationship disclosures: NR **Design:** Case series, prospective **Note:** See related paper Silva et al., 2007 {#302}	**Intervention:** Qigong sensory training (QST) massage movements; 21 visits over 5 months, plus 15 minutes daily at home by parent QST trainers were recruited from the education service district and local health professionals. QST training consisted of skill-based curriculum and 50 hrs of didactic and experiential material. Trainers were observed by the PI delivering the 5 month intervention to two children. **Assessments:** VABS, Sensory Profile, Autism Behavior Checklist conducted by third party evaluators; parent-completed questionnaire RE observations of child's behaviors **Groups:** **G1:** QST **Provider:** Professionals trained in QST, n: OT: 5 Autism specialist: 3 Teacher/educator: 2 OT assistant: 1 Instructional assistant: 1 Nurse: 1 Chiropractor: 1 Social worker: 1 **Treatment manual followed:** NR **Defined protocol followed:** Yes **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR	**Inclusion criteria:** • < 6 years old • Diagnosis of autism • Enrolled in early intervention services • No complicating medical diagnoses or medication (chelation agents) **Inclusion criteria for QST trainers:** • Minimum 3 years experience working with children with autism • Healthy and energetic (self assessment) • Not on medications for chronic health conditions **Age, months ± SD (range):** 56.3 ± 12.5 (31-84) **Mental age:** NR **Gender, n (%):** Male: 21 (81) Female: 5 (19) **Race/ethnicity:** NR **SES:** NR **Diagnostic approach:** Referral Children were recruited who were receiving autism services from the education service district **Diagnostic tool/method:** NR **Diagnostic category, n (%):** Autism: 26 (100) **Other characteristics:** NR	**Social skills:** VABS score, mean ± SD: Socialization: **G1:** 70.9 ± 13.0 **Communication/ language:** VABS Communication: **G1:** 68.5 ± 15.0 **Adaptive behavior:** VABS Composite: **G1:** 68.6 ± 12.2 VABS Daily living skills: **G1:** 73.3 ± 18.5 **Motor skills:** VABS Motor skills: **G1:** 73.5 ± 12.0 **Sensory:** Sensory profile score, mean ± SD: Total: **G1:** 21.0 ± 11.8 Processing: **G1:** 6.2 ± 3.7 Modulation: **G1:** 4.6 ± 3.3 Behavioral response: **G1:** 3.4 ± 1.9 **Autism Behavior Checklist score, mean ± SD:** **G1:** 66.0 ± 25.1	**Problem behavior:** Autism Behavior Checklist score, mean ± SD: **G1:** 41.9 ± 22.1 *P* = 0.00005 **Social skills:** VABS socialization score, mean ± SD: **G1:** 79.8 ± 13.9 *P* = 0.003 **Communication/ language:** VABS communication score, mean ± SD: **G1:** 77.6 ± 16.9 *P* = 0.0003 **Adaptive behavior:** VABS composite score, mean ± SD: **G1:** 77.7 ± 14.5 *P* = 0.00009 VABS daily living score, mean ± SD: **G1:** 82.7 ± 17.8 *P* = 0.003 **Motor skills:** VABS motor skills score, mean ± SD: **G1:** 81.0 ± 11.4 *P* = 0.003 **Sensory:** Sensory profile total score, mean ± SD: **G1:** 14.5 ± 10.7 *P* = 0.0003 Sensory processing score, mean ± SD: **G1:** 4.1 ± 3.4 *P* = 0.002

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Silva et al., 2008 (continued)	**Concomitant therapies:** NR **N at enrollment:** **G1:** 26 **N at follow-up:** **G1:** 26			Sensory modulation score, mean ± SD: **G1:** 3.2 ± 2.7 *P* = 0.003 Sensory behavioral response score, mean ± SD: **G1:** 2.8 ± 1.6 *P* = NS **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Solomon et al., 2008 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Children's Miracle Network Author industry relationship disclosures: NR **Design:** RCT	**Intervention:** Parent Child Interaction Therapy Phase 1: Child directed interaction, initially clinician led, then parents coached until reached mastery criteria (occurred within 8 sessions for all participants) Phase 2: Parent directed interaction, all parents completed within 6 sessions. Mean length of total treatment: 12.7 sessions (one family relocated in middle of CDI) **Assessments:** Parent rated ECBI, BASC, PSI-SF; DPICS affect coding done in free play session (G1 only) **Groups:** **G1:** intervention **G2:** control (waiting list) **Provider:** Five therapists (3 trained in PCIT with master trainers: shadowing and practicing at least 6 mos; 2 trained in team working with trained therapists) **Measure of treatment fidelity reported:** Regular team coding meetings during study, but no formal treatment fidelity measure taken **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 10 **G2:** 9 **N at follow-up:** **G1:** 10 **G2:** 9	**Inclusion criteria:** • Met DSM-IV-TR criteria for autistic disorder, aspergers disorder, or PDD-NOS • Met cutoffs for ASD on ADOS • Met cutoffs for autism on ADI-R • Clinically significant externalizing behavior problems on BASC externalizing behavior scale OR exceed threshold on ECBI intensity scale **Exclusion criteria:** • FSIQ < 70 on WASI • Not enough receptive or expressive language abilities to participate in language intensive intervention **Age, mean/yrs (range):** **G1:** 8.2 ± 1.7 (6.0-10.8) **G2:** 8.1 ± 2.2 (5.3-12.1) **Mental age:** WASI FSIQ, mean ± SD: **G1:** 100.11 ± 19.2 (83-135) **G2:** 93.4 ± 16.8 (79-125) WASI VIQ, mean ± SD: **G1:** 97.7 ± 18.4 (73-138) **G2:** 90.4 ± 20.3 (75-133) WASI PIQ, mean ± SD: **G1:** 102.2 ± 21.6 (82-138) **G2:** 94.7 ± 9.3 (84-110) **Gender, n (%):** Male: 19 (100) Female: 0 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral, with diagnosis **Diagnostic tool/method:** ADOS and ADI-R in study DSM-IV-TR	**Overall ratings:** ADOS score, mean ± SD (range): **G1:** 13.1 ± 4.3 (8-22) **G2:** 11.3 ± 3.6 (7-19) **Problem behavior:** ECBI intensity score, mean ± SD: **G1:** 67.0 ± 5.64 **G2:** 65.67 ± 8.80 ECBI problem score, mean ± SD: **G1:** 62.90 ± 6.30 **G2:** 66.78 ± 8.51 BASC externalizing score, mean ± SD: **G1:** 71.1 ± 8.2 **G2:** 76.6 ± 14.9 BASC aggression score, mean ± SD: **G1:** 63.90 ± 10.58 **G2:** 70.33 ± 14.21 BASC hyperactivity score, mean ± SD: **G1:** 74.30 ± 8.29 **G2:** 80.56 ± 13.95 BASC attention score, mean ± SD: **G1:** 72.80 ±6.13 **G2:** 70.89 ± 10.46 BASC conduct score, mean ± SD: **G1:** 67.40 ± 8.63 **G2:** 67.00 ± 14.03 **Social skills:** BASC adaptability score, mean ± SD: **G1:** 23.90 ± 7.91 **G2:** 28.44 ± 6.48 BASC social skills score, mean ± SD: **G1:** 30.20 ± 3.77 **G2:** 35.00 ± 10.52 BASC leadership score, mean ± SD: **G1:** 36.20 ± 4.02 **G2:** 33.89 ± 6.07	**Problem behavior:** ECBI intensity score, mean ± SD: **G1:** 59.70 ± 4.95 **G2:** 62.22 ± 9.77 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = 0.462 ECBI problem score, mean ± SD: **G1:** 52.00 ± 6.52 **G2:** 63.00 ± 7.31 **G1/BL:** *P* = 0.015 **G2/BL:** *P* = NS **G1/G2:** *P* = 0.007 BASC aggression score, mean ± SD: **G1:** 59.00 ± 6.25 **G2:** 67.78 ± 14.60 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = 0.516 BASC hyperactivity score, mean ± SD: **G1:** 68.70 ± 11.68 **G2:** 80.56 ± 8.31 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = 0.055 BASC attention score, mean ± SD: **G1:** 65.80 ±8.77 **G2:** 70.67 ± 10.92 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = 0.062 BASC conduct score, mean ± SD: **G1:** 59.90 ± 8.01 **G2:** 66.00 ± 10.44 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = 0.059 **Social skills:** BASC adaptability score, mean ± SD: **G1:** 32.40 ± 10.23 **G2:** 27.33 ± 10.38 **G1/BL:** *P* = 0.002 **G2/BL:** *P* = NS **G1/G2:** *P* = 0.035

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Solomon et al., 2008 (continued)		**Diagnostic category:** Autism: **G1:** 4 **G2:** 4 PDD-NOS: **G1 :** 0 **G2:** 3 Aspergers: **G1:** 6 **G2:** 2 **Other characteristics:** NR	BASC depression score, mean ± SD: **G1:** 60.00 ± 9.57 **G2:** 75.50 ±14.25 BASC atypicality score, mean ± SD: **G1:** 75.50 ±14.25 **G2:** 72.33 ± 21.09 DPICS affect code score, mean ± SD: Shared positive affect: **G1:** 1.5 ± 1.8 (0-5) Parent positive affect: **G1:** 4.2 ± 2.5 (1-9) Child positive affect: **G1:** 4.8 ± 4.2 (0-12) Lag sequential: **G1:** 1.2 ± 1.6 (0-4)	BASC social skills score, mean ± SD: **G1:** 37.40 ± 5.80 **G2:** 37.33 ± 6.91 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = 0.16 BASC leadership score, mean ± SD: **G1:** 38.10 ± 6.15 **G2:** 37.56 ± 4.72 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = 0.79 BASC depression score, mean ± SD: **G1:** 53.60 ± 7.25 **G2:** 65.11 ± 13.91 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = 0.089 BASC atypicality score, mean ± SD: **G1:** 69.10 ± 20.51 **G2:** 78.33 ± 17.11 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = 0.048 DPICS affect code score, mean ± SD: Shared positive affect: **G1:** 5.3 ± 5.2 **G1/BL:** *P* < 0.05 Parent positive affect: **G1:** 10.4 ± 5.7 **G1/BL:** *P* < 0.01 Child positive affect: **G1:** 7.3 ± 6.3 **G1/BL:** *P* < 0.1 Lag sequential: **G1:** 4.7 ± 4.9 **G1/BL:** *P* < 0.05 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Tyminski et al., 2008 **Country:** US **Practice setting:** Community **Intervention setting:** School and home **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: NR **Design:** Prospective case series	**Intervention:** Group psychotherapy, for an average 14 months for 2 groups of 6 and 3 groups of 5 **Assessment:** Social skills at home assessed by VABS and at school by the Social Skills Checklist; baseline social development by teachers Follow-up assessment of all study measures at 4 months to 3 years after start of study therapy **Groups:** **G1:** group psychotherapy **Provider:** Therapists **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 39 (100) **N at follow-up:** **G1:** 27 (69)	**Inclusion criteria:** • Diagnosis of DSM-IV criteria for PDD • Capacity for verbal communication • No history of verbal aggression towards peers **Exclusion criteria:** • See inclusion criteria **Age, years (range):** **G1:** 9.2 (5-16) **Mental age:** NR **Gender,** n (%): Male: 33 (85) Female: 6 (15) **Race/ethnicity, n (%):** White: 12 (31) Asian: 12 (31) Hispanic: 9 (23) African American: 2 (5) Multiracial: 4 (10) **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** DSM-IV **Diagnostic category, n (%):** Autism: 15 (38) PDD-NOS: 21 (54) Aspergers: 3 (8) **Other characteristics:** Theory of Mind: NR	**Social skills:** VABS socialization, developmental age, months ± SD (range): **G1:** 33 ± 15.3 (13-86) Correlation between VABS and baseline measures: Age at intake: 0.38 ($P < 0.05$) Theory of Mind: 0.35 ($P < 0.05$) Social Skills Checklist score, mean ± SD (range): **G1:** 2.5 ± 0.8 (1.4-4.7) Correlation between SSC score and baseline measures: Age: 0.29 ($P < 0.10$)	**Social skills:** VABS socialization, developmental age, months ± SD (range): **G1:** 46 ± 18.2 (17-90) **G1/BL:** $P < 0.001$ Correlation between follow-up VABS and other measures: Theory of Mind: 0.49 ($P < 0.01$) Baseline VABS: 0.74 ($P < 0.0001$) Duration of therapy: -0.44 ($P < 0.01$) Social Skills Checklist score, mean ± SD (range): **G1:** 2.9 ± 0.7 (1.2-4.0) **G1/BL:** $P < 0.01$ Correlation between follow-up SSC score and other measures: Baseline SSC: 0.54 ($P < 0.001$) Correlation between change in SSC score and other measures: Age at intake: -0.32 ($P < 0.10$) **Harms:** NR **Modifiers:** Age at intake, theory of mind, and duration of therapy

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: RUPP, 2007 **Country:** US **Practice setting:** Specialty treatment center **Intervention setting:** Clinic and home **Enrollment period:** NR **Funding:** NIH **Author industry relationship disclosures:** NR **Design:** Case series	**Intervention:** 11 parent education sessions covering prevention strategies, schedules, reinforcement, planned ignoring, compliance training, functional communication techniques, teaching techniques, and generalization; up to 4 optional sessions including time-out, contingency contracting, imitation training, and crisis management implemented at clinician discretion Mean parental adherence score for 11 mandatory sessions: 80 **Assessments:** Either WISC-III, MSEL, or LIPS-R, depending on the child's cognitive functioning; Slosson Intelligence Test Parent(s) seen weekly for 75-90 minute parent training visits until week 14, and then for a home visit (week 17) and booster sessions (weeks 18, 20, and 22); initial home visit conducted between the week 2 and 3 parent training sessions Repeated measures collected at regular time points during the parent training program (baseline, weekly through week 8, monthly at weeks 12, 16, and 20, and study end-point at week 24): PTA, HSQ, ABC, CGI-I, VABS, PSI **Groups:** **G1:** parent training **Provider:** Parent training administered by therapists	**Inclusion criteria:** • Age 4-13 years • On stable medication for significant behavior problems (stable = on same medication dose for ≥ 4 weeks with no planned dosage changes for 6 months) • At least one parent available for training • Met clinical DSM-IV criteria for Autistic Disorder, Asperger Disorder, or PDD-NOS • CGI-S score of 3-5 at baseline **Exclusion criteria:** • IQ < 35 **Age,** years ± SD: 7.7 ± 2.6 **Mental age:** IQ, mean ± SD: 55.9 ± 22.3 **Gender, n:** Male: 14 Female: 3 **Race/ethnicity, %:**** White: 88 African American: 12 Asian: 6 Hispanic: 12 **SES:** Maternal education: NR Household income, %: < $20,000: 12 $20,001-$40,000: 18 $40,001-$60,000: 47 $60,001-$90,000: 23 **Diagnostic approach:** In Study **Diagnostic tool/method:** diagnosis using DSM-IV criteria made by experienced clinicians at each study site by interview and direct observation; diagnosis corroborated by ADI-R	**Communication/ language:** ABLLS raw score, mean ± SD: **G1:** 133.4 ± 64.2 **Problem behavior:** ABC score, mean ± SD: Irritability: **G1:** 24.3 ± 9.3 Stereotypic behavior: **G1:** 8.8 ± 5.7 Lethargy/social withdrawal: **G1:** 9.5 ± 8.2 Hyperactivity/ noncompliance: **G1:** 27.4 ± 9.5 Inappropriate speech: **G1:** 3.8 ± 3.6 PSI score, mean ± SD: **G1:** 114.1 ± 18 **Adaptive behavior:** VABS daily living skills score, mean ± SD: Raw score: **G1:** 119.9 ± 62.4 Standard score: **G1:** 38.3 ± 16.4 Age equivalency: **G1:** 35.7 ± 18.2	**Overall ratings:** CGI-I rating, %: Very much improved/much improved: 53 Minimal improvement: 30 No change: 6 Parent rating of target behaviors improved, highly satisfied: 100 **Communication/ language:** ABLLS raw score, week 24, mean ± SD: **G1:** 159 ± 56.4 **G1/BL:** $P < 0.001$ **Problem behavior:** ABC score, week 24, mean ± SD: Irritability: **G1:** 16.1 ± 9.5 **G1/BL:** $P < 0.01$ Stereotypic behavior: **G1:** NR **G1/BL:** P = NS Lethargy/social withdrawal: **G1:** NR **G1/BL:** P = NS Hyperactivity/ noncompliance: **G1:** 21.7 ± 10.2 **G1/BL:** $P < 0.05$ Inappropriate speech: **G1:** NR **G1/BL:** P = NS PSI score, week 24, mean ± SD: **G1:** 98.3 ± 17.7 **G1/BL:** $P < 0.05$

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
RUPP, 2007 (continued)	**Frequency of contact during study:** Parent(s) seen weekly until week 14; home visit at week 17, booster sessions at weeks 18, 20, and 22; home visit between weeks 2 and 3 **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** Yes **Concomitant therapies, %:** Taking medication: 100 Enrolled in special education: 65 **N at enrollment:** **G1:** 17 **N at follow-up:** **G1:** 14*	**Diagnostic category, n :** Autism: 11 PDD-NOS: 3 Aspergers: 2 **Other characteristics,%:** Living in 2-parent house-hold: 88 Living in a parental home: 100		**Adaptive behavior:** VABS daily living skills score, week 24, mean ± SD: Raw score: **G1:** 146.7 ± 68.5 **G1/BL:** *P* < 0.01 Standard score: **G1:** 45.2 ± 18.2 **G1/BL:** *P* = NS Age equivalency: **G1:** 42.4 ± 22.2 **G1/BL:** *P* < 0.01 **Harms:** NR **Modifiers:** NR

Comments:

* Reasons for study withdrawal: medication changes (1), medical problems (1), and parental unavailability (1).

** 18% selected more than one race category

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Baker-Ericzén et al., 2007 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** 1999 to 2003 **Funding:** NIH Author industry relationship disclosures: NR **Design:** Prospective case series	**Intervention:** Pivotal Response Training (PRT): 12-week parent education program in which trained therapists taught parents strategies for increasing motivation Families met individually with therapist for 1 hour/week for 12 weeks **Provider:** Therapists conducting parent education (trained in PRT through graduate studies or a train-the-trainer model with supervising psychologist; also trained in use of manual to teach techniques to parents) and master's level developmental specialists or doctoral-level clinical psychologists with experience with children with ASD **Assessments:** VABS administered by therapist with parent at first and last treatment session **Groups:** **G1:** PRT **Ga:** males **Gb:** females **Measure of treatment fidelity reported:** Yes, but not after initial training **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 269 **N at follow-up:** **G1:** 158	**Inclusion criteria:** • Child with diagnosis of autistic disorder or PDD-NOS by DSM-IV **Exclusion criteria:** • See inclusion criteria **Age, months (range):** 49.36 (24-113) Age grouping, %: ≤ 3 years: 55 4-5 years: 35 ≥ 6 years: 10 **Mental age:** NR **Gender, %:** Male: 83 Female: 17 **Race/ethnicity, %:** Hispanic: 35.4 White: 27.4 Asian/Pacific Islander: 19.5 African American: 4 Native American: 2.7 Unknown/other: 10.6 **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** DSM-IV; not confirmed in study **Diagnostic category, n (%):** Autism/PDD-NOS: 158 (100) **Other characteristics:** NR	**Social skills:** VABS socialization score, mean ± SD: **G1a:** 59.65 ± 9.22 (n=136) **G1b:** 62.82 ± 10.47 (n=28) **G1a/G1b:** *P* = NS **Communication/ language:** VABS communication score, mean ± SD: **G1a:** 58.93 ± 12.72 (n=136) **G1b:** 64.46 ± 13.87 (n=28) **G1a/G1b:** *P* = NS **Motor skills:** VABS motor skills score, mean ± SD: **G1:** NR* **Adaptive behavior:** VABS composite score, mean ± SD: **G1a:** 54.50 ± 10.38 (n=128) **G1b:** 59.50 ± 10.81 (n=28) **G1a/G1b:** *P* < 0.05 VABS daily living skills score, mean ± SD: **G1a:** 56.54 ± 12.15 (n=135) **G1b:** 63.43 ± 12.23 (n=28) **G1a/G1b:** *P* = NS	**Social skills:** VABS socialization score, mean ± SD: **G1a:** 63.63 ± 11.70 (n=136) **G1b:** 67.82 ± 15.95 (n=28) **G1a/BL:** *P* < 0.001 **G1a/BL:** *P* < 0.01 **G1/BL:** *P* < 0.001 **Communication/ language:** VABS communication score, mean ± SD: **G1a:** 63.61 ± 15.56 (n=136) **G1b:** 66.96 ± 15.44 (n=28) **G1a/BL:** *P* < 0.001 **G1a/BL:** *P* = NS **G1/BL:** *P* < 0.001 **Motor skills:** VABS motor skills score, mean ± SD: **G1:** NR* **G1/BL:** *P* < 0.001 **Adaptive behavior:** VABS composite score, mean ± SD: **G1a:** 58.84 ± 12.32 (n=128) **G1b:** 64.75 ± 16.33 (n=28) **G1a/BL:** *P* < 0.001 **G1a/BL:** *P* < 0.01 **G1/BL:** *P* < 0.001

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Baker-Ericzén et al., 2007 (continued)				VABS daily living skills score, mean ± SD: **G1a:** 59.66 ± 12.74 (n=135) **G1b:** 66.36 ± 13.27 (n=28) **G1a/BL:** *P* < 0.001 **G1a/BL:** *P* < 0.01 **G1/BL:** *P* < 0.001 **Harms:** NR **Modifiers:** Significant effect for age with younger children (≤ 3 years) showing most improvement on the VABS composite score (*P* < 0.001) and older children (≥ 6 years) showing the least improvement (*P* < 0.01). No significant differences in domain scores by race at baseline.

Comments:

* The VABS motor skills score was only calculated for children under the age of 6 and is not reported.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Bauminger et al., 2007 **Country:** Israel **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** Israel Foundation Trustees Author industry relationship disclosures: NR **Design:** Retrospective case series **Note:** See related study with 11 overlapping participants, Bauminger et al., 2007{#422}	**Intervention:** Group-centered social multimodal Cognitive Behavioral-Ecological intervention: within teacher-led small groups of peers that included 2 typical peers and between 1 and 3 high functioning children with ASD. The research coordinator supported each teacher once monthly. Duration: 7 months Group lesson included teaching process to set "definitions and rules" for participants and practice process that allowed rehearsal of learned skills Social skills training consisted of 50 lessons focusing on group behavior and practicing behavior, covering: • Instruction in prerequisite concepts for group involvement • Affective education focusing mainly on higher processes of emotional understanding • Group conversation skills • Cooperative skills • Double message issues **Assessments:** Observed direct and indirect treatment effects on social cognitive capabilities, children's change in overt cooperative skills within and outside the group. All measures administered once before and once after treatment. **Groups:** **G1:** individual intervention **Ga:** original group **Gb:** newly recruited	**Inclusion criteria:** • Diagnosis of ASD from prior assessment by licensed psychologists using DSM-IV **Exclusion criteria:** • See inclusion criteria **Age, months ± SD:** **G1a:** 105.4 ± 7.24 **G1b:** 110.78 ± 15.06 **Mental age:** Verbal IQ, mean ± SD: **G1a:** 104.09 ± 14.28 **G1b:** 110.62 ± 14.44 **G1a/G1b:** *P* = NS PIQ, mean ± SD: **G1a:** 109.73 ± 9.12 **G1b:** 116.92 ± 16.44 **G1a/G1b:** *P* = NS Full IQ, mean ± SD: **G1a:** 108.09 ± 8.62 **G1b:** 115.08 ± 13.68 **G1a/G1b:** *P* = NS **Gender, n:** Male: **G1a:** 10 **G1b:** 14 Female: **G1a:** 1 **G1b:** 1 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referred from prior assessment by psychologists, diagnosis verified In Study **Diagnostic tool/method:** DSM-IV, ADI-R **Diagnostic category, n:** High functioning autism: **G1a:** 7 **G1b:** 10 Aspergers: **G1a:** 4 **G1b:** 5	**Social Skills:** Specific companionship behaviors, mean ± SD: Mutual planning: **G1:** 1.69 ± 0.73 Cooperation: **G1:** 2.08 ± 1.16 Eye contact: **G1:** 2.50 ± 0.76 Negotiation: **G1:** 1.15 ± 0.36 Sharing: **G1:** 2.00 ± 0.93 Positive interaction, social behaviors, mean ± SD: Group: **G1a:** 8.27 ± 10.01 **G1b:** 9.86 ± 8.82 **G1a/G1b:** *P* = NS Dydactic: **G1a:** 25.45 ± 23.98 **G1b:** 34.86 ± 27.73 **G1a/G1b:** *P* = NS Low-level interaction, social behaviors, mean ± SD: Group: **G1a:** 14.09 ± 7.1 **G1b:** 10.73 ± 8.14 **G1a/G1b:** *P* = NS Dydactic: **G1a:** 15.36 ± 10.26 **G1b:** 21.00 ± 15.40 **G1a/G1b:** *P* = NS Negative interaction, social behaviors, mean ± SD: Group: **G1a:** 0.91 ± 1.22 **G1b:** 0.6 ± 1.12 **G1a/G1b:** *P* = NS Dydactic: **G1a:** 5.09 ± 5.32 **G1b:** 2.26 ± 2.21 **G1a/G1b:** *P* = NS	**Social skills:** Specific companionship behaviors, mean ± SD: Mutual planning: **G1:** 2.19 ± 0.84 **G1/BL:** *P* < 0.01 Cooperation: **G1:** 3.58 ± 1.39 **G1/BL:** *P* < 0.001 Eye contact: **G1:** 2.65 ± 1.12 **G1/BL:** *P* = NS Negotiation: **G1:** 1.23 ± 0.65 **G1/BL:** *P* = NS Sharing: **G1:** 2.58 ± 1.20 **G1/BL:** *P* < 0.05 Positive interaction, social behaviors, mean ± SD: Group: **G1a:** 4.36 ± 6.75 **G1b:** 14.26 ± 16.48 Dydactic: **G1a:** 29.45 ± 9.67 **G1b:** 27.73 ± 18.01 Low-level interaction, social behaviors, mean ± SD: Group: **G1a:** 14.36 ± 4.41 **G1b:** 11.86 ± 7.33 Dyadic: **G1a:** 11.09 ± 5.50 **G1b:** 14.86 ± 10.02 Negative interaction, social behaviors, mean ± SD: Group: **G1a:** 1 ± 1.34 **G1b:** 0.87 ± 1.41

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Bauminger et al., 2007 (continued)	**Provider:** Special education teacher **Measure of treatment fidelity reported:** NR **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1a:** 11 **G1b:** 15 **N at follow-up:** **G1a:** 11 **G1b:** 15	**Other characteristics:** ADI social score, mean ± SD: **G1a:** 17.45 ± 3.90 **G1b:** 17.64 ± 3.62 **G1a/G1b:** *P* = NS ADI communication score, mean ± SD: **G1a:** 13.27 ± 4.88 **G1b:** 13.71 ± 4.28 **G1a/G1b:** *P* = NS ADI behavior score, mean ± SD: **G1a:** 5.00 ± 1.34 **G1b:** 5.79 ± 1.52 G1a/G1b: *P* = NS	Problem solving initiation behavior, mean ± SD: **G1a:** 4.72 ± 2.41 **G1b:** 4.33 ± 2.52 Number of social solutions, mean ± SD: **G1a:** 55.71 ± 17.80 **G1b:** 47.25 ± 17.74 TOM strange stories, mean ± SD: Comprehension: **G1a:** 4.45 ± 1.03 **G1b:** 4.13 ± 0.91 Justification: **G1a:** 3.63 ± 2.46 **G1b:** 4.2 ± 3.02 Executive function, mean ± SD: Number of sorts performed: **G1a:** 9.18 ± 2.18 **G1b:** 8.13 ± 4.27 Strategies generated: **G1a:** 9.18 ± 2.52 **G1b:** 8 ± 4.05 Strategies recognized: **G1a:** 9 ± 3.13 **G1b:** 7.40 ± 3.92 **Emotional understanding:** Recognition of emotion, mean ± SD: Basic: **G1a:** 10.90 ± 1.86 **G1b:** 11.60 ± 2.16 Complex: **G1a:** 11.18 ± 2.08 **G1b:** 10.46 ± 3.22 Relevancy of explanation, mean ± SD: Basic: **G1a:** 6.90 ± 1.04 **G1b:** 6.53 ± 1.76 Complex: **G1a:** 7.00 ± 0.77 **G1b:** 6.33 ± 1.45	Dydactic: **G1a:** 6.09 ± 4.82 **G1b:** 2.46 ± 3.90 ANOVA: social behavior type (group/didactic; P < 0.001), group (newly recruited/ original; P < 0.05) Problem solving initiation behavior, mean ± SD: **G1a:** 6.54 ± 4.03 **G1b:** 5.80 ± 2.33 **G1/BL:** *P* < 0.01 Number of social solutions, mean ± SD: **G1a:** 58.60 ± 23.74 **G1b:** 59.32 ± 13.99 **G1/BL:** *P* < 0.05 TOM strange stories, mean ± SD: Comprehension: **G1a:** 4.09 ± 1.37 **G1b:** 4.26 ± 0.45 **G1/BL:** *P* = NS Justification: **G1a:** 4.18 ± 2.35 **G1b:** 5.40 ± 2.35 **G1/BL:** *P* < 0.01 Executive function, mean ± SD: Number of sorts performed: **G1a:** 10.45 ± 2.84 **G1b:** 9.46 ± 2.94 **G1/BL:** *P* < 0.001 Strategies generated: **G1a:** 10.63 ± 2.84 **G1b:** 9.46 ± 2.92 **G1/BL:** *P* < 0.05 Strategies recognized: **G1a:** 10.27 ± 3.19 **G1b:** 7.80 ± 2.47 **G1/BL:** *P* < 0.05

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Bauminger et al., 2007 (continued)			Definition accuracy, mean ± SD: Basic: **G1a:** 1.09 ± 1.51 **G1b:** 1.06 ± 1.33 Complex: **G1a:** 2.36 ± 2.01 **G1b:** 2.80 ± 2.56 Overall: **G1a:** 3.45 ± 3.41 **G1b:** 3.86 ± 3.64 Number of emotions described, mean ± SD: Basic: **G1a:** 3.45 ± 0.08 **G1b:** 3.40 ± 0.91 Complex: **G1a:** 4.18 ± 2.56 **G1b:** 4.27 ± 2.43 Overall: **G1a:** 8.54 ± 4.22 **G1b:** 7.66 ± 2.79 Audience awareness, mean ± SD: Basic: **G1a:** 4.15 ± 1.85 **G1b:** 5.31 ± 1.31 Complex: **G1a:** 9.56 ± 5.84 **G1b:** 9.58 ± 3.61 Overall: **G1a:** 13.71 ± 6.77 **G1b:** 14.89 ± 4.04	**Emotional understanding:** Recognition of emotion, mean ± SD: Basic: **G1a:** 13.81 ± 2.27 **G1b:** 12.66 ± 2.59 **G1/BL:** *P* = 0.056 Complex: **G1a:** 12.27 ± 2.10 **G1b:** 13.20 ± 2.07 **G1/BL:** *P* = 0.056 Relevancy of explanation, mean ± SD: Basic: **G1a:** 7.81 ± 0.60 **G1b:** 7.46 ± 1.18 **G1/BL:** *P* = 0.056 Complex: **G1a:**7.45 ± 0.82 **G1b:**7.20 ± 0.94 **G1/BL:** *P* < 0.01 Definition accuracy, mean ± SD: Basic: **G1a:** 1.81 ± 1.40 **G1b:** 1.73 ± 1.33 **G1/BL:** *P* < 0.01 Complex: **G1a:** 4.63 ± 2.57 **G1b:** 3.80 ± 2.33 **G1/BL:** *P* = 0.056 Overall: **G1a:** 6.34 ± 3.61 **G1b:** 5.53 ± 3.29 **G1/BL:** *P* = 0.056 Number of emotions described, mean ± SD: Basic: **G1a:** 3.72 ± 0.05 **G1b:** 3.60 ± 0.63 **G1/BL:** *P* = NS Complex: **G1a:** 5.18 ± 2.13 **G1b:** 5.33 ± 2.16 **G1/BL:** *P* < 0.05

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Bauminger et al., 2007 (continued)				Overall: **G1a:** 8.90 ± 2.30 **G1b:** 8.93 ± 2.43 **G1/BL:** *P* = NS Audience awareness, mean ± SD: Basic: **G1a:** 4.75 ± 2.03 **G1b:** 5.62 ± 1.47 **G1/BL:** *P* = NS Complex: **G1a:** 12.71 ± 2.33 **G1b:** 11.38 ± 3.15 **G1/BL:** *P* < 0.05 Overall: **G1a:** 17.47 ± 4.01 **G1b:** 17.00 ± 3.73 **G1/BL:** *P* < 0.05 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Bauminger et al., 2007 **Country:** Israel **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** Israel Foundation Trustees Author industry relationship disclosures: NR **Design:** Retrospective case series **Note:** See related study with 11 overlapping participants, Bauminger et al., 2007{#422}	**Intervention:** Group-centered social multimodal Cognitive Behavioral-Ecological intervention: within teacher-led small groups of peers that included 2 typical peers and between 1 and 3 high functioning children with ASD. The research coordinator supported each teacher once monthly. Duration: 7 months Group lesson included teaching process to set "definitions and rules" for participants and practice process that allowed rehearsal of learned skills Social skills training consisted of 50 lessons focusing on group behavior and practicing behavior, covering: • Instruction in prerequisite concepts for group involvement • Affective education focusing mainly on higher processes of emotional understanding • Group conversation skills • Cooperative skills • Double message issues **Assessments:** Observed direct and indirect treatment effects on social cognitive capabilities, children's change in overt cooperative skills within and outside the group. All measures administered once before and once after treatment. **Groups:** **G1:** individual intervention **Ga:** original group **Gb:** newly recruited	**Inclusion criteria:** • Diagnosis of ASD from prior assessment by licensed psychologists using DSM-IV **Exclusion criteria:** • See inclusion criteria **Age, months ± SD:** **G1a:** 105.4 ± 7.24 **G1b:** 110.78 ± 15.06 **Mental age:** Verbal IQ, mean ± SD: **G1a:** 104.09 ± 14.28 **G1b:** 110.62 ± 14.44 **G1a/G1b:** *P* = NS PIQ, mean ± SD: **G1a:** 109.73 ± 9.12 **G1b:** 116.92 ± 16.44 **G1a/G1b:** *P* = NS Full IQ, mean ± SD: **G1a:** 108.09 ± 8.62 **G1b:** 115.08 ± 13.68 **G1a/G1b:** *P* = NS **Gender, n:** Male: **G1a:** 10 **G1b:** 14 Female: **G1a:** 1 **G1b:** 1 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referred from prior assessment by psychologists, diagnosis verified In Study **Diagnostic tool/method:** DSM-IV, ADI-R **Diagnostic category, n:** High functioning autism: **G1a:** 7 **G1b:** 10 Aspergers: **G1a:** 4 **G1b:** 5	**Social Skills:** Specific companionship behaviors, mean ± SD: Mutual planning: **G1:** 1.69 ± 0.73 Cooperation: **G1:** 2.08 ± 1.16 Eye contact: **G1:** 2.50 ± 0.76 Negotiation: **G1:** 1.15 ± 0.36 Sharing: **G1:** 2.00 ± 0.93 Positive interaction, social behaviors, mean ± SD: Group: **G1a:** 8.27 ± 10.01 **G1b:** 9.86 ± 8.82 **G1a/G1b:** *P* = NS Dydactic: **G1a:** 25.45 ± 23.98 **G1b:** 34.86 ± 27.73 **G1a/G1b:** *P* = NS Low-level interaction, social behaviors, mean ± SD: Group: **G1a:** 14.09 ± 7.1 **G1b:** 10.73 ± 8.14 **G1a/G1b:** *P* = NS Dydactic: **G1a:** 15.36 ± 10.26 **G1b:** 21.00 ± 15.40 **G1a/G1b:** *P* = NS Negative interaction, social behaviors, mean ± SD: Group: **G1a:** 0.91 ± 1.22 **G1b:** 0.6 ± 1.12 **G1a/G1b:** *P* = NS Dydactic: **G1a:** 5.09 ± 5.32 **G1b:** 2.26 ± 2.21 **G1a/G1b:** *P* = NS	**Social skills:** Specific companionship behaviors, mean ± SD: Mutual planning: **G1:** 2.19 ± 0.84 **G1/BL:** *P* < 0.01 Cooperation: **G1:** 3.58 ± 1.39 **G1/BL:** *P* < 0.001 Eye contact: **G1:** 2.65 ± 1.12 **G1/BL:** *P* = NS Negotiation: **G1:** 1.23 ± 0.65 **G1/BL:** *P* = NS Sharing: **G1:** 2.58 ± 1.20 **G1/BL:** *P* < 0.05 Positive interaction, social behaviors, mean ± SD: Group: **G1a:** 4.36 ± 6.75 **G1b:** 14.26 ± 16.48 Dydactic: **G1a:** 29.45 ± 9.67 **G1b:** 27.73 ± 18.01 Low-level interaction, social behaviors, mean ± SD: Group: **G1a:** 14.36 ± 4.41 **G1b:** 11.86 ± 7.33 Dyadic: **G1a:** 11.09 ± 5.50 **G1b:** 14.86 ± 10.02 Negative interaction, social behaviors, mean ± SD: Group: **G1a:** 1 ± 1.34 **G1b:** 0.87 ± 1.41

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Bauminger et al., 2007 (continued)	**Provider:** Special education teacher **Measure of treatment fidelity reported:** NR **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1a:** 11 **G1b:** 15 **N at follow-up:** **G1a:** 11 **G1b:** 15	**Other characteristics:** ADI social score, mean ± SD: **G1a:** 17.45 ± 3.90 **G1b:** 17.64 ± 3.62 **G1a/G1b:** *P* = NS ADI communication score, mean ± SD: **G1a:** 13.27 ± 4.88 **G1b:** 13.71 ± 4.28 **G1a/G1b:** *P* = NS ADI behavior score, mean ± SD: **G1a:** 5.00 ± 1.34 **G1b:** 5.79 ± 1.52 G1a/G1b: *P* = NS	Problem solving initiation behavior, mean ± SD: **G1a:** 4.72 ± 2.41 **G1b:** 4.33 ± 2.52 Number of social solutions, mean ± SD: **G1a:** 55.71 ± 17.80 **G1b:** 47.25 ± 17.74 TOM strange stories, mean ± SD: Comprehension: **G1a:** 4.45 ± 1.03 **G1b:** 4.13 ± 0.91 Justification: **G1a:** 3.63 ± 2.46 **G1b:** 4.2 ± 3.02 Executive function, mean ± SD: Number of sorts performed: **G1a:** 9.18 ± 2.18 **G1b:** 8.13 ± 4.27 Strategies generated: **G1a:** 9.18 ± 2.52 **G1b:** 8 ± 4.05 Strategies recognized: **G1a:** 9 ± 3.13 **G1b:** 7.40 ± 3.92 **Emotional understanding:** Recognition of emotion, mean ± SD: Basic: **G1a:** 10.90 ± 1.86 **G1b:** 11.60 ± 2.16 Complex: **G1a:** 11.18 ± 2.08 **G1b:** 10.46 ± 3.22 Relevancy of explanation, mean ± SD: Basic: **G1a:** 6.90 ± 1.04 **G1b:** 6.53 ± 1.76 Complex: **G1a:** 7.00 ± 0.77 **G1b:** 6.33 ± 1.45	Dydactic: **G1a:** 6.09 ± 4.82 **G1b:** 2.46 ± 3.90 ANOVA: social behavior type (group/didactic; P < 0.001), group (newly recruited/ original; P < 0.05) Problem solving initiation behavior, mean ± SD: **G1a:** 6.54 ± 4.03 **G1b:** 5.80 ± 2.33 **G1/BL:** *P* < 0.01 Number of social solutions, mean ± SD: **G1a:** 58.60 ± 23.74 **G1b:** 59.32 ± 13.99 **G1/BL:** *P* < 0.05 TOM strange stories, mean ± SD: Comprehension: **G1a:** 4.09 ± 1.37 **G1b:** 4.26 ± 0.45 **G1/BL:** *P* = NS Justification: **G1a:** 4.18 ± 2.35 **G1b:** 5.40 ± 2.35 **G1/BL:** *P* < 0.01 Executive function, mean ± SD: Number of sorts performed: **G1a:** 10.45 ± 2.84 **G1b:** 9.46 ± 2.94 **G1/BL:** *P* < 0.001 Strategies generated: **G1a:** 10.63 ± 2.84 **G1b:** 9.46 ± 2.92 **G1/BL:** *P* < 0.05 Strategies recognized: **G1a:** 10.27 ± 3.19 **G1b:** 7.80 ± 2.47 **G1/BL:** *P* < 0.05

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Bauminger et al., 2007 (continued)			Definition accuracy, mean ± SD: Basic: **G1a:** 1.09 ± 1.51 **G1b:** 1.06 ± 1.33 Complex: **G1a:** 2.36 ± 2.01 **G1b:** 2.80 ± 2.56 Overall: **G1a:** 3.45 ± 3.41 **G1b:** 3.86 ± 3.64 Number of emotions described, mean ± SD: Basic: **G1a:** 3.45 ± 0.08 **G1b:** 3.40 ± 0.91 Complex: **G1a:** 4.18 ± 2.56 **G1b:** 4.27 ± 2.43 Overall: **G1a:** 8.54 ± 4.22 **G1b:** 7.66 ± 2.79 Audience awareness, mean ± SD: Basic: **G1a:** 4.15 ± 1.85 **G1b:** 5.31 ± 1.31 Complex: **G1a:** 9.56 ± 5.84 **G1b:** 9.58 ± 3.61 Overall: **G1a:** 13.71 ± 6.77 **G1b:** 14.89 ± 4.04	**Emotional understanding:** Recognition of emotion, mean ± SD: Basic: **G1a:** 13.81 ± 2.27 **G1b:** 12.66 ± 2.59 **G1/BL:** *P* = 0.056 Complex: **G1a:** 12.27 ± 2.10 **G1b:** 13.20 ± 2.07 **G1/BL:** *P* = 0.056 Relevancy of explanation, mean ± SD: Basic: **G1a:** 7.81 ± 0.60 **G1b:** 7.46 ± 1.18 **G1/BL:** *P* = 0.056 Complex: **G1a:**7.45 ± 0.82 **G1b:**7.20 ± 0.94 **G1/BL:** *P* < 0.01 Definition accuracy, mean ± SD: Basic: **G1a:** 1.81 ± 1.40 **G1b:** 1.73 ± 1.33 **G1/BL:** *P* < 0.01 Complex: **G1a:** 4.63 ± 2.57 **G1b:** 3.80 ± 2.33 **G1/BL:** *P* = 0.056 Overall: **G1a:** 6.34 ± 3.61 **G1b:** 5.53 ± 3.29 **G1/BL:** *P* = 0.056 Number of emotions described, mean ± SD: Basic: **G1a:** 3.72 ± 0.05 **G1b:** 3.60 ± 0.63 **G1/BL:** *P* = NS Complex: **G1a:** 5.18 ± 2.13 **G1b:** 5.33 ± 2.16 **G1/BL:** *P* < 0.05

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Bauminger et al., 2007 (continued)				Overall: **G1a:** 8.90 ± 2.30 **G1b:** 8.93 ± 2.43 **G1/BL:** *P* = NS Audience awareness, mean ± SD: Basic: **G1a:** 4.75 ± 2.03 **G1b:** 5.62 ± 1.47 **G1/BL:** *P* = NS Complex: **G1a:** 12.71 ± 2.33 **G1b:** 11.38 ± 3.15 **G1/BL:** *P* < 0.05 Overall: **G1a:** 17.47 ± 4.01 **G1b:** 17.00 ± 3.73 **G1/BL:** *P* < 0.05 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Ben Itzchak and Zachor, 2007 **Country:** Israel **Practice setting:** Academic **Intervention setting:** Clinic and home **Enrollment period:** NR **Funding:** Israeli Ministry of Education **Author industry relationship disclosures:** NR **Design:** Prospective case series **Note:** See related studies: Ben Itzchak et al., 2007{#252}, Zachor et al., 2007{#5652}, Zachor et al., 2009{#3844} (overlap among these not clear)	**Intervention:** Center-based ABA program with one-on-one therapy with behavioral therapists for at least 35 hours/week and behavioral methods used at home by parents **Assessments:** Pre- and post-treatment (1 year): ADI-R, ADOS, BSID-II, Stanford-Binet Intelligence Scale, 4th ed. Developmental-behavioral scales, all administered by therapists and scores provided by blinded raters **Groups:** **G1:** intervention **Ga:** low-IQ (50-70) at baseline **Gb:** high-IQ (71-103) at baseline **Gc:** score ≥ 16 on ADOS-module I reciprocal-social interaction (low social) **Gd:** score < 16 on ADOS-module I reciprocal-social interaction (high social) **Provider:** Planning and supervision by trained behavior analyst; provided by skilled behavioral therapists and by parents **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 25 **G1a:** 12 **G1b:** 12 **G1c:** 12 **G1d:** 12 **N at follow-up:** **G1:** 25	**Inclusion criteria:** • Age < 32 months • Diagnosed with autism **Exclusion criteria:** • Certain comorbidities (e.g., seizure disorder; genetic syndromes) **Age, months (range):** 26.6 (20-32) **Mental age:** NR **Gender, n (%):** Male: 23 (92) Female: 2 (8) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** ADI-R, ADOS protocols, and DSM-IV criteria for autism assessed by an independent clinician **Diagnostic category, n (%):** Autism: 25 (100) PDD-NOS: 0 Aspergers: 0 **Other characteristics, n (%):** Expressive vocabulary < 10 words, n: 24 Expressive vocabulary: two-word utterances, n: 1	**Social skills:** Play skills score, mean ± SD: **G1:** 0.92 ± 1.19 **G1a:** 0.33 ± 0.89 **G1b:** 1.33 ± 1.15 **G1c:** 0.67 ± 1.15 **G1d:** 1.25 ± 1.21 **Communication/ language:** Imitation score, mean ± SD: **G1:** 2.36 ± 2.61 **G1a:** 0.91 ± 1.73 **G1b:** 3.42 ± 2.54 **G1c:** 1.08 ± 1.72 **G1d:** 3.83 ± 2.69 Receptive language score, mean ± SD: **G1:** 1.64 ± 1.87 **G1a:** 0.67 ± 1.15 **G1b:** 2.42 ± 2.02 **G1c:** 1.00 ± 1.28 **G1d:** 2.41 ± 2.15 Expressive language, mean ± SD: **G1:** 0.76 ±1.69 **G1a:** 0.83 ± 0.28 **G1b:** 1.25 ± 2.22 **G1c:** 0.25 ± 0.45 **G1d:** 1.33 ± 2.31 Nonverbal skills, mean ± SD: **G1:** 0.80 ± 0.76 **G1a:** 0.42 ± 0.51 **G1b:** 1.08 ± 0.79 **G1c:** 0.58 ± 0.51 **G1d:** 1.08 ± 0.90 **Repetitive behavior:** Stereotyped behaviors, mean ± SD: **G1:** 6.48 ± 3.23 **G1a:** 7.58 ± 2.97 **G1b:** 5.92 ± 2.91 **G1c:** 7.58 ± 2.27 **G1d:** 5.42 ± 3.87	**Social skills:** Play skills score, mean ± SD: **G1:** 3.16 ± 1.62 **G1a:** 2.08 ± 1.44 **G1b:** 4.17 ± 1.11 **G1c:** 2.33 ± 1.37 **G1d:** 4.00 ± 1.53 **G1/BL:** $P < 0.001$ **G1a/BL:** $P < 0.001$ **G1b/BL:** $P < 0.001$ **G1c/BL:** $P < 0.001$ **G1d/BL:** $P < 0.001$ **G1a/G1b:** $P = 0.07$ **G1c/G1d:** P = NS **Communication/ language:** Imitation score, mean ± SD: **G1:** 8.00 ± 1.44 **G1a:** 7.08 ± 1.62 **G1b:** 8.83 ± 0.39 **G1c:** 7.50 ± 1.44 **G1d:** 8.41 ± 2.62 **G1/BL:** $P < 0.001$ **G1a/BL:** $P < 0.001$ **G1b/BL:** $P < 0.001$ **G1c/BL:** $P < 0.001$ **G1d/BL:** $P < 0.001$ **G1a/G1b:** $P < 0.01$ **G1c/G1d:** $P < 0.05$

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Ben Itzchak and Zachor, 2007 (continued)			**Educational/ cognitive/ academic attainment:** IQ, mean ± SD: **G1:** 70.67 ± 17.01 **G1a:** 61.00 ± 12.10 **G1b:** 80.45 ± 15.15	Receptive language, mean ± SD: **G1:** 6.28 ± 2.34 **G1a:** 4.75 ± 2.26 **G1b:** 7.58 ± 1.31 **G1c:** 4.91 ± 2.19 **G1d:** 7.58 ± 1.78 **G1/BL:** *P* < 0.001 **G1a/BL:** *P* < 0.001 **G1b/BL:** *P* < 0.001 **G1c/BL:** *P* < 0.001 **G1d/BL:** *P* < 0.001 **G1a/G1b:** *P* < 0.05 **G1c/G1d:** *P* = NS Expressive language, mean ± SD: **G1:** 5.84 ± 3.69 **G1a:** 3.67 ± 3.14 **G1b:** 7.67 ± 3.08 **G1c:** 3.50 ± 3.12 **G1d:** 7.92 ± 2.91 **G1/BL:** *P* < 0.001 **G1a/BL:** *P* < 0.001 **G1b/BL:** *P* < 0.001 **G1c/BL:** *P* < 0.001 **G1d/BL:** *P* < 0.001 **G1a/G1b:** *P* = NS **G1c/G1d:** *P* = 0.09

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Ben Itzchak and Zachor, 2007 (continued)				Nonverbal skills, mean ± SD: **G1:** 2.00 ± 0.76 **G1a:** 1.50 ± 0.52 **G1b:** 2.42 ± 0.67 **G1c:** 1.58 ± 0.51 **G1d:** 2.42 ± 0.79 **G1/BL:** *P* < 0.001 **G1a/BL:** *P* < 0.001 **G1b/BL:** *P* < 0.001 **G1c/BL:** *P* < 0.001 **G1d/BL:** *P* < 0.001 **G1a/G1b:** *P* = NS **G1c/G1d:** *P* = NS **Repetitive behavior:** Stereotyped behaviors, mean ± SD: **G1:** 3.36 ± 2.62 **G1a:** 4.33 ± 2.50 **G1b:** 2.67 ± 2.50 **G1c:** 4.75 ± 2.26 **G1d:** 2.08 ± 2.42 **G1/BL:** *P* < 0.001 **G1a/BL:** *P* < 0.001 **G1b/BL:** *P* < 0.001 **G1c/BL:** *P* < 0.001 **G1d/BL:** *P* < 0.001 **G1a/G1b:** *P* = NS **G1c/G1d:** *P* = NS **Educational/ cognitive/ academic attainment:** IQ, mean ± SD: **G1:** 87.90 ± 16.56 **G1c:** 76.82 ± 17.32 **G1d:** 96.50 ± 10.45 **G1/BL:** *P* < 0.001 **G1c/BL:** *P* < 0.001 **G1d/BL:** *P* < 0.001 **G1c/G1d:** *P* = NS

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Ben Itzchak and Zachor, 2007 (continued)				**Harms:** NR **Modifiers:** Post-intervention scores for G1b were significantly greater than G1a on imitation ($P < 0.01$) and receptive language ($P < 0.05$). Post-intervention scores for G1d were significantly greater than G1c on imitation ($P < 0.05$). Higher IQ scores correlated with fewer deficits in social interaction as measured by ADOS ($P < 0.01$), ADOS-language and communication scores ($P = 0.09$)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Carr and Felce, 2007 **Country:** UK **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** Healthcare Foundation (formerly PPP Foundation) Author industry relationship disclosures: NR **Design:** Non randomized controlled trial **Note:** See related study Carr et al., 2007 ({#165})	**Intervention:** PECS intervention: 15 hours of PECS teaching over 5 weeks; 3-4 PECS teaching days/week with a total of 1 hour teaching delivered over 2-3 sessions on each PECS teaching day Controls had two 2 hour observations separated by a 5 week interval without PECS teaching **Assessments:** VABS and PLS-3UK at baseline; observation instrument to record communication interactions between children and teachers 6 weeks before, during the week prior and during the week following teaching **Groups:** **G1:** PECS **G2:** controls **Provider:** 2 researchers trained to deliver PECS teaching **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 24 **G2:** 17 **N at follow-up:** **G1:** 24 **G2:** 17	**Inclusion criteria:** • Age 3-7 years • Previous diagnosis of autism from a clinical practitioner, verified through their classroom teachers from the child's Statement of Special Educational Needs • Attending special education classrooms or units for autism • Received no previous PECS teaching beyond Phase I (G1) • Within 50 miles from the researchers' base and child's school agreed to participate (G1) • No PECS teaching anytime (G2) • Outside the 50 mile limit (G2) **Exclusion criteria:** • See Inclusion criteria **Age, months:** **G1:** 65 **G2:** 69 **Mental age:** NR **Gender:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** Previous diagnosis of autism from a clinical practitioner **Diagnostic category, n (%):** Autism: 41 (100) PDD-NOS: NR Aspergers: NR **Other characteristics:** NR	**Overall ratings:** VABS score, developmental age, months: Daily living skills: **G1:** 16.5 **G2:** 15.9 Social interaction: **G1:** 12.0 **G2:** 12.5 Composite: **G1:** 14.7 **G2:** 14.8 PLS-3UK developmental age, months: Receptive: **G1:** 7.8 **G2:** 8.6 Expressive: **G1:** 7.4 **G2:** 9.8 Composite: **G1:** 7.7 **G2:** 9.4 **Communication/ language:** Child-to-adult total initiations, mean: **G1:** 11.1 **G2:** 12.6 Child-to-adult total initiations, 6 weeks before intervention, mean: **G1:** 9.9 Child-to-adult linguistic initiations: **G1:** 0.7 **G2:** 2 Adult response, mean %: **G1:** 67.10 **G2:** 78.35 Child-to-adult linguistic initiations, 6 weeks before intervention, mean: **G1:** 0.4	**Communication/ language:** Child-to-adult total initiations, mean: **G1:** 61.4 **G2:** 10 **G1/BL:** $P < 0.001$ **G2/BL:** P = NS **G1/G2:** $P < 0.00003$ Child-to-adult linguistic initiations, mean: **G1:** 50.8 **G2:** 1.3 **G1/BL:** $P < 0.001$ **G2/BL:** P = NS **G1/G2:** $P < 0.00003$ Adult responses, mean %: **G1:** 96.7 **G2:** 76.94 **G1/BL:** $P < 0.01$ **G2/BL:** P = NS **G1/G2:** $P < 0.003$ Adult-to-child initiations with opportunity for child response: **G1:** 44.7 **G2:** 59.5 **G1/BL:** $P < 0.05$ **G2/BL:** P = NS **G1/G2:** P = NS Child response, mean %: **G1:** 66.80 **G2:** 58.40 **G1/BL:** $P < 0.03$ **G2/BL:** P = NS **G1/G2:** $P < 0.01$ Adult-to-child initiations with no opportunity for child response, mean: **G1:** 13.3 **G2:** 21.1 **G1/BL:** $P < 0.005$ **G2/BL:** P = NS **G1/G2:** $P = 0.0495$

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Carr and Felce, 2007 (continued)			Adult response, mean %: **G1:** 76.30 Adult-to-child initiations with opportunity for child response: **G1:** 43.4 **G2:** 51 Child response, mean %: **G1:** 51.30 **G2:** 59.60 Adult-to-child initiations with opportunity for child response, 6 weeks before inter-vention, mean: **G1:** 48.5 Child response, mean %: **G1:** 53.30 Adult-to-child initiations with no opportunity for child response: **G1:** 24.9 **G2:** 18.9 Adult-to-child initiations with no opportunity for child response, mean: **G1:** 23.1	**Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Chalfant et al., 2007 Country: Australia **Practice setting:** Academic **Intervention setting:** Clinic Enrollment period: NR Funding: NR Author industry relationship disclosures: NR Design: RCT	**Intervention:** CBT based on "cool kids" (Lyneham, Abbott, Wignall, & Rapee, 2003) consisted of recognition of anxious feelings and reactions to anxiety, cognitive restructuring strategies, coping self-talk, exposure to feared stimuli, and relapse prevention; 2-hr weekly sessions for 9 weeks, and three monthly booster sessions totaling 12 sessions **Groups:** **G1:** CBT **G2:** Wait-list control **Provider:** • Clinical psychologist **Assessment:** Multi-modal and multi-person assessment Self report: RCMAS, SCAS, CATS Parent-report: SCAS, SDQ Teacher report: SDQ **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR N at enrollment: **G1:** 32 **G2:** 19 N at follow-up: **G1:** 28 **G2:** 19	Inclusion criteria: • Met criteria for an anxiety Disorder beyond their ASD symptoms. • Children with frequent , irrational fears and avoidant behaviors Exclusion criteria: • Intellectual delay • Physical disability • Currently taking anti-anxiety or anti-depressant medication • Those presenting with marked externalizing difficulties (e.g. Conduct Disorder or Oppositional Defiant Disorder) or whose parents were experiencing acute marital breakdown Age, mean/years ± SD: G1 and G2 combined: 10.8 ± 1.35 Range: 8-13 years **Mental age:** NR **Gender:** G1 and G2 combined M, n (%): 35 (74) F, n (%): 12 (26) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR Diagnostic approach: **In Study (method):** Independent diagnosis; confirmed during baseline Referral (method): Community health centers, mental health professionals, medical practitioners, and parents	**Commonly occurring comoribidities:** Child Report: Children's Automatic Thoughts Scale (internalizing), mean ± SD: **G1:** 43.82 ± 22.91 **G2:** 54.58 ± 14.8 Revised Children's Manifest Anxiety Scale, mean ± SD: **G1:** 15.86 ± 3.33 **G2:** 17.58 ± 4.10 Spence Children's Anxiety Scale, mean ± SD: **G1:** 43.57 ± 12.74 **G2:** 42.26 ± 8.53 Children's Automatic Thoughts Scale (hostile intent), mean ± SD: **G1:** 14.75 ± 8.61 **G2:** 11.21 ± 5.67 Parent Report: Spence Children's Anxiety Scale – Parent report, mean ± SD: **G1:** 44.96 ± 13.7 **G2:** 46.79 ± 10.95 Strengths and difficulties questionnaire – Parent report (emotional) , mean ± SD: **G1:** 7.25 ± 1.88 **G2:** 7.37 ± 2.48 Strengths and difficulties questionnaire – Parent report (externalizing) , mean ± SD: **G1:** 6.96 ± 4.29 **G2:** 5.95 ± 5.23	**Commonly occurring co-morbidities:** Child Report: Children's Automatic Thoughts Scale (internalizing), mean ± SD: **G1:** 10.39 ± 5.56 **G2:** 51 ± 11.87 Revised Children's Manifest Anxiety Scale, mean ± SD: **G1:** 4.93 ± 2.55 **G2:** 16.74 ± 4.63 Spence Children's Anxiety Scale, mean ± SD: **G1:** 13.79 ± 10.96 **G2:** 41.37 ± 9.09 Children's Automatic Thoughts Scale (hostile intent), mean ± SD: **G1:** 9.54 ± 5.64 **G2:** 11.37 ± 5.25 Parent Report: Spence Children's Anxiety Scale – Parent report, mean ± SD: **G1:** 13.96 ± 5.11 **G2:** 44.16 ± 9.04 Strengths and difficulties questionnaire – Parent report (emotional) , mean ± SD: **G1:** 2.75 ± 1.38 **G2:** 8.21 ± 1.03

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Chalfant et al., 2007 (continued)		**Diagnostic tool / method:** Diagnosed by pediatrician, Psychiatrists or psychologists **Diagnostic category, n (%):** G1 and G2 combined High Functioning Autistic Disorder: 13 (28) Asperger's Disorder: 34 (72) **Other characteristics**, n (%)**:** G1 and G2 combined SAD: 8 (17) GAD: 14 (30) SP: 20 (43) SpP: 3 (6) PD: 2 (4) ADHD: 13 (28) **G1, %:** SAD: 18 GAD: 32 SP: 43 SpP: 4 PD: 4 **G2, %:** SAD: 16 GAD: 26 SP: 42 SpP: 11 PD: 5	Teacher report: Strengths and difficulties questionnaire – Teacher report (emotional) , mean ± SD: **G1:** 5.61± 1.99 **G2:** 6.32 ± 2.14 Strengths and difficulties questionnaire – Teacher report (externalizing) , mean ± SD: **G1:** 5.79 ± 4.52 **G2:** 4.79 ± 4.65 Number of anxiety disorder diagnoses between G1 & G2 at pre- treatment: G1 vs. G2 NS, P>0.05 No significant difference elicited between G1 & G2 for any of the child/parent or teacher reported measures (*P* > 0.05)	Strengths and difficulties questionnaire – Parent report (externalizing) , mean ± SD: **G1:** 3.82 ± 3.12 **G2:** 6.32 ± 4.92 Teacher report: Strengths and difficulties questionnaire – Teacher report (emotional) , mean ± SD: **G1:** 2.39 ± 1.45 **G2:** 6.89 ± 1.82 Strengths and difficulties questionnaire – Teacher report (externalizing) , mean ± SD: **G1:** 2.75 ± 2.32 **G2:** 4.89 ± 4.58 Comparisons: **Number of anxiety disorder diagnoses** between G1 & G2 at pre-post treatment: Time effect: F=73.66 *P* < 0.001 Time X group: F=63.79 *P* < 0.001 Within G1 Pre vs. post F=10.41 *P* < 0.01 Within G2 Pre vs. Post *P* > 0.05 Within Post trt G1 vs. G2 t=5.07 *P* < 0.01

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Chalfant et al., 2007 (continued)				**Child report measures:** **CATS** **Internalising:** Time effect: F=37.58 *P* < 0.005 Time X group: F=24.45 *P* < 0.005 Within G1 Pre vs. post t=7.85 *P* < 0.01 Within G2 Pre vs. Post ns *P* > 0.05 Within Post trt G1 vs. G2 t=15.78 *P* < 0.01 **RCMAS**: Time effect: F=96.89, *P* < 0.005 Time X group: F=71.15 *P* < 0.005 Within G1 Pre vs. post t=14.88 *P* < 0.01 Within G2 Pre vs. Post Ns, P>0.05 Within Post trt G1 vs. G2: t=11.25 *P* < 0.01 **SCAS:** Time effect**:** F=58.13 *P* < 0.005

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Chalfant et al., 2007 (continued)				Time X group: F=51.54 *P* < 0.005 Within G1 Pre vs. post t=10.91 *P* < 0.01 Within G2 Pre vs. Post NS *P* > 0.05 Within Post trt G1 vs. G2 t=9.05 *P* < 0.01 **CATS-Hostile:** NS **Parent-Report measures comparison:** **SCAS-P:** Time effect: F=74.26 *P* < 0.005 Time X group: F=52.84 *P* < 0.005 Within G1 Pre vs. post t=11.48 *P* < 0.01 Within Post trt G1 vs. G2 t=14.61 *P* < 0.01 **SDQ-Emotional:** Time effect: F=25.48 *P* < 0.005 Time X group: F=54.34 *P* < 0.005 Within G1 Pre vs. post t=10.28 *P* < 0.01

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Chalfant et al., 2007 (continued)				Within Post tx G1 vs. G2 t=14.69 *P* < 0.01 **SDQ-Externalizing:** Time effect: F=10.06 *P* < 0.005 Time X group: F=16.11 *P* < 0.005 Within G1 Pre vs. post t=5.23 *P* < 0.01 Within Post trt G1 vs. G2 NS **Teacher-rated measures:** **SDQ Emotional:** Time effect: F=13.85 *P* < 0.005 Time X group: F=28.70 *P* < 0.005 Within G1 Pre vs. post t=8.25 *P* < 0.01 Within Post trt G1 vs. G2 t=9.42 *P* < 0.01 **SDQ-Externalizing:** Time effect: F=10.86 *P* < 0.005 Time X group: F=12.48 *P* < 0.005

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Chalfant et al., 2007 (continued)				Within G1 Pre vs. post t=4.997 *P* < 0.01 Within Post trt G1 vs. G2 NS Within G2 (pre vs. post treatment) none of the parent and teacher rated measures were significant (*P* > 0.05) **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures*	Outcomes*
Author: Coben et al., 2007 **Country:** US **Practice setting:** Private practice **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: Neurorehabilitation and Neuropsychological services (2) **Design:** Non randomized controlled trial	**Intervention:** Assessment-guided neurofeedback for at least 20 sessions **Assessments:** Diagnostic interview with parents to ascertain core behavioral, cognitive, and social/emotional issues of concern Before and after treatment: ATEC, GADS, GARS, BRIEF, PIC-2, Quantitative EEG analysis, and infrared imaging **Groups:** **G1:** intervention **G2:** waitlist group **Provider:** NR **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** Yes (no new treatments undertaken by study participants) **Concomitant therapies, n (%):** One medication: **G1:** 8 (22) **G2:** 2 (17) Two medications: **G1:** 5 (14) **G2:** 1 (8) Three medications: **G1:** 2 (5) **G2:** 1 (8) **N at enrollment:** **G1:** 38 **G2:** 12 **N at follow-up:** **G1:** 37 **G2:** 12	**Inclusion criteria:** • Diagnosed ASD **Exclusion criteria:** • See inclusion criteria **Age, years (range):** **G1:** 8.92 (3.92-14.66) **G2:** 8.19 (5.83-10.92) **Mental age:** NR **Gender, n (%):** Male: **G1:** 31 (84) **G2:** 10 (83) Female: **G1:** 6 (16) **G2:** 2 (17) **Race/ethnicity, n (%):** White: **G1:** 36 (97) **G2:** 12 (100) Asian: **G1:** 1 (3) **G2:** 0 **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study/Referral **Diagnostic tool/method:** NR **Diagnostic category, n (%):** Autism: **G1:** 7 (18.9) **G2:** NR PDD-NOS: **G1:** 21 (56.8) **G2:** NR Aspergers: **G1:** 5 (13.5) **G2:** NR Childhood disintegrative disorder: **G1:** 4 (10.8) **G2:** NR **Other characteristics, n (%):** Right handed: **G1:** 27 (73) **G2:** 9 (75)	**Overall ratings:** ATEC total score, mean: **G1:** 46.1 GADS ADQ score, mean: **G1:** 83.852 BRIEF GEC score, mean: **G1:** 71.700 PIC-2 TOTC score, mean: **G1:** 71.250 **Medical:** Neuropsychological testing, mean composite score: Attention: **G1:** -1.859 Visual perception: **G1:** -2.483 Executive: **G1:** -1.818 Language: **G1:** -1.928 **Medical:** IR imaging, first session, minimum thermal reading, mean: **G1:** 93.253 IR imaging, first session, range of thermal degrees: **G1:** 4.032	**Overall ratings:** ATEC total score, mean: **G1:** 27.733 **G1/BL:** $P < 0.000$ GADS ADQ score, mean: **G1:** 72.519 **G1/BL:** $P < 0.001$ BRIEF GEC score, mean: **G1:** 64.767 **G1/BL:** $P < 0.003$ PIC-2 TOTC score, mean: **G1:** 64.250 **G1/BL:** $P < 0.006$ **Medical:** Neuropsychological testing, mean composite score: Attention: **G1:** -0.571 **G1/BL:** $P < 0.000$ Visual perception: **G1:** -1.584 **G1/BL:** $P < 0.000$ Executive: **G1:** -0.783 **G1/BL:** $P < 0.001$ Language: **G1:** -0.798 **G1/BL:** $P = 0.000$ **Medical:** IR imaging, 20th session, minimum thermal reading, mean: **G1:** 94.368 **G1/BL:** $P = 0.043$ IR imaging, 20th session, range of thermal degrees: **G1:** 3.574 **G1/BL:** $P = 0.050$ Parent judgment of treatment outcome, n (%): Improved symptoms: **G1:** 33 (89) **G2:** 2 (17)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures*	Outcomes*
Coben et al., 2007 (continued)		Left handed: **G1:** 5 (14) **G2:** 2 (17) Mixed handedness: **G1:** 5 (14) **G2:** 1 (8) ATEC score, mean (range): **G1:** 45.16 (12-100) **G2:** 45.23 (26-72)		No change: **G1:** 4 (11) **G2:** 10 (83) **G1/G2:** P = 0.000 **Harms:** No reports of worsening symp-toms (benefit to harm ratio 89:1) **Modifiers:** Ruled out confounding for baseline severity of ASD, age, and number of medications.

Comments:

*The numbers in this paper are extremely difficult to read; data extraction may be incorrect.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Dosman et al., 2007 **Country:** Canada **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Prospective case series	**Intervention:** Oral iron supplement: 6 mg elemental iron/kg/day; if it was anticipated that oral preparations would not be accepted by the child, iron Sprinkles (Supple-Forte) were offered: two 30 mg sachets/day Average duration of treatment was 7.2 weeks (range 4-8 weeks) **Assessments:** Prior to baseline and at post-treatment, parents completed SDSC (26 items), Periodic Leg Movements during Sleep scale (6 items), 3 day Food Record, Nutritional Supplement Log, and irritability measure (developed by authors based on CGIS) Baseline and post treatment growth measures and blood samples were taken for serum ferritin and transferrin receptor, mean corpuscular volume, hemoglobin, albumin, and vitamin B_{12} in the child **Groups:** **G1:** iron intervention **Ga:** preschool age (less than 6 years old) **G1a:** school age (6 or more years old) **Gi:** ferritin < 10 μg post-treatment **Gii:** ferritin > 10 μg post-treatment **Gc:** children on SSRI or stimulant medication (and completed SDSC) **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** NR	**Inclusion criteria:** • Child had had ferritin measured previously as part of routine diagnostic assessment from autism at The Hospital for Sick Children's tertiary level Child Development Centre **Exclusion criteria:** • Currently receiving iron supplement **Age, years (range):** **G1:** 6.5 (2.67-10.75) **Mental age:** NR **Gender, n:** Male: 27/33 Female: 6/33 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** NR **Diagnostic tool/method:** ADI-R, ADOS, and clinical evaluation **Diagnostic category:** NR	**Commonly occurring co-morbidities:** CGIS irritability, mean: **G1:** 1.19 (n=32) **Medical:** SDSC restless sleep score (1-5), mean ± SD: **G1:** 3.7 ± 1.450 (n=32) **G1c:** 3.4 ± 1.60 SDSC restless sleep, abnormal, %: **G1:** 77 SDSC delayed sleep onset, n (%): **G1:** 14/31 (44) **G1c**: 5/8 (62.5) Periodic Leg Movements during Sleep, children with mean score > 0.33, n (%): **G1:** 14/32 (44) Dietary iron intake, median mg/day (range): **G1a:** 13.7 (4-39) **G1b:** 17.85 (7-43) Insufficient dietary iron intake, %: **G1a:** 69 **G1b:** 35 Ferritin, mean μg/L (range): **G1:** 15.72 (4.2-39.0) Low ferritin (< 10 μg/L), n: **G1a:** 6 **G1b:** 2 **G1a/G1b:** *P* = NS Albumin below normal levels, n: **G1:** 0/32 Vitamin B_{12} below normal levels, n: **G1:** 0/32	**Commonly occurring co-morbidities: :** CGIS irritability, mean: **G1:** 1.0 (n=32) **G1/BL:** *P* = NS **Medical:** SDSC restless sleep score, showing improvement, n (%): **G1:** 7/24 (29) **G1/BL:** *P* = 0.04 SDSC delayed sleep onset, n (%): **G1:** 11/31 (35) **G1/BL:** *P* = NS Periodic Leg Movements during Sleep, children with mean score > 0.33, n (%): **G1:** 12/32 (38) **G1/BL:** *P* = NS Dietary iron intake, median mg/day (range): **G1:** NR **G1/BL:** *P* = 0.32 Ferritin, mean μg/L (range): **G1:** 28.8 (6.6-103) **G1/BL:** *P* < 0.001 Low ferritin (<10 μg/L), n: **G1a:** 3 **G1b:** 0 **G1/BL:** *P* = NS Albumin, below normal levels n: **G1:** NR Vitamin B_{12}, below normal levels, n: **G1:** 2/32

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Dosman et al., 2007 (continued)	**Concomitant therapies:** NR **N at enrollment:** **G1:** 43 **G1a:** 16 **G1ai:** NR **G1aii:** NR **G1b:** 17 **G1c:** 8 **N at follow-up:** **G1:** 33 **G1a:** 16 **G1ai:** NR **G1aii:** NR **G1b:** 17 **G1c:** NR	**Other characteristics, n (%):** Any gastrointestinal symptom: 28/43 (65) Constipation: 14/43 (33) Loose stools: 14/43 (33) Failure to thrive, abdominal distension and pain, excessive gas: 16/43 (37) Seizures: 9/43 (21) Gluten and/or casein-free diet: 11/43 (26) SSRI: 7/43 (16) Melatonin: 3/43 (7) Antiepileptic: 4/43 (9) Stimulant: 2/43 (5) Antihistamine: 3/43 (7) Vitamin supplement: 14/43 (33) Nutritional supplement: 7/43 (16) Ferritin < 50 μg/L: 43/43 (100) Iron supplementation, n: Iron suspension: 23/33 Sprinkles: 10/33 Gastrointestinal symptoms, n (%): 23/33 (76) Number of gastrointenstinal symptoms, mean: **G1:** 1.9 **G1ai:** 3.3 G1aii: 0.8	Mean corpuscular volume, fl ± SD: **G1:** 80.8 ± 3.79 Children with mean corpuscular volume < 80 fl, n (%): **G1:** 14/33 (42) Hemoglobin, mean gm/L ± SD: **G1:** 125.6 ± 7.00 Children with serum concentration of hemoglobin < 110 gm/L (2-4 year olds) or < 120 gm/L (5-10 year olds), %: **G1:** 3/33 (9) Transferrin receptor, mean μg/mL ± SD (range): **G1:** 5.43 ± 1.49 (3.46-9.94) (n=25) Children with serum transferrin receptor > 8.3 μg/mL, n (%): **G1:** 1/25 (4)	Mean corpuscular volume, mean change fl (SE): **G1:** 1.02 (0.30) **G1/BL:** *P* = 0.002 Children with mean corpuscular volume < 80 fl, n (%): **G1:** 8/33 (24) Hemoglobin, mean change gm/L (SE): **G1:** 2.42 (1.06) **G1/BL:** *P* = 0.029 Children with serum concentration of hemoglobin < 110 gm/L (2-4 year olds) or < 120 gm/L (5-10 year olds), %: **G1:** 1/33 (3) Transferrin receptor, mean change μg/mL (SE): **G1:** 0.06 (0.24) **G1/BL:** *P* = NS Children with serum transferrin receptor > 8.3 μg/mL, n (%): **G1:** 1/25 (4) **Harms:** Withdrew due to AEs, n: 2/43 Treatment-related AEs, n (%): Any symptom: 13/33 (39) Gastrointestinal symptom: 9/33 (27) Constipation: 4/33 (12) Loose stools: 6/33 (18) Abdominal pain: 1/33 (3) Decreased appetite: 1/33 (3)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Dosman et al., 2007 (continued)				Stained teeth: 2/33 (6) Increased night waking: 1/33 (3) Decreased sleep: 1/33 (3) Decreased attention, aggression: 1/33 (3) Enuresis: 1/33 (3) **Modifiers:** No correlation between ferritin and ADI or ADOS scores except for children aged 4-8 (inverse relationship between ferritin and ADOS-communication domain; *P* = 0.009) No consistent relationship found between dietary iron intake and ferritin

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Eikeseth et al., 2002 Eikeseth et al., 2007† Country: Norway **Practice setting:** Academic **Intervention setting:** School Enrollment period: November 1995 to November 1998 Funding: NIH† Author industry relationship disclosures: NR Design: Non randomized controlled trial	**Intervention:** Behavioral treatment: Lovaas treatment excluding aversive contingencies; progression from simple to complex tasks such as imitating verbal and nonverbal behavior, labeling objects, identifying actions, and abstract concepts. Progression to answering questions, conversing and making friends with peers. Also emphasized play and social skills. Based on operant conditioning principles such as shaping, chaining, discrimination training, and contingency management. Progressed from discrete trial to generalizing skills. Eclectic treatment: best practices, including TEACCH, sensory-motor therapies, and ABA Treatment hours, mean ± SD (range): **G1:** 28 ± 5.76 (20-35) **G2:** 29.08 ± 8.05 (20-41) **Assessments:** ADI-R administered by independent child clinical psychologist prior to study Weekly, 2-hour meetings with child, primary caregiver, therapists, supervisor, and director; treatment program was modified based on data collected during the preceding week	Inclusion criteria: • Age 4-7 years at intake • Diagnosed with autism according to ADI-R administered by child clinical psychologist and clinical interview • Diagnosis established less than 6 months prior to study entrance for all participants • Deviation IQ of 50 or above on WPPSI-R or ratio IQ of 50 or above on BSID-R • No major medical conditions Exclusion criteria: • See inclusion criteria Age, months ± SD: **G1:** 66.31 ± 11.31 **G2:** 65 ± 10.95 Mental age: See IQ scores in baseline measures **Gender, n (%):** Male: **G1:** 8 (62) **G2:** 11 (92) Female: **G1:** 5 (38) **G2:** 1 (8) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR Diagnostic approach: In Study **Diagnostic tool/method:** ADI and clinical interview conducted by clinical psychologist independent of the investigation **Diagnostic category, n (%):** Autism: 25 (100) **Other characteristics:** NR	**Educational/ cognitive:** IQ, mean ± SD: **G1:** 61.92 ± 11.31 **G2:** 65.17 ± 14.97 PIQ, mean ± SD: **G1:** 77.54 ± 30.21 **G2:** 81.83 ± 21.05 **Communication/ language:** Language status, mean ± SD: Comprehension: **G1:** 49.03 ± 16.42 **G2:** 50.38 ± 15.46 Expressive: **G1:** 45.12 ± 13.44 **G2:** 51.24 ± 19.24 Total: **G1:** 51.83 ± 17.42 **G2:** 60.00 ± 24.22 VABS communi-cation score, mean ± SD: **G1:** 58.23 ± 9.21 **G2:** 63.17 ± 16.11 **Adaptive behavior:** VABS daily living score, mean ± SD: **G1:** 56.92 ± 9.8 **G2:** 57.00 ± 15.92 VABS composite score, mean ± SD: **G1:** 55.77 ± 8.96 **G2:** 60.00 ± 13.2 **Social skills:*** VABS socialization score, mean ± SD: **G1:** 59.92 ± 7.19 **G2:** 62.17 ± 10.32	**Educational/ cognitive:** IQ, mean ± SD: 1 year: **G1:** 79.08 ± 18.09 **G2:** 69.5 ± 18.38 **G1/G2:** $P < 0.01$ 8 years:† **G1:** 86.9 ± 25 **G2:** 71.9 ± 28.4 **G1/G2:** $P < 0.05$ PIQ, 1 year, mean ± SD: **G1:** 95 ± 16.91 **G2:** 90.17 ± 19.97 **Communication/ language:** Language status, 1 year, mean ± SD: Comprehension: **G1:** 58.47 ± 17.11 **G2:** 47.55 ± 17.25 **G1/G2:** $P < 0.05$ Expressive: **G1:** 67.39 ± 17.81 **G2:** 49 ± 18.69 **G1/G2:** $P < 0.05$ Total: **G1:** 76.85 ± 26.67 **G2:** 61.58 ± 24.34 **G1/G2:** $P < 0.05$ VABS communi-cation score, mean ± SD: 1 year: **G1:** 73.93 ± 16.55 **G2:** 61.58 ± 13.37 **G1/G2:** $P < 0.01$ 8 years:† **G1:** 78.5 ± 22.3 **G2:** 56 ± 16.3 **G1/G2:** $P < 0.01$ **Adaptive behavior:** VABS daily living score, mean ± SD: 1 year: **G1:** 66.15 ± 16.55 **G2:** 62.5 ± 10.97

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Eikeseth et al., 2002 (continued)	Child assessed at intake and 1 year after treatment began (follow-up conducted by licensed psychologist or examiner with Master's in Special Education and license to administer tests); standardized tests of intelligence (WPPSI-R or WISC-R), visual-spatial skills (Merrill-Palmer Scale of Mental Tests), language (Reynell Developmental Language Scales), and adaptive functioning (VABS) **Groups:** **G1:** behavioral **G2:** eclectic **Provider:** • One or more aides • Special education teacher **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** Yes **Concomitant therapies:** NR N at enrollment: **G1:** 13 **G2:** 12 N at follow-up: **G1:** 13 **G2:** 12			8 years:† **G1:** 66.1 ± 18.1 **G2:** 50.4 ± 20.2 **G1/G2:** *P* < 0.05 VABS composite score, mean ± SD: 1 year: **G1:** 67 ± 16.3 **G2:** 60.17 ± 11.69 **G1/G2:** *P* < 0.05 8 years:† **G1:** 67.9 ± 17.1 **G2:** 49.5 ± 13 **G1/G2:** *P* < 0.01 **Social Skills:** VABS socialize-tion score, mean ± SD: 1 year: **G1:** 59.92 ± 7.19 **G2:** 70.67 ± 13.66 8 years:† **G1:** 72.2 ± 14.4 **G2:** 58.1 ± 9.6 **G1/G2:** *P* < 0.01 VABS maladap-tive behavior score, mean ± SD: 1 year: **G1:** 4.29 ± 2.89 **G2:** 7.25 ± 2.99 **G1/G2:** *P* < 0.05 8 years:† **G1:** 6.3 ± 4.1 **G2:** 11 ± 5.8 **G1/G2:** *P* < 0.05 **Problem behavior:** Achenbach Child Behavior Check-list, 8 years, mean ± SD:† Withdrawn: **G1:** 59.4 ± 6.3 **G2:** 61.4 ± 5.3 Somatic: **G1:** 55 ± 7 **G2:** 58 ± 9.6

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Eikeseth et al., 2002 (continued)				Anxious/depress-sed: **G1:** 57.8 ± 6.1 **G2:** 57.1 ± 7.1 Social: **G1:** 62.3 ± 6.3 **G2:** 67.2 ± 4.9 **G1/G2:** *P* < 0.05 Thought: **G1:** 68.1 ± 9.6 **G2:** 68.5 ± 7 Attention: **G1:** 59 ± 5.4 **G2:** 62.1 ± 6.1 Delinquent: **G1:** 56 ± 5.2 **G2:** 59 ± 3.8 Aggressive: **G1:** 57.3 ± 4.5 **G2:** 63.7 ± 4.6 **G1/G2:** *P* < 0.01 **Harms:** NR **Modifiers:** **G1:** intake IQ correlated with change in language at one year follow-up (r = 0.59; P < 0.05) intake PIQ correlated with change in PIQ at one-year follow-up (r = -0.84; P < 0.01); intake VABS correlated with change in PIQ at one year follow-up (r = -0.60; P < 0.05).

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Eikeseth et al., 2002 (continued)				**G2:** age at intake correlated with change in VABS at one year follow-up (r = -0.65; P < 0.05) and change in VABS communication at eight-year follow-up (r = -0.64; P < 0.05);† intake PIQ correlated with change in IQ at one-year follow-up (r = 0.67; P < 0.05), intake VABS daily living and socialization correlated with change in IQ at eight-year follow-up (r = 0.58; P < 0.05),† VABS composite correlated with change in IQ at eight-year follow-up (r = 0.63; P < 0.05).†

Comments:

* VABS maladaptive not given at baseline because it is normed for children 5 years and older.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Gabriels et al., 2001 and 2007 **Country:** US **Practice setting:** Academic **Intervention setting:** home, school, clinic **Enrollment period:** NR **Funding:** Agency/NR **Author industry relationship disclosures:** NR **Design:** 2001: Retrospective cohort with some prospective data collection 2007:Prospective case series	**Intervention:** Combination of variety of treatments (e.g., TEACCH, LEAP or DENVER Model) from community providers over a period of 37 months (1st follow up) or 5 years (2nd follow-up) **Assessments:** 2001: Assessment records were requested, photocopied, placed in the participant's file, and reviewed upon completion of testing Participants, with parent(s) present, completed testing in up to 3 sessions; MSEL, PLS-III, & during 3rd session, subtests of Woodcock-Johnson Revised Tests of Achievement and ADOS-G Participants were evaluated by a team of study evaluators, consisting of a psychology postdoctoral fellow, a psychology intern, and a speech-language clinical fellow 2007: Leiter International Performance Scale-Revised (LIPS-R), VABS, CCIF, Expressive One-Word Picture Vocabulary Test-Revised (EOWPVT-R), and PPVT-III	**Inclusion criteria:** • Current diagnosis of autistic disorder or PDD-NOS • At least 22 months post-diagnosis • Available standardized intellectual and/or language functioning scores at time of diagnosis **Exclusion criteria:** • History of traumatic brain injury • History of seizure disorder, fragile X, or other known genetic or biologic problems No additional psychiatric disorders **Age at diagnosis, mean months ± SD (range):** 30.6 ± 7.27 (20-47) **Age at 1st follow-up, mean months ± SD (range):** 68.7 ± 10.11 (44-88) G1a: 69±9.3 G1b: 68±11.5 **Mean age at 2nd follow-up:** 11.42 Age at 2nd follow-up, mean years ± SD: **G1c:** 10.69 ± 0.72 **G1d:** 10.88 ± 0.74 **Mental age:** NR **Gender, n:** M: 12 (10 at 2nd follow-up) F: 5 (4 at 2nd follow-up) **Race/ethnicity, n:** Anglo: 14 (at 1st and 2nd follow-up) African American/Native American: 1 Hispanic: 1 Asian: 1 (1 non-Anglo ethnicity at 2nd follow-up) **SES:** Maternal education: NR	**Educational/ cognitive/ academic attainment:** Cognitive quotient at diagnosis (n=16), mean ± SD (range): 57.81 ± 25.88 (25.00-128.00) **G1a:** 68.50 ± 30.78 **G1b:** 47.12 ± 15.06 **Communication/ language:** Language quotient at diagnosis (n=15), mean ± SD (range): 42.46 ± 16.11 (5.00-72.00) **G1a** (n=7): 47.42 ± 12.48 **G1b:** 28.12 ± 18.43	**Social skills:** VABS Socialization at 1st follow-up, mean ± SD: **G1c:** 64.75 ± 16.97 **G1d:** 38.50 ± 11.54 VABS Socialization at 2nd follow-up, mean ± SD: **G1c:** 84.38 ± 10.97 **G1d:** 39.33 ± 11.98 VABS Socialization age equivalent at 2nd follow-up, mean years ± SD: **G1c:** 5.54 ± 1.72 **G1d:** 1.78 ± 0.86 **Communication/ language:** Language quotient at 1st follow-up, mean ± SD (range): 57.64 ± 31.96 (16.00-119.00) **G1a:** 82.11 ± 22.23 (significant increase compared with baseline, *P* = 0.01) **G1b:** 30.12 ± 11.61 EOWPT standard score at 2nd follow-up, mean± SD: **G1c:** 112.13 ± 9.09 **G1d:** 59.83 ± 11.84 ($t(12) = 9.38$, $P < 0.001$, G1c vs. G1d)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Gabriels et al., 2001 and 2007 (continued)	**Groups:** **G1a:** children with developmental IQ ≥64 at 1st follow-up **G1b:** children with developmental IQ ≤ 48 at 1st follow-up **G1c:** children with nonverbal intelligence (NVIQ) ≥ 97 at 2nd follow-up **G1d:** children with NVIQ score ≤ 56 at 2nd follow-up **Provider:** Community providers; details not reported **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** Yes Therapies at 1st follow-up (parent report data), n: Structured home program: **G1a:** 5 **G1b:** 5 Private speech therapy: **G1a:** 9 **G1b:** 7 Private occupational therapy: **G1a:** 5 **G1b:** 5 Current public special education classroom: **G1a:** 5 **G1b:** 6 Current public integrated classroom with special education services: **G1a:** 3 **G1b:** 2 Current public integrated classroom (no special education services): **G1a:** 1 **G1b:** 0 Social tutoring: **G1a:** 1 **G1b:** 0	Household income: NR Hollingshead at 1st follow-up, mean ± SD (range): 56.25 ± 10.68 (27.00-66.00) **G1a:** 54.88 ±12.6040 **G1b:** 57.75 ± 8.61 Hollingshead at 2nd follow-up, mean ± SD: **G1c:** 58.63 ± 4.17 **G1d:** 56.00 ± 8.07 **Diagnostic approach:** In Study **Diagnostic tool/method:** Initial diagnosis by clinic multidisciplinary team including a psychiatrist or psychologist with extensive experience in diagnosing early childhood autism; children re-diagnosed at time of first follow-up study using ADOS-G **Diagnostic category at 1st follow-up, n:** Autism: 15 PDD-NOS: 2 **Diagnostic category at 2nd follow-up, n:** Autism: 12 PDD-NOS: 2 **Other characteristics:** Age began treatment, mean months ± SD: **G1a:** 33 ± 8.7 **G1b:** 31 ± 5.9 Total hours of treatment per month at 1st follow-up, mean ± SD: **G1a:** 103.22 ± 66.33 **G1b:** 76.25 ± 48.10 Mean school-based treatment hours/week ± SD at 2nd follow-up: **G1c:** 31.2 ± 3.8 **G1d:** 33.8 ± 2.1		PPVT-III standard score at 2nd follow-up, mean ± SD: **G1c:** 101.50 ± 12.62 **G1d:** 46.83 ± 16.74 (t(12) = 6.99, P < 0.001, G1c vs. G1d) VABS Communication score at 1st follow-up, mean ± SD: **G1c:** 92.63 ± 13.16 **G1d:** 37.17 ± 19.94 VABS Communication score at 2nd follow-up, mean ± SD: **G1c:** 115.50 ± 7.93 **G1d:** 49.83 ± 27.12 VABS Communication age-equivalent at 2nd follow-up, mean years ± SD: **G1c:** 8.49 ± 2.56 **G1d:** 2.46 ± 1.62 **Adaptive behavior:** Adaptive quotient at 1st follow-up, mean ± SD **G1a:** 80.77 ± 14.28 **G1b:** 37.75 ± 16.26 *P* ≥ 0.01

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Gabriels et al., 2001 and 2007 (continued)	Vision therapy: **G1a:** 2 **G1b:** 1 Music therapy: **G1a:** 1* **G1b:** 1 Cranio-sacral: **G1a:** 1* **G1b:** 0 Kinesiology: **G1a:** 1* **G1b:** 0 Homeopathy: **G1a:** 1* **G1b:** 0 Horseback riding therapy: **G1a:** 1* **G1b:** 0 Sensory learning therapy: **G1a:** 1* **G1b:** 0 *same child received all these therapies; additional details on treatment overlap not reported School-based therapies at 2nd follow-up (parent report data), n: Special education class only: **G1c:** 0 **G1d:** 1 Integrated class (no special education): **G1c:** 7 **G1d:** 0 Mixed (special education and integrated classes): **G1c:** 1 **G1d:** 5 Speech therapy: **G1c:** 4 **G1d:** 5 Occupational therapy: **G1c:** 2 **G1d:** 4 1:1 paraprofessional: **G1c:** 3 **G1d:** 3 Music therapy: **G1c:** 0 **G1d:** 1 Social skills group: **G1c:** 3 **G1d:** 1	Mean private treatment hours/week ± SD at 2nd follow-up: **G1c:** 1.7 ± 2.4 **G1d:** 1.8 ± 3.2		VABS standard composite score at 2nd follow-up, mean ± SD: **G1c:** 67.38 ± 16.24 **G1d:** 27.67 ± 9.35 (F(1,12) = 33.67, *P* < 0.001, G1c vs. G1d) VABS raw composite, 1st follow-up, mean ± SD: **G1c:** 238.25 ± 46.89 **G1d:** 127.00 ± 50.32 (*P* < 0.001, G1c vs. G1d) VABS raw composite, 2nd follow-up, mean ± SD: **G1c:** 300.75 ± 45.30 **G1d:** 128.00 ± 34.19 (P < 0.001, G1c vs. G1d) VABS Daily Living at 1st follow-up, mean ± SD: **G1c:** 80.13 ± 20.21 **G1d:** 51.33 ± 21.18 VABS Daily Living at 2nd follow-up, mean ± SD: **G1c:** 109.25 ± 37.91 **G1d:** 63.83 ± 24.31 VABS Daily Living age equivalent at 2nd follow-up, mean/years ± SD **G1c**: 7.77 ± 2.65 **G1d:** 3.35 ± 1.46

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Gabriels et al., 2001 and 2007 (continued)	**Private therapies at 2nd follow-up (parent report data), n:** Home trainer: **G1c:** 1 **G1d:** 1 Speech therapy: G1c: 0 G1d: 2 Occupational therapy: G1c: 0 G1d: 1 Social tutoring/group: G1c: 2 G1d: 1 Family therapy: G1c: 2 G1d: 0 Parent support group: G1c: 1 G1d: 1 Respite care: G1c: 0 G1d: 5 **N at enrollment:** 17 **N at 1st follow-up (at least 22 months post-diagnosis):** 17 **G1a:** 9 **G1b:** 8 **N at 2nd follow-up:** 14 **G1c:** 8 **G1d:** 6			**Educational/ cognitive/ academic attainment:** Cognitive quotient at 1st follow-up, mean ± SD (range): 62.94 ± 30.79 (25.00-126.00) **G1a:** 87.11 ± 20.50 **G1b:** 35.75 ± 9.51 (G1b significant decrease compared with baseline, p=.03) G1a vs. G1b: *P* < 0.01 Academic quotient at 1st follow-up, mean ± SD: **G1a:** 113.11 ± 30.58 **G1b:** 66.38 ± 18.86 *P* ≤ 0.01 Non-Verbal IQ at 2nd follow-up, mean ± SD **G1c:** 110.13 ± 18.47 **G1d:** 43.17 ± 10.59 Non-Verbal IQ > adaptive ability **G1c:** t(14) = 4.92, P < 0.001; **G1d:** t(10) = 2.69, P = 0.02 Within G1c: Age equivalent score for Socialization < communication subscale score (mean diff = 2.86, *P* = 0.006)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Gabriels et al., 2001 and 2007 (continued)				Within G1d: Daily Living age equivalent score > communication subscale (mean diff = 0.89, *P* = 0.004) **Harms:** NR **Modifiers:** Correlations between the number and intensity of individual, group, and total treatment hours and outcomes at 1st follow-up were all nonsignificant (*P* > 0.05) Initial development IQ scores correlated significantly with 1st follow-up developmental IQ scores (r = 0.70, *P* < 0.01), language scores (r= 0.69, *P* < 0.01) academic scores (r = 0.74, *P* < 0.01) and adaptive functioning (r =0.57, *P* = 0.02) Initial language scores were not significantly correlated with 1st follow-up outcome measures (*P* > 0.05) Finance and business strains significantly greater in G1b vs. G1a (F (1,14) = 6.27, *P* = 0.025)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Gabriels et al., 2001 and 2007 (continued)				Trend toward significant difference (*P* = 0.06) between G1a and G1b regarding extended family social support , mean ± SD: **G1a:** 9.22 ± 3.30) **G1b:** 11.62 ± 0.52 Change in developmental IQ over time: Significant interaction overall :F (1,15) = 17.26 , *P* < 0.01 G1a showed significant increase in Developmental IQ from time 1 to 1st follow up (F = 10.46, *P* = 0.01) G1b showed significant decrease in developmental IQ (F = 7.02, *P* =0.03) At 1st follow-up, developmental IQ scores significantly different from each other (F = 48.51, *P* < 0.01)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Gulsrud et al., 2007 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period**: NR **Funding:** NIH Author industry relationship disclosures: NR **Design:** RCT **Note:** See related study Wong 2007{#3875}, Kasari 2008{#184}, Kasari 2006{#540}, and Jahromi 2009{#3615}	**Intervention:** Joint attention or symbolic play intervention, administered during 5-8 week preschool program for 6 hours daily **Groups:** **G1:** joint attention **G2:** symbolic play **Provider:** NR **Assessments:** Auditory-visual and auditory probes presented at the beginning, middle and end of the treatment phase; responses: eye gaze, affect, non-verbal gestures, verbalization **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 20 **G2:** 20 **N at follow-up:** **G1:** 17 **G2:** 18	**Inclusion criteria:** • Preschool children from an existing intervention study for preschool children diagnosed with ASD **Exclusion criteria:** • Seizures • Sensory or physical disorders • Comorbidity with any other psychological disorder or disease • Children not given the study's novel probe activation at the 3 study time points due to scheduling conflicts **Age, months ± SD:** **G1:** 42.65 ± 7.13 **G2:** 43.11 ± 6.93 **Age range (months):** Total: 33-54 **Mental age, months ± SD:** **G1:** 25.74 ± 9.00 **G2:** 26.64 ± 7.90 **Gender, n:** Male: **G1:** 13 **G2:** 15 Female: **G1:** 4 **G2:** 3 **Race/ethnicity, n:** White: **G1:** 12 **G2:** 14 Minority: **G1:** 5 **G2:** 4 **SES:** Maternal education, n: Completed high school: **G1:** 0 **G2:** 2 Some college/technical: **G1:** 2 **G2:** 2 College/professional training: **G1:** 15 **G2:** 14	**Communication/ language:** Probe acknow-ledgement, %: **G1:** 47 **G2:** 66 Verbalizations, mean ± SD: **G1:** 0.30 ± 0.26 **G2:** 0.67 ± 0.26 Non-verbal gestures, mean ± SD: **G1:** 0.05 ± 0.06 **G2:** 0.05 ± 0.06 Ability to engage in coordinated joint looks during probe activation, % **G1:** 35.7 **G2:** 50	**Communication/ language:** Probe acknow-ledgement, %: **G1:** 88.2 **G2:** 55.6 **G1/G2:** $P < 0.05$ Probe acknow-ledgement changes, %: No change: **G1:** 58.5 **G2:** 55.6 Increase: **G1:** 41.2 **G2:** 16.7 **G1/G2:** $P < 0.05$ Verbalizations, mean ± SD: **G1:** 2.5 ± 0.80 **G2:** 1.3 ± 0.78 **G1/G2:** P = NS Non-verbal gestures, mean ± SD: **G1:** 0.60 ± 0.30 **G2:** 0.83 ± 0.30 **G1/G2:** P = NS Ability to engage in coordinated joint looks during probe activation, % **G1:** 76.5 **G2:** 38.9 **G1/G2:** $P < 0.05$ **Harms:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Gulsrud et al., 2007 (continued)		Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** Referral diagnosis validated using ADI-R and ADOS **Diagnostic category, n (%):** ASD: 35 (100) **Other characteristics**: Receptive language age, months ± SD: **G1:** 20.50 ± 8.00 **G2:** 22.28 ± 9.40 Expressive language age, months ± SD: **G1:** 20.60 ± 7.20 G2: 22.22 ± 7.60		**Modifiers:** Significant group difference in the duration of coordinated joint looks during probe activation: G1 engaged for longer periods of time across 3 time points compared to G2 ($P < 0.05$); G2 made no increase or decrease in the duration of coordinated joint looks (only graphically represented)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Gutstein et al., 2007 Country: US **Practice setting:** Specialty treatment center **Intervention setting:** Clinic Enrollment period: January 2000 to May 2003 Funding: NR Author industry relationship disclosures: NR Design: Retrospective case series	**Intervention:** Relationship Development Intervention (RDI): parents are trained in 6 days of workshops in RDI components to learn how to provide opportunities for their children to respond in more flexible, thoughtful ways to novel, challenging, and increasingly unpredictable settings and problems **Assessments:** ADOS, ADI-R, flexibility interview (10 items related to child's ability to adapt to change and transition), and educational placement **Groups:** **G1:** RDI training **Provider:** Parents **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR N at enrollment: **G1:** 16 N at follow-up: **G1:** 16	Inclusion criteria: • An interval of at least 30 months between initial and follow-up testing • Previous diagnosis of autism, Asperger syndrome, or PDD-NOS • Participation in the RDI protocol • Age at time of RDI initiation 20-96 months • Pretreatment IQ ≥ 70 Exclusion criteria: • See inclusion criteria Age, months ± SD (range): 60.50 ± 20.43 (20-94) **Mental age:** IQ, mean ± SD (range): 90.50 ± 13.23 (33-79) **Gender, n (%):** Male: 15 (94) Female: 1 (6) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR Diagnostic approach: Referral **Diagnostic tool/method:** NR **Diagnostic category, n (%):** Autism: 5 (31) Asperger syndrome: 7 (44) PDD-NOS: 4 (25) **Other characteristics, n (%):** Language delays: 8 (50) ADHD: 5 (31) Bipolar disorder: 1 (6) Food allergies: 1 (6)	**Overall ratings:** ADOS rating, n (%): Autism: 10/12 (83) Autism spectrum: 2/12 (17) Non-autism: 0 **Communication/ language:** ADOS communication score mean ± SD (range): **G1:** 5.92 ± 1.975 (2-10) ADOS social interaction score mean ± SD (range): **G1:** 9.58 ± 2.968 (3-13) ADI-R communication + language score, mean (range): **G1:** 10.6 (7.9-14.3) Age appropriate flexibility, %: Unexpected change to familiar routines: 12.5 Unexpected omission of a routine activity: 18.8 Changes to activities without preparation: 25 Anticipating an event and encountering another: 31.3 Unexpected actions by familiar people: 25 Interruption during a highly favored activity: 6.3 Stopping a task before it is finished: 12.5 Planning for things that might go wrong: 0	**Overall ratings:** ADOS rating, n (%): Autism: 0 Autism spectrum: 6/16 (38) Non-autism: 10/16 (63) **Communication/ language:** ADOS communication score, mean ± SD (range): **G1:** 2.67 ± 0.99 (0-4) **G1/BL:** $P < 0.0001$ ADOS social interaction score mean ± SD: (range): **G1:** 4.17 ± 2.44 (0-9) **G1/BL:** $P < 0.004$ ADI-R communication + language score, mean (range): **G1:** 2.4 (0-5.7) **G1/BL:** $P < 0.0001$ Age appropriate flexibility, %: Unexpected change to familiar routines: 81.3 Unexpected omission of a routine activity: 87.5 Changes to activities without preparation: 81.3 Anticipating an event and encountering another: 75 Unexpected actions by familiar people: 75 Interruption during a highly favored activity: 68.8

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Gutstein et al., 2007 (continued)			Adapting when original plans don't work out: 18.8 Using familiar objects in a novel way: 12.5 Educational Placement, %: Special education: 57.1 Partial mainstream: 28.6 Mainstream with pullout: 7.1 Mainstream: 7.1 Home school: 0	Stopping a task before it is finished: 68.8 Planning for things that might go wrong: 43.8 Adapting when original plans don't work out: 75 Using familiar objects in a novel way: 56.3 Educational Placement, %: Special education: 12.5 Partial main-stream: 18.8 Mainstream with pullout: 31.3 Mainstream: 31.3 Home school: 6.3 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Howlin et al., 2007 **Country:** UK **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** None **Design:** RCT, not masked	**Intervention:** PECS: 2-day workshop (13 hours) for teachers plus 6 half day school-based trainings sessions with expert consultants over 5 months **Assessments:** ADOS-G, BPVT and EOWPVT administered by researchers in school setting **Groups:** 18 classrooms (from 15 schools) were random-ized into 6 classes per group **G1:** immediate treatment **G2:** delayed treatment (recieved PECS 2 terms after study entry) **G3:** no treatment **Provider:** • Teachers trained to teach PECS • PECS consultants **Measure of treatment fidelity reported:** No **Measure of observer reliability reported:** Yes **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 30 **G2:** 29 **G3:** 29 **N at follow-up:*** **G1:** 25 **G2:** 30 **G3:** 28	**Inclusion criteria:** • Formal clinical autism diagnosis and meet criteria for autism or ASD (ADOS-G) • Little or no functional language • No evidence of sensory impairment • Age 4-11 years • Not using PECS beyond Phase 1 • Each class was required to have a minimum of 3 children who met the above criteria **Exclusion criteria:** • See inclusion criteria **Age, months ± SD (range):** **G1:** 73.1 ± 15.8 (47.3-106.3) **G2:** 86.6 ± 12.7 (62-113.5) **G3:** 85.6 ± 13.6 (61-122.1) **Mental age:** NR **Gender, n (%):** Male: **G1:** 21 (81) **G2:** 27 (90) **G3:** 25 (89) Female: **G1:** 5 (19) **G2:** 3 (10) **G3:** 3 (11) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral; diagnosis confirmed in study **Diagnostic tool/method:** ADOS-G **Diagnostic category, n (%):** Autism: 75 (89) ASD: 9 (11)	**Communication/ language:** ADOS language impairment score, mean ± SD: **G1:** 2.7 ± 1.4 **G2:** 3.4 ± 0.8 **G3:** 2.5 ± 1.5 **G1/G2:** $P < 0.05$ **G1/G3:** P = NS **G2/G3:** $P < 0.05$ Non-verbal mental age equivalent/ chronological age x 100, mean ± SD: **G1:** 25.9 ± 11.4 **G2:** 22.7 ± 8.2 **G3:** 27.3 ± 10.2 ADOS total algorithm scores, mean ± SD: **G1:** 16.4 ± 2.7 **G2:** 16.9 ± 2.9 **G3:** 15.3 ± 3.2	**Overall ratings:** Rate of initiations, more likely to be in higher initiation rate category, pre- to post-treatment, OR (95% CI): **G1+G2/G3:** 2.73 (1.22-6.08) Rate of initiations, children moved up one or more categories, pre- to post-treatment, %: **G1+G2:** 51.8 **G3:** 25.0 No change: **G1+G2:** 28.6 **G3:** 35.7 Moved down one or more categories: **G1+G2:** 19.6 **G3:** 39.3 Rate of initiations, more likely to be in higher initiation rate category, post-treatment to 10 month follow-up, OR (95% CI): **G1/G3:** 1.08 (0.30-3.90) **Communication/ Language:** Rate of speech, pre- to post-treatment, OR (95% CI): **G1+G2/G3:** 1.10 (0.46-2.62) ADOS-G communication scores, pre- to post-treatment, OR (95% CI): **G1+G2/G3:** 0.52 (0 .24-1.12)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Howlin et al., 2007 (continued)		Other characteristics: NR		ADOS-G reciprocal social interaction scores, pre- to post-treatment, OR (95% CI): **G1+G2/G3:** 0.55 (0.25-1.19) ADOS-G reciprocal social interaction scores, post-treatment to 10 month follow-up, OR (95% CI): **G1/G3:** 0.28 (0.09-0.89) EOWPVT, pre- to post-treatment, OR (95% CI): **G1+G2/G3:** 1.01 (0.89-1.15) BPVS, pre- to post-treatment, OR (95% CI): **G1+G2/G3:** 1.54 (0.52-4.54) **Harms:** NR **Modifiers:** NR

Comments:

***** For G1, one class withdrew after randomization: the number of children at baseline assessment and post-treatment assessment was 26, and at follow-up assessment was 25; for G2, one girl entered a class a year into the study; for G3, one girl failed to met the criteria for ASD.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Keen et al., 2007 **Country:** Australia **Practice setting:** Academic **Intervention setting:** Clinic, Home **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Case series, prospective **Note:** For more details on the Stronger Families Project intervention, see Rodger et al., 2004	**Intervention:** Stronger Families Project Intervention: A two day parent workshop, followed by 10 sessions of individual home-based early intervention, using a social-pragmatic approach emphasizing functional use of communication skills in natural and semi-structured interactions; 6 week intervention **Assessments:** Scales of Independent Behavior, CSBS administered by observer in clinic. Parents completed parental stress and component measures. **Groups:** **G1:** intervention **Provider:** NR **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 16 **N at follow-up:** **G1:** 16	**Inclusion criteria:** • Recruited from community health, hospital, and education-based early intervention services • Clinical diagnosis of autism based on DSM-IV criteria **Exclusion criteria:** • See inclusion criteria **Age, months ± SD (range):** 38.06 ± 5.49 (25-47) **Mental age:** NR **Gender, n (%):** Male: 14 (87) Female: 2 (13) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** DSM-IV **Diagnostic category:** NR **Other characteristics:** NR	**Language/ communication:** CSBS score, median (range): Total: **G1:** 74.5 (65-126) Social: **G1:** 4 (3-11) Speech: **G1:** 9 (3-17) Symbolic: **G1:** 5.5 (3-13) CSBS caregiver questionnaire score, median (range): Total: **G1:** 84.5 (65-100) Social: **G1:** 4 (3-7) Speech: **G1:** 10 (3-17) Symbolic: **G1:** 7.5 (3-10)	**Language/ communication:** CSBS score, median (range): Total: **G1:** 75 (65-135) **G1/BL:** *P* = 0.1 Social: **G1:** 5 (3-15) **G1/BL:** *P* = 0.122 Speech: **G1:** 8.5 (3-17) **G1/BL:** *P* = 0.194 Symbolic: **G1:** 6.5 (3-17) **G1/BL:** *P* = 0.203 CSBS caregiver questionnaire score, median (range): Total: **G1:** 90 (70-103) **G1/BL:** *P* = 0.007 Social: **G1:** 5.5 (3-9) **G1/BL:** *P* = 0.017 Speech: **G1:** 10.5 (7-17) **G1/BL:** *P* = 0.044 Symbolic: **G1:** 7 (5-11) **G1/BL:** *P* = 0.007 **Harms:** NR **Modifiers:** No significant relationships found between child/parent variables and change in behavior sample scores

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Kroeger et al., 2007 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Xavier University Mentoring and Project Chair Award, Autism Society of Greater Cincinnati Student Researcher Grant **Design:** RCT	**Intervention:** In both interventions (direct teaching and play activities), the child participates for a total of 15 hours in 15 group sessions, which include: • Beginning and ending circle times • Visual schedules during each session to transition activities • 2:1 student to facilitator ratio • Secondary (social) reinforcement for prosocial behaviors • Behavior management for inappropriate behaviors • Introduction of identical toys and materials commensurate with the video modeling curriculum In the direct teaching intervention, children participated in the video modeling curriculum and received primary (edible) rein-forcement during the course of the video modeling In the play activities intervention, children engaged in supervised free play during the middle portion of the session instead of video modeling **Assessments:** Parent satisfaction survey; Social Interaction Observation Code videotape data **Groups:** **G1:** direct teaching **G2:** play activities **Provider:** Group supervisor and facilitators	**Inclusion criteria:** • 4-6 years old • Diagnosed with Autistic disorder **Exclusion criteria:** • Other autism spectrum disorders (i.e. Asperger disorder, Rett's disorder, childhood disintegrative disorder, and pervasive developmental disorder, NOS) **Age, months ± SD:** **G1:** 65.00 ± 12.25 **G2:** 61.42 ± 9.15 **Mental age:** NR **Gender, n:** Male: **G1:** 9 **G2:** 11 Female: **G1:** 4 **G2:** 1 **Race/ethnicity, n:** Caucasian: **G1:** 9 **G2:** 12 African American: **G1:** 4 **G2:** 0 **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** By developmental pediatrician following routine multidisciplinary assessment: parent and a variety of autism and developmental standar-dized assessments conducted by corre-sponding professionals **Diagnostic category, n (%):** Autism: 25 (100)	**Social skills:** Number of initiating behaviors: **G1:** NR* **G2:** NR* **G1/G2:** *P* = NS Number of respon-ding behaviors: **G1:** NR* **G2:** NR* **G1/G2:** *P* = NS Number of inter-acting behaviors: **G1:** NR* **G2:** NR* **G1/G2:** *P* = NS	**Overall:** Parent satis-faction rating, mean: **G1:** 5.69 **G2:** 5.67 **G1/G2:** *P* = NS **Social skills:** Number of initiating behaviors: **G1:** NR* **G2:** NR* ANOVA: time (*P* = 0.001), treatment (0.020) η^2 = 0.215 Number of responding behaviors: **G1:** NR* **G2:** NR* ANOVA: time (*P* = 0.005), treatment (*P* = 0.003) η^2 = 0.328 Number of inter-acting behaviors: **G1:** NR* **G2:** NR* ANOVA: time (*P* = 0.002), treatment (*P* = 0.006); η^2 = 0.288 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Kroeger et al., 2007 (continued)	**Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 14 **G2:** 13 **N at follow-up:** **G1:** 13 **G2:** 12	**Other characteristics:** GARS score, mean ± SD: **G1:** 92.15 ± 15.24 **G2:** 92.58 ± 9.66 **G1/G2:** *P* = NS		

Comments:

***** Data only illustrated graphically

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Magiati et al., 2007 **Country:** UK **Practice setting:** Academic **Intervention setting:** Community **Enrollment period:** July 1998 to July 2002 **Funding:** Local educational authorities **Author industry relationship disclosures:** None **Design:** Prospective cohort	**Intervention:** Early Intensive Behavioral Intervention: children received 1:1 home teaching using discrete trial techniques and Verbal Behavior; 27 families attended an initial workshop of 1-3 days Nursery: eclectic intervention, emphasizing structure, visual cues, individualized teaching, and contact with families (most commonly reported TEACCH, PECS, Makatan, and SPELL) Duration of treatment, months ± SD (range): **G1:** 25.5 ± 1.04 (23-27) **G2:** 26.0 ± 1.5 (23-27) Total hours of intervention, mean ± SD: **G1:** 3,415 ± 444 **G2:** 2,266 ± 533 Hours of intervention per week, mean ± SD (range): First week: **G1:** 32.4 ± 6.4 (18-40) **G2:** 25.6 ± 6.4 (15-30) **G1/G2:** *P* < 0.001 Last week: **G1:** 33.2 ± 3.5 (26-40) **G2:** 27.4 ± 4.2 (19-30) **G1/G2:** *P* < 0.001 **Assessments:** BSID, WPPSI, MPS, VABS, BPVS-II, Word Picture Vocabulary Test-Revised, Symbolic Play Test-II, Test of Pretend Play, administered at home or school by investigators at baseline and follow-up **Groups:** **G1:** EIBI **G2:** nursery	**Inclusion criteria:** • Age 22-54 months • Independent professional diagnosis of autism/ASD confirmed by ADI-R • No major medical diagnoses • English main language at home • Living within 3 hours of London • Enrolled in either EIBI home-based program or specialist autism-specific school-based nursery provision for a minimum of 15 hours per week • Receiving no other intensive treatment **Exclusion criteria:** • See inclusion criteria **Age, months ± SD:** **G1:** 38 ± 7.2 **G2:** 42.5 ± 7.8 **Mental age, mean ± SD (range):** See baseline measures **Gender, n (%):** Male: **G1:** 27 (96.4) **G2:** 12 (75) Female: **G1:** 1 (3.6) **G2:** 4 (25) **Race/ethnicity, n (%):** White: **G1:** 21 (47) **G2:** 11 (69) Mixed: **G1:** 4 (9) **G2:** 0 Asian/Asian British: **G1:** 2 (45) **G2:** 2 (13) Black/Black British: **G1:** 1 (2) **G2:** 3 (19)	**Overall measures:** VABS composite, standard score, mean ± SD (range): **G1:** 59.6 ± 6.2 (50-72) (n=26) **G2:** 55.4 ± 5.4 (47-64) (n=14) **G1/G2:** *P* = 0.04 ADI-R total algorithm score, mean ± SD (range): **G1:** 36.4 ± 6.7 (18-46) (n=26) **G2:** 40 ± 6.9 (18-46) (n=15) **G1/G2:** *P* = NS **Educational/ cognitive/ academic attainment:** Mental age, months ± SD (range): **G1:** 31.4 ± 11.1 (5-55) **G2:** 29.1 ± 13.1 (9-48) **G1/G2:** *P* = NS IQ, mean ± SD (range): **G1:** 83 ± 27.9 (16-138) **G2:** 65.2 ± 26.9 (27-112) **G1/G2:** *P* = 0.04 Symbolic play test score, developmental age, months ± SD (range): **G1:** 18.8 ± 8 (12-36) (n=27) **G2:** 19.2 ± 8.6 (12-34) **G1/G2:** *P* = NS BPVS score, mean ± SD (range): **G1:** 4.9 ± 9.1 (0-32) **G2:** 2.9 ± 7.7 (0-27) **G1/G2:** *P* = NS	**Overall measures:** VABS composite, age equivalent, months ± SD (range): **G1:** 32.6 ± 10.2 (19-58) **G2:** 26.1 ± 12.4 (11-48) **G1/G2:** *P* = NS VABS composite, standard score, mean ± SD (range): **G1:** 57.5 ± 10.1 (41-79) **G2:** 48.6 ± 10.7 (35-72) **G1/G2:** *P* = NS ADI-R total algorithm score, mean ± SD (range): **G1:** 30.7 ± 8.8 (13-40) (n=26) **G2:** 34.9 ± 9.9 (11-48) **G1/G2:** *P* = NS **Educational/ cognitive/ academic attainment:** Mental age, months ± SD (range): **G1:** 49.2 ± 9.8 (29-70) **G2:** 44.7 ± 14.1 (17-67) (n=15) **G1/G2:** *P* = NS IQ, mean ± SD (range): **G1:** 78.4 ± 17.6 (43-129) **G2:** 65.3 ± 18 (30-94) (n=15) **G1/G2:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Magiati et al., 2007 (continued)	**Provider:** EIBI provider, n (%): Supervisor and consultant: 14 (50) Supervisor: 7 (25) Consultant: 3 (11) Senior therapist: 2 (7) One-two parents trained as a therapist: 23 (82) Nursery provider, n (%): Teachers: 16 (100) **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies, n:** Special Dietary: G1: 21 G2: 6 G1/G2: P = 0.01 Other biological interventions: G1: 17 G2: 3 G1/G2: P = 0.01 Extra-curricular educational interventions: G1: 2 G2: 7 G1/G2: P < 0.01 Other alternative treatments: G1: 8 G2: 2 G1/G2: P = 0.18 **N at enrollment:** G1: 28 G2: 16 N at follow-up: G1: 28 G2: 16	SES: Parental education, n: Higher (degree or above): G1: 18 G2: 7 Lower (A-levels or below): G1: 5 G2: 8 No information: G1: 5 G2: 1 Family SEC, n: Higher (categories 1–3): G1: 23 G2: 9 Lower (categories 4–9): G1: 4 G2: 6 No information: G1: 1 G2: 1 Diagnostic approach: In Study Diagnostic tool/method: ADI-R Diagnostic category, n (%): Autism: G1: 19 (43) G2: 13 (81) ASD: G1: 9 (20) G2: 3 (19) Other characteristics: NR	Communication/ language: EOWPVT-R score, mean ± SD (range): G1: 2.2 ± 7.8 (0-39) G2: 1.7 ± 3.7 (0-12) G1/G2: P = NS VABS communication, age equivalent, months ± SD (range): G1: 14.4 ± 5.2 (8-28) (n=26) G2: 13.1 ± 4.5 (8-26) (n=14) G1/G2: P = NS VABS communication, standard score, mean ± SD (range): G1: 60 ± 7.4 (50-78) (n=26) G2: 55.8 ± 6.8 (47-74) (n=14) G1/G2: P = NS Adaptive behavior: VABS daily living, age equivalent, months ± SD (range): G1: 19 ± 6.1 (11-39) (n=26) G2: 20 ± 3.9 (15-27) (n=14) G1/G2: P = NS VABS daily living, standard score, mean ± SD (range): G1: 63 ± 7.4 (55-89) (n=26) G2: 61.4 ± 4.9 (52-69) (n=14) G1/G2: P = NS Social skills: VABS socialization, age equivalent, months ± SD (range): G1: 13 ± 4.4 (6-24) (n=26) G2: 11.1 ± 3.4 (6-20) (n=14) G1/G2: P = NS	Symbolic play test score, developmental age, months ± SD (range): G1: 29.2 ± 12.7 (12-65) G2: 28.8 ± 13 (12-61) (n=15) G1/G2: P = NS BPVS score, mean ± SD (range): G1: 20.8 ± 20.8 (0-68) (n=27) G2: 13.2 ± 17.8 (0-52) (n=15) G1/G2: P = NS Communication/ language: EOWPVT-R score, mean ± SD (range): G1: 13 ± 17.3 (0-59) (n=27) G2: 10.2 ± 13.7 (0-38) (n=15) G1/G2: P = NS VABS communication, age equivalent, months ± SD (range): G1: 29.6 ± 17.2 (12-70) G2: 23.6 ± 16.8 (11-67) G1/G2: P = NS VABS communication, standard score, mean ± SD (range): G1: 61.2 ± 17.6 (41-106) G2: 51.6 ± 14.8 (37-87) G1/G2: P = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Magiati et al., 2007 (continued)			VABS socialization, standard score, mean ± SD (range): G1: 60.3 ± 6 (51-76) (n=26) G2: 56.6 ± 4.8 (52-67) (n=14) G1/G2: P = 0.05 VABS composite, age equivalent, months ± SD (range): G1: 18.6 ± 5.4 (12-32) (n=26) G2: 17.3 ± 3.9 (12-26) (n=14) G1/G2: P = NS	Adaptive behavior: VABS daily living, age equivalent, months ± SD (range): G1: 32.4 ± 8.2 (20-55) G2: 29.4 ± 9.7 (17-49) G1/G2: P = NS VABS daily living, standard score, mean (SD); range: G1: 58.6 ± 8.4 (38-78) G2: 49.6 ± 12.4 (28-73) G1/G2: P = 0.06 Social skills: VABS socialization, age equivalent, months ± SD (range): G1: 25.1 ± 11.8 (12-61) G2: 20.2 ± 14 (7-53) G1/G2: P = NS VABS socialization, standard score, mean ± SD (range): G1: 61.8 ± 10.4 (41-90) G2: 56.7 ± 10.3 (47-82) G1/G2: P = NS Harms: NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Magiati et al., 2007 (continued)				Modifiers: Progress after 2 years was best predicted by baseline IQ ($P < 0.001$) and baseline PBVS score ($P < 0.01$); VABS and ADI-R total scores also contributed to the model ($P < 0.05$)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Shea et al., 2004 Pandina et al., 2007† **Country:** Canada **Practice setting:** Academic, tertiary care hospital, pharmaceutical company, contract research organization **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Janssen-Ortho, Inc., Canada; Johnson & Johnson Pharmaceutical Research and Development **Author industry relationship disclosures:** 1 of 7 Janssen-Ortho (1) 5 of 5† Janssen (4) Janssen-Ortho (1) **Design:** RCT	**Intervention:** Risperidone oral solution 1.0 mg/mL once daily in the morning at 0.01 mg/kg/day on treatment days 1-2, increased to 0.02 mg/kg/day on day 3. Depending on response at day 8, could be increased in increments up to 0.02 mg/kg/day. Thereafter adjusted at investigator's discretion weekly in increments ≤ 0.02 mg/kg/day up to max allowable dosage of 0.06 mg/kg/day. Duration: days (range): **G1:** 52.7 (2-62) **G2:** 49.6 (7-63) Planned: 8 weeks **Assessments:** CGI-S completed at intake by investigator ESRS, VAS-MS (most troublesome symptom) CGI-C by investigator weekly ABC, N-CBRF (parent version) completed weekly by parent with investigator guidance **Groups:** **G1:** risperidone oral solution **G2:** placebo oral solution **Ga:** diagnosis of autism **Co-interventions held stable during treatment:** Yes **Frequency of contact during study:** Weekly for 8 weeks **Concomitant therapies:** At least one concomitant medication, n (%): **G1:** 36 (90) **G2:** 26 (66.7) Medication, %: Analgesics: **G1:** 37.5 **G2:** 17.9	**Inclusion criteria:** • Physically healthy outpatients • Ages 5-12 years • DSM-IV Axis 1 diagnosis of PDD • CARS total score ≥ 30 with or without mental retardation **Exclusion criteria:** • Schizophrenia • Other psychotic disorders • Clinically relevant non-neurologic disease • Clinical significant laboratory abnormalities • Seizure disorder for which they were receiving one or more anticonvulsants or had a seizure within 3 months • History of hypersensitivity to neuroleptics, tardive dyskinesia, narcoleptic malignant syndrome, drug or alcohol abuse, or HIV infection • Used risperidone in the last 3 months, previously unresponsive or intolerant to risperidone • Using a prohibited medication (including antipsychotics other than study medication, antidepressants, lithium, α_2-antagonists, clonidine, guanfacine, cholinesterase inhibitors, psychostimulants, and naltrexone) **Age, years ± SD (range):** **G1:** 7.6 ± 2.3 (5-12) **G1a:** 7.4 ± 2.4 (NR)† **G2:** 7.3 ± 2.3 (5-12) **G2a:** 7.1 ± 2.1 (NR)†	**Problem behavior:** ABC score, mean ± SD: Irritability: **G1:** 18.9 ± 8.8 **G1a:** 20.6 ± 8.1 (n=24)† **G2:** 21.2 ± 9.7 **G2a:** 21.6 ± 10.2† Lethargy: **G1:** 13.7 ± 7.0 **G1a:** 14 ± 6.8 (n=26)† **G2:** 14.3 ± 8.2 **G2a:** 13 ± 8.6† Stereotypic behavior: **G1:** 7.9 ± 5.0 **G1a:** 8.4 ± 5.8 (n=25)† **G2:** 8.1 ± 5.6 **G2a:** 9.4 ± 5.5† Hyperactivity/non-compliance: **G1:** 27.3 ± 9.7 **G1a:** 29.2 ± 9.5 (n=25)† **G2:** 30.9 ± 8.8 **G2a:** 33.6 ± 6.8 (n=27)† Inappropriate speech: **G1:** 4.6 ± 3.4 **G1a:** 4.5 ± 3.7 (n=26)† **G2:** 4.8 ± 3.7 **G2a:** 4.5 ± 3.7† N-CBRF score, parent rated, mean ± SD: Adaptive/social:† **G1a:** 3.8 ± 2.3 (n=26) **G2a:** 3.9 ± 2 Compliant/Calm:† **G1a:** 6.8 ± 2.7 (n=25) **G2a:** 6.2 ± 2.4 (n=26)	**Problem behavior:** ABC score, mean change ± SD: Irritability: **G1:** -12.1 ± 5.8 **G2:** -6.5 ± 8.4 **G1/G2:** $P \leq 0.001$ Lethargy: **G1:** -8.6 ± 5.9 **G2:** -5.7 ± 6.9 **G1/G2:** $P \leq 0.01$ Stereotypic Behavior: **G1:** -4.3 ± 3.8 **G2:** -2.4 ± 4.0 **G1/G2:** $P \leq 0.05$ Hyperactivity/ noncompliance: **G1:** -14.9 ± 6.7 **G2:** -7.4 ± 9.7 **G1/G2:** $P \leq 0.001$ Inappropriate speech: **G1:** -2.6 ± 2.6 **G2:** -1.6 ± 3.0 **G1/G2:** $P \leq 0.05$ ABC score, mean ± SD: Irritability:† **G1a:** 7.2 ± 5.9 (n=24) **G2a:** 14.1 ± 11.3 **G1a/G2a:** $P = 0.002$ Lethargy: **G1a:** 4.7 ± 4.4 (n=26) **G2a:** 8.2 ± 8.9 **G1a/G2a:** $P = 0.020$ Stereotypic Behavior: **G1a:** 3.9 ± 4.2 (n=25) **G2a:** 6.9 ± 6.9 **G1a/G2a:** $P = 0.053$

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Shea et al., 2004 (continued)	Cough and cold preparations: **G1:** 25 **G2:** 10.3 Antibiotics: **G1:** 12.5 **G2:** 12.8 Anti-asthmatics: **G1:** 15 **G2:** 10 Sedative/hypnotics: **G1:** 27.5 **G2:** 23.1 Anticholinergics: **G1:** 7.5 **G2:** 2.6 **N at enrollment:** **G1:** 40 **G1a:** 27 **G2:** 39 **G2a:** 28 **N at follow-up:** **G1:** 39 **G1a:** 25 **G2:** 38 **G2a:** 24	**Mental age:** IQ score, n (%): ≥ 85, normal: **G1:** 3/31 (9.7) **G1a:** 0† **G2:** 11/35 (31.4) **G2a:** 6/24 (25)† 71-84, borderline: **G1:** 6/31 (19.4) **G2:** 4/35 (11.4) 50-70, mild: **G1:** 12/31 (38.7) **G2:** 8/35 (22.9) 35-49, moderate: **G1:** 10/31 (32.3) **G2:** 12/35 (34.3) IQ, mean ± SD:† **G1a:** 50.8 ± 19.8 **G2a:** 60.1 ± 26.9 **Gender, n (%):** Male: **G1:** 29 (72.5) **G1a:** 19 (70)† **G2:** 32 (82.1) **G2a:** 24 (86)† Female: **G1:** 11 (27.5) **G1a:** 8 (30)† **G2:** 7 (17.9) **G2a:** 4 (14)† **Race/ethnicity, n (%):** **G1:** White: **G1:** 27 (67.5) **G1a:** 16 (59)† **G2:** 28 (71.8) **G2a:** 18 (64)† Black: **G1:** 6 (15.0) **G1a:** 4 (15)† **G2:** 6 (15.4) **G2a:** 6 (21)† Other: **G1:** 7 (17.5) **G1a:** 7 (26)† **G2:** 5 (12.8) **G2a:** 4 (14)† **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study	Conduct problem: **G1:** 16.8 ± 9.4 **G1a:** 17.2 ± 8 (n=26)† **G2:** 23.3 ± 12.0 **G2a:** 21.5 ± 10.7† Hyperactive: **G1:** 17.2 ± 5.8 **G1a:** 17.7 ± 5.6 (n=25)† **G2:** 18.9 ± 5.3 **G2a:** 19.6 ± 5.2† Insecure/anxious: **G1:** 8.7 ± 8.1 **G1a:** 6.3 ± 6.7 (n=26)† **G2:** 10.6 ± 7.6 **G2a:** 8.7 ± 6.7† Overly sensitive: **G1:** 6.9 ± 3.4 **G1a:** 6.7 ± 3.4 (n=26)† **G2:** 7.4 ± 3.5 **G2a:** 6.6 ± 3.4† Self-injury/ stereotypic: **G1:** 4.2 ± 4.2 **G1a:** 4.5 ± 4.4 (n=26)† **G2:** 3.5 ± 4.2 **G2a:** 4.1 ± 4.4† Self-isolated/ ritualistic: **G1:** 7.5 ± 4.1 **G1a:** 7.3 ± 4 (n=26)† **G2:** 8.2 ± 4.5 **G2a:** 7.8 ± 4.2† VAS-MS, mean ± SD: **G1:** 81.0 ± 13.3 **G2:** 84.8 ± 14.1 VAS-MS score by symptom, mean ± SD:† Aggression: **G1a:** 86 ± 14.5 (n=7) **G2a:** 88.3 ± 9 (n=7)	Hyperactivity/ noncompliance: **G1a:** 13.3 ± 8.7 (n=25) **G2a:** 26.4 ± 12.8 (n=27) **G1a/G2a:** *P* = 0.001 Inappropriate speech: **G1a:** 1.9 ± 2.2 (n=26) **G2a:** 3.1 ± 3.5 **G1a/G2a:** *P* = 0.058 N-CBRF score, parent rated, mean change ± SD: Conduct problem: **G1:** -10.4 ± 7.4 **G2:** -6.6 ± 9.5 **G1/G2:** *P* ≤ 0.001 Hyperactive: **G1:** -8.1 ± 4.6 **G2:** -5.6 ± 6.6 **G1/G2:** *P* ≤ 0.05 Insecure/anxious: **G1:** -4.6 ± 6.5 **G2:** -3.5 ± 5.5 **G1/G2:** *P* ≤ 0.05 Overly sensitive: **G1:** -3.8 ± 2.8 **G2:** -2.7 ± 3.2 **G1/G2:** *P* ≤ 0.05 Self-injurious/ stereotypic: **G1:** -2.6 ± 3.3 **G2:** -1.3 ± 2.8 **G1/G2:** *P* = NS Self-isolated/ ritualistic: **G1:** -4.8 ± 3.9 **G2:** -3.6 ± 4.6 **G1/G2:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Shea et al., 2004 (continued)		**Diagnostic tool/method:** DSM-IV **Diagnostic category, n (%):** Autism: **G1:** 27 (67.5) **G2:** 28 (71.8) Asperger: **G1:** 5 (12.5) **G2:** 7 (17.9) Childhood disintegrative disorder: **G1:** 1 (2.5) **G2:** 0 PDD-NOS: **G1:** 7 (17.5) **G2:** 4 (10.3) **Other characteristics:** Weight, kg ± SD: **G1:** 31.2 ± 14.5 **G2:** 27.6 ± 8.6 VABS composite score, mean ± SE: **G1:** 46.6 ± 13.1 **G1a:** 44.6 ± 13.8† **G2:** 52.2 ± 19.8 **G2a:** 46.7 ± 19.7† CARS score, mean ± SE: **G1:** 38.9 ± 5.3 **G1a:** 40.1 ± 5.4† **G2:** 39.1 ± 6.7 **G2a:** 50.9 ± 6.6† CARS score, n (%): 31-36, mild/moderate: **G1:** 17 (42.5) **G2:** 18 (46.2) 37-60, severe: **G1:** 23 (57.5) **G2:** 21 (53.8)	Defiance/ disobedience: **G1a:** 75 ± 47 (n=7) **G2a:** 84.8 ± 19.6 (n=7) Hyperactivity: **G1a:** 68.7 ± 28.6 (n=7) **G2a:** 96.3 ± 4.2 (n=7) Obsessive/ repetitive: **G1a:** 86.3 ± 19.4 (n=7) **G2a:** 98 ± 0 (n=7) Tantrums/negative mood: **G1a:** 80.8 ± 10.1 (n=7) **G2a:** 81.2 ± 13.9 (n=7) **Medical:** Pulse, mean bpm ± SD: **G1:** 90.2 ± 12.0 **G2:** 95.0 ± 13.7 Diastolic BP, mean mm Hg ± SD: **G1:** 68.1 ± 9.8 **G2:** 67.8 ± 10.3 Systolic BP, mean mm Hg ± SD: **G1:** 99.8 ± 9.6 **G2:** 100.4 ± 10.5 Weight, mean kg ± SD: **G1:** 31.2 ± 14.5 **G2:** 27.5 ± 8.7	N-CBRF score, parent rated, mean ± SD:† Adaptive/social: **G1a:** 5.3 ± 2.4 (n=26) **G2a:** 4.3 ± 2.4 **G1a/G2a:** *P* = 0.072 Compliant/calm: **G1a:** 8.7 ± 3.3 (n=25) **G2a:** 6.9 ± 2.9 (n=26) **G1a/G2a:** *P* = 0.072 Conduct problem: **G1a:** 6.5 ± 5.7 (n=26) **G2a:** 15.5 ± 11.9 **G1a/G2a:** *P* = 0.005 Hyperactive: **G1a:** 9.4 ± 5.4 (n=25) **G2a:** 14.9 ± 8.4 **G1a/G2a:** *P* = 0.021 Insecure/anxious: **G1a:** 3.2 ± 4.3 (n=26) **G2a:** 5.4 ± 4.8 **G1a/G2a:** *P* = NS Overly sensitive: **G1a:** 2.8 ± 2.3 (n=26) **G2a:** 4.3 ± 3.3 **G1a/G2a:** *P* = 0.029 Self-injury/ stereotypic: **G1a:** 2.2 ± 3.1 (n=26) **G2a:** 2.8 ± 3.9 **G1a/G2a:** *P* = NS Self-isolated/ ritualistic: **G1a:** 2.4 ± 2.5 (n=26) **G2a:** 4.5 ± 5.5 **G1a/G2a:** *P* = 0.078

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Shea et al., 2004 (continued)				VAS-MS, mean change ± SD: **G1:** -38.4 ± 28.9 **G2:** -26.2 ± 29.2 **G1/G2:** *P* ≤ 0.05 VAS-MS score by symptom, mean ± SD:† Aggression: **G1a:** 22.3 ± 20 (n=7) **G2a:** 63.4 ± 37.3 (n=8) **G1a/G2a:** *P* = 0.056 Defiance/ disobedience: **G1a:** 60 ± 12.1 (n=4) **G2a:** 65.2 ± 25 (n=5) **G1a/G2a:** *P* = NS Hyperactivity: **G1a:** 39.7 ± 19.7 (n=3) **G2a:** 80.5 ± 14.2 (n=4) **G1a/G2a:** *P* = 0.04 Obsessive/ repetitive: **G1a:** 70 ± 16.8 (n=3) **G2a:** 48 ± 63.4 (n=2) **G1a/G2a:** *P* = NS Tantrums/ negative mood: **G1a:** 28 ± 20.9 (n=6) **G2a:** 43.4 ± 28.8 (n=5) **G1a/G2a:** *P* = NS **Medical:** Pulse, mean change bpm ± SD: **G1:** 8.9 ± 13.9 **G2:** -0.6 ± 13.1 **G1/G2:** *P* ≤ 0.01

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Shea et al., 2004 (continued)				Diastolic BP, mean change mm Hg ± SD: **G1:** 0.7 ± 9.1 **G2:** -0.7 ± 8.8 **G1/G2:** *P* = NS Systolic BP, mean change mm Hg ± SD: **G1:** 4.0 ± 10.4 **G2:** -0.7 ± 10.7 **G1/G2:** *P* ≤ 0.01 Weight, mean change kg ± SD: **G1:** 2.7 ± 2.0 **G2:** 1.0 ± 1.6 **G1/G2:** *P* ≤ 0.001 **Harms, n (%):** Any event: **G1:** 40 (100) **G2:** 31 (79.5) Somnolence: **G1:** 29 (72.5) **G2:** 3 (7.7) Upper respiratory tract infection: **G1:** 15 (37.5) **G2:** 6 (15.4) Rhinitis: **G1:** 11 (27.5) **G2:** 4 (10.3) Increased appetite: **G1:** 9 (22.5) **G2:** 4 (10.3) Abdominal pain: **G1:** 8 (20.0) **G2:** 3 (7.7) Fever: **G1:** 8 (20) **G2:** 7 (17.9) Insomnia: **G1:** 6 (15.0) **G2:** 6 (15.4) Vomiting: **G1:** 6 (15.0) **G2:** 6 (15.4) Coughing: **G1:** 6 (15.0) **G2:** 4 (10.3) Headache: **G1:** 5 (12.5) **G2:** 2 (5.1)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Shea et al., 2004 (continued)				Constipation: **G1:** 5 (12.5) **G2:** 1 (2.6) Apathy: **G1:** 5 (12.5) **G2:** 0 Tachycardia: **G1:** 5 (12.5) **G2:** 0 Influenza-like symptoms: **G1:** 4 (10.0) **G2:** 2 (5.1) Anorexia: **G1:** 4 (10.0) **G2:** 1 (2.6) Fatigue: **G1:** 4 (10.0) **G2:** 1 (2.6) Saliva increased: **G1:** 4 (10) **G2:** 1 (2.6) Weight increase: **G1:** 4 (10) **G2:** 1 (2.6) Tremor: **G1:** 4 (10) **G2:** 0 **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Reed et al., 2007 **Country:** UK **Practice setting:** Academic **Intervention setting:** Home **Enrollment period:** NR **Funding:** South East Region Special Education Needs Partnership **Author industry relationship disclosures:** NR **Design:** Non randomized controlled trial	**Intervention:** High-intensity ABA vs. low-intensity ABA High-intensity intervention offered home-based mostly 1:1 training between 20-40 hours per week (mean 30.4 hours); approaches included: • Lovaas (discrete-trial reinforcement-based) • Verbal behavior (discrete-trial focused on developmental of verbal responses) • CABAS-based (combination of ABA technologies, stresses importance of learn-units) Each session lasted 2-3 hours. Low-intensity intervention offered training between 10-20 hours per week (mean 12.6 hours) using similar procedures as described in high-intensity intervention with up to four 3-hour home based direct 1:1 teaching sessions each week. **Assessments:** Blinded educational psychologist administered BAS and PEP-R. Parent completed VABS and GARS measures pre- and post-treatment (9-10 months) **Groups:** **G1:** high-intensity **G2:** low-intensity **Ga:** Lovaas **Gb:** verbal behavior **Gc:** CABAS	**Inclusion criteria:** • Age 2.5-4 years at start of study • At start of intervention • Received no other major interventions during the assessment period • Diagnosed with ASD **Exclusion criteria:** • See inclusion criteria **Age, months ± SD:** **G1:** 42.9 ± 14.8 **G1a:** 47.5 ± 13.5 **G1b:** 38.0 ± 9.9 **G1c:** 44.2 ± 20.5 **G2:** 40.8 ± 5.6 **Mental age:** See baseline measures **Gender, n (%):** Male: **G1:** 14 (100) **G2:** 13 (100) Female: **G1:** 0 **G2:** 0 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** NR **Diagnostic tool/method:** NR **Diagnostic category:** NR **Other characteristics:** NR	**Overall ratings:** GARS autism quotient, mean ± SD: **G1:** 89.1 ± 14.7 **G1a:** 93.0 ± 19.9 **G1b:** 87.6 ± 11.1 **G1c:** 87.4 ± 16.1 **G2:** 95.1 ± 11.6 **Adaptive Behavior:** VABS composite score, mean ± SD: **G1:** 59.3 ± 10.1 **G1a:** 59.8 ± 16.7 **G1b:** 58.2 ± 6.5 **G1c:** 60.0 ± 8.6 **G2:** 56.5 ± 4.4 **Educational/ cognitive/ academic attainment:** PEP-R overall score, mean ± SD: **G1:** 57.2 ± 17.8 **G1a:** 58.0 ± 30.7 **G1b:** 50.2 ± 7.7 **G1c:** 63.6 ± 12.4 **G2:** 49.3 ± 13.2 BAS cognitive ability score, mean ± SD: **G1:** 60.1 ± 22.4 **G1a:** 72.0 ± 30.6 **G1b:** 48.0 ± 4.6 **G1c:** 62.8 ± 23.9 **G2:** 52.4 ± 9.9	**Overall ratings:** GARS autism quotient, mean change ± SD: **G1:** -2.2 ± 7.8 **G2:** 1.6; ± 6.2 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = NS **Adaptive behavior:** VABS composite score, mean change (ES**): **G1:** NR* **G1a:** NR* (0.03) **G1b:** NR* (0.18) **G1c:** NR* (0.53) **G2:** NR* **G1/BL:** *P* = NS **G1a/BL:** *P* = NS **G1b/BL:** *P* = NS **G1c/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* = NS **G1a/G1b/G1c:** *P* = NS **Educational/ cognitive/ academic attainment:** PEP-R overall score, mean change (ES**): **G1:** NR* **G1a:** NR* (0.91) **G1b:** NR* (0.82) **G1c:** NR* (1.11) **G2:** NR* **G1/BL:** *P* < 0.01 **G1a/BL:** *P* < 0.05 **G1b/BL:** *P* = NS **G1c/BL:** *P* < 0.05 **G2/BL:** *P* = NS **G1/G2:** *P* = NS **G1a/G1b/G1c:** *P* < 0.05

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reed et al., 2007 (continued)	**Provider:** High-intensity programs were supervised by tutors trained in the approach who provided supervision on average of once every two weeks; low intensity was provided by trained assistants **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** Yes **Concomitant therapies:** NR **N at enrollment:** **G1:** 14 **G1a:** 4 **G1b:** 5 **G1c:** 5 **G2:** 13 **N at follow-up:** **G1:** 14 **G1a:** 4 **G1b:** 5 **G1c:** 5 **G2:** 13			BAS cognitive ability score, mean change (ES**): **G1:** NR* **G1a:** NR* (0.58) **G1b:** NR* (3.74) **G1c:** NR* (3.74) **G2:** NR* **G1/BL:** $P < 0.01$ **G1a/BL:** P = NS **G1b/BL:** P = NS **G1c/BL:** $P < 0.01$ **G2/BL:** $P < 0.05$ **G1/G2:** $P < 0.01$ **G1a/G1b/G1c:** P = NS **Harms:** NR **Modifiers:** Increases in hours/week of intervention were associated with decreases in mean-outcome gains for G1*

Comments:

* data only illustrated graphically

** Effect sizes were calculated by dividing the change score by the original standard deviation of the sample

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Reed et al., 2007 **Country:** UK **Practice setting:** Community **Intervention setting:** Home or school **Enrollment period:** 2002 to 2004 **Funding:** South East Regional Special Educational Needs Partnership Author industry relationship disclosures: NR **Design:** Retrospective cohort	**Intervention:** Applied Behavioral Analysis (ABA): 1:1 interaction for 2 to 3 hrs, approx 8 to 14 tasks or drills per session; programs used an antecedent (question/ task), behavior (response) sometimes prompted if necessary, and consequence procedure; programs included Lovaas, verbal behavior, CABAS; all ABA programs overseen by either BCBA or CABAS-certified qualification Frequency: mean 30.4 hours per week (range 20-40) of intervention Special Nursery: group interaction for 2 to 3 hrs; a session would start and end with six to eight children in a group with the teacher at the front; individual tasks organized into highly structured method as outlined by the TEACCH methodology Frequency: mean 12.7 hours per week (range 2-23) of intervention Portage: supervisor visits the parents once every 1 to 2 weeks, and parents and caregivers are shown how to apply this system during these visits; 1:1 situation targeting several skills/week; 40 to 60 min/day, scheduled when the parent believes the child will be at his or her most receptive; children are taught new skills through the use of questions and tasks, prompts, and rewards Frequency: mean 8.5 hours per week (range 2-15) of intervention	**Inclusion criteria:** • Age 2.5 to 4 years old at the start of their first teaching intervention • Independent diagnosis of ASD made by specialist pediatrician following initial referral from a general medical practitioner **Exclusion criteria:** • Receiving other major intervention during the assessment period **Age, months (range):** **G1:** 40 (32-47) **G2:** 43 (41-48) **G3:** 38 (30-45) **Mental age:** NR **Gender, n (%):** Male: **G1:** 11 (92) **G2:** 18 (90) **G3:** NR Female: **G1:** 1 (8) **G2:** 2 (10) **G3:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** GARS, CRS-R **Diagnostic category, n (%):** Autism: 48 (100) **Other characteristics:** NR	**Overall ratings:** GARS total score, mean ± SD: **G1:** 90.5 ± 13.9 **G2:** 96.8 ± 10.4 **G3:** 91.3 ± 14.3 PEP-R total score, mean ± SD: **G1:** 55.6 ± 13.8 **G2:** 51.9 ± 20.1 **G3:** 53.3 ± 16.1 BAS II total score, mean ± SD: **G1:** 56.8 ± 16.6 **G2:** 57.8 ± 12.8 **G3:** 53.4 ± 10.9 **Repetitive behaviors:** GARS stereotyped behaviors score, mean ± SD: **G1:** 8.1 ± 2.8 **G2:** 9.3 ± 2.3 **G3:** 8.9 ± 3.1 **Communication/ language:** GARS communi-cation score, mean ± SD: **G1:** 1.6 ± 3.3 **G2:** 5.9 ± 5.6 **G3:** 0.4 ± 1.8 **Social skills:** GARS social interaction score, mean ± SD: **G1:** 7.4 ± 2.7 **G2:** 9.1 ± 2.8 **G3:** 8.3 ± 2.9 GARS develop-mental disturbance score, mean ± SD: **G1:** 9.2 ± 2.3 **G2:** 9.6 ± 1.9 **G3:** 9.2 ± 1.8 PEP-R imitation score, mean ± SD: **G1:** 45.5 ± 30.9 **G2:** 52.9 ± 30.3 **G3:** 39.4 ± 22.1	**Overall ratings:** GARS total score, mean change ± SD: **G1:** -2.0 ± 8.4 **G2:** 0.5 ± 9.3 **G3:** 1.5 ± 5.9 **G1/G2/G3:** *P* = NS PEP-R total score, mean change ± SD: **G1:** 13.6 ± 12.7 **G2:** 10.2 ± 13.6 **G3:** 1.6 ± 11.2 **G1/G2:** *P* = NS* **G1/G3:** *P* < 0.05* **G2/G3:** *P* = NS* BAS II total score, mean change ± SD: **G1:** 17.8 ± 15.0 **G2:** 7.9 ± 8.6 **G3:** 6.6 ± 9.1 **G1/G2:** *P* < 0.05* **G1/G3:** *P* < 0.05* **G2/G3:** *P* = NS* **Social skills:** GARS social interaction score, mean change ± SD: **G1:** -0.4 ± 1.6 **G2:** -0.6 ± 2.5 **G3:** 0.1 ± 1.1 **G1/BL:** *P* = NS* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS* VABS socialization score, mean change ± SD: **G1:** 4.0 ± 7.3 **G2:** 5.0 ± 8.8 **G3:** -0.3 ± 3.9 **G1/BL:** *P* = NS* **G2/BL:** *P* < 0.05 **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS*

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reed et al., 2007 (continued)	**Assessments:** Initial and follow-up assessment handled by senior educational psychologist **Groups:** **G1:** ABA **G2:** special nursery **G3:** portage **Provider:** **G1:** either board certified behavior analyst or master teaching-level CABAS qualifications **G2:** trained teacher **G3:** parents with supervision by trained provider **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 12 **G2:** 20 **G3:** 16 **N at follow-up:** **G1:** 12 **G2:** 20 **G3:** 16		PEP-R perception score, mean ± SD: **G1:** 78.2 ± 24.6 **G2:** 80.4 ± 45.6 **G3:** 74.8 ± 31.3 VABS socialization score, mean ± SD: **G1:** 62.1 ± 9.3 **G2:** 62.1 ± 9.3 **G3:** 61.0 ± 5.8 **Motor Skills:** PEP-R fine motor score, mean ± SD: **G1:** 71.5 ± 18.7 **G2:** 59.9 ± 21.0 **G3:** 65.0 ± 19.9 PEP-R gross motor score, mean ± SD: **G1:** 60.3 ± 17.5 **G2:** 67.2 ± 28.2 **G3:** 68.3 ± 20.2 PEP-R hand-eye coordination score, mean ± SD: **G1:** 64.8 ± 21.7 **G2:** 66.0 ± 31.3 **G3:** 64.7 ± 28.0 VABS motor skills score, mean ± SD: **G1:** 73.8 ± 16.6 **G2:** 73.8 ± 16.6 **G3:** 70.9 ± 11.1 **Educational/ cognitive academic attainment:** PEP-R cognitive score, mean ± SD: **G1:** 40.7 ± 23.2 **G2:** 42.5 ± 20.2 **G3:** 38.3 ± 17.6 **Communication/ language:** PEP-R verbal score, mean ± SD: **G1:** 41.9 ± 22.6 **G2:** 43.8 ± 23.8 **G3:** 42.6 ± 15.9	**Communication/ language:** GARS communication score, mean ± SD: **G1:** 3.8 ± 5.5 **G2:** -1.3 ± 5.8 **G3:** 1.2 ± 3.1 **G1/BL:** *P* = NS* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS* PEP-R verbal score, mean change ± SD: **G1:** 19.8 ± 24.5 **G2:** 11.5 ± 15.3 **G3:** 31 ± 17.7 **G1/BL:** *P* < 0.05* **G2/BL:** *P* < 0.01* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS* BAS II verbal comprehension score, mean change ± SD: **G1:** 9.5 ± 14.3 **G2:** 1.8 ± 4.1 **G3:** 0.7 ± 3.4 **G1/BL:** *P* < 0.05* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* < 0.05* **G1/G3:** *P* < 0.05* **G2/G3:** *P* = NS* BAS II picture matching score, mean change ± SD: **G1:** 8.6 ± 8.8 **G2:** 7.9 ± 10.9 **G3:** 6.9 ± 7.6 **G1/BL:** *P* < 0.05* **G2/BL:** *P* < 0.01* **G3/BL:** *P* < 0.01* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS*

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reed et al., 2007 (continued)			BAS II verbal comprehension score, mean ± SD: **G1:** 23.3 ± 6.8 **G2:** 23.3 ± 6.8 **G3:** 21.7 ± 4.3 BAS II picture matching score, mean ± SD: **G1:** 33.8 ± 13.3 **G2:** 33.8 ± 13.3 **G3:** 28.8 ± 8.0 BAS II naming score, mean ± SD: **G1:** 22.4 ± 8.3 **G2:** 22.4 ± 8.4 **G3:** 22.3 ± 6.3 BAS II early number skills score, mean ± SD: **G1:** 26.3 ± 5.3 **G2:** 26.3 ± 5.3 **G3:** 26.1 ± 7.8 VABS communication score, mean ± SD: **G1:** 57.1 ± 7.6 **G2:** 57.1 ± 7.6 **G3:** 57.1 ± 4.9 **Adaptive behavior:** VABS total score, mean ± SD: **G1:** 58.2 ± 8.0 **G2:** 53.0 ± 4.6 **G3:** 58.6 ± 6.0 VABS daily living skills score, mean ± SD: **G1:** 61.6 ± 6.7 **G2:** 61.6 ± 6.9 **G3:** 64.6 ± 6.2 **Problem behavior:** CRS-R score, mean ± SD: Oppositional: **G1:** 62.1 ± 9.9 **G2:** 70.4 ± 13.0 **G3:** 68.3 ± 6.1 Cognitive: **G1:** 72.4 ± 19.4 **G2:** 78.9 ± 10.9 **G3:** 74.9 ± 13.6	BAS II naming score, mean change ± SD: **G1:** 13.2 ± 11.9 **G2:** 2.7 ± 4.0 **G3:** 1.7 ± 4.6 **G1/BL:** *P* < 0.01* **G2/BL:** *P* < 0.01* **G3/BL:** *P* = NS* **G1/G2:** *P* < 0.05* **G1/G3:** *P* < 0.05* **G2/G3:** *P* = NS* BAS II early number skills score, mean change ± SD: **G1:** 8.6 ± 9.6 **G2:** 4.3 ± 7.6 **G3:** 1.8 ± 8.6 **G1/BL:** *P* < 0.01* **G2/BL:** *P* < 0.01* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS* VABS communication score, mean ± SD: **G1:** 7.0 ± 11.6 **G2:** 3.1 ± 6.4 **G3:** -2.3 ± 4.1 **G1/BL:** *P* = NS* **G2/BL:** *P* < 0.05* **G3/BL:** *P* < 0.05* **G1/G2:** *P* = NS* **G1/G3:** *P* < 0.05* **G2/G3:** *P* = NS* PEP-R imitation score, mean change ± SD: **G1:** 31.0 ± 22.8 **G2:** 8.2 ± 21.2 **G3:** 10.1 ± 23.6 **G1/BL:** *P* < 0.01* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* < 0.05* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS*

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reed et al., 2007 (continued)			Hyperactivity: **G1:** 63.2 ± 8.2 **G2:** 68.6 ± 9.9 **G3:** 68.4 ± 6.3 ADHD: **G1:** 64.6 ± 7.2 **G2:** 69.0 ± 9.3 **G3:** 66.9 ± 7.1	PEP-R perception score, mean change ± SD: **G1:** 21.6 ± 20.1 **G2:** 0.8 ± 34.6 **G3:** 1.9 ± 20.8 **G1/BL:** *P* < 0.01* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS* **Repetitive behavior:** GARS stereotyped behaviors score, mean change ± SD: **G1:** -1.0 ± 1.5 **G2:** 0.3 ± 2.1 **G3:** 0.1 ± 2.5 **G1/BL:** *P* = NS* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS* **Problem behavior:** CRS-R score, mean change ± SD: Oppositional: **G1:** -0.8 ± 10.1 **G2:** -10.7 ± 11.4 **G3:** -9.9 ± 6.3 **G1/BL:** *P* = NS* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* < 0.05* **G1/G3:** *P* < 0.05* **G2/G3:** *P* = NS* Cognitive: **G1:** -10.4 ± 26.6 **G2:** -16.1 ± 14.1 **G3:** 0.4 ± 13.2 **G1/BL:** *P* = NS* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* < 0.05*

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reed et al., 2007 (continued)				Hyperactivity: **G1:** -7.0 ± 7.1 **G2:** -6.5 ± 8.5 **G3:** -4.8 ± 6.4 **G1/BL:** *P* = NS* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS* **Adaptive behavior:** VABS total score, mean change ± SD: **G1:** 2.9 ± 6.5 **G2:** 3.3 ± 6.3 **G3:** -1.4 ± 4.0 **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* < 0.05* VABS daily living skills score, mean change ± SD: **G1:** 2.7± 6.2 **G2:** 3.1± 8.6 **G3:** -1.5 ± 6.6 **G1/BL:** *P* = NS* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS* **Commonly occurring co-morbidities:** CRS-R ADHS score, mean change ± SD: **G1:** -6.9 ± 8.0 **G2:** -6.7 ± 6.2 **G3:** -3.8 ± 7.1 **G1/BL:** *P* = NS* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS*

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reed et al., 2007 (continued)				**Motor skills:** PEP-R fine motor score, mean change ± SD: **G1:** 3.8 ± 19.5 **G2:** 3.7 ± 13.1 **G3:** -1.1 ± 15.1 **G1/BL:** *P* = NS* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS* PEP-R gross motor score, mean change ± SD: **G1:** 30.8 ± 25.0 **G2:** 13.3 ± 19.7 **G3:** 11.0 ± 26.0 **G1/BL:** *P* < 0.01* **G2/BL:** *P* < 0.01* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS* PEP-R hand-eye coordination score, mean change ± SD: **G1:** 12.4 ± 16.4 **G2:** 5.0 ± 21.9 **G3:** -0.9 ± 18.9 **G1/BL:** *P* < 0.05* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS* VABS motor skills score, mean change ± SD: **G1:** -2.0 ± 11.6 **G2:** 3.2 ± 10.7 **G3:** -0.9 ± 10.3 **G1/BL:** *P* = NS* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS*

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Reed et al., 2007 (continued)				**Educational/ cognitive/ academic attainment:** GARS developmental disturbance score, mean change ± SD: **G1:** 0 ± 1.1 **G2:** -0.2 ± 1.2 **G3:** 0.5 ± 1.5 **G1/BL:** *P* = NS* **G2/BL:** *P* = NS* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS* PEP-R cognitive score, mean change ± SD: **G1:** 18.6 ± 17.4 **G2:** 13.9 ± 16.0 **G3:** 5.9 ± 14.3 **G1/BL:** *P* < 0.01* **G2/BL:** *P* < 0.01* **G3/BL:** *P* = NS* **G1/G2:** *P* = NS* **G1/G3:** *P* = NS* **G2/G3:** *P* = NS* **Harms:** NR **Modifiers:** Age at intake

Comments:

* ANCOVA with age and baseline GARS total score as covariates.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Remington et al., 2007 **Country:** UK **Practice setting:** Academic **Intervention setting:** Home, school, clinic **Enrollment period:** NR **Funding:** UK Health Foundation **Author industry relationship disclosures:** NR **Design:** Cohort, prospective	**Intervention:** Home-based early intervention for two years, 25.6 ± 4.8 hours/week (range 18.4-34.0 hours); one-on-one intervention provided by parents and 3-5 trained tutors; programs used discrete trial training and incorporated generalization procedures (specific programming individualized for each child), participants were identified based on parent preference for EIBI (funded either publicly n=13 or purchased privately n=10) Controls had local education authorities' standard treatment for two years; in general not intensive or delivered one-to-one **Assessments:** Performance-based tests administered at family home, parents mailed questionnaires, telephone interviews using VABS approximately 1 week prior to the children's 60 minute assessment visits at 3 time points (baseline, 1 and 2 year follow-up); ADI administered by first author, ESCS, BSID or Stanford Binet, and RDLS were administered by a Master's level psychometrician **Groups:** **G1:** EIBI intervention **G2:** treatment as usual through public funds **Provider:** Parents and trained tutors, supervised by more experienced behavior analysts, in some cases a consultant with PhD experience in behavior analysis	**Inclusion criteria:** • Autism diagnosis from ADI-R • Previously diagnosed with autism by an independent clinician, or suspected autism diagnosis • Age 30-42 months at enrollment • Children lived in the family home **Exclusion criteria:** • Other chronic or serious medical conditions that would interfere with consistency of intervention **Age, months ± SD:** **G1:** 35.7 ± 4.0 **G2:** 38.4 ± 4.4 **G1/G2:** *P* < 0.05 **Mental age:** See baseline measures **Gender:** NR **Race/ethnicity:** NR **SES:** University education, maternal, n (%): **G1:** 10/23 (43) **G2:** 4/21 (19) Household income: NR Mother working, n (%): Full time: **G1:** 0 **G2:** 0 Part time: **G1:** 7 (30.4) **G2:** 7 (33.3) Fathers (living in the family home) working, n (%): Full time: **G1:** 19/20 (95) **G2:** 17/20 (85) Part time: **G1:** 0 **G2:** 1/20 (5) **Diagnostic approach:** Referral	**Overall ratings:** DBC total score, mean ± SD: Maternal report: **G1:** 50.26 ± 22.75 **G2:** 67.81 ± 18.77 Paternal report: **G1:** 46.67 ± 22.15 **G2:** 57.57 ± 15.67 DBC autism score, mean ± SD: Maternal report: **G1:** 22.22 ± 9.54 **G2:** 31.14 ± 9.22 Paternal report: **G1:** 22.33 ± 9.92 **G2:** 26.29 ± 8.90 ASQ score, mean ± SD: Maternal report: **G1:** 19.26 ± 4.93 **G2:** 21.14 ± 5.47 Paternal report: **G1:** 20.88 ± 4.54 **G2:** 21.07 ± 6.41 **Social skills:** NCBRF positive social behavior score, mean ± SD: Maternal report: **G1:** 10.57 ± 4.24 **G2:** 9.29 ± 3.47 Paternal report: **G1:** 8.94 ± 3.47 **G2:** 8.73 ± 3.67 **Communication/ language:** ESCS joint attention score, mean ± SD: Initiating: **G1:** 3.33 ± 4.40 **G2:** 3.63 ± 4.92 Responding: **G1:** 5.29 ± 3.62 **G2:** 5.94 ± 3.91 Reynell verbal comprehension score obtained, n: **G1:** 4 **G2:** 3 **G1/G2:** *P* = NS	**Overall ratings:** DBC total score, mean ± SD: Maternal report: **G1:** 44.70 ± 24.20 **G2:** 60.62 ± 24.72 Paternal report: **G1:** 45.19 ± 20.94 **G2:** 55.20 ± 19.44 DBC autism score, mean ± SD: Maternal report: **G1:** 18.91 ± 10.29 **G2:** 26.76 ± 11.21 Paternal report: **G1:** 19.50 ± 8.80 **G2:** 24.00 ± 11.60 ASQ score, mean ± SD: Maternal report: **G1:** 15.96 ± 5.63 **G2:** 19.29 ± 7.22 Paternal report: **G1:** 19.88 ± 6.16 **G2:** 19.47 ± 7.46 **Social skills:** NCBRF positive social behavior score, mean ± SD: Maternal report: **G1:** 15.30 ± 4.69 **G2:** 11.86 ± 4.84 **G1/G2:** *P* = 0.004 Paternal report: **G1:** 12.60 ± 4.06 **G2:** 11.20 ± 5.19 **G1/G2:** *P* = 0.053 **Communication/ language:** ESCS joint attention score, mean ± SD: Initiating: **G1:** 11.76 ± 9.41 **G2:** 11.19 ± 13.86 **G1/G2:** *P* = NS Responding: **G1:** 11.29 ± 3.47 **G2:** 10.06 ± 4.99 **G1/G2:** *P* < 0.05

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Remington et al., 2007 (continued)	**Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** Yes **Concomitant therapies, n (%):** Baseline: Speech therapy: **G1:** 15 (65) **G2:** 12 (57) Dietary intervention: **G1:** 11 (48) **G2:** 3 (14) Prescription medications: **G1:** 1 (4) **G2:** 1 (5) Vitamin injection or high-dose vitamins: **G1:** 6 (26) **G2:** 0 Homeopathic intervention: **G1:** 5 (22) **G2:** 5 (24) 12 month follow-up: In mainstream school: **G1:** 13 (57) **G2:** 6 (48) Special needs school: **G1:** 0 **G2:** 9 (43) Mixed school: **G1:** 0 **G2:** 2 (10) TEACHH principles in school settings: **G1:** 2 (9) **G2:** 8 (38) PECS: **G1:** NR **G2:** 14 (67) Sign language/Makaton: **G1:** NR **G2:** 5 (24) Speech therapy: **G1:** 5 (22) **G2:** 14 (67) Dietary intervention: **G1:** 14 (61) **G2:** 4 (19) Prescription medications: **G1:** 4 (17) **G2:** 5 (24)	**Diagnostic tool/method:** ADI-R **Diagnostic category, n (%):** Autism : 44 (100) PDD-NOS: NR Aspergers: NR **Other characteristics:** NR	Reynell expressive language score obtained, n: **G1:** 2 **G2:** 1 **G1/G2:** *P* = NS **Adaptive behavior:** VABS score, mean ± SD: Composite: **G1:** 114.78 ± 26.89 **G2:** 113.57 ± 29.78 Communication: **G1:** 23.52 ± 11.35 **G2:** 21.62 ± 10.81 Daily living skills: **G1:** 24.13 ± 7.49 **G2:** 25.43 ± 10.56 Social skills: **G1:** 29.57 ± 6.65 **G2:** 28.29 ± 7.48 Motor skills: **G1:** 37.57 ± 6.37 **G2:** 38.24 ± 7.06 **Educational/ cognitive/ academic attainment:** IQ, Bayley and SB-IV, mean ± SD: **G1:** 61.43 ± 16.43 **G2:** 62.33 ± 16.64 Mental age, months ± SD: **G1:** 22.04 ± 6.89 **G2:** 23.71 ± 6.00	Reynell verbal comprehension score obtained, n: **G1:** 21 **G2:** 11 **G1/G2:** *P* < 0.005 Reynell expressive language score obtained, n: **G1:** 21 **G2:** 10 **G1/G2:** *P* < 0.005 **Adaptive behavior:** VABS score, mean ± SD: Composite: **G1:** 202.83 ± 61.98 **G2:** 182.86 ± 58.89 Communication: **G1:** 54.74 ± 24.43 **G2:** 46.00 ± 24.51 Daily living skills: **G1:** 50.22 ± 16.46 **G2:** 44.67 ± 16.99 **G1/G2:** *P* < 0.05 Social skills: **G1:** 43.52 ± 15.94 **G2:** 41.48 ± 14.52 Motor skills: **G1:** 54.35 ± 9.12 **G2:** 50.71 ± 8.21 **G1/G2:** *P* < 0.05 **Educational/ cognitive/ academic attainment:** IQ, Bayley and SB-IV, mean ± SD: **G1:** 73.48 ± 27.28 **G2:** 60.14 ± 27.76 **G1/G2:** *P* < 0.01 Mental age, months ± SD: **G1:** 44.39 ± 16.39 **G2:** 38.00 ± 17.44 **G1/G2:** *P* < 0.01

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Remington et al., 2007 (continued)	Vitamin injection or high-dose vitamins: **G1:** 10 (44) **G2:** 1 (5) Homeopathic intervention: **G1:** 2 (9) **G2:** 1 (5) 24 month follow-up: In mainstream school: **G1:** 17 (74) **G2:** 10 (48) Special needs school: **G1:** 5 (22) **G2:** 11 (52) TEACHH principles in school settings: **G1:** 3 (13) **G2:** 11 (52) PECS: **G1:** NR **G2:** 16 (76) Sign language/Makaton: **G1:** NR **G2:** 10 (48) Speech therapy: **G1:** 6 (26) **G2:** 10 (48) Dietary intervention: **G1:** 12 (52) **G2:** 6 (29) Prescription medications: **G1:** 1 (4) **G2:** 4 (19) Vitamin injection or high-dose vitamins: **G1:** 7 (30) **G2:** 1 (5) Homeopathic intervention: **G1:** 1 (4) **G2:** 1 (5) **N at enrollment:** **G1:** 23 **G2:** 21 **N at follow-up:** **G1:** 23 **G2:** 21			**Harms:** NR **Modifiers:** In G1, 6 improved most on IQ tests (more than 23.94 points) vs. 6 whose IQ scores decreased: improved IQ associated with higher IQ, higher MA, higher VBS composite, communication, and social skills scores, lower vineland motor skills scores, more behavior problems on both maternal and paternal DBC, more autism symptoms on DBC, fewer intervention hours in year two

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Rickards et al., 2007 **Country:** Australia **Practice setting:** Academic **Intervention setting:** Clinic (child development and early intervention center) **Enrollment period:** May 2000 to December 2003 **Funding:** Murdoch Children's Research Institute and the Jack Brockhoff Foundation **Author industry relationship disclosures:** NR **Design:** RCT	**Intervention:** Home-based program: 1 of 2 specialist preschool teachers visited each family weekly for 1-1.5 hours for 12 months. Time was spent discussing protocols developed at the centers, and developing new goals and strategies as needed. Included parent training and adapting home environment for the needs of the child. Addressed daily living skills, how to respond to behavior, how to provide choices. Center-based program: children in both the home-based program and control groups participated in one of two center-based programs. This consisted of 5 hours spread over two weekly sessions and included an individualized program for each child determined by the child's developmental level, learning style, and interests. Training techniques included chaining, variety, repetition, sequencing, and reward systems. The major principle was to learn through play; communication systems (PECS), behavior modification techniques, speech and OT were provided as needed. **Assessments:** Baseline and 13 months (mean for both groups). Cognitive development either by BSID-II or by WPPSI-R Adaptive behavior by VABS parent interview Bayley Behavior Rating Scale by psychologist	**Inclusion criteria:** • Delays in two or more areas of development based on play observations, parental interview, and information supplied by referring agency **Exclusion criteria:** • Diagnosis of cerebral palsy • Families with inadequate English language skills **Age, months ± SD:** **G1:** 44.6 ± 6.1 **G2:** 43.1 ± 6.5 **Mental age:** NR **Gender, n (%):** Male: **G1:** 24 (80) **G2:** 23 (79) Female: **G1:** 6 (20) **G2:** 6 (21) **Race/ethnicity:** NR **SES:** Maternal education < 12 years, n (%): **G1:** 14 (48.3) **G2:** 14 (50) Social status, Daniel Scale score, n (%): High (1-4): **G1:** 9 (30) **G2:** 11 (37.9) Low (4.1-7.0): **G1:** 21 (70) **G2:** 18 (62.1) **Diagnostic approach:** In Study **Diagnostic tool/method:** DSM-IV or ADI-R & ADOS **Diagnostic category, n (%):** ASD: **G1:** 18 (60) **G2:** 21 (72.4) Developmental delay: **G1:** 7 (23.3) **G2:** 2 (6.9)	**Educational/ cognitive/ academic attainment:** IQ score, mean ± SD: **G1:** 60.2 ± 20 **G1a:** 55.7 ± 22.1 **G1b:** 67 ± 14.4 **G2:** 60.6 ± 21.8 **G2a:** 52.9 ± 18.3 **G2b:** 80.8 ± 17.4 **G1/G2:** *P* = NS **Problem behavior:** Behavior Rating Scale score, mean ± SD **G1:** 98 ± 17.1 (n=29) **G2:** 98.3 ± 13.4 (n=28) **G1/G2:** *P* = NS Behavior Screening Questionnaire, mean ± SD: **G1:** 11.3 ± 4.9 **G2:** 9.6 ± 4.4 (n=28) **G1/G2:** *P* = NS Preschool Behavior Checklist score, mean ± SD: **G1:** 19.2 ± 10.4 (n=27) **G1a:** 22.1 ± 11 (n=16) **G1b:** 15 ± 8.2 (n=11) **G2:** 17.4 ± 10.8 (n=26) **G2a:** 22 ± 9.7 (n=18) **G2b:** 7.1 ± 3.4 (n=8) **G1/G2:** *P* = NS **Adaptive behavior:** VABS composite score, mean ± SD: **G1:** 61.2 ± 18.8 **G2:** 55 ± 14.6 (n=28) **G1/G2:** *P* = NS	**Educational/ cognitive/ academic attainment:** IQ score, mean ± SD: **G1:** 64.9 ± 22.2 **G1a:** 57.2 ± 21.9 **G1b:** 76.4 ± 17.9 **G2:** 57.1 ± 22.4 **G2a:** 48.6 ± 17.5 **G2b:** 79.4 ± 18.8 **G1+G2/BL:** *P* = NS **G1/G2:** *P* = 0.007 **G1a/BL:** *P* = NS **G1b/BL:** *P* = NS **G2a/BL:** *P* = NS **G2b/BL:** *P* = NS **G1a/G2a:** *P* = 0.09 **G1b/G2b:** *P* = 0.08 Change in IQ, n: Improved: **G1:** 12 **G2:** 3 No change: **G1:** 10 **G2:** 16 Deteriorated: **G1:** 8 **G2:** 10 No change: **G1:** 10 **G2:** 16 **G1/G2:** *P* = 0.03 **Problem behavior:** Behavior Rating Scale score, mean ± SD **G1:** 105.8 ± 13.2 (n=29) **G2:** 100.8 ± 11.2 (n=28) **G1+G2/BL:** *P* = 0.01 **G1/G2:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Rickards et al., 2007 (continued)	Behavior Screening Questionnaire competed by parents Preschool Behavior Checklist completed by teachers QRS-F stress and family scales completed by parents/caregivers **Groups:** **G1:** home-based program **G2:** controls **Ga:** autism **Gb:** developmental and language delay **Provider:** Multidisciplinary team including psychologist, teacher and parent **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** Yes **Concomitant therapies, n (%):** Speech therapy: **G1:** 6 (20) **G2:** 10 (34.5) **N at enrollment:** **G1:** 30 **G1a:** 18 **G1b:** 12 **G2:** 29 **G2a:** 21 **G2b:** 8 **N at follow-up:** **G1:** 30 **G2:** 29	Language delay: **G1:** 5 (16.7) **G2:** 6 (20.7) **Other characteristics:** NR		Behavior Screening Questionnaire, mean ± SD: **G1:** 8 ± 5.1 **G2:** 8.1 ± 3.8 (n=28) **G1+G2/BL:** *P* = 0.0004 **G1/G2:** *P* = NS Preschool Behavior Checklist score, mean ± SD: **G1:** 12 ± 8.5 (n=27) **G1a:** 13.7 ± 8.3 (n=16) **G1b:** 9.6 ± 8.6 (n=11) **G2:** 17.7 ± 8.2 (n=26) **G2a:** 21.2 ± 6.7 (n=18) **G2b:** 10 ± 5.6 (n=8) **G1+G2/BL:** *P* = 0.0014 **G1/G2:** *P* = 0.007 **G1a/BL:** *P* = 0.02 **G1b/BL:** *P* = NS **G2a/BL:** *P* = NS **G2b/BL:** *P* = NS **G1a/G2a:** *P* = 0.054 **G1b/G2b:** *P* = 0.02 Change in PBCL: Improved: **G1:** 14 **G2:** 8 No change: **G1:** 9 **G2:** 12 Deteriorated: **G1:** 4 **G2:** 7 **G1/G2:** *P* = NS Changed from severe behavior problem classification to normal range, n: **G1:** 11/18 **G2:** 1/17

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Rickards et al., 2007 (continued)				**Adaptive behavior:** VABS composite score, mean ± SD: **G1:** 64.3 ± 20.4 **G2:** 59.2 ± 19.7 (n=28) **G1+G2/BL:** *P* = 0.01 **G1/G2:** *P* = NS **Harms:** NR **Modifiers:** No girl in G1 showed any improvement in either IQ/PBCL; in G2, only 1 improved on IQ and 2 improved on PBCL. Boys IQ improved (*P* = 0.003) and PBCL improved (*P* = 0.03) Improvement in IQ significantly associated in G1 with low SES status (*P* = 0.04), age < 42 months (*P* = 0.001), and family stress QRS-F >160 (*P* = 0.02). Improvement in PBCL significantly associated with age < 42 months (*P* = 0.04) in G1 but not in G2.

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Silva et al., 2007 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic and home **Enrollment period:** August 2005 **Funding:** Spirit Mountain community fund & Brigid Kildare **Author industry relationship disclosures:** NR **Design:** RCT with continuation **Note:** See related papers Silva et al., 2008, 2009 {#58:#5051}	**Intervention:** Qigong Massage movements (Cignolini methodology) Treatment given twice weekly for two 5 week periods with 5 weeks in-between by trained practitioner; parent administers the same treatment at least once daily for 5 months Children stratified into 3 groups according to Battele Developmental Inventory cognitive scores then randomly assigned to treatment and control within each cognitive group All children attended pre-school classrooms 2-4 times/week for 2 hours at the Willamette Education Service District **Assessments:** Principal author provided initial evaluation of child, including administering Batelle Developmental Inventory Blinded examiners administered VABS and ABC tests and parents completed a sensory profile questionnaire pre- and post-treatment; exit interview with parents administered post-treatment. Several treatment visits and the exit interview were videotaped. **Groups:** **G1:** Cignolini method **G2:** controls **Provider:** Parent and trained practitioner **Measure of treatment fidelity reported:** NR	**Inclusion criteria:** • Formal diagnosis of uncomplicated autism according to DSM-IV • Age up to 6 years • Parental commitment to give massage every day for 5 months and get the child to the clinic to get prescription from the doctor 20 times • Willingness of the parent not to try any new treat-ments while in this study **Exclusion criteria:** • Children with other neurological conditions such as seizures • Chronic medication **Age, years (range):** 4.83 (3-6) **Mental age:** NR **Gender, n (%):** Male: 13 (86.7) Female: 2 (13.3) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method:** DSM-IV by medical specialists **Diagnostic category, n (%):** Autism: 15 (100) **Other characteristics:** NR	**Social skills:** VABS socialization, score, mean: **G1:** 29.8 **G2:** 24.7 **Communication/ language:** VABS receptive language score, mean: **G1:** 33.8 **G2:** 23.6 VABS expressive language score, mean: **G1:** 31.5 **G2:** 24.4 **Adaptive behavior:** ABC score, mean: **G1:** 71.3 **G2:** 87.7 VABS daily living skills, mean: **G1:** 28.8 **G2:** 24.1 **Motor skills:** VABS gross motor skills score, mean: **G1:** 37.5 **G2:** 33.4 VABS fine motor skills, mean: **G1:** 36 **G2:** 29 **Sensory:** Sensory profile score, mean: Total (items A-N): **G1:** 16.2 **G2:** 15.7 Processing (items A-F): **G1:** 7.2 **G2:** 7.1 Modulation (items G-K): **G1:** 5.3 **G2:** 5	**Social skills:** VABS socializa-tion, score, mean change: **G1:** 10 **G2:** 4.7 **G1/G2:** *P* = 0.04 **Communication/ language:** VABS receptive language score, mean change: **G1:** 8.3 **G2:** 10.6 **G1/G2:** *P* = NS VABS expressive language score, mean change: **G1:** 8.9 **G2:** 6.7 **G1/G2:** *P* = NS **Adaptive behavior:** ABC score, mean change: **G1:** -13.3 **G2:** -24.3 **G1/G2:** *P* = NS VABS daily living skills, mean change: **G1:** 9.8 **G2:** 0.9 **G1/G2:** *P* = 0.02 **Motor skills:** VABS gross motor skills score, mean change: **G1:** 6.5 **G2:** 0.9 **G1/G2:** *P* = NS VABS fine motor skills, mean change: **G1:** 8.8 **G2:** 7.6 **G1/G2:** *P* = NS

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Silva et al., 2007 (continued)	**Co-interventions held stable during treatment:** See inclusion criteria **Concomitant therapies, n (%):** Speech therapy: 4/15 (26) **N at enrollment:** **G1:** 8 **G2:** 7 **N at follow-up:** **G1:** 13* **G2:** 7		Behavioral/emotional abnormality (items L-N): **G1:** 3.6 **G2:** 3.6 Factor scale (factors 1-8): **G1:** 8.5 **G2:** 8.7	**Sensory:** Sensory profile score, mean change: Total (items A-N): **G1:** -5.4 **G2:** 2.7 **G1/G2:** *P* = 0.01 Processing (items A-F): **G1:** -2.4 **G2:** 1 **G1/G2:** *P* = 0.01 Modulation (items G-K): **G1:** -1.9 **G2:** 1 **G1/G2:** *P* = 0.02 Behavioral/emotional abnormality (items L-N): **G1:** -1.1 **G2:** 0.7 **G1/G2:** *P* = 0.02 Factor scale (factors 1-8): **G1:** -3.1 **G2:** 1.4 **G1/G2:** *P* = 0.02 **Medical:** Improvement in bowel and sleep abnormalities, n: **G1:** 8/8 **G2:** 0 **Harms:** NR **Modifiers:** NR

Comments:

* The authors state that because the treatment was beneficial, after the RCT phase the 7 controls were offered the treatment. One child could not participate because of his mother's severe health problems, and one child began treatment but moved from the area after completing only 9 weeks. The pre- and post-treatment measures of 5 controls in the continuation phase are included in the baseline and outcome measures reported (the authors do not report the measures separately for the original treatment group and continuation group).

** The authors do not report standard deviations or standard errors, but do report the Kruskal Wallace H statistic.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Sofronoff et al., 2007 **Country:** Australia **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Apex Autism Trust Foundation Author industry relationship disclosures: NR **Design:** RCT	**Intervention:** Cognitive Behavior Therapy for Anger Management, sessions included exploration of different feelings, methods for "fixing" the feelings, relaxation techniques, recruiting help to restore positive feelings, and social stories; 2 hours per week for 6 weeks **Assessments:** Therapists assessed children individually with WISC; child completed anger measures (Dylan, What makes me angry); parents completed Children's Inventory of Anger **Groups:** **G1:** intervention **G2:** waitlist control **Provider:** Postgraduate students from clinical psychology program trained in the technique in a one-day workshop **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 24 **G2:** 21 **N at follow-up:** **G1:** 24 **G2:** 21	**Inclusion criteria:** • Primary diagnosis of Asperger syndrome from a pediatrician and interview with parents based on DSM-IV criteria and CAST **Exclusion criteria:** • See inclusion criteria **Age, years ± SD (range):** **G1:** 10.79 ± 1.12 (9.8-13.6) **G2:** 10.77 ± 0.87 (10.1-13.0) **Mental age:** IQ (WISC-III), mean ± SD (range): **G1:** 105.24 ± 22.3 (95-132) **G2:** 108.7 ± 21.6 (101-127) **Gender, n (%):** Male: **G1:** 23 (96) **G2:** 20 (95) Female: **G1:** 1 (4) **G2:** 1 (5) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral and in-study confirmation **Diagnostic tool/method:** Semi-structured interview and CAST based on DSM-IV criteria **Diagnostic category, n (%):** Asperger: 45 (100) **Other characteristics, n (%):** ADHD diagnosis: **G1:** 11 (46) **G2:** 9 (43)	**Problem behavior:** Children's Inventory of Anger score, mean: Total: **G1:** 108.7 **G2:** 109.1 Frustration: **G1:** 28.6 **G2:** 28.9 Physical aggression: **G1:** 25.1 **G2:** 24.1 Peer relationships: **G1:** 23.8 **G2:** 24.4 Authority relationships: **G1:** 29 **G2:** 28 Parent monitoring of instances of anger, mean ± SD: **G1:** 8.7 ± 4.4 **G2:** 7.6 ± 4.3 Parent monitoring of anger management, mean ± SD:* Parent confidence: **G1:** 4.3 ± 2.2 **G2:** 4.9 ± 2 Child confidence: **G1:** 2.7 ± 1.7 **G2:** 2.9 ± 2	**Problem behavior:** Children's Inventory of Anger score, mean: Total: Post-treatment: **G1:** 100.7 **G2:** 108.1 **G1/BL:** $P < 0.0001$ **G2/BL:** P = NS 6 week follow-up: **G1:** 97.4 **G2:** 108.1 **G1/BL:** $P < 0.001$ **G2/BL:** P = NS Frustration: Post-treatment: **G1:** 26.1 **G2:** 28.4 **G1/BL:** $P < 0.0001$ **G2/BL:** P = NS 6 week follow-up: **G1:** 24.7 **G2:** 28.4 **G1/BL:** $P < 0.0001$ **G2/BL:** P = NS Physical aggression: Post-treatment: **G1:** 25.2 **G2:** 23.0 **G1/BL:** P = NS **G2/BL:** P = NS 6 week follow-up: **G1:** 25.4 **G2:** 28.6 **G1/BL:** P = NS **G2/BL:** P = NS Peer relationships: Post-treatment: **G1:** 22.3 **G2:** 23.4 **G1/BL:** $P < 0.05$ **G2/BL:** P = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Sofronoff et al., 2007 (continued)				6 week follow-up: **G1:** 21.7 **G2:** 23.4 **G1/BL:** *P* < 0.05 **G2/BL:** *P* = NS Authority relationships: Post-treatment: **G1:** 26.7 **G2:** 28.3 **G1/BL:** *P* < 0.0001 **G2/BL:** *P* = NS **G1/G2:** *P* < 0.02 6 week follow-up: **G1:** 25.7 **G2:** 28.3 **G1/BL:** *P* < 0.05 **G2/BL:** *P* = NS Parent monitoring of instances of anger, mean ± SD: Post-treatment: **G1:** 3.7 ± 3.9 **G2:** 7.9 ± 5.1 **G1/BL:** *P* < 0.0001 **G2/BL:** *P* = NS **G1/G2:** *P* < 0.005 6-week follow-up: **G1:** 3.2 ± 3.9 **G2:** 7.9 ± 5.1 **G1/BL:** *P* < 0.0001 **G2/BL:** *P* = NS Parent monitoring of anger management, mean ± SD:* Parent confidence: Post-treatment: **G1:** 6 ± 1.6 **G2:** 5.2 ± 2.1 **G1/BL:** *P* < 0.001 **G2/BL:** *P* = NS 6-week follow-up: **G1:** 6.1 ± 1.9 **G2:** 5.2 ± 2.1 **G1/BL:** *P* < 0.001 **G2/BL:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Sofronoff et al., 2007 (continued)				Child confidence Post-treatment: **G1:** 4.1 ± 1.7 **G2:** 2.9 ± 2.2 **G1/BL:** *P* < 0.0001 **G2/BL:** *P* = NS 6-week follow-up: **G1:** 5.2 ± 1.9 **G2:** 2.9 ± 2.2 **G1/BL:** *P* < 0.0001 **G2/BL:** *P* = NS **G1/G2:** *P* < 0.0001 **Harms:** NR **Modifiers:** NR

Comments:

* scale of 1-10: 1 not confident at all, 10 extremely confident

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Solomon et al., 2007 **Country:** US **Practice setting:** Academic **Intervention setting:** Home **Enrollment period:** October 2000 to February 2002 **Funding:** Fee for service and foundation grant **Author industry relationship disclosures:** NR **Design:** Case series, prospective	**Intervention:** PLAY parent training program: trained consultants visit home monthly for 3-4 hours to teach parents intensive 1:1 play-based services (modeling, coaching, video assessment, written objectives). Parents attended 1 day workshop by lead author on play-based DIR methods. **Assessments:** FEAS, clinical rating by home consultant at baseline and 1 year, family log of PLAY hours at home, and client satisfaction survey Videotaped assessments and half-day/month home visits **Groups:** **G1:** PLAY intervention **Provider:** Three trained home consultants: one MSW and two recreational therapists **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies, n (%):** Early intervention (under age 3, about 2 hours/wk): 12 (18) Special education preschool programs (age 3 and older): 56 (82) **N at enrollment:** **G1:** 74 **N at follow-up:** **G1:** 68	**Inclusion criteria:** • Diagnosis of autistic disorder, PDD-NOS/ Asperger syndrome according to DSM-IV criteria • Between 18 months and 6 years old at time of diagnosis **Exclusion criteria:** • Live more than 60 miles from Ann Arbor, MI • Participation in other intensive intervention more than 10 hrs/week with 1:1 or 1:2 teacher to pupil ratio • Severe medical disability **Age, years (SE) (range):** 3.7 (0.2) (2-7) **Mental age:** NR **Gender, n (%):** Male: 51 (75) Female: 17 (25) **Race/ethnicity, n (%):** White: 65 (96) African-American: 3 (4) **SES:** Parents with bachelor's degrees or above, %: 70 (approximately) Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** DSM-IV **Diagnostic category, n:** Severe autism: 10 Moderate autism: 22 Mild Autism: 18 PDD-NOS: 14 Aspergers: 3 Down's syndrome: 1 Seizure disorders: 2 **Other characteristics:** Mother's age, mean (range): 37 (28-49) Father's age, mean (range): 38 (27-53)	**Emotional:** FEAS score, caregivers, mean: **G1:** 86 FEAS score, children, mean: **G1:** 38 Scaled FEAS score, children, mean: **G1:** 3.6 Clinical rating, mean: **G1:** 2.5	**Emotional:** FEAS score, caregivers, mean: **G1:** 86 **G1/BL:** *P* = NS FEAS score, children, mean: **G1:** 45 **G1/BL:** *P* ≤ 0.0001 Scaled FEAS score, children, mean: **G1:** 4.5 **G1/BL:** *P* ≤ 0.0001 Clinical rating, mean: **G1:** 4.2 **G1/BL:** *P* ≤ 0.0001 Good to very good functional development progress, %:* FEAS scores: 45.5 Clinical rating: 85.3 Family survey result, n: Very satisfied: 35/50 Somewhat satisfied: 10/50 Unsatisfied: 5/50 **Harms:** NR **Modifiers:** No significant relationship found between initial ASD severity and FEAS total or scaled scores. Marginal association between hours/week of intervention and lower scaled FEAS scores (*P* = 0.09).

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Solomon et al., 2007 (continued)		Married, %: 91 Number of siblings, mean (range): 0.75 (0-3)		

Comments:

***** Clinicians over-rated improvements compared to FEAS scores.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Tsang et al., 2007 **Country:** China **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** Providence Foundation Limited; Committee on Conference and Research Grants, The University of Hong Kong; Research Grants Council of the Hong Kong Special Administrative Region Author industry relationship disclosures: NR **Design:** Prospective cohort	**Intervention:** Chinese version of TEACCH for 12 months, 7 hours/day, 5 days/week vs. varied non-TEACCH full-time training, 5 days/ week **Assessments:** CPEP-R, Merrill Palmer Scale and HKBABS administered; context NR **Groups:** **G1:** TEACCH training **G2:** varied non-TEACCH **Provider:** NR **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** Yes **Concomitant therapies:** Individualized or group treatment by speech, occupational or physiotherapist as needed; numbers NR **N at enrollment:** **G1:** 18 **G2:** 16 **N at 6 month follow-up:** **G1:** 18 G2: 16 **N at 12 month follow-up:** **G1:** 18 **G2:** 2	**Inclusion criteria:** • Formally diagnosed with PDD including autistic disorder and PDD-NOS by DSM-IV • No prior exposure to structured teaching, TEACCH • Randomly selected from preschool children with autism studying at Heep Hong Society (G1) • Recruited from Preschool Parents' Association & Child Assessment Centres of the Department of Health (G2) **Exclusion criteria:** • See inclusion criteria **Age, years ± SD (range):** **G1:** 4.06 ± 0.53 (3-5) **G2:** 4.05 ± 0.73 (3-5) **Mental age:** See baseline measures **Gender, n (%):** Male: **G1:** 17 (94.4) **G2:** 12 (75) Female: **G1:** 1 (5.6) **G2:** 4 (25) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** See inclusion criteria **Diagnostic tool/method:** DSM-IV **Diagnostic category:** See inclusion creteria **Other characteristics:** IQ, mean ± SD: **G1:** 59.97 ± 11.10 **G2:** 74.22 ± 18.06	**Overall ratings:** Merrill-Palmer raw score, mean ± SD: **G1:** 29.22 ± 15.98 **G2:** 49.62 ± 28.02 Merrill-Palmer mental age, mean ± SD: **G1:** 28.11 ± 6.21 **G2:** 36.06 ± 10.94 HKBABS sum of standard scores, mean ± SD: **G1:** 231.11 ± 22.99 **G2:** 290.69 ± 444.73 **Educational/ cognitive/ academic attainment:** CPEP-R score, mean ± SD: Cognitive performance: **G1:** 5.22 ± 2.65 **G2:** 10.50 ± 7.47 Cognitive verbal: **G1:** 1.11 ± 1.28 **G2:** 8.44 ± 7.55 Developmental scale total: **G1:** 45.44 ± 13.67 **G2:** 75.62 ± 32.03 **Social skills:** HKBABS total score, mean ± SD: Socialization: **G1:** 27.06 ± 8.33 **G2:** 48.81 ± 15.98 **Communication/ language:** CPEP-R score, mean ± SD: Imitation: **G1:** 4.22 ± 3.10 **G2:** 8.19 ± 6.58 Perception: **G1:** 7.28 ± 2.56 **G2:** 8.88 ± 4.48	**Overall ratings:** Merrill-Palmer raw scores, mean ± SD: 6 months: **G1:** 40.78 ± 16.79 **G2:** 59.75 ± 22.14 **G1/BL:** $P \leq 0.001$ **G2/BL:** $P \leq 0.001$ **G1/G2:** P = NS* ANOVA: time ($P \leq 0.001$) 12 months: **G1:** 48.00 ± 19.55 **G1/6M:** ≤ 0.01 ANOVA: time ($P \leq 0.001$) Merrill-Palmer mental age, mean ± SD: 6 months: **G1:** 32.78 ± 6.30 **G2:** 40.12 ± 8.64 **G1/BL:** $P \leq 0.001$ **G2/BL:** $P \leq 0.001$ **G1/G2:** P = NS* 12 months: **G1:** 35.44 ± 7.38 **G1/6M:** $P \leq 0.01$ ANOVA: time ($P \leq 0.001$)CPEP-R score, mean ± SD: HKBABS sum of standard scores, mean ± SD: 6 months: **G1:** 226.39 ± 31.38 **G2:** 315.19 ± 60.00 **G1/BL:** P = NS **G2/BL:** $P \leq 0.01$ **G1/G2:** $P \leq 0.05$* 12 months: **G1:** 232.28 ± 31.86 **G1/6M:** P = NS ANOVA: time ($P \leq$ NS)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Tsang et al., 2007 (continued)		Ratio of mental retardation: limited intelligence or above: **G1:** 14:4 **G2:** 7:9	HKBABS total score, mean ± SD: Communication: **G1:** 20.56 ± 9.40 **G2:** 66.62 ± 30.92 **Adaptive behavior:** HKBABS total score, mean ± SD: Daily living skills: **G1:** 42.33 ± 12.89 **G2:** 62.62 ± 24.42 **Motor skills:** CPEP-R score, mean ± SD: Fine motor: **G1:** 8.89 ± 1.97 **G2:** 9.50 ± 4.87 Gross motor: **G1:** 13.22 ± 2.88 **G2:** 12.87 ± 5.51 Eye-hand coordination: **G1:** 5.50 ± 2.20 **G2:** 7.06 ± 4.65 HKBABS total score, mean ± SD: Motor skills: **G1:** 49.89 ± 11.86 **G2:** 61.50 ± 12.20	**Educational/ cognitive/ academic attainment:** Cognitive performance: 6 months: **G1:** 7.00 ± 3.16 **G2:** 13.19 ± 8.96 **G1/BL:** $P \leq 0.01$ **G2/BL:** P = NS **G1/G2:** P = NS* 12 months: **G1:** 8.28 ± 4.04 **G1/6M:** P = NS ANOVA: time ($P \leq 0.001$) Cognitive verbal: 6 months: **G1:** 3.50 ± 3.15 **G2:** 11.12 ± 8.27 **G1/BL:** $P \leq 0.001$ **G2/BL:** P = NS **G1/G2:** P = NS* 12 months: **G1:** 5.00 ± 4.42 **G1/6M:** $P \leq 0.01$ ANOVA: time ($P \leq 0.001$) Developmental scale total: 6 months: **G1:** 56.89 ± 15.66 **G2:** 87.25 ± 30.68 **G1/BL:** $P \leq 0.001$ **G2/BL:** $P \leq 0.001$ **G1/G2:** P = NS* 12 months: **G1:** 62.39 ± 17.80 **G1/6M:** $P \leq 0.05$ ANOVA: time ($P \leq 0.001$) **Social skills:** HKBABS total score, mean ± SD: Socialization: 6 months: **G1:** 29.61 ± 8.26 **G2:** 58.44 ± 19.10 **G1/BL:** P = NS **G2/BL:** $P \leq 0.01$ **G1/G2:** P = NS*

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Tsang et al., 2007 (continued)				12 months: **G1:** 35.33 ± 12.09 **G1/6M:** *P* ≤ 0.01 ANOVA: time (*P* ≤ 0.001) **Communication/ language:** CPEP-R score, mean ± SD: Imitation: 6 months: **G1:** 6.50 ± 3.48 **G2:** 9.37 ± 6.43 **G1/BL:** *P* ≤ 0.001 **G2/BL:** *P* = NS **G1/G2:** *P* = NS* 12 months: **G1:** 7.22 ± 3.87 **G1/6M:** *P* = NS ANOVA: time (*P* ≤ 0.001) Perception: 6 months: **G1:** 8.89 ± 2.54 **G2:** 8.62 ± 5.52 **G1/BL:** *P* ≤ 0.001 **G2/BL:** *P* = NS **G1/G2:** *P* ≤ 0.05* 12 months: **G1:** 9.39 ± 2.59 **G1/6M:** *P* = NS ANOVA: time (*P* ≤ 0.001) HKBABS total score, mean ± SD: Communication: 6 months: **G1:** 28.56 ± 12.37 **G2:** 83.25 ± 34.42 **G1/BL:** *P* ≤ 0.01 **G2/BL:** *P* ≤ 0.001 **G1/G2:** *P* = NS* 12 months: **G1:** 40.11 ± 20.47 **G1/6M:** *P* ≤ 0.01 ANOVA: time (*P* ≤ 0.001)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Tsang et al., 2007 (continued)				**Adaptive behavior:** HKBABS total score, mean ± SD: Daily living skills: 6 months: **G1:** 46.67 ± 12.31 **G2:** 79.00 ± 23.45 **G1/BL:** *P* ≤ 0.05 **G2/BL:** *P* ≤ 0.001 **G1/G2:** *P* ≤ 0.001* 12 months: **G1:** 58.56 ± 18.62 **G1/6M:** *P* ≤ 0.001 ANOVA: time (*P* ≤ 0.001) **Motor skills:** CPEP-R score, mean ± SD: Fine motor: 6 months: **G1:** 10.67 ± 1.61 **G2:** 9.69 ± 5.61 **G1/BL:** *P* ≤ 0.001 **G2/BL:** *P* = NS **G1/G2:** *P* ≤ 0.01* 12 months: **G1:** 10.67 ± 1.61 **G1/6M:** *P* = NS ANOVA: time (*P* ≤ 0.001) Gross motor: 6 months: **G1:** 14.44 ± 2.33 **G2:** 12.62 ± 7.09 **G1/BL:** *P* ≤ 0.01 **G2/BL:** *P* = NS **G1/G2:** *P* ≤ 0.05* 12 months: **G1:** 14.44 ± 2.38 **G1/6M:** *P* = NS ANOVA: time (*P* ≤ 0.05) Eye-hand coordination: 6 months: **G1:** 6.50 ± 2.50 **G2:** 9.44 ± 5.81 **G1/BL:** *P* ≤ 0.05 **G2/BL:** *P* = NS **G1/G2:** *P* = NS*

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Tsang et al., 2007 (continued)				12 months: **G1:** 7.39 ± 3.05 **G1/6M:** *P* ≤ 0.05 ANOVA: time (*P* ≤ 0.001) HKBABS total score, mean ± SD: Motor skills: 6 months: **G1:** 53.94 ± 10.78 **G2:** 65.62 ± 12.02 **G1/BL:** *P* ≤ 0.05 **G2/BL:** *P* ≤ 0.001 **G1/G2:** *P* = NS* 12 months: **G1:** 59.11 ± 10.05 **G1/6M:** *P* ≤ 0.001 ANOVA: time (*P* ≤ 0.001) **Harms:** NR **Modifiers:** NR

Comments:

***** after controlling for age, IQ and baseline scores

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Vorgraft et al., 2007 Country: Israel Practice **setting:** Academic **Intervention setting:** Residential and home **Enrollment period:** 1997 to 1999 **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Case series, retropective	**Intervention:** Mifne treatment: family attends a residential treatment facility for 3 weeks; therapy is provided together and separately for each family member, followed by intensive home care for 6-18 months, and a gradual integration into nursery. Reciprocal play therapy attempts to gradually introduce social interactions to the child by using the child's lead. **Assessments:** Assessments by trained raters of videotapes of child in home and clinic (Mifne) settings CARS, SBRS **Groups:** **G1:** Mifne treatment **Ga:** baseline CARS total score ≤ 27 **Gb:** baseline CARS total score ≥ 28 **Provider:** OT, physiotherapists, psychologists, social workers, and speech therapists trained for 1.5 years and accredited **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 23 **G1a:** 14 **G1b:** 9 **N at follow-up:** **G1:** 23	**Inclusion criteria:** • Children with PDD treated at the Mifne Institute for whom full documentation was available • DSM-IV diagnosis by consultant child and adolescent psychiatrists • Diagnosis confirmation by two senior clinicians on the study team after chart review **Exclusion criteria:** • See inclusion criteria **Age, months ± SD (range):** 42.8 ± 11.4 (38-49) **Mental age:** NR **Gender, n (%):** Male: 15 (65) Female: 8 (35) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method**: Based on DSM-IV **Diagnostic category, n (%):** Autistic disorder: 14 (61) PDD-NOS: 9 (39) **Other characteristics, n (%):** Intellectual impairment: 2 (9) Specific developmental language disorder: 1 (4)	**Overall ratings:** CARS score, home video, mean ± SD: Total: **G1:** 27.7 ± 6.1 Emotional response: **G1:** 2 ± 0.8 Fearful and nervous response: **G1:** 1.8 ± 0.0 Overall impression: **G1:** 2.9 ± 0.7 CARS score, Mifne video, mean ± SD: Total: **G1:** 29.7 ± 7.1 Emotional response: **G1:** 2.4 ± 0.7 Fearful and nervous response: **G1:** 1.6 ± 0.9 Overall impression: **G1:** 2.7 ± 0.7 SBRS score, home video, mean ± SD: Total: **G1:** 46 ± 8.1 Awareness of others' emotional states: **G1:** 3.3 ± 0.7 Mutuality: **G1:** 3.7 ± 0.5 Overall impression: **G1:** 3 ± 0.8 SBRS score, Mifne video, mean ± SD: Total: **G1:** 48.5 ± 7.9 Awareness of others' emotional states: **G1:** 3.5 ± 0.6 Joint positive emotional experiences: **G1:** 3.4 ± 0.7	**Overall ratings:** CARS score, home video, mean ± SD: Total: **G1:** 24.5 ± 5.3 **G1/BL:** *P* = NS Emotional response: **G1:** 1.8 ± 0.8 **G1/BL:** *P* < 0.05 Fearful and nervous response: **G1:** 1 ± 0.0 **G1/BL:** *P* < 0.05 Overall impression: **G1:** 2.5 ± 0.8 **G1/BL:** *P* < 0.05 CARS total score, home video, mean change ± SD: **G1a:** -0.27 ± 3.6 **G1b:** 7.56 ± 7.8 **G1a/BL:** *P* = NS **G2a/BL:** *P* < 0.05 CARS score, Mifne video, mean ± SD: Total: **G1:** 26.7 ± 6 **G1/BL:** *P* < 0.01 Emotional response: **G1:** 2 ± 0.4 **G1/BL:** *P* < 0.05 Fearful and nervous response: **G1:** 1.1 ± 0.3 **G1/BL:** *P* < 0.05 Overall impression: **G1:** 1.7 ± 0.5 **G1/BL:** *P* < 0.05 CARS total score, Mifne video, mean change ± SD: **G1a:** 0.25 ± 4.8 **G1b:** 5.82 ± 6.3 **G1a/BL:** *P* = NS **G2a/BL:** *P* < 0.01

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Vorgraft et al., 2007 (continued)			Emotional availability: **G1:** 3.1 ± 0.9 Reactions to social initiative: **G1:** 3.1 ± 0.8 Overall impression **G1:** 3 ± 0.9	SBRS score, home video, mean ± SD: Total: **G1:** 41.2 ± 7.6 **G1/BL:** *P* < 0.01 Awareness of others' emotional states: **G1:** 2.8 ± 0.9 **G1/BL:** *P* < 0.05 Mutuality: **G1:** 3.1 ± 0.7 **G1/BL:** *P* < 0.05 Overall impression: **G1:** 2.5 ± 0.8 **G1/BL:** *P* < 0.05 SBRS score, home video, mean change ± SD: **G1a:** 1.27 ± 4.8 **G1b:** 9.11 ± 8.3 **G1a/BL:** *P* = NS **G2a/BL:** *P* < 0.01 SBRS score, Mifne video, mean ± SD: Total: **G1:** 44 ± 1.4 **G1/BL:** *P* < 0.01 Awareness of others' emotional states: **G1:** 3 ± 0.8 **G1/BL:** *P* < 0.05 Joint positive emotional experiences: **G1:** 2.8 ± 0.7 **G1/BL:** *P* < 0.05 Emotional availability: **G1:** 2.5 ± 0.7 **G1/BL:** *P* < 0.05 Reactions to social initiative: **G1:** 2.4 ± 0.7 **G1/BL:** *P* < 0.05

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Vorgraft et al., 2007 (continued)				Overall impression: **G1:** 2.4 ± 0.7 **G1/BL:** *P* < 0.05 SBRS score, Mifne video, mean change ± SD: **G1a:** 2.92 ± 8.4 **G1b:** 6.27 ± 7.3 **G1a/BL:** *P* = NS **G2a/BL:** *P* < 0.05 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Wong et al., 2007 **Country:** US **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Prospective case series **Note:** See related study Gulsrud et al. 2007{#2578}, Jahromi et a. 2009{#3615}, Kasari et al. 2008{#184}, and Kasari et al. 2006{#540}	**Intervention:** Targeted intervention for play skills focused on improving functional and symbolic play skills; targeted intervention for joint attention skills. Both interventions occurred daily for 30 minutes by trained interventionist: starting with Naturalistic I conditions at the table for approximately 5-8 minutes, followed by Naturalistic II floor conditions for approximately 20-25 minutes **Assessments:** Before start of treatment: MSEL, RDLS, SPA, ESCSA, M-CIA **Groups:** **G1:** play skills **G2:** joint attention **Provider:** NR **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 21 **G2:** 20 **N at follow-up:** **G1:** 21 **G2:** 20	**Inclusion criteria:** • Preschool-aged children with autism in early intervention program • Staying in preschool program > 1 month and not involved in other educational programs **Exclusion criteria**: • Seizures • On medication • Associated sensory or physical disorders • Comorbidity with other syndromes or diseases **Age, months ± SD:** **G1:** 42.67 ± 6.92 **G2:** 43.2 ± 7.05 **Mental age, months ± SD:** **G1:** 24.55 ± 8.09 **G2:** 26.29 ± 8.71 **Gender, n (%):** Male: **G1:** 16 (76) **G2:** 15 (75) Female: **G1:** 5 (24) **G2:** 5 (25) **Race/ethnicity, n (%):** Caucasian: **G1:** 16 (76) **G2:** 16 (80) Asian: **G1:** 1 (5) **G2:** 0 Hispanic: **G1:** 2 (10) **G2:** 1 (5) Other: **G1:** 2 (10) **G2:** 3 (15) **SES:** Maternal education, n (%): High school: **G1:** 3 (14) **G2:** 0 Some college: **G1:** 3 (14) **G2:** 2 (10) Special training after high school: **G1:** 1 (5) **G2:** 0	**Communication/ language:** Developmental quotient, mean ± SD: **G1:** 58.90 ± 18.21 **G2:** 58.30 ± 17.18 Reynell developmental language age, months ± SD: Receptive language **G1:** 21.00 ± 9.75 **G2:** 20.55 ± 7.27 Expressive language: **G1:** 21.43 ± 7.59 **G2:** 20.60 ± 6.51	**Educational/ cognitive/ academic attainment:** Days to performance mastery, mean: Naturalistic I conditions: **G1:** 3.24 **G2:** 5.32 **G1/G2:** $P < 0.05$ Naturalistic II conditions: **G1:** 5.2 **G2:** 6.3 **G1/G2:** P = NS **Harms:** NR **Modifiers:** Children with higher mental, receptive and expressive language age reached mastery criteria in fewer days ($P < 0.05$) Significant interaction effect between teaching method and child's developmental quotient ($P = 0.02$) for Naturalistic II conditions.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Wong et al., 2007 (continued)		Completed college: **G1:** 8 (38) **G2:** 12 (60) Graduate/professional training: **G1:** 6 (29) **G2:** 6 (30) Household income: NR **Diagnostic approach:** In Study/Referral **Diagnostic tool/method:** ADI-R, ADOS **Diagnostic category, n (%):** Autism: 41 (100) **Other characteristics:** NR		

Comments:

Most data is presented in graphs and figures rather than tables.

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Zachor et al., 2007 Country: Israel **Practice setting:** Academic **Intervention setting:** Clinic Enrollment period: NR Funding: Israeli Ministry of Education Author industry relationship disclosures: NR Design: Prospective cohort **Note:** See related studies: Ben Itzchak et al. 2007{#252}, Zachor et al. 2007{#5652}, Zachor et al. 2009{#3844}, Ben Itzchak et al. 2007{#538}; the overlap among these is not clear	**Intervention:** Participants received either applied behavioral or eclectic treatment. Behavioral was 1-to-1 individualized treatment for 35 hrs/week addressing various skills such as imitation, receptive and expressive language, joint attention, non-verbal communication, pre-academic skills, play, fine motor skills and adaptive living skills. Eclectic was small-group activities supervised by special education teacher, individual therapy with various therapists (i.e., speech and language, occupational and music therapies, and structured cognitive teaching; each provided 2 hr of individual, 1 hr of group therapy, and 1 hr of consultation to the team), and also included parent training to address problem behaviors. **Assessments:** Autism severity: ADI, ADOS Cognitive ability: BSID-II (pre-verbal children), SB-FE **Groups:** **G1:** behavioral **G2:** eclectic **Provider:** Special education teacher, speech and language therapists, occupational therapists, music therapists, behavior analysts **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR	Inclusion criteria: • Met DSM-IV criteria for Autism/PDD-NOS Exclusion criteria: • Identified medical abnormalities, such as seizures, hearing deficiencies Age, months (range): **G1:** 27.7 (22-34) **G2:** 28.8 (23-33) **Mental age:** NR **Gender, n (%):** Male: **G1:** 19 (95) **G2:** 18 (95) Female: **G1:** 1 (5) **G2:** 1 (5) **Race/ethnicity, n (%):** NR **SES:** Maternal education: NR Household income: NR Diagnostic approach: In Study **Diagnostic tool/method:** ADI **Diagnostic category, n (%):** Autism: **G1:** 19 (95) **G2:** 18 (95) ASD: **G1:** 1 (5) **G2:** 1 (5) **Other characteristics:** NR	**Social skills:** ADOS reciprocal social interaction score, mean ± SD: **G1:** 17.9 ± 6.2 **G2:** 16.3 ± 5.2 **Communication/ language:** ADOS language and communication score, mean ± SD: **G1:** 13.8 ± 4.3 **G2:** 11.8 ± 4.3	**Overall ratings:** ASD diagnostic category, n (%): Autism: **G1:** 11 (55) **G2:** 15 (79) ASD: **G1:** 5 (25) **G2:** 4 (21) Off spectrum: **G1:** 4 (20) **G2:** 0 **G1/G2:** $P < 0.05$ **Social skills:** ADOS reciprocal social interaction score, mean ± SD: **G1:** 11.1 ± 6.7 **G2:** 13.3 ± 4.8 **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.05$ **G1/G2:** $P = 0.07$ **Communication/ language:** ADOS language and communication score, mean ± SD: **G1:** 7.2 ± 4.1 **G2:** 9.7 ± 3 **G1/BL:** $P < 0.001$ **G2/BL:** $P = 0.07$ **G1/G2:** $P < 0.01$ **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Zachor et al., 2007 (continued)	**Concomitant therapies:** NR N at enrollment: **G1:** 20 **G2:** 19 N at follow-up: **G1:** 20 G2: 19			

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Cohen et al., 2006 **Country:** US **Practice setting:** Community **Intervention setting:** Home and school **Enrollment period:** 1995 to 2000 **Funding:** Valley Mountain Regional Center (Stockton, CA) and the child's Special Education Local Planning Area residence **Author industry relationship disclosures:** NR **Design:** Prospective cohort	**Intervention:** 35-40 hours/week of Early Intensive Behavioral treatment (EIBT) based on Lovaas' UCLA treatment model for 47 weeks/year over 3 years Intervention protocol consisted of in-home 1:1 instruction, peer play training and regular education classroom inclusion At one year into EIBT, the distribution of hours were: • Home instruction for 26-31 hours • Peer play for 3-5 hours • Pre-school for 6-9 hours Comparison group: children meeting criteria for EIBT and whose parents chose other services; controls received services from local public schools. **Assessments:** ADI by certified examiner at baseline; independent licensed psychologist administered standardized behavior observation, parent interview, and developmental tests, including the BSID-R, Merrill-Palmer Scale of Mental Tests, RDLS, and VABS at baseline and annual follow-up **Groups:** **G1:** EIBT **G2:** comparison group **Provider:** Staff and parents **Measure of treatment fidelity reported:** NR **Co-interventions held stable during treatment:** NR	**Inclusion criteria:** • Primary diagnosis of autistic disorder/PDD-NOS based on an evaluation by an independent licensed psychologist and confirmed by ADI-R • Pre-treatment IQ > 35 on the BSID-R • Age 18-42 months at diagnosis and under 48 months at treatment onset • No severe medical limitation or illness including motor or sensory deficits that would preclude a child from participating in 30 hours per week of treatment • Residence within 60 km of the treatment agency • No more than 400 hours of behavioral intervention prior to intake • Parents agreed to participate actively in parent training and generalization and to have an adult present during home intervention hours **Exclusion criteria:** • See inclusion criteria **Age, years ± SD:** **G1:** 30.2 ± 5.8 **G2:** 33.2 ± 3.7 **Mental age:** See baseline measures **Gender, n (%):** Male: **G1:** 18 (85.7) **G2:** 17 (81) Female: **G1:** 3 (14.3) **G2:** 4 (19) **Race/ethnicity:** NR	**Educational/ cognitive/ academic/ attainment:** IQ, mean ± SD: **G1:** 61.6 ± 16.4 **G2:** 59.4 ± 14.7 Merrill-Palmer Scale of Mental Tests score, mean ± SD: **G1:** 82.4 ± 17.3 **G2:** 73.4 ± 11.9 **Communication/ language:** RDLS score, mean ± SD: Comprehension: **G1:** 51.7 ± 15.2 **G2:** 52.7 ± 15.1 Expressive language: **G1:** 52.9 ± 14.5 **G2:** 52.8 ± 14.4 VABS communication score, mean ± SD: **G1:** 69.4 ± 11.8 **G2:** 65.0 ± 6.8 **Adaptive behavior:** VABS score, mean ± SD: Composite: **G1:** 69.8 ± 8.1 **G2:** 70.6 ± 9.6 Daily living skills: **G1:** 73.2 ± 9.2 **G2:** 72.7 ± 12.5 **Social skills:** VABS socialization score, mean ± SD: **G1:** 70.3 ± 10.9 **G2:** 75.1 ± 13.0	**Educational/ cognitive/ academic attainment:** IQ, year 3, mean: **G1:** 87 **G2:** 73 (n=19) **G1/G2:** $P < 0.05$ Children in the average range, n: **G1:** 12 **G2:** 7 **G1/G2:** P = NS Regular education classroom placement, year 3, n: **G1:** 17/21* **G2:** 1/21 **G1/G2:** $P = 0.001$ Merrill-Palmer Scale of Mental Tests score, mean change: **G1:** 13 **G2:** 13 (n=16) **G1/G2:** P = NS **Communication/ language:** RDLS language comprehension score, mean: **G1:** 72 **G2:** 62 (n=19) **G1/G2:** $P = 0.06$ Children in the average range, n: **G1:** 8 **G2:** 4 **G1/G2:** P = NS RDLS expressive language score, mean: **G1:** 78 (n=20) **G2:** 66 (n=19) **G1/G2:** $P = 0.13$ Children in the average range, n: **G1:** 9 **G2:** 6 **G1/G2:** P = NS

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Cohen et al., 2006 (continued)	**Concomitant therapies:** NR **N at enrollment:** **G1:** 21 **G2:** 21 **N at follow-up:** **G1:** 21 **G2:** 21	**SES:** Maternal education, years ± SD: **G1:** 15.3 ± 2.9 **G2:** 13.1 ± 1.6 **G1/G2:** *P* < 0.05 Paternal education, years ± SD: **G1:** 15.8 ± 2.9 **G2:** 11.8 ± 2.3 **G1/G2:** *P* < 0.05 Household income: NR Two parent household, n (%): **G1:** 21 (100) **G2:** 14 (67) **G1/G2:** *P* < 0.05 **Diagnostic approach:** Referral **Diagnostic tool/method:** DSM-IV, ADI-R **Diagnostic category, n (%):** Autism: **G1:** 20 (95.2) **G2:** 15 (71.4) PDD-NOS: **G1:** 1 (4.8) **G2:** 6 (28.6) Aspergers: **G1:** NR **G2:** NR **G1/G2:** *P* < 0.05 **Other characteristics:** NR		VABS communication score, mean ± SD: **G1:** NR*** **G2:** NR*** **G1/G2:** *P* < 0.05 **Adaptive Behavior:** VABS composite score, mean change: **G1:** 9 (n=20) **G2:** -4 (n=20) **G1/G2:** *P* < 0.01 Children in the average range, n: **G1:** 8 **G2:** 3 **G1/G2:** *P* = 0.10 VABS daily living skills score, mean: **G1:** NR*** **G2:** NR*** **G1/G2:** *P* < 0.05 **Social skills:** VABS socialization score, mean: **G1:** NR*** **G2:** NR*** **G1/G2:** *P* < 0.10 **Harms:** NR **Modifiers:** NR

Comments:

* The difference between groups for change in IQ score was no longer significant when father's education was added as a covariate.

** 6 children were fully included without assistance, 4 were fading the shadow, and 7 required full shadows.

*** data only illustrated graphically.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Eldevik et al., 2006 **Country:** Norway **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** 1993 to 2001 **Funding** Agency: Akershus University Hospital; Helge Morset Fond, Norway; NFBU; Norwegian Red Cross & Stiftelsen SOR Author industry relationship disclosures: NR **Design:** Retrospective cohort	**Intervention:** Low intensity behavioral intervention vs. eclectic treatment Low intensity behavioral intervention was approximately 12 hours/week ABA based on UCLA model behavior therapy for a period of 2 years Eclectic treatment includes at least 2 of the following intervention types: alternative communication, ABA, total communication sensory motor therapies, programs based on the principles of TEACCH Duration of treatment, months ± SD (range): **G1:** 20.3 ± 5.3 (13-28) **G2:** 21.4 ± 6.4 (14-30) **Assessments:** ADI-R at baseline; BSID-II, WPPSI-R, WISC-R, RDLS, PEP-R, VABS, MPS, pathology checklist (1=symptom present, 0=absent) conducted at intake and after 2 years of treatment Supervisors completed retrospective questionnaire about the type of treatment or special education each child's program was based on 6 months to 3 years after the rest of the post-treatment assessments **Groups:** **G1:** low-intensity behavioral therapy **G2:** eclectic treatment **Provider:** • Teachers, parents, individual aides, case supervisors • Licensed psychologists	**Inclusion criteria:** • Diagnosis of autism and mental retardation by ICD-10 from a licensed psychologist and/or a medical doctor • Age < 6 years at start of treatment • Treatment record indicating 10-20 hours/week of one-to-one treatment • Assessments of intellectual functioning, adaptive behavior and language conducted pretreatment and after two years of treatment **Exclusion criteria:** • Medical conditions that could interfere with treatment, such as uncontrollable epilepsy or major motor delays **Age, months ± SD (range):** **G1:** 53 ± 9.5 (36-68) **G2:** 49 ± 16.9 (21-69) **Mental age:** IQ score, mean: 41 **Gender, n:** Male: **G1:** 10 **G2:** 14 Female: **G1:** 3 **G2:** 1 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** ADI-R, clinical judgment by independent professional **Diagnostic category, n:** Autism: 26 PDD-NOS: NR Aspergers: NR	**Educational/ cognitive/ academic attainment:** Intellectual functioning (BSID-II, WISC-R, WPPSI-R, SB) ratio score, mean ± SD: **G1:** 41.0 ± 15.2 **G2:** 47.2 ± 14.7 Merrill Palmer non-verbal intelligence score, mean ± SD: **G1:** 68.2 ± 28.3 (n=8) **G2:** 72.0 ± 22.1 Language comprehension (RDLS or PEP-R) ratio score, mean ± SD: **G1:** 37.3 ± 11.7 **G2:** 44.0 ± 17.7 Expressive language (RDLS or PEP-R) ratio score, mean ± SD: **G1:** 33.8 ±10.6 **G2:** 41.6 ±15.4 **Adaptive behavior:** VABS score, mean ± SD: Composite: **G1:** 52.5 ± 3.9 **G2:** 52.5 ± 9.6 Communication: **G1:** 54.1 ± 7.0 **G2:** 54.7 ± 10.0 Daily living skills: **G1:** 56.7 ± 6.0 **G2:** 54.5 ± 15.2 Socialization: **G1:** 53.7 ± 3.7 **G2:** 59.3 ± 7.8 **Problem behavior:** Pathology checklist score, mean ± SD: No words: **G1:** 0.4 ± 0.5 **G2:** 0.5 ± 0.5	**Educational/ cognitive/ academic attainment:** Intellectual functioning (BSID-II, WISC-R, WPPSI-R, SB) ratio score, mean ± SD: **G1:** 49.2 ± 16.6 **G2:** 44.3 ± 18.9 **G1/G2:** $P < 0.001$ Merrill Palmer non-verbal intelligence score, mean ± SD: **G1:** 76.9 ± 27.2 (n=8) **G2:** 61.5 ± 24.5 **G1/G2:** P = NS Language comprehension (RDLS or PEP-R) ratio score, mean ± SD: **G1:** 44.3 ± 17.8 **G2:** 33.2 ± 24.7 **G1/G2:** $P < 0.05$ Expressive language (RDLS or PEP-R) ratio score, mean ± SD: **G1:** 44.8 ± 19.2 **G2:** 34.1 ± 26.2 **G1/G2:** $P < 0.05$ **Adaptive behavior:** VABS score, mean ± SD: Composite: **G1:** 52.4 ± 9.2 **G2:** 47.7 ± 10.2 **G1/G2:** P = NS Communication: **G1:** 58.8 ± 12.8 **G2:** 50.2 ± 9.4 **G1/G2:** $P < 0.01$ Daily living skills: **G1:** 53.7 ± 9.9 **G2:** 47.2 ± 14.6 **G1/G2:** P = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Eldevik et al., 2006 (continued)	**Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 13 **G2:** 15 **N at follow-up:** **G1:** 13 **G2:** 13	**Other characteristics:** Therapists per child, range: **G1:** 2-4 **G2:** 2-4	Affectionate: **G1:** 0.9 ± 0.3 **G2:** 0.7 ± 0.5 Toy play: **G1:** 0.8 ± 0.4 **G2:** 0.9 ± 0.4 Peer play: **G1:** 1.0 ± 0.0 **G2:** 0.9 ± 0.4 Stereotypies: **G1:** 1.0 ± 0.0 **G2:** 0.9 ± 0.3 Temper tantrums: **G1:** 0.4 ± 0.5 **G2:** 0.5 ± 0.5 Toilet trained: **G1:** 0.8 ± 0.4 **G2:** 0.6 ± 0.5 Sum pathology: **G1:** 5.3 ± 1.1 **G2:** 4.9 ± 1.6	Socialization: **G1:** 56.2 ± 5.2 **G2:** 57.9 ± 12.1 **G1/G2:** *P* = NS **Problem behavior:** Pathology checklist score, mean change ± SD: No words: **G1:** -0.3 ± 0.5 **G2:** -0.1 ± 0.3 **G1/G2:** *P* = NS Affectionate: **G1:** -0.7 ± 0.4 **G2:** -0.2 ± 0.4 **G1/G2:** *P* < 0.001 Toy play: **G1:** -0.6 ± 0.5 **G2:** -0.3 ± 0.4 **G1/G2:** *P* < 0.01 Peer play: **G1:** -0.4 ± 0.5 **G2:** 0.0 ± 0.0 **G1/G2:** *P* < 0.01 Stereotypies: **G1:** -0.1 ± 0.3 **G2:** 0.0 ± 0.0 **G1/G2:** *P* = NS Temper tantrums : **G1:** -0.3 ± 0.5 **G2:** 0.0 ± 0.5 **G1/G2:** *P* = NS Toilet trained: **G1:** -0.6 ± 0.5 **G2:** -0.2 ± 0.4 **G1/G2:** *P* < 0.05 Sum pathology: **G1:** -3.1 ± 1.2 **G2:** -0.7 ± 1.3 **G1/G2:** *P* < 0.001 **Harms:** NR **Modifiers:** Age associated with intellectual functioning in the eclectic treatment group

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Gevers et al., 2006 **Country:** Netherlands **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Prospective case series	**Intervention:** Theory of Mind (TOM) to the child, with an average duration of 7 months Social-cognition training to the parents (5 monthly sessions) **Assessments:** Multidisciplinary assessment by a specialized team and parent report TOM Test and VABS assessed prior to training and within 4 weeks after completion of treatment **Groups:** **G1:** TOM and social cognition training **Provider:** Special team **Measure of treatment fidelity reported:** NR **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 18 **N at follow-up:** **G1:** 18	**Inclusion criteria:** • Met DSM-IV criteria for PDD-NOS • WISC-R Verbal IQ > 85 with average intelligence **Exclusion criteria:** • See inclusion criteria **Age years (range):** 8-11 **Mental age:** WISC-R Verbal IQ, mean ± SD: 97.1 ± 14.9 WISC-R Verbal IQ > 85, n (%): 18 (100) **Gender, n (%):** Male: 13 (72.2) Female: 5 (27.8) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** DSM-IV for PDD-NOS **Diagnostic category, n (%):** Autism: NR PDD-NOS: 18 (100) Aspergers: NR **Other characteristics:** NR	**Social skills:** TOM Test score, mean ± SD: Total: **G1:** 52.8 ± 7.8 Perception/ imitiation: **G1:** 6.6 ± 1.5 Emotion recognition: **G1:** 5.0 ± 0.0 Pretense: **G1:** 4.1 ± 1.3 Distinction physical-mental: **G1:** 2.8 ± 0.6 TOM 1: **G1:** 18.4 ± 2.4 First order belief: **G1:** 24.3 ± 4.9 False belief: **G1:** 2.6 ± 0.6 TOM 2: **G1:** 27.0 ± 4.8 Second order belief: **G1:** 0.6 ± 0.5 Irony/humor: **G1:** 6.9 ± 2.2 TOM 3: **G1:** 7.7 ± 2.4 **Adaptive behavior:** VABS socialization subdomain score, developmental quotient, mean ± SD: Interpersonal relationships: **G1:** 0.36 ± 0.09 Play/leisure: **G1:** 0.39 ± 0.10 Social skills: **G1:** 0.51 ± 0.13	**Social Skills:** TOM Test score, mean ± SD: Total: **G1:** 62.7 ± 5.2 **G1/BL:** *P* = 0.000 Perception/ imitiation: **G1:** 8.2 ± 1.2 **G1/BL:** *P* = 0.000 Emotion recognition: **G1:** 4.9 ± 0.2 **G1/BL:** *P* = NS Pretense: **G1:** 4.8 ± 0.5 **G1/BL:** *P* = 0.039 Distinction physical-mental: **G1:** 2.9 ± 0.2 **G1/BL:** *P* = NS TOM 1: **G1:** 20.9 ± 1.2 **G1/BL:** *P* = 0.000 First order belief: **G1:** 29.6 ± 2.6 **G1/BL:** *P* = 0.001 False belief: **G1:** 2.7 ± 0.6 **G1/BL:** *P* = NS TOM 2: **G1:** 32.3 ± 3.0 **G1/BL:** *P* = 0.001 Second order belief: **G1:** 0.8 ± 0.4 **G1/BL:** *P* = NS Irony/humor: **G1:** 8.7 ± 1.6 **G1/BL:** *P* = 0.002 TOM 3: **G1:** 9.5 ± 1.9 **G1/BL:** *P* = 0.001

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Gevers et al., 2006 (continued)				**Adaptive Behavior:** VABS socialization subdomain score, developmental quotient, mean ± SD: Interpersonal relationships: **G1:** 0.42 ± 0.14 **G1/BL:** *P* = 0.021 Play/leisure: **G1:** 0.47 ± 0.10 **G1/BL:** *P* = 0.013 Social skills: **G1:** 0.61 ± 0.15 **G1/BL:** *P* = 0.000 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Heimann et al., 2006 **Country:** Norway **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Meltzer Foundation, University of Bergen **Author industry relationship disclosures:** NR **Design:** RCT	**Intervention:** Imitation interaction vs. contingent, non-imitative interaction **Assessments:** PEP-R subscales for imitation, perception, cognitive performance and cognitive verbal administered 4-8 weeks before treatment and again after treatment Social interest composite score created from coding scheme of Nadel et al. 2000 adapted to measure social behaviors in still-face and free play phases **Duration:** Four 3-minute phases of still face procedure, intervention, still-face, and free play initially conducted then repeated after 30-60 minute break Frequency: four-phase procedure conducted twice in one session **Groups:** **G1:** imitation interaction **G2:** contingent interaction **Provider:** NR **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NA **Concomitant therapies, n:** Imitation training: **G1:** 0 **G2:** 2 **N at enrollment:** **G1:** 10 **G2:** 10 **N at follow-up:** **G1:** 10 **G2:** 10	**Inclusion criteria:** • Non-verbal children with autism spectrum disorder by ICD-10 criteria **Exclusion criteria:** • See inclusion criteria **Age, years (range):** 6.42 (4.33, 12.75) **Age, months ± SD:** **G1:** 87.0 ± 32.5 **G2:** 67.4 ± 10.1 **Mental age, years ± SD (range):** 2.08 ± 1.0 (1-4.42) Developmental age, months ± SD: PEP-R: **G1:** 23.2 ± 10.4 **G2:** 27.5 ± 13.5 Perceptual age: **G1:** 27.8 ± 14.0 **G2:** 35.5 ± 20.5 Cognitive non-verbal: **G1:** 22.1 ± 19.3 **G2:** 24.6 ± 13.5 Cognitive verbal: **G1:** 23.9 ± 19.6 **G2:** 23.7 ± 11.1 Imitation age: **G1:** 19.1 ± 12.4 **G2:** 26.3 ± 13.5 Language age (PEP), mean ± SD: **G1:** 23.20 ± 8.9 **G2:** 24.2 ± 12.0 **Gender, n (%):** Male: 19 (95) Female: 1 (5) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral	**Social skills:** Proportion of time displaying social interest, still-face phases, %: **G1:** NR* **G2:** NR* **G1/G2:** *P* = NS Proportion of time displaying social interest, free play phases, %: **G1:** NR* **G2:** NR* **G1/G2:** *P* = NS PEP-R imitation subscale score, mean ± SD: **G1:** 19.1 ± 12.4 **G2:** 26.3 ± 13.6 **G1/G2:** *P* = NS	**Social skills:** Proportion of time displaying social interest, still-face phases, % ± SD: **G1:** 35.23 ± 31.01 **G2:** 12.90 ± 14.59 **G1/BL:** *P* < 0.05 **G2/BL:** *P* = NS **G1/G2:** *P* < 0.05 Proportion of time displaying social interest, free play phases, % ± SD: **G1:** 33.7 ± 14.6 **G2:** 21.5 ± 11.8 **G1/BL:** *P* < 0.05 **G2/BL:** *P* = NS **G1/G2:** *P* < 0.05 PEP-R imitation subscale score, mean change ± SD: **G1:** 6.5 ± 9.6 **G2:** -0.6 ± 2.8 **G1/BL:** *P* < 0.05 **G2/BL:** *P* = NS **G1/G2:** *P* < 0.01 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Heimann et al., 2006 (continued)		**Diagnostic tool/method:** NR **Diagnostic category, n (%):** Autism: 20 (100) PDD-NOS: 0 Aspergers: 0 **Other characteristics:** NR		

Comments:

***** Data only illustrated graphically.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Henry et al., 2006 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic (neuro-developmental) **Enrollment period:** July 2001 to January 2004 **Funding:** NR **Author industry relationship disclosures:** None **Design:** Retrospective case series	**Intervention:** Subjects treated with an SSRI:* SSRI, n (%): Sertraline: 31 (34.8) Citalopram: 25 (28.1) Paroxetine: 15 (16.9) Fluvoxamine: 10 (11.2) Fluoxetine: 6 (6.7) Escitalopram: 2 (2.2) Mean dose, mg (SE): Sertraline: 46.7 (47.54) Citalopram:10.42 (6.77) Paroxetine: 10.67 (4.95) Fluvoxamine: 40.28 (33.53) Fluoxetine: 18.33 (14.50) Escitalopram:11.25 (12.37) Treatment duration was 7.8 ± 7.6 months **Assessments:** Diagnosis using DSM-IV, parental interview, child exam, record review by trained child and adolescent psychiatrists SCI-I and CGI-S scales completed by reviewers **Groups:** **G1:** PDD subjects treated with SSRIs **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** NA **Concomitant therapies, n :** Alpha-2 agonists: 22 Psychostimulants: 20 Atypical antipsychotics: 15 Mood stabilizers: 3 Atomoxetine: 6 Gabapentin: 3 Bupropion: 2 Buspirone: 2 Lorazepam: 1 Phenytoin: 1 Levothyroxine: 1	**Inclusion criteria:** • Age 18 or younger • DSM-IV diagnosis of autism, Asperger disorder or PDD-NOS • Subjects treated with an SSRI Exclusion criteria: • See inclusion criteria **Age, years ± SD (range):** 8.6 ± 3.4 (3-18) **Mental age:** NR **Gender, n (%):** Male: 80 (90) Female: 9 (10) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** DSM-IV-chart review **Diagnostic category, n (%):** Autism: 50 (56) PDD-NOS: 33 (37) Aspergers: 6 (7) **Other characteristics:** Comorbid Diagnoses, n: ADHD-NOS: 5 Mental retardation: 4 Anxiety disorder NOS: 3 Mood disorder NOS: 3 Oppositional-defiant disorder: 3 Adjustment disorder: 1 PTSD: 1 Cleft lip: 1 Central hypomyleination: 1 Complex II mitochondrial disorder: 1 Seizure disorder: 1 Hypotonia/hypermobility: 1 Lead poisoning: 1	**Overall ratings:** CGI-S score, mean ± SD: **G1:** 4.55 ± 0.71	**Overall ratings:** CGI-I score, mean ± SD: **G1:** 2.93 ± 1.11 Trial outcome, n (%): Much or very much improved: 40/89 (44.9) Worsened: 9/89 (10.1) Failed trial due to AEs or lack of efficacy: 28/89 (31.5) Lost to outside follow-up: 16/89 (18) Drop out, reason unknown: 3/89 (3.4) Response rate by SSRI, %: Sertraline: 55 Citalopram: 44 Paroxetine: 53 Fluvoxamine: 30 Fluoxetine: 0 Escitalopram: 50 (P = 0.19) Response rate by indication, %: Anxiety: 48 Perseverations: 44 Aggression: 45 Depressed mood: 60 (P = 0.86) Response rate by diagnosis, %: Autism: 46 Asperger disorder: 33 PDD-NOS: 46 (P = 0.84) Response rate by family history, % (P-value for correlation with positive outcome): PDDs: 72 (P = 0.011)**

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Henry et al., 2006 (continued)	**N at enrollment:** **G1:** 89 **N at follow-up:** **G1:** 89	Indications, n: Anxiety: 61 Perseverations: 59 Aggression: 31 Depressed mood: 5 Family history, n: PDDs: 18 Bipolar disorder: 12 Depression: 36 Mood disorder NOS: 2 Obsessive-compulsive Disorder: 10 Panic disorder: 5 Anxiety NOS: 14 Posttraumatic stress disorder: 1 Phobia: 1 Tic disorder: 2 Schizophrenia: 6 Psychosis NOS: 2 Mental retardation: 3 Learning disabililty: 7 Attention-deficit/ hyperactivity disorder: 18 Substance abuse: 12		Bipolar disorder: 33 (*P* = 0.364) Depression: 44 (*P* = 0.874) Mood disorder NOS: 0 (*P* = 0.192) Obsessive-compulsive disorder: 30 (*P* = 0.297) Panic disorder: 60 (*P* = 0.501) Anxiety NOS: 43 (*P* = 0.831) PSD: 0 (*P* = 0.359) Phobia: 100 (*P* = 0.271) Tic disorder: 100 (*P* = 0.117) Schizophrenia: 67 (*P* = 0.28) Psychosis NOS: 100 (*P* = 0.117) Mental retardation: 100 (*P* = 0.108) Learning disabililty: 57 (*P* = 0.517) Attention-deficit/ hyperactivity disorder: 44 (*P* = 0.923) Substance abuse: 25 (*P* = 0.126)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Henry et al., 2006 (continued)				**Harms:** Activation side effects, n (%): Total: 48 (53.9) Agitation: 31 (34.8) Aggression: 9 (10.1) Increased impulsivity: 9 (10.1) Increased distractibility: 6 (6.7) Increased hyperactivity: 9 (10.1) Insomnia: 11 (12.4) Euphoria: 1 (1.1) Other side effects, n (%): Diarrhea: 4 (4.5) Decreased appetite: 3 (3.4) Constipation: 3 (3.4) Headaches: 1 (1.1) Tics: 1 (1.1) Stomach upset: 1 (1.1) Increased stereotypy: 1 (1.1) Increased perseverations: 1 (1.1) Increased anxiety: 1 (1.1) Psychosis: 1 (1.1) Yawning: 1 (1.1) Pica: 1 (1.1) Weight gain: 1 (1.1) Priapism: 1 (1.1)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Henry et al., 2006 (continued)				**Modifiers:** 75% of subjects with family history of bipolar disorder have activation side effects (*P* = 0.13; RR = 2.50, 95%CI: 0.73-8.62) No association between age and activation side effects observed

Comments:

* For subjects treated with more than one SSRI during this period, only the first trial was analyzed in order to have all the SSRI trials reference separate subjects, keeping the trials independent.

** RR = 3.12, 95% CI: 1.216-8.005

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Jung et al., 2006 **Country:** South Korea **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Korea Research Foundation Grant **Author industry relationship disclosures:** NR **Design:** Prospective case series	**Intervention:** SIT (based on the virtual reality tangible interaction system, with three components: coordination ability measurement, social skill training, and sensory integration); 10 sessions, length NR **Assessments:** VCAA (a measuring program for visuomotor coordination ability, levels controlled by the therapist, breaking virtual balloons with a real stick, reaction accuracy, movement of the stick, and average reaction time), SST (social skills training) reaction time, measured at each of 10 sessions **Groups:** **G1:** SIT intervention **G2:** healthy controls **Provider:** Therapist **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 12 **G2:** 20 **N at follow-up:** **G1:** 11 **G2:** 20	**Inclusion criteria:** G1: • Ages 5-6 years • Met DSM-IV criteria for autism • Recruited from out-patient unit at Children's Hospital in Seoul G2: • Unrelated healthy children • Recruited from a kindergarten belonging to a university in Seoul **Exclusion criteria:** • See inclusion criteria **Age, range (years):** **G1:** 6 **G2:** 5-6 **Mental age, mean IQ:** **G1:** 64 **G2:** NR **Gender, n (%):** Male: **G1:** 10 (83.3) **G2:** NR Female: **G1:** 2 (16.6) **G2:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** DSM-IV **Diagnostic category, n (%):** Autism: **G1:** 12 (100) PDD-NOS: **G1:** 0 Aspergers: **G1:** 0	**Sensory:** VCAA reaction time, mean: **G1:** NR* VCAA reaction accuracy, mean: **G1:** NR* VCAA stick movement, mean: **G1:** NR* **Social Skills:** SST reaction time, stopping balloon, mean: **G1:** NR* SST reaction time, moving balloon, mean: **G1:** NR* SST reaction time, reading mind, mean: **G1:** NR	**Sensory:** VCAA reaction time, mean: **G1:** NR* **G2:** NR* **G1/BL:** P = NS **G1/G2:** P < 0.01 (healthy children had lower reaction times) VCAA reaction accuracy, mean: **G1:** NR* **G2:** NR* **G1/BL:** P = NS **G1/G2:** P = NS VCAA average reaction accuracy by sound stimulus, range: **G1:** 51.9-60.2 VCAA stick movement, mean: **G1:** NR* **G2:** NR* **G1/BL:** P = NS **G1/G2:** P < 0.01 (healthy children moved the stick more) **Social Skills:** SST reaction time, stopping balloon, mean ± SD: **G1:** 21.1 ± 10.9 **G2:** 17.6 ± 3.1 **G1/BL:** P < 0.05 (reaction time decreased) **G1/G2:** P = NS SST reaction time, moving balloon, mean ± SD: **G1:** 15.8 ± 5.1 **G2:** 13.8 ± 3.1 **G1/BL:** P = 0.08 (reaction time decreased) **G1/G2:** P = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Jung et al., 2006 (continued)		**Other characteristics:** SMS index, mean: **G1:** 73 **G2:** NR		SST reaction time, reading mind, mean ± SD: **G1:** 19.3 ± 9.7 **G2:** 17.3 ± 4.8 **G1/BL:** P = NS **G1/G2:** P = NS **Harms:** NR **Modifiers:** Boredom; authors report increased preference for unrepeated stimuli such as running as sessions progressed

Comments:

* Data only illustrated graphically

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Legoff and Sherman, 2006 **Country:** US **Practice setting:** Private multi-disciplinary autism disorders clinic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: None **Design:** Retrospective cohort	**Intervention:** LEGO intervention vs. comparable (in form and intensity) individual and group therapy on a weekly basis without LEGO materials LEGO-based interactive play groups met on a weekly basis for 90 minutes and engaged in collaborative LEGO building activities and other projects **Groups:** **G1:** LEGO intervention **G2:** control group, **Ga:** autistic disorder **Gb:** Asperger/PDD-NOS **Provider:** Therapist **Measure of treatment fidelity reported:** NR **Co-interventions held stable during treatment:** NR **Concomitant therapies, hrs/week, mean ± SD:** Individual therapy: **G1:** 1.18 ± 0.43 **G2:** 1.30 ± 0.75 **G1/G2:** *P* = NS Group therapy: **G1:** 1.59 ± 0.35 **G2:** 1.61 ± 0.39 **G1/G2:** *P* = NS Family therapy: **G1:** 0.82 ± 0.66 **G2:** 1.05 ± 0.67 **G1/G2:** *P* = NS Therapeutic aide: **G1:** 11.93 ± 13.40 **G2:** 12.07 ± 15.13 **G1/G2:** *P* = NS Speech-language therapy: **G1:** 1.29 ± 0.41 **G2:** 1.35 ± 0.54 **G1/G2:** *P* = NS	**Inclusion criteria:** **G1:** • Participated in both individual and group sessions continuously for at least 3 years • Initial and follow-up assessment data were available **G2:** • Had two complete triannual assessments • Matched the LEGO therapy subjects on subject and treatment variables **Exclusion criteria:** • Participants who started on a new psychiatric medication or changed medications (other than minor changes in dosage) during the 3 year treatment interval **Age, years ± SD:** **G1:** 9.3 ± 1.6 **G2:** 10.1 ± 1.4 **Mental age:** See educational/cognitive/ academic attainment **Gender, n (%):** Male: **G1:** 49 (81.7) **G2:** 47 (82.5) Female: **G1:** 11 (18.3) **G2:** 10 (17.5) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral	**Social skills:** VABS socialization score, mean ± SD: **G1:** 62.27 ± 13.43 **G2:** 59.95 ± 16.48 GARS social interaction, mean ± SD: **G1:** 11.53 ± 1.75 **G2:** 11.00 ± 1.72 **Communication/ language:** VIQ, mean ± SD: **G1:** 82.0 ± 21.6 **G2:** 83.3 ± 18.8 VABS communication score, mean ± SD: **G1:** 67.2 ± 17.4 **G2:** 65.4 ± 19.2 **Educational/ cognitive/ academic attainment:** PIQ, mean ± SD: **G1:** 90.7 ± 17.5 **G2:** 89.3 ± 18.7 Wechsler FSIQ, mean ± SD: **G1:** 84.6 ± 16.6 **G2:** 85.7 ± 17.9	**Social skills:** VABS socialization score, mean change ± SD: **G1:** 20.68 ± 10.32 **G1a:** 21.45 ± 10.05 **G1b:** 19.91 ± 10.30 **G2:** 10.77 ± 10.97 **G2a:** 11.96 ± 11.08 **G2b:** 9.58 ± 10.88 ANOVA: time (P < 0.001), treatment P < 0.01), interaction (G1/BL > G2/BL; P < 0.05) GARS social interaction score, mean change ± SD: **G1:** -3.60 ± 1.38 G1a: -3.82 ± 1.56 G1b: -3.43 ± 1.26 **G2:** -2.30 ± 1.45 G2a: -2.29 ± 1.42 G2b: -2.32 ± 1.55 ANOVA: time (P < 0.001), treatment P < 0.001), interaction (**G1/**BL > G2/BL; P < 0.01) **Communication/ language:** VIQ, mean ± SD: **G1:** 86.3 ± 16.9 **G2:** 79.9 ± 19.0 VABS communication score, mean ± SD: **G1:** 75.0 ± 11.4 **G2:** 70.5 ± 16.9 **Educational/ cognitive/ academic attainment:** Wechsler FSIQ, mean ± SD: **G1:** 90.6 ± 15.8 **G2:** 87.1 ± 18.8 PIQ, mean ± SD: **G1:** 99.3 ± 16.8 **G2:** 90.3 ± 18.1

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Legoff and Sherman, 2006 (continued)	Occupational therapy: **G1:** 1.24 ± 0.89 **G2:** 1.19 ± 0.88 **G1/G2:** *P* = NS Physical therapy: **G1:** 0.21 ± 1.17 **G2:** 0.57 ± 1.31 **G1/G2:** *P* = NS Psychiatric medications, n (%): Antipsychotics: **G1:** 14 (23.3) **G2:** 15 (26.3) **G1/G2:** *P* = NS Psychostimulants: **G1:** 18 (30.0) **G2:** 17 (29.8) **G1/G2:** *P* = NS SSRI: **G1:** 9 (15.0) **G2:** 8 (14.0) **G1/G2:** *P* = NS **N at enrollment:** **G1:** 60 **G1a:** 26 **G1b:** 34 **G2:** 57 **G2a:** 24 **G2b:** 33 **N at follow-up:** **G1:** 60 **G1a:** 26 **G1b:** 34 **G2:** 57 **G2a:** 24 **G2b:** 33	**Diagnostic tool/method:** Diagnosis made on basis of comprehensive evaluations by a pediatric neuropsychologist, a child psychiatrist, a child psychologist, and a speech pathologist, all of whom were specialists in autism spectrum disorders **Diagnostic category, n (%):** Autism: **G1:** 26 (43.3) **G2:** 24 (42.1) Asperger: **G1:** 27 (45.0) **G2:** 28 (49.1) PDD-NOS: **G1:** 7 (11.7) **G2:** PDD-NOS: 5 (8.7) **Other characteristics, n (%):** Diagnosis, axis II: No diagnosis: **G1:** 41 (68.3) **G2:** 39 (68.4) Mild MR: **G1:** 16 (26.7) **G2:** 15 (26.3) Moderate MR: **G1:** 2 (3.3) **G2:** 3 (5.3) MR unspecified: **G1:** 1 (1.7) **G2:** 0 (0.0)		**Harms:** NR **Modifiers:** No main effect or interaction effect for diagnostic group (G1a, G1b, G2a, G2b) for VABS-SD or GARS-SI In the autistic disorder group, GARS-SI outcome was significantly correlated with initial VABS-CD and VIQ scores ($P < 0.05$) and this relationship was found in both the LEGO and comparison groups Communication ability (measured by the VABS-CD and VIQ) was significantly correlated with outcome on the VABS-CD for both LEGO ($P < 0.02$) and comparison participants ($P < 0.01$) Regression analyses of VABS-CD and VIQ predicting VABS-SD difference scores: **G1+G2:** $P < 0.01$ **G1:** $P < 0.001$ **G2:** $P < 0.004$ **Ga:** *P* = NS **Gb:** $P < 0.001$ **G1a:** $P < 0.021$ **G1b:** $P < 0.019$ **G2a:** *P* = NS. **G2b:** $P < 0.004$

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Legoff and Sherman, 2006 (continued)				Regression analyses of VABS-CD and VIQ predicting GARS-SI difference scores: **G1+G2:** *P* = NS **G1:** *P* = NS **G2:** *P* = NS **Ga:** *P* < 0.021 **Gb:** *P* = NS **G1a:** *P* = NS **G1b:** *P* = NS **G2a:** *P* = NS **G2b:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Lopata et al., 2006 **Country:** US **Practice setting:** Academic **Intervention setting:** NR **Enrollment period:** Summer 2003 to Summer 2004 **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Prospective case series with a randomized component (2003 participants were all assigned to G1; 2004 participants age-matched and randomized) **Note:** See follow-up study Lopata et al. 2008 ({#216}), years 3-4 of intervention	**Intervention:** Summer treatment sessions consisting of social skills alone or social skills plus behavioral treatment in groups of 4-6 children with 3 staff members Duration: 6 weeks Frequency: 5 days/week, 6 hours/day **Assessments:** BASC-PRS conducted immediately prior to beginning of program and at completion of treatment; BASC-TRS conducted on day 8 of program and at completion of treatment **Groups:** **G1:** social skills plus behavioral treatment **G2:** social skills only **Provider:** Undergraduate and graduate psychology and education students who received and verified training prior to program **Measure of treatment fidelity reported:** Yes* **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** G1: 12 **G2:** 9 **N at follow-up:** G1: 12 **G2:** 9	**Inclusion criteria:** • Children diagnosed with Aspergers • Completion of three-stage screening process to confirm diagnosis **Exclusion criteria:** • See inclusion criteria **Age, years ± SD (range):** 10.05 ± 2.13 (6-13) **Mental age:** NR **Gender, n (%):** Male: 21 (100) Female: 0 **Race/ethnicity, n (%):** White: 20 (95.24) Hispanic: 1 (4.76) **SES:** Maternal education: NR Household income, n (%): $25,000-$35,000: 1/15 (6.7) $35,001-$50,000: 2/15 (13.3) $50,001-$70,000: 1/15 (6.7) $70,001-$95,000: 7/15 (46.7) > $95,000: 4/15 (26.7) **Diagnostic approach:** Confirmation of diagnosis consisted of documentation of formal Aspergers diagnosis from a licensed psychiatrist, physician, or psychologists, submission of prior testing and evaluation records, and formal assessment of cognitive and social-emotional domain **Diagnostic tool/method:** NR **Diagnostic category, n (%):** Autism: 0 (0) PDD-NOS: 0 (0) Aspergers: 21 (100)	**Social skills:** BASC social skills score, parent-rated, mean ± SD: **G1:** 40.27 ± 9.51 (n=11) **G2:** 40.63 ± 4.31 (n=8) BASC social skills score, teacher-rated, mean ± SD: **G1:** 46.58 ± 7.15 **G2:** 44.78 ± 5.63 **Problem behavior:** BASC atypicality score, parent-rated, mean ± SD: **G1:** 77.27 ± 17.07 (n=11) **G2:** 66.25 ± 14.67 (n=8) BASC atypicality score, teacher-rated, mean ± SD: **G1:** 52.75 ± 6.77 **G2:** 48.67 ± 8.19 **Adaptive behavior:** BASC adaptability score, parent-rated, mean ± SD: **G1:** 30.25 ± 10.08 (n=8) **G2:** 36.83 ± 5.53 (n=6) BASC adaptability score, teacher-rated, mean ± SD: **G1:** 46.56 ± 8.35 (n=9) **G2:** 43.88 ± 9.14 (n=8)	**Social Skills:** BASC social skills score, parent-rated, mean ± SD: **G1:** 43.82 ± 11.21 (n=11) **G2:** 41.88 ± 4.97 (n=8) **G1+G2/BL:** *P* = 0.048 BASC social skills score, teacher-rated, mean ± SD: **G1:** 49.33 ± 7.11 **G2:** 48.89 ± 5.33 **G1+G2/BL:** *P* = 0.019 **Problem behavior:** BASC atypicality score, parent-rated, mean ± SD: **G1:** 69.00 ± 15.28 (n=11); **G2:** 61.13 ± 12.89 (n=8) **G1+G2/BL:** *P* = 0.001 BASC atypicality score, teacher-rated, mean ± SD: **G1:** 54.58 ± 9.39 **G2:** 52.67 ± 11.43 **G1+G2/BL:** *P* = 0.031 **Adaptive Behavior:** BASC adaptability score, parent-rated, mean ± SD: **G1:** 35.63 ± 9.53 (n=8) **G2:** 42.83 ± 6.15 (n=6) **G1+G2/BL:** *P* = 0.009

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Lopata et al., 2006 (continued)		**Other characteristics:** NR		BASC adaptability score, teacher-rated, mean ± SD: **G1:** 43.00 ± 4.56 (n=9) **G2:** 43.00 ± 4.38 (n=8) **G1+G2/BL:** *P* = 0.151 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Ludlow et al., 2006 **Country:** UK **Practice setting:** Academic **Intervention setting:** NR **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: NR **Design:** Prospective case series	**Intervention:** Colored overlays; participants selected the best color and side (matt or gloss) for clarity over text Frequency/duration: Single session **Assessments:** BPVS, City University Color Vision Test (max = 16), Ishihara Color Test (max = 38) **Groups:** **G1:** Autistic children **Ga:** colored overlay, chosen for clarity **Gb:** no colored overlay **Provider:** NR **Measure of treatment fidelity reported:** NR **Co-interventions held stable during treatment:** Yes **Concomitant therapies:** NR **N at enrollment:** **G1:** 19 **N at follow-up:** **G1:** 19	**Inclusion criteria:** • Attend a school in which a formal diagnosis of autism is necessary **Exclusion criteria:** • See inclusion criteria **Age, mean/yrs (range):** **G1:** 11.10 ± 2.23 (8.3,15.1) **Mental age:** NR **Gender:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** NR **Diagnostic category, n (%):** Autism: 19 (100) **Other characteristics:** NR	**Communication/ language:** BPVS score, mean ± SD: **G1:** 64.32 ± 10.91 **Sensory:** City University Color Test score, mean ± SD: **G1:** 15.9 ± 0.33 Ishihara Color Test score, mean ± SD: **G1:** 36.7 ± 1.04	**Sensory:** Words read per minute, mean: **G1a:** NR* **G1b:** NR* **G1a/G1b:** $P < 0.004$ **Educational/ cognitive/ academic attainment:** Percentage improvement reading with colored overlays, n (%): Less than 5%: **G1:** 4 (21) 5-10%: **G1:** 3 (16) 11-20%: **G1:** 6 (31) 21-30%: **G1:** 0 31-40%: **G1:** 4 (21) 41-50%: **G1:** 2 (10) **Harms:** NR **Modifiers:** The correlation between verbal IQ measured via BPVS and degree of improvement using overlay was not significant

Comments:

* Data only illustrated graphically.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Mousain-Bosc et al., 2006 **Country:** France **Practice setting:** Academic **Intervention setting:** NR **Enrollment period:** NR **Funding:** Sanofi-Aventis **Author industry relationship disclosures:** NR **Design:** Prospective case series	**Intervention:** Mg-vitamin B6 regimen: (6 mg/kg/day Mg, 0.6 mg/kg/d vitamin B6) for an average of 8 ± 5 months (range 2-40 months) **Assessments:** Symptoms and symptom groups of PDD from the DSM-IV evaluated by the physician after discussion with parents and teachers Biological parameters measured at first clinic visit of child then after 2 months of treatment; subsequent evaluations depended on the frequency of visits. Children were followed over a period of about 24 months **Groups:** **G1:** Mg-B6 therapy **G2:** control **Co-interventions held stable during treatment:** Yes **Frequency of contact during study:** NR **Concomitant therapies, n (%):** **G1:** 0 **G2:** NA **N at enrollment:** **G1:** 33 **G2:** 36 **N at follow-up:** **G1:** 33 **G2:** NA	**Inclusion criteria:** • Clinical symptoms of PDD as described in DSM-IV (G1) • Behaviorally and somatically healthy (G2) • Selected as regard to their normal behavior at school (G2) **Exclusion criteria:** • Signs of neuropathology or a pathology known to influence magnesium homeostasis (G2) **Age, years ± SD (range):** **G1:** 4 ± 2 (1-10) **G2:** 4.37 ± 2 **Mental age:** NR **Gender, n:** Male: **G1:** 21 **G2:** 22 Female: **G1:** 12 **G2:** 14 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** DSM-IV **Diagnostic category, n (%):** PDD: **G1:** 33 (100) **G2:** 0 **Other characteristics:** NR	**Social skills:** DSM-IV visual contact score, mean ± SD: **G1:** 3.33 ± 0.89 DSM-IV visual contact score > 3, n: **G1:** 26 DSM-IV connection with equals score, mean ± SD: **G1:** 3.12 ± 0.74 DSM-IV connection with equals score > 3, n: **G1:** 28 DSM-IV delight partition score, mean ± SD: **G1:** 3.03 ± 0.81 DSM-IV delight partition score > 3, n: **G1:** 25 DSM-IV social reciprocity score, mean ± SD: **G1:** 3.30 ± 0.68 DSM-IV social reciprocity score > 3, n: **G1:** 29 DSM-IV social interactions total score, mean ± SD: **G1:** 12.61 ± 3.01 **Communication/ language:** DSM-IV delayed communication score, mean ± SD: **G1:** 3.39 ± 0.50 DSM-IV delayed communication score > 3, n: **G1:** 33 DSM-IV no communication score, mean ± SD: **G1:** 3.09 ± 0.72	**Overall ratings:** Improvement for ¾ groups of symptoms, n: **G1:** 20/30 **Social skills:** DSM-IV visual contact score, mean ± SD: **G1:** 1.36 ± 1.19 DSM-IV visual contact score > 3, n: **G1:** 6 DSM-IV connection with equals score, mean ± SD: **G1:** 1.51 ± 1.00 DSM-IV connection with equals score > 3, n: **G1:** 6 DSM-IV delight partition score, mean ± SD: **G1:** 1.54 ± 1.06 DSM-IV delight partition score > 3, n: **G1:** 6 DSM-IV social reciprocity score, mean ± SD: **G1:** 1.51 ± 1.06 DSM-IV social reciprocity score > 3, n: **G1:** 6 DSM-IV social interactions total score, mean ± SD: **G1:** 5.94 ± 4.10 **G1/BL:** *P* = 0.0000

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Mousain-Bosc et al., 2006 (continued)			DSM-IV no communication score > 3, n: **G1:** 26 DSM-IV stereotyped language score, mean ± SD: **G1:** 2.85 ± 0.71 DSM-IV stereotyped language score > 3, n: **G1:** 24 DSM-IV social mimicking score, mean ± SD: **G1:** 3.27 ± 0.75 DSM-IV social mimicking score > 3, n: **G1:** 29 DSM-IV loss of communication total score, mean ± SD: **G1:** 12.61 ± 2.16 **Repetitive behavior:** DSM-IV stereotyped interest score, mean ± SD: **G1:** 3.03 ± 1.16 DSM-IV stereotyped interest score > 3, n: **G1:** 24 DSM-IV customs score, mean ± SD: **G1:** 1.88 ± 1.36 DSM-IV customs score > 3, n: **G1:** 12 DSM-IV motor affection score, mean ± SD: **G1:** 2.36 ± 1.14 DSM-IV motor affection score > 3, n: **G1:** 17	DSM-IV social interactions total score, change > 5, n: **G1:** 23/33 **Communication/ language:** DSM-IV delayed communication score, mean ± SD: **G1:** 2.00 ± 1.00 DSM-IV delayed communication score > 3, n: **G1:** 9 DSM-IV no communication score, mean ± SD: **G1:** 1.54 ± 0.87 DSM-IV no communication score > 3, n: **G1:** 4 DSM-IV stereo-typed language score, mean ± SD: **G1:** 1.54 ± 1.09 DSM-IV stereo-typed language score > 3, n: **G1:** 6 DSM-IV social mimicking score, mean ± SD: **G1:** 1.39 ± 1.05 DSM-IV social mimicking score > 3, n: **G1:** 5 DSM-IV loss of communication total score, mean ± SD: **G1:** 6.48 ± 3.77 **G1/BL:** *P* = 0.0000

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Mousain-Bosc et al., 2006 (continued)			DSM-IV things handling score, mean ± SD: **G1:** 1.88 ± 1.17 DSM-IV things handling score > 3, n: **G1:** 10 DSM-IV stereotyped restricted behavior total score, mean ± SD: **G1:** 12.61 ± 2.16 **Adaptive behavior:** DSM-IV social interactions score, mean ± SD: **G1:** 3.26 ± 0.89 DSM-IV social interactions score > 3, n: **G1:** 28 DSM-IV language score, mean ± SD: **G1:** 3.39 ± 0.62 DSM-IV language score > 3, n: **G1:** 29 DSM-IV symbolic games score, mean ± SD: **G1:** 3.13 ± 0.88 DSM-IV symbolic games score > 3, n: **G1:** 27 DSM-IV abnormal or delayed functioning total score, mean ± SD: **G1:** 12.61 ± 2.16 **Medical:** Erc-Mg (mmol/L), mean ±SD: **G1:** 2.17 ± 0.4 **G2:** 2.73 ± 0.23 **G1/G2:** *P* = 0.001	DSM-IV loss of communication total score, change > 5, n: **G1:** 24/33 **Repetitive behavior:** DSM-IV stereo-typed interest score, mean ± SD: **G1:** 1.27 ± 0.91 DSM-IV stereotyped interest score > 3, n: **G1:** 3 DSM-IV customs score, mean ± SD: **G1:** 0.64 ± 0.82 DSM-IV customs score > 3, n: **G1:** 1 DSM-IV motor affection score, mean ± SD: **G1:** 1.00 ± 0.90 DSM-IV motor affection score > 3, n: **G1:** 3 DSM-IV things handling score, mean ± SD: **G1:** 1.03 ± 1.04 DSM-IV things handling score > 3, n: **G1:** 3 DSM-IV stereotyped restricted behavior total score, mean ±SD: **G1:** 6.48 ±3.77 **G1/BL:** *P* = 0.0000

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Mousain-Bosc et al., 2006 (continued)			i-Ca (mmol/L), mean ± SD: **G1:** 1.21 ±0.08 **G2:** NR* **G1/G2:** *P* = NS s-Mg (mmol/L), mean ± SD: **G1:** 0.89 ± 0.06 **G2:** NR* **G1/G2:** *P* = NS	DSM-IV stereotyped restricted behavior total score, change > 5, n: **G1:** 18/33 **Adaptive behavior:** DSM-IV social interactions score, mean ± SD: **G1:** 1.80 ± 1.22 DSM-IV social interactions score > 3, n: **G1:** 10 DSM-IV language score, mean ± SD: **G1:** 1.90 ± 1.22 DSM-IV language score > 3, n: **G1:** 10 DSM-IV symbolic games score, mean ± SD: **G1:** 1.66 ± 1.15 DSM-IV symbolic games score > 3, n: **G1:** 9 DSM-IV abnormal or delayed functioning total score, mean ± SD: **G1:** 6.48 ± 3.77 **G1/BL:** *P* = 0.0000 DSM-IV abnormal or delayed functioning total score, change > 5, n: **G1:** 17/33 **Medical:** Erc-Mg (mmol/L), mean ± SD:** **G1:** 2.42 ± 0.41 **G1/BL:** *P* = 0.0198

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Mousain-Bosc et al., 2006 (continued)				Erc-Mg increased, post-treatment, n (%): **G1:** 11/17 (65) i-Ca (mmol/L), mean ± SD: **G1:** 1.20 ± 0.05 **G1/BL:** *P* = NS s-Mg (mmol/L), mean ± SD: **G1:** NR **G1/BL:** *P* = NS **Harms:** NR **Modifiers:** NR

Comments:

***** data only illustrated graphically

** Authors report when Mg supply was stopped, Erc-Mg values returned to low levels in about 2 months

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Nagaraj et al., 2006 Country: India **Practice setting:** Academic **Intervention setting:** Pediatric neuro-development clinic Enrollment period: January 2002 to December 2003 Funding: Postgraduate Institute of Medical Education and Research, Chandigarh Author industry relationship disclosures: NR Design: RCT, block randomization, double blind study	**Intervention:** Liquid suspension risperidone or placebo, 0.5 mg/day orally for two weeks then 1 mg/day for the remaining 6 months **Assessments:** CARS, CGAS conducted by investigator at intake and every 8 weeks for 6 months Parent questionnaire designed for study **Groups:** **G1:** risperidone **G2:** placebo **Co-interventions held stable during treatment:** Yes (psychoactive medications stopped 1 month in advance of entering trial; no other drugs administered concurrently except antiepileptics); non-medical interventions not reported **Frequency of contact during study:** Every 8 weeks **Concomitant therapies:** NR **N at enrollment:** **G1:** 19 **G2:** 21 N at follow-up: **G1:** 19 **G2:** 20	Inclusion criteria: • Age ≤ 12 years • Diagnosed with autism according to DSM IV criteria Exclusion criteria: • Severe mental retardation • Significant co-existing disease/illness • Severe malnutrition (weight for age < 60% of NCHS median) Age, months ± SD: G1: 57.95 ± 20.84 G2: 63.0 ± 20.12 Mental age: NR Gender, n (%): Male: **G1:** 16 (84.2) **G2:** 18 (90) Female: **G1:** 3 (15.8) **G2:** 2 (10) **Race/ethnicity:** NR **SES:** Maternal education: NR Socioeconomic class, n (%): Very high: **G1:** 3 (15.8) **G2:** 6 (30) Upper middle: **G1:** 10 (52.6) **G2:** 5 (25) Middle: **G1:** 5 (26.3) **G2:** 8 (40) Lower middle: **G1:** 1 (5.3) **G2:** 1 (5) **Diagnostic approach:** NR **Diagnostic tool/method:** Clinical interview, DSM-IV	**Overall Ratings:** CARS score, median (range): **G1:** 39.5 (32.5-46) **G2:** 38.5 (31.5-43) CGAS score, mean ± SD: **G1:** 29.79 ± 7.27 **G2:** 32.65 ± 7.95 **IQ, n (%):** Borderline IQ: **G1:** 9 (47.4) **G2:** 8 (40) Mild retardation: **G1:** 6 (31.6) **G2:** 5 (25) Moderate retardation: **G1:** 4 (21.1) **G2:** 7 (35) **VABS social maturity score, mean ± SD:** **G1:** 61.92 ± 16.16 **G2:** 60.64 ± 19.31 **Communication/ language, n (%):** Simple sentences: **G1:** 3 (16) **G2:** 2 (10) Few meaningful words: **G1:** 5 (26.3) **G2:** 5 (25) Imitate speech sounds only: **G1:** 7 (36.8) **G2:** 7 (35) Nonverbal communication: **G1:** 2 (10.5) **G2:** 5 (25) No communication: **G1:** 2 (10.5) **G2:** 1 (5) **Medical:** Weight, mean kg ± SD: **G1:** 16.17 ± 3.38 **G2:** 18.25 ± 5.6 Previous medication, n (%): None: **G1:** 15 (79) **G2:** 16 (80)	**Overall Ratings:** CARS score, median (range): **G1:** 32.0 (24.5-40.5) **G2:** 37.5 (30-42.5) **G1/G2:** *P* < 0.001 CARS score ≥ 20% improvement from baseline: **G1:** 12/19 **G2:** 0/20 CGAS score, mean ± SD: **G1:** 40.94 ± 7.83 **G2:** 35.2 ± 9.38 **G1/G2:** *P* = 0.035 CGAS score ≥ 20% improvement from baseline: **G1:** 17/19 **G2:** 2/20 Parent impress-sions, global, n: Considerably improved: **G1:** 9/19 **G2:** 0/20 Improved to some extent: **G1:** 9/19 **G2:** 6/20 No change: **G1:** 0/19 **G2:** 9/20 Worsened: **G1:** 1/19 **G2:** 4/20 **G1/G2:** *P* = NS **Social skills:** Parent impress-sions, social responsiveness, n: Significantly improved: **G1:** 7/19 **G2:** NR **G1/G2:** *P* = 0.014

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Nagaraj et al., 2006 (continued)		**Diagnostic category, n (%):** Autism: 39 (100) **Other characteristics, n (%):** Lack of eye contact, gestures, other non-verbal communication: **G1:** 16 (84.2) **G2:** 19 (95) Impaired peer relationships, reciprocity, sharing emotions: **G1:** 19 (100) **G2:** 19 (95) Total lack of spoken language: **G1:** 12 (63.2) **G2:** 16 (80) Impaired general linguistic ability, comprehension: **G1:** 19 (100) **G2:** 20 (100) Impaired imaginative play: **G1:** 12 (63.2) **G2:** 15 (75) Restricted pattern of interests: **G1:** 14 (73.7) **G2:** 12 (60) Inflexible adherence to routine, stubbornness: **G1:** 10 (52.6) **G2:** 7 (35) Motor and verbal stereotypies: **G1:** 13 (68.4) **G2:** 11 (55) Hyperactivity: **G1:** 12 (63.2) **G2:** 14 (70) Aggressive behavior, tantrums: **G1:** 9 (47.4) **G2:** 11 (55) Irritability: **G1:** 17 (89.5) **G2:** 19 (95) Withdrawal, inattention: **G1:** 10 (52.6) **G2:** 10 (50) Self-injurious behavior: **G1:** 7 (36.8) **G2:** 5 (25)	Antipsychotic: **G1:** 3 (16) **G2:** 1 (5) Stimulant: **G1:** 1 (5) **G2:** 3 (15)	**Problem behavior:** Parent impressions, decreased hyperactivity, n: Significantly improved: **G1:** 7/19 **G2:** NR **G1/G2:** *P* = 0.002 Parent impressions, aggression and irritability, n: Significantly improved: **G1:** 5/19 **G2:** NR **G1/G2:** *P* = 0.016 **Communication/ language:** Parent impressions, nonverbal communication, n: Significantly improved: **G1:** 8/19 **G2:** NR **G1/G2:** *P* = 0.008 **Adaptive behavior:** Increased appetite/improved eating habits, n: **G1:** 17/19 **G2:** NR **Medical:** Weight, mean change kg ± SD: **G1:** 2.81 ± 2.04 **G2:** 1.71 ± 1.3 **Harms:** Mild Sedation: **G1:** 4/19 **G2:** NR Dyskinesias**:** **G1:** 3/19 **G2:** NR Drooling: **G1:** 1/19 **G2:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Nagaraj et al., 2006 (continued)		Seizures: **G1:** 5 (26.3) **G2:** 3 (15) Family structure, n (%): Nuclear: **G1:** 13 (68.4) **G2:** 15 (75) Joint: **G1:** 6 (31.6) **G2:** 5 (25)		

Comments:

***** (orolingual=2, left lower limb=1)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Sams et al., 2006 **Country:** US **Practice setting:** Special treatment center, community college, hospital **Intervention setting:** School **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Prospective case series	**Intervention:** Occupational therapy with and without animals focused on facilitating sensory integration, language use, sensory skills and motor skills Frequency: two sessions per week, one lasting 26.3 ± 6.0 minutes, and one lasting 28.5 ± 5.3 minutes incorporating animals Children ranged between 2-12 sessions of each type over 15 weeks **Assessments:** Observers recorded instances of social interaction and language use on a behavioral rating form at each session **Groups:** **G1:** occupational therapy **Ga:** standard sessions **Gb:** animal sessions **Provider:** • Occupational therapists • Trained research assistants (senior undergraduate occupational therapy field study students) **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 22 **N at follow-up:** **G1:** 22	**Inclusion criteria:** • School age • Participating in school-based program (occupational therapy services through public schools) • Primary diagnosis of autism **Exclusion criteria:** • See inclusion criteria **Age, years ± SD (range):** 9.6 ± 1.7 (7-13) **Mental age:** NR **Gender:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** NR **Diagnostic category, n (%):** Autism: 22 (100) Cerebral palsy: 2 (9) **Other characteristics:** NR	NR	**Social skills:** Social interactions per minute, mean ± SD: **G1a:** 0.17 ± 0.09 **G1b:** 0.27 ± 0.10 **G1a/G1b:** $P <$ 0.01 (ES = 1.0) **Communication/ language:** Uses of language per minute, mean ± SD: **G1a:** 0.98 ± 0.72 **G1b:** 1.27 ± 1.10 **G1a/G1b:** $P <$ 0.05 (ES = 0.31) **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Wetherby et al., 2006 **Country:** US **Practice setting:** Academic **Intervention setting:** Home, classroom **Enrollment period:** NR **Funding:** U.S. Department of Education, Office of Special Education and Rehabilitation Services **Author industry relationship disclosures:** NR **Design:** Prospective case series	**Intervention:** Early Social Interaction project (ESI): routines-based intervention in natural environments; individualized curriculum; parent-implemented curriculum; recommended 2 home visits/week G1 also participated in parent-child playgroup guided by two interventionists thru the FIRST WORDS project: attended for 9 weeks during the ESI intervention year **Assessments:** Pre- and post-intervention measures of social communication; MSEL, VABS **Groups:** **G1:** intervention (entered study at age 2 and received ESI for 1 year) **G2:** control (age 3) **Provider:** Speech language pathologists, early childhood education specialist **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 17 **G2:** 18 **N at follow-up:** **G1:** 17 **G2:** 18	**Inclusion criteria:** **G1** • CSBS behavior sample from child between ages 12-24 months and again between 25-36 months after 12 months ESI • Provisional diagnosis of autism or systemic observation of red flags of ASD during first behavior sample • Age ≤ 24 months • Family agreed to participate in ESI for 12 months • Family agreed to diagnostic evaluation of child at 36 months **G2:** • CSBS DP behavior sample from 25-36 months • No previous intervention services before behavior sample was videotaped • Suspicion of ASD • Family agreed to diagnostic evaluation at 36 months **Exclusion criteria:** • See inclusion criteria **Age, months ± SD:** Pre-ESI: **G1:** 18.19 ± 3.85 Post-ESI: **G1:** 30.72 ± 3.66 Upon recruitment: **G2:** 31.61 ± 3.45 **Mental age:** NR **Gender, %:** Male: **G1:** 88 **G2:** 78 Female: **G1:** 12 **G2:** 22 **Race/ethnicity, %:** Caucasian: **G1:** 65 **G2:** 61	**Communication/ language:** Social signals, mean ± SD: Gaze shifts: **G1:** 4.18 ± 1.67 **G2:** NA Shared positive affect: **G1:** 1.88 ± 1.83 **G2:** NA Gaze/point follow: **G1:** 0.35 ± 0.61 **G2:** NA Rate of communicating, mean ± SD: **G1:** 8.71 ± 5.36 **G2:** NA Communicative functions, mean ± SD: Behavior regulation: **G1:** 3.59 ± 2.12 **G2:** NA Social interaction: **G1:** 0.65 ± 0.93 **G2:** NA Joint attention: **G1:** 0.65 ± 0.93 **G2:** NA Communicative means inventory, mean ± SD: Gestures: **G1:**1.76 ± 1.15 **G2:** NA Consonants: **G1:** 1.0 ± 1.37 **G2:** NA Words: **G1:** 0.18 ± 0.53 **G2:** NA Symbolic capacity, mean ± SD: Understanding: **G1:** 0.82 ± 1.38 **G2:** NA Inventory of actions: **G1:** 3.88 ± 2.0 **G2:** NA	**Communication/ language:** Social signals, mean ± SD: Gaze shifts: **G1:** 5.18 ± 1.51 **G2:** 3.28 ± 1.71 **G1/BL:** *P* = 0.091 **G1/G2:** *P* = 0.001 Shared positive affect: **G1:** 3.41 ± 2.00 **G2:** 1.31 ± 1.38 **G1/BL:** *P* = 0.053 **G1/G2:** *P* = 0.005 Gaze/point follow: **G1:** 1.29 ± 0.85 **G2:** 0.61 ± 0.70 **G1/BL:** *P* = 0.004 **G1/G2:** *P* = 0.014 Rate of communicating, mean ± SD: **G1:** 16.18 ± 2.56 **G2:** 11.94 ± 5.51 **G1/BL:** *P* < 0.001 **G1/G2:** *P* = 0.007 Communicative functions, mean ± SD: Behavior regulation: **G1:** 5.53 ± 0.63 **G2:** 4.11 ± 1.81 **G1/BL:** *P* = 0.002 **G1/G2:** *P* = 0.005 Social interaction: **G1:** 2.29 ± 1.86 **G2:** 0.89 ± 1.28 **G1/BL:** *P* = 0.002 **G1/G2:** *P* = 0.015 Joint attention: **G1:** 2.95 ± 2.16 **G2:** 1.39 ± 1.54 **G1/BL:** *P* = 0.001 **G1/G2:** *P* = 0.021

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Wetherby et al., 2006 (continued)		African-American: **G1:** 12 **G2:** 17 Hispanic: **G1:** 24 **G2:** 6 Asian: **G1:** 0 **G2:** 17 **SES:** Parent Education, years ± SD: Mother: **G1:** 15.7 ± 1.93 **G2:** 30.17 ± 6.26 Father: **G1:** 16.35 ± 2.5 **G2:** 15.41 ± 2.4 Hollinghead's index of SES, mean ± SD: **G1:** 53.0 ± 10.42 **G2:** 52.94 ± 10.33 **Diagnostic approach:** In Study/Referral **Diagnostic tool/method:** MSEL, VABS interview edition, survey form; ADOS **Diagnostic category:** See inclusion criteria **Other characteristics, age 3, mean ± SD:** MSEL, mean ± SD: Non-verbal DQ: **G1:** 81.98 ± 23.93 **G2:** 64.23 ± 17.74 Verbal DQ: **G1:** 73.55 ± 26.16 **G2:** 56.07 ± 24.96 VABS score, mean ± SD: Communication: **G1:** 77.06 ± 19.76 **G2:** 62.76 ± 16.91 Daily living: **G1:** 75.88 ± 10.51 **G2:** 65.88 ± 19.53 Social: **G1:** 77.06 ± 16.35 **G2:** 64.41 ± 18.99	Actions to others: **G1:** 0.53 ± 0.8 **G2:** NA Language stage, n (%): Pre-verbal: **G1:** 16 (94) **G2:** NA Verbal Early one-word: **G1:** 1 (6) **G2:** NA Late one-word: **G1:** 0 **G2:** NA Multiword: **G1:** 0 **G2:** NA Total: **G1:** 1 (6) **G2:** NA	Communicative means inventory, mean ± SD: Gestures: **G1:** 3.76 ± 1.68 **G2:** 2.72 ± 1.53 **G1/BL:** *P* = 0.001 **G1/G2:** *P* = 0.064 Consonants: **G1:** 4.71 ± 2.69 **G2:** 3.72 ± 3.08 **G1/BL:** *P* < 0.001 **G1/G2:** *P* = 0.321 Words: **G1:** 6.00 ± 5.18 **G2:** 3.94 ± 4.40 **G1/BL:** *P* < 0.001 **G1/G2:** *P* = 0.216 Symbolic capacity, mean ± SD: Understanding: **G1:** 4.24 ± 3.29 **G2:** 2.00 ± 2.40 **G1/BL:** *P* < 0.001 **G1/G2:** *P* = 0.030 Inventory of actions: **G1:** 6.18 ± 2.90 **G2:** 5.00 ± 2.28 **G1/BL:** *P* = 0.011 **G1/G2:** *P* = 0.193 Actions to others: **G1:** 2.82 ± 1.70 **G2:** 2.56 ± 1.72 **G1/BL:** *P* < 0.001 **G1/G2:** *P* = 0.065 Language stage, n (%): Pre-verbal: **G1:** 4 (24) **G2:** 8 (44) Verbal early one-word: **G1:** 4 (24) **G2:** 5 (28) Late one-word: **G1:** 6 (35) **G2:** 2 (11) Multiword: **G1:** 3 (18) **G2:** 3 (17)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Wetherby et al., 2006 (continued)		Motor: **G1:** 83.76 ± 14.32 **G2:** 71.88 ± 21.45 Adaptive behavior Composite: **G1:** 73.82 ± 14.73 **G2:** 64.71 ± 7.20		Total: **G1:** 13 (77) **G2:** 10 (56) **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Yoder, 2006 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NIH and other communication disorders grant Author industry relationship disclosures: NR **Design:** Case series, prospective **Note:** Shares participants with Yoder et al. 2006a ({#516}), 2006b ({#487}) & 2009 ({#5719})	**Intervention:** Identify putative child (attention following, intentional communication, motor imitation, diversity of object play) and environmental factors associated with growth of lexical density Hours of treatment/month, mean ± SD (range): 16 ± 9 (11-145) Hours of communication treatment/month, mean ± SD (range): 10 ± 5 (11-29) **Assessment:** MSEL, Motor Imitation Scale, Developmental Play Assessment tests at baseline Lexical density measured at baseline, 6 months and 12 months using adapted version of ESCS-abridged and unstructured free play with examiner for 15 minutes Non-project treatment questionnaire administered monthly for first 6 months and at 12 months **Groups:** **G1:** intervention **Provider:** NR **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 35 **N at follow-up:** **G1:** 35	**Inclusion criteria:** • Diagnosis of autistic disorder or PDD-NOS • Age 18-60 months • Use of fewer than 10 words during two communication samples **Exclusion criteria:** • Severe sensory or motor deficits • English not primary language spoken at home **Age, months (range):** 33.6 (21-54) **Mental age, months ± SD (range):** MSEL nonverbal: 18.6 ± 3.7 (11.5-26.5) MSEL verbal: 11.9 ± 2.8 (7-19) **Gender, n (%):** Male: 31 (89) Female: 4 (11) **Race/ethnicity, n (%):** White: 24 (69) African American: 8 (23) Other: 3 (8) **SES:** Primary parent education, mean (range): 3-4 years college (10th grade to > 2 years graduate school) Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** ADOS **Diagnostic category, n (%):** Autism: 32 (91) PDD-NOS: 3 (9) Aspergers: NR **Other characteristics:** NR	**Communication/ language:** MSEL cognitive standard score, mean ± SD (range): 51 ± 5.3 (48-67) MCDI number of words child understands, mean ± SD (range): 86 ± 74 (1-277) ESCS and unstructured free play lexical density, mean ± SD (range): 0.5 ± 1.0 (0-5) ESCS attention following, mean ± SD (range): 1.6 ± 2.2 (0-8) ESCS and unstructured free play intentional communication, mean ± SD (range): 25 ± 17 (4-83) Motor Imitation Scale total raw score, mean ± SD (range): 7.8 ± 6.4 (0-32) Developmental Play Assessment diversity of object play, mean ± SD (range): 39 ± 22.5 (7-123) MSEL expressive language impairment, mean ± SD (range): 21 ± 3 (19-30)	**Communication/ language:** ESCS and unstructured free play lexical density, mean ± SD (range): 6 months: 3 ± 5 (0-17) 12 months: 7 ± 11 (0-50) **Harms:** NR **Modifiers:** Expressive language impairment is a significant predictor of growth in lexical density (P = 0.004) After controlling for expressive language impairment, the significant predictors of growth in lexical density are intentional communication (P = 0.009) and diversity of object play (P = 0.002), but these are significantly correlated (r = 0.36; P < 0.05) The amount of communication/ speech treatment was not related to growth rate of lexical density after controlling for expressive language impairment.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Yoder, 2006 (continued)				Neither the total amount of therapy nor the amount of communication/ speech/language therapy interacted with baseline attention following to predict growth in lexical density

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Beglinger et al., 2005 **Country:** US **Practice setting:** Academic **Intervention setting:** Home **Enrollment period:** NR **Funding**: Washington State University **Author industry relationship disclosures:** NR **Design:** Prospective case series	**Intervention:** Intensive behavioral treatment based on the UCLA model for 0-44 months for children enrolled in Multisite Young Autism Project (MYAP) 40 hrs /wk of one-to-one Intervention, initially extremely individualized discrete trial training to the child, later becoming complex, group-setting focused and adapted to the child's environment. **Assessments:** Participants administered core assessment tests at time of intake and annually thereafter (excluding WSQ, except in a small sub-sample); if children showed improvements in functioning, the Bayley was replaced with the WPPSI-R **Groups** (4 subtypes of autism based on social style)**:** **G1a:** Aloof **G1b:** Passive **G1c:** Active-but-odd **G1d:** Typically developing **Provider:** A team of project director, supervisor, lead therapist, student therapists and parents **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR	**Inclusion criteria:** • Diagnosis of autism by a licensed psychologist or psychiatrist, using the Autism Diagnostic Interview and DSM-IV Criteria • chronological age of not more than 42 months at referral and not more than 8 years at the time of enrollment into this study • acceptance into the MYAP and active participation in intensive treatment (approximately 30–40 h per week) of one to-one instruction • no major medical limitations that would impede treatment (such as cerebral palsy or motor deficits) • ratio IQ of 30 or higher on the Bayley Scales of Infant Development: Mental Development Index **Exclusion criteria:** See Inclusion criteria **Age, mean/yrs ± SD (range):** 5.42 ± 1.08 (3-6) **Mental age:** NR **Gender:** M, n (%): 32 (86.5) F, n (%): 5 (13.5) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral	**Educational/ cognitive/ academic attainment:** IQ, mean ± SD (range): 54.13 ± 12.63 (32-82) IQ scores by Scale, mean ± SD: **G1a:** 50.6 ± 13.4 **G1b:** 62.4 ± 11.9 **G1c:** 42.4 ± 12.7 **G1d:** 55.8 ± 12.1	**Educational/ cognitive/ academic attainment:** IQ, mean ± SD: **G1a:** 54.5 ± 13.5 **G1b:** 76.8 ± 13.4 **G1c:** 80.8 ± 15.2 **G1d:** 93.8 ± 10.1 Change in IQ in G1a was significantly smaller than in G1c ($P < 0.05$) and G1d ($P < 0.0001$) G1a subtype has the lowest functioning children followed by G1b, G1c and G1d at the highest end. **WSQ summary score by Scale, mean ± SD:** **G1a:** 29.1 ± 14.5 **G1b:** 33.5 ± 10.8 **G1c:** 28.2 ±10.3 **G1d:** 33.7 ± 15.5 None of WSQ scores were correlated with either age or months in treatment. Pearson values ranged from 0.19 to -0.14. Pre Tx IQ significantly correlated with WSQ summary score for G1a & G1d ($P < 0.05$) and is correlated with Current IQ ($P = 0.001$) **Harms:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Beglinger et al., 2005 (continued)	**N at enrollment:** 38 **N at follow-up:** 37 **G1a:** 14 **G1b:** 5 **G1c:** 7 **G1d:** 9	**Diagnostic tool/method**: ADI & DSM-IV **Diagnostic category, n (%):** Autism : 37 (100) **Other characteristics:** NR		**Modifiers:** G1a type was negatively correlated with all IQ measures (*P* = 0.001) G1d type was positively highly correlated with IQ change (*P* = 0.001)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Farrell et al., 2005 **Country:** UK **Practice setting:** Academic **Intervention setting:** School and home **Enrollment period:** NR **Funding:** LEA **Author industry relationship disclosures:** NR **Design:** Retrospective cohort **Note:** Full account of methodology and results from interviews can be found in Trigonaki & Farrell, 2002	**Intervention:** LUFAP vs. ABA/Lovaas LUFAP: children attended mainstream school full time, SSAs employed combination of delivery styles (in particular ABA techniques and TEACCH approach), weekly meetings with parents, SSA, project teacher, and class teacher ABA/Lovaas: children received a minimum of 30 hours one-to-one support per week, mainly at home, from up to 5 therapists **Assessments:** Semi-structured interviews conducted by staff from Manchester University near beginning and end of study with parents, class teachers, senior LEA officers, SSAs, ABA therapists, and ABA supervisors; VABS and BSID baseline and post test For all but one participant the gap between assessments was ≥ 18 months (that one participant gap between baseline and post assessment was 7 months); the mean time between assessments for G1 was 20 months and for G2 was 26 months **Groups:** **G1:** LUFAP **G2:** ABA/Lovaas **Provider:** • The LUFAP group was managed by project team (the Head of Pupil Services Division, the Head of SEN Assessment, a representative from educational psychology service, an SEN advisor, and a project teacher	**Inclusion criteria:** • Pre-school age children • G1 selected by EPs part of a team carrying out statutory assessment • G2 parents lobbied for Lovaas/ABA intervention **Exclusion criteria:** • See inclusion criteria **Age, 28 months into study, months:** **G1:** 69.4 **G2:** 75.6 **Mental age:** BSID delevopmental age, months: **G1:** 21.8 (n=8) **G2:** 15.6 (n=5) **Gender, n:** Male: **G1:** 7 **G2:** 6 Female: **G1:** 2 **G2:** 2 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral by educational psychologist in Lancashire **Diagnostic tool/method:** NR **Diagnostic category:** Autism: 17 (100) **Other characteristics:** NR	**Social skills:** VABS socialization, developmental age, months: **G1:** 15.7 **G2:** 11 (n = 6) **Communication/ language:** VABS communication, developmental age, months: **G1:** 17.9 **G2:** 11.6 (n = 6) **Adaptive behavior:** VABS daily living, developmental age, months: **G1:** 19.7 **G2:** 18.1 (n = 6) **Educational/cognitive/academic attainment:** BSID developmental age, months: **G1:** 21.8 (n=8) **G2:** 15.6 (n=5)	**Social skills:** VABS socialization, developmental age, months: **G1:** 27.4 (n=7) **G2:** 21 (n=7) VABS socialization, progress made per month, mean: **G1:** 1.02 (n=7) **G2:** 0.34 (n=6) **Communication/ language:** VABS communication, developmental age, months: **G1:** 50.6 (n=7) **G2:** 25.3 (n=7) VABS communication, progress made per month, mean: **G1:** 1.57 (n=7) **G2:** 0.43 (n=6) **Adaptive behavior:** VABS daily living, developmental age, months: **G1:** 35.0 (n=7) **G2:** 34.4 (n=7) VABS daily living, progress made per month, mean: **G1:** 0.65 (n=7) **G2:** 0.5 (n=6) **Educational/ cognitive/ academic attainment:** BSID developmental age, months: **G1:** 29.8 (n=5) **G2:** 27.2 (n=4)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Farrell et al., 2005 (continued)	• For the LUFAP group day-to-day implementation: project teachers (1.5 full time staff), SSAs (one full time for each child), and half time speech and language therapist, supported by educational psychologists • The ABA/Lovass team consisted of children's parents, lead therapist, a team of therapists, trained ABA supervisors from the UK and ABA consultants from the USA **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 9 **G2:** 8 **N at follow-up:** **G1:** 7 **G2:** 7			BSID, progress made per month, mean: **G1:** 0.9 (n=4) **G2:** 0.56 (n=4) **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Grey et al., 2005 **Country:** Ireland **Practice setting:** Academic **Intervention setting:** University Classroom **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** case series	**Intervention:** Teacher Training in Applied Behavior Analysis using Person Focused Training (see Provider below) . Teachers identified target behavior and intervention goal for one child with autism in their classrooms. **Duration:** 10.2 Months **Frequency:** sessions with children Varied – See Baseline Measures **Assessments:** All of the following were Participant Completed: • Comprehensive Function Assessment – included child's ecological background, schedule of daily activities, social interactions, functions, cognitive ability, health issues, and life story • Inventory of favorite things • Communication Assessment - including receptive and expressive language ability **Groups:** **G1a:** goal of reduction in target Behavior **G1b:** goal of increase in target Behavior **Provider:** 11 Female Special Needs Teachers with general education degrees or diplomas. All teachers underwent 90 hours of classroom instruction/supervision (45 hours – basic principles of ABA, 45 hour – application of said principles in practical settings.) Duration of training lasted 13 days over a 7 month period	**Inclusion criteria:** • Autistic Disorder **Exclusion criteria:** See Inclusion Criteria **Age, mean/yrs (range):** 8 years 2 months (2 years 10 months – 15 years) **Mental age:** NR **Gender:** M, n (%): 8 (73) F, n (%): 3 (27) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** NR **Diagnostic category, n (%):** Autism: 11 (100) **Other characteristics:** NR	Baseline Sessions for each child, mean ± SD (range): 11.5 ± 7.4 (3-23) **Problem Behavior:** Frequency of Occurrence of target behavior, mean ± SD (range): **G1a:** 23.5 ± 19.8 (2.9-54) **G1b:** 5.8 ± 4.8 (1.4-11)	Intervention Sessions mean ± SD (range): 12 ± 9.3 (3-27) **Problem behavior:** Frequency of Target Behavior, mean ± SD (range): **G1a:** 7.2 ± 9.2 (0.6-26.7) **G1a:** Reduction in rate of target behavior ($Z = -2.521$, $P < 0.05$) **G1b:** 13.6 ± 11.3 (1.7-24.3) [not able to perform statistical tests] **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Grey et al., 2005 (continued)	**Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1a:** 8 **G1b:** 3 **N at follow-up:** **G1a:** 8 **G1b:** 3			

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Hollander et al., 2005 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** FDA NIH **Author industry relationship disclosures:** NR **Design:** Randomized double-blind, cross-over study	**Intervention:** Liquid fluoxetine or placebo 2.5 mg/day for week 1, titrated as indicated by subject's symptoms and side effects based on weight for the next 2 weeks up to 0.8 mg/kg/day (0.3 mg/kg for week 2, 0.5 mg/kg/day for week 3, and 0.8 mg/kg/day for weeks 4–8) Mean maximum dose for fluoxetine: 10.6 ±3.65 mg (range 4.8-20), or 0.38 ± 0.97 mg/kg Mean final dose for fluoxetine: 9.9 mg ± 4.35 (range 2.4-20 mg), or 0.36 ± 0.116 mg/kg. 3 treatment phases: 8 week randomized control trial 4 week wash out period 8 week cross over study **Assessments:** Clinical Global Improvement Scale Adapted to Autism, Children's Yale-Brown Obsessive –Compulsion Scale, Global Autism Composite Improvement , Overt Aggression Scale Subjects monitored and assessed weekly by the treating physician, who was blind to treatment condition, during the first 4 weeks of each fluoxetine/placebo phase of the study. For the remainder of the trial, and during the washout period, patients were monitored every other week.	**Inclusion criteria:** • Between 5-17 years old • Met criteria for ASD on DSM-IV, ADI-R, & ADOS-G – includes autism, Aspergers syndrome, and PDD • Patients free of psychiatric medications 6 weeks prior to study **Exclusion criteria:** • Diagnosis of DSM-IV psychotic disorders • History of seizures • Any clinically significant medical illness • Concurrent psychotropic medications or cognitive behavioral therapy • Individuals who were responding well to previous interventions or had only mild global severity • Subjects unable to tolerate a minimum dose of 2.4 mg/day of liquid fluoxetine **Age, mean/yrs ±SD (range):** 8.18 ± 3.04 (5-16) **Mental age, mean/yrs (range):** NR **Gender:** M, n (%): 30 (76.9) F, n (%): 9 (23.1) **Race/ethnicity, n (%):** Caucasian 22 (56.4) Asian 2 (5.1) Black 9 (23.1) Hispanic 6 (15.4) **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study	**Overall ratings:** Global Improvement Scale Adapted to Global Autism (CGIAD) , mean ± SD: **G1:** 4.5 ± 0.84 **G2:** 4.7 ± 0.9 **Educational/ cognitive/ academic attainment:** IQ, mean ±SD: **G1:** 68.1 ± 26.7 **G2:** 59.2 ± 29.1 **Repetitive behavior:** Children's Yale-Brown Obsessive-Compulsion Scale, compulsions subscale (CY-BOCS), mean ± SD: **G1:** 13.5 ± 2.9 **G2:** 12.8 ± 2.6 **Adaptive behavior:** Vineland adaptive behavior composite, mean ± SD: **G1:** 47.9 ± 19.4 **G2:** 45.1 ± 24.6	**Overall ratings:** CGI-AD, mean ± SD: **G1:** RCT Week 8: 3.58 ± 0.8 Crossover Week 20: 3.06 ± 1.1 **G2:** RCT Week 8: 3.42 ± 1.2 Crossover Week 20: 3.19 ± 1.0 CGI-AD not significantly different between intervention and placebo (P = 0.519) Global Composite Improvement (reported at weeks 8 and 20), mean ± SD: **G1:** RCT Week 8: 3.21 ± 2.6 Crossover Week 20: 1.73 ± 3.6 **G2:** RCT Week 8: 2.21 ± 3.0 Crossover Week 20: 3.50 ± 3.0 Global Comp improvement trending toward significance (P = 0.056) **Repetitive behavior:** CY-BOCS, mean ± SD: **G1:** RCT Week 0: 13.45 ± 2.9 Week 4: 12.7 ± 3.2 Week 8: 12.95 ± 3.2 Crossover Week 12: 12.93 ± 3.5 Week 16: 11.94 ± 3.4 Week 20: 11.77 ± 3.2

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Hollander et al., 2005 (continued)	Adverse effects monitored via the clinician administered FSEC at every visit. CY-BOCS and CGI-AD outcome assessments completed by blinded independent evaluator at baseline and every 4 weeks, until week 20 or termination. Fluoxetine Side Effects Checklist completed by parent with psychiatrist, if able to do so, at each visit. **Groups:** **G1:** placebo (RCT)/liquid fluoxetine (crossover) **G2:** liquid fluoxetine (RCT)/placebo (crossover) **Co-interventions held stable during treatment:** Yes **Frequency of contact during study:** Weekly during first 4 weeks of each fluoxetine/placebo phase of the study; every other week during the remainder of the trial and the washout period **Concomitant therapies, n (%):** No concurrent psychotropic medications or cognitive behavioral therapies were allowed during the study **N at enrollment:** 45 (G1 and G2 n's NR) **N continuing after randomization:** **G1:** 20 G2: 19 **N at follow-up:** **G1:** 18 **G2:** 16	**Diagnostic tool/method**: DSM-IV TR diagnosis by psychiatric interview, ADI-R, ADOS-G, VABS, WPPSI-R, WISC-III, WAIS-III, LIPS-R **Diagnostic category, n (%):** **G1:** Autism: 17 (85) Aspergers: 3 (15) **G2:** Autism: 17 (89.5) Aspergers: 2 (10.5) **Other characteristics, n (%):** Mentally retarded: 23 (59)		**G2:** RCT Week 0: 12.84 ± 2.6 Week 4: 11.05 ± 3.4 Week 8: 11.63 ± 3.8 Crossover Week 12: 12.24 ±3.5 Week 16: 12.13 ± 2.6 Week 20: 12.38 ± 2.4 Fluoxetine superior to placebo on CY-BOCS (*P* = 0.038) **Problem behavior:** OAS-M: no trend or significant effect of drug vs placebo on the suicide subscale Fluoxetine: 0 Placebo: 1 **Harms, n/N (%):** Insomnia: Fluoxetine: 14/39 (35.9) Placebo: 17/36 (47.2) Anxiety/nervousness: Fluoxetine: 6/39 (15.9) Placebo: 12/36 (33.3) Urinary incontinence: Fluoxetine: 4/39 (10.3) Placebo: 7/36 (19.4) Drowsiness/fatigue/sedation: Fluoxetine: 7/39 (17.9) Placebo: 4/36 (11.1) Agitation: Fluoxetine: 18/39 (46.2) Placebo: 16/36 (44.4)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Hollander et al., 2005 (continued)				Diarrhea: Fluoxetine: 2/39 (5.1) Placebo: 7/36 (19.4) Weight gain: Fluoxetine: 0/39 (0) Placebo: 1/36 (2.8) Anorexia: Fluoxetine: 6/39 (15.4) Placebo: 4/36 (11.1) Proportion of subjects having dosage reduction on the two treatment due to AEs was not statistically significant (*P* = 0.289) **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Howard et al., 2005 **Country:** US **Practice setting:** Academic **Intervention setting:** G1: Home, School, and Community G2: School G3: School **Enrollment period:** 1996-2003 **Funding:** Valley Mountain Regional Center Region 6 Autism Connection and California State University, Stanislaus **Author industry relationship disclosures:** NR **Design:** Prospective cohort	**Intervention:** Intensive behavior analytic treatment with individualized goals and objectives 25-30 hours/week 1:1 intervention for children <3 years of age and 35-40 hours/week of 1:1 intervention for children >3 years of age 50-100 learning opportunities/hour via discrete trial, incidental teaching, and other behavior analytic procedures Parents received training in basic behavior analytic strategies and implemented programs with children outside regular intervention hours, with agency staff meeting 1-2 times/month. **Assessments** Conducted by experienced psychologists and speech and language pathologists who were independent contractors with the local regional center and who were not involved in delivering treatment to any of the children in the study • BSID-2nd Edition • WISC-R • Developmental Profile-II • SB-FE • MPS • RDLS • VABS- Interview Edition	**Inclusion criteria:** • Diagnosed with autistic disorder or PDD-NOS according to DSM-IV criteria by qualified independent examiner prior to 48 months of age • Entry in an intervention program prior to 48 months of age • English as primary spoken language in child's home • No significant medical condition other than autistic disorder or PDD-NOS • No prior treatment >100 hours. • Referred from non-profit agencies ("regional centers') under contract with CA dept of Developmental services for developmental disability case management **Exclusion criteria:** See inclusion criteria **Age, mean/months ± SD:** At diagnosis: **G1:** 30.48 ± 5.96 **G2:** 39.31 ± 5.52 **G3:** 34.94 ± 5.18 At intake: **G1:** 30.86 ± 5.16 **G2:** 37.44 ± 5.68 **G3:** 34.56 ± 6.53 At follow-up: **G1:** 45.66 ± 6.24 **G2:** 50.69 ± 5.64 **G3:** 49.25 ± 6.81 **Mental age:** See baseline measures	Intake conducted within 2 months of treatment entry **Overall ratings:** Composite Standard Scores, mean ± SD: **G1:** 70.46 ± 11.85 **G2:** 69.81 ± 10.48 **G3:** 71.62 ± 10.47 **Social skills:** Standard Scores, mean ± SD: **G1:** 72.79 ± 11.26 **G2:** 75.50 ± 14.25 **G3:** 75.07 ± 12.09 Age equivalents (months), mean ± SD: **G1:** 16.39 ± 4.89 **G2:** 22.06 ± 10.62 **G3:** 19.60 ± 5.68 Learning rates prior to intake, mean age equivalents per year ± SD: **G1:** 0.54 ± 0.18 **G2:** 0.58 ± 0.23 **G3:** 0.58 ± 0.19 **Communication/ language:** Standard Scores, mean ± SD: **G1:** 66.18 ±10.02 **G2:** 63.69 ± 9.68 **G3:** 66.20 ± 8.70 Age equivalents (months), mean ± SD: **G1:** 14.90 ± 4.32 **G2:** 16.19 + 6.44 **G3:** 16.53 ± 5.25 Learning rates prior to intake, mean age equivalents per year ± SD: **G1:** 0.49 ± 0.15 **G2:** 0.43 ± 0.15 **G3:** 0.49 ± 0.15	Follow-up testing conducted at an average 14 months after treatment entry **Overall ratings:** Composite Standard Scores, mean ± SD: **G1:** 81.32 ± 11.14 ($P < 0.01$ compared to G2/G3 mean) **G2:** 69.25 ± 12.91 **G3:** 68.25 ± 9.86 **Social skills:** Standard Scores, mean ± SD: **G1:** 82.08 ± 11.73 ($P < 0.01$ compared to G2/G3 mean) **G2:** 75.00 ± 18.01 **G3:** 70.56 ± 11.77 Age equivalents (months), mean ± SD: **G1:** 32.04 ± 10.23 ($P < 0.05$ compared to G2/G3 mean) **G2:** 30.06 ± 16.10 **G3:** 24.81 ± 7.23 Learning rates between intake and follow-up, mean age equivalents per year ± SD: **G1:** 1.04 ± 0.74 ($P < 0.05$ compared to G2/G3 mean) **G2:** 0.60 ± 0.94 **G3:** 0.40 ± 0.67

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Howard et al., 2005 (continued)	Other (received by few children): • DAS • Development Assessment of Young Children • PEP-R • LIPS • PPVT-III • Expressive Vocabulary Test • Sequenced Inventory of Communication Development-Revised • PLS-3 • Rossetti Infant-Toddler Language Scale • Receptive-Expressive Emergent Language Scales-Revised • EOWPVT • ROWPVT • Denver Developmental Screening Test II • Rockford Infant Development Evaluation Scales **Groups:** **G1:** intensive behavior analytic intervention **G2:** intensive eclectic treatment **G3:** non-intensive public early intervention	**Gender:** **G1:** M, n (%): 25 (86) F, n (%): 4 (14) **G2:** M, n (%): 13 (81) F, n (%):3 (19) **G3:** M, n (%): 16 (100) F, n (%): 0 (0) **Race/ethnicity, n (%):** **G1:** Both parents Caucasian: 21 (72) One or both parents Hispanic: 4 (14) Other: 4 (14) **G2:** (percents only account for known) Both parents Caucasian: 6 (50) One or both parents Hispanic: 3 (25) Other: 3 (25) Unknown: 4 (33) **G3:** (percents only account for known) Both parents Caucasian: 8 (57%) One or both parents Hispanic: 4 (29) Other: 2 (14) Unknown: 2 (17) **SES:** Maternal education, mean ± SD: **G1:** 14.10 ± 2.34 **G2:** 13.00 ± 1.83 **G3:** 13 ± 1.41 Paternal education, mean ± SD: **G1:** 14.62 ± 2.77 **G2:** 13.13 ± 2.56 **G3:** 13.00 ± 1.81 Parents' education, mean ± SD **G1:** 14.36 ±2.22 **G2:** 13.06 ± 1.82 **G3:** 12.97 ± 1.36 **Diagnostic approach:** Referral	Receptive: Standard Scores, mean ± SD: **G1:** 52.16 ± 18.44 **G2:** 45.38 ± 14.97 **G3:** 49.00 ± 13.61 Age equivalents (months), mean ± SD: **G1:**14.57 ± 5.82 **G2:**16.81 ± 5.36 **G3:**16.60 ± 5.34 Learning rates prior to intake, mean age equivalents per year ± SD: **G1:** 0.48 ± 0.21 **G2:** 0.45 ± 0.15 **G3:** 0.48 ± 0.12 Expressive: Standard Scores, mean ± SD: **G1:** 51.88 ±12.91 **G2:** 43.88 ± 6.69 **G3:** 48.77 ± 11.61 Age equivalents (months), mean ± SD: **G1:** 14.76 ± 4.72 **G2:** 16.38 ± 2.99 **G3:** 17.87 ± 5.45 Learning rates prior to intake, mean age equivalents per year ± SD: **G1:** 0.49 ± 0.16 **G2:** 0.44 ± 0.06 **G3:** 0.53 ± 0.17 **Motor skills:** Standard Scores, mean ± SD: **G1:** 95.11 ± 11.70 **G2:** 93.19 ± 10.10 **G3:** 92.08 ± 13.84 Age equivalents (months), mean ± SD: **G1:** 28.86 ± 5.86 **G2:** 33.56 ± 7.20 **G3:** 32.00 ± 6.25	**Communication/ language:** Standard Scores, mean ± SD: **G1:** 85.44 ± 14.73 (*P* < 0.01 compared to G2/G3 mean) **G2:** 64.13 ± 14.18 **G3:** 68.69 ± 14.18 Age equivalents (months), mean ± SD: **G1:** 36.60 ± 12.23 (*P* < 0.01 compared to G2/G3 mean) **G2:** 23.88 ± 11.82 **G3:** 26.13 ± 8.74 Learning rates between intake and follow-up, mean age equivalents per year ± SD: **G1:** 1.43 ± 0.72 (*P* < 0.01 compared to G2/G3 mean) **G2:** 0.56 ± 0.76 **G3:** 0.69 ± 0.70 Receptive: Standard Scores, mean ± SD: **G1:** 71.31 ± 22.72 (*P* < 0.05 compared to G2/G3 mean) **G2:** 49.93 ± 19.62 **G3:** 49.21 ± 16.08 Age equivalents (months), mean ± SD: **G1:** 2.23 ± 10.04 (*P* < 0.05 compared to G2/G3 mean) **G2:** 26.27 ± 11.56 **G3:** 25.38 ± 10.00

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Howard et al., 2005 (continued)	**Provider:** • G1: 4-5 instructional assistants attending college trained and supervised by staff w/ masters degrees in psychology or special ed and experience in ABA with children with autism. Some supervisors assisted by staff with bachelor's degrees and graduate coursework in behavior analysis. Supervisors worked under direction of a Board Certified Behavior Analysis who was also a licensed psychologist and a licensed speech and language pathologist. • G2: classroom teachers received consultation from staff with 1-2 years graduate coursework in behavior analysis • G3: special education teachers or certified speech and language pathologists who supervised 1-2 paraprofessional aides **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** No for G1 G2: individual or small group speech therapy sessions G3: individual or small group speech therapy sessions **Concomitant therapies, n (%):** Speech/language therapy: **G2:** 7 (44) **G3:**13 (81)	**Diagnostic tool/method:** DSM-IV **Diagnostic category, n (%):** **G1:** Autism: 24 (83) PDD-NOS: 5 (17) **G2:** Autism: 12 (75) PDD-NOS: 4 (25) **G3:** Autism: 9 (56) PDD-NOS: 7 (44) **Other characteristics:** Severity of autism (number of DSM-IV criteria), mean ± SD **G1:** 7.55±1.39 **G2:** 7.27±1.56 **G3:** 7.33±2.02 **Marital status, n (%):** **G1:** Married: 23 (79) Not married, divorced or Separated: 6 (21) **G2:** (percent only for known) Married: 12 (80) Not married, divorced or Separated: 3 (20) Unknown: 1 (7) **G3:** Married: 9 (56) Not married, divorced or Separated: 7 (44)	Learning rates prior to intake, mean age equivalents per year ± SD: **G1:** 0.95 ± 0.18 **G2:** 0.90 ± 0.13 **G3:** 0.93 ± 0.18 **Educational/ cognitive/ academic attainment:** Standard Scores, mean ± SD: **G1:** 58.84 ± 18.15 **G2:** 53.69 ± 13.50 **G3:** 59.88 ± 14.85 Age equivalents (months), mean ± SD: **G1:**17.04 ± 6.07 **G2:**17.27 ± 4.71 **G3:**17.10 ± 3.93 Non-verbal: Standard Scores, mean ± SD: **G1:** 80.14 ± 11.86 **G2:** 67.44 ± 16.69 **G3:** 77.69 ± 12.33 Age equivalents (months), mean ± SD: **G1:** 24.43 ± 4.37 **G2:** 24.75 ± 6.01 **G3:** 26.83 ± 6.95 Learning rates prior to intake, mean age equivalents per year ± SD **G1:** 0.79 ± 0.14 **G2:** 0.67 ± 0.17 **G3:** 0.78 ± 0.12 **Adaptive behavior:** Self-Help: Standard Scores, mean ± SD: **G1:** 70.71 ± 10.14 **G2:** 68.06 ± 11.61 **G3:** 73.43 ± 10.39	Learning rates between intake and follow-up, mean age equivalents per year ± SD: **G1:** 1.23 ± 0.56 ($P < 0.01$ compared to G2/G3 mean) **G2:** 0.65 ± 0.47 **G3:** 0.48 ± 0.43 Expressive: Standard Scores, mean ± SD: **G1:** 70.46 ± 22.88 ($P < 0.05$ compared to G2/G3 mean) **G2:** 47.67 ± 23.39 **G3:** 46.79 ± 12.81 Age equivalents (months), mean ± SD: **G1:** 31.96 ± 12.00 ($P < 0.05$ compared to G2/G3 mean) **G2:** 24.00 ± 12.02 **G3:** 23.31 ± 7.36 Learning rates between intake and follow-up, mean age equivalents per year ± SD: **G1:** 1.22 ± 0.73 ($P < 0.01$ compared to G2/G3 mean) **G2:** 0.49 ± 0.78 **G3:** 0.33 ± 0.45 **Motor skills:** Standard Scores, mean ± SD: **G1:** 98.16 ± 12.01 ($P < 0.05$ compared to G2/G3 mean) **G2:** 88.06 ± 13.43 **G3:** 89.50 ± 10.06

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Howard et al., 2005 (continued)	**N at enrollment:** **G1:** 37 **G2+G3:** 41 **N at follow-up:** **G1:** 29 **G2:** 16 **G3:** 16 Number of children varies per follow-up measure		Age equivalents (months), mean ± SD: **G1:** 18.24 ±3.83 **G2:** 21.44 ± 7.78 **G3:** 21.20 ± 6.67 Learning rates prior to intake, mean age equivalents per year ± SD: **G1:** 0.61 ± 0.17 **G2:** 0.57 ± 0.16 **G3:** 0.62 ± 0.18	Age equivalents (months), mean ± SD: **G1:** 44.16 ± 8.22 (*P* < 0.05 compared to G2/G3 mean) **G2:** 43.00 ± 7.28 **G3:** 42.25 ± 6.58 Learning rates between intake and follow-up, mean age equivalents per year ± SD: **G1:** 0.99 ± 0.45 **G2:** 0.69 ± 0.49 **G3:** 0.83 ± 0.59 **Educational/ cognitive/ academic attainment:** Standard Scores, mean ± SD: **G1:** 89.88 ± 20.87 (*P* < 0.01 compared to G2/G3 mean) **G2:** 62.13 ± 19.63 **G3:** 68.81 ± 15.32 Non-verbal: Standard Scores, mean ± SD: **G1:** 101.67 ±1 9.14 (*P* < 0.01 compared to G2/G3 mean) **G2:** 73.56 ± 24.94 **G3:** 82.53 ± 16.76 Age equivalents (months), mean ± SD: **G1:** 44.54 ± 8.76 (*P* < 0.05 compared to G2/G3 mean) **G2:** 37.38 ± 13.14 **G3:** 40.80 ± 9.97

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Howard et al., 2005 (continued)				Learning rates between intake and follow-up, mean age equivalents per year ± SD: **G1:** 1.44 ± 0.52 (*P* < 0.01 compared to G2/G3 mean) **G2:** 0.87 ± 0.74 **G3:** 0.90 ± 0.39 **Adaptive behavior:** Self-Help: Standard Scores, mean ±SD: **G1:** 76.56 ± 11.59 (*P* < 0.01 compared to G2/G3 mean) **G2:** 70.00 ± 11.92 **G3:** 65.19 ± 8.84 Age equivalents (months), mean ± SD: **G1:** 31.88 ± 8.74 (*P* < 0.05 compared to G2/G3 mean) **G2:** 31.75 ± 9.75 **G3:** 27.81 ± 5.75 Learning rates between intake and follow-up, mean age equivalents per year ± SD: **G1:** 0.91 ± 0.58 (*P* < 0.05 compared to G2/G3 mean) **G2:** 0.74 ± 0.80 **G3:** 0.48 ± 0.49 Difference in Change scores: Values are G1 minus G2/G3 mean change scores:

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Howard et al., 2005 (continued)				Standard scores, mean: Cognitive: 21.03 *P* < 0.01 Non-verbal: 16.16 *P* < 0.01 Receptive: 19.97 *P* < 0.01 Expressive: 19.78 *P* < 0.05 Communication: 15.88 *P* < 0.01 Self-help: 8.35 *P* < 0.05 Social: 10.43 *P* < 0.05 Motor: 4.75 *P* = NS Composite: 12.07 *P* < 0.01 Age equivalents, mean/months: Non-verbal: 7.95 *P* < 0.01 Receptive: 9.04 *P* < 0.01 Expressive: 10.66 *P* < 0.01 Communication: 12.42 *P* < 0.01 Self-help: 4.76 *P* < 0.05 Social: 8.78 *P* < 0.01 Motor: 3.97 *P* = NS Learning rates (age equivalents per year), mean: Non-verbal: 0.49 *P* < 0.05 Receptive: 0.64 *P* < 0.01 Expressive: 0.79 *P* < 0.01 Communication: 0.76 *P* < 0.01 Self-help: 0.28 *P* < 0.05 Social: 0.56 *P* < 0.05

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Howard et al., 2005 (continued)				Motor: 0.17 *P* = NS **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Mahoney et al., 2005 **Country:** US **Practice setting:** Academic **Intervention setting:** Home or Center-based **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Prospective case series	**Intervention:** Relationship-Focused (RF) intervention using Responsive Teaching (RT) curriculum Weekly 1 hr parent-child sessions for 1 year **Assessments:** Child & family data collected at the beginning & end of intervention. Trans-disciplinary Play-Based assessment, ITSEA to assess socio-emotional behavior and TABS for problem behavior. Both parents responded to instruments. CBRS to rate child's Pivotal behavior and MBRS to assess parents' style of interaction. **Groups:** **G1:** pervasive development disorder – not otherwise specified **Provider:** Early intervention specialists Children received RT on an average of 32.6 ± 12.9 sessions Hours/week of intervention activities at home: 15.1± 2.4 **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 20	**Inclusion criteria:** • Children with either PDD /other developmental disabilities (DD) with age ranging from 12-54 months • Meeting the DSM-IV criteria for PDD **Exclusion criteria:** See inclusion criteria **Age, mean/months ± SD:** **G1:** 32.4 ± 7.3 **Mental age:** NR **Gender:** M, %: **G1:** 65 F, %: **G1:** 35 **Race/ethnicity, %:** White: **G1:** 95.2 **SES:** Education, mean/yrs ± SD : Maternal: **G1:** 15.5 ± 2.6 Paternal: **G1:** 15.9 ± 2.6 Married, n (%): **G1:** 20 (100) Employment, %: Employed: **G1:** 52.1 Part time: **G1:** 28.6 Full time: **G1:** 23.8 Household income: NR **Diagnostic approach:** **In Study:** Diagnosed by physicians **Diagnostic tool/method:** DSM-IV	**Social skills:** Socio-emotional Functioning: ITSEA, mean ± SD: Internalizing: **G1:** 49.5 ± 8.1 Externalizing: **G1:** 47.9 ± 8.6 Self-regulation: **G1:** 41.3 ± 8.6 Social competence: **G1:** 30.2 ± 15.8 **Communication/ language:** Trans-disciplinary Play-Based Assessment, mean ± SD: Object relations: **G1:** 16.5 ± 6.0 Symbolic behavior: **G1:** 15.2 ± 5.3 Expressive language: **G1:** 13.8 ± 6.7 Receptive language: **G1:** 12.1 ± 7.2 **Problem behavior:** Temperament Atypical Behavior Scale (TABS) mean ± SD: Detached: **G1:** 21 ± 21.1 Hypersensitivity/hyperactivity: **G1:** 39.7 ± 15.0 Under reactivity: **G1:** 34.7 ± 16.3 Self-regulation: **G1:** 33.8 ± 16.3 Overall: **G1:** 55.1 ± 37.3	**Social skills:** Socio-emotional Functioning: ITSEA, mean ± SD: Internalizing: **G1:** 52.9 ± 8.8 $P < 0.05$ Externalizing: **G1:**49 ± 9 Self-regulation: **G1:** 47.2 ± 7.8 Social competence: **G1:** 36.6 ± 11.4 **Communication/ language:** Trans-disciplinary Play-Based Assessment, mean ± SD: Expected: Object relations: **G1:** 22.1 ± 7.4 Symbolic behavior: **G1:** 20.3 ± 6.6 Expressive language: **G1:** 18.4 ± 8.6 Receptive language**:** **G1:**16.1 ± 9.1 Observed: Object relations: **G1:** 27.5 ± 8.2 PCI: G1: 2.2 Symbolic behavior: **G1:** 24.9 ± 10.0 PCI: G1: 2.03 Expressive language: **G1:** 24.1 ± 10.2 PCI: G1: 3.36

Evidence Table: Therapies for Children with ASD

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Mahoney et al., 2005 (continued)	**N at follow-up:** **G1:** 20	**Diagnostic category, n (%):** PDD-NOS : **G1:** 20 (40) **Other characteristics, n:** **G1:** Autism: 10 Autism + mental retardation: 3 PDD: 7	**Adaptive behavior:** Child Behavior Rating Scale (CBRS), mean ± SD: Attention: **G1:** 2.9 ± 1.2 Persistence: **G1:** 2.9 ± 1.3 Interest: **G1:** 2.2 ± 1.1 Cooperation: **G1:** 2.1 ± 0.9 Initiation: **G1:** 2.7 ± 1.5 Joint attention: **G1:** 1.9 ± 1.0 Affect: **G1:** 3.3 ± 0.8 Maternal Behavioral Rating Scale (MBRS), mean ± SD: Responsiveness: **G1:** 2.7 ± 0.7 Affect: **G1:** 2.8 ± 0.6 Achievement orientation: **G1:** 3 ± 0.6 Directiveness: **G1:** 3.2 ± 0.5	Receptive language: **G1:** 22.9 ± 8.4 PCI: G1:3.59 Children made greater improvements in object relations and receptive language and in all 4 developmental measures **Problem behavior:** Temperament Atypical Behavior Scale (TABS), mean ± SD: Detached: **G1:** 35.2 ± 22.0 Hypersensitivity/ hyperactivity: **G1:** 43.6 ± 13.7 Under reactivity: **G1:** 47.1 ± 13.6 Self-regulation: **G1:** 43.6 ± 11.5 Overall: **G1:** 75.4 ± 38.5

Evidence Table: Therapies for Children with ASD

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Mahoney et al., 2005 (continued)				Children with PDDs made improvements in 3 subscales (self-regulation, detached, underactivity) as well as on the overall TABS scores which increased by an average of 1.5 SD **Adaptive behavior:** Child Behavior Rating Scale (CBRS), mean ± SD: Attention: **G1:** 4.1 ± 0.7 Persistence: **G1:** 4.5 ± 0.8 Interest: **G1:** 3.8 ± 0.8 Cooperation: **G1:** 3.5 ± 0.9 Initiation: **G1:** 4.2 ± 0.7 Joint attention: **G1:** 3.6 ± 1.0 Affect: **G1:** 4.1 ± 0.7 Maternal Behavioral Rating Scale (MBRS), mean ± SD: *P* < 0.001 Responsiveness**:** **G1:** 3.8 ± 0.5 Affect: **G1:** 3.5 ± 0.5 Achievement orientation: **G1:** 2.9 ± 0.4 Directiveness: **G1:** 3.1 ± 0.3

Evidence Table: Therapies for Children with ASD

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Mahoney et al., 2005 (continued)				Mothers of children with PDD made increases in responsiveness and affect Each of the behaviors measured by CBRS increased during intervention and showed improvement on all items The pivotal behavior both at the start and during the intervention did not significantly contribute to the socio-emotional measures **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: McConachie et al., 2005 **Country:** UK **Practice setting:** Academic **Intervention setting:** Home **Enrollment period:** NR **Funding:** Community Fund (National Lottery Charities Board), The NHS Executive R&D Northern and Yorkshire Region (for training course leaders) Author industry relationship disclosures: NR **Design:** Non randomized controlled trial	**Intervention:** More Than Words course to improve parents' skills in social interaction with child and improve communication with child The More Than Words course lasted 3 months with weekly group instruction sessions (totaling 20 hours) and 3 home visits for individual discussion/feedback Interval between assessments, months ± SD: **G1:** 8.65 ± 1.50 **G2:** 5.16 ± 1.31 **Assessments:** Pre-treatment and at 7 months: VABS, MCDI, ADI-R, ADOS, BSQ assessments conducted in home by study psychologist; Joy and Fun assessment (unpublished checklist created for study to document positive parent strategies), QRS-F, PFQ by parents **Groups:** **G1:** More Than Words **G2:** waitlist control **Ga:** autism diagnosis **Gb:** NCA diagnosis **Provider:** Developmental psychologist (second author) **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** Yes **Concomitant therapies, n (%):** **G1:** 17 (65.4) **G2:** 16 (61.5)	**Inclusion criteria:** • Child Identified by the local community pediatrician or speech and language therapist as having language delay and some aspect of concern about social behavior that raised the suspicion of ASD • Age 24-48 months • Parents agreed to attend More than Words course **Exclusion criteria:** • Serious organic medical disorder • About to start an intensive home program **Age, months ± SD:** **G1:** 38.12 ± 6.54 **G2:** 34.96 ± 6.68 **Mental age:** NR **Gender, n (%):** Male: **G1:** 21 (81) **G2:** 21 (84) Female: **G1:** 25 (19) **G2:** 4 (16) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral, confirmed in Study **Diagnostic tool/method:** ADOS **Diagnostic category, n (%):** Autism: **G1:** 17 (65) **G2:** 12 (48) NCA: **G1:** 9 (35) **G2:** 13 (52)	**Communication/ language:** MCDI total speech production score, mean ± SD: **G1a:** 34.65 ± 62.74 **G1b:** 188.22 ± 159.18 **G2a:** 30.75 ± 54.35 **G2b:** 77.54 ± 79.22 **Social Skills:** ADOS reciprocal social interaction and communication score, mean ± SD: **G1a:** 17.35 ± 2.45 **G1b:** 4.33 ± 2.78 **G2a:** 17.17 ± 3.76 **G2b:** 7.15 ± 5.24 **Problem behavior:** BSQ score, mean ± SD: **G1a:** 11.59 ± 4.70 **G1b:** 9.33 ± 4.21 **G2a:** 12.42 ± 3.94 **G2b:** 9.31 ± 3.71 Joy and Fun assessment score, mean ± SD **G1a:** 11.18 ± 4.30 **G1b:** 10.89 ± 2.98 **G2a:** 10.83 ± 3.86 **G2b:** 12.85 ± 3.91 Adapted QRS-F score, mean ± SD: **G1a:** 19.53 ± 9.50 **G1b:** 18.44 ± 9.88 **G2a:** 19.60 ± 5.32 **G2b:** 15.08 ± 8.63 Parent Feelings Questionnaire score, mean ± SD: **G1a:** 145.00 ± 20.40 **G1b:** 150.33 ± 26.06 **G2a:** 146.36 ± 18.35 **G2b:** 159.31 ± 22.36	**Communication/ language:** MCDI total speech production score, mean ± SD: **G1a:** 72.6 ± 100.07 **G1b:** 271.38 ± 148.43 **G2a:** 38.92 ± 54.89 **G2b:** 131.54 ± 114.7 **G1a/BL:** $P < 0.05$ **G1b/BL:** $P < 0.05$ **G2a/BL:** $P < 0.05$ **G2b/BL:** $P < 0.05$ **G2a/G1a:** $P = 0.019$ **G2b/G2a:** $P < 0.001$ **Social skills:** ADOS reciprocal social interaction and communication score, mean ± SD: **G1a:** 14.82 ± 6.47 **G1b:** 6.00 ± 3.87 **G2a:** 14.00 ± 6.45 **G2b:** 7.69 ± 5.84 **G1a/BL:** P = NS **G1b/BL:** P = NS **G2a/BL:** P = NS **G2b/BL:** P = NS **G2a/G1a:** P = NS **G2b/G2a:** P = NS **Problem behavior:** BSQ score, mean ± SD: **G1a:** 12.50 ± 5.05 **G1b:** 8.44 ± 3.40 **G2a:** 12.92 ± 4.10 **G2b:** 9.23 ± 3.98 **G1a/BL:** P = NS **G1b/BL:** P = NS **G2a/BL:** P = NS **G2b/BL:** P = NS **G2a/G1a:** P = NS **G2b/G2a:** P = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
McConachie et al., 2005 (continued)	**N at enrollment:** **G1:** 26 **G1a:** 17 **G1b:** 9 **G2:** 21 **G2a:** 12 **G2b:** 13 **N at follow-up:** **G1:** 26 **G1a:** 17 **G1b:** 9 **G2:** 21 **G2a:** 12 **G2b:** 13	**Other characteristics:** VABS composite score, mean ± SD: **G1:** 66.42 ± 11.44 **G2:** 67.76 ± 9.81		Joy and Fun assessment score, mean ± SD: **G1a:** 13.94 ± 4.68 **G1b:** 11.11 ± 3.44 **G2a:** 11.58 ± 4.54 **G2b:** 13.77 ± 3.49 **G1a/BL:** $P < 0.05$ **G1b/BL:** P = NS **G2a/BL:** $P < 0.05$ **G2b/BL:** P = NS **G2a/G1a:** P = 0.05 **G2b/G2a:** P = NS **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: RUPP, 2005 **Country:** US **Practice setting:** Academic centers **Intervention setting:** Clinic **Enrollment period:** June 1999 to April 2001 **Funding:** NIH; Kor-czak Foundation; Janssen (provided study medication) **Author industry relationship disclosures:** NR **Design:** Open label extension phase followed by RCT discontinuation phase	**Intervention:** Part 1: 4 month open-label Rx with Risperidone, starting at the optimal dose Part 2: 8 week randomized double-blind gradual placebo-substitution for risperidone **Open label extension phase intervention (16 weeks):** Responders from the RCT or the extension trial were invited to continue into the open label extension Clinicians were allowed to adjust the total daily dose according to response and side effects, up to a maximum of 3.5 mg/day for children weighing 15-45 kg and up to 4.5 mg/ day for children > 45 kg Last values were carried forward for individuals not completing this phase Mean risperidone dose at week 0= 1.96 mg/day. Mean risperidone dose at week 16=2.08 mg/day (6% increase over 4 month period) **Randomized discontinuation phase (8 weeks):** Participants randomized to risperidone or placebo. Placebo group had risperidone replaced by placebo by 25% each week for the first four weeks; enrollment halted after 32 participants were randomized (interim safety review indicated significantly increased relapse rate among placebo vs. risperidone treated patients	**Inclusion criteria:** • Children meeting DSM-IV criteria for autistic disorder, with tantrums, aggression, self-injurious behavior, or a combina-tion of these problems • Aged 5 to 17 years • Weight ≥ 15 kg • Mental age ≥ 18 months • Clinically significant behavioral problems with clinician-determined rating of ≥ moderate on CGI-S and score ≥ 18 on ABC Irritability subscale rated by parent and confirmed by caregiver (children reassessed at baseline, 7-14 days after initial assessment to confirm first values) **Exclusion criteria:** • Serious medical disorders • Other psychiatric disorders requiring medication • Children receiving a psychotropic drug that was deemed effective for the treatment of aggression, tantrums, or self-injurious behavior **Age, years** (mean ± sd)**:** 8.6 ± 2.8 (5-17), n=63 **Mental age:** Mental development, n (%): IQ: Average or above average: 3 (4.8) Borderline: 7 (11.1) Mild retardation: 17 (27) Moderate: 12 (19) Severe: 11 (17.5) Profound: 7 (11.1) Unable to assess: 6 (9.5) **Gender: n (%):** Male: 49 (77.8)	**Overall ratings:** Extension phase: (end of initial 8 weeks of medication exposure) : (n=63) **ABC-C, mean ± SD:** Irritability: **G1:** 9.5 ± 6.8 Social withdrawal: **G1:** 7.3 ± 5.4 Stereotypy: **G1:** 4.9 ± 4.3 Hyperactivity: **G1:** 15.1 ± 10 Inappropriate speech: **G1:** 3.4 ± 3.6 **CGI Improvement score, n (%):** **G1:** Very much improved: 19 (30.2) Much improved: 42 (66.7) Minimally improved: 0 (0.0) No change: 2 (3.2) Worse: 0 (0.0) Much worse: 0 (0.0) **Discontinuation phase participants, mean ± SD:** (n=38) ABC-hyperactivity: 34.4 ± 8.7 ABC-Irritability: 27.6 ± 6.1	4- month open label extension phase: **ABC-C, mean ± SD:** Irritability: **G1:** 11.7 ± 8 ; F = 5.35, *P* = 0.028 Lethargy / social withdrawal: **G1:** 6.8 ± 5.9; F = 2.61, *P* = NS Stereotypy: **G1:** 5.8 ± 4.7; F = 5.47, *P* = 0.02 Hyperactivity: **G1:** 15.8 ± 10.2; F = 0.43, *P* = NS Inappropriate speech: **G1:** 3.4 ± 3.2 ; F = 0.39, *P* = NS **CGI Improvement score, n (%)** **G1:** Very much improved: 19 (30.2) Much improved: 33 (52.4) Minimally improved: 6 (9.5) No change: 0 (0.0) Worse: 3 (4.8) Much worse: 2 (3.2) **RCT participants:** Relapse during discontinuation phase, n (%): **G1:** 2/16 (12.5) **G2:** 10/16 (62.5) **G1/G2:** *P* = 0.01 Time to relapse, discontinuation phase, median days: **G1:** 57 **G2:** 34 **Harms (n=63), %:** Nasal congestion: 11.1 Appetite increase: 7.9 Coughing: 6.3

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
RUPP, 2005 (continued)	**Assessments:** Intelligence testing, Lab tests, ECGS, at entry into the extension phase and prior to the discontinuation phase VABS maladaptive behavior at entry to the open label extension phase Vital signs, height, weight at each visit Neurological side effects done by Simpson –Angus Rating scale and AIMS. medical history, physical examination Clinician rated CGI and monthly scores on the parent rated subscales of ABC-C weekly assessment in the discontinuation phase **Groups:** Open label extension phase: **G1:** risperidone Discontinuation phase: **G1:** risperidone **G2:** placebo **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at start of extension phase:** **G1:** 63* **N at end of extension phase:** **G1:** 51 **N at enrollment of discontinuation phase:** Total: 38 **N at end of discontinuation phase:** **G1:** 16 **G2:** 16	**Race/ethnicity, RCT population, n (%):** White: 44 (69.8) Black: 6 (9.5) Hispanic: 3 (4.8) Asian or Pacific islander: 4 (6.3) Other: 6 (9.5) **SES:** Education of parent or primary caregiver, n (%): Less than high school: 1 (1.6) High school: 13 (20.6) Trade or Technical school: 4 (6.3) At least some college: 35 (55.6) Advanced degree: 10 (15.9) Annual household income, n (%): < $20,000: 6 (9.5) $20,001-$40,000: 17 (27) $40,001-$60,000: 15 (23.8) > $60,000: 23 (36.5) **Diagnostic approach:** In Study **Diagnostic tool/method:** Diagnosis corroborated by ADI-R, administered by a clinician with special training and systematic review to ensure reliability **Diagnostic category:** See inclusion criteria **Other characteristics, n (%):** Educational placement of child: (n=63) Regular class: 4 (6.3) Special education program: 47 (74.6) Special school: 11 (17.5) Residential school: 0 Other: 1 (1.6) Current anticonvulsant treatment: n (%): 1/63 (1.6)		Anxiety, Difficulty falling asleep, Fever, Skin irritation, Vomiting: 4.8 Accidental injury , Constipation, Drowsiness/sedation, Enuresis, Headache, Hypersalivation, Sore throat: 3.2 Depression, Diarrhea, Difficulty urinating, Dyskinesia,Earache , Restlessness/agitation , Sinus condition, Stomach/abdominal discomfort, Tiredness/fatigue, Tremor, Weight gain, Muscle rigidity, Other: 1.6 **Modifiers**: No predictors of relapse were identified

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
RUPP, 2005 (continued)		Previous medication (n=63): Medication naïve: 11 (17.7) Antipsychotic agent: 4 (6.5) SSRI: 9 (14.5) Stimulant: 16 (25.8) Alpha-2 agonist: 11 (17.7) Child living at home with at least 1 parent: 56 (88.9%)		

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Sallows et al., 2005 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** 1996 to 1997 **Funding:** NIH Author industry relationship disclosures: NR **Design:** RCT	**Intervention:** Intensive clinic-directed vs. less intensive parent-directed groups using treatment based on UCLA model (without aversives and the addition of procedures from subsequent approaches) Clinic-directed treatment parents had 6-10 hours/ week of 2-3 hour in-home consultation sessions with a senior therapist, team meetings for 1 hour per week, and an hour-long progress review per week for 1-2 years and every other month thereafter; parent-directed treatment had one 3 hour consultation session with a senior therapist every 2 weeks, team meetings for 1 hour every 1-2 weeks, and an hour-long progress review every other month Duration: 4 years Frequency, 1:1 direct treatment, hours/week ± SD: Year 1: **G1:** 38.60 ± 2.91 **G2:** 31.67 ± 5.81 Year 2: **G1:** 36.55 ± 3.83 **G2:** 30.88 ± 4.04 **Assessments:** BSID, Merrill-Palmer scales, RDLS, VABS communication, daily living and socials skills, WASI, WISC-III, Leiter R, Clinical Evaluation of Language Fundamentals administered by investtigator or independent psychologist at pre-treatment and annually for 4 years	**Inclusion criteria:** • Recruited through local birth-3 special education programs • Age 24-42 months at intake • Ratio estimate of mental age/chronological age by Mental Development Index ≥ 35 • Neurologically within "normal" limits as determined by a pediatric neurologist • Diagnosis of autism by independent child psychiatrists familiar with autism and known for their experience • Met DSM-IV criteria for autism as determined by trained examiner **Exclusion criteria:** • See inclusion criteria **Age, months ± SD:** Pre-test: **G1:** 33.23 ± 3.89 **G2:** 34.20 ± 5.06 During treatment: **G1:** 35.00 ± 4.86 **G2:** 37.10 ± 5.36 Post-test: **G1:** 83.23 ± 8.92 **G2:** 82.50 ± 6.61 **Mental age:** See baseline measures **Gender, n (%):** Male: **G1:** 11 (84.6) **G2:** 8 (80) Female: **G1:** 2 (15.4) **G2:** 2 (20) **Race/ethnicity:** NR **SES:** Maternal education to BA level, n (%): **G1:** 9/12 (75) **G2:** 9/10 (90)	**Educational/ cognitive/ academic attainment:** FSIQ, mean ± SD **G1:** 50.85 ± 10.57 **G2:** 52.10 ± 8.98 **Ga:** 55.27 ± 8.96 **Gb:** 47.83 ± 9.37 Nonverbal IQ, mean ± SD: **G1:** 70.58 ± 16.54 **G2:** 82.67 ± 14.94 **Ga:** 83.56 ± 14.84 **Gb:** 69.83 ± 15.93 **Communication/ language:** VABS communication score, mean ± SD **G1:** 57.46 ± 4.97 **G2:** 63.20 ± 5.58 **Ga:** 60.82 ± 4.02 **Gb:** 59.17 ± 7.22 RDLS score, mean ± SD: Receptive language: **G1:** 38.85 ± 6.09 **G2:** 38.78 ± 6.44 **Ga:** 39.30 ± 6.91 **Gb:** 38.42 ± 5.59 Expressive language: **G1:** 47.92 ± 6.17 **G2:** 48.44 ± 6.96 **Ga:** 49.90 ± 7.75 **Gb:** 47.50 ± 6.54 **Adaptive behavior:** VABS score, mean ± SD: Daily living skills: **G1:** 63.92 ± 5.53 **G2:** 64.20 ± 3.68 **Ga:** 66.45 ± 4.25 **Gb:** 61.83 ± 4.20 Composite: **G1:** 59.54 ± 5.31 **G2:** 60.90 ± 5.94 **Ga:** 61.73 ± 4.59 **Gb:** 58.67 ± 6.09	**Educational/ cognitive/ academic attainment:** FSIQ, mean ± SD **G1:** 73.08 ± 33.08 **G2:** 79.60 ± 21.80 **Ga:** 103.73 ± 13.35 **Gb:** 50.42 ± 6.98 **Ga/BL:** $P < 0.01$ **Gb/BL:** P = NS ANOVA: time ($P < 0.01$)* Verbal IQ, mean ± SD: **G1:** 78.00 ± 33.48 **G2:** 76.30 ± 26.66 **Ga:** 101.45 ± 18.72 **Gb:** 47.44 ± 2.06 **Ga/BL:** $P < 0.01$ **Gb/BL:** P = NS ANOVA: time ($P < 0.01$)* PIQ, mean ± SD: **G1:** 84.90 ± 25.86 **G2:** 90.70 ± 20.72 **Ga:** 107.55 ± 9.44 **Gb:** 63.67 ± 8.43 **Ga/BL:** $P < 0.01$ **Gb/BL:** $P < 0.01$ ANOVA: time ($P < 0.01$)* Nonverbal IQ, mean ± SD **G1:** 77.58 ± 25.24 **G2:** 89.44 ± 18.35 **Ga:**108.78 ± 10.96 **Gb:** 67.70 ± 12.35 **Ga/BL:** P = NS **Gb/BL:** P = NS ANOVA: time (P = NS)*

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Sallows et al., 2005 (continued)	ADI-R administered by investigator/psychologist and Personality Inventory for Children completed by parent after 3 years treatment Child Behavior Checklist and VABS completed by parents and teachers after 4 years treatment; teachers administered Woodcock Johnson III tests of Achievement for subjects at age 7 in regular education classes UCLA Early Learning Measure administered in first 6 months of treatment by investigator **Groups:** **G1:** clinic-directed **G2:** parent-directed **Ga:** rapid learners by Early Learning Measure **Gb:** moderate learners by Early Learning Measure **Provider:** 18 or older with minimum of 1 year college and 30 hours of training **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 13 **G2:** 11 **N at follow-up:** **G1:** 13 **G1a:** 5 **G1b:** 8 **G2:** 10 **G2a:** 6 **G2b:** 4	Paternal education to BA level, n (%): **G1:** 10/12 (83.3) **G2:** 6/9 (66.7) Household income, median (range): **G1:** $62,000 ($35,000-$100,000+) **G2:** $59,000 ($30,000-$100,000+) **Diagnostic approach:** See inclusion criteria **Diagnostic tool/method:** **DSM-IV** **Diagnostic category, n (%):** Autism: 23 (100) PDD-NOS: 0 Aspergers: 0 **Other characteristics:** One-parent families, n (%): **G1:** 0/13 (0) **G2:** 1/10 (10) Number of siblings, mean: **G1:** 2 **G2:** 2 Non-verbal, n (%): **G1:** 8/13 (62) G2: 2/10 (20)	**Social skills:** VABS socialization score, mean ± SD: **G1:** 58.38 ± 6.17 **G2:** 60.30 ± 5.76 **Ga:** 61.55 ± 6.58 **Gb:** 57.08 ± 4.63 ADI-R score, mean ± SD: Social skills: **G1:** 17.54 ± 3.73 **G2:** 18.90 ± 1.14 **Ga:** 16.45 ± 3.26 **Gb:** 19.67 ± 1.55 Communication: **G1:** 12.85 ± 2.44 **G2:** 12.90 ± 1.22 **Ga:** 11.00 ± 3.54 **Gb:** 13.75 ± 0.60 **Repetitive behavior:** ADI-R ritualistic score, mean ± SD: **G1:** 5.38 ± 1.69 **G2:** 6.40 ± 1.11 **Ga:** 5.91 ± 1.62 **Gb:** 5.92 ± 1.44	Personality Inventory for Children, parent rated, cognitive development score, mean ± SD: **Ga:** 64.18 ± 13.65 **Gb:** 97.55 ± 18.77 **Ga/Gb:** $P < 0.01$ Child Behavior Checklist, parent rated, thought problems score, mean ± SD: **Ga:** 65.64 ± 9.87 **Gb:** 70.42 ± 7.92 **Ga/Gb:** P = NS **Communication/ language:** VABS communication score, mean ± SD: **G1:** 73.69 ± 32.32 **G2:** 81.40 ± 24.33 **Ga:** 105.09 ± 12.83 **Gb:** 51.33 ± 10.94 **Ga/BL:** $P < 0.01$ **Gb/BL:** $P < 0.05$ ANOVA: time ($P < 0.05$)* VABS communication, teacher rated, mean ± SD: **Ga:** 94.44 ± 13.97 **Gb:** 58.58 ± 7.90 **Ga/Gb:** $P < 0.01$ RDLS score, mean ± SD: Receptive language: **G1:** 55.85 ± 36.23 **G2:** 65.78 ± 25.81 **Ga:** 93.60 ± 12.64 **Gb:** 31.83 ± 9.87 **Ga/BL:** $P < 0.01$ **Gb/BL:** P = NS ANOVA: time ($P < 0.01$)*

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Sallows et al., 2005 (continued)				Expressive language: **G1:** 53.85 ± 31.91 **G2:** 59.22 ± 25.13 **Ga:** 85.70 ± 15.07 **Gb:** 30.83 ± 5.89 **Ga/BL:** *P* < 0.01 **Gb/BL:** *P* < 0.01 ANOVA: time (*P* = NS)* ADI-R communication score, mean ± SD: **G1:** 8.08 ± 6.91 **G2:** 8.80 ± 7.43 **Ga:** 2.00 ± 2.73 **Gb:** 14.81 ± 3.59 **Ga/BL:** *P* < 0.01 **Gb/BL:** *P* = NS ANOVA: time (*P* < 0.01)* **Adaptive behavior:** VABS score, mean ± SD: Daily living skills: **G1:** 66.23 ± 25.95 **G2:** 64.20 ± 12.42 **Ga:** 82.27 ± 16.34 **Gb:** 49.83 ± 10.61 **Ga/BL:** *P* < 0.01 **Gb/BL:** *P* < 0.01 ANOVA: time (*P* = NS)* Composite: **G1:** 69.00 ± 28.04 **G2:** 66.70 ± 14.68 **Ga:** 88.64 ± 15.68 **Gb:** 49.08 ± 7.76 **Ga/BL:** *P* < 0.01 **Gb/BL:** *P* < 0.05 ANOVA: time (*P* < 0.05)*

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Sallows et al., 2005 (continued)				**Social skills:** VABS socialization score, mean ± SD: **G1:** 73.92 ± 23.49 **G2:** 68.90 ± 10.11 **Ga:** 87.73 ± 14.94 **Gb:** 57.08 ± 6.40 **Ga/BL:** *P* < 0.01 **Gb/BL:** *P* = NS ANOVA: time (*P* < 0.01)* VABS socialization score, teacher rated, mean ± SD: **Ga:** 89.89 ± 18.36 **Gb:** 61.58 ± 6.02 **Ga/Gb:** *P* < 0.01 ADI-R social skills score, mean ± SD: **G1:** 12.33 ± 10.58 **G2:** 13.10 ± 9.42 **Ga:** 4.18 ± 4.37 **Gb:** 21.18 ± 6.28 **Ga/BL:** *P* < 0.01 **Gb/BL:** *P* = NS ANOVA: time (*P* < 0.01)* Personality Inventory for Children, parent rated, social incompetence score, mean ± SD: **Ga:** 62.36 ± 8.34 **Gb:** 79.25 ± 9.42 **Ga/Gb:** *P* < 0.01 Child Behavior Checklist score, mean ± SD: Withdrawn: Parent rated: **Ga:** 59.09 ± 6.26 **Gb:** 58.83 ± 6.27 **Ga/Gb:** *P* = NS Teacher rated: **Ga:** 57.00 ± 7.34 **Gb:** 64.33 ± 6.03 **Ga/Gb:** *P* < P<.01

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Sallows et al., 2005 (continued)				Social problems: Parent rated: **Ga:** 57.82 ± 7.49 **Gb:** 61.92 ± 7.35 **Ga/Gb:** *P* = NS Teacher rated: **Ga:** 56.73 ± 6.30 **Gb:** 58.00 ± 5.57 **Ga/Gb:** *P* = NS **Repetitive behavior:** ADI-R ritualistic score, mean ± SD: **G1:** 5.08 ± 3.75 **G2:** 5.60 ± 3.50 **Ga:** 2.73 ± 2.67 **Gb:** 7.91 ± 2.47 **Ga/BL:** *P* < 0.01 **Gb/BL:** *P* < 0.05 ANOVA: time (*P* = NS)* **Problem behavior:** Personality Inventory for Children, parent rated, undisci-plined/poor self control score, mean ± SD **Ga:** 53.45 ± 9.38 **Gb:** 66.83 ± 12.93 **Ga/Gb:** *P* < 0.01 **Commonly occurring co-morbidities:** Child Behavior Checklist score, mean ± SD: Anxious/ depressed: Parent rated: **Ga:** 55.40 ± 6.14 **Gb:** 51.75 ± 3.06 **Ga/Gb:** *P* < 0.05 Teacher rated: **Ga:** 55.90 ± 6.93 **Gb:** 55.17 ± 6.56 **Ga/Gb:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Sallows et al., 2005 (continued)				Attention problems: Parent rated: **Ga:** 62.64 ± 9.12 **Gb:** 67.67 ± 8.17 **Ga/Gb:** *P* < 0.05 Teacher rated: **Ga:** 59.36 ± 12.33 **Gb:** 63.25 ± 7.94 **Ga/Gb:** *P* = NS Aggression: Parent rated: **Ga:** 52.91 ± 4.98 **Gb:** 53.33 ± 4.62 **Ga/Gb:** *P* = NS Teacher rated: **Ga:** 57.60 ± 6.11 **Gb:** 61.25 ± 7.45 **Ga/Gb:** *P* < 0.01 Thought problems: Parent rated: **Ga:** 65.64 ± 9.87 **Gb:** 70.42 ± 7.92 **Ga/Gb:** *P* = NS Teacher rated: **Ga:** 65.55 ± 11.37 **Gb:** 72.58 ± 7.06 **Ga/Gb:** *P* < 0.05 **Sensory:** Personality Inventory for Children, parent rated, Internalizing/somatic symptoms score, mean ± SD: **Ga:** 55.27 ± 13.90 **Gb:** 49.73 ± 8.77 **Ga/Gb:** *P* = NS **Harms:** NR **Modifiers:** NR

Comments:

* For all outcome measures, both treatment (G1 vs. G2) and time X treatment were not significant in the ANOVA.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Sofronoff et al., 2005 **Country:** Australia **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding** Agency: NR Author industry relationship disclosures: NR **Design:** RCT	**Intervention:** Cognitive behavioral therapy: 6 week study (6 two-hour sessions); children were allocated in groups of 3 with 2 therapists in each group, within each treatment group by age and sex (girls grouped together) Sessions: • Exploring positive emotions • Exploration of anxiety and recognition of speech, thinking, physiological and behavior changes • Exploration of social tools • Measures of the degrees of emotion • Exploring social stories • Working together to design a program to improve the management of anxiety In the child-only treatment, parents received no training but got instructions for the weekly home-based projects; in the child and parents treatment, parents were trained to work as co-therapists and to complete home-based projects **Assessments:** Measures administered pre- and post-intervention and at 6 week follow-up: James and the Maths Test, SCAS-P, SWQ-P **Groups:** **G1:** child only **G2:** child and parents **G3:** wait-list group **Provider:** Therapists **Measure of treatment fidelity reported:** Yes	**Inclusion criteria:** • Primary diagnosis of Asperger syndrome from a pediatrician • Phone interview with a parent to establish DSM-IV criteria • CAST score > 15 **Exclusion criteria:** • See inclusion criteria **Age, mean/yrs ±SD:** **G1:** 10.56 ± 0.99 **G2:** 10.54 ± 1.26 **G3:** 10.75 ± 1.04 **Mental age:** IQ, mean ± SD (range): **G1:** 107.5 ± 27.3 (90-137) **G2:** 105.6 ± 21.2 (90-135) **G3:** 101 ± 27.2 (95-125) **Gender, n (%):** Male: **G1:** 20 (87) **G2:** 22 (88) **G3:** 20 (87) Female: **G1:** 3 (13) **G2:** 3 (12) **G3:** 3 (13) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** DSM-IV checklist/CAST **Diagnostic category, n (%):** Autism: 0 PDD-NOS: 0 Aspergers: 71 (100) **Other characteristics:** Children's depression inventory, mean ± SD: **G1:** 11.5 (8.27) **G2:** 10.25 (7.82) **G3:** 8.62 (5.80)	**Commonly occurring co-morbidities:** SCAS-P score, mean ± SD: Total: **G1:** 40.23 ± 20.42 **G2:** 35.25 ± 16.44 **G3:** 36.64 ± 16.67 Separation anxiety: **G1:** 7.01 ± 4.46 **G2:** 6.79 ± 4.71 **G3:** 8.18 ± 4.45 OCD: **G1:** 5.11 ± 4.65 **G2:** 5.21 ± 3.67 **G3:** 4.96 ± 4.08 Social phobia: **G1:** 9.03 ± 4.45 **G2:** 7.93 ± 5.03 **G3:** 7.21 ± 4.75 Panic: **G1:** 4.88 ± 4.67 **G2:** 3.89 ± 2.84 **G3:** 4.18 ± 4.28 Personal injury: **G1:** 5.69 ± 3.37 **G2:** 5.07 ± 2.97 **G3:** 5.54 ± 3.28 GAD: **G1:** 8.42 ± 3.41 **G2:** 6.36 ± 3.30 **G3:** 6.57 ± 3.65 SWQ-P score, mean: **G1:** NR* **G2:** NR* **G3:** NR* James and the Maths test score, mean: **G1:** NR* **G2:** NR* **G3:** NR*	**Commonly occurring co-morbidities:** SCAS-P score, 6 week follow-up, mean ± SD: Total: **G1:** 29.42 ± 15.3 **G2:** 21.11 ± 10.1 **G3:** 36.32 ± 13.3 **G1/BL:** $P < 0.01$ **G2/BL:** $P < 0.01$ **G3/BL:** P = NS **G1/G2:** $P < 0.025$ ANOVA: time ($P < 0.0001$), time X treatment ($P < 0.0001$) Separation anxiety: **G1:** 5.38 ± 3.7 **G2:** 3.03 ± 2.2 **G3:** 8.89 ± 4.5 **G1/BL:** $P < 0.01$ **G2/BL:** $P < 0.0001$ **G3/BL:** P = NS **G1/G2:** $P < 0.02$ **G1/G3:** $P < 0.02$ **G2/G3:** $P < 0.001$ ANOVA: treatment ($P < 0.01$), time ($P < 0.0001$), time X treatment ($P < 0.0001$) OCD: **G1:** 2.88 ± 2.9 **G2:** 2.21 ± 1.9 **G3:** 5.71 ± 4.4 **G1/BL:** $P < 0.0001$ **G2/BL:** $P < 0.0001$ **G3/BL:** P = NS ANOVA: time ($P < 0.05$), time X treatment ($P < 0.05$) Social phobia: **G1:** 7.38 ± 4.43 **G2:** 5.96 ± 4.32 **G3:** 6.61 ± 4.49 **G1/BL:** $P < 0.05$ **G2/BL:** $P < 0.01$ **G3/BL:** P = NS ANOVA: time ($P < 0.05$), time X treatment ($P < 0.05$)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Sofronoff et al., 2005 (continued)	**Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 23 **G2:** 25 **G3:** 23 **N at follow-up:** **G1:** 22 **G2:** 24 **G3:** 20	Spence Child Anxiety Scale total score, mean ± SD: **G1:** 29.29 (17.45) **G2:** 32.23 (17.71) **G3:** 27.46 (12.19) Spence Child Anxiety Scale score, parent-rated, mean: Total score: 37.30 Panic/Agorophobia: 4.30 OCD: 5.10 Social phobia: 8.03 Physical injury: 5.43 Separation anxiety: 7.35 GAD: 7.09		Panic: **G1:** 3.31 ± 3.5 **G2:** 2.68 ± 2.4 **G3:** 3.35 ± 2.7 **G1/BL:** $P < 0.01$ **G2/BL:** $P < 0.05$ **G3/BL:** P = NS Personal injury: **G1:** 5.00 ± 3.9 **G2:** 3.32 ± 2.2 **G3:** 5.17 ± 3.8 **G1/BL:** P = NS **G2/BL:** $P < 0.0001$ **G3/BL:** P = NS GAD: **G1:** 5.46 ± 2.67 **G2:** 3.89 ± 2.36 **G3:** 6.57 ± 3.56 **G1/BL:** $P < 0.0001$ **G2/BL:** $P < 0.0001$ **G3/BL:** P = NS ANOVA: time ($P < 0.05$), time X treatment ($P < 0.05$) SWQ-P score, 6 week follow-up, mean: **G1:** NR* **G2:** NR* **G3:** NR* **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.0001$ **G3/BL:** P = NS **G1/G2:** $P = 0.06$ **G1/G3:** $P < 0.01$ **G2/G3:** $P < 0.0001$ ANOVA: time ($P < 0.0001$), time X treatment ($P < 0.0001$)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Sofronoff et al., 2005 (continued)				James and the Maths test score, 6 week follow-up, mean: **G1:** NR* **G2:** NR* **G3:** NR* **G1/BL:** *P* < 0.0001 **G2/BL:** *P* < 0.0001 **G3/BL:** *P* = NS **G1/G2:** *P* < 0.001 **G1/G3:** *P* < 0.001 **G2/G3:** *P* < 0.001 ANOVA: treatment (*P* < 0.0001), time (*P* < 0.0001), time X treatment (*P* < 0.0001) **Harms**: NR **Modifiers**: Parent involvement in comparison of interventions associated with less SCAS-P symptoms.

Comments:

***** data only illustrated graphically

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Akhondzadeh et al., 2004 **Country:** Iran **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** January 2002 to January 2003 **Funding:** NR **Author industry relationship disclosures:** NR **Design:** RCT, double-blind placebo controlled	**Intervention:** Cyproheptadine titrated up to 0.05 mg/kg/day plus haloperidol titrated up to 0.2 mg/kg/day All patients received biperiden at 0.04 mg/kg/day as a prophylaxis against extrapyramidal symptoms Duration: 8 weeks **Assessments:** ABC-C, CARS, extra-pyramidal symptoms all assessed by third year psychiatry resident at baseline, 2, 4, 6 and 8 weeks after the start of medication **Groups:** **G1:** cyproheptadine plus haloperidol **G2:** placebo plus haloperidol **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** Baseline and every two weeks **Concomitant therapies:** NR **N at enrollment:** **G1:** 20 **G2:** 20 **N at follow-up:** **G1:** 20 **G2:** 20	**Inclusion criteria:** • Ages 3-11 years • DSM-IV clinical diagnosis of autism, confirmed by two child psychiatrists • Outpatients from a specialty clinic for children at Roozbeh Psychiatric Teaching Hospital • Chief complaint of severely disruptive symptoms related to autistic disorder **Exclusion criteria:** • Previously received neuroleptics • Receiving any psychotropic drug treatment 6 months prior to recruitment • Significant active medical problem **Age, years (SE) (range):** **G1:** 6.40 (0.48) (3-11) **G2:** 6.90 (0.42) (3-11) **Mental age:** NR **Gender, n (%):** Male: **G1:** 13 (65) **G2:** 11 (55) Female: **G1:** 7 (35) **G2:** 9 (45) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In-study **Diagnostic tool/method:** DSM-IV **Diagnostic category, n (%):** Autism: 40 (100)	**Overall ratings:** CARS score, mean: **G1:** NR* **G2:** NR* **G1/G2:** *P* = 0.76 **Problem behavior:** ABC-C score, mean: **G1:** NR* **G2:** NR* **G1/G2:** *P* = 0.42	**Overall ratings:** CARS score, week 8, mean change ± SD: **G1:** -1.85 ± 2.08 **G2:** -0.37 ± 0.48 **G1+G2/BL:** *P* = 0.003 **G1/G2:** *P* = 0.004 ANOVA: time (*P* < 0.0001), treatment (*P* = 0.045), time x treatment (*P* = 0.004) **Problem behavior:** ABC-C score, week 8, mean change ± SD: **G1:** 10.90 ± 7.19 **G2:** 3.70 ± 7.16 **G1+G2/BL:** *P* = 0.003 **G1/G2:** *P* = 0.006 ANOVA: time (*P* < 0.0001), treatment (*P* = 0.048), time x treatment (*P* = 0.002) **Harms:** Extrapyramidal symptoms: **G1:** 2 **G2:** 6 **G1/G2:** *P* = 0.23 Side effects, n:** Trouble swallowing: **G1:** 2 **G2:** 4 Stiffness: **G1:** 1 **G2:** 3 Constipation: **G1:** 4 **G2:** 2 Diarrhea: **G1:** 2 **G2:** 3 Daytime drowsiness: **G1:** 1 **G2:** 2

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Akhondzadeh et al., 2004 (continued)		**Other characteristics:** Weight, kg (SE): **G1:** 24.35 (1.29) **G2:** 25.00 (1.49)		Slow movement: **G1:** 1 **G2:** 3 Restlessness: **G1:** 1 **G2:** 4 Morning drowsiness: **G1:** 3 **G2:** 2 Increased appetite: **G1:** 9 **G2:** 4 Fatigue: **G1:** 3 **G2:** 2 **Modifiers:** NR

Comments:

***** Data only illustrated graphically.

** The between group difference was not significant for any side effects.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Aldred et al., 2004 **Country:** UK **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Shirley foundation Author industry relationship disclosures: NR **Design:** RCT **Note:** See Aldred, Pollard, Phillips, and Adams, 2001 for description of intervention	**Intervention:** Social communication intervention aiming to increase the quality of parental adaptation and communication with children with autism; monthly treatment sessions for 6 months followed by 6 months of less frequent maintenance sessions **Assessments:** ADI at baseline; ADOS modules 1 and 2 at baseline and post treatment; VABS, MCDI and PSI (parent completed), coding of 30-minute child/parent free play session with standardized toys to record frequency of communication acts (child and parent), semantic contingency, shared attention; conducted at baseline and end of 12 month follow-up **Groups:** **G1:** intervention and routine care **G2:** control (routine care only) **Ga:** aged 24-27 months, total ADOS score 11-17 (young high functioning) **Gb:** aged 24-47 months; total ADOS score 18-24 (young low functioning) **Gc:** aged 48-71 months; total ADOS score 11-17 (older high functioning) **Gd:** aged 48-71 months; total ADOS score 18-24 (older low functioning) **Provider:** Parent training by therapist **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR	Inclusion criteria: • Ages 2-5 years, 100 months • Clinical diagnosis of autism by assessing professional • Fulfilling full diagnostic for classical autism on the ADI Exclusion criteria: • Severe global developmental delay • Severe environmental deprivation in infancy • First language other than English • Diagnosed hearing impairment • Diagnosed visual impairment • Known chronic psychiatric or physical illness in parents • No evidence of any desire to interact with an adult **Age, median months (range):** **G1:** 48 (29-60) **G1a:** 37.5 (29-45) **G1b:** 44 (38-44) **G1c:** 61 (51-70) **G1d:** 60 (53-60 **G2:** 51 (24-71) **G2a:** 42 (32-47) **G2b:** 33 (24-40) **G2c:** 64 (54-71) **G2d:** 67 (54-71) **Mental age:** NR **Gender, n (%):** Male: **G1:** 13 (93) **G1a:** 4 (100) **G1b:** 3 (100) **G1c:** 4 (100) **G1d:** 3 (75) **G2:** 12 (86) **G2a:** 4 (100) **G2b:** 2 (66) **G2c:** 3 (100) **G2d:** 3 (75)	**Overall ratings:** ADI score, median (range): **G1:** 44 (24-56) **G1a:** 45 (24-56) **G1b:** 40 (30-48) **G1c:** 53 (50-56) **G1d:** 38 (34-38) **G2:** 38 (22-66) **G2a:** 34 (22-62) **G2b:** 36 (28-39) **G2c:** 38 (22-66) **G2d:** 52 (28-54) ADOS total score, median (range): **G1:** 16.5 (11-21) **G1a:**.5 (11-16) **G1b:** 20 (18-20) **G1c:** 16 (11-17) **G1d:** 21 (19-21) **G2:** 16.5 (11-22) **G2a:** 13 (11-15) **G2b:** 19 (19-21) **G2c:** 16 (11-16) **G2d:** 20 (18-22) ADOS total score, mean ± SD: **G1:** 16.1 ± 4.5 **G1a:** 12 ± 3.3 **G1b:** 19 ± 1.3 **G1c:** 14 ± 3.3 **G1d:** 20 ± 1 **G2:** 15.6 ± 4.9 **G2a:** 11 ± 2.3 **G2b:** 19 ± 1 **G2c:** 14 ± 3.3 **G2d:** 20 ± 1.3 **Communication/ language:** MCDI, raw score, mean ± SD: Language comprehension: **G1:** 71.7 ± 2383* **G2:** 95.4 ± 426* Expressive language: **G1:** 28 ± 467* **G2:** 25.6 ± 683* **Adaptive behavior:** VABS communication, mean ± SD: **G1:** 22.6 ± 13.3 **G2:** 20.0 ± 10.8	**Overall ratings:** ADOS total score: mean ± SD: **G1:** 11.8 ± 6.4 **G1a:** 6 ± 3.6 **G1b:** 13 ± 5.6 **G1c:** 11 ± 4.5 **G1d:** 17 ± 2.6 **G2:** 16.1 ± 4.4 **G2a:** 13 ± 4 **G2b:** 16 ± 4.3 **G2c:** 16 ± 1.3 **G2d:** 20 ± 0.6 **Communication/ language:** MCDI raw score, mean ± SD: Language comprehension: **G1:** 222.7 ± 40,431* **G2:** 146.8 ± 11,426* **G1/G2:** *P* = 0.1 Expressive language: **G1:** 199.4 ± 25,606* **G2:** 33.1 ± 683* **G1/G2:** *P* < 0.001 **Adaptive behavior:** VABS communication score, mean ± SD: **G1:** 36.9 ± 21.2 **G2:** 28.7 ± 16.6 **G1/G2:** *P* = NS Parent-child interaction codes, mean frequency ± SD: Parent synchrony: **G1:** 65.1 ± 14.3 **G2:** 49.5 ± 18.9 **G1/G2:** *P* = 0.016 Parent asynchrony: **G1:** 32.6 ± 14.3 **G2:** 50.5 ± 18.8 **G1/G2:** *P* = 0.009

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Aldred et al., 2004 (continued)	**Concomitant therapies:** NR **N at enrollment:** **G1:** 14 **G1a:** 4 **G1b:** 3 **G1c:** 4 **G1d:** 3 **G2:** 14 **G2a:** 4 **G2b:** 3 **G2c:** 4 **G2d:** 3 **N at follow-up:** **G1:** 14 **G1a:** 4 **G1b:** 3 **G1c:** 4 **G1d:** 3 **G2:** 14 **G2a:** 4 **G2b:** 3 **G2c:** 4 **G2d:** 3	Female: **G1:** 1 (7) **G1a:** 0 **G1b:** 0 **G1c:** 0 **G1d:** 1 (25) **G2:** 2 (14) **G2a:** 0 **G2b:** 1 (33) **G2c:** 0 **G2d:** 1 (25) **Race/ethnicity, mothers, n:** African-Caribbean: 2 Caucasian: 26 **SES:** Maternal education, median years (range): 16.5 (16-21) Paternal education, median years (range): 17.6 (16-21) Household income: NR **Diagnostic approach:** Clinician/self referral and in study **Diagnostic tool/method:** ADI **Diagnostic category, n (%):** Autism: 28 (100) **Other characteristics:** NR	Parent-child interaction codes, mean frequency ± SD: Parent synchrony: **G1:** 57.8 ± 15 **G2:** 57.1 ± 49.5 Parent asynchrony: **G1:** 39.7 ± 16.1 **G2:** 42.9 ± 16.1 Child communication acts: **G1:** 30.8 ± 10.2 **G2:** 30.1 ± 11.1 Parent communication acts: **G1:** 66.3 ± 11.8 **G2:** 70.7 ± 11 Child shared attention: **G1:** 72 ± 23.6 **G2:** 62.8 ± 24.5 Parent shared attention **G1:** 93.5 ± 5.3 **G2:** 81.3 ± 22.3	Child communication acts: **G1:** 37.6 ± 10.1 **G2:** 27.6 ± 16.5 **G1/G2:** *P* = 0.041 Parent communication acts: **G1:** 64.4 ± 13 **G2:** 72.4 ± 16.5 **G1/G2:** *P* = 0.293 Child shared attention: **G1:** 77.6 ± 17.8 **G2:** 62.6 ± 32.7 **G1/G2:** *P* = 0.204 Parent shared attention: **G1:** 88.6 ± 8.7 **G2:** 80.3 ± 30.1 **G1/G2:** *P* = 0.176 **Harms:** NR **Modifiers:** NR

Comments:

* Standard deviations (as reported in paper) appear to be in error.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Chez et al., 2004 **Country:** US **Practice setting:** Specialty treatment center **Intervention setting:** Clinic **Enrollment period:** Month : NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Prospective case series	**Intervention:** 12 week open-label study with Rivastigmine tartarate At BL, 0.2 ml (0.4 mg) of rivastigmine tartarate given twice daily in a liquid suspension (2mg.ml). If any adverse event, dosage was halved or discontinued. If no improvement after 2 wks of starting on the medicaton, dosage was doubled to 0.4 ml (0.8mg) twice daily Maximum daily dose was 0.4 ml (0.8mg) twice daily **Assessments:** Expressive One Word Vocabulary Test, Childhood Autism Rating Scale administered by study coordinator at baseline, 6wks and 12 wks. Conners' Parent Rating Scale completed by parents at baseline, 6wks, 12 wks. **Groups:** **G1:** Rivastigmine tartarate **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** Testing at Baseline, 6 weeks, 12 weeks. Nurses contacted parents weekly to check for any concerns. **Concomitant therapies, n:** Anticonvulsants: 21 CNS stimulants: 8 Adrenergic blockers: 4 Antipsychotics: 2 Antidepressants: 1 Corticosteroids: 1 **N at enrollment:** **G1:** 32	**Inclusion criteria:** Based on diagnosis of ASD or PDD-NOS per DSM-IV **Exclusion criteria:** See inclusion criteria **Age, mean/yrs (range):** 6.91 (2.85-12) **Mental age:** NR **Gender:** M, n (%): 24 (75) F, n (%): 8 (25) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study/Referral **Diagnostic tool/method:** DSM-IV **Diagnostic category, n (%):** Autism: 11 (34.4) PDD-NOS : 21 (65.6) **Other characteristics, n (%):** Previous diagnosis of nocturnal epileptiform EEG abnormalities: 13 (40.6)	**Overall ratings:** CARS, mean ± SD: 34 ± 6.36 **Communication/ language:** Expressive one-word Picture vocabulary test, mean ± SD: 34.91 ± 33.61 Receptive One-word Picture Vocabulary test, mean ± SD: 37.78 ± 29.70 **Problem behavior:** Conner's parent rating scale, mean ± SD: 34.5 ± 12.30	**Changes from baseline to 12 weeks:** **Overall ratings:** CARS, mean ± SD**:** 30.84 ± 8.71 *P* = 0.001 **Communication/ language:** Expressive one-word Picture vocabulary test , mean ± SD: 41.44 ± 36.74 *P* = 0.001 Receptive One-word Picture Vocabulary test, mean ± SD: 39.53 ± 32.47 *P* = NS **Problem behavior**: Conner's parent rating scale, mean ± SD: 28.28 ± 13.53 *P* = 0.005 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Chez et al., 2004 (continued)	**N at follow-up:** **G1:** 32			

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Dillenburger et al., 2004 **Country:** Ireland **Practice setting:** Academic **Intervention setting:** Home and academic **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: NR **Design:** Retrospective case series	**Intervention:** Applied Behavior Analysis (parents educated in general ABA principles for use at home with their children) Frequency: parent training every 2 weeks for 18 weeks; parents supposed to apply skills from course at home "as frequently as possible" throughout the day; weekly family visit from ABA professional to supervise and adjust **Assessments:** ABA evaluation questionnaires were completed by families (post-intervention only) Possible responses for difference: • Great difference • Some difference • Little difference • Don't Know • Not applicable Possible responses for effectiveness: • Very effective • Effective • Not effective • Don't know • Not applicable **Groups:** **G1:** long term group (≥ 18 months of ABA) **G2:** short term group (≤ 12 months of ABA) **Provider:** ABA professionals **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR	**Inclusion criteria:** • Actively engaged in home-based ABA program at time of study • Children with ASD (diagnostic process/ criteria not described) **Exclusion criteria:** • See inclusion criteria **Age, months (range):** Study entry: **G1:** 125 **G2:** 52 Start of ABA **G1:** 91 **G2:** 46 Age, study entry, range (years): Total: 3-13 **Mental age:** NR **Gender, n (%):** Male: **G1:**10 (83.3) **G2:** 9 (90) Female: **G1:** 2 (16.7) **G2:** 1 (10) **Race/ethnicity:** NR **SES:*** Maternal education: NR Parents employed, n: **G1:** 8 **G2:** 5 **Diagnostic approach:** NR **Diagnostic tool/method:** NR **Diagnostic category:** NR **Other characteristics:** Number of other children, mean (range): **G1:** 3 (1-4) **G2:** 2.5 (1-3)	NR	**Overall ratings:** Parent perceived difference from ABA on child behavior, n: Independence: Great difference: **G1:** 3/11 **G2:** 5/10 Some difference: **G1:** 8/11 **G2:** 4/10 No difference: **G1:** 0 **G2:** 1/10 Quality of life: Great difference: **G1:** 7/11 **G2:** 8/10 Some difference: **G1:** 2/11 **G2:** 2/10 Little difference: **G1:** 1/11 **G2:** 0 Don't know: **G1:** 1/11 **G2:** 0 Skills develop-ment: Great difference: **G1:** 8/11 **G2:** 8/10 Some difference: **G1:** 3/11 **G2:** 2/10 Skills mainte-nance: Great difference: **G1:** 6/11 **G2:** 6/10 Some difference: **G1:** 5/11 **G2:** 4/10 Interaction: Great difference: **G1:** 6/11 **G2:** 7/10 Some difference: **G1:** 5/11 **G2:** 3/10

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Dillenburger et al., 2004 (continued)	**N at enrollment:** **G1:** 25 **G2:** 25 **N at follow-up:** **G1:** 12 **G2:** 10	Length of involvement with ABA, months (range): **G1:** 35.5 (18-72) **G2:** 6.1 (2-12)		Parent perceived effectiveness of ABA on child behavior, n: Self-help skills: Very effective: **G1:** 6/12 **G2:** 4/10 Effective: **G1:** 3/12 **G2:** 4/10 Not effective: **G1:** 2/12 **G2:** 0 Don't know: **G1:** 1/12 **G2:** 2/10 Social skills: Very effective: **G1:** 9/12 **G2:** 4/10 Effective: **G1:** NR **G2:** 5/10 Not Effective: **G1:** 1/12 **G2:** 1/10 Problem behavior: Very effective: **G1:** 9/12 **G2:** 5/10 Effective: **G1:** 3/12 **G2:** 5/10 Obsessive behavior: Very effective: **G1:** 8/12 **G2:** 4/10 Effective: **G1:** 4/12 **G2:** 3/10 Not applicable: **G1:** 0 **G2:** 3/10 Gross motor skills: Very effective: **G1:** 9/12 **G2:** 6/10 Effective: **G1:** 3/12 **G2:** 3/10

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Dillenburger et al., 2004 (continued)				Not applicable: **G1:** 0 **G2:** 1/10 Fine motor skills: Very effective: **G1:** 9/12 **G2:** 6/10 Effective: **G1:** 3/12 **G2:** 4/10 Communication: Very effective: **G1:** 9/12 **G2:** 7/10 Effective **G1:** 3/12 **G2:** 3/10 Concentration: Very effective: **G1:** 10/12 **G2:** 9/10 Effective: **G1:** 2/12 **G2:** 1/10 **Harms:** NR **Modifiers:** NR

Comments:

* G1 and G2 described as “equivalent” with regards to socioeconomic status; details NR.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Mukaddes et al., 2004 **Country:** Turkey **Practice setting:** Academic **Intervention setting:** clinic, home **Enrollment period:** 2000 to 2005 **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Prospective case series	**Intervention:** Psychoeducational program developing reciprocal interaction, enhancing communication, modifying stereotypic behavior, and increasing self-care; focused on parent training using principles from TEACCH; 11-14 weekly 45-min sessions. First stage (sessions 1+2) parent education. 2nd stage (10-12 sessions) child-directed play. **Groups:** **G1:** Autism **Assessments:** Ankara Development Screening Inventory at baseline and end of intervention **Provider:** Experienced child educators **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 10 **N at follow-up:** **G1:** 10	**Inclusion criteria:** NR **Exclusion criteria:** NR **Age, mean/months ± SD (range):** **G1:** 43.2 ± 15.17 (24-66) **Mental age:** NR **Gender:** **G1:** M, n (%): 10 (100) F, n (%): 0 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method:** Based on DSM-IV **Diagnostic category:** NR **Other characteristics:** NR	**Overall ratings:** Ankara Development Screening Inventory (ADSI), median total development score: **G1:** 16.5 Language-cognitive subscale: **G1:** 15.5 Social/self-care abilities subscale: **G1:** 16.5 Fine motor subscale: **G1:** 18.5 Gross motor subscale: **G1:** 49.0	**Overall ratings:** ADSI, median total development score (p-values within group differences from baseline): **G1:** 22.5 *P* = 0.005 Language-cognitive subscale: **G1:** 20.0 *P* = 0.005 Social/self-care abilities subscale: **G1:** 26.75 *P* = 0.002 Fine motor subscale: **G1:** 26.75 *P* = 0.002 Gross motor subscale: **G1:** 51 *P* = 0.008 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Posey et al. 2004 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** October 1997 to April 2001 **Funding:** National Alliance for Research in Schizophrenia and Depression, Daniel X. Freedman Psychiatric Fellowship, NIMH, and Department of Housing and Urban development **Author industry relationship disclosures:** NR **Design:** Retrospective case series	**Intervention:** Guanfacine (.25-9 mg daily in divided doses Mean daily dose: 2.6 ± 1.7 mg Mean duration of treatment: 334 ± 374 days, range 7-1776 days N=70 (age range, 3-11 years, mean daily dose = 2 mg) N=10 (age range, 13-18 years, mean daily dose= 3.4 mg) Dosing frequency: N=2 (once daily) N=48 (twice daily) N=29 (three times daily) N=1 (four times daily) **Assessments:** Conducted by 2 board-certified child and adolescent psychiatrists; CGI **Groups:** **G1:** Guanfacine **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** NR **Concomitant therapies, n (%):** Overall: 44(55) Atypical antipsychotics: 16 (20%) SSRIs: 13 (16%) Stimulants: 9 (11%) Non-SSRI antidepressants: 8 (10%) Mood stabilizers: 8 (10%) Conventional antipsychotics: 3 (4%) **N at enrollment:** **G1:** 80	**Inclusion criteria:** • Treated at the Autism/PDD Clinic at the James Whitcomb Riley Hospital for Children • Diagnosis of PDD by DSM-IV • History of guanfacine treatment within the clinic Exclusion criteria: See inclusion criteria **Age, mean/yrs ± SD (range):** **G1:** 7.7 ±3.5 (3-18) **Mental age:** NR **Gender:** **G1:** M, n (%): 70 (87) F, n (%): 10 (13) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In-study **Diagnostic tool/method:** DSM-IV criteria clinical **Diagnostic category, n (%):** **G1:** Autistic disorder: 46 (56) Asperger's disorder: 6 (8) PDD-NOS: 28 (35)	**Overall ratings:** CGI severity, mean ± SD: Inattention: 4.58 ± 0.68 Hyperactivity: 4.75 ± 0.9 Impulsivity: 4.61 ± 0.73 Aggression/self-injury: 4.54 ± 0.95 Anxiety/worry: 4 ± 0.59 Irritability: 4.65 ± 0.66 Insomnia: 4.04 ± 0.82 Repetitive behaviors: 3.67 ± 0.78 Tics: 3.83 ± 0.75 Social impairment: 4.05 ± 0.87 Language: 4.23 ± 1.04 Overall: 4.83 ±0.71 Medical: mean ± SD: SBP:109.6 ± 13.8 DBP: 65.7 ± 10.9 Heart rate: 95.7 ± 15.8	**Overall ratings:** CGI, n (%): 19 (23.8) subjects considered responders based on "much improved or "very much improved" CGI global improvement item CGI Global Improvement score, mean ± SD: Responders: 1.9 ± 0.2 Non-responders: 3.6 ± 0.6 Improvement in CGI Severity score, mean ± SD: 4.25 ± 0.91 T = 6.5 (P < 0.0001) CGI severity, mean ± SD (%) improvement, n/N subjects showing improvement: Inattention: 3.91 ± 0.87 (21.10), 16/76 Hyperactivity: 3.92 ± 1.05 (26.7), 20/75 Impulsivity: 4.07 ± 0.9 (17.4), 12/69 Aggression/self-injury: 4.13 ± 1.03 (14.5), 10/69 Anxiety/worry: 3.64 ± 0.72 (11.1), 4/36 Irritability: 4.06 ± 0.92 (16.9), 13/77 Insomnia: 3.22 ± 0.99 (27.5), 14/51 Repetitive behaviors: 3.59 ± 0.74 (0), 0/54 Tics: 2.33 ± 0.82 (50), 3/6

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Posey et al. 2004 (continued)	**N at follow-up:** G1: 80	**Other characteristics, n (%):** Comorbid mental retardation: 56 (70) • Mild: 25 (31.25) • Moderate: 25 (31.25) • Severe: 6 (7.5) Seizure disorders: 11 (14)		Social impairment: 3.97 ± 0.82 (0), 0/78 Language: 4.05 ± 1.01 Communication impairment, % improvement, n/N: 3.1, 2/65 Medical, mean ± SD: SBP: 107.6 ± 16.1 DBP: 64.3 ± 10.6 Heart rate: 94.6 ± 16.6 No difference in BPs or heart rate following treatment with guanfacine **Harms, n (%):** Transient sedation: 25 (31) Irritability: 5 (6) Constipation: 3 (4) Headache: 2 (3) Nocturnal Enuresis: 2 (3) **Modifiers:** PDD-NOS (39.3% responders) and Asperger's (33.3% responders) had greater rate of global response than those with autistic disorder (13.0% responders) (*P* = 0.009) Responders had history of significantly fewer psychotropic drug trials than non-responders (1.3 ± 1.6 vs. 3.0 ± 3.4, *P* = 0.046).

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Posey et al. 2004 (continued)				Responders were less aggressive at baseline by CGI severity item (*P* = 0.04).

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Sofronoff et al., 2004 Country: Australia **Practice setting:** Academic **Intervention setting:** Clinic Enrollment period: NR Funding: NR Author industry relationship disclosures: NR Design: RCT Note: See related paper with overlapping participants, Sofronoff et al., 2004 ({#1039})	**Intervention:** Parent Management Training (PMT), in the form of a 1-day workshop or six weekly individual sessions. Both groups followed a manual with six components (1 hour each), including: psycho-education, comic strip conversations (Gray, 1994a), social stories (Gray, 1994b), management of behavior problems, management of rigid behaviors, routines, and special interests, and anxiety management. **Groups:** **G1:** workshop **G2:** individual **G3:** wait-list **Provider:** Clinical master's or PhD students completing an internship at the Behavior Research and Therapy Center (University of Queensland) **Assessment:** ECBI, Child's Social Skills questionnaire at baseline, 4 weeks and 3 month follow-up **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR N at enrollment: **G1:** 18 **G2:** 18 **G3:** 15 N at follow-up: **G1:** 18 **G2:** 18 **G3:** 15	Inclusion criteria: NR Exclusion criteria: NR Age, years (range): **G1:** 9.33 (6-12) **Gender:** NR **Race/ethnicity:** NR **SES:** NR Diagnostic approach: In Study **Diagnostic tool/method:** By pediatrician at clinic site **Diagnostic category, n (%):** Asperger: 51 (100) **Other characteristics:** NR	**Problem behavior:** ECBI, number of problem behaviors, mean ± SD: **G1:** 17.44 ± 5.77 **G2:** 16.89 ± 5.84 **G3:** 18.13 ± 5.19 ECBI, intensity of problem behaviors, mean ± SD: **G1:** 149.72 ± 29.78 **G2:** 140.44 ± 22.59 **G3:** 144.73 ± 26.39 **Social Skills:** Social skills questionnaire score, mean ± SD: **G1:** 23.66 ± 8.92 **G2:** 25.22 ± 10.01 **G3:** 25.07 ± 6.64	**Problem behavior:** ECBI, number of problem behaviors, 3 months, mean ± SD: **G1:** 12.50 ± 6.96 **G2:** 8.67 ± 4.93 **G3:** 18.20 ± 6.21 **G1/BL:** $P < 0.005$ **G2/BL:** $P < 0.0001$ **G3/BL:** P = NS **G1/G2:** P = NS **G1/G3:** $P < 0.01$ **G2/G3:** $P < 0.0001$ MANOVA: time ($P < 0.0001$), treatment ($P < 0.005$), time X treatment ($P < 0.001$) ECBI, intensity of problem behaviors, 3 months, mean ± SD: **G1:** 129 ± 18.13 **G2:** 106.44 ± 22.99 **G3:** 144.40 ± 31.85 **G1/BL:** $P < 0.0001$ **G2/BL:** $P < 0.0001$ **G3/BL:** P = NS **G1/G2:** $P < 0.01$ **G1/G3:** P = NS **G2/G3:** $P < 0.0001$ MANOVA: time ($P < 0.0001$), treatment ($P < 0.01$), time X treatment ($P < 0.001$)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Sofronoff et al., 2004 (continued)				**Social Skills:** Social skills questionnaire score, 3 months, mean ± SD: **G1:** 31 ± 9.01 **G2:** 36.61 ± 8.24 **G3:** 24.27 ± 8.57 **G1/BL:** *P* < 0.0001 **G2/BL:** *P* < 0.0001 **G3/BL:** *P* = NS **G1/G2:** *P* = 0.057 **G1/G3:** *P* < 0.05 **G2/G3:** *P* < 0.0001 MANOVA: time (*P* < 0.0001), treatment (*P* < 0.05), time X treatment (*P* < 0.001) **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Solomon et al., 2004 **Country:** US **Practice setting:** Academic, medical center **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** UC Davis MIND Institute, UC Davis Health System, UC Davis Author industry relationship disclosures: NR **Design:** RCT, age and IQ matched intervention and waiting list control	**Intervention:** • Social adjustment enhancement curriculum targeting social skills in a group setting with standardized agenda including welcome song, review of previous lessons, conversational and motor activity skills interventions • Curriculum focused on teaching skills in emotion/facial expression recognition in self and others, theory of mind, executive functions with emphasis on problem solving, and conversational skills • Parent training component with focus on enhancing parental understanding of child's social problems • Weekly problem behavior logs completed by parents to facilitate child social behavior management **Assessments:** DANVA, Theory of Mind, Faux Pas Stories, Test of Problem Solving, conducted in clinic by examiner; Children's Depression Inventory, Beck Depression Inventory competed by child with mother present in clinic; parent-completed weekly social behavior problem logs **Duration:** 20 weeks **Frequency:** weekly, 1.5 hours/week	**Inclusion criteria:** • Ages 8-12 years • Prior diagnosis of High Functioning Autism (HFA), Asperger Syndrome (AS) or Pervasive Developmental Disorder NOS (PDDNOS) confirmed by ADOS-G and ADI-R and DSM-IV criteria for HFA, PDDNOS or AS based on clinical interview • Full Scale IQ score from within past 2 years ≥75 as measured by WISC-III or WASI • Demonstrated ability to pass Smarties false belief task **Exclusion criteria:** • Serious conduct problems **Age, months (range):** **G1a:** 103 (93-117) **G1b:** 130 (111-146) **G2a:** 100 (88-117) **G2b:** 122 (108-140) **Mental age:** VIQ, mean (range): G1a: 126 (117-136) G1b: 86 (75-94) G2a: 121 (92-142) G2b: 82 (59-91) PIQ, mean (range): G1a: 103 (89-112) G1b: 88 (63-115) G2a: 114 (85-136) G2b: 108 (60-122) FSIQ, mean (range): G1a: 115 (99-124) G1b: 86 (75-100) G2a: 119 (88-143) G2b: 95 (83-104) **Gender, n (%):** Male: 18 (100) Female: 0 (0) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR	**Communication/ language:** DANVA score, mean ± SD (range): Adult faces: **G1a:** 12.2 ± 1.1 (11-14) **G1b:** 10.5 ± 1.3 (9-12) **G2a:** 11.8 ± 2.2 (10-15) **G2b:** 12.4 ± 1.3 (11-14) Child faces: **G1a:** 11.6 ± 1.5 (10-14) **G1b:** 12.0 ± 2.4 (10-15) **G2a:** 13.0 ± 1.2 (12-15) **G2b:** 12.8 ± 0.9 (12-14) Total faces: **G1a:** 23.8 ± 1.3 (23-26) **G1b:** 22.5 ± 2.9 (19-26) **G2a:** 24.8 ± 3.1 (22-30) **G2b:** 25.2 ± 2.2 (23-28) Theory of Mind score, mean ± SD (range): Strange stories: **G1a:** 10 ± 1 (9-11) **G1b:** 6.5 ± 1.7 (7-11) **G2a:** 9.2 ± 1.6 (4-8) **G2b:** 7.4 ± 1.3 (6-9) Faux pas: **G1a:** 2.6 ± 2.1 (0-5) **G1b:** 0.75 ± 0.5 (1-4) **G2a:** 2.8 ± 1.3 (0-1) **G2b:** 1.2 ± 0.5 (1-2)	**Communication/ language:** DANVA score, mean ± SD (range): Adult faces: **G1a:** 13.4 ± 1.1 (12-15) **G1b:** 12.8 ± 2.9 (9-15) **G2a:** 11.2 ± 1.3 (10-13) **G2b:** 11.8 ± 2.4 (10-15) **G1/BL:** $P < 0.05$ **G1/G2:** $P < 0.05$ **Ga/Gb:** P = NS Child faces: **G1a:** 13.2 ± 1.8 (11-16) **G1b:** 12.0 ± 1.8 (10-14) **G2a:** 12.8 ± 1.5 (11-15) **G2b:** 11.8 ± 2.1 (9-14) **G1/BL:** $P < 0.05$ **G1/G2:** $P < 0.05$ **Ga/Gb:** $P = 0.05$ Total faces: **G1a:** 26.6 ± 1.5 (25-29) **G1b:** 24.8 ± 3.4 (20-28) **G2a:** 24.0 ± 2.3 (22-28) **G2b:** 23.6 ± 3.3 (19-27) Theory of Mind score, mean ± SD (range): Strange stories: **G1a:** 10.4 ± 0.9 (9-11) **G1b:** 7.3 ± 0.5 (7-11) **G2a:** 9.4 ± 1.8 (7-8) **G2b:** 7.5 ± 1.3 (6-9) **G1-2/BL:** P = NS **G1/G2:** P = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Solomon et al., 2004 (continued)	**Provider:** Social skills group leaders consisting of psychologists, a psychiatrist, a speech and language pathologist; providers working with parents were a developmental and behavioral pediatrician and a social worker **Groups:** **G1:** received curriculum **G2:** randomized to wait list for later participation in curriculum (controls) **Ga:** younger participants with higher mean FSIQ **Gb:** older participants with lower mean FSIQ **Treatment manual followed:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 9 **G1a:** 5 **G1b:** 4 **G2:** 9 **G2a:** 5 **G2b:** 4 **N at follow-up:** **G1:** 9 **G1a:** 5 **G1b:** 4 **G2:** 9 **G2a:** 5 **G2b:** 4	**Diagnostic approach:** In study **Diagnostic tool/method:** ADOS-G and ADI-R and DSM-IV criteria for HFA, PDDNOS or AS based on clinical interview **Diagnostic category, N:** Autism: NR PDD-NOS: 1 Aspergers: NR **Other characteristics:** ADOS mean (range): **G1a:** 9 (97-14) **G1b:** 15 (12-18) **G2a:** 9 (7-13) G2b: 14 (11-17)	TOPS elementary-revised, percentile rank score, mean ± SD (range): **G1a:** 32.2 ± 13.9 (13-44) **G1b:** 2.25 ± 1.5 (1-4) **G2a:** 41.6 ± 30 (2-73) **G2b:** 2.75 ± 0.5 (2-3) Children's Depression Inventory score, mean ± SD (range): **G1a:** 6.0 ± 1.6 (4-8) **G1b:** 6.25 ± 4.3 (2-12) Beck Depression Inventory score, mothers, mean ± SD (range): **G1:** 5.9 ± 7.2 (0-20) Problem Behavior Logs, first 8 weeks, mean: Problem behavior reports per time: 9.6 Parent satisfaction with their handling of children's problem behavior: 6.2/10	Faux pas: **G1a:** 5.4 ± 0.9 (4-6) **G1b:** 3.0 ± 2.2 (1-6) **G2a:** 3.6 ± 2.5 (0-5) **G2b:** 3.0 ± 1.2 (2-4) **G1-2/BL:** *P* < 0.001 **G1/G2:** *P* = NS TOPS elementary-revised, percentile rank score, mean ± SD (range): **G1a:** 43.2 ± 22 (10-65) **G1b:** 1.5 ± 1 (1-3) **G2a:** 23.8 ± 13 (6-42) **G2b:** 2.0 ± 1.2 (1-3) **G1/BL:** *P* < 0.05 **G1/G2:** *P* < 0.05 Children's Depression Inventory score, mean ± SD (range): **G1a:** 8.4 ± 5.0 (4-17) **G1b:** 3.8 ± 3.2 (1-7) **G1a/G1b:** *P* < 0.05 Beck Depression Inventory score, mothers, mean ± SD (range): **G1:** 3.89 ± 3.3 (0-9) **G1/BL:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Solomon et al., 2004 (continued)				Problem Behavior Logs, first 8 weeks, mean: Problem behavior reports per time: 5.9 ($P < 0.05$) Parent satisfaction with their handling of children's problem behavior: 6.9/10 ($P = 0.11$) **Harms:** NR **Modifiers:** Theory of Mind: significant correlation with VIQ ($P < 0.001$) & FSIQ ($P < 0.05$) TOPS: significant correlation with VIQ ($P < 0.001$) & FSIQ ($P < 0.05$) Average problem behavior log satisfaction with handling problem behaviors was correlated ($P < 0.10$) with mother's depression score but not statistically significant

Comments:

* “all four children who engaged in combinations with their augmentative system also used single spoken language for the communication; as a result, these four children are reported in both categories”(p.79)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Stahmer & Ingersoll, 2009 **Country:** US **Practice setting:** Academic **Intervention setting:** Classroom **Enrollment period:** NR **Funding:** Children's Hospital Research grant NIH California Early Start **Author industry relationship disclosures:** NR **Design:** Case series, prospective	**Intervention:** Children's Toddler School (CTS), • inclusive classroom serving 8 children with ASD and 8 typically developing children (4 in the morning, 4 in the afternoon), inclusion sessions 3 hours a day, 5 days a week, • special skills training: 30 min/4 days a week of one-to-one teaching • arranged like typical toddler classroom (i.e. toys for appropriate levels of paly) • Family participation component: weekly 2 hour home visit, home teacher and psychologist accompany family through transition **Assessments:** Administered at entry and approx. 1 week before child completed treatment: BSID-II (by program psychologist), VABS (by program director to parent), GARS (parent questionnaire), and checklist of functional skills developed by authors (by program psychologist). Mean age at exit: 35 mo. **Groups:** **G1:** Children's Toddler School (CTS) **Provider:** • Special and early education classroom teachers, at least bachelor's degree • Speech therapist/occupational therapist	**Inclusion criteria:** • participated in CTS program for a minimum of 6 months • received from a clinician not associated with the project an independent diagnosis of ASD • minimum nonverbal mental age of 12 mo. (on BSID-II) • less than 2 years 6 mo. of age **Exclusion criteria:** See above **Age, mean/months (range):** 27.6 (22-31) **Mental age, BSID-II mean ± SD:** **G1**: 67.2 ± 14.7 (n=19) **Gender: n (%):** M, 16 (80%) F, 4 (20%) **Race/ethnicity, n (%):** White: 12(60) Asian: 2 (10) Hispanic: 4(20) Filipino: 2(10) **SES:** Maternal education: NR Household income: NR Four Factor Index of Social Status, n (%): Major business/ professional: 5(25) Med. business/minor professional: 10(50) Skilled workers: 2(10) Semiskilled workers: 3(15) Unskilled laborers: 0(0) **Diagnostic approach:** Referral **Diagnostic tool/method:** DSM-IV	**Overall ratings:** VABS, n, mean age equivalent: **G1:** 16, 14 GARS, n, mean ± SD: **G1:** 19, 87.2 ± 11.2 **Social skills:** VABS Socialization, n, mean ± SD: **G1:** 16, 70.4 ± 8.9 VABS socialization range of functioning, n (%): Typical range 1 (6) Reported functional social interaction skills, n (%): Avoidant: 8 (40) Facilitated: 8 (40) Parallel play: 4 (20) Responsive to peers: 0 (0) Reciprocal play: 0 (0) **Communication/ language:** VABS Communication, n, mean ± SD: **G1:** 16, 71.1 ± 13.9 VABS communication range of functioning, n (%): Severely delayed range: 1 (6) Mildly delayed range: 7 (44) Borderline range: 7 (44) Average range: 1 (6) Reported functional communication skills, %: No functional communication system: 50	**Overall ratings:** VABS, n, mean age equivalent: **G1:** 16, 21 GARS, n, mean ± SD: **G1:** 19, 76.5 ± 23.0 *P* < 0.05 **Social skills:** VABS Socialization, n, mean ± SD: **G1:** 16, 75.0 ± 10.9 *P* < 0.05 VABS socialization range of functioning, n (%): Typical range: 5 (31) Reported functional social interaction skills, n (%): Avoidant: 0 (0) Facilitated: 3 (15) Parallel play: 5 (25) Responsive to peers: 5 (25) Reciprocal play: 7 (35) *P* < 0.01 **Communication/ language:** VABS Communication, n, mean ± SD: **G1:** 16, 79.3 ± 17.1 *P* < 0.01 44% of children showed increases VABS communication range of functioning, n (%):

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Stahmer & Ingersoll, 2009 (continued)	**Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies, n (%):** Gluten/casein-free diets: 4 (20) Individual occupational therapy: 2 (10) Individual speech therapy: 1 (5) 10 hours a week of discrete trial training: 1 (5) 3 hours a week of naturalistic intervention: 1 (5) **N at enrollment:** **G1:** 20 **N at follow-up:** **G1:** 20	Diagnosis confirmed in study using standardized assessments including: CARS GARS **Diagnostic category, %:** Autism: 55 PDD-NOS: 45 **Other characteristics:** NR	Single signs or PECS: 0 Combinations with augmentative system: 0 Single spoken words: 35 Phrases: 15 Commenting/sharing: 0 **Adaptive behavior:** VABS Daily Living Skills, mean ± SD: **G1:** 16, 71.2 ± 8.9 Reported functional play skills, n (%): No functional play: 7 (35) Cause/effect play: 3 (15) Relational play: 7 (35) Simple pretend play: 3 (15) Complex pretend play: 0 (0) **Motor skills:** VABS Motor Skills, n, mean ± SD: **G1:** 16, 88.9 ± 12.5 Educational/ cognitive/ academic attainment: BSID-II, n, mean ± SD: **G1:** 19, 67.2 ± 14.7 IQ score (BSID-II), n (%): **G1:** below 70 (significantly delayed range): 11 (58) 70-84 (mildly delayed range): 6 (32) 85-115 (normally developing range): 2 (11)	Severely delayed range: 0 (0) Mildly delayed range: 6 (38) Borderline range: 5 (31) Average range: 5 (31) 4 of 15 (27) moved to normal range Reported functional communication skills, n (%): No functional communication system: 2 (10) Single signs or PECS: 2 (10) Combinations with augmentative system: 4 (20)* Single spoken words: 4 (20)* Phrases: 3 (15) Commenting/sharing: 9 (45) *P* < 0.01 **Adaptive behavior:** VABS Daily Living Skills, n, mean ± SD: **G1:** 16, 72.8 ± 9.4 *P* = NS Reported functional play skills, n (%): No functional play: 0 (0) Cause/effect play: 0 (0) Relational play: 7 (35) Simple pretend play: 5 (25) Complex pretend play: 8 (40) P<.01

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Stahmer & Ingersoll, 2009 (continued)			BSID-II nonverbal mental age, mean, rate of development (as compared to typical children): **G1:** 18, 64 BSID-II verbal mental age, rate of development (as compared to typical children): **G1:** 53	**Motor skills:** VABS Motor Skills, n, mean ± SD: **G1:** 16, 87.4 ± 16.1 *P* = NS Educational/ cognitive/ academic attainment: BSID-II, n, mean ± SD: **G1**: 19, 74.6 ± 17.9 *P* < 0.01 developmental quotient increased in 47% of children IQ score (BSID-II), n (%): **G1:** Below 70 (significantly delayed range): 8 (42) 70 – 84 (mildly delayed range): 4 (21) 85 – 115 (normally developing range): 7 (37) 67% of children in mildly delayed range increased to normal range 5% (1 child) increased from significantly delayed range to normal range BSID-II nonverbal mental age, mean, rate of development (as compared to typical children): **G1:** 26, 74

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Stahmer & Ingersoll, 2009 (continued)				BSID-II nonverbal mental age developmental trajectory: **G1:** (graph) 10% increase in developmental progress BSID-II verbal mental age, rate of development (as compared to typical children): **G1:** 67 BSID-II verbal mental age developmental trajectory: **G1:** (graph) 14% increase in developmental progress **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Stigler et al., 2004 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** October 1997 to January 2002 **Funding:** National Alliance for Research in Schizophrenia and Depression. NIH. Department of Housing and Urban development **Author industry relationship disclosures:** NR **Design:** Retrospective case series	**Intervention:** Stimulants Recent trials: 2.5 mg orally (morning and noon) increased by 2.5 mg/week if needed Mean dosage ± SD (range) in mg/day & duration ± SD (range) in days: Methylphenidate (144 total trials): Dosage: 12.9 ± 11.4 (2.5-80) Duration: 545.1 ± 731.2 (1-3650) Amphetamine/dextroamphetamine (68 total trials): Dosage: 10.4 ± 7.1 (2.5-45) Duration: 237.3 ±324.8 (1-1095) Dextroamphetamine (39 total trials): Dosage: 5.8 ± 2.8 (2.5-10) Duration: 196.5 ± 340.6 (7-1424) Pemoline (23 total trials) : Dosage: 33.3 ± 18.2 (18.5-75) Duration: 557.2 ± 889.1 (14-2492) **Assessments:** CGI-I administered pre- and post-trial (clinician and parent report) to determine improvement **Groups:** **G1:** Stimulants **Co-interventions held stable during treatment:** Yes **Frequency of contact during study:** NR	**Inclusion criteria:** • Outpatients hospital-based autism treatment center • Met DSM-IV criteria for PDD by one of two board-certified child and adult psychiatrist • Recent or past stimulant trial • Evaluated in clinic within Enrollment Period Exclusion criteria: See inclusion criteria **Age, mean/yrs ± SD (range) :** **G1:** 7.26 ± 3.45 (2-19) **Mental age:** NR **Gender:** **G1:** M, n (%): 174 (89) F, n (%): 21 (11) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In-study **Diagnostic tool/method:** DSM-IV criteria clinical **Diagnostic category, n (%):** **G1:** Autistic disorder: 104 (53) Asperger's disorder: 34 (17) PDD-NOS: 57 (29) **Other characteristics, n (%):** Mental retardation: 93 (48)	NR	**Responders (CGI-I rating of 1 or 2), %:** Patients with history of one stimulant trial: 24.6 Patients with history of two stimulant trials: 23.2 Patients with history of three stimulant trials responded to first trial: 11.1 **Responders, n/N (%):** (Did not respond to 1st trial) 2nd trial: 6/43 (14.05) 3rd trial: 2/14 (14.3) **Harms:** Adverse Effects, n (%): Aggression: 15 (8) Agitation: 50 (26) Anxiety: 2 (1) Dyspepsia: 15 (8) Dysphoria: 23 (12) Insomnia: 10 (5) Irritability: 16 (8) Sedation: 2 (1) Tics: 9 (5) Weight loss: 14 (7) Total: 154/268 trials (57.5) **Modifiers:** PDD subtype ($P < 0.013$) Use of concomitant medication ($P < 0.007$)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Stigler et al., 2004 (continued)	**Concomitant therapies, n:** Atypical antipsychotics: 14 Conventional antipsychotics: 4 Selective serotonin reuptake inhibitors: Other antidepressants: Imipramine: 2 Clomipramine: Nortriptyline: 1 Mirtazapine: 2 Venlafaxine: 1 Bupropion: 1 Mood stabilizers: 14 Alpha-2 adrenergic agonists: 17 Beta-adrenergic Antagonists: 2 **N at enrollment:** **G1:** 195 **N at follow-up:** **G1:** 195			

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Whitaker, 2004 **Country:** UK **Practice setting:** Community **Intervention setting:** School **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: NR **Design:** Case series, prospective	**Intervention:** Peer tutoring, 20 to 30 minutes on a weekly basis for 20 weeks, each pair involved in 20 to 24 play sessions **Assessments:** The fourth or fifth play session and a further completed session was videotaped after a minimum of 20 weeks; videotaped sessions were coded for joint attention, communication, and shared play. A semi-structured face-to-face interview was conducted by the author with each peer tutor in the final 3 weeks for the project. **Groups:** **G1:** peer tutoring **Provider:** Peer tutors, supervised by an experienced learning support assistant or nursery nurse **Measure of treatment fidelity reported:** NR **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 10 **N at follow-up:** **G1:** 9 (for coded variables)	**Inclusion criteria:** • Attended village primary school with a unit for children with high levels of autism and moderate learning difficulties **Exclusion criteria:** • See inclusion criteria **Age, range (years):** 6-7 **Mental age:** NR **Gender, n:** Male: 9 Female: 1 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** ICD-10 **Diagnostic category, %:** Autism: 100 **Other characteristics, n:** CARS, severely autistic: 4/4 Complex utterances: 1 No language: 1 2 to 4 word sentences: 3 Mainly single words with infrequent simple word combinations: 5 Receptively at or above level of 3 information-carrying words: 2 Receptively at or below single-word stage: 2 Moderate to severe or severe levels of learning difficulty: 10	**Social skills:** Joint attention, percent of coded intervals: **G1:** < 5 **Communication/ language:** Requesting, percent of coded intervals: **G1:** < 3.5 **Adaptive behavior:** Shared play, mean percent: **G1:** 42	**Social skills:** Joint attention, percent of coded intervals: **G1:** < 5 **G1/BL:** *P* = NS **Communication/ language:** Requesting, percent of coded intervals: **G1:** 10 **G1/BL:** *P* < 0.025 **Adaptive behavior:** Shared play, mean percent: **G1:** 66 **G1/BL:** *P* = NS **Harms:** None **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Arick et al., 2003 **Country:** US **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** 1998 **Funding:** U.S. Department of Education Author industry relationship disclosures: NR **Design:** Prospective case series	**Intervention:** Study of Oregon regional programs for children with ASD designed to track educational progress of students receiving home or school based services over time. **Assessments:** Outcome data were collected at baseline and quarterly, biannually, and annually; measures included standardized tests, non-standardized forms, surveys, and interviews ASIEP-2, EOWPVT (if reached ceiling on vocal behavior subtest of ASIEP-2, quarterly), EBASAS (if reached ceiling on educational assessment of ASIEP-2, quarterly), Battelle Developmental Inventory (annually), VABS (annually), SLP, Program Implementation Checklist (at baseline & biannually), parent survey (annually), classroom observation form (annually) **Groups:** **G1:** children with ASD **Provider:** • School based interventions tracked via a program implementation checklist • Assessment specialists trained by special education professionals **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** No	**Inclusion criteria:** • Preschool students 2-6 years of age • Primary diagnosis for services was ASD (confirmed by initial assessment results) • Nominated from Oregon regional programs for students with ASD • Child already involved in some type of school and/or home behavioral program **Exclusion criteria:** • See inclusion criteria **Age, n:** 2: 9 3: 23 4: 22 5: 10 6: 3 **Mental age:** NR **Gender:** NR Race/ethnicity: NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** ASIEP **Diagnostic category, n (%):** ASD: 67 (100) **Other characteristics:** NR	**Overall ratings:** ASIEP-2 autism behavior checklist score, mean ± SD: Body/object use: **G1:** 12.03 ± 7.08 Language: **G1:** 14.07 ± 6.10 Total score: **G1:** 70.47 ± 19.82 ASIEP-2 educational assessment score, mean ± SD: Receptive language: **G1:** 4.98 ± 3.08 Expressive language: **G1:** 2.83 ± 2.78 Body concept: **G1:** 4.38 ± 3.80 Speech imitation: **G1:** 5.22 ± 3.40 Total score: **G1:** 28.82 ± 12.63 ASIEP-2 social interaction assessment score, mean ± SD: Appropriate social interactions: **G1:** 5.63 ± 5.27 Self-stimulation/ nonresponsive to adult: **G1:** 22.86 ± 11.88 Total score: **G1:** 65.21 ± 15.35 ASIEP-2 vocal behavior score, mean ± SD: Noncommunicative utterances: **G1:** 35.97 ± 14.03 Unintelligible utterances: **G1:** 37.41 ± 14.08 Words used during sample: **G1:** 25.39 ± 36.0 Expressive language age: **G1:** 23.21 ± 8.50	**Overall ratings:** ASIEP-2 autism behavior checklist score, 12-16 months, mean ± SD: Body/object use: **G1:** 9.90 ± 7.87 **G1/BL:** $P \leq 0.05$ Language: **G1:** 12.23 ± 5.97 **G1/BL:** $P \leq 0.05$ Total score: **G1:** 61.60 ± 25.86 **G1/BL:** $P \leq 0.05$ ASIEP-2 educational assessment score, 12-16 months, mean ± SD: Receptive language: **G1:** 6.87 ± 3.50 **G1/BL:** $P \leq 0.01$ Expressive language: **G1:** 4.63 ± 4.30 **G1/BL:** $P \leq 0.01$ Body concept: **G1:** 7.27 ± 4.37 **G1/BL:** $P \leq 0.01$ Speech imitation: **G1:** 7.37 ± 4.10 **G1/BL:** $P \leq 0.01$ Total score: **G1:** 37.90 ± 15.44 **G1/BL:** $P \leq 0.01$ ASIEP-2 social interaction assessment score, 12-16 months, mean ± SD: Appropriate social interactions: **G1:** 9.18 ± 8.15 **G1/BL:** $P \leq 0.01$ Self-stimulation/ nonresponsive to adult: **G1:** 17.37 ± 12.60 **G1/BL:** $P \leq 0.01$ Total score: **G1:** 56.19 ± 18.60 **G1/BL:** $P \leq 0.01$

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Arick et al., 2003 (continued)	**Concomitant therapies, n:** Gluten-free and casein-free diet: 8 Secretin: 7 Vitamins: 6 Dimethylglycine: 5 ABA programs: 4 Magnesium: 3 B-6 vitamins: 3 Swimming: 3 Dairy-free diet: 3 Speech therapy: 3 Private preschool: 3 Gluten-free diet: 3 Yeast-free diet: 2 Audio sensory training: 2 Respite care: 2 In-home aide to assist with functional skills: 2 Occupational therapy: 2 19 others: 1 **N at enrollment:** **G1:** 67 **N at follow-up:** **G1:** 56			ASIEP-2 vocal behavior score, mean ± SD: Noncommunicative utterances: **G1:** 23.17 ± 18.20 **G1/BL:** $P \leq 0.01$ Unintelligible utterances: **G1:** 24.68 ± 20.43 **G1/BL:** $P \leq 0.01$ Words used during sample: **G1:** 52.37 ± 52.32 **G1/BL:** $P \leq 0.01$ Expressive language age: **G1:** 33.51 ± 16.70 **G1/BL:** $P \leq 0.01$ **Harms:** NR **Modifiers:** Gain in expressive language age at follow-up was significantly correlated with follow-up IQ score (r=0.469), and Battelle Developmental Inventory cognitive domain age-equivalent scores at baseline (r=0.498) and follow-up (r=0.511).

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Chez et al., 2003 **Country:** US **Practice setting:** Specialty center **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** RCT	**Intervention:** Donepezil hydrochloride (DH), 6 weeks, QD, 2.5 mgs (dose was decreased to 1.25 mgs if parents noted persistent GI distress or changes in behavior and discontinued if GI intolerability or behavior changes lasted > 1 day – considered an adverse event) Placebo: first 6 weeks of placebo then 6 weeks open label treatment for all subjects **Assessments:** Each completed at baseline and 6 weeks: ROWPVT 11 (clinician); EOWPVT-R (clinician); CARS (clinician and parent also completed at 12-week appointment) **Groups:** **G1:** DH capsule **G2:** placebo/DH capsule **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** Testing administered at baseline, 6 weeks and 12 weeks; weekly phone logs **Concomitant therapies, n (%):** Anticonvulsants (divalproex sodium, valproic acid or lamotrigine): **G1:** 20 **G2:** 12 Corticosteroids (pulse dose prednisone or prednisolone): **G1:** 4 **G2:** 2	**Inclusion criteria:** • Ages 2-10 years • Prior diagnosis of AD, PDD-NOS, or Landau-Kleffner Syndrome **Exclusion criteria:** • Concomitant neurological syndrome or disease with neurological compromise (e.g., neurofibromatosis) **Age, years (range):** **G1:** 6.8 (2.1-9.9) **G2:** 6.9 (4.1-10.3) **Mental age:** NR **Gender, n (%):** Male: **G1:** 19 (83) **G2:** 16 (80) Female: **G1:** 4 (17) **G2:** 4 (20) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** DSM-IV **Diagnostic category, n:** Autistic disorder: **G1:** 8 **G2:** 5 PDD-NOS: **G1:** 14 **G2:** 13 Landau-Kleffner syndrome: **G1:** 1 **G2:** 2 **Other characteristics, n (%):** Nocturnal epileptiform EEG abnormalities: 28 (72) Normal 24 EEG patterns: 11 (28)	**Overall ratings:** CARS score, mean ± SD: **G1:** 34.7 ± 7.7 **G2:** 35.1 ± 7.9 **G1/G2:** *P* = NS **Communication/ language:** EOWPVT-R score, mean ± SD: **G1:** 35.7 ± 27.8 **G2:** 31.9 ± 31.1 **G1/G2:** *P* = NS ROWPVT 11 score, mean ± SD: **G1:** 38.8 ± 23.5 **G2:** 33.5 ± 27.9 **G1/G2:** *P* = NS	**Overall ratings:** CARS score, 6 weeks, mean ± SD: **G1:** 33.3 ± 8.0 **G2:** 32.9 ± 7.7 **G1/BL:** *P* = NS **G2/BL:** *P* < 0.05 **G1/G2:** *P* = NS CARS, 12 weeks, mean ± SD: **G1:** 30.8 ± 7.9 **G2:** 30.9 ± 9.1 **G1/BL:** *P* < 0.05 **G2/BL:** *P* < 0.05 **G1/G2:** *P* = NS **Communication/ language:** EOWPVT-R score, 6 weeks, mean ± SD: **G1:** 43.3 ± 27.2 **G2:** 33.8 ± 32.9 **G1/BL:** *P* < 0.05 **G2/BL:** *P* = NS **G1/G2:** *P* = NS EOWPVT-R score, 12 weeks, mean ± SD: **G1:** 42.5 ± 28.5 **G2:** 40.9 ± 38.8 **G1/BL:** *P* < 0.05 **G2/BL:** *P* < 0.05** **G1/G2:** *P* = NS ROWPVT 11 score, 6 weeks, mean ± SD: **G1:** 50.3 ± 27.0 **G2:** 39.83 ± 27 **G1/BL:** *P* < 0.05 **G2/BL:** *P* = NS **G1/G2:** *P* = NS ROWPVT 11 score, 12 weeks, mean ± SD: **G1:** 49.7 ± 34.2 **G2:** 87.37 ± 14.2 **G1/BL:** *P* < 0.05** **G2/BL:** *P* < 0.05*** **G1/G2:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Chez et al., 2003 (continued)	CNS stimulants (dextroamphetamine/ amphetimine or methylphenidate): **G1:** 5 **G2:** 3 Antidepressants (fluoxetime hydrochloride or paroxitene): **G1:** 2 **G2:** 5 Antipsychotics (risperidone):* **G1:** 4 **G2:** 4 Alpha adrenergic blocking agents (clonidine): **G1:** 1 **G2:** 8 **N at enrollment:** **G1:** 23 **G2:** 20 **N at follow-up:** **G1:** 17 **G2:** 17			**Harms:** First 6 weeks: Increased irritability, mood swings, crying, lability: **G1:** 5 **G2:** 0 Lethargy: **G1:** 1 **G2:** 0 Frequent urination: **G1:** 1 **G2:** 0 Troubled sleep: **G1:** 1 **G2:** 0 Second 6 weeks: Diarrhea, stomach cramping: **G1:** 2 **G2:** 0 Increased irritability, mood swings, crying, lability: **G1:** 4 **G2:** 2 More stimming: **G1:** 1 **G2:** 0 Withdrawal due to adverse events, n: **G1:** 6 **G2:** 0 Withdrawal due to no show, 6 week appointment, n: **G1:** 0 **G2:** 3 **Modifiers:** NR

Comments:

***** The paper also reports the total number of children in G1 and G2 on antipsychotics is 4, so these numbers may be in error.

** Change is statistically significant when compared to BL or 6 month value.

*** Change is statistically significant when compared to 6 month value.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Evangeliou et al., 2003 Country: Greece **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** May 1999 to May 2000 **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Prospective case series	**Intervention:** Ketogenic diet (John Radcliffe diet) Applied for 6 months, with continuous administration for 4 weeks, interrupted by 2 week diet-free intervals **Assessments:** CARS at baseline and following intervention **Groups:** **G1:** Ketogenic diet **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** End of each 4 week diet phase and at the end of each 2 week diet-free phase Monthly Psychiatric examination at the end of the diet and every month after discontinuation of diet for 6 months **Concomitant therapies, n (%):** Haloperidol: 30 (100) **N at enrollment:** **G1:** 30 **N at follow-up:** **G1:** 30	**Inclusion criteria:** • 4-10 years of age with autistic behavior as diagnosed by a child psychiatrist according to CARS • Mild-moderate cases=CARS 30-36 • Severe cases= CARS ≥ 37 **Exclusion criteria:** See inclusion criteria **Age, median/yrs (range):** 7 (4-10) **Mental age:** NR **Gender:** M, n (%): 16 (53.3) F, n (%): 14 (46.7) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** CARS **Diagnostic category, n (%):** Autism : 30 (100) **Other characteristics:** NR	**Overall ratings: CARS, n, mean ± SD:** Mild / Moderate autistic cases: 2 (CARS=34, 36) Severe cases: 28 (CARS: 37-54) Pre-CARS: 2, 35 ± 1.41 Pre-CARS: 8, 41.88 ± 3.14 Pre-CARS: 8, 45.25 ± 2.76 Elevated 3-ohisovaleric acid: 3 Pathologic levels of beta - hydroxybutyrate abnormal (1.05 - 1.45 mmol/L): 6	**Overall ratings: CARS, mean ± SD:** Improvement: 4.77 ± 0.89 *P* < 0.001 Significant improvement observed in those with lower initial CARS scores Diet tolerated, n (%): 23 (76.6) Improvement in Social behavior, interactions, speech, stereotypy & learning, n (%): 18 (60) Elevated beta-OHb following diet, n (%): 4 (13.3) Interrupted diet, n (%): 5 (16.7) Elevated beta-OHb following diet, n (%): 2 (6.7) Improvement significantly (CARS > 12 units): 2 (CARS=16, 13 units) Average (CARS > 8-12 units): 8 (CARS mean=7.1 units) Minor (CARS 2-8 units): 8 (CARS mean =7.1 units)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Evangeliou et al., 2003 (continued)				Among 6 with the pathologic levels of beta - hydroxybutyrate, improvement , n: Significant: 1 Average: 2 Minor: 1 (2 discontinued the diet) **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Levy et al., 2003 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NIH, MRDDRC **Author industry relationship disclosures:** NR **Design:** RCT (double-blind cross-over)	**Intervention:** Single IV dose of human synthetic secretin (2CU/kg) to a maximum dose of 75 CU injected slowly over 1 minute Infusions separated by a 6-week washout period **Assessments:** GBRS completed by families and teachers or therapists; daily log of gastrointestinal symptoms completed by parents; CSBS completed by study examiners at BL and two weeks after each infusion; Ritvo Real-life Rating Scale completed by study examiners at BL and two weeks after each infusion; occurrence of adverse effects monitored throughout the study **Groups:** **G1:** infusion of secretin followed by placebo six weeks later **G2:** infusion of placebo followed by secretin six weeks later **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** Families & teachers or therapists completed GBRS weekly **Concomitant therapies, n:** Prozac: **G1:** 3* **G2:** 1 Adderall: **G1:** 0 **G2:** 2 Risperidone **G1:** 1 **G2:** 0 Guanfacine: **G1:** 1* **G2:** 2	**Inclusion criteria:** • Children in the age range of 3-8 years with ASD as diagnosed by ADI-R **Exclusion criteria:** • Significant hearing or vision loss • Other neurological disorders (e.g., cerebral palsy, phenylketonuria, tuberous sclerosis, neurofibromatosis, seizure disorder) • Genetic disorder • Prematurity (< 32 weeks gestation) • Diagnosis of coeliac disease or other gastrointestinal disease, associated with malabsorption • Previous treatment with secretin • Anaemia and plumbism **Age, months ± SD:** **G1:** 70.65 ± 18.2 **G2:** 76.53 ± 14.33 **Age, range:** 43-103 **Mental age:** NR **Gender, %:** Male: **G1:** 87 **G2:** 74 Female: **G1:** 13 **G2:** 26 **Race/ethnicity, %:** Caucasian: **G1:** 87 **G2:** 94 **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** ADI-R	**Overall ratings:** CARS total score, mean ± SD: **G1:** 34.1 ± 3.13 **G2:** 37.32 ± 6.23 **G1/G2:** *P* = 0.02 CARS score < 37 (mild-moderate), %: **G1:** 84 **G2:** 55 **G1/G2:** *P* = 0.003 **Adaptive behavior:** VABS communication standard score, mean ± SD: **G1:** 54.50 ± 14.03 **G2:** 54.44 ± 13.81 **G1/G2:** *P* = NS CSBS standard score, mean ± SD: **G1:** 72.75 ± 7.86 **G2:** 75.03 ± 10.65 **G1/G2:** *P* = NS Ritvo subscale score, mean ± SD: Sensory motor: **G1:** 0.46 ± 0.06 **G2:** 0.41 ± 0.06 **G1/G2:** *P* = NS Social relatedness: **G1:** 1.03 ± 0.06 **G2:**1.16 ± 0.06 **G1/G2:** *P* = NS Affect: **G1:** 0.64 ± 0.10 **G2:** 0.74 ± 0.10 **G1/G2:** *P* = NS Sensory: **G1:** 0.61 ± 0.05 **G2:** 0.68 ± 0.05 **G1/G2:** *P* = NS Language: **G1:** 0.80 ± 0.04 **G2:** 0.88 ± 0.05 **G1/G2:** *P* = NS	**Adaptive behavior:** CSBS standard score, period 1, mean change ± SD: **G1:** 0.14 ± 8.28 **G2:** -0.27 ± 7.36 CSBS standard score, period 2, mean change from BL ± SD: **G1:** 2.19 ± 7.73 **G2:** -0.70 ± 7.90 Ritvo global score, period 1, mean change ± SD: **G1:** 0.01 ± 1.35 **G2:** -0.18 ± 0.79 Ritvo global score, period 2, mean change from BL ± SD: **G1:** 0.12 ± 0.66 **G2:** -0.27 ± 0.96 GBRS score, teacher-rated, period 1, mean change ± SD: **G1:** 0.34 ± 0.72 **G2:** 0.14 ± 0.71 GBRS score, teacher-rated, period 1, mean change ± SD: **G1:** 0.33 ± 1.01 **G2:** 0.29 ± 1.06 GBRS score, parent-rated, period 1, mean change ± SD: CARS < 37: **G1:** 0.20 ± 0.76 (n=25) **G2:** 0.30 ± 0.71 (n=14) CARS ≥ 37: **G1:** 0.73 ± 0.60 (n=5) **G2:** 0.14 ± 0.58 (n=16)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Levy et al., 2003 (continued)	Methylphenidate: **G1:** 0 **G2:** 2 **N at enrollment:** **G1:** 31 **G1a:** 26 **G1b:** 5 **G2:** 31 **G2a:** 16 **G2b:** 15 **N at follow-up:** **G1:** 30 **G1a:** NR **G1b:** NR **G2:** 31 **G2a:** 16 **G2b:** 15	**Diagnostic category, n (%):** Autism: 61 (100) PDD-NOS: NR Aspergers: NR **Other characteristics, %:** GI symptoms: **G1:** 63 G2: 50		GBRS score, parent-rated, period 2, mean change from BL ± SD: CARS < 37: **G1:** 0.74 ± 0.86 (n=24) **G2:** 0.19 ± 1.08 (n=13) CARS ≥ 37: **G1:** 0.00 ± 0.42 (n=5) **G2:** 0.30 ± 0.70 (n=16) **Harms:** Adverse events, n: Elevated LFT: 3 Hyperactivity: 2 Emotional lability: 1 Fractures: 2 Stomach ache: 1 **Modifiers:** CARS by treatment interaction for parent-rated GBRS (P = 0.0001)

Comments:

* One child in G1 received both prozac and guanfacine.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Magiati et al., 2003 **Country:** UK **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** Agency: Three Guineas Trust, UK **Author industry relationship disclosures:** NR **Design:** Prospective case series	**Intervention:** Picture Exchange Communication system (PECS). Assessment carried out in the 2 month period prior to training with rates of change measured during 2 month periods over 6 months following training (time1 / BL, time2, time3, time 4) **Assessments:** Teachers completed initial measures of children's communicative ability 2 mos before onset of PECS training; same assessments completed immediately after PECS workshop and at 2 monthly intervals thereafter ASQ, VABS, ATEC Parental information on child's general level of functioning and severity of autistic symptoms prior to onset of PECS training **Groups:** **G1a:** Initially using little/no speech **G1b:** Vocabulary of > 10 words when training began **Provider:** Teachers **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** None **N at enrollment:** **G1a:** 18 **G1b:** 16	**Inclusion criteria:** • Diagnosis of Autism • Special schools with a full dedicated provision for children with ASD • No or minimal prior experience of PECS **Exclusion criteria:** • Very well developed verbal skills • Any increase of Behavioral difficulties • See inclusion criteria **Age, mean/yrs ± SD (range):** Both groups: 7.66 ± 2 (5-12) **Mental age:** NR **Gender:** M, n (%): 29 (85.3) F, n (%): 5 (14.7) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study/Referral: Referral **Diagnostic tool/method:** ADI-R **Diagnostic category, n (%):** Autism : 34 (100) **G1a:** 18 **G1b:** 16	**Vineland scores**: Age equivalent, mean/yrs:mos ± SD, (range): Communication: 1:6 ± 7, (0:8-2:8) Daily living skills: 2:7 ± 7, (1:4-3:9) Socialization: 1:6 ± 7, (0:7-2:10) **PECS, mean ± SD:** Level: 0.91 ± 1.26 Vocabulary: 0.85 ± 1.18 Frequency: 1.65 ± 1.89 Number of signs: 1.18 ± 1.31 Number of words: 2.53 ± 2.19 Number of phrases: 1 ± 1.58 Overall level of spontaneous communication: 5.91 ± 2.02 **Rimland Autism Treatment Evaluation Checklist, mean ± SD:** Total score: 74.9 ± 20.98 Communication: 19.50 ± 5.43 Socialization: 16.02 ± 8.05 Sensory/cognitive: 22.58 ± 6.37 Physical/mood: 16.76 ± 7.38	**Vineland scores:** NR **PECS, mean ± SD:** Level: 4.58 ± 1.26 (*P* = 0.001) Vocabulary: 4.31 ±1.12 (*P* = 0.001) Frequency: 4.71 ±1.59 (*P* = 0.001) Number of signs: 1.62 ± 1.56 (*P* = 0.01) Number of words: 3.21 ± 2.01 (*P* = 0.001) Number of phrases: 1.53 ± 1.98 (*P* = 0.02) Overall level of spontaneous communication: 7.38 ±1.47 (*P* = 0.001) Rimland Autism Treatment Evaluation Checklist, mean ± SD: Total score: 65.11 ± 20.89 Communication: 17.29 ± 5.45 Socialization: 13.97 ± 7.13 Sensory/cognitive: 19.00 ± 7.97 (*P* < 0.01) Physical/mood: 14.85 ± 7.1 **Harms:** NR **Modifiers:** Changes according to initial language level: Baseline vs. Follow up, mean ± SD:

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Magiati et al., 2003 (continued)	**N at follow-up:** **G1a:** 18 **G1b:** 16	**Other characteristics, n (%):** Hyperactivity: 1 (2.9) Non-verbal: 10 (29.4) Single words: 10 (29.4) Phrase speech: 14 (41.2)		**G1a:** PECS Level: 1.3 ± 1.13 vs. 4.0 ± 1.14 Vocabulary: 1.05 ± 0.87 vs. 4.06 ± 0.94 Frequency: 2.4 ± 1.76 vs. 4.4 ± 1.61 [all 3 *P* < 0.01] Overall level of spontaneous communication: 4.94 ± 1.55 vs. 6.39 ± 1.14 *P* < 0.001 Number of signs: *P* < 0.03 Number of words: *P* = 0.001 **G1b:** PECS Level: <1 vs. 5.3 *P* < 0.001 Pictures used: <1 to 21-50 *P* < 0.001 Frequency of PECS use <1 to 11-20 symbols *P* < 0.001 Number of words *P* = NS Number of phrases *P* = NS Number of signs: *P* = NS Overall level of spontaneous Communication: 6.9 ± 2.01 vs. 8.47 ± 0.91 *P* < 0.001

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Magiati et al., 2003 (continued)				Prior exposure to PECS: experienced group vs. naïve group: Experienced: PECS Freqs : baseline vs. follow-up *P* = NS PECS vocabulary: *P* = 0.02 Naïve group: PECS level, freq, vocabulary all rose significantly between times 1 & 4 (*P* < 0.001) School differences: pupils in schools with little or no prior experience of PECS actually reached higher PECS levels at follow-up than pupils in schools where PECS was already established

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Sofronoff et al., 2003 **Country:** Australia **Practice setting:** NR **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** School of Psychology, University of Queensland **Author industry relationship disclosures:** NR **Design:** RCT	**Intervention:** A cognitive behavior therapy program "Exploring Feelings", taught in 6 weekly two-hour sessions; treatment goal: teach strategies to manage feelings and broaden emotional and behavioral repertoire Two therapists per group of three children; while children in the group with parents involved received the intervention, their parents worked through the "Expoloring Feelings" program with therapists **Assessments:** James and the Maths Test (child measure developed for the study), parent measure of self efficacy in management of 15 behaviors related to Asperger; given pre-intervention, post-intervention, and at 6 week follow-up. Parent evaluation of intervention assessed at 6 week follow-up **Groups:** **G1:** behavior therapy, parents not involved **G2:** behavior therapy, parents taught separately **G3:** waitlist controls **Provider:** Clinical psychologists **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 24 **G2:** 27 **G3:** 14	**Inclusion criteria:** • Age 10-12 years • Diagnosis of Asperger syndrome • Presence of anxiety based on parental report **Exclusion criteria:** • See inclusion criteria **Age:** NR **Mental age:** NR **Gender:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** NR **Diagnostic category, n (%):** Aspergers: 65 (100) **Other characteristics:** NR	**Problem behavior:** James and the Maths Test score, mean: **G1:** NR* **G2:** NR* **G3:** NR* **G1/G2/G3:** *P* = NS Parental self efficacy rating, mean: **G1:** NR** **G2:** NR** **G3:** NR** **G1/G2/G3:** *P* = NS	**Problem behavior:** James and the Maths Test score, mean: Post-treatment: **G1:** NR* **G2:** NR* **G3:** NR* **G1/G2:** *P* < 0.01 **G1/G3:** *P* < 0.0001 **G2/G3:** *P* < 0.0001 6 week follow-up: **G1:** NR* **G2:** NR* **G3:** NR* **G1/G2:** *P* < 0.0001 **G1/G3:** *P* < 0.0001 **G2/G3:** *P* < 0.0001 Parental self efficacy rating, mean: **G1:** NR** **G2:** NR** **G3:** NR** Post-treatment: **G1:** NR* **G2:** NR* **G3:** NR* **G1/G2:** *P* = NS **G1/G3:** *P* < 0.05 **G2/G3:** *P* < 0.05 6 week follow-up: **G1:** NR* **G2:** NR* **G3:** NR* **G1/G2:** *P* = NS **G1/G3:** *P* < 0.05 **G2/G3:** *P* < 0.05 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children With ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Sofronoff et al., 2003 (continued)	**N at follow-up:** NR			

Comments:

* data only illustrated graphically in Figure 1

** data only illustrated graphically in Figure 2, which appears to erroneously be a reproduction of Figure 1

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Masi et al., 2003 **Country:** Italy **Practice setting:** Third level research Hospital **Intervention setting:** Clinic **Enrollment period:** March 1999 to April 2002 **Funding:** NR **Author industry relationship disclosures:** First author-Eli Lilly, Pfizer, GlaxoSmithKline & Janssen **Design:** Prospective case series	**Intervention:** Risperidone monotherapy. Duration of treatment ranged from 3-32 months. Started on a dose of 0.25 mg at bedtime. Subsequent titration was by 0.25mg increments at no more than weekly intervals depending on clinical response and occurrence of side effects. Max daily dose was 1mg. **Assessments:** CPRS, CGI-I, CGAS, and side effects checklist administered by independent examiners at baseline, after 8 wks, and at irregular intervals during follow up (mean follow up 7.9±6.8 mos, range 1-32 mos). CARS, Griffiths Developmental Scales, Leiter International Performance Scale administered at baseline. **Groups:** **G1a:** Autistic disorder **G1b:** PDD-NOS **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** Behavioral symptoms at baseline, after 8 weeks and again at irregular intervals during follow-up. **Concomitant therapies:** None **N at enrollment:** 53 **N at follow-up:** 47 (treated with risperidone for at least 2 mos)	**Inclusion criteria:** • Diagnosis of autistic disorder or PDD-NOS according to DSM-IV criteria and CARS score above 30 • Absence of comorbid medical or neurologic conditions • Severe behavioral symptoms • Written parental informed consent to treatment **Exclusion criteria:** See inclusion criteria **Age, mean/yrs ± SD:** 4.6 ± 0.7 (3.6-6.6) **G1a:** 4.4 ± 0.6 **G1b:** 5 ± 0.8, *P* = 0.01 **Mental age:** NR **Gender:** M, n (%): 45 (84.9) F, n (%): 8 (15.1) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** Clinical interview, DSM-IV, CARS score above 30 **Diagnostic category, n (%):** Autism : 37 (69.8) PDD-NOS : 16 (30.2) **Other characteristics, n (%):** Mental retardation: 43 (81) Mild: 10 Moderate: 21 Severe: 12	**Overall ratings:** CPRS, mean ± SD: Total: 51.07 ± 5.2 **G1a:** 51 ± 5.9 **G1b:** 41.8 ± 4.6 *P* < 0.0001 22 with a CGI-I score of 1/2 showed at least a 25% reduction in CPRS total score and were considered responders Among responders (n=22): CARS : 40.1 ± 7 CPRS: 50.5 ± 6.0 Among non-responders (n=25): CARS: 42.7 ± 5.2 CPRS: 50.7 ± 5.4 Prolactin level, ng/ml. mean ± SD: 13.3 ± 7.8 CARS: **G1a:** 43.9 ± 5.3 **G1b:** 35.9 ± 4.0 *P* < 0.0001 CGAS, mean ± SD: Overall: 20.87± 4.6 **G1a:** 19.6 ± 4.0 **G1b:** 23.9 ± 4.6 *P* = 0.002 Responders/non-responders: **G1a:** 12/21 **G1b:** 10/4 *P* = 0.06 Weight in kg, mean ± SD: Overall: 20.6 ± 5.5 **G1a:** 19.1 ± 5.0 **G1b:** 22.9 ± 4.3 *P* = 0.02	**Overall ratings:** CGAS, mean ± SD: **G1a:** 27.1 ± 5.9 **G1b:** 33.4 ± 4.7 *P* < 0.0001 CPRS, mean ± SD: **G1a:** 42.5 ± 5.4 **G1b:** 34.6 ± 3.2 *P* < 0.0001 Serum Prolactin level, mean ± SD: Responders: 24.3 ± 16.3 Non-responders: 27.5 ± 23.2 (*P* = 0.64) Prolactin level at last observation: 28.38 ± 22.45 (t = -3.8, df = 72, *P* < 0.0001) **G1a:** 29 ± 21.3 **G1b:** 26.1 ± 26.0 *P* = 0.70 Weight in kg, mean ± SD: Overall: 23.3 ± 6.3 **G1a:** 21.5 ± 5.9 **G1b:** 26.1 ± 5.3 *P* = 0.02 Responders / non-responders: mean ± SD: Maximum dosage-mg/d: 0.70 ± 0.18 / 0.57 ± 0.16 (*P* = 0.012) Optimal dosage, mg/d: 0.61 ± 0.22 / 0.49 ± 0.16 (*P* = 0.036) Duration of treatment (mo): 11.3 ± 8.1 / 6.5 ± 4.3 (*P* = 0.013)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Masi et al., 2003 (continued)				Weight gain, kg: 3.61 ± 3.40 / 1.76 ± 1.98 (*P* = 0.026) CPRS(total score): 40.44 ± 5.9, 21% improvement from baseline, *P* < 0.0001 >30% improvement, %: Hyperactivity: 34 Fidgetiness: 33 Angry effect: 31 Liability of affect: 31 > 20% improvement, %: Negative uncooperative behavior: 27.1 Withdrawal: 26 Non-spontaneous relation with examiner: 20 Rhythmic motions: 21 CGI-I score, n: Very much/much improved: 22 Minimally improved: 22 Unchanged: 3 CGAS, mean ± SD (%) improvement: 29.2 ± 6.2 (28), (t = -15.423, *P* < 0.0001)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Masi et al., 2003 (continued)				**Harms:** 12 (22.6 %) discontinued treatment due to side effects (6 due to increased prolactin levels Other causes: loss of consciousness with suspected epileptic seizure, dystonic episode, tachycardia and fushes, subjective vision disorders) Side effects that did not cause discontinuation of treatment, n : Increased appetite: 8 Agitation:4 Enuresis: 4 Decreased appetite : 2 Sedation & hypoactivity: 3 Tremors: 2 Elevated liver enzymes: 1 Increase of platelets > 500,000/mm: 1 Mean weight gain in the total sample: 2.4 ± 2.8 kg **Modifiers**: See above for the effect by Diagnosis type (G1a/ G1b) Drug response not affected by severity of mental retardation

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Bibby et al., 2002 **Country:** UK **Practice setting:** Academic **Intervention setting:** Home **Enrollment period:** September 1998 to May 2000 **Funding:** Autism and Developmental Disorders Education Research Ltd. Author industry relationship disclosures: NR **Design:** Retrospective case series	**Intervention:** Parent-managed behavioral intervention patterned after UCLA workshop model **Groups:** **G1:** intervention **G1a:** children with an early (before or within 3 months of intervention start) IQ score **G1b:** children with an early (before or within 3 months of intervention start) VABS **G1c:** children at a minimum age of 72 months after at least 24 months behavioral intervention **Assessments:** Conducted by seven psychology graduates with ≥ 12 months post-graduate experience working with children with autism with same age range as groups IQ scores (assessed by primary assessors, research assistants, third author and psychologist), Bayley Scales of Infant Development (2nd ed.), WPPSI-R, WISC-III, Reynell Developmental Language Scales (3rd EK ed.), VABS (survey form from Interview Edition (assessed by trained rater), ADI-R (assessed by research assistants) **Provider:** Parent-managed approach with care provided by consultants, family members, and volunteers (19-20% UCLA Level II, 29-35% PhD or registered clinical psychologist level without meeting UCLA criteria, 47-51% MA or BA level paraprofessionals)	**Inclusion criteria:** • Children with autism whose parents who sought legal advice from the first author concerning public funding for behavioral interventions **Exclusion criteria:** • Unable to arrange for assessment • Additional diagnosis of cerebral palsy • Rett's disorder **Age, mean months ± SD:** Study entry: **G1a:** 43.4 ± 12.6 Follow-up: **G1c:** 85.5 ± 11.7 **Mental age, months:** **G1a:** 21.3 (n=17) **Gender, n:** Male: 55 Female: 11 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** NR **Diagnostic category, n (%):** Autism: 58 PDD-NOS: 2 Aspergers: 0 **Other characteristics:** Age at beginning of treatment, months ± SD: 45.0 ± 11.2 Duration of behavioral treatment at time of study entry, n (%): < 12 months: 11 (18) 12-24 months: 31 (52) > 24 months: 18 (30)	**Overall ratings:** Sum pathology score, early, mean points: **G1:** 4.9 **Social skills:** VABS socialization score, mean: **G1:** 62.8 VABS socialization, developmental age, months: **G1:** 26.3 **Communication/ language:** VABS communication score, mean: **G1:** 66.9 VABS communication, developmental age, months: **G1:** 35.2 Reynell developmental language scale, months: Comprehension: **G1:** 31.9 Expressive: **G1:** 31.2 **Adaptive behavior:** VABS composite score, early, mean: **G1b:** 54.5 VABS composite score, mean: **G1:** 58.8 VABS composite, developmental age, months: **G1:** 31.8 VABS daily living score, mean: **G1:** 59.0 VABS daily living, developmental age, months: **G1:**33.7	**Overall ratings:** Sum pathology score, 12 months, mean points: **G1:** 2.2 **G1/BL:** $P < 0.01$ **Social skills:** VABS socialization score, 12 months, mean: **G1:** 65.9 **G1/BL:** P = NS VABS socialization, 12 months, developmental age, months: **G1:** 36.2 **G1/BL:** $P < 0.01$ **Communication/ language:** VABS communication score, 12 months, mean: **G1:** 70.3 **G1c:** 66.3 **G1/BL:** $P < 0.05$ VABS communication, 12 months, developmental age, months: **G1:** 47.5 **G1c:** 63.0 **G1/BL:** $P < 0.01$ Reynell developmental language scale, 12 months, months: Comprehension: **G1:** 37.5 **G1/BL:** $P < 0.01$ Expressive: **G1:** 35.7 **G1/BL:** $P < 0.01$ **Adaptive behavior:** VABS composite scores, 12 months, mean: **G1:** 61.0 **G1b:** 63.4 **G1c:** 55.2 **G1/BL:** P = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Bibby et al., 2002 (continued)	**Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** No **Concomitant therapies, %:** At least one other intervention chosen by parents (e.g., diets, vitamins, minerals, secretin, homeopathic preparations, sensory treatments): 81 **N at enrollment:** **G1:** 75 **G1a:** 22* **G1b:** 21* **N at follow-up:** **G1:** 60 **G1c:** 42*	Secondary diagnoses of additional neurological disorders or epilepsy, n: 0 Hours of one-to-one treatment received at follow-up, mean ± SD: **G1c:** 4743 ± 1508 Weekly hours of one-to-one treatment received at follow-up, mean ± SD: **G1c:** 23.7 ± 10.4 Duration of treatment at follow-up, months ± SD: **G1c:** 36.8 ± 10.3 Weekly hours of school attendance at follow-up, mean ± SD: **G1c:** 15.9 ± 11.0 School placement at follow-up, n:** Attending special education setting with one-on-one assistance: 9 Attending special education setting with no one-on-one assistance: 4 Mainstream for at least part of school week with full-time individual adult support: **G1c:** 23 Mainstream for at least part of school week with part-time individual adult support: **G1c:** 2 Mainstream for at least part of school week with no individual adult support (educationally normal functioning): G1c: 0	VABS maladaptive behavior score, mean: **G1:** 16.3 **Educational/ cognitive/ academic attainment:** IQ, early, mean: **G1a:** 50.8 IQ, mean: **G1:** 57.6 Mental age, months: **G1:** 34.0 Merrill-Palmer mental age, mean months: **G1:** 48.8	VABS composite, 12 months, developmental age, months: **G1:** 41.4 **G1/BL:** *P* < 0.01 VABS daily living score, 12 months, mean: **G1:** 56.9 **G1c:** 50.4 **G1/BL:** *P* = NS VABS daily living, 12 months, developmental age, months: **G1:** 41.3 **G1/BL:** *P* < 0.01 VABS maladaptive behavior score, 12 months, mean: **G1:** 15.2 **G1/BL:** *P* = NS **Educational/ cognitive/ academic attainment:** IQ, 12 months, mean: **G1:** 58.5 (n=58) **G1a:** 55.0 **G1/BL:** *P* = NS IQ > 85, 12 months, n: **G1:** 10/66 IQ, 12 months, mean ± SD (95% CI) **G1c:** 53.1 ± 20.0 (46.8-59.4) Merrill-Palmer mental age, 12 months, mean months: **G1:** 55.6 **G1c:** 58.3 **G1/BL:** *P* < 0.01 Mental age, 12 months, months: **G1:** 39.4 (n=51) **G1/BL:** *P* < 0.01

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Bibby et al., 2002 (continued)				**Harms:** NR **Modifiers:** There was a significant correlation between early IQ and IQ at study entry and 12 months (both r = 0.78) and between IQ at study entry and IQ at 12 months (r = 0.93). VABS composite scores at study entry and 12 months were significantly correlated (r = 0.91), but not with early VABS composite score. Change in IQ from early measure to study entry was predicted only by age at start of behavioral treatment (*P* = 0.04). There was no effect of group level of consul-tants on changes in IQ and VABS scales from study entry to 12 months.

Comments:

***** There were 12 children in both G1a and G1c and 9 children in both G1a and G1b. Means and variances were not significantly different between G1a and G1b, so the authors considered these values as representative for the overall group of participants at baseline.

** Among 6 who had ceased to receiving EIBI before follow-up, 5 were receiving special needs school education and 1 had no school placement.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Chez et al., 2002 **Country:** US **Practice setting:** Specialty treatment center **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** double Blind RCT	**Intervention:** 800 mg of L-Carnosine daily for 8 weeks **Assessments:** Baseline & 8-weeks: expressive language (EOWPVT), receptive language (ROWPVT), autism severity ratings (CARS & GARS), and CGI of Change; all completed by parents in a pediatric neurology clinic in a room dedicated to assessment Every two weeks, parents faxed a CGI of Change; they were not allowed to refer back to faxes from the prior 2-week period **Groups:** **G1:** L-Carnosine **G2:** Placebo **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** every 2 weeks **Concomitant therapies, n (%):** Valproic acid**:** NR **N at enrollment:** **G1:** 14 **G2:** 17 **N at follow-up:** **G1:** 14 **G2:** 17	**Inclusion criteria:** • Age 3-12 years • Prior diagnosis of ASD, PDD by DSM-IV-Revised **Exclusion criteria:** • Family HX of seizure disorder or fragile X syndrome, or other genetic disorder or • etiology of their spectrum disorder **Age, mean/months ± SD:** G1: 85.69 ± 24.57 G2: 92.47 ± 28.95 **Mental age:** NR **Gender:** M, n (%): 21 (67.7) F, n (%): 10 (32.3) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method:** DSM-IV **Diagnostic category, n (%):** Autism /PDD-NOS: 31 (100) **Other characteristics:** NR	**Overall ratings:** Clinical Global Impression, mean ± SD: **G1:** 14.50 ± 3.65 **G2:** 12.94 ± 4.18 *P* = NS Childhood Autism Rating Scale, mean ± SD: **G1:** 31.71 ± 6.55 **G2:** 34.85 ± 6.69 *P* = NS Gilliam Autism Rating Scale, mean ± SD: **G1:** 55.50 ± 16.35 **G2:** 50.88 ± 16.96 *P* = NS **Communication/ language:** Expressive One-Word Picture Vocabulary test (raw) , mean ± SD: **G1:** 35.36 ± 20.87 **G2:** 30.65 ± 26.28 *P* = NS Expressive One-Word Picture Vocabulary test (age adjusted), mean ± SD: **G1:** 40.71 ± 23.44 **G2:** 35.41 ± 29.94 *P* = NS Receptive One-Word Picture Vocabulary test (raw), mean ± SD: **G1:** 38.00 ± 23.67 **G2:** 34.29 ± 28.56 *P* = NS Receptive One-Word Picture Vocabulary test (age adjusted), mean ± SD: **G1:** 40.57 ± 24.55 **G2:** 39.65 ± 27.91 *P* = NS	**Overall ratings:** Changes in children after 8 wks on Active Carnosine: Clinical Global Impression, mean ± SD(baseline vs. 8 wk): **G1:** 16.39 ± 4.36 *P* = 0.06 Clinical Global Impression, mean ± SD(2 wk vs. 6 wk): **G1:** 4.92 ± 5.69 *P* = 0.04 Changes in children after 8 wks on Active Carnosine: Childhood Autism Rating Scale, mean ± SD: **G1:** 29.75 ± 7.53 *P* = 0.07 Gilliam Autism Rating Scale, mean ± SD: **G1:** 44.35 ± 14.93 *P* = 0.01 Changes in children after 8 wks on Active Carnosine: Expressive One-Word Picture Vocabulary test (raw), mean ± SD: **G1:** 37.28 ± 25.66 *P* = NS Expressive One-Word Picture Vocabulary test (age adjusted), mean ± SD: **G1:** 43.78 ± 28.22 *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Chez et al., 2002 (continued)			GARS Communication Scale, mean ± SD: **G1:** 21.64 ± 7.99 **G2:** 15.23 ± 6.68 *P* = 0.02 **Adaptive behavior:** GARS Behavior Scale, mean ± SD: **G1:** 15.71 ± 6.65 **G2:** 17.17 ± 8.71 *P* = NS **Social skills:** GARS Socialization Scale, mean ± SD: **G1:** 18.14 ± 6.30 **G2:** 18.47 ± 6.40 *P* = NS	Receptive One-Word Picture Vocabulary test (raw), mean ± SD: **G1:** 44.64 ± 26.56 *P* = 0.01 Receptive One-Word Picture Vocabulary test (age adjusted), mean ± SD: **G1:** 47.86 ± 28.37 *P* = 0.01 GARS Communication Scale, mean ± SD: **G1:** 18.14 ± 6.27 *P* = 0.03 **Adaptive behavior:** GARS Behavior Scale, mean ± SD: **G1:** 12.86 ± 5.95 *P* = 0.04 **Social skills:** GARS Socialization Scale, mean ± SD: **G1:** 13.36 ± 6.58 *P* = 0.01 Changes in children after 8 wks on Placebo:

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Chez et al., 2002 (continued)				Clinical Global Impression, mean ± SD (baseline vs. 8 wk): **G2:** 14.25 ± 4.51 *P* = NS Clinical Global Impression, mean ± SD(2 wk vs. 6 wk) : **G2:** 4.71 ± 5.02 *P* = NS Childhood Autism Rating Scale, mean ± SD: **G2:** 33.76 ± 6.54 *P* = NS Gilliam Autism Rating Scale, mean ± SD: **G2:** 49.88 ± 16.80 *P* = NS **Communication/ language:** Expressive One-Word Picture Vocabulary test (raw), mean ± SD: **G2:** 31.65 ± 29.19 *P* = NS Expressive One-Word Picture Vocabulary test (age adjusted), mean ± SD: **G2:** 37.12 ± 33.38 *P* = NS Receptive One-Word Picture Vocabulary test (raw), mean ± SD: **G2:** 37.11 ± 30.89 *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Chez et al., 2002 (continued)				Receptive One-Word Picture Vocabulary test (age adjusted), mean ± SD: **G2:** 41.65 ± 30.46 *P* = NS GARS Communication Scale, mean ± SD: **G2:** 16.88 ± 6.48 *P* = NS **Adaptive behavior:** GARS Behavior Scale, mean ± SD: **G2:** 15.82 ± 7.74 *P* = NS **Social skills:** GARS Socialization Scale, mean ± SD: **G2:** 17.18 ± 7.76 *P* = NS **Harms:** Parent report of sporadic hyperactivity **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Delong et al., 2002 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Agency:NR **Author industry relationship disclosures:** NR **Design:** Retrospective case series	**Intervention:** Fluoxetine (0.15 to 0.5 mg/kg) for 5-76 months with discontinuation trials Optimal dose was 4 to 8 mg/day or 15-40 mg/day **Assessments:** Family histories obtained using family history method in repeated interviews; diagnosis validated by CARS performed by TEACCH or research team & ADOS **Groups:** **G1a:** Good / excellent responders **G1b:** Poor / fair responders **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** trials discontinued after 1 year for a period ranging from 4 days to several months among those with excellent/good response **Concomitant therapies:** NR **N at enrollment:** 155 **N at follow-up:** 129	**Inclusion criteria:** • Children 2-8 years old • CARS scores > 30 **Exclusion criteria:** • Neurological / chromosomal disorders • Severe global impairment **Age, mean/yrs (range):** 4.6 (2.83-7.5) **Mental age:** NR **Gender:** M: NR F: NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method:** Autism Diagnostic Observation Schedule (ADOS) & validated by CARS **Diagnostic category, n (%):** Autism: 129 (100) **Other characteristics:** History of regression, n/N (%): **G1a:** 64/83 (77) **G1b:** 22/36 (61) *P* = 0.12 Family hx of MAD + family hx of BPD, n/N (%): **G1a:** 32/83 (38.6)	NR	**Responders:** Fluoxetine response, n (%): Excellent: 22 (17) Good: 67 (52) Fair/poor: 40 (31) Fluoxetine response by family history of major affective disorder, n/N (%): Excellent/good : 67/70 (85) Poor/fair: 19/38 (50) *P* < 0.001 Fluoxetine response by family history of unusual achievement, n/N (%): With FH: 76/147 (52) Excellent/good response: 52/76 (68) Poor/fair response: 16/76 (21) Without FH: 71/147 (48) Excellent/good response: 21/71 (30) Poor/fair response: 34/71 (48) *P* < 0.001 Family history of unusual achievement with or without major affective disorder, n/N (%): Families with unusual achievement & major affective disorder: 69/76 (91) Families without unusual achievement & major affective disorder: 37/71 (52) *P* < 0.001

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Delong et al., 2002 (continued)		Regression of language & social skills at the onset of recognition of autism, n/N (%): **G1a:** 56/67 (83.6) Verbal ability, n: **G1a:** 86 **G1b:** 38 Some verbal ability, n/N (%): **G1a:** 66 (77) **G1b:** 20/38 (52.6) No verbal ability, n: **G1a:** 20 Hyperlexia, n (%): **G1a:** 24 (27) **G1b:** 1		Family history of unusual achievement with or without family history of bipolar disorder, n/N (%): Families with unusual achievement & bipolar disorder: 42/76 (55) Families without unusual achievement: 4/71 (6) *P* < 0.001 Status of children treated for >36 months, n/N: Clinical regression: 18/30 **Educational placement, n/N:** Regular: 14/30 With other autism children: 5/30 Home school: 3/30 Special classes: 3/30 With Bipolar disorder: 5 males/30 (3 in regular class, 1 in learning disability class, 1 clearly autistic) >3 years treatment with Fluoxetine: 5 **Other treatment agents:** Lithium : 4 Valproate: 1 (3 discontinued Fluoxetine) **Harms :** Incidence of diarrhea / rash: 1 Mania: 1

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Delong et al., 2002 (continued)				**Modifiers:** Treatment response did not correlate with age at starting treatment (data NR)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Drew et al., 2002 **Country:** UK **Practice setting:** Academic **Intervention setting:** Hospital clinic **Enrollment period:** NR **Funding:** Agency: Medical research council Project grant & from the Special Trustees of Guy's Hospital **Author industry relationship disclosures:** NR **Design:** RCT	**Intervention:** Parent-training components included behavior management strategies, development of social and communicative competence, play skills, holistic learning, and integration into the routine. Local services group included speech and language therapy, portage home worker input and other paramedical therapy services (OT), ABA: Lovaas Follow up conducted 12 months later (mean age=35 months) **Assessments:** Research team administered at baseline and follow-up: MCDI, Griffiths Scale of Infant Development, & ADI-R **Groups:** **G1:** Parent training **G2:** Local services **Frequency of contact:** Hrs/week, mean ± SD: **G1:** 6.3 ± 10.7 **G2:** 3.5 ± 3.6 **Provider:** Research team **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies, n (%):** **G2:** 3 in intensive home-based behavioral program Hrs/week of Other interventions: **G1:** 0.3 ± 0.1 **G2:** 8.4 ± 14.9 F(1,23) = 3.6, *P* = 0.07	**Inclusion criteria:** Failure of all 6 items of Shortened version of the CHAT ICD-10 criteria for childhood autism **Exclusion criteria:** General developmental delay **Age, mean/months ± SD:** **G1:** 21.4 ± 2.7 **G2:** 23.6 ± 3.8 **Mental age:** NR **Gender, n (%):** **G1:** M: 11(91.7) F: 1 (8.3) G2: M: 8 (66.7) F: 4 (33.3) Race/ethnicity: **NR** **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method:** CHAT –for screening ADI-R & structures child-adult interaction assessment ICD-10 Structured clinical interview **Diagnostic category, n (%):** Autism/PDD-NOS: 24 (100) **Other characteristics:** Hrs/wk spent in playgroup / nursery, mean ± SD: **G1:** 6.3 ± 10.7 **G2:** 3.5 ± 3.6 *P* = NS	**Educational/ cognitive/ academic attainment:** Non-Verbal IQ, mean ± SD: **G1:** 88.1 ± 11.2 **G2: 66.0** ± 16.5 NVIQ significantly different between G1 & G2 (*P* < 0.001) **Communication/ language:** Words understood, mean ± SD: **G1:** 52 ± 60.5 **G2:** 53.0 ± 63.7 Words said, mean ± SD: **G1:** 6.8 ± 20.9 **G2:** 6.6 ± 13.7 Total gestures produced, mean ± SD: **G1:** 20.9 ± 7.0 **G2:** 20.9 ± 14.4 ADI-Non-Verbal Communication, mean ± SD: **G1:** 12.8 ± 1.6 **G2:** 12 ± 2.4 ADI overall language rating, n: **G1:** Nonverbal (< 5 words): 11 Single words: 1 Phrase speech: 0 **G2:** Nonverbal (<5 words): 11 Single words: 1 Phrase speech: 0 **Social skills:** ADI-Reciprocal Social Interaction, mean ± SD: **G1:** 19.6 ± 3.0 **G2:** 20.3 ± 4.5	**Educational/ cognitive/ academic attainment:** Non-Verbal IQ, mean ± SD: **G1:** 77.9 ± 14.8 **G2:** 66.1 ± 17.1 *P* = NS **Communication/ language:** Words understood, mean ± SD: **G1:** 176.1 ± 121.9 **G2:** 100.3 ± 80.2 *P* = 0.09 Words said, mean ± SD: **G1:** 96.6 ± 118.8 **G2:** 44.0 ± 50.2 *P* = NS Total gestures produced, mean ± SD: **G1:** 38.6 ± 12.5 **G2:** 29.1 ± 18.4 *P* = NS Words understood & gestures produced both significantly different between the 2 groups (*P* < 0.05) ADI- Non-Verbal Communication, mean ± SD: **G1:** 11.0 ± 2.8 **G2:** 11.9 ± 1.8

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Drew et al., 2002 (continued)	Speech & language therapy services, mean/hrs ± SD: **G1:** 0.3 ± 0.3 **G2:** 0.6 ± 1.1 1 to 1 structured activities with child, mean/hrs ± SD: **G1:** 1 ± 0.7 **G2:** 1.6 ± 1.1 **N at enrollment:** **G1:** 12 **G2:** 12 **N at follow-up:** **G1:** 12 **G2:** 12		**Repetitive behavior:** ADI-Repetitive & Stereotyped Behavior, mean ± SD: **G1:** 3.2 ± 1.1 **G2:** 3.7 ± 1.6 **Other:** Parenting Stress Inventory, mean ± SD: **G1:** 113.8 ± 21.7 **G2:** 110 ± 28.6	ADI overall language rating, n: **G1:** Nonverbal (<5 words): 4 Single words: 5 Phrase speech: 3 **G2:** Nonverbal (<5 words): 9 Single words: 3 Phrase speech: 0 **Social skills:** ADI- Reciprocal Social Interaction, mean ± SD: **G1:** 18.3 ± 4.9 **G2:** 20.1 ± 4.3 **Repetitive behavior:** ADI- Repetitive & Stereotyped Behavior, mean ± SD: **G1:** 3.9 ± 1.8 **G2:** 4.2 ± 2.0 **Other:** Parenting Stress Inventory, mean ± SD: **G1:** 104.3 ± 20.0 **G2:** 112.1 ± 20.1 PSI significantly different at $P < 0.01$ **Harms:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Drew et al., 2002 (continued)				**Modifiers:** Play group, speech and language therapy, other intervention or parent time spent on 1-to-1 activities were not significantly associated with NVIQ, language measures, symptom severity or parental stress at follow-up

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures*	Outcomes
Author: Escalona et al., 2002 Country: US **Practice setting:** Academic **Intervention setting:** Clinic Enrollment period: NR Funding: NIH, Johnson & Johnson Author industry relationship disclosures: NR Design: RCT	**Intervention:** Imitation vs. contingently responsive Four phases, each 3 minutes long: • Phase 1: still face • Phase 2: unfamiliar adult imitative or contingently responsive to behaviors of child • Phase 3: still face • Phase 4: spontaneous play interaction **Assessments:** PEP-R, 3-minute videotaped sessions **Groups:** **G1:** imitation **G2:** contingently responsive **Provider:** NR **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR N at enrollment: **G1:** 10 **G2:** 10 **N at follow-up**: **G1:** 10 **G2:** 10	Inclusion criteria: • Diagnosed with autism • Nonverbal behavior (unspecified) Exclusion criteria: • See inclusion criteria Age, years (range): Total: NR (3-7) Female: 4.8 (NR) Male: 5.5 (NR) Mental age: PEP-R cognitive performance, mean developmental level: **G1:** 19 **G2:** 17 **G1/G2:** *P* = NS Gender, n : Male: 12 Female: 8 **Race/ethnicity, %:** White: 41 Hispanic: 27 Black: 23 Other ethnic group: 9 **SES:** Maternal education: NR Household income: NR Hollingshead Index: 2.7 Diagnostic approach: Referral **Diagnostic tool/method:** DSM-IV ("children diagnosed with autism by the age of 3 by the school's experienced clinical psychologist") **Diagnostic category, n (%):** Autism: 20 (100) **Other characteristics:** NR	**Overall ratings:** CARS score, mean: **G1:** 38 **G2:** 37 **G1/G2:** *P* = NS **Social skills:** Time spent looking at adult, %: **G1:** 7.9 **G2:** 2.6 Time spent more than 5 feet from adult, %: **G1:** 91.8 **G2:** 94.6 Time touching adult with a smooth, light touch ("socially positive way"), %: **G1:** 0.1 **G2:** 0 **Communication/ language:** Time spent in silence, %: **G1:** 85.3 **G2:** 84.7 **Repetitive behavior:** Time spend showing motor sterotypies, %: **G1:** 0.9 **G2:** 0.6 **Motor skills:** Time spent in motor activity (running/ walking/jumping), %: **G1:** 6.2 **G2:** 4.4 PEP-R cognitive verbal score, mean developmental level: **G1:** 17 **G2:** 14 **G1/G2:** *P* = NS	**Social skills:** Time spent looking at adult, phase 3, %: **G1:** 6.0 **G2:** 5.1 **G1/BL:** *P* = NS **G2/BL:** *P* < 0.05 **G1/G2:** *P* = NS Time spent more than 5 feet from adult, phase 3, %: **G1:** 69.6 **G2:** 68.6 **G1/BL:** *P* < 0.01 **G2/BL:** *P* < 0.01 **G1/G2:** *P* = NS Time touching adult with a smooth, light touch ("socially positive way"), phase 3, %: **G1:** 0.9 **G2:** 0.2 **G1/BL:** *P* < 0.05 **G2/BL:** *P* = NS **G1/G2:** *P* = NS **Communication/ language:** Time spent in silence, phase 3, %: **G1:** 81.2 **G2:** 77.9 **G1/BL:** *P* = NS **G2/BL:** *P* < 0.05 **G1/G2:** *P* = NS **Repetitive behavior:** Time spend showing motor sterotypies, phase 3, %: **G1:** 0.9 **G2:** 1.1 **G1/BL:** *P* = NS **G2/BL:** *P* < 0.05 **G1/G2:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures*	Outcomes
Escalona et al., 2002 (continued)				**Motor skills:** Time spent in motor activity (running/walking/ jumping), phase 3, %: **G1:** 2.1 **G2:** 4.3 **G1/BL:** *P* = NS **G2/BL:** *P* = NS **G1/G2:** *P* < 0.01 **Harms:** NR **Modifiers:** NR

Comments:

***** Entries in baseline column are for phase 1.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Jarusiewicz, 2002 **Country:** US **Practice setting:** Specialty treat-ment center **Intervention setting:** Clinic **Enrollment period:** NR **Funding** Agency: NR Author industry relationship disclosures: 1 of 1 EEG Spectrum International (1) **Design:** RCT	**Intervention:** Neurofeedback: 30 minute sessions between 1-3 times per week; all completed 20 or more sessions (mean 36, range: 20-69) **Assessments:** ATEC and 15-minute free-play videos similar to FEAS were conducted prior to and upon completion of the study; parent interview (not described) Other assessments conducted to determine arousal levels (details NR) **Groups:** **G1:** neurofeedback **G2:** control **Provider:** NR **Measure of treatment fidelity reported:** NR **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 20 G2: 20 **N at follow-up:** **G1:** 12 **G2:** 12	**Inclusion criteria:** • Prior diagnosis of autism **Exclusion criteria:** • See inclusion criteria **Age, years (range):** **G1:** 7 (4-13) **G2:** 7 (4-11) **Mental age:** NR **Gender, n:** Male: **G1:** 11 **G2 :** 11 Female: **G1:** 1 **G2:** 1 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** Independent diagnosis by physician (as reported by parents) **Diagnostic category, n (%):** Autism: 40 (100) **Other characteristics:** NR	**Overall ratings:** ATEC score, mean (range): ATEC Health: **G1:** 19 (8-42) **G2:** 21 (8-36) ATEC Total: **G1:** 65 (26-109) **G2:** 63 (29-90) **Communication/ language:** ATEC Speech: **G1:** 14 (6-25) **G2:** 12 (4-24) **Social skills:** ATEC Socialization: **G1:** 15 (2-25) **G2:** 15 (2-24) **Sensory:** ATEC Sensory: **G1:** 18 (10-25) **G2:** 15 (4-26)	**Overall ratings:** ATEC score, mean: ATEC Health: **G1:** 14 **G2:** 20 **G1/BL:** $P < 0.015$ **G2/BL:** P = NS ATEC Total: **G1:** 48 **G2:** 61 **G1/BL:** $P < 0.001$ **G2/BL:** P = NS **Communication/ language:** ATEC Speech: **G1:** 10 **G2:** 12 **G1/BL:** $P < 0.001$ **G2/BL:** P = NS **Social skills:** ATEC Socialization: **G1:** 10 **G2:** 14 **G1/BL:** $P < 0.01$ **G2/BL:** P = NS **Sensory:** ATEC Sensory: **G1:** 15 **G2:** 15 **G1/BL:** $P < 0.001$ **G2/BL:** P = NS **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Molloy et al., 2002 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NIH **Author industry relationship disclosures:** NR **Design:** RCT (double-blind cross-over trial)	**Intervention:** IV Synthetic Human Secretin (2IU/kg at the first visit, followed by equal volume of saline placebo at week 6); other group in the reverse order **Assessments:** Participants evaluated on 5 occasions: baseline prior to first infusion, week 3, week 6 prior to cross-over infusion, & weeks 9 and 12; each evaluation took place in same room & included CARS, GARS, & DTVP or selected tests of MPS all administered by a clinical psychologist Parents completed ABC and the Autism Behavior Checklist, which were interpreted by the clinical psychologist; parents were asked about stool patterns at each visit, as well as inter-current illnesses, medical problems and medications, and adverse events Receptive language skills evaluated by team of two speech & language pathologists using PPVT-III & Receptive Language Scale of MSEL Expressive language abilities assessed at each visit using 15-minute videotaped sample of spontaneous language during play with caregiver Clinical lab evaluation obtained before each infusion and at week 12 **Groups:** **G1:** secretin first, followed by placebo **G2:** placebo first, followed by secretin	**Inclusion criteria:** • 2-15 years of age • Autism criteria met as per DSM-IV following a multidisciplinary evaluation • Diagnosis by developmental pediatrician if from outside this center **Exclusion criteria:** • Chromosomal/genetic disorders • Structural abnormality on neuroimaging • Acute or chronic pancreatic disease • Any medical condition that makes participation unsafe **Age, months ± SD:** **G1:** 83.5 ± 32.4 **G2:** 80.7 ± 30.7 **Mental age:** NR **Gender, n (%):** Male: **G1:** 17 (89.5) **G2:** 20 (87) Female: **G1:** 2 (10) **G2:** 3 (13) **Race/ethnicity, n (%):** Caucasian: **G1:** 15 (79) **G2:** 17 (74) **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method:** DSM-IV **Diagnostic category, n (%):** Autism: 42 (100%) PDD-NOS: NR Aspergers : NR **Other characteristics:** NR	**Overall ratings:** CARS score, mean ± SD: **G1:** 40.2 ± 5 **G2:** 39.2 ± 5.6 **G1/G2:** *P* = NS GARS autism quotient, mean ± SD: **G1:** 102 ± 7.9 **G2:** 98.6 ± 9.2 **G1/G2:** *P* = NS **Communication/ language:** Merrill-Palmer scale, mean ± SD: **G1:** 22.1 ± 28.5 **G2:** 30.1 ± 34.6 **G1/G2:** *P* = NS Mullen receptive language score, mean ± SD: **G1:** 18.3 ± 10.5 **G2:** 18.5 ± 11.5 **G1/G2:** *P* = NS PPVT score, mean ± SD: **G1:** 10 ± 22.4 **G2:** 13.3 ± 25.1 **G1/G2:** *P* = NS Utterance, mean length ± SD: **G1:** 1.10 ± 1.09 **G2:** 1.06 ± 1.04 **G1/G2:** *P* = NS Type token ratio, mean ± SD: **G1:** 0.42 ± 0.41 **G2:** 0.45 ± 0.41 **G1/G2:** *P* = NS	**Overall ratings:** CARS score, week 12, mean ± SD: **G1:** 40.2 ± 4.9 **G2:** 38.6 ± 5 **G1/BL:** *P* = NS **G1/BL:** *P* = NS **G1/G2:** *P* = NS GARS autism quotient week 12, mean ± SD: **G1:** 98.1 ± 8.4 **G2:** 94.9 ± 8.3 **G1/BL:** *P* = NS **G1/BL:** *P* = NS **G1/G2:** *P* = NS **Communication/ language:** Merrill-Palmer scale, week 12, mean ± SD: **G1:** 29.5 ± 39.6 **G2:** 40.1 ± 34.8 **G1/BL:** *P* = NS **G1/BL:** *P* = NS **G1/G2:** *P* = NS Mullen receptive language score, week 12, mean ± SD: **G1:** 19.5 ± 10.4 **G2:** 21.1 ± 11 **G1/BL:** *P* = NS **G1/BL:** *P* = NS **G1/G2:** *P* = NS PPVT score, week 12, mean ± SD: **G1:** 14.2 ± 24.1 **G2:** 16.9 ± 27.3 **G1/BL:** *P* = NS **G1/BL:** *P* = NS **G1/G2:** *P* = NS Utterance, week 12, mean length ± SD: **G1:** 0.82 ± 1.11 **G2:** 0.94 ± 1.07 **G1/BL:** *P* = NS **G1/BL:** *P* = NS **G1/G2:** *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Molloy et al., 2002 (continued)	**Co-interventions held stable during treatment:** NR **Frequency of contact during study:** Evaluated at weeks 1, 3, 6, 9, 12 **Concomitant therapies:** NR **N at enrollment:** **G1:** 23 **G2:** 19 **N at follow-up:** G1: 23 (one participant did not return for the final visit) **G2:** 19			Type token ratio, week 12, mean ± SD: **G1:** 0.22 ± 0.31 **G2:** 0.31 ± 0.3 **G1/BL:** *P* = NS **G1/BL:** *P* = NS **G1/G2:** *P* = NS **Harms, n:** Worsening of constipation: 1 Elevated AST levels at the first visit: 6 Transient AST elevation: 5 Elevated amylase/ lipase: 3 **Modifiers:** Age and secretin response (data NR)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Salt et al., 2002 **Country:** Scotland UK **Practice setting:** Specialty treatment center **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR Author industry relationship disclosures: NR **Design:** Case series, prospective	**Intervention:** Individualized treatment focusing on social, communicative, play, and adaptive behaviors; 8 hours every two weeks for 11 months Parent training component focusing on behavior management and teaching new skills **Assessments:** All occurred pre- and post-treatment Parent reports: Standardized stress measure and satisfaction questionnaire Clinician conducted: Bayley Scales of Infant Development – 2nd ed; British Picture Vocabulary Scale; VABS; PVCS; MCDI; Symbolic Play Test – 2nd ed; ESCS; PSI – 3rd ed. **Groups:** **G1:** (SCA) intervention **G2:** Control/other intervention **Provider:** • Therapists including nursery nurses, teachers, OT, PT, SLT • Parents **Treatment manual followed:** NR **Defined protocol followed:** NR **Measure of treatment fidelity reported:** Yes **Measure of reliability reported:** Yes **Co-interventions held stable during treatment:** NR	**Inclusion criteria:** • NR **Exclusion criteria:** • NR **Age, months ± SD:** **G1:** 42.36 ± 7.16 **G2:** 37.67 ± 3.08 **Mental age, months ± SD:** **G1:** 17 ± 5.51 **G2:** 20.83 ± 2.32 **Gender, n (%):** Male: **G1:** 11 (92) **G2:** 3 (60) Female: **G1:** 1 (8) **G2:** 2 (40) **Race/ethnicity, n (%):** White: 16 (94) Middle eastern: 1 (6) **SES:** NR **Diagnostic approach:** Referral **Diagnostic tool/method:** ICD-10 (WHO, 1993) diagnosis of childhood autism **Diagnostic category, n (%):** Autism: 17 (100) **Other characteristics, IQ (MA/CA) x 100, mean ± SD:** **G1:** 39.43 ± 13.47 **G2:** 55.67 ± 6.59	**Social skills:** VABS score, mean ± SD: Socialization: **G1:** 51.83 ± 1.9 **G2:** 55.0 ± 3.39 Symbolic play test score, mean ± SD: **G1:** 2.27 ± 3.5 **G2:** 12.8 ± 4.82 **Communication/ language:** VABS Communication: **G1:** 51.17 ± 2.79 **G2:** 54.8 ± 3.11 MCDI, mean ± SD: Words understood: **G1:** 62.55 ± 44.68 **G2:** 55.6 ± 42.75 Words produced: **G1:** 4.73 ± 7.46 **G2:** 11.6 ± 15.08 PVCS imitation score, mean ± SD: **G1:** 1.92 ± 2.15 **G2:** 1.6 ± 0.55 ESCS score, mean ± SD: Joint attention: **G1:** 5.44 ± 3.17 **G2:** 6.0 ± 3.39 Requesting behavior: **G1:** 3.67 ± 2.12 **G2:** 6.6 ± 5.59 Social interaction: **G1:** 3.33 ± 2.0 **G2:** 4.2 ± 2.86 **Adaptive behavior:** VABS Composite score: **G1:** 49.5 ± 3.75 **G2:** 54.6 ± 4.83 VABS Daily living skills: **G1:** 53.08 ± 6.26 **G2:** 59.0 ± 3.46 **Motor skills:** VABS Motor skills: **G1:** 55.92 ± 11.37 **G2:** 69.8 ± 10.89	**Social skills:** VABS socialization score, mean ± SD: **G1:** 54.08 ± 2.91 **G2:** 52.8 ± 2.95 ESCS symbolic play test score, mean ± SD: **G1:** 6.91 ± 5.94 **G2:** 19.6 ± 3.78 *P* = NS ESCS joint attention score, mean ± SD: **G1:** 9.11 ± 5.58 **G2:** 4.6 ± 2.97 *P* < 0.05 ESCS request behavior score, mean ± SD: **G1:** 10.33 ± 6.96 **G2:** 6.2 ± 2.77 *P* = NS (*P* < 0.06) ESCS social interaction score, mean ± SD: **G1:** 5.22 ± 2.73 **G2:** 3.2 ± 0.84 *P* < 0.05 **Communication/ language:** VABS communication score, mean ± SD: **G1:** 46.17 ± 15.07 **G2:** 50.6 ± 1.82 MCDI, words understood, mean ± SD: **G1:** 91.18 ± 68.51 **G2:** 79.8 ± 50.16 *P* = NS MCDI, words produced, mean ± SD: **G1:** 17.82 ± 40.94 **G2:** 31.20 ± 22.61 *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Salt et al., 2002 (continued)	**Concomitant therapies:** NR **N at enrollment:** **G1:** 14 **G2:** 6 **N at follow-up:** **G1:** 12 **G2:** 5			PVCS imitation score, mean ± SD: **G1:** 7.67 ± 5.35 **G2:** 3.8 ± 0.84 $P < 0.05$ **Adaptive behavior:** VABS composite score, mean ± SD: **G1:** 49.33 ± 7.09 **G2:** 48.6 ± 2.3 VABS daily living skills score, mean ± SD: **G1:** 53.67 ± 9.93 **G2:** 50.8 ± 2.95 **Motor skills:** VABS motor skill score, mean ± SD: **G1:** 55.92 ± 15.06 **G2:** 55.66 ± 5.32 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Sofronoff et al., 2002 Country: Australia **Practice setting:** Academic **Intervention setting:** Clinic Enrollment period: NR Funding: NR Author industry relationship disclosures: NR Design: Prospective cohort study Note: see related paper with overlapping participants, Sofronoff 2004 {#814}	**Intervention:** Parent Management Training (PMT) Workshop: attended a 1-day workshop Individual: Six weekly sessions Both groups followed manual with six components (1 hour each) including psychoeducation, comic strip conversations (Gray, 1994a), social stories (Gray, 1994b), management of behavior problems, management of rigid behaviors, routines, and special interests, and anxiety management **Groups:** G1: Workshop G2: Individual G3: Wait-list **Assessment:** ECBI (Eyeberg Child behavior Inventory) Parental self-efficacy Questionnaire Used at 3 time points, pre-intervention (T1), 4 weeks Post (T2) and 3 months follow-up (T3) **Provider:** • Clinical psychologist **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR	Inclusion criteria: • NR Exclusion criteria: • NR Age, mean/years (range): **G1:** 8.25 (6-12) **Gender:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR Diagnostic approach: **In Study (method):** DSM-IV criteria; diagnosis of Asperger syndrome by pediatrician and psychologist at clinic site **Diagnostic category:** NR **Other characteristics:** NR	**Child problem behaviors:** Number of reported problem behaviors by graphical illustration only **Parental self-efficacy, mean ± SD:** **G1:** Combined: 2.89 ± 0.84 G1a: 3.03 ± 0.79 G1b: 2.75 ± 0.88 **G2:** Combined: 2.79 ± 0.9 G2a: 2.61 ± 0.95 G2b: 2.97 ± 0.83 **G3:** Combined: 3.23 ± 0.89 G3a: 3.21 ± 1.13 G3b: 3.25 ± 0.62	**Child problem behaviors:** Number of reported problem behaviors by graphical illustration only Main effect for Time (F=16.98, *P* < 0.0001) Significant reduction in problem behaviors between T1 & T2 (*P* < 0.001) for both G1 & G2 & T1 & T3 (*P* < 0.002) No significant difference between G1 & G2 Significant time X group interaction (F=8.28, *P* < 0.001) **Parental self-efficacy, mean ± SD:** Time 3: **G1:** Combined: 3.26 ± 0.77 G1a: 3.78 ± 0.42 G1b: 2.94 ± 0.79 G1a & G1b significantly different from T1 (*P* < 0.05) **G2:** Combined: 3.47 ± 0.67 G2a: 3.65 ± 0.76 G2b: 3.29 ± 0.58 G1a & G1b significantly different from T1 (*P* < 0.05) **G3**: Combined: NR G3a: NR G3b: NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Sofronoff et al., 2002 (continued)	N at enrollment: G1a: 17 mothers G1b: 16 fathers G2a: 18 mothers G2b: 18 fathers G3a: 10 mothers G3b: 10 fathers N at follow-up: G1a: 17 mothers G1b: 16 fathers G2a: 18 mothers G2b: 18 fathers G3a: 10 mothers G3b: 10 fathers			**Harms:** NR **Modifiers:** List reported

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Unis et al., 2002 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NIH Author industry relationship disclosures: NR **Design:** RCT (double-blind)	**Intervention:** Single Infusion of either extracted porcine secretin (2 CU/kg), synthetic porcine secretin (0.4 µg/kg) or an appropriate volume of placebo over 2 minutes **Assessments:** During 1 week prior to infusion (telephone interview) and 4 weeks after infusion; Secretin Outcome Survey (SOS) and ABC-C at 2 weeks postinfusion and 4 weeks ADOS-G, EOWPVT-R, ABC-C **Groups:** **G1:** biologic secretin **G2:** synthetic secretin **G3:** placebo **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** Telephone interview 1 week after infusion; follow-up assessments 4 weeks after infusion **Concomitant therapies:** NR **N at enrollment:** 90 **N at follow-up:** Total: 85 **G1:** 26 **G2:** 26 **G3:** 33	**Inclusion criteria:** • Aged 3-12 years • DSM-IV diagnosis of autism or PDD-NOS by a physician or clinical psychologist **Exclusion criteria:** • Previously received secretin • Any medical condition for which autism was considered symptomatic • Had comorbid epilepsy • Receiving psychotropic drug Rx 6 months prior to recruitment • Known allergies to pork products • NVIQ < 35 **Age, months ± SD:** **G1:** 76.5 ± 25.7 **G2:** 80.7 ± 29.8 **G3:** 78.3 ± 24.9 **Mental age, non-verbal IQ, months ± SD:** Total: 55 ± 13 **Gender:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method:** ADOS-G **Diagnostic category, n (%):** Autism/PDD-NOS: 85 (100) Aspergers: NR **Other characteristics:** NR	**Communication/ language:** ADOS communication: score, mean ± SD: **G1:** 5.6 ± 1.7 **G2:** 6 ± 1.8 **G3:** 5.7 ± 2 **G1/G2/G3:** *P* = 0.75 MacArthur vocabulary score, mean ± SD: **G1:** 226.2 ± 242.2 **G2:** 225.3 ± 229.4 **G3:** 245.9 ± 228.3 **G1/G2/G3:** *P* = 0.93 EOW vocabulary score, mean ± SD: **G1:** 15.2 ± 19.5 **G2:** 14.9 ± 17.6 **G3:** 14.6 ± 15.1 **G1/G2/G3:** *P* = 0.99 **Social Skills:** ADOS social score, mean ± SD: **G1:** 10 ± 2.0 **G2:** 9.8 ± 2.3 **G3:** 9.6 ± 2.1 **G1/G2/G3:** *P* = 0.78 **Problem behavior:** ABC total score, parent-rated, mean ± SD: **G1:** 61.4 ± 22.1 **G2:** 54.2 ± 24 **G3:** 58.9 ± 32 **G1/G2/G3:** *P* = 0.63 ABC total score, teacher-rated, mean ± SD: **G1:** 54.8 ± 22.3 **G2:** 56.4 ± 24.0 **G3:** 57.5 ± 20.4 **G1/G2/G3:** *P* = 0.90 **Medical:** SOS score, teacher-rated, mean ± SD: **G1:** 4.7 ± 1.3 **G2:** 4.7 ± 1.6 **G3:** 4.7 ± 1.2 **G1/G2/G3:** *P* = 0.99	**Communication/ language:** ADOS communication score, mean change (95% CI): **G1:** -0.2 (-0.8, 0.4) **G2:** -0.2 (-0.8, 0.5) **G3:** 0.2 (-0.5, 0.8) ANOVA: time & treatment (*P* = NS) MacArthur vocabulary score, mean change (95% CI): **G1:** 16.5 (-11.7, 44.8) **G2:** 12.3 (-5.6, 30.2) **G3:** 23.4 (9.7, 37.1) ANOVA: time (*P* < 0.01) treatment (*P* = NS) EOW vocabulary score, mean change (95% CI): **G1:** 1.2 (-0.4, 2.9) **G2:** -0.7 (-2.2, 0.7) **G3:** 2.1 (0.2, 4.1) ANOVA: time & treatment (*P* = NS) **Social Skills:** ADOS social score, mean change (95% CI): **G1:** 0.0 (-0.9, 0.9) **G2:** 0.0 (-0.9, 0.9) **G3:** -0.5 (-1.3, 0.3) ANOVA: time & treatment (*P* = NS)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Unis et al., 2002 (continued)			SOS total score, parent-rated, mean ± SD: **G1:** 4.3 ± 1.5 **G2:** 4.4 ± 1.5 **G3:** 4.0 ± 1.9 **G1/G2/G3:** *P* = 0.64	**Problem Behavior:** ABC total score, parent-rated, mean change (95% CI): **G1:** -10.6 (-18.9, -2.3) **G2:** -5.2 (-10.0, -0.3) **G3:** -5.8 (-12.4, 0.9) ANOVA: time (*P* < 0.001) treatment (*P* = NS) ABC total score, teacher-rated, mean change (95% CI): **G1:** 0.4 (-8.3, 9.1) **G2:** -7.9 (-16.1, 0.3) **G3:** -12.0 (-18.2, -5.7) ANOVA: time (*P* < 0.01) treatment (*P* < 0.05) **Medical:** SOS total score, parent-rated, mean change (95% CI): **G1:** -0.5 (-0.9, -0.1) **G2:** -0.7 (-1.0, -0.4) **G3:** -0.5 (-0.9, -0.1) ANOVA: time (*P* < 0.001) treatment (*P* = NS)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Unis et al., 2002 (continued)				SOS total score, teacher-rated, mean change (95% CI): **G1:** -0.2 (-1.0, 0.7) **G2:** -0.5 (-1.1, 0.0) **G3:** -0.6 (-1.3, 0.1) ANOVA: time (*P* < 0.05) treatment (*P* = NS) **Harms:** 1 child developed fever and illness after the infusion; protocol was completed, but data not included in the analyses **Modifiers:** Analyses using subgroups (Vineland communication scores < 60, children age < 72 months, those with & without GI problems) were similar to the original sample analyses No evidence of secretin efficacy. No significant treatment effect was noticed for subgroups as defined below. SG1: Vineland communication < 60 SG2: Age < 72 months SG3: Current GI problems SG4: No current GI problems

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Boyd et al., 2001 **Country:** US **Practice setting:** Community **Intervention setting:** Home **Enrollment period:** 1995 to 1998 **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Retrospective case series	**Intervention:** early intensive behavioral intervention (EIBI) (discrete trials training) provided for 30-40 hours per week in the home for two years with the possibility of an additional 3rd year of 10 hours/week **Groups:** **G1:** EIBI **Assessments:** Psychometrics by schools and clinical observations to assess IQ status Clinical chart review to identify dependency on special education & other related support services Parental perception of & satisfaction with EIBI program via a parent questionnaire **Provider:** Community providers **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies reported by parents, %:** Speech therapy: 56 Occupational therapy: 50 Part-time in Preschool: 19 **N at enrollment:** **G1:** 22 **N at follow-up:** **G1:** 22 for clinical assessment; 16 for parent questionnaires	**Inclusion criteria:** • Children with primary diagnosis of autism or PDD-NOS **Exclusion criteria:** • See inclusion criteria **Age, mean/months (range):** 41 months (29-48 months) **Mental age:** NR **Gender, n:** M: 16 F: 6 **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method:** Details of original diagnosis not provided; original diagnosis corroborated by independent 2nd mental health professional with established expertise in diagnosing autism in 20 cases **Diagnostic category, n (%):** Autism: 19 (86.4) PDD-NOS: 3 (13.6) **Other characteristics:** Diagnosis of concomitant mental retardation at initiation of treatment, n: 6 Length of treatment, mean (range): 23 months (9-36 months) Received ≥2 years of discrete trials training, n: 11	**Speech, n:** Non-verbal: 16 2 word phrase: 3 Spoke in sentences: 3 [Frankland Factor (FF) presented and no group data]	**Overall ratings:** Reported very satisfied with the EIBI intervention, n/N (%): 11/16 (69) of parents Level of intervention met their child's needs, %: 63 Diagnosis of mental retardation during treatment, n (%): 15 (68) No child judged to have achieved recovery according to Lovaas criteria Post Frankland factor, mean (range): 22.45 (0-56) FF score of 28 (Very serious behavior problem: 8 Areas of most improvement reported by parents, n: Language: 63 Compliance: 31 Pre-academic skills: 31 Areas of least improvement reported by parents, %: Pragmatic language: 50 Socialization: 31 **Communication/ language:** Parents reported child was verbal after EIBI, %: 56

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Boyd et al., 2001 (continued)		School placement, n: Special day class: 11 (6 with an aide) Regular class: 5 Private schools: 4 (2 with aide) Home school: 2		Parents reported child was nonverbal after EIBI, n (%): 3 (19) Parents reported child used picture communication system post EIBI, %: 25 (2 also used some words) Post-EIBI, %: Speech therapy: 63 Occupational therapy: 13 Individual tutoring: 31 **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Carmody et al., 2001 **Country:** Hong Kong **Practice setting:** Academic **Intervention setting:** Child development center **Enrollment period:** July 1994 to December 1995 **Funding:** Portion sponsored by NYU **Author industry relationship disclosures:** NR **Design:** Case series	**Intervention:** 2 sets of eyeglasses with prism lenses (5 diopters), 1 with lenses oriented prism base-up and the other oriented prism base-down All children assessed without glasses (habitual viewing) and with each of the two study eyeglasses (base-up viewing and base-down viewing) Base-up, base-down ambient lenses trials for 60-90 seconds/trial with a random order of lenses Facilitating lenses: the prism eyeglasses that worked best for an individual patient **Assessment**: Each participant assessed independently by one experimenter in a single session lasting 20–30 minutes. Behavior assessment done by raters, performance videotaped **Groups:** **G1:** all participants **Provider:** Optometrist or pediatrician **Treatment manual followed:** No **Defined protocol followed:** Yes **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NA	**Inclusion criteria:** • Children consecutively referred to a child development center and diagnosed with autistic disorder by DSM-IV or WHO criteria **Exclusion criteria:** • See inclusion criteria **Age, median years (range):** 8 (3-18) **Mental age:** NR **Gender, n (%):** M: 22 (91.7) F: 2 (8.3) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Referral **Diagnostic tool/method**: DSM-IV, WHO criteria **Diagnostic category, n (%):** Autistic disorder: 24 (100) **Other characteristics, n:** Normal visual acuity: 18 Far-sighted: 3 Near-sighted: 3	**Motor skills:** Ball catch score, mean % ± SD: Habitual viewing: 31.30 ± 22.53 Ball misses, %: Habitual viewing: 49 Ball passive catches (ball caught after rebounding off child's body), %: Habitual viewing: 31 Ball active catches (ball caught on swing without hitting child first), %: Habitual viewing: 20	**Motor skills:** Ball catch score, mean % ± SD: Facilitating lenses: 70.91 ± 24.94 Habitual vs. Facilitating lenses, $t(22) = 7.656$, $P < 0.0001$ Ball misses, %: Facilitating lenses: 24 Ball passive catches (ball caught after rebounding off child's body), %: Facilitating lenses: 12 Ball active catches (ball caught on swing without hitting child first), %: Facilitating lenses: 64 Children's ability to catch a ball was significantly better with use of facilitating lenses as compared with habitual viewing ($P < 0.0001$) **Harms** NR **Modifiers** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Carmody et al., 2001 (continued)	**Concomitant therapies:** NR **N at enrollment:** **G1:** 24 **N at follow-up:** **G1:** 24			

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Coniglio et al., 2001 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Children's Healthcare of Atlanta Foundation **Author industry relationship disclosures:** NR **Design:** RCT (method of randomization not described)	**Intervention:** Porcine secretin administered IV (test dose of 0.1 ml; if no acute anaphylactic reaction in 1 minute, 2.0 CU/kg (maximum of 75 CU) administered over 1 minute) **Assessments:** 1 pre-injection and 2 post-injection developmental/ behavioral assessments: Presence or absence of normal development in early infancy and any associated gastro-intestinal disturbances Performed by 4 evaluators (2 clinical psychologists, 1 advanced psychology graduate student, 1 developmental pediatrician) **Groups:** **G1:** secretin **G2:** placebo (saline) **Co-interventions held stable during treatment:** No; approximately 7% of parents indicated that they had started a new treatment regimen since beginning the study **Frequency of contact during study:** At screening and injection, and at 3 and 6 weeks post-injection **Concomitant therapies:** NR **N at enrollment:** **G1:** 30 **G2:** 30 **N at follow-up:** **G1:** 28 **G2:** 29	**Inclusion criteria:** • Met DSM-IV criteria for diagnosis of autism • CARS score ≥ 30 • Total PLS-3 ≤ 60 months **Exclusion criteria:** • See inclusion criteria **Age, months ± SD:** **G1:** 84.6 ± 25.2 **G2:** 83.5 ± 28.9 **Mental age:** NR **Gender, %:** Male: **G1:** 73 **G2:** 77 Female: **G1:** 23 **G2:** 27 **Race/ethnicity, %:** White: **G1:** 80 **G2:** 77 African American: **G1:** 17 **G2:** 13 Other: **G1:** 3 **G2:** 10 **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** DSM-IV criteria were assessed for each child to provide documentation of the diagnosis of autism before study entry **Diagnostic category, %:** Autism: **G1:** 50 **G2:** 52 PDD: **G1:** 24 **G2:** 14	**Overall ratings:** CARS total score, mean ± SD: **G1:** 42.4 ± 5.4 **G2:** 41.3 ± 6.3 GARS autism quotient, mean ± SD: **G1:** 104.1 ± 15.4 **G2:** 108.1 ± 11.9 PLS total age, months ± SD: **G1:** 15.4 ± 9.5 **G2:** 22.0 ± 12.8	**Overall ratings:** CARS total score, 3 weeks, mean ± SD: **G1:** 39.2 ± NR **G2:** 41.9 ± NR **G1/BL:** *P* = 0.051 CARS total score, 6 weeks, mean ± SD: **G1:** 41.8 ± NR **G2:** 41.7 ± NR ANOVA: time & treatment (P = NS) Improvement in CARS total scores BL to 6 weeks, %: **G1:** 36 **G2:** 28 **G1/G2:** *P* = NS GARS autism quotient, 3 weeks, mean ± SD: **G1:** 92 ± NR **G2:** 99 ± NR GARS autism quotient, 6 weeks, mean ± SD: **G1:** 92 ± NR **G2:** 99 ± NR ANOVA: time (P = 0.000) treatment (P = NS) PLS total age, 3 weeks, months ± SD: **G1:** 16 ± NR **G2:** 21 ± NR PLS total age, 6 weeks, months ± SD: **G1:** 17 ± NR **G2:** 21 ± NR ANOVA: time & treatment (P = NS)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Coniglio et al., 2001 (continued)		Autism and PDD: **G1:** 24 **G2:** 36 Aspergers: **G1:** 0 **G2:** 0 **Other characteristics:** DSM-IV diagnostic characteristics, %: Impairment in nonverbal behaviors: **G1:** 97 **G2:** 100 Failure to develop peer relationships: **G1:** 97 **G2:** 100 Lack of spontaneous relationships with others: **G1:** 52 **G2:** 75 Lack of social or emotional reciprocity: **G1:** 48 **G2:** 71 Delay in or total lack of spoken language: **G1:** 97 **G2:** 82 In those without severe language impairment, inability to initiate or sustain conversation with others: **G1:** 55 **G2:** 50 Stereotyped or repetitive use of language: **G1:** 43 **G2:** 57 Lack of spontaneous make-believe or social play: **G1:** 72 **G2:** 75 Preoccupation with one or more stereotypes: **G1:** 83 **G2:** 89 Inflexible adherence to routines or rituals: **G1:** 48 **G2:** 57		**Social skills:** Parent reported changes in social behavior or language, %: **G1:** 67 **G2:** 42 **Medical:** Parent-reported changes in GI symptoms, %: 26 Formed stools at enrollment, %: Subjects who displayed sustained change: 89 Subjects who did not display sustained change: 42 (P = 0.02) No differences in average stools/ day or presence of blood in stools were noted **Harms:** Parents observed side effects since injection (transient irritability; hyperactivity; nausea/ vomiting), %: 13 **Modifiers:** Correlation of PLS and CARS score: Baseline: -0.57 (P < 0.000) 3 weeks: -0.44 (P < 0.001) 6 weeks: -0.3 (P < 0.004) No significant correlation between PLS and GARS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Coniglio et al., 2001 (continued)		Stereotyped and repetitive motor mannerisms: **G1:** 83 **G2:** 79 Persistent preoccupation with parts of objects: **G1:** 55 **G2:** 54 Delay in social interaction: **G1:** 90 **G2:** 93 Delay in language: **G1:** 100 **G2:** 93 Delay in symbolic or imaginative play: **G1:** 90 **G2:** 82 Height, inches ± SD: **G1:** 45.8 ±7.2 **G2:** 46.5 ±7.5 Weight, kg ± SD: **G1:** 27.8 ±12.3 **G2:** 26.6 ±11.2 Age at symptom onset, months ± SD: **G1:** 18.2 ± 8.5 **G2:** 20.1 ± 8.5 Age at first diagnosis, months ± SD: **G1:** 33.1 ± 10.2 **G2:** 33.7 ± 10.1 Initial normal development, %: **G1:** 62 **G2:** 90 **G1/G2:** *P* = 0.014 Average stools/day, %: 0-1: **G1:** 40 **G2:** 33 1-2: **G1:** 30 **G2:** 37 2-4: **G1:** 20 **G2:** 20 > 4: **G1:** 10 **G2:** 10		

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Coniglio et al., 2001 (continued)		Stool consistency, %: Watery: **G1:** 0 **G2:** 10 Applesauce: **G1:** 40 **G2:** 30 Formed: **G1:** 60 **G2:** 60 Blood in stools, %: Never: **G1:** 97 **G2:** 93 Once/month: **G1:** 3 **G2:** 7		

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Escalona et al., 2001 **Country:** US **Practice setting:** Academic **Intervention setting:** home **Enrollment period:** NR **Funding:** NIH, Johnson & Johnson **Author industry relationship disclosures:** NR **Design:** RCT	**Intervention:** massage therapy provided by parents for 15 minutes just prior to bedtime every night for 1 month. Parents were trained by massage therapists. Parents of the attention control group read Dr. Seuss stories on the same time schedule to their children **Groups:** **G1:** massage therapy administered by parents **G2:** reading attention control group **Assessments:** Revised Conners Scales Classroom and playground behavior observations Sleep diaries **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** Assessments on 1st and last days of study; intervention/control activities occurred daily with parents **Concomitant therapies:** NR **N at enrollment:** **G1+G2:** 20 **N at follow-up:** **G1+G2:** 20	**Inclusion criteria:** • Children with autism recruited from a school for children with autism • Ages 3-6 years **Exclusion criteria:** • See inclusion criteria **Age, mean/yrs ± SD:** 5.2 ± 1.8 **Mental age:** NR **Gender:** M, n (%): 12 (60) F, n (%): 8 (40) **Race/ethnicity, %:** White: 72 Hispanic: 20 African American: 8 **SES:** Middle socioeconomic status: Hollingshead Index, mean: **G1 & G2:** 1.8 **Diagnostic approach:** Children had been diagnosed by 2 independent clinicians ~1-3 years earlier using DSM III-R criteria. **Diagnostic tool/method:** DSM-III-R **Diagnostic category, n (%):** Autism: 20(100) **Other characteristics:** NR	**Revised Conners Scales, mean:** ADHD Index, parent rating: **G1:** 66 **G2:** 65 Restless-impulsive behaviors, parent rating: **G1:** 66 **G2:** 66 Emotional index, teacher rating: **G1:** 62 **G2:** 62 Emotional index, parent rating: **G1:** 58 **G2:** 55 Global index DSM-IV scale for inattentiveness, teacher rating: **G1:** 56 **G2:** 60 DSM-IV scale for inattentiveness, parent rating: **G1:** 62 **G2:** 56 **Classroom/ playground, frequency of behaviors, %:** On-task behavior, classroom: **G1:** 81 **G2:** 81 Stereotypical behavior, classroom: **G1:** 8 **G2:** 5 Stereotypical behavior, playground: **G1:**13 **G2:**12 Social relatedness to teacher, playground: **G1:**14 **G2:**14	**Revised Conners Scales, mean:** ADHD Index, parent rating: **G1:** 60 **G2:** 64 t = 1.91, (P < 0.05) Restless-impulsive behaviors, parent rating: **G1:** 60 **G2:** 63 t = 2.05, (P < 0.05) Emotional index, teacher rating: **G1:** 55 **G2:** 60 t = 1.83, (P < 0.05) Emotional index, parent rating: **G1:** 54 **G2:** 55 t = 2.11, (P < 0.05) Global index DSM-IV scale for inattentiveness, teacher rating: **G1:** 50 **G2:** 62 t = 1.75, (P < 0.05) DSM-IV scale for inattentiveness, parent rating: **G1:** 63 **G2:** 61 t = 1.97, (P < 0.05) **Classroom/ playground, frequency of behaviors, %:** On-task behavior, classroom: **G1:** 94 **G2:** 91 t = 2.13, (P < 0.05)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Escalona et al., 2001 (continued)				Stereotypical behavior, classroom: **G1:** <1 **G2:** 2 t = 2.01, (P < 0.05) Stereotypical behavior, playground: **G1:** 2 **G2:** 8 t = 3.29, (P < 0.01) Social relatedness to teacher, playground: **G1:** 20 **G2:** 11 t = 2.04, (P < 0.05) **Sleep diaries** Measures not provided, described as indicating greater declines for massage group on fussing/restlessness, crying, self-stimulating behavior, and getting out of bed. Teachers Conners Scales: Significant Group x Days interaction effect (F(5,14)=3.08, P < 0.05) Observation behaviors: Significant group x days interaction effect (F(6,13)=2.98, P < 0.05) **Harms:** NR **Modifiers:** NR

Comments:

***** Results in baseline section are behaviors during spontaneous play in the first session (not a true baseline as the probe occurred after the first intervention had begun).

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Hartshorn et al., 2001 **Country:** US **Practice setting:** Academic **Intervention setting:** School for children with autism **Enrollment period:** NR **Funding:** NIH, Johnson and Johnson Author industry relationship disclosures: NR **Design:** Non randomized controlled trial	**Intervention:** 30 minute movement sessions held twice a week for two months Controls matched on age and developmental level **Assessments:** Behavior coded in 10-second time sample units for 6 one-minute periods during the first 18 minutes of first and last sessions; controls observed during two sessions two months apart **Groups:** **G1:** intervention **G2:** controls **Provider:** • Sessions given by trained movement therapists. • Behaviors observed and coded by psychology graduate students with prior training to 80% reliability **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 38 **G2:** 38 **N at follow-up:** **G1:** 38 **G2:** 38	**Inclusion criteria:** • From a school for children with autism • Control group matched on age and development level with movement therapy group (from same school) **Exclusion criteria:** • See inclusion criteria **Age, years (range):** **G1:** 5 (3-7) **G2:** NR **Mental age:** NR **Gender:** NR **Race/ethnicity, %:*** White: **G1:** 80 Hispanic: **G1:** 10 Black: **G1:** 10 **SES:** Maternal education: NR Household income:* **G1:** "Middle SES" **Diagnostic approach:** In Study/Referral **Diagnostic tool/method:** NR **Diagnostic category:** See inclusion criteria **Other characteristics:** NR	Percentage of time behavior observed in session, mean ± SD: **Adaptive behavior:** Stereotypical behaviors: **G1:** 2.0 ± 0.5 **G2:** 3.0 ± 0.4 Wandering: **G1:** 14.0 ± 2.4 **G2:** 16.0 ± 2.8 **Social skills:** Responding to touch negatively: **G1:** 5.0 ± 8 **G2:** 4.0 ± 0.9 On-task passive: **G1:** 16.0 ± 4.3 **G2:** 15.0 ± 5.9 On-task active: **G1:** 77.0 ± 15.6 **G2:** 9.0 ± 13.2 Eye contact: **G1:** 9.0 ± 2.5 **G2:** 11.0 ± 3.1 Social relatedness toward teacher: **G1:** 28.0 ± 9.3 **G2:** 25.0 ± 11.2 Resisting teacher: **G1:** 9.0 ± 1.7 **G2:** 12.0 ± 1.5	Percentage of time behavior observed in session, mean ± SD: **Adaptive behavior:** Stereotypical behaviors: **G1:** 2.0 ± 0.7 **G2:** 4.0 ± 1.2 **G1/G2:** P = NS Wandering: **G1:** 10.0 ± 3.1 **G2:** 15.0 ± 2.9 **G1/G2:** $P < 0.05$ **Social skills:** Responding to touch negatively: **G1:** 1.0 ± 2 **G2:** 3.0 ± 0.5 **G1/G2:** $P < 0.01$** On-task passive: **G1:** 37.0 ± 116 **G2:** 19.0 ± 7.3 **G1/G2:** $P < 0.001$** On-task active: **G1:** 76.0 ± 19.1 **G2:** 67.0 ± 16.3 **G1/G2:** P = NS Eye contact: **G1:** 7.0 ± 1.9 **G2:** 9.0 ± 2.4 **G1/G2:** P = NS Social relatedness toward teacher: **G1:** 25.0 ± 7.9 **G2:** 21.0 ± 8.3 **G1/G2:** P = NS Resisting teacher: **G1:** 4.0 ± 1.5 **G2:** 10.0 ± 1.3 **G1/G2:** $P < 0.05$** **Harms:** NR **Modifiers:** NR

Comments:

***** This measure for G2 is described as "similar" to G1 but otherwise not reported.

** The p-values for three behaviors were different in the table (reported above) and the text: responding to touch negatively (text $P < 0.005$; table $P < 0.01$), on-task passive (text $P < 0.05$; table $P < 0.001$), and resisting teacher (text: $P < 0.01$; table: $P < 0.05$).

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Kern et al., 2001 **Country:** US **Practice setting:** Community **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** FoodScience Corporation **Author industry relationship disclosures:** NR **Design:** Double-blind, randomized controlled trial	**Intervention:** Oral dimethylglycine, 125 mg/day (placebo group received mannitol tablets of the same size and frequency) Titration by weight: < 40 lbs: 1 tablet 41-70 lbs: 2 tablets 71-100 lbs: 3 tablets 101-130 lbs: 4 tablets > 131 lbs: 5 tablets **Assessments:** Neurological and behavioral assessments performed in childcare room at University of Dallas with toys and activity centers; a variety of items were available to use during the behavioral observations, such as wooden blocks, crayons, pencils, paper, and balls; parents were present Behavioral: VABS maladaptive behavior domain, ABC subscales I-V; obtained at baseline and 4 weeks post treat-ment; videotaped Neurologic: examination of coordination, posturing, toe walking **Groups:** **G1:** dimethylglycine **G2:** placebo **Co-interventions held stable during treatment, n:** Yes **Frequency of contact during study:** Participants met with investigators at baseline and 4 weeks after treatment began	**Inclusion criteria:** • Met the DSM-IV diagnostic criteria for autism or PDD **Exclusion criteria:** • See inclusion criteria **Age, years (range):** NR (3-11) **Mental age:** NR **Gender:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** DSM-IV **Diagnostic category, n (%):** Autistic or PDD-NOS: 37 (100) **Other characteristics, n (%):** Gross/fine motor skill delay: 26 (70) Problems with gross/fine ocular pursuit: 4 (11) Poor muscle tone: 5 (14) Non-verbal: 10 (27) Echolalic: 12 (32) Difficulty sleeping: 16 (43) Eating disorders: 16 (43) Hyperlexia: 4 (11)	**Problem behavior:** VABS maladaptive behavior score, mean: **G1:** NR **G2:** NR **G1/G2:** $P < 0.35$ ABC irritability and self-abusive behavior score, mean: **G1:** NR **G2:** NR **G1/G2:** $P < 0.46$ **Social skills:** ABC lethargy, social withdrawal, and withdrawal score, mean: **G1:** NR **G2:** NR **G1/G2:** $P < 0.0003$ **Repetitive behavior:** ABC stereotypic behavior score, mean: **G1:** NR **G2:** NR **G1/G2:** $P < 0.58$ ABC hyperactivity score, mean: **G1:** NR **G2:** NR **G1/G2:** $P < 0.35$ **Communication/ language:** ABC inappropriate speech score, mean: **G1:** NR **G2:** NR **G1/G2:** $P < 0.84$ **Neurologic assessments:** Standard neuro-logical exam, n: **G1:** 17 **G2:** 16	**Overall ratings:** Main behavioral effect change, mean (range across all assess-ment methods): **G1:** 0.71 (0.06, 1.94) **G2:** 0.87 (0.32, 1.68) **G1/G2:** P = NS Parent report of treatment effect, n (%): Positive response: **G1:** 11 (58) **G2:** 10 (53) Negative response: **G1:** 3 (16) **G2:** 6 (32) No response: **G1:** 5 (26) **G2:** 3(16) **Social skills:** ABC lethargy, social withdrawal, and withdrawal score, mean change (% improvement): **G1:** 1.94 (15.3) **G2:** 0.95 (13.6) **G1/G2:** $P < 0.12$ **Communication/ language:** ABC inappropriate speech score, mean change: **G1:** NR **G2:** NR **G1/G2:** P = NS **Repetitive behavior:** ABC stereotypic behavior score, mean change: **G1:** NR **G2:** NR **G1/G2:** P = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Kern et al., 2001 (continued)	**Concomitant therapies:** Psychoactive medication (clonidine, thioridazine, paroxetine, imipramine, methylphenidate, & fluoxetine): 7 **N at enrollment:** **G1:** 20 **G2:** 19 **N at follow-up:** **G1:** 18 **G2:** 19			ABC hyperactivity score, mean change: **G1:** NR **G2:** NR **G1/G2:** *P* = NS **Problem behavior:** VABS maladaptive behavior score, mean change: **G1:** NR **G2:** NR **G1/G2:** *P* = NS ABC irritability and self-abusive behavior score, mean change: **G1:** NR **G2:** NR **G1/G2:** *P* = NS **Motor skills:** Improved gross motor function, neurologic assessment, n: **G1:** 3/17 **G2:** 0/16 **G1/G2:** *P* = 0.57 **Harms, n (%):** Hyperactivity: **G1:** 2 (11) **G2:** 4 (21) Increased aggression: **G1:** 1 (5) **G2:** 2 (11) Difficulty sleeping: **G1:** 1 (5) **G2:** 2 (11) Any negative effects, %: **G1:** 16 **G2:** 32 Withdrawn due to adverse behavioral changes, n: Total: 1 **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: King et al., 2001 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Cerebrus PLC **Author industry relationship disclosures:** NR **Design:** Multi-center, Double-blind, randomized, placebo controlled trial	**Intervention:** Week 1 (run-in): 2.5mg/kg/day placebo given to both groups Week 2: amantadine chloride or placebo given 2.5mg/day at breakfast Week 3-5: amantadine chloride or placebo given 2.5mg/kg 2 times per day at breakfast and afternoon **Assessments:** Visit 0: screen (subject screening and recruitment) Visit 1: baseline, end of 1-week placebo run-in (at end of week 1, subject's compliance and ABC-C was assessed) Visits 2,3,4,&5: treatment ABC-C (parent or care provider completed instrument at visits 0, 1, & 2-5 inclusive; ADOS-G (videotaped and at visits 0 & 5); CGI (visit 1 and visits 2-5 inclusive) **Groups:** **G1:** amantadine chloride **G2:** placebo control **Co-interventions held stable during treatment, n (%):** Patients on SSRI's stable for >1month remained on medication **G1:** 4 (20) **G2:** 6 (30) **Frequency of contact during study:** Every week **Concomitant therapies:** NR **N at enrollment:** **G1:** 19 **G2:** 20 **N at follow-up:** **G1:** 19 **G2:** 20	**Inclusion criteria:** • Diagnosis of autism by DSM-IV and ICD-9 criteria using ADI-R and ADOS-G • ABC-C subscales for irritability (subscale I) and hyperactivity (subscale IV) were > age adjusted 75 percentile • VABS age equivalent > 18 mos **Exclusion criteria:** • IQ score <35 on Mullen Scales or Differential Ability scale • Presence of Fragile X and tuberous sclerosis complex • Receiving neuroleptic, anticonvulsant, or stimulant medication • Evidence of clinically evident medical illness **Age, mean/yrs (range):** **G1:** 7 (5-11) **G2:** 7 (5-15) **Mental age:** NR **Gender, n (%):** M: **G1:** 15 (80) **G2:** 19 (95) F: **G1:** 4 (20) **G2:** 1 (5) **Race/ethnicity, n (%):** White: **G1:** 15(79) **G2:** 15 (75) Other: **G1:** 4 (21) **G2:** 5 (25) **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study	**Problem behavior:** ABC-irritability, mean (range): **G1:** 19.1 (3-38) **G2:** 18.7 (3-33) **Commonly occurring comorbidities:** ABC-hyperactivity, mean (range): **G1:** 29.4 (16-42) **G2:** 32.7 (17-46)	**Overall ratings:** CGI-rate illness severity, (success rate %): **G1:** 53 **G2:** 25 *P* = 0.076 **Communication/ language:** ABC-inappropriate speech, mean change (95% CI): Provider: -2.24 (-3.85 to -0.63) **Repetitive behavior:** ABC-stereotyped behavior, mean change (95% CI): Provider: -2.20 (-4.74 to 0.33) **Problem behavior:** ABC-irritability, mean change (95% CI): Parent : **G1:** NR **G2:** NR *P* = 0.178 **Commonly occurring co-morbidities:** ABC-hyperactivity, mean change (95% CI): Parent : **G1:** -4.9 **G2:** -1.6 Total: -4.81 (-11.63 to 2.00) Care provider: -5.75 (-11.39 to -0.1) **Harms, n (%):** Insomnia: **G1:** 4 (21) **G2:** 2 (10) Somnolence: **G1:** 2 (11)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
King et al., 2001 (continued)		**Diagnostic tool/method:** DSM-IV, ICD-9, ABC-C, ADOS-G, ADI-R **Diagnostic category, n (%):** Autism 39 (100) **Other characteristics:** CGI-rate illness severity, n (% NR): Mild: **G1:** 0 **G2:** 1 Moderate: **G1:** 11 **G2:** 11 Severe: **G1:** 8 **G2:** 7		Antisocial behaviors: **G1:** 2 (11) **G2:** 4 (20) **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Owley et al., 2001 **Country:** US **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** UC Davis MIND Institute, NIH, Jean Young and Walden Shaw Foundation, Irving Harris Foundation **Author industry relationship disclosures:** NR **Design:** Multisite double-blind, parallel group RCT crossover design	**Intervention:** Porcine secretin or saline placebo 2 CU/kg infused at baseline or end of week 4, injected over 1 minute **Assessment:** DAS; MSEL for children under 5 and those for which a basal could not be established on subtests of the DAS; DTVP-II, ADOS, PPVT-III (> 5 years and able to establish basal) VABS Interview Edition and CGI scales at baseline and end of weeks 4 and 8, GARS and ABC-C at baseline and end of weeks 2, 4, 6, and 8 **Groups:** **G1:** secretin first, followed by placebo **G2:** placebo first, followed by secretin **Co-interventions held stable during treatment:** Yes **Frequency of contact during study:** Baseline and assess-ments at week 4 (primary outcome) and week 8 (crossover assessment) **Concomitant therapies, n:** SSRI: 3 Atypical neuroleptics: 3 Alpha adrenergic agonist: 1 Psychostimulants: 8 **N at enrollment:** **G1:** 28 **G2:** 28 **N at follow-up:** **G1:** 28 **G2:** 28	**Inclusion criteria:** • Diagnosis of autism confirmed in study • For subjects younger than 5, non verbal ratio IQ > 20 according to Mullen Scales of Early Learning • For subjects with non verbal IQ 20-34, VABS age equivalent of ≥ 24 months **Exclusion criteria:** • History of allergy to porcine products • Significant history of illness including nonfebrile seizures and excluding autism **Age, months ± SD:** **G1:** 79.6 ± 21.8 **G2:** 81.4 ± 24.4 **Mental age:** Non-verbal IQ, mean ± SD: **G1:** 55.9 ± 24.5 **G2:** 56.9 ± 19.4 **Gender, n (%):** Male: **G1:** 24 (85.7) **G2:** 24 (85.7) Female: **G1:** 4 (14.3) **G2:** 4 (14.3) **Race/ethnicity, n (%):** African American: **G1:** 1 (3.6) **G2:** 3 (10.7) Hispanic: **G1:** 2 (7.1) **G2:** 4 (14.3) Asian: **G1:** 1 (3.6) **G2:** 0 White: **G1:** 24 (85.7) **G2:** 21 (75) **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study	**Overall ratings:** CGI-S score, mean ± SD: **G1:** 3.0 ± 0.8 **G2:** 2.8 ± 0.8 GARS autism quotient, mean ± SD: **G1:** 93.6 ± 12.0 (n=26) **G2:** 86.5 ± 11.7 (n=27) **G1/G2:** *P* = 0.03 **Social skills:** ADOS social interaction score, mean ± SD: **G1:** 11.9 ± 1.5 **G2:** 10.8 ± 1.9 **G1/G2:** *P* < 0.018 GARS social interaction score, mean ± SD: **G1:** 8.4 ± 2.4 (n=26) **G2:** 6.9 ± 2.2 (n=27) **G1/G2:** *P* = 0.02 ADOS play score, mean ± SD: **G1:** 2.6 ± 1.6 **G2:** 2.2 ± 1.5 Vineland socializa-tion score, mean ± SD: **G1:** 35.5 ± 18.0 **G2:** 39.5 ± 19.2 **Communication/ language:** ADOS communica-tion score, mean ± SD: **G1:** 6.8 ± 1.8 **G2:** 6.5 ± 2.1 ADOS communi-cation + social interaction scores, mean ± SD: **G1:** 18.7 ± 3.7 **G2:** 17.3 ± 3.5	**Overall measures:** CGI-S score, week 4, mean ± SD: **G1:** 2.9 ± 0.8 **G2:** 2.7 ± 0.9 GARS autism quotient, week 4, mean ± SD: **G1:** 86.9 ± 13.2 (n=26) **G2:** 82.5 ± 15.2 **Social skills:** ADOS social interaction score, week 4, mean ± SD: **G1:** 11.5 ± 1.5 **G2:** 10.1 ± 1.8 GARS social interaction score, week 4, mean ± SD: **G1:** 7.3 ± 2.7 **G2:** 6.2 ± 2.5 ADOS play score, week 4, mean ± SD: **G1:** 2.7 ± 1.3 **G2:** 2.0 ± 1.4 Vineland sociali-zation score, week 4, mean ± SD: **G1:** 34.6 ± 17.9 **G2:** 39.3 ± 18.4 **Communication/ language:** ADOS Communi-cation score, wwek 4, mean ± SD: **G1:** 6.5 ± 1.7 **G2:** 6.3 ± 2.2 ADOS communi-cation + social interaction scores, week 4, mean ± SD: **G1:** 18.1 ± 2.5 **G2:** 16.4 ± 3.5 GARS commu-nication score, week 4, mean ± SD: **G1:** 9.2 ± 3.0 (n=22) **G2:** 8.0 ± 3.3

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Owley et al., 2001 (continued)		**Diagnostic tool/method:** ADI-R, ADOS confirmed with DSM-IV diagnosis **Diagnostic category, n (%):** Autistic disorder: **G1:** 28 (100) **G2:** 28 (100) **Other characteristics**: ADI score, mean ± SD: Social interaction: **G1:** 23.4 ± 3.6 **G2:** 23.0 ± 4.5 Communication verbal: **G1:** 13.5 ± 3.8 (n=21) **G2:** 13.3 ± 3.4 (n=23) Communication-nonverbal: **G1:** 18.7 ± 2.1 (n=7) **G2:** 15.6 ± 3.5 (n=5) Repetitive behavior: **G1:** 6.0±2.5 **G2:** 5.4±1.9 Abnormality of development: **G1:** 4.3 ± 0.7 G2: 4.1 ± 0.9	GARS communication score, mean ± SD: **G1:** 9.5 ± 2.7 (n=22) **G2:** 8.5 ± 2.4 (n=27) Mullen/DAS/PPVT/DTVP-2 receptive language score, months ± SD: **G1:** 29.0 ± 23.8 **G2:** 37.4 ± 28.9 Mullen/DAS/PPVT/DTVP-2 fine motor score, months ± SD: **G1:** 45.9 ± 25.4 **G2:** 47.5 ± 23.4 Vineland communication score, mean ± SD: **G1:** 35.9 ± 22.2 **G2:** 41.7 ± 26.7 **Problem behavior:** ADOS stereotyped behavior, mean ± SD: **G1:** 3.6 ± 1.6 **G2:** 2.5 ± 1.3 **G1/G2:** P < 0.007 GARS stereotyped behaviors, mean ± SD: **G1:** 9.4 ± 2.4 (n=26) **G2:** 8.0 ± 2.7 (n=27) **G1/G2:** P = 0.049 ABC-C subscale score, mean ± SD: Irritability: **G1:** 11.6 ± 7.5 (n=27) **G2:** 10.1 ± 7.1 (n=27) Lethargy: **G1:** 13.7 ± 7.1 (n=27) **G2:** 8.3 ± 6.7 (n=27) **G1/G2:** P = 0.006 Stereotypy: **G1:** 7.3 ± 4.0 (n=27) **G2:** 5.1 ± 3.5 (n=27), **G1/G2:** P = 0.035	Mullen/DAS/PPVT/DTVP-2 receptive language score, week 4, months ± SD: **G1:** 29.1 ± 21.8 **G2:** 40.1 ± 31.6 Mullen/DAS/PPVT/DTVP-2 fine motor score, week 4, months ± SD: **G1:** 44.6 ± 25.1 (n=27) **G2:** 45.6 ± 20.8 (n=27) Vineland communication score, week 4, mean ± SD: **G1:** 38.3 ± 24.7 **G2:** 41.7 ± 24.9 **Problem Behavior:** ADOS stereotyped behavior score, week 4, mean ± SD: **G1:** 3.8 ± 1.5 **G2:** 3.2 ± 1.8 GARS stereo-typed behaviors score, week 4, mean ± SD: **G1:** 7.6 ± 3.0 (n=26) **G2:** 7.1 ± 2.9 ABC-C subscale score, week 4, mean ± SD: Irritability: **G1:** 10.1 ± 10.2 (n=26) **G2:** 10.9 ± 8.1 Lethargy: **G1:** 10.2 ± 5.9 (n=26) **G2:** 7.8 ± 7.1 Stereotypy: **G1:** 6.3 ± 4.2 (n=26) **G2:** 5.2 ± 4.9 (n=27) Hyperactivity: **G1:** 18.5 ± 10.6 (n=26) **G2:** 18.6 ± 11.4 (n=27) Inappropriate speech: **G1:** 2.6 ± 2.8 (n=26) **G2:** 3.5 ± 3.6 (n=27) **Adaptive behavior:** Vineland daily living score, week 4, mean ± SD: **G1:** 43.6 ± 18.4 **G2:** 41.7 ± 17.0 (n=26)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Owley et al., 2001 (continued)			Hyperactivity: **G1:** 21.3 ± 10.3 (n=27) **G2:** 18.6 ± 9.6 (n=27) Inappropriate speech: **G1:** 2.6 ± 2.8 (n=27) **G2:** 2.9 ± 2.3 (n=27) **Adaptive behavior:** Vineland daily living **G1:** 43.3 ± 19.5 **G2:** 40.8 ± 16.9 (n=27) Vineland adaptive behavior composite **G1:** 38.2 ± 17.8 **G2:** 40.3 ± 18.4 **Motor skills:** DTVP-2 visual motor integration **G1:** 78.8 ± 20.9 (n=7) **G2:** 76.8 ± 23.5 (n=8)	Vineland adaptive behavior composite score, week 4, mean ± SD: **G1:** 39.1 ± 17.9 **G2:** 40.6 ± 18.1 **Motor skills:** DTVP-2 visual motor integration score, week 4, mean ± SD: **G1:** 79.6 ± 16.85 (n=6) **G2:** 74.4 ± 19.5 (n=8) **Harms, n:** Abdominal rash: 1 Non-febrile seizures: 1 Vomiting: 1 Flu-like symptoms: 1 Hyperactivity/ problem behavior: 2 No harms clearly attributed to intervention **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Roberts et al., 2001 **Country:** Canada **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Randomized placebo controlled trial	**Intervention:** Porcine secretin or placebo, 2 occasions six weeks apart, 0.1 ml of secretin or saline placebo test dose. After vital signs were taken, 2 ml/kg (0.2 ml/kg) of secretin or saline was injected. Monitored for 4 hours **Assessments:** ADOS-G (baseline & both follow-ups), LIPS-R (baseline & final follow-up), PLS-II (baseline & both follow-ups), GSQ (baseline), Treatment Behavior/Side-Effect Rating Scale & Autism Behavior Checklist (end of each week) **Groups:** **G1:** porcine secretin **G2:** saline placebo **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** 1 every 6 weeks **Concomitant therapies, n (%):** (If begun > 6 weeks before the baseline assessment) Selective serotonin reuptake inhibitors: **G1:** 1 (3) **G2:** 1 (3) Anticonvulsant: **G1:** 1 (3) **G2:** 1 (3) Stimulants: **G1:** 1* (3) **G2:** 1** (3) Melatonin: **G1:** 0 (0) **G2:** 1 (3) Ranitidine: **G1:** 0 (0) **G2:** 1 (3)	**Inclusion criteria:** • Met criteria for Autism by ADI-R, ADOS-G, DSM-IV **Exclusion criteria:** • See inclusion criteria **Age, months ± SD:** **G1:** 62.31 ± 14.86 **G2:** 63.16 ± 15.87 **Mental age:** Leiter IQ, mean ± SD: **G1:** 83.05 ± 22.48 **G2:** 77.85 ± 24.11 **Gender, n (%):** Male: **G1:** 26 (81) **G2:** 29 (91) Female: **G1:** 6 (19) **G2:** 3 (9) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In Study **Diagnostic tool/method:** ADI-R, ADOS-G, DSM-IV **Diagnostic category, n (%):** Autism: 64 (100) **Other characteristics, n (%):** GI symptoms: **G1:** 7 (22) **G2:** 8 (25)	**Communication/ language:** PLS-3 score, mean ± SD: Expressive: **G1:** 17.03 ± 8.3 **G2:** 15.86 ± 10.28 Receptive: **G1:** 20.34 ± 10.01 **G2:** 19.48 ± 12.64 Total: **G1:** 53.9 ± 7.32 **G2:** 54.38 ± 10.88 **Adaptive behavior:** Autism Behavior Checklist subscale score, mean ± SD: Sensory: **G1:** 16.67 ± 6.69 **G2:** 15.14 ± 6.01 Relating: **G1:** 25.33 ± 9.31 **G2:** 23.64 ± 6.93 Body/object use: **G1:** 21.41 ± 10.78 **G2:** 18.21 ± 8.13 Language: **G1:** 18.15 ± 7.28 **G2:** 15.46 ± 7.48 Social/self-help: **G1:** 19.41 ± 4.39 **G2:** 17.75 ± 2.84	**Communication/ language:** PLS-3 score, mean ± SD: Expressive: **G1:** NR **G2:** NR ANOVA: time (performance increased; P < 0.05) treatment (*P* = NS) Receptive: **G1:** NR **G2:** NR ANOVA: time (performance increased; P < 0.05) treatment (*P* = NS) Total: **G1:** NR **G2:** NR ANOVA: time & treatment (*P* = NS) **Adaptive behavior:** Autism Behavior Checklist relating subscale, mean: **G1:** 27.91 ± NR **G2:** 21.08 ± NR **G1/G2:** *P* < 0.005 **Harms, n (%):** Rash: **G1:** 1 (3) **G2:** 0 Fever/tachycardia/vomiting: **G1:** 1 (3) **G2:** 0 Photosensitivity: **G1:** 1 (3) **G2:** 0 Irritability: **G1:** 3 (9) **G2:** 0 Generalized flushing of neck, face, chest: **G1:** 7 (22) **G2:** 0 Hyperactivity **G1:** 3 (9) **G2:** 3 (9)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Roberts et al., 2001 (continued)	**N at enrollment:** **G1:** 34 **G2:** 34 **N at follow-up:** **G1:** 32 **G2:** 32			Aggression **G1:** 2 (6) **G2:** 1 (3) **Modifiers:** No significant treatment differences noticed when analysis was done by subgroups (GI symptoms, IQ, or history of regression)

Comments:

* dextroamphetamine

** methylphenidate

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Stahmer et al., 2001 **Country:** US **Practice setting:** Tertiary care hospital, academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** United Way Author industry relationship disclosures: NR **Design:** Prospective cohort	**Intervention:** Parent information support group, 1 hr/week for 12 weeks (G1 only) Parent education course on pivotal response training (PRT), also 1 hr/week for 12 weeks (both groups) **Assessments:** BSID, MDI, MCDI, 5-minute videotapes of parents interacting with children before and after treatment to assess parent use of program techniques and child's words **Groups**:** **G1:** Parent support group and education course **G2:** Parent education course only **Ga:** Parents met criteria for mastery of PRT post-treatment (correct use of PVT techniques in > 75% of intervals scored) **Gb:** Parents did not meet criteria for mastery of PRT **Provider:** • For parent education content: first author served as parent educator (clinical director of a hospital-based autism intervention center and research scientist) • For information support group: second author served as group facilitator (director of a children's hospital department of developmental services, not formally trained in PRT) **Measure of treatment fidelity reported:** NR	**Inclusion criteria:** • Age < 5 years • Recent ASD diagnosis • Initial diagnosis within the 6-month period preceding participation in the education program **Exclusion criteria:** • See inclusion criteria **Age, months (range):** **G1:** 35.6 (29-50) **G2:** 35 (19-48) **Mental age:** BSID II developmental age, months (range): **G1:** 51 (<50-85) **G2:** 51 (<50-90) **Gender:** NR **Race/ethnicity:** NR **SES:** Maternal education: NR Household income, n: > $50,000: **G1:** 6 **G2:** 9 $40,000-$50,000: **G1:** 4 **G2:** 0 $30,000-$40,000: **G1:** 0 **G2:** 0 $20,000-$30,000: **G1:** 0 **G2:** 1 $10,000-$20,000: **G1:** 1 **G2:** 1 **Diagnostic approach:** Referral Diagnostic tool/method: NR **Diagnostic category, n (%):** ASD: 22 (100)	**Communication/ language:** MCDI, words understood, mean: **Ga:** 119 **Gb:** 160 **Ga/Gb:** *P* = NS MCDI, words produced, mean: **Ga:** 29 **Gb:** 57 **Ga/Gb:** *P* = NS MCDI, communicative gestures, mean: **Ga:** NR **Gb:** NR Words used during videotaped play, mean: **Ga:** NR **Gb:** NR	**Communication/ language:** Correct use of PRT techniques, % of intervals scored, mean (range): **G1:** 75 (68-86) **G2:** 60 (29-78) **G1/G2:** *P* < 0.05 Parents met criteria for mastery (correct use of PRT techniques in > 75% of intervals scored), n: **G1:** 8 **G2:** 4 MCDI, words understood, mean change: **Ga:** 135 **Gb:** 28 **Ga/Gb:** *P* < 0.01 MCDI, words produced, mean change: **Ga:** 69 **Gb:** 32 **Ga/Gb:** *P* < 0.01 MCDI, communicative gestures, mean change: **Ga:** NR* **Gb:** NR* **Ga/Gb:** *P* = NS Words used during videotaped play, mean change: **Ga:** NR **Gb:** NR **Ga/BL:** *P* < 0.05 **Gb/BL:** *P* < 0.05 **Ga/Gb:** *P* = NS **Harms:** NR **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Stahmer et al., 2001 (continued)	**Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 11 **G2:** 11 **N at follow-up:** **G1:** 11 **G1a:** 8 **G1b:** 3 **G2:** 11 **G2a:** 4 **G2b:** 7	**Other characteristics:** Marital status, n: Married: **G1:** 10 **G2:** 10 Widow: **G1:** 0 **G2:** 1 Single: **G1:** 1 **G2:** 0		

Comments:

***** Data only illustrated graphically.

**Enrollment in G1 vs. G2 was non-randomized and depended on availability on enrollment in patient education program; if group was available, it was a requirement for participation.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Tjus et al., 2001 **Country:** Sweden **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** Swedish Council of Social Research, Queen Silvia's Jubilee Fund for Research on Children and Handicaps Author industry relationship disclosures: NR **Design:** Prospective case series	**Intervention:** Swedish version of the Alpha program (a multi-media program for increasing literacy skills and language learning through voice, animation, video, and sign language feedback); 25.6 ± 7.5 sessions lasting 32.0 ± 12.6 minutes over 16.9 ± 5.7 weeks **Assessments:** Videotaped sessions of children and their teachers evaluated at start and end of training to assess 15 variables of verbal and non-verbal behavior; observations coded by one of the authors. All interviews and observations conducted by a psychologist who was not blind to group assignment. **Groups:** **G1:** autism **Provider:** Four teachers **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR N at enrollment: G1: 11 N at follow-up: G1: 11	**Inclusion criteria:** • Confirmed diagnosis of autism according to DSM-III-R **Exclusion criteria:** • See inclusion criteria **Age, months ± SD:** **G1:** 112 ± 28 **Mental age (CPM), months ± SD:** **G1:** 81 ± 25 **Gender, n:** Male: 9 Female: 2 **Race/ethnicity:** NR **SES:** NR **Diagnostic approach, n (%):** Child Neuropsychiatric Clinic, Goteborg: 9 (82) Regional hospital: 2 (18) **Diagnostic tool/method:** DSM-III-R **Diagnostic category, n (%):** Autism: 11 (100) Other characteristics: RDLS language age, months ± SD: 57 ± 22 CARS score, median (range): 42 (21.5-57)	**Social skills:** Enjoyment, median frequency (range): **G1:** 4 (0-15) **Communication/ language:** Verbal expressions, median frequency (range): **G1:** 29 (4-44) **Problem behavior:** Ignores, median frequency (range): **G1:** 1 (0-10) Off task, median frequency (range): **G1:** 2 (0-26) Protests, median frequency (range): **G1:** 0 (0-10) **Adaptive behavior:** Complies, median frequency (range): **G1:** 9 (4-21) Seeks help, median frequency (range): **G1:** 0 (0-4)	**Social skills:** Enjoyment, median frequency (range): **G1:** 10 (0-20), **G1/BL:** $P < 0.05$ **Communication/ language:** Verbal expressions, median frequency (range): **G1:** 37 (4-49) **G1/BL:** $P < 0.02$ **Problem behavior:** Ignores, median frequency (range): **G1:** 1 (0-7) **G1/BL:** P = NS Off task, median frequency (range): **G1:** 6 (2-18) **G1/BL:** P = NS Protests, median frequency (range): **G1:** 0 (0-2) **G1/BL:** P = NS **Adaptive behavior:** Complies, median frequency (range): **G1:** 7 (3-20) **G1/BL:** P = NS Seeks help, median frequency (range): **G1:** 2 (0-9) **G1/BL:** $P < 0.05$ **Harms:** NR **Modifiers:** Teacher recasts correlated with pre- and post-treatment verbal expressions ($P < 0.05$)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Chez et al. 2000 **Country:** US **Practice setting:** Clinic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Study 1: Prospective case series Study 2: Not included (N < 30)	**Intervention:** Study 1: Secretin, 2 IU/kg per kg of body weight over 1-2 mins **Assessments:** CARS at baseline and post injection office visits Physicians or nurses assessed GI function, eye contact, expressive speech, and receptive language; parents noted changes in eye contact, interpersonal relations, self-stimulatory behavior, bowel movement consistency, toy play, expressive language/ verbalizations, receptive language, and overall behavior with observational diaries; observed for 1 hour post-injection **Groups:** **G1:** secretin **Co-interventions held stable during treatment:** NR **Frequency of contact during study:** Study 1: 2 times, follow-up (3.7 ± 1.4 weeks; range 3-6 weeks) **Concomitant therapies, n (%):** Other drug treatments: 45 (80.4) Antidepressants: 9 (16.1) CNS stimulants: 9 (16.1) **N at enrollment:** **G1:** 56 **N at follow-up:** **G1:** 56	**Inclusion criteria:** • Met DSM-IV criteria for PDDNOS or Autistic disorder **Exclusion criteria:** • See inclusion criteria **Age, years ± SD:** 6.4 ± 2.7 **Mental age:** NR **Gender, n (%):** Male: 49 (88) Female: 7(13) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** Self-Referral **Diagnostic tool/method:** DSM-IV **Diagnostic category, n (%):** Autism: 22 (40) PDD-NOS: 34 (60) **Other characteristics, n (%):** GI distress: 33 (59) Abnormal EEG: 31 (63)	**Overall ratings:** CARS score, mean ± SD: **G1:** 36.5 ± 6.4	**Overall ratings:** CARS score, mean ± SD: **G1:** 33.2 ± 5.4 **G1/BL:** $P < 0.01$ CARS score, decrease from baseline, n: ≥ 6 (clinically meaningful): 13 1 to 5.5: 32 0 (no change): 2 -0.5 to -11 (worsening): 9 **Social skills, n (%):** Improved eye contact: 19 (34) **Communication/ language, n (%):** Improved expressive language: 30 (34) Receptive speech improvements: 15 (27) Improvements in expressive speech: 30 (54) Improvements in receptive speech: 15 (27) Worsening of expressive speech: 1 (1.8) **Medical, n (%):** Improved GI: 19 (34) Worsening of GI function & eye contact: 1 (1.8) **Harms:** Reports of increased agitation, decreased focusing & decreased responsiveness to others **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Dunn-Geier et al., 2000 **Country:** Canada **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** Children's Hospital Eastern Ontario Research Institute; PA Woodward's Foundation; Children at Risk Ottawa **Author industry relationship disclosures:** NR **Design:** RCT, double blind, placebo controlled; stratified by site and age	**Intervention:** Single dose of secretin (test dose 0.1 CU injected through saline lock; if no immediate hyper-sensitivity occurred after 1 minute, injection of 2 CU/kg (0.2 ml/kg) to a maximum of 1 vial (75 CU)) **Assessments:** Autism Behavior Check-list, GI symptoms and side effect questionnaire designed for study completed by parents; CARS administered by observer in clinic **Groups:** **G1:** secretin **G2:** placebo (saline) **Co-interventions held stable during treatment:** Yes **Frequency of contact during study:** At baseline; injection (up to 1.5 hours post-injection); and 3 week follow-up **Concomitant therapies, n (%):** ABA: **G1:** 15 (33) **G2:** 24 (51) Speech: **G1:** 37 (79) **G2:** 34 (72) Floor time: **G1:** 5 (12) **G2:** 4 (10) Magnesium B6: **G1:** 1 (2) **G2:** 4 (9) DMG3: **G1:** 2 (5) **G2:** 3 (6) School/preschool placement: **G1:** 41 (91) **G2:** 42 (91)	**Inclusion criteria:** • Diagnosis of autism based on behavioral observation of the child and semistructured interview with the parent (CARS score ≥ 30) • Score of ≥ 6 on DSM-IV criteria for autism • Clinical judgment by a development pediatrician and a registered psy-chologist experienced in the field of PDD **Exclusion criteria:** • Patients with recogni-zable neurological or genetic disorder • Pancreatic or liver disorder • Allergy to lidocaine or prilocaine • Previous use of secretin • Any treatment initiated or changed within the 2 months immediately before enrollment • Any treatment planned to begin within the 3 weeks after injection **Age, years ± SD:** **G1:** 5.1 ± 1.2 **G2:** 5.1 ± 1.4 **Mental age:** NR **Gender, n (%):** Male: **G1:** 42 (89) **G2:** 46 (96) Female: **G1:** 5 (11) **G2:** 2 (4) **Race/ethnicity, n (%):** White: **G1:** 34 (72) **G2:** 41 (85) **SES:** NR **Diagnostic approach:** In study	**Overall ratings:** CARS score, mean ± SD: **G1:** 38.5 ± 4.5 **G2:** 37.9 ± 4.4 Autism Behavior Checklist, total score, mean ± SD: **G1:** 79.0 ± 31.6 **G2:** 79.9 ± 26.9 Autism Behavior Checklist body and object use score, mean ± SD: **G1:** 17.5 ± 9.4 **G2:** 17.0 ± 8.7 **Social skills:** Autism Behavior Checklist socialization score, mean ± SD: **G1:** 14.7 ± 5.9 **G2:** 15.3 ± 5.4 Autism Behavior Checklist social related-ness score, mean ± SD: **G1:** 19.1 ± 8.3 **G2:** 19.1 ± 8.6 **Communication/ language:** PLS total score, mean ± SD **G1:** 25.2 ± 11.8 **G2:** 31.0 ± 15.6 PLS auditory comprehension score, mean ± SD: **G1:** 12.2 ± 7.5 **G2:** 16.2 ± 19.2 PLS expressive communication score, mean ± SD: **G1:** 12.9 ± 4.8 **G2:** 14.6 ± 7.0 ABC language score, mean ± SD: **G1:** 13.3 ± 7.6 **G2:** 13.5 ± 6.7	**Overall ratings:** CARS score, mean change (SE): **G1:** -1.2 (0.3) **G2:** -1.5 (0.4) **G1/G2:** P = 0.62 Autism Behavior Checklist, total score, mean change (SE): **G1:** -13.1 (2.6) **G2:** -14.0 (2.7) **G1/G2:** P = 0.81 Autism Behvaior Checklist body and object use score, mean change (SE): **G1:** -2.6 (0.9) **G2:** -2.7 (0.9) **G1/G2:** P = 0.89 **Social skills:** Autism Behavior Checklist socialization score, mean change (SE): **G1:** -2.5 (0.6) **G2:** -2.1 (0.8) **G1/G2:** P = 0.64 Autism Behavior Checklist social relatedness score, mean change (SE): **G1:** -3.9 (1.0) **G2:** -4.0 (1.0) **G1/G2:** P = 0.90 **Communication/ language:** PLS total score, mean change (SE): **G1:** 2.4 (0.8) **G2:** 1.1 (0.6) **G1/G2:** P = 0.25 PLS auditory comprehension score, mean change (SE): **G1:** 1.5 (0.6) **G2:** 0.6 (0.4) **G1/G2:** P = 0.2

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Dunn-Geier et al., 2000 (continued)	Medication: **G1:** 9 (19) **G2:** 5 (11) **N at enrollment:** **G1:** 47 **G2:** 48 **N at follow-up:** **G1:** 47 **G2:** 48	**Diagnostic tool/method:** CARS, DSM-IV **Diagnostic category, n (%):** Autism: 95 (100) PDD-NOS: 0 Aspergers: 0 **Other characteristics:** Height, cm ± SD: **G1:** 108.6 ± 8.4 **G2:** 111.2 ± 9.9 Weight, kg ± SD: **G1:** 19.8 ± 3.5 **G2:** 21.3 ± 6.1 Seizure, n (%): **G1:** 3 (6) **G2:** 2 (4) Abnormal CT, n (%): **G1:** 1 (2) **G2:** 1 (2) Cognitive measure, mean ± SD: **G1:** 38.1 ± 19.4 **G2:** 39.8 ± 16.2	**Medical:** Number of GI problems, mean ± SD: **G1:** 1.0 ± 1.1 **G2:** 1.2 ± 1.2 **Sensory:** Autism Behavior Checklist sensory score, mean ± SD: **G1:** 13.3 ± 7.4 **G2:** 13.9 ± 6.5	PLS expressive communication score, mean change (SE): **G1:** 0.6 (0.4) **G2:** 0.6 (0.4) **G1/G2:** P = 0.93 Improvement on PLS-3 scale ≥ 4 (small), n (%): **G1:** 16 (34) **G2:** 10 (21) **G1/G2:** P = 0.17 Improvement on PLS-3 scale ≥ 6 (moderate/large), n (%) **G1:** 8 (17) **G2:** 4 (8) **G1/G2:** P = 0.23 Autism Behavior Checklist language score, mean change (SE): **G1:** -0.9 (0.6) **G2:** -1.8 (1.0) **G1/G2:** P = 0.46 **Medical:** Number of GI problems, mean change (SE): **G1:** -0.4 (0.2) **G2:** -0.2 (0.1) **G1/G2:** P = 0.35 **Sensory:** Autism Behavior Checklist sensory score, mean change (SE): **G1:** -2.4 (0.8) **G2:** -2.7 (0.9) **G1/G2:** P = 0.77 **Harms:** Tachycardia: 0 Edema/swelling: 0 Headache: 0 Dizziness/light-headedness: 0 Nausea/vomiting: 0 Skin rash/pruritis: 0 Abdominal pain: 0 Flushing **G1:** 3 **G2:** 4

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Dunn-Geier et al., 2000 (continued)				**Modifiers:** Mean difference between groups for PLS-3 total score is still not significant when analysis is limited to patients with at least one GI problem.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Harris et al., 2000 **Country:** US **Practice setting:** Academic **Intervention setting:** Classroom **Enrollment period:** 1990 to 1992 **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Prospective Case Series	**Intervention:** Intensive applied behavioral analysis treatment program, 35-45 hours weekly, 5 days a week for 12-months. Each family was expected to provide an additional 10 to 15 hours a week of home-based instruction. Questionnaire sent to parents about current educational placement. **Assessments:** IQ & CARS included in follow-up questionnaire 7 years after entry into preschool classroom of the DDDC **Groups:** **G1:** intensive applied behavior analysis **Provider:** Therapists at Douglass Developmental Disabilities Center (DDDC) **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 27 **N at follow-up:** **G1:** 27	**Inclusion criteria:** • Met DSM-III-R criteria for autism by outside source and confirmed by clinical psychologist at intake • Entered Douglass Developmental Disabilities Center between 1990-1992 **Exclusion criteria:** • See Inclusion criteria **Age at admission, mean/mos (range):** 49 (31-65) **Age at follow-up, mean/mos (range):** 142 (122-170) **Mental age:** NR **Gender, n (%):** M: 23 (85) F: 4 (15) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method:** DSM III-R clinical interview **Diagnostic category, n (%):** Autism 27(100) **Other characteristics, n:** Among those with an Intake IQ ≤ 52 (n=14): Special ed: 13 Regular school: 1 Among those with the Discharge IQ ≥ 80: Special ed: 3 Among those with the Discharge IQ ≤ 76: Special ed: 13	**Overall measures:** CARS, mean (range): **G1:** 34.17 (range 30-40) **Educational/ cognitive/ academic attainment:** Stanford Binet (IQ), mean (range): **G1:** 59 (range 35-109)	**Educational/ cognitive/ academic attainment:** IQ, mean: 77.59 **Harms:** NR **Modifiers:** Significant association between age at admission and academic placement $r(25) = 0.658$, $P < 0.005$ (younger students more likely to be in regular education settings at follow-up) Treatment before 48mo: 10/13 in regular education settings Treatment after 50months: 1/14 in a regular class (Fisher exact test P <0 .005) Significant association between higher IQ at admission and the greater likelihood of a regular education, mean: 77.59 $r(25) = 0.655$, $P < 0.005$ IQ ≤52 at intake in regular setting: 1/14 IQ ≤52 at intake in special education: 13/14

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Harris et al., 2000 (continued)				IQ ≥59 at intake in regular education: 10/13 IQ ≥59 at intake in special education: 3/13 Discharge IQ ≥80 in regular classes: 11/13 Discharge IQ ≥80 in special education: 3/13 IQ ≤76 at discharge in special education: 13/13 ($P < 0.005$) Significant association between age at intake and IQ when child left program ($P < 0.025$); younger children at intake had higher IQs at discharge No significant correlations between age and IQ at intake, or between CARS score at intake and education setting at follow-up.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Luiselli et al., 2000 **Country:** US **Practice setting:** Specialty treatment center **Intervention setting:** Home **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** retrospective case series; children randomly selected (unspecified methodology) from those of specific age groups for analysis	**Intervention:** home-based treatment based on Lovaas and described by Anderson (1987) **Groups:** **G1a:** initiated treatment at under 3 years of age **G1b:** initiated treatment at over 3 years of age Duration, mean months ± SD: **G1a:** 11.6 ± 7.00 **G1b:** 7.12 ± 2.41 Frequency, mean hours/week ± SD: **G1a:** 11.8±3.72 **G1b:** 15.6±1.76 Total hours (mean±SD): **G1a:** 583.50 ± 435.27 **G1b:** 455.00 ± 204.17 **Assessments:** Pretreatment: standardized instruments (service delivery & ELAP or LAP), direct observations, parent interviews, and videotape segments; completed by May Center for Early Childhood Education staff **Provider:** Therapists with BA or MA degrees with specializations in psychology, early childhood education, or special education, training in procedures, and weekly supervision and case consultation from director of home-based services **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR	**Inclusion criteria:** • In receipt of home-based services from May Center for Early Childhood Education • Diagnosed as having autism or pervasive developmental disorder by evaluators not associated with the center (method not provided) **Exclusion criteria:** • See inclusion criteria **Age, mean/yrs (range):** **G1a:** 2.63 years **G1b:** 3.98 years **Mental age:** NR **Gender:** NR Race/ethnicity: NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** See inclusion criteria **Diagnostic tool/method:** NR **Diagnostic category, n (%):** **G1a:** Global developmental delay: 1 (12.5) PDD: 2 (25) PDD-NOS: 3 (37.5) Autistic disorder: 1 (12.5) PDD/autistic disorder: 1 (12.5) **G1b:** Developmental delay: 1 (12.5) PDD: 6 (75) Autistic disorder: 1 (12.5) **Other characteristics:** NR	Early Learning Accomplishments Profile (ELAP) or Learning Accomplishments Profile (LAP); baseline values not provided. Only change data presented.	**Communication/ language:** ELAP/LAP Communication, mean change ± SD: **G1a:** 21.00 ± 18.42 (*P* = 0.015) **G1b:** 8.25 ± 10.11 (*P* = 0.054) **Educational/ cognitive/ academic attainment:** Cognitive, mean change ± SD: **G1a:** 21.00 ± 15.38 (*P* = 0.006) **G1b:** 11.25 ± 6.75 (*P* = 0.002) **Motor skills:** Fine motor, mean change ± SD: **G1a:** 20.75 ± 21.88 (*P* = 0.031) **G1b:** 13.50 ± 12.31 (*P* = 0.017) Gross motor, mean change ± SD: **G1a:** 16.85 ± 16.15 (*P* = 0.036) **G1b:** 10.50 ± 11.89 (*P* = 0.041) **Adaptive behavior:** Self-Care, mean change ± SD: **G1a:** 15.00± 12.82 (*P* = 0.013) **G1b:** 12.75 ± 11.31 (*P* = 0.015) **Social skills:** Social-Emotional, mean change ± SD: **G1a:** 24.00 ± 21.98 (*P* = 0.018) **G1b:** 17.25 ± 12.18 (*P* = 0.005)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Luiselli et al., 2000 (continued)	**Concomitant therapies:** NR **N at enrollment:** **G1a:** 8 **G1b:** 8 **N at follow-up:** **G1a:** 8 **G1b:** 8			**Harms:** NR **Modifiers:** Duration of treatment predicted change scores and was significant for communication ($P < 0.002$), cognition ($P < 0.001$) and social-emotional ($P < 0.001$) domains.

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Moore et al., 2000 **Country:** US **Practice setting:** Academic **Intervention setting:** School **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosures:** NR **Design:** RCT	**Intervention:** Children taught 6 nouns (3/day for two days) by teacher or computer instruction with follow-up testing at 1 week post-intervention **Assessment:** Learning , attention & motivation measures **Groups:** **G1:** Teacher (Behavioral) **G2:** Computer software program (Educational) **Provider:** • Teacher • Computer **Measure of treatment fidelity reported:** No **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 7 **G2:** 7 **N at follow-up:** **G1:** 7 **G2:** 7	**Inclusion criteria:** • Children with autism enrolled at one school **Exclusion criteria:** • See inclusion criteria **Age, range: 3-6 years** **Mental age:** NR **Gender, n (%):** M: 12 (85.7) F: 2 (14.3) **Race/ethnicity:** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** NR **Diagnostic tool/method:** NR **Diagnostic category, n (%):** Autism: 14 (100) **Other characteristics:** 5 of 7 children in G2 had used a computer and knew how to use a mouse; the other two were given an initial practice session All children in G1 had previously experienced behavioral training	NR	**Social skills:** Amount of time spent paying attention to instruction, %: **G1:** 62 **G2:** 97 F(1,13) = 13.28, *P* < 0.01 **Communication/ language:** Nouns recalled, mean (%): **G1:** 2.43 (41) **G2:** 4.43 (74) F(1,13) = 10.89, *P* < 0.01 **Educational/ cognitive/ academic attainment:** Interest in continuing intervention at end of session vs. going to play, %: **G1:** 0 **G2:** 56 *P* < 0.05 **Harms:** NR **Modifiers:** The more children attended in either condition, the more they learned F(1,13) = 38.45 (*P* < 0.001)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Mudford et al., 2000 **Country:** UK **Practice setting:** Academic **Intervention setting:** Clinic **Enrollment period:** NR **Funding:** National Health Service Research and Development Programme for People with Physical and Complex Disabilities **Author industry relationship disclosures:** NR **Design:** RCT, crossover design	**Intervention:** Auditory integration training using Audio Tone Enhancer/Trainer CD player and headphones 10 hours training across 10 consecutive working days, 2 30-minute sessions per day at least 3.5 hours apart Children were observed for average 3.83 hours across one school day monthly, except month 12 Study was 14 months total, with 3-5 months of pretreatment baseline and at least 4 months between treatments Groups: **G1:** auditory integration therapy--control **G2:** control –auditory integration therapy **Provider:** Persons trained by a Director of the Society of Auditory Intervention Techniques; trainer and assistants had at least 4 years experience working with children with autism and problem behaviors **Assessments:** Vineland Adaptive Behavior Composite Reynell Developmental Language Scales-III Leiter International Performance Scale Aberrant Behavior Checklist Nisonger Child Behavior Rating Form **Measure of treatment fidelity reported:** No	**Inclusion criteria:** • Diagnosis of autism confirmed by DSM-IV and ICD-10 by consultant psychologists **Exclusion criteria:** • See inclusion criteria **Age, mean/yrs ± SD (range):** 9.42 years ± 29 months (5.75-13.92 years) **Mental age:** NR **Gender, n (%):** M: 17 (81) F: 4 (19) **Race/ethnicity, n (%):** NR **SES:** Maternal education: NR Household income: NR **Diagnostic approach:** In study **Diagnostic tool/method:** Confirmed based on ICD-10 and SDM-IV classifications by previous assessments, direct observation and discussion with teachers **Diagnostic category, n (%):** Autism: 16 (100) **Other characteristics:** IQ for 15 for whom it was available, mean (range): 56 (8-125)	**Problem behavior:** ABC-P hyperactivity, mean ± SD 23.7 ± 9.4 NCBRF-P hyperactive, mean ± SD: 13.9 ± 5.5 **Educational/ cognitive/ academic attainment:** Leiter IQ (n=11), mean: 68 **Adaptive behavior:** VABS composite, mean: 31 **Communication/ language:** Derived language quotient (age equivalent/ chronological age x 100), mean: 26 Language comprehension quotient, mean: 28 Comprehension age/months equivalent, mean: 31 Reynell Language Development Scales-III expressive language age equivalents: 28 **Medical:** Ear occlusion, % mean ± S D: 8.2 ± 12.8	Change at Audio Integration Training **Problem behavior**: ABC-P hyperactivity, mean ± SD: 0.3 ± 3.6 ($P < 0.05$) NCBRF-P hyperactive, mean ± SD: -0.3 ± 2.0 ($P < 0.10$) Change at control **Problem behavior:** ABC-P hyperactivity, mean ± SD: -4.1 ± 3.9 NCBRF-P hyperactive, mean ± SD: -2.0 ± 2.2 **Educational/ cognitive/ academic attainment:** Leiter IQ (n=11), mean: 66 (P = NS) **Adaptive behavior:** VABS composite, mean: 29 $t(15) = 3.36$ $P = 0.004$ **Communication/ language:** Derived language quotient (age equivalent/chronological agex100), mean: 24 , $t(15) = 2.01$, ($P = 0.06$)

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Mudford et al., 2000 (continued)	**Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** 21 **N at follow-up:** 16 **G1:** 7 **G2:** 9			Language comprehension quotient, mean: 26 (*P* = NS) Reynell Language Development Scales-III comprehension age equivalents described as unchanged across the study, mean/months: 31 Reynell Language Development Scales-III expressive language age equivalents: 29, t(15) = 1.83, *P* = 0.09 **Medical:** Ear occlusion, change at audio integration training, % mean ± SD: 3.7% ± 5.9 *P* < 0.10 Ear occlusion, Change at control, % mean ± SD: 1.2 ± 6.4 **Harms, n:** Diarrhea: 1 Excessive sleepiness: 1 More distraught: 1 **Modifiers:** NR

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Author: Smith et al. 2000 **Country:** US **Practice setting:** Specialty treatment center **Intervention setting:** Clinic **Enrollment period:** 1989 to 1992 **Funding:** Department of education & UCLA Regents **Author industry relationship disclosures:** NR **Design:** RCT	**Intervention:** Intensive training, 30 hrs/week for 2-3 years from therapist, parent with therapist 5 hrs/week for first 3 months Parent intervention, families taught techniques from Lovaas manual 2 sessions/week in homes for 3-9 months **Assessments:** Once intake assessments had been completed on 4-8 children, they were divided into 2 cohorts (autism & PDD); children were paired by statistician on IQ (Bayley), and then randomly assigned 1 member of each pair to treatment or parent-training group **Groups:** **G1:** intensive training **G2:** parental training **Provider:** Therapists in UCLA Young Autism Project **Measure of treatment fidelity reported:** Yes **Co-interventions held stable during treatment:** NR **Concomitant therapies:** NR **N at enrollment:** **G1:** 15 **G2:** 13 **N at follow-up:** **G1:** 15 **G2:** 13	**Inclusion criteria:** • 18-42 months at time of referral • Residence within 1 hr of UCLA center • IQ between 35-75 • Diagnosis of ASD or PDD-NOS • Absence of major medical problems **Exclusion criteria:** • See inclusion criteria **Age, mean/months ± SD:** At Intake: **G1:** 36.07 ± 6.00 **G2:** 35.77 ± 5.77 Follow-up: **G1:** 94.07 ± 13.07 **G2:** 92.23 ± 17.24 **Mental age:** NR **Gender, n (%):** M: **G1:**12 (80) **G2:**11 (85) F: **G1:** 3 (20) **G2:** 2 (15) **Race/ethnicity, n (%):** White: **G1:** 7 (47) **G2:** 7 (54) Hispanic: **G1:** 4 (26) **G2:** 2 (15) Black: **G1:** 1 (7) **G2:** 3 (23) Asian: **G1:** 3 (20) **G2:** 1 (8) **SES:** Maternal education, median (range): **G1:** 12 (10-16+) **G2:** 15 (12-16+) Paternal education, median (range): **G1:** 13-14 (<6-16+) **G2:** 15 (12-16+)	**Educational/ cognitive/ academic attainment**: Stanford Binet or Bayley Scales of Infant Development-Mental Development Index (scored as IQ), mean ± SD: **G1:** 50.53 ± 11.18 **G2:** 50.69 ± 13.88 Merrill-Palmer Scale of Mental Tests, mean ± SD: **G1:** 21.60 ± 4.49 **G2:** 21.92 ± 5.50 **Communication/ language:** Reynell Development Language Scale Total, mean ± SD: **G1:** 28.60 ± 4.07 **G2:** 30.00 ± 6.34 Comprehension, mean ± SD: **G1:** 13.47 ± 3.60 **G2:** 13.69 ± 3.73 Expressive, mean ± SD: **G1:** 15.13 ± 0.52 **G2:** 16:31 ± 2.69 Developmental Language Scale G1:69.93(8.37) G2:70.62(11.50) **Adaptive Functioning** Vineland Adaptive Behavior Scales Composite, mean ± SD: **G1:** 63.4 ± 9.35 **G2:** 65.2 ± 9.44 Communication, mean ± SD: **G1:** 58.20 ± 5.56 **G2:** 62.00 ± 6.11	**Educational/ cognitive/ academic attainment**: Bayley Scales of Infant Development-Mental Development Index (scored as IQ), mean ± SD: **G1:** 66.49 ± 24.08 **G2:** 49.67 ± 19.74 *P* < 0.05 Merrill-Palmer Scale of Mental Tests, mean ± SD: **G1:** 64.33 ± 18.74 **G2:** 49.17 ± 21.43 *P* < 0.05 **Communication/ language:** Reynell Development Language Scale Total, mean ± SD: **G1:** 87.40 ± 46.21 **G2:** 61.33 ± 31.88 *P* < .05 Comprehension, mean ± SD: **G1:** 42.87 ± 22.29 **G2:** 33.00 ± 16.86 *P* = NS Expressive, mean ± SD: **G1:** 44.53 ± 23.48 **G2:** 36.23 ± 21.19 *P* = NS Developmental Language Scale, mean ± SD: **G1:** 62.33 ± 25.76 **G2:** 63.00 ± 16.97 *P* = NS

Evidence Table: Therapies for Children with ASD (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria/ Population	Baseline Measures	Outcomes
Smith et al. 2000 (continued)		Household income, median (range): **G1:** 40-50,000 (<10,000 to 75-100,000) **G2:** 40-50,000 (<10,000 to 75-100,000) **Diagnostic approach:** Referral-Independent diagnosis from psychologist at State regional developmental coordination center. 19 received second independent diagnosis **Diagnostic tool/method:** NR **Diagnostic category, n (%):** Autism: 14 (50) PDD-NOS: 14 (50) **Other characteristics:** NR	Socialization, mean ± SD: **G1:** 62.4 ± 7.82 **G2:** 69.15 ± 8.75 Daily Living, mean ± SD: **G1:** 69.93 ± 8.37 **G2:** 70.62 ± 11.50	**Adaptive Functioning** Vineland Adaptive Behavior Scales Composite, mean ± SD: **G1:** 61.19 ± 29.72 **G2:** 58.50 ± 16.58 *P* = NS Communication, mean ± SD: **G1:** 67.87 ± 30.08 **G2:** 60.77 ± 17.26 *P* = NS Socialization, mean ± SD: **G1:** 66.33 ± 24.78 **G2:** 68.92 ± 16.94 Daily Living, mean ± SD: **G1:** 62.33 ± 25.76 **G2:** 63.00 ± 16.97 **Academic Achievement** Wechsler Individualized Achievement Test, mean ± SD: **G1:** 75.51 ± 21.31 **G2:** 58.44 ± 18.43 **Harms** NR **Modifiers** NR

Appendix D: Reference List of Excluded Studies

Reasons for Exclusion:

X-1: Does not include participants with ASD ages 2-12 or 0-2 at risk for ASD
X-2: Is not original research
X-3: Has <10 participants; <30 in medical interventions
X-4: Not applicable to any key questions
X-5: Not published in English
X-6: Does not have extractable data; only presents individual participant data; missing pages
X-10: Published before 2000

1. What is a reasonable cost of appropriate education? J Autism Dev Disord. 1980 Dec;10(4):459-72. X-2, X-4,X-10
2. Sex education and sexual awareness building for autistic children and youth: some viewpoints and considerations. J Autism Dev Disord. 1985 Jun;15(2):213-27. X-1, X-2, X-3, X-4, X-10
3. Community care: suffering acts of omission. Nurs Stand. 1992 Jun 17-23;6(39):50-1. X-4, X-10
4. Position of the American Dietetic Association: nutrition in comprehensive program planning for persons with developmental disabilities. J Am Diet Assoc. 1992 May;92(5):613-5. X-10
5. Auditory integration training. ASHA. 1994 Nov;36(11):55-8. X-10
6. Auditory integration training and facilitated communication for autism. American Academy of Pediatrics. Committee on Children with Disabilities. Pediatrics. 1998 Aug;102(2 Pt 1):431-3. X-1, X-2, X-3, X-4, X-10
7. MMR vaccine coverage shows signs of recovery. Commun Dis Rep CDR Wkly. 1999 Sep 24;9(39):345. X-1 X-2, X-3, X-4, X-10
8. Significant achievement award. A comprehensive program for treating profoundly autistic children--Center for Autistic Children, Philadelphia. Psychiatr Serv. 2000 Nov;51(11):1439-40. X-1, X-2, X-3, X-4
9. American Academy of Pediatrics: Counseling families who choose complementary and alternative medicine for their child with chronic illness or disability. Committee on Children With Disabilities. Pediatrics. 2001 Mar;107(3):598-601. X-1, X-2, X-3, X-4
10. Autism and Lovaas treatment: a systematic review of effectiveness evidence. Int J Technol Assess Health Care. 2001 Spring;17(2):252. X-1, X-2, X-3, X-4
11. JAMA patient page. Autistic disorder. JAMA. 2001 Apr 4;285(13):1798. X-1, X-2 ,X-3 ,X-4
12. Technical report: the pediatrician's role in the diagnosis and management of autistic spectrum disorder in children. Pediatrics. 2001 May;107(5):E85. X-1 ,X-2 ,X-3, X-4
13. Is there a link between MMR vaccine and autism?...and an expert's commentary. Child Health Alert. 2002 Dec;20:1-2. X-1, X-2, X-3, X-4
14. Science finds no link between MMR vaccine and autism. Mich Med. 2002 Sep-Oct;101(5):37. X-1, X-2, X-3, X-4
15. Autism: neural basis and treatment possibilities. Symposium proceedings. London, United Kingdom, 18-20 June 2002. Novartis Found Symp. 2003;251:1-310. X-1, X-2, X-3, X-4
16. MMR vaccine--how effective and how safe? Drug Ther Bull. 2003 Apr;41(4):25-9. X-1, X-2, X-3, X-4
17. Autism: a new treatment seems unsuccessful. Child Health Alert. 2004 Feb;22:1-2. X-1, X-2, X-3, X-4
18. Asperger's syndrome. Harv Ment Health Lett. 2005 Feb;21(8):4-5. X-1, X-2, X-3, X-4
19. Global Advisory Committee on Vaccine Safety, 2-3 December 2004. Wkly Epidemiol Rec. 2005 Jan 7;80(1):3-7. X-1, X-2, X-3, X-4
20. Risperidone: new indication. Behavioural disorders in children with autism or mental disabilities: no progress. Prescrire Int. 2006 Apr;15(82):43-5. X-1, X-2, X-3, X-4
21. Searching for early signs of autism spectrum disorders. Researchers seek to identify biomarkers and behaviors to enable earlier diagnosis. Harv Ment Health Lett. 2007 Nov;24(5):4-5. X-1, X-2, X-3, X-4
22. Words and Concepts. What Works Clearinghouse Intervention Report. [142 Reports: Evaluative]. 2007 Dec:What Works Clearinghouse; 14p. X-1, X-2, X-3, X-4
23. Bibliography. Current world literature. Developmental disorders. Curr Opin Neurol. 2008 Apr;21(2):202-13. X-1, X-2, X-3, X-4
24. Inter-agency working. Unlock the full spectrum of care. Health Serv J. 2009 Feb 5;119(6142):24-5. X-1, X-2, X-3, X-4
25. Rare diseases offer insights into autism spectrum disorders. Preliminary laboratory studies suggest new biological targets for intervention. Harv Ment Health Lett. 2009 Apr;25(10):3. X-1, X-2, X-3, X-4
26. Special report: aCGH for the genetic evaluation of patients with developmental delay/mental retardation or autism spectrum disorder. Technol Eval Cent Asses Program Exec Summ. 2009 Apr;23(10):1-5. X-1, X-3, X-4
27. Special report: early intensive behavioral intervention based on applied behavior analysis among children with autism spectrum disorders. Technol Eval Cent Asses Program Exec Summ. 2009 Feb;23(9):1-5. X-1, X-2, X-3
28. What is Asperger syndrome? J Pract Nurs. 2009 Summer;59(2):25. X-1, X-2, X-3, X-4
29. What is autism? J Pract Nurs. 2009 Summer;59(2):22-4. X-1, X-2, X-3, X-4
30. Aarsland D, Ballard C, Walker Z, et al. Memantine in patients with Parkinson's disease dementia or dementia

with Lewy bodies: a double-blind, placebo-controlled, multicentre trial. Lancet Neurol. 2009 Jul;8(7):613-8. X-1, X-4
31. Aarsland D, Cummings JL and Larsen JP. Neuropsychiatric differences between Parkinson's disease with dementia and Alzheimer's disease. Int J Geriatr Psychiatry. 2001 Feb;16(2):184-91. X-1, X-4
32. Aarsland D, Hutchinson M and Larsen JP. Cognitive, psychiatric and motor response to galantamine in Parkinson's disease with dementia. Int J Geriatr Psychiatry. 2003 Oct;18(10):937-41. X-1, X-4
33. Aarsland D, Perry R, Larsen JP, et al. Neuroleptic sensitivity in Parkinson's disease and parkinsonian dementias. J Clin Psychiatry. 2005 May;66(5):633-7. X-1, X-2, X-3, X-4
34. Abbey D. Helping families find the best evidence: CAM therapies for autism spectrum disorders and Asperger's Disorder. J Spec Pediatr Nurs. 2009 Jul;14(3):200-2. X-1, X-2, X-3, X-4
35. Abelson AG. The development of gender identity in the autistic child. Child Care Health Dev. 1981 Nov-Dec;7(6):347-56. X-4, X-10
36. Accordino R, Comer R and Heller WB. Searching for Music's Potential: A Critical Examination of Research on Music Therapy with Individuals with Autism. Research in Autism Spectrum Disorders. 2007 Jan-Mar;1(1):101-115. X-1, X-2, X-3, X-4
37. Ackland MJ and Wade RW. Health status of Victorian special school children. J Paediatr Child Health. 1995 Oct;31(5):423-7. X-1, X-4, X-10
38. Acuda SW. Practical therapeutics the management of child psychiatric disorders. East Afr Med J. 1982 Jan;59(1):6-10. X-1, X-2, X-3, X-4, X-10
39. Adam C, Salomon G, Walther S, et al. Photodynamic diagnosis using 5-aminolevulinic acid for the detection of positive surgical margins during radical prostatectomy in patients with carcinoma of the prostate: a multicentre, prospective, phase 2 trial of a diagnostic procedure. Eur Urol. 2009 Jun;55(6):1281-8. X-1, X-3, X-4
40. Adamo SMG. An adolescent and his imaginary companions: From quasi-delusional constructs to creative imagination. Journal of Child Psychotherapy. 2004 Nov;30(3):275-295. X-3
41. Adams C, Lloyd J, Aldred C, et al. Exploring the effects of communication intervention for developmental pragmatic language impairments: a signal-generation study. Int J Lang Commun Disord. 2006 Jan-Feb;41(1):41-65. X-1, X-2, X-3, X-4
42. Adams JB, George F and Audhya T. Abnormally high plasma levels of vitamin B6 in children with autism not taking supplements compared to controls not taking supplements. J Altern Complement Med. 2006 Jan-Feb;12(1):59-63. X-4
43. Adams JB and Holloway C. Pilot study of a moderate dose multivitamin/mineral supplement for children with autistic spectrum disorder. J Altern Complement Med. 2004 Dec;10(6):1033-9. X-3
44. Adams JB, Romdalvik J, Ramanujam VM, et al. Mercury, lead, and zinc in baby teeth of children with autism versus controls. J Toxicol Environ Health A. 2007 Jun;70(12):1046-51. X-4
45. Adams L and Conn S. Nutrition and its relationship to autism. Focus on Autism and Other Developmental Disabilities. 1997 Spr;12(1):53-58. X-1, X-2, X-3, X-4, X-10
46. Adams L, Gouvousis A, VanLue M, et al. Social Story Intervention: Improving Communication Skills in a Child with an Autism Spectrum Disorder. Focus on Autism and Other Developmental Disabilities. 2004 Jun;19(2):87-94. X-3
47. Adamson A, O'Hare A and Graham C. Impairments in Sensory Modulation in Children with Autistic Spectrum Disorder. British Journal of Occupational Therapy. 2006 Aug;69(8):357-364. X-4
48. Adamson LB, Bakeman R, Deckner DF, et al. Joint engagement and the emergence of language in children with autism and Down syndrome. J Autism Dev Disord. 2009 Jan;39(1):84-96. X-4
49. Addison L and Lerman DC. Descriptive Analysis of Teachers' Responses to Problem Behavior Following Training. Journal of Applied Behavior Analysis. 2009 Sum;42(2):485-490. X-1, X-3, X-4
50. Adelinis JD and Hagopian LP. The use of symmetrical "do" and "don't" requests to interrupt ongoing activities. Journal of Applied Behavior Analysis. 1999 Win;32(4):519-523. X-1, X-3, X-10
51. Adelinis JD, Piazza CC and Goh H-L. Treatment of multiply controlled destructive behavior with food reinforcement. Journal of Applied Behavior Analysis. 2001 Spr;34(1):97-100. X-3
52. Adrien JL, Faure M, Perrot A, et al. Autism and family home movies: preliminary findings. J Autism Dev Disord. 1991 Mar;21(1):43-9. X-4, X-10
53. Adrien JL, Martineau J, Barthelemy C, et al. Disorders of regulation of cognitive activity in autistic children. J Autism Dev Disord. 1995 Jun;25(3):249-63. X-4, X-10
54. Adrien JL, Rossignol-Deletang N, Martineau J, et al. Regulation of cognitive activity and early communication development in young autistic, mentally retarded, and young normal children. Dev Psychobiol. 2001 Sep;39(2):124-36. X-4
55. Afzal MA, Ozoemena LC, O'Hare A, et al. Absence of detectable measles virus genome sequence in blood of autistic children who have had their MMR vaccination during the routine childhood immunization schedule of UK. J Med Virol. 2006 May;78(5):623-30. X-4
56. Agosta E, Graetz JE, Mastropieri MA, et al. Teacher-Researcher Partnerships to Improve Social Behavior through Social Stories. Intervention in School and Clinic. 2004 May;39(5):276-287. X-3
57. Ahearn WH. Using simultaneous presentation to increase vegetables consumption in a mildly selective child with autism. Journal of Applied Behavior Analysis. 2003 Fal;36(3):361-365. X-3
58. Ahearn WH, Clark KM, DeBar R, et al. On the Role of Preference in Response Competition. Journal of Applied Behavior Analysis. 2005 Sum;38(2):247-250. X-3
59. Ahearn WH, Clark KM, Gardenier NC, et al. Persistence of stereotypic behavior: examining the effects of external reinforcers. J Appl Behav Anal. 2003 Winter;36(4):439-48. X-3
60. Ahearn WH, Clark KM, MacDonald RP, et al. Assessing and treating vocal stereotypy in children with

autism. J Appl Behav Anal. 2007 Summer;40(2):263-75. X-3
61. Ahn HS and DiAngelo DJ. A biomechanical study of artificial cervical discs using computer simulation. Spine. 2008 Apr 15;33(8):883-92. X-1, X-2, X-3, X-4
62. Ahuja SD, Stroup SL and Bolin MG. Evaluation of tissue-air ratios and tissue-maximum ratios with the photon energy-fluence absorption dose model. Med Phys. 1981 Mar-Apr;8(2):215-9. X-1, X-2, X-3, X-4, X-10
63. Ahumada JL. What is a clinical fact? Clinical psychoanalysis as inductive method. International Journal of Psycho-Analysis. 1994 Dec;75(5-6):949-962. X-1, X-2, X-3, X-4, X-10
64. Aiken JM and Salzberg CL. The effects of a sensory extinction procedure on stereotypic sounds of two autistic children. Journal of Autism and Developmental Disorders. 1984 Sep;14(3):291-299. X-3, X-10
65. Akmanoglu N and Batu S. Teaching Pointing to Numerals to Individuals with Autism Using Simultaneous Prompting. Education and Training in Developmental Disabilities. 2004 Dec;39(4):326-336. X-3
66. Akmanoglu-Uludag N and Batu S. Teaching naming relatives to individuals with autism using simultaneous prompting. Education and Training in Developmental Disabilities. 2005 Dec;40(4):401-410. X-3
67. Alamy SS, Jarskog LF, Sheitman BB, et al. Secretin in a patient with treatment-resistant schizophrenia and prominent autistic features. Schizophrenia Research. 2004 Feb;66(2-3):183-186. X-1, X-3, X-4
68. Alanay Y, Unal F, Turanli G, et al. A multidisciplinary approach to the management of individuals with fragile X syndrome. J Intellect Disabil Res. 2007 Feb;51(Pt 2):151-61. X-1, X-3, X-4
69. Alberti A, Pirrone P, Elia M, et al. Sulphation deficit in "low-functioning" autistic children: a pilot study. Biol Psychiatry. 1999 Aug 1;46(3):420-4. X-4, X-10
70. Albertini G, Polito E, Sara M, et al. Compulsive masturbation in infantile autism treated by mirtazapine. Pediatr Neurol. 2006 May;34(5):417-8. X-3
71. Alcantara PR. Effects of videotape instructional package on purchasing skills of children with autism. Exceptional Children. 1994 Sep;61(1):40-55. X-10
72. Alden NE, Rabbitts A, Rolls JA, et al. Burn injury in patients with early-onset neurological impairments: 2002 ABA paper. J Burn Care Rehabil. 2004 Jan-Feb;25(1):107-11. X-1, X-3, X-4
73. Alderman C. Community care: integration is beautiful. Nurs Stand. 1992 Feb 12-18;6(21):20-1. X-10
74. Alderman C. Inclusion zone. Nurs Stand. 1999 Nov 24-30;14(10):16-7. X-10
75. Aldred C, Pollard C and Adams C. Child'sTalk: For children with autism and pervasive developmental disorder. International Journal of Language & Communication Disorders. 2001;36(Suppl):469-474. X-1, X-2, X-3
76. Aldred C, Pollard C, Phillips R, et al. Multidisciplinary social communication intervention for children with autism and pervasive developmental disorder: The Child's Talk project. Educational and Child Psychology. 2001;18(2):76-87. X-1, X-2, X-3, X-4
77. Aldred CR and Green J. Early social communication interventions for autism. Br J Hosp Med (Lond). 2009 Mar;70(3):143-5. X-1, X-2, X-3, X-4
78. Alexander RT, Michael DM and Gangadharan SK. The Use of Risperidone in Adults with Asperger Syndrome. British Journal of Developmental Disabilities. 2004;50(99,Pt2):109-115. X-1, X-3
79. Alfredsson G, Harnryd C and Wiesel FA. Effects of sulpiride and chlorpromazine on autistic and positive psychotic symptoms in schizophrenic patients--relationship to drug concentrations. Psychopharmacology (Berl). 1985;85(1):8-13. X-1, X-4, X-10
80. Ali SM and Olivo M. Bio-distribution and subcellular localization of Hypericin and its role in PDT induced apoptosis in cancer cells. Int J Oncol. 2002 Sep;21(3):531-40. X-1, X-4
81. Allan L, McKeith I, Ballard C, et al. The prevalence of autonomic symptoms in dementia and their association with physical activity, activities of daily living and quality of life. Dement Geriatr Cogn Disord. 2006;22(3):230-7. X-1, X-2, X-3, X-4
82. Allan LM, Ballard CG, Rowan EN, et al. Incidence and prediction of falls in dementia: a prospective study in older people. PLoS One. 2009;4(5):e5521. X-1, X-4
83. Allen D, Evans C, Hider A, et al. Offending Behaviour in Adults with Asperger Syndrome. Journal of Autism and Developmental Disorders. 2008 Apr;38(4):748-758. X-1, X-4
84. Allen DA, Affleck G, McQueeney M, et al. Validation of the parent behavior progression in an early intervention program. Ment Retard. 1982 Aug;20(4):159-63. X-1, X-4, X-10
85. Allen DA and Mendelson L. Parent, child, and professional: Meeting the needs of young autistic children and their families in a multidisciplinary therapeutic nursery model. Psychoanalytic Inquiry. Special Issue: Autistic spectrum disorders and psychoanalytic ideas: Reassessing the fit. 2000;20(5):704-731. X-3
86. Allen DG, Lowe K, Moore K, et al. Predictors, costs and characteristics of out of area placement for people with intellectual disability and challenging behaviour. J Intellect Disabil Res. 2007 Jun;51(Pt. 6):409-16. X-1, X-4
87. Allgood N. Parents' perceptions of family-based group music therapy for children with autism spectrum disorders. Music Therapy Perspectives. 2005;23(2):92-99. X-1, X-3, X-4
88. Allik H, Larsson JO and Smedje H. Insomnia in school-age children with Asperger syndrome or high-functioning autism. BMC Psychiatry. 2006;6:18. X-4
89. Allison DB, Basile VC and MacDonald RB. Brief report: comparative effects of antecedent exercise and lorazepam on the aggressive behavior of an autistic man. J Autism Dev Disord. 1991 Mar;21(1):89-94. X-1, X-3, X-10
90. Alonim H. The Mifne Method--ISRAEL: Early intervention in the treatment of autism/PDD: A therapeutic programme for the nuclear family and their child. Journal of Child and Adolescent Mental Health. 2004;16(1):39-43. X-1, X-2, X-3, X-4
91. Alpern CS and Zager D. Addressing Communication Needs of Young Adults with Autism in a College-Based Inclusion Program. Education and Training in Developmental Disabilities. 2007 Dec;42(4):428-436. X-1, X-2, X-3, X-4
92. Al-Shammari Z. Special Education Teachers' Attitudes toward Autistic Students in the Autism School in the State

of Kuwait: A Case Study. Journal of Instructional Psychology. 2006 Sep;33(3):170-178. X-1, X-3, X-4
93. Altschuler EL. Play with online virtual pets as a method to improve mirror neuron and real world functioning in autistic children. Med Hypotheses. 2008;70(4):748-9. X-1, X-2, X-3, X-4
94. Alvarez A. The problem of neutrality: Some reflections on the psychoanalytic attitude in the treatment of borderline and psychotic children. Journal of Child Psychotherapy. 1985;11(1):87-103. X-1, X-2, X-3, X-4, X-10
95. Alvarez A. Making the thought thinkable: On introjection and projection. Psychoanalytic Inquiry. 1993;13(1):103-122. X-1, X-2, X-3, X-4, X-10
96. Alvin J. A research project-Martin. Nordic Journal of Music Therapy. 2000;9(1):50-59. X-3
97. Aly H. Preemptive strike in the war on pain: is it a safe strategy for our vulnerable infants? Pediatrics. 2004 Nov;114(5):1335-7. X-1, X-2, X-3, X-4
98. Aman MG. Management of hyperactivity and other acting-out problems in patients with autism spectrum disorder. Semin Pediatr Neurol. 2004 Sep;11(3):225-8. X-1, X-2, X-3
99. Aman MG and Armstrong SA. Regarding secretin for treating autistic disorder. Journal of Autism and Developmental Disorders. 2000 Feb;30(1):71-72. X-3
100. Aman MG, De Smedt G, Derivan A, et al. Double-blind, placebo-controlled study of risperidone for the treatment of disruptive behaviors in children with subaverage intelligence. Am J Psychiatry. 2002 Aug;159(8):1337-46. X-1, X-3, X-4
101. Aman MG, Lam KS and Collier-Crespin A. Prevalence and patterns of use of psychoactive medicines among individuals with autism in the Autism Society of Ohio. J Autism Dev Disord. 2003 Oct;33(5):527-34. X-4
102. Aman MG, Lam KS and Van Bourgondien ME. Medication patterns in patients with autism: temporal, regional, and demographic influences. J Child Adolesc Psychopharmacol. 2005 Feb;15(1):116-26. X-4
103. Aman MG and Langworthy KS. Pharmacotherapy for hyperactivity in children with autism and other pervasive developmental disorders. J Autism Dev Disord. 2000 Oct;30(5):451-9. X-1, X-2, X-3
104. Aman MG, Van Bourgondien ME, Wolford PL, et al. Psychotropic and anticonvulsant drugs in subjects with autism: prevalence and patterns of use. J Am Acad Child Adolesc Psychiatry. 1995 Dec;34(12):1672-81. X-4, X-10
105. Ambrosini PJ, Elia J and Rynn MA. 49th Annual Meeting of the American Academy of Child & Adolescent Psychiatry. 22-27 October 2002, San Francisco, CA, USA. Expert Opin Pharmacother. 2003 Apr;4(4):591-4. X-1, X-2, X-3, X-4
106. Amir N and Gross-Tsur V. Paradoxical normalization in childhood epilepsy. Epilepsia. 1994 Sep-Oct;35(5):1060-4. X-1, X-3, X-4, X-10
107. Amminger GP, Berger GE, Schafer MR, et al. Omega-3 fatty acids supplementation in children with autism: a double-blind randomized, placebo-controlled pilot study. Biol Psychiatry. 2007 Feb 15;61(4):551-3. X-3
108. Anagnostou E, Esposito K, Soorya L, et al. Divalproex versus placebo for the prevention of irritability associated with fluoxetine treatment in autism spectrum disorder. J Clin Psychopharmacol. 2006 Aug;26(4):444-6. X-3
109. Anckarsater H, Nilsson T, Saury JM, et al. Autism spectrum disorders in institutionalized subjects. Nord J Psychiatry. 2008;62(2):160-7. X-4
110. Anderson CM and Long ES. Use of a structured descriptive assessment methodology to identify variables affecting problem behavior. Journal of Applied Behavior Analysis. 2002 Sum;35(2):137-154. X-3, X-4
111. Anderson CM and McMillan K. Parental use of escape extinction and differential reinforcement to treat food selectivity. Journal of Applied Behavior Analysis. 2001 Win;34(4):511-515. X-3
112. Anderson DK, Oti RS, Lord C, et al. Patterns of Growth in Adaptive Social Abilities among Children with Autism Spectrum Disorders. Journal of Abnormal Child Psychology. 2009 Oct;37(7):1019-1034. X-4
113. Anderson GM, Freedman DX, Cohen DJ, et al. Whole blood serotonin in autistic and normal subjects. J Child Psychol Psychiatry. 1987 Nov;28(6):885-900. X-4, X-10
114. Anderson LT, Campbell M, Adams P, et al. The effects of haloperidol on discrimination learning and behavioral symptoms in autistic children. J Autism Dev Disord. 1989 Jun;19(2):227-39. X-10
115. Anderson LT, Campbell M, Grega DM, et al. Haloperidol in the treatment of infantile autism: effects on learning and behavioral symptoms. Am J Psychiatry. 1984 Oct;141(10):1195-202. X-10
116. Anderson S, Hanson R, Malecha M, et al. The effectiveness of naltrexone in treating task attending, aggression, self-injury and stereotypic mannerisms of six young males with autism or pervasive developmental disorders. Journal of Developmental and Physical Disabilities. 1997 Sep;9(3):211-242. X-1, X-3, X-10
117. Anderson SR, Avery DL, DiPietro EK, et al. Intensive home-based early intervention with autistic children. Education & Treatment of Children. Special Issue: New developments in the treatment of persons exhibiting autism and severe behavior disorders. 1987 Nov;10(4):352-366. X-10
118. Ando H, Yoshimura I and Wakabayashi S. Effects of age on adaptive behavior levels and academic skill levels in autistic and mentally retarded children. J Autism Dev Disord. 1980 Jun;10(2):173-84. X-4, X-10
119. Andreae MC, Freed GL and Katz SL. Safety concerns regarding combination vaccines. Perspective of select European countries. Hum Vaccin. 2005 Jan-Feb;1(1):1-5. X-1, X-2, X-3, X-4
120. Andrews N, Miller E, Taylor B, et al. Recall bias, MMR, and autism. Arch Dis Child. 2002 Dec;87(6):493-4. X-1, X-3, X-4
121. Andrews R and Wyver S. Autistic Tendencies: Are There Different Pathways for Blindness and Autism Spectrum Disorder? British Journal of Visual Impairment. 2005;23(2):52-57. X-1, X-2, X-3, X-4
122. Angermeier K, Schlosser RW, Luiselli JK, et al. Effects of Iconicity on Requesting with the Picture Exchange Communication System in Children with Autism Spectrum Disorder. Research in Autism Spectrum Disorders. 2008 Jul-Sep;2(3):430-446. X-3

123. Anglesea MM, Hoch H and Taylor BA. Reducing rapid eating in teenagers with autism: use of a pager prompt. J Appl Behav Anal. 2008 Spring;41(1):107-11. X-1, X-3
124. Anson HM, Todd JT and Cassaretto KJ. Replacing overt verbal and gestural prompts with unobtrusive covert tactile prompting for students with autism. Behavior Research Methods. 2008 Nov;40(4):1106-1110. X-3
125. Aoi T, Takashima H, Takada T, et al. Fragile X chromosome in institutionalized male adults with mental retardation. Keio J Med. 1989 Mar;38(1):36-9. X-1, X-2, X-3, X-4, X-10
126. Apple AL, Billingsley F and Schwartz IS. Effects of Video Modeling Alone and With Self-Management on Compliment-Giving Behaviors of Children with High-Functioning ASD. Journal of Positive Behavior Interventions. 2005 Win;7(1):33-46. X-3
127. Arbelle S, Benjamin J, Golin M, et al. Relation of shyness in grade school children to the genotype for the long form of the serotonin transporter promoter region polymorphism. Am J Psychiatry. 2003 Apr;160(4):671-6. X-1, X-4
128. Arco L. Improving program outcome with process-based feedback. Journal of Organizational Behavior Management. 1997;17(1):37-64. X-3, X-10
129. Arco L and Millett R. Maintaining instructional behavior after on-the-job training with process-based performance feedback. Behav Modif. 1996 Jul;20(3):300-20. X-1, X-10
130. Argott P, Townsend DB, Sturmey P, et al. Increasing the Use of Empathic Statements in the Presence of a Non-Verbal Affective Stimulus in Adolescents with Autism. Research in Autism Spectrum Disorders. 2008 Apr-Jun;2(2):341-352. X-1, X-3
131. Arnal L, Fazzio D, Martin GL, et al. Instructing university students to conduct discrete-trials teaching with confederates simulating children with autism. Developmental Disabilities Bulletin. 2007;35(1-2):131-137. X-1, X-4
132. Arndorfer RE, Miltenberger RG, Woster SH, et al. Home-based descriptive and experimental analysis of problem behaviors in children. Topics in Early Childhood Special Education. 1994 Spr;14(1):64-87. X-3, X-10
133. Arnold GL, Hyman SL, Mooney RA, et al. Plasma amino acids profiles in children with autism: potential risk of nutritional deficiencies. J Autism Dev Disord. 2003 Aug;33(4):449-54. X-4
134. Arnold LE, Aman MG, Cook AM, et al. Atomoxetine for hyperactivity in autism spectrum disorders: placebo-controlled crossover pilot trial. J Am Acad Child Adolesc Psychiatry. 2006 Oct;45(10):1196-205. X-3
135. Arnold LE, Aman MG, Martin A, et al. Assessment in multisite randomized clinical trials of patients with autistic disorder: the Autism RUPP Network. Research Units on Pediatric Psychopharmacology. J Autism Dev Disord. 2000 Apr;30(2):99-111. X-1, X-2, X-3, X-4
136. Arntzen E, Gilde K and Pedersen E. Generalized schedule following in a youth with autism. Scandinavian Journal of Behaviour Therapy. 1998;27(3):135-141. X-1 X-3, X-10
137. Arntzen E, Tonnessen IR and Brouwer G. Reducing aberrant verbal behavior by building a repertoire of rational verbal behavior. Behavioral Interventions. 2006 Jul;21(3):177-193. X-1, X-3, X-4
138. Arthi K and Tamilarasi A. Prediction of autistic disorder using neuro fuzzy system by applying ANN technique. Int J Dev Neurosci. 2008 Nov;26(7):699-704. X-1, X-2, X-3, X-4
139. Arvans RK and LeBlanc LA. Functional assessment and treatment of migraine reports and school absences in an adolescent with Asperger's disorder. Education and Treatment of Children. 2009 Feb;32(1):151-166. X-1 X-3, X-4
140. Askalan R, Mackay M, Brian J, et al. Prospective preliminary analysis of the development of autism and epilepsy in children with infantile spasms. J Child Neurol. 2003 Mar;18(3):165-70. X-1, X-3, X-4
141. Askmark H and Wiholm BE. Epidemiology of adverse reactions to carbamazepine as seen in a spontaneous reporting system. Acta Neurol Scand. 1990 Feb;81(2):131-40. X-1, X-2, X-3, X-4, X-10
142. Asmus JM, Franzese JC, Conroy MA, et al. Clarifying Functional Analysis Outcomes for Disruptive Behaviors by Controlling Consequence Delivery for Stereotypy. School Psychology Review. 2003;32(4):624-630. X-3
143. Assouline SG, Nicpon MF and Doobay A. Profoundly Gifted Girls and Autism Spectrum Disorder: A Psychometric Case Study Comparison. Gifted Child Quarterly. 2009;53(2):89-105. X-3, X-4
144. Aston-Jones G, Rajkowski J and Cohen J. Locus coeruleus and regulation of behavioral flexibility and attention. Prog Brain Res. 2000;126:165-82. X-1, X-2, X-3, X-4
145. Athens ES, Vollmer TR, Sloman KN, et al. An Analysis of Vocal Stereotypy and Therapist Fading. Journal of Applied Behavior Analysis. 2008 Sum;41(2):291-297. X-3
146. Atkinson RP, Jenson WR, Rovner L, et al. Brief report: validation of the autism reinforcer checklist for children. J Autism Dev Disord. 1984 Dec;14(4):429-33. X-10
147. Atlas JA. Play in assessment and intervention in the childhood psychoses. Child Psychiatry & Human Development. 1990 Win;21(2):119-133. X-10
148. Atlas JA and Gerbino-Rosen G. Differential diagnostic and treatment of an inpatient adolescent showing pervasive developmental disorder and mania. Psychological Reports. 1995 Aug;77(1):207-210. X-1, X-3, X-10
149. Attwood T. Unusual behaviours associated with autism. Health Visit. 1993 Nov;66(11):402-3. X-10
150. Attwood T. Frameworks for behavioral interventions. Child Adolesc Psychiatr Clin N Am. 2003 Jan;12(1):65-86, vi. X-1, X-2, X-3, X-4
151. August GJ, Raz N and Baird TD. Effects of fenfluramine on behavioral, cognitive, and affective disturbances in autistic children. J Autism Dev Disord. 1985 Mar;15(1):97-107. X-10
152. August GJ, Raz N and Baird TD. Fenfluramine response in high and low functioning autistic children. J Am Acad Child Adolesc Psychiatry. 1987 May;26(3):342-6. X-10
153. August GJ, Raz N, Papanicolaou AC, et al. Fenfluramine treatment in infantile autism. Neurochemical,

electrophysiological, and behavioral effects. J Nerv Ment Dis. 1984 Oct;172(10):604-12. X-10
154. Avdi E. Negotiating a pathological identity in the clinical dialogue: discourse analysis of a family therapy. Psychol Psychother. 2005 Dec;78(Pt 4):493-511. X-3
155. Aybek S, Gronchi-Perrin A, Berney A, et al. Long-term cognitive profile and incidence of dementia after STN-DBS in Parkinson's disease. Mov Disord. 2007 May 15;22(7):974-81. X-1, X-2, X-3, X-4
156. Aybek S, Lazeyras F, Gronchi-Perrin A, et al. Hippocampal atrophy predicts conversion to dementia after STN-DBS in Parkinson's disease. Parkinsonism Relat Disord. 2009 Aug;15(7):521-4. X-1, X-3, X-4
157. Aylott J. Developments in learning disability nursing over the last 10 years. Br J Nurs. 2002 Apr 11-24;11(7):498-500. X-1, X-2, X-3, X-4
158. Ayres AJ and Mailloux ZK. Possible pubertal effect on therapeutic gains in an autistic girl. American Journal of Occupational Therapy. 1983 Aug;37(8):535-540. X-3, X-10
159. Ayres AJ and Tickle LS. Hyper-responsivity to touch and vestibular stimuli as a predictor of positive response to sensory integration procedures by autistic children. Am J Occup Ther. 1980 Jun;34(6):375-81. X-10
160. Ayres KM and Langone J. Intervention and Instruction with Video for Students with Autism: A Review of the Literature. Education and Training in Developmental Disabilities. 2005 Jun;40(2):183-196. X-1, X-2, X-3, X-4
161. Azadi B, Seddigh A, Tehrani-Doost M, et al. Executive dysfunction in treated phenylketonuric patients. Eur Child Adolesc Psychiatry. 2009 Jun;18(6):360-8. X-1, X-4
162. Azrin NH, Besalel VA, Jamner JP, et al. Comparative study of behavioral methods of treating severe self-injury. Behavioral Residential Treatment. 1988 Apr;3(2):119-152. X-1, X-3, X-10
163. Azrin NH, Vinas V and Ehle CT. Physical Activity as Reinforcement for Classroom Calmness of ADHD Children: A Preliminary Study. Child & Family Behavior Therapy. 2007 Jun;29(2):1-8. X-1, X-3, X-4
164. BÃ¶lte S and Bosch G. The Long-Term Outcome in Two Females with Autism Spectrum Disorder. Psychopathology. 2005 May-Jun;38(3):151-154. X-1, X-3, X-4
165. BÃ¶lte S, Hubl D, Feineis-Matthews S, et al. Facial affect recognition training in autism: Can we animate the fusiform gyrus? Behavioral Neuroscience. 2006 Feb;120(1):211-216. X-1, X-3, X-4
166. Baas K. Specialty: autism approaches need to be tailored to each person. Pa Nurse. 2006 Mar;61(1):14-5. X-1, X-2, X-3, X-4
167. Babel DA, Martin GL, Fazzio D, et al. Assessment of the Reliability and Validity of the Discrete-Trials Teaching Evaluation Form. Developmental Disabilities Bulletin. 2008;36(1-2):67-80. X-1, X-4
168. Baerg KL. Effective communication with autistic children. Rehabil Nurs. 1991 Mar-Apr;16(2):8-90; discussion 90-3. X-1, X-2, X-3, X-4, X-10
169. Baghdadli A, Pascal C, Grisi S, et al. Risk factors for self-injurious behaviours among 222 young children with autistic disorders. J Intellect Disabil Res. 2003 Nov;47(Pt 8):622-7. X-4
170. Baharav E and Darling R. Case Report: Using an Auditory Trainer with Caregiver Video Modeling to Enhance Communication and Socialization Behaviors in Autism. Journal of Autism and Developmental Disorders. 2008 Apr;38(4):771-775. X-3
171. Bailey SL, Pokrzywinski J and Bryant LE. Using water mist to reduce self-injurious and stereotypic behavior. Applied Research in Mental Retardation. 1983;4(3):229-241. X-10
172. Bailine SH and Petraviciute S. Catatonia in autistic twins: role of electroconvulsive therapy. J ECT. 2007 Mar;23(1):21-2. X-1, X-3, X-4
173. Bain SK, Brown KS and Jordan KR. Teacher Candidates' Accuracy of Beliefs regarding Childhood Interventions. Teacher Educator. 2009 Apr;44(2):71-89. X-1, X-4
174. Bainbridge N and Myles BS. The use of priming to introduce toilet training to a child with autism. Focus on Autism and Other Developmental Disabilities. 1999 Sum;14(2):106-109. X-10
175. Baird G, Charman T, Baron-Cohen S, et al. A screening instrument for autism at 18 months of age: a 6-year follow-up study. J Am Acad Child Adolesc Psychiatry. 2000 Jun;39(6):694-702. X-4
176. Baird G, Pickles A, Simonoff E, et al. Measles vaccination and antibody response in autism spectrum disorders. Arch Dis Child. 2008 Oct;93(10):832-7. X-4
177. Bakare MO, Agomoh AO, Ebigbo PO, et al. Etiological explanation, treatability and preventability of childhood autism: A survey of Nigerian healthcare workers' opinion. Annals of General Psychiatry. 2009;8(6). X-1, X-4
178. Bakare MO, Ebigbo PO, Agomoh AO, et al. Knowledge about childhood autism and opinion among healthcare workers on availability of facilities and law caring for the needs and rights of children with childhood autism and other developmental disorders in Nigeria. BMC Pediatr. 2009;9:12. X-1, X-3, X-4
179. Baker DL. Public Policy and the Shaping of Disability: Incidence Growth in Educational Autism. Education Policy Analysis Archives. 2004 v12 n11 Mar. X-1, X-2, X-3, X-4
180. Baker DL and Stokes S. Brain politics: Aspects of administration in the comparative issue definition of autism-related policy. Public Administration Review. 2007 Jul;67(4):757-767. X-1, X-2, X-3, X-4
181. Baker LJ and Milner Y. Sensory reinforcement with autistic children. Behavioural Psychotherapy. 1985 Oct;13(4):328-341. X-3, X-10
182. Baker MJ. Incorporating the thematic ritualistic behaviors of children with autism into games: Increasing social play interactions with siblings. Journal of Positive Behavior Interventions. 2000 Spr;2(2):66-84. X-3
183. Baker MJ, Koegel RL and Koegel LK. Increasing the social behavior of young children with autism using their obsessive behaviors. Journal of the Association for Persons with Severe Handicaps. 1998 Win;23(4):300-308. X-10
184. Baker SD, Lang R and O'Reilly M. Review of Video Modeling with Students with Emotional and Behavioral Disorders. Education and Treatment of Children. 2009 Aug;32(3):403-420. X-1, X-2, X-3, X-4
185. Baker SM. Sidney MacDonald Baker, MD: taking a biomedical approach to autism treatment. Interview by

Frank Lampe and Suzanne Snyder. Altern Ther Health Med. 2008 Nov-Dec;14(6):60-9. X-1, X-2, X-3, X-4
186. Baker-Ericzen MJ, Brookman-Frazee L and Stahmer A. Stress Levels and Adaptability in Parents of Toddlers with and without Autism Spectrum Disorders. Research and Practice for Persons with Severe Disabilities (RPSD). 2005 Win;30(4):194-204. X-1, X-3, X-4
187. Bala J. "Mama stop doing MMMMMMM": TA in the treatment of autistic children. Transactional Analysis Journal. 1986 Oct;16(4):234-239. X-1, X-2, X-3, X-4, X-10
188. Ballaban-Gil K, Rapin I, Tuchman R, et al. Longitudinal examination of the behavioral, language, and social changes in a population of adolescents and young adults with autistic disorder. Pediatr Neurol. 1996 Oct;15(3):217-23. X-3, X-4, X-10
189. Banda DR and Grimmett E. Enhancing Social and Transition Behaviors of Persons with Autism through Activity Schedules: A Review. Education and Training in Developmental Disabilities. 2008 Sep;43(3):324-333. X-1, X-2, X-3, X-4
190. Banda DR, Grimmett E and Hart SL. Activity Schedules: Helping Students with Autism Spectrum Disorders in General Education Classrooms Manage Transition Issues. TEACHING Exceptional Children. 2009 Mar-Apr;41(4):16-21. X-1, X-2, X-3, X-4
191. Banda DR and Kubina RM, Jr. The Effects of a High-Probability Request Sequencing Technique in Enhancing Transition Behaviors. Education & Treatment of Children. 2006 Aug;29(3):507-516. X-1, X-3
192. Banda DR and Kubina RM, Jr. Increasing Academic Compliance with Mathematics Tasks Using the High-Preference Strategy with a Student with Autism. Preventing School Failure. 2010;54(2):81-85. X-1, X-3
193. Banda DR, McAfee JK and Hart SL. Decreasing Self-Injurious Behavior in a Student with Autism and Tourette Syndrome through Positive Attention and Extinction. Child & Family Behavior Therapy. 2009;31(2):144-156. X-3
194. Banjade DP, Shrestha SL, Shukri A, et al. A simplified approach for exit dose in vivo measurements in radiotherapy and its clinical application. Australas Phys Eng Sci Med. 2002 Sep;25(3):110-8. X-1, X-3, X-4
195. Bara BG, Bucciarelli M and Colle L. Communicative abilities in autism: evidence for attentional deficits. Brain Lang. 2001 May;77(2):216-40. X-1, X-4
196. Barakova E, Gillessen J and Feijs L. Social training of autistic children with interactive intelligent agents. J Integr Neurosci. 2009 Mar;8(1):23-34. X-6
197. Baranek GT. Efficacy of sensory and motor interventions for children with autism. J Autism Dev Disord. 2002 Oct;32(5):397-422. X-1, X-2, X-3, X-4
198. Baranek GT, Boyd BA, Poe MD, et al. Hyperresponsive sensory patterns in young children with autism, developmental delay, and typical development. American Journal on Mental Retardation. 2007 Jul;112(4):233-245. X-4
199. Baranek GT, Foster LG and Berkson G. Tactile defensiveness and stereotyped behaviors. Am J Occup Ther. 1997 Feb;51(2):91-5. X-4, X-10
200. Barbera ML and Kubina RM, Jr. Using Transfer Procedures to Teach Tacts to a Child with Autism. Analysis of Verbal Behavior Journal Citation: v21 p155-161 2005 Publisher: Association for Behavior Analysis International. 1219 South Park Street, Kalamazoo, MI 49001. Tel: 269-492-9310; Fax: 269-492-9316; e-mail: mail@abainternational.org; Web site: http://www.abainternational.org/TAVB.asp. 2005 Pub Types: Journal Articles; Reports - Research. X-3
201. Bardenheier B, Yusuf H, Schwartz B, et al. Are parental vaccine safety concerns associated with receipt of measles-mumps-rubella, diphtheria and tetanus toxoids with acellular pertussis, or hepatitis B vaccines by children? Arch Pediatr Adolesc Med. 2004 Jun;158(6):569-75. X-1, X-4
202. Barnard L, Young AH, Pearson J, et al. A systematic review of the use of atypical antipsychotics in autism. J Psychopharmacol. 2002 Mar;16(1):93-101. X-1, X-2, X-3, X-4
203. Barnhill GP, Cook KT, Tebbenkamp K, et al. The Effectiveness of Social Skills Intervention Targeting Nonverbal Communication for Adolescents with Asperger Syndrome and Related Pervasive Developmental Delays. Focus on Autism and Other Developmental Disabilities. 2002. X-1, X-3
204. Baron-Cohen S, Scott FJ, Allison C, et al. Prevalence of autism-spectrum conditions: UK school-based population studies. British Journal of Psychiatry. 2009 Jun;194(6):500-509. X-1, X-4
205. Barone P, Burn DJ, van Laar T, et al. Rivastigmine versus placebo in hyperhomocysteinemic Parkinson's disease dementia patients. Mov Disord. 2008 Aug 15;23(11):1532-40. X-1, X-2, X-3, X-4
206. Barrera RD, Lobato-Barrera D and Sulzer-Azaroff B. A simultaneous treatment comparison of three expressive language training programs with a mute autistic child. Journal of Autism and Developmental Disorders. 1980 Mar;10(1):21-37. X-10
207. Barrera RD and Sulzer-Azaroff B. An alternating treatment comparison of oral and total communications training programs with echolalic autistic children. J Appl Behav Anal. 1983 Winter;16(4):379-94. X-10
208. Barrett P, Healy-Farrell L and March JS. Cognitive-behavioral family treatment of childhood obsessive-compulsive disorder: a controlled trial. J Am Acad Child Adolesc Psychiatry. 2004 Jan;43(1):46-62. X-2, X-4
209. Barrett PM, Duffy AL, Dadds MR, et al. Cognitive-behavioral treatment of anxiety disorders in children: long-term (6-year) follow-up. J Consult Clin Psychol. 2001 Feb;69(1):135-41. X-1, X-4
210. Barrett RP, Feinstein C and Hole WT. Effects of naloxone and naltrexone on self-injury: A double-blind, placebo-controlled analysis. American Journal on Mental Retardation. Special Issue: Drug treatment. 1989 May;93(6):644-651. X-3, X-10
211. Barrows P. The use of stories as autistic objects. Journal of Child Psychotherapy. 2001 Apr;27(1):69-82. X-2, X-3, X-4
212. Barrows P. Becoming verbal: Autism, trauma and playfulness. Journal of Child Psychotherapy. 2002 Apr;28(1):53-72. X-3
213. Barry LM and Burlew SB. Using Social Stories to Teach Choice and Play Skills to Children with Autism. Focus on Autism and Other Developmental Disabilities. 2004 Mar;19(1):45-51. X-3

214. Barry LM and Singer GHS. A family in crisis: Replacing the aggressive behavior of a child with autism toward an infant sibling. Journal of Positive Behavior Interventions. 2001 Win;3(1):28-38. X-3
215. Barry TD, Klinger LG, Lee JM, et al. Examining the effectiveness of an outpatient clinic-based social skills group for high-functioning children with autism. J Autism Dev Disord. 2003 Dec;33(6):685-701. X-3
216. Barthelemy C, Bruneau N, Jouve J, et al. Urinary dopamine metabolites as indicators of the responsiveness to fenfluramine treatment in children with autistic behavior. J Autism Dev Disord. 1989 Jun;19(2):241-54. X-4, X-10
217. Bartley JJ. An update on autism: science, gender, and the law. Gend Med. 2006 Jun;3(2):73-8. X-1, X-2, X-3, X-4
218. Bartman S and Freeman N. Teaching language to a two-year-old with autism. Journal on Developmental Disabilities. 2003 Fal;10(1):47-53. X-3
219. Bartrum T, Bailey M, Nelson V, et al. Linear attenuation coefficients for compensator based IMRT. Australas Phys Eng Sci Med. 2007 Dec;30(4):281-7. X-1, X-2, X-3, X-4
220. Bass JD and Mulick JA. Social Play Skill Enhancement of Children with Autism Using Peers and Siblings as Therapists. Psychology in the Schools. 2007 Sep;44(7):727-735. X-1, X-2, X-3, X-4
221. Bassoukou IH, Nicolau J and dos Santos MT. Saliva flow rate, buffer capacity, and pH of autistic individuals. Clin Oral Investig. 2009 Mar;13(1):23-7. X-4
222. Bateman DF. Due Process Hearing Case Study. TEACHING Exceptional Children. 2009 Mar-Apr;41(4):73-75. X-2, X-4
223. Bauer W and Bauer JL. Adolescent schizophrenia. Adolescence. 1982 Fall;17(67):685-93. X-1, X-2, X-3, X-4, X-10
224. Bauminger N. The facilitation of social-emotional understanding and social interaction in high-functioning children with autism: intervention outcomes. J Autism Dev Disord. 2002 Aug;32(4):283-98. X-1
225. Beadle-Brown J, Murphy G, Wing L, et al. Changes in skills for people with intellectual disability: a follow-up of the Camberwell Cohort. J Intellect Disabil Res. 2000 Feb;44 (Pt 1):12-24. X-1, X-4
226. Beall PM, Moody EJ, McIntosh DN, et al. Rapid facial reactions to emotional facial expressions in typically developing children and children with autism spectrum disorder. Journal of Experimental Child Psychology. 2008 Nov;101(3):206-223. X-4
227. Beard-Pfeuffer M. Understanding the world of children with autism. RN. 2008 Feb;71(2):40-5; quiz 46. X-1, X-2, X-3, X-4
228. Beatson JE. Walk a mile in their shoes: Implementing family-centered care in serving children and families affected by autism spectrum disorder. Topics in Language Disorders. 2008 Oct-Dec;28(4):309-322. X-1, X-4
229. Beaver DL, Hayes PL and Luetke-Stahlman B. In-service trends. General education teachers working with educational interpreters. Am Ann Deaf. 1995 Mar;140(1):38-46. X-1, X-4, X-10
230. Bebbington A and Beecham J. Social services support and expenditure for children with autism. Autism. 2007 Jan;11(1):43-61. X-4
231. Bebko JM, Konstantareas MM and Springer J. Parent and professional evaluations of family stress associated with characteristics of autism. J Autism Dev Disord. 1987 Dec;17(4):565-76. X-1, X-4, X-10
232. Bebko JM and Lennox C. Teaching the control of diurnal bruxism to two children with autism using a simple cueing procedure. Behavior Therapy. 1988 Spr;19(2):249-255. X-3, X-10
233. Bebko JM, Perry A and Bryson S. Multiple method validation study of facilitated communication: II. Individual differences and subgroup results. J Autism Dev Disord. 1996 Feb;26(1):19-42. X-10
234. Beck AR and Pirovano CM. Facilitated communicators' performance on a task of receptive language. J Autism Dev Disord. 1996 Oct;26(5):497-512. X-10
235. Beck MH, Cataldo M, Slifer KJ, et al. Teaching Children with Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Disorder (AD) How to Swallow Pills. Clinical Pediatrics. 2005 Jul-Aug;44(6):515-526. X-3
236. Becker KG. Autism, asthma, inflammation, and the hygiene hypothesis. Med Hypotheses. 2007;69(4):731-40. X-2
237. Becker-Cottrill B, McFarland J and Anderson V. A model of positive behavioral support for individuals with autism and their families: The family focus process. Focus on Autism and Other Developmental Disabilities. 2003 Sum;18(2):113-123. X-3
238. Bedford JL, Hansen VN and Webb S. The derivation of tissue-maximum ratio from percentage depth dose requires peak scatter factor to be considered a function of source-to-surface distance. Br J Radiol. 1998 Aug;71(848):876-81. X-10
239. Beeghly JH, Kuperman S, Perry PJ, et al. Fenfluramine treatment of autism: relationship of treatment response to blood levels of fenfluramine and norfenfluramine. J Autism Dev Disord. 1987 Dec;17(4):541-8. X-3, X-4, X-10
240. Beisler JM and Tsai LY. A pragmatic approach to increase expressive language skills in young autistic children. J Autism Dev Disord. 1983 Sep;13(3):287-303. X-3, X-10
241. Beisler JM, Tsai LY and Stiefel B. The effects of fenfluramine on communication skills in autistic children. J Autism Dev Disord. 1986 Jun;16(2):227-33. X-3, X-10
242. Beitchman JH. Childhood schizophrenia. A review and comparison with adult-onset schizophrenia. Psychiatr Clin North Am. 1985 Dec;8(4):793-814. X-1, X-2, X-3, X-4, X-10
243. Belcher TL. Behavioral treatment vs behavioral control: A case study. Journal of Developmental and Physical Disabilities. 1995 Sep;7(3):235-241. X-1, X-3, X-10
244. Belfiore PJ, Fritts KM and Herman BC. The Role of Procedural Integrity: Using Self-Monitoring to Enhance Discrete Trial Instruction (DTI). Focus on Autism and Other Developmental Disabilities. 2008 Jun;23(2):95-102. X-1, X-3, X-4
245. Bell JG, MacKinlay EE, Dick JR, et al. Essential fatty acids and phospholipase A2 in autistic spectrum disorders. Prostaglandins Leukot Essent Fatty Acids. 2004 Oct;71(4):201-4. X-4

246. Bell KS and Kirby JR. Teaching emotion and belief as mindreading instruction for children with autism. Developmental Disabilities Bulletin. 2002;30(1):16-50. X-3
247. Bell MD, Conway Greig T, Bryson G, et al. Patterns of object relations and reality testing deficits in schizophrenia: clusters and their symptom and personality correlates. J Clin Psychol. 2001 Dec;57(12):1353-67. X-1, X-4
248. Bellini S, Akullian J and Hopf A. Increasing social engagement in young children with autism spectrum disorders using video self-modeling. School Psychology Review. 2007;36(1):80-90. X-3
249. Bellini S and Hopf A. The Development of the "Autism Social Skills Profile": A Preliminary Analysis of Psychometric Properties. Focus on Autism and Other Developmental Disabilities. 2007 Sum;22(2):80-87. X-4
250. Bellini S, Peters JK, Benner L, et al. A Meta-Analysis of School-Based Social Skills Interventions for Children With Autism Spectrum Disorders. Remedial and Special Education. 2007 May-Jun;28(3):153-162. X-1, X-2, X-3
251. Bellon ML, Ogletree BT and Harn WE. Repeated storybook reading as a language intervention for children with autism: A case study on the application of scaffolding. Focus on Autism and Other Developmental Disabilities. 2000 Spr;15(1):52-58. X-3
252. Bellon-Harn ML and Harn WE. Scaffolding Strategies during Repeated Storybook Reading: An Extension Using a Voice Output Communication Aid. Focus on Autism and Other Developmental Disabilities. 2008;23(2):112-124. X-3, X-4
253. Bellon-Harn ML, Harn WE and Watson GD. Targeting Prosody in an Eight-Year-Old Child with High-Functioning Autism during an Interactive Approach to Therapy. Child Language Teaching and Therapy. 2007;23(2):157-179. X-3
254. Belsito KM, Law PA, Kirk KS, et al. Lamotrigine therapy for autistic disorder: a randomized, double-blind, placebo-controlled trial. J Autism Dev Disord. 2001 Apr;31(2):175-81. X-3
255. Benedetti G. Interview with Gaetano Benedetti, M.D. J Am Acad Psychoanal Dyn Psychiatry. 2003 Spring;31(1):75-87. X-1, X-2, X-3, X-4
256. Bennett S, McKenna K, Tooth L, et al. Searches and content of the OTseeker database: informing research priorities. Am J Occup Ther. 2006 Sep-Oct;60(5):524-30. X-1, X-3, X-4
257. Ben-Sasson A, Hen L, Fluss R, et al. A Meta-Analysis of Sensory Modulation Symptoms in Individuals with Autism Spectrum Disorders. Journal of Autism and Developmental Disorders. 2009 Jan;39(1):1-11. X-2, X-4
258. Benson P, Karlof KL and Siperstein GN. Maternal involvement in the education of young children with autism spectrum disorders. Autism. 2008 Jan;12(1):47-63. X-4
259. Bentivegna S, Schwartz L and Deschner D. The use of art with an autistic child in residential care. Am J Art Ther. 1983 Jan;22(2):51-6. X-10
260. Benveniste D. The archetypal image of the mouth and its relation to autism. The Arts in Psychotherapy. 1983 Sum;10(2):99-112. X-3, X-4, X-10
261. Berger HJ, van Spaendonck KP, Horstink MW, et al. Cognitive shifting as a predictor of progress in social understanding in high-functioning adolescents with autism: a prospective study. J Autism Dev Disord. 1993 Jun;23(2):341-59. X-10
262. Bergmann F, Stepp H, Metzger R, et al. In vitro and in vivo evaluation of photodynamic techniques for the experimental treatment of human hepatoblastoma and neuroblastoma: preliminary results. Pediatr Surg Int. 2008 Dec;24(12):1331-3. X-4
263. Berkowitz S. A comparison of two methods of prompting in training discrimination of communication book pictures by autistic students. J Autism Dev Disord. 1990 Jun;20(2):255-62. X-3, X-10
264. Berliner DL, Monti-Bloch L, Jennings-White C, et al. The functionality of the human vomeronasal organ (VNO): evidence for steroid receptors. J Steroid Biochem Mol Biol. 1996 Jun;58(3):259-65. X-1, X-4, X-10
265. Bernad-Ripoll S. Using a Self-as-Model Video Combined with Social Stories to Help a Child with Asperger Syndrome Understand Emotions. Focus on Autism and Other Developmental Disabilities. 2007 Sum;22(2):100-106. X-3
266. Bernard-Opitz V, Ing S and Kong TY. Comparison of behavioural and natural play interventions for young children with autism. Autism. 2004 Sep;8(3):319-33. X-3
267. Bernard-Opitz V and Kok A. Training parents of autistic children in Singapore. Int J Rehabil Res. 1992;15(1):82-4. X-10
268. Bernard-Opitz V, Kwook KW and Sapuan S. Epidemiology of autism in Singapore: findings of the first autism survey. Int J Rehabil Res. 2001 Mar;24(1):1-6. X-1, X-4
269. Bernard-Opitz V, Ross K and Tuttas ML. Computer assisted instruction for autistic children. Ann Acad Med Singapore. 1990 Sep;19(5):611-6. X-10
270. Bernard-Opitz V, Sriram N and Nakhoda-Sapuan S. Enhancing social problem solving in children with autism and normal children through computer-assisted instruction. J Autism Dev Disord. 2001 Aug;31(4):377-84. X-3
271. Bernard-Opitz V, Sriram N and Sapuan S. Enhancing vocal imitations in children with autism using the IBM SpechViewer. Autism. 1999 Jun;3(2):131-147. X-10
272. Bernstein H, Brown BL and Sturmey P. The Effects of Fixed Ratio Values on Concurrent Mand and Play Responses. Behavior Modification. 2009;33(2):199-206. X-3
273. Bernstein H and Sturmey P. Effects of Fixed-Ratio Schedule Values on Concurrent Mands in Children with Autism. Research in Autism Spectrum Disorders. 2008 Apr-Jun;2(2):362-370. X-3
274. Berry-Kravis E, Krause SE, Block SS, et al. Effect of CX516, an AMPA-modulating compound, on cognition and behavior in fragile X syndrome: a controlled trial. J Child Adolesc Psychopharmacol. 2006 Oct;16(5):525-40. X-1, X-4
275. Berry-Kravis E, Sumis A, Kim O-K, et al. Characterization of Potential Outcome Measures for Future Clinical Trials in Fragile X Syndrome. Journal of Autism and Developmental Disorders. 2008 Oct;38(9):1751-1757. X-1, X-4
276. Bettison S. The long-term effects of auditory training on children with autism. J Autism Dev Disord. 1996 Jun;26(3):361-74. X-10

277. Betz A, Higbee TS and Reagon KA. Using joint activity schedules to promote peer engagement in preschoolers with autism. J Appl Behav Anal. 2008 Summer;41(2):237-41. X-3
278. Beversdorf DQ, Carpenter AL, Miller RF, et al. Effect of propranolol on verbal problem solving in autism spectrum disorder. Neurocase. 2008;14(4):378-83. X-1, X-3, X-4
279. Bhardwaj A, Agarwal V and Sitholey P. Asperger's disorder with co-morbid separation anxiety disorder: a case report. J Autism Dev Disord. 2005 Feb;35(1):135-6. X-3
280. Bhaumik S, Branford D, McGrother C, et al. Autistic traits in adults with learning disabilities. Br J Psychiatry. 1997 Jun;170:502-6. X-1, X-4, X-10
281. Bhaumik S, Tyrer FC, McGrother C, et al. Psychiatric service use and psychiatric disorders in adults with intellectual disability. J Intellect Disabil Res. 2008 Nov;52(11):986-95. X-1, X-4
282. Bianco M, Carothers DE and Smiley LR. Gifted Students with Asperger Syndrome: Strategies for Strength-Based Programming. Intervention in School and Clinic. 2009;44(4):206-215. X-1, X-2, X-3, X-4
283. Bierly C and Billingsley FF. An investigation of the educative effects of overcorrection on the behavior of an autistic child. Behavioral Disorders. 1983 Nov;9(1):11-21. X-3, X-10
284. Bigelow KM, Huynen KB and Lutzker JR. Using a changing criterion design to teach fire escape to a child with developmental disabilities. Journal of Developmental and Physical Disabilities. 1993 Jun;5(2):121-128. X-3, X-10
285. Billard A, Robins B, Nadel J, et al. Building Robota, a mini-humanoid robot for the rehabilitation of children with autism. Assist Technol. 2007 Spring;19(1):37-49. X-1, X-2, X-3, X-4
286. Billstedt E, Gillberg C and Gillberg C. Autism after Adolescence: Population-Based 13- to 22-Year Follow-Up Study of 120 Individuals with Autism Diagnosed in Childhood. Journal of Autism and Developmental Disorders. 2005 Jun;35(3):351-360. X-1, X-4
287. Binnendyk L and Lucyshyn JM. A Family-Centered Positive Behavior Support Approach to the Amelioration of Food Refusal Behavior: An Empirical Case Study. Journal of Positive Behavior Interventions. 2009;11(1):47-62. X-3
288. Bird F, Dores PA, Moniz D, et al. Reducing severe aggressive and self-injurious behaviors with functional communication training. American Journal on Mental Retardation. 1989 Jul;94(1):37-48. X-1, X-3, X-10
289. Bird G, Leighton J, Press C, et al. Intact automatic imitation of human and robot actions in autism spectrum disorders. Proc Biol Sci. 2007 Dec 7;274(1628):3027-31. X-1, X-4
290. Birenbaum A and Cohen HJ. On the importance of helping families: policy implications from a national study. Ment Retard. 1993 Apr;31(2):67-74. X-1, X-2, X-3, X-4, X-10
291. Birkan B, McClannahan LE and Krantz PJ. Effects of Superimposition and Fading on the Sight-Word Reading of a Boy with Autism. Research in Autism Spectrum Disorders Journal Citation: v1 n2 p117-125 Apr-Jun 2007 Publisher: Elsevier. 6277 Sea Harbor Drive, Orlando, FL 32887-4800. Tel: 877-839-7126; Tel: 407-345-4020; Fax: 407-363-1354; e-mail: usjcs@elsevier.com; Web site: http://www.elsevier.com. 2007 Pub Types: Journal Articles; Reports - Research. X-3
292. Birkin C, Anderson A, Moore DW, et al. Evaluating the Efficacy of Parent-Focused Interventions for Autism: How Do We Know What Will Work? Australian Journal of Early Childhood. 2004 Sep;29(3):42-47. X-1
293. Birkin C, Anderson A, Seymour F, et al. A parent-focused early intervention program for autism: who gets access? J Intellect Dev Disabil. 2008 Jun;33(2):108-16. X-1, X-3, X-4
294. Birmaher B, Quintana H and Greenhill LL. Methylphenidate treatment of hyperactive autistic children. J Am Acad Child Adolesc Psychiatry. 1988 Mar;27(2):248-51. X-10
295. Birnbrauer JS and Leach DJ. The Murdoch Early Intervention Program after 2 years. Behaviour Change. 1993;10(2):63-74. X-10
296. Bisagni F. The Sound-Hand. Journal of Child Psychotherapy. 2009 Dec;35(3):229-249. X-2, X-3, X-4
297. Bishop DV. Curing dyslexia and attention-deficit hyperactivity disorder by training motor co-ordination: miracle or myth? J Paediatr Child Health. 2007 Oct;43(10):653-5. X-1, X-2, X-3, X-4
298. Bishop SL, Richler J, Cain AC, et al. Predictors of Perceived Negative Impact in Mothers of Children With Autism Spectrum Disorder. American Journal on Mental Retardation. 2007 Nov;112(6):450-461. X-1, X-4
299. Bishop SL, Richler J and Lord C. Association between restricted and repetitive behaviors and nonverbal IQ in children with autism spectrum disorders. Child Neuropsychol. 2006 Aug;12(4-5):247-67. X-4
300. Bitsika V and Sharpley C. An explanatory examination of the effects of support groups on the well-being of parents of children with autism: I: General counselling. Journal of Applied Health Behaviour. 1999;1(2):16-22. X-1, X-4, X-10
301. Bitsika V and Sharpley C. Development and testing of the effects of support groups on the well-being of parents of children with autism-II: Specific stress management techniques. Journal of Applied Health Behaviour. 2000;2(1):8-15. X-1, X-4
302. Bitsika V, Sharpley CF and Orapeleng S. An Exploratory Analysis of the Use of Cognitive, Adaptive and Behavioural Indices for Cluster Analysis of ASD Subgroups. Journal of Intellectual Disability Research. 2008 Nov;52(11):973-985. X-4
303. Bitterman A, Daley TC, Misra S, et al. A national sample of preschoolers with autism spectrum disorders: special education services and parent satisfaction. J Autism Dev Disord. 2008 Sep;38(8):1509-17. X-4
304. Blacher J and McIntyre LL. Syndrome specificity and behavioural disorders in young adults with intellectual disability: cultural differences in family impact. J Intellect Disabil Res. 2006 Mar;50(Pt 3):184-98. X-4
305. Blackledge JT and Hayes SC. Using Acceptance and Commitment Training in the Support of Parents of Children Diagnosed with Autism. Child & Family Behavior Therapy. 2006;28(1):1-18. X-1
306. Blackwood DH, Muir WJ, Roxborough HM, et al. "Schizoid" personality in childhood: auditory P300 and eye

tracking responses at follow-up in adult life. J Autism Dev Disord. 1994 Aug;24(4):487-500. X-1, X-4, X-10
307. Blair J, Scahill L, State M, et al. Electrocardiographic changes in children and adolescents treated with ziprasidone: a prospective study. J Am Acad Child Adolesc Psychiatry. 2005 Jan;44(1):73-9. X-1, X-4
308. Blair K-SC, Umbreit J, Dunlap G, et al. Promoting Inclusion and Peer Participation through Assessment-Based Intervention. Topics in Early Childhood Special Education. 2007 Fall;27(3):134-147. X-3
309. Blairs S, Slater S and Hare DJ. The Clinical Application of Deep Touch Pressure with a Man with Autism Presenting with Severe Anxiety and Challenging Behaviour. British Journal of Learning Disabilities. 2007 Dec;35(4):214-220. X-1, X-3
310. Blakeley-Smith A, Carr EG, Cale SI, et al. Environmental Fit: A Model for Assessing and Treating Problem Behavior Associated with Curricular Difficulties in Children with Autism Spectrum Disorders. Focus on Autism and Other Developmental Disabilities. 2009;24(3):131-145. X-3
311. Bledsoe R, Myles BS and Simpson R. Use of a Social Story intervention to improve mealtime skills of an adolescent with Asperger syndrome. Autism. 2003 Sep;7(3):289-295. X-3
312. Blindert HD, Hartridge CL and Gwadry FG. Controlling self-injurious escape behaviors. Behavioral Interventions. 1995 Jul;10(3):173-179. X-3, X-10
313. Bloch J, Gersten E and Kornblum S. Evaluation of a language program for young autistic children. J Speech Hear Disord. 1980 Feb;45(1):76-89. X-10
314. Bock MA. Acquisition, maintenance, and generalization of a categorization strategy by children with autism. Journal of Autism and Developmental Disorders. 1994 Feb;24(1):39-51. X-10
315. Bock MA. The Impact of Social-Behavioral Learning Strategy Training on the Social Interaction Skills of Four Students with Asperger Syndrome. Focus on Autism and Other Developmental Disabilities. 2007 Sum;22(2):88-95. X-3
316. Bock MA. A Social-Behavioral Learning Strategy Intervention for a Child with Asperger Syndrome: Brief Report. Remedial and Special Education. 2007 Sep-Oct;28(5):258-265. X-3
317. Boddaert N, Belin P, Chabane N, et al. Perception of complex sounds: abnormal pattern of cortical activation in autism. Am J Psychiatry. 2003 Nov;160(11):2057-60. X-1, X-3, X-4
318. Boddaert N, Chabane N, Belin P, et al. Perception of complex sounds in autism: abnormal auditory cortical processing in children. Am J Psychiatry. 2004 Nov;161(11):2117-20. X-4
319. Boddy F, Rowan EN, Lett D, et al. Subjectively reported sleep quality and excessive daytime somnolence in Parkinson's disease with and without dementia, dementia with Lewy bodies and Alzheimer's disease. Int J Geriatr Psychiatry. 2007 Jun;22(6):529-35. X-1, X-4
320. Boettcher M, Koegel RL, McNerney EK, et al. A family-centered prevention approach to PBS in a time of crisis. Journal of Positive Behavior Interventions. 2003 Win;5(1):55-59. X-3
321. Bogte H, Flamma B and van der Meere J. Do high functioning autistic individuals treated in a residential setting differ in divided attention abilities from those treated in an out-patient setting? Int J Circumpolar Health. 2002;61 Suppl 2:15-21. X-1, X-4
322. Bogte H, Flamma B, Van Der Meere J, et al. Divided Attention Capacity in Adults with Autism Spectrum Disorders and without Intellectual Disability. Autism: The International Journal of Research and Practice. 2009;13(3):229-243. X-4
323. Boiron M, Barthelemy C, Adrien JL, et al. The assessment of psychophysiological dysfunction in children using the BSE scale before and during therapy. Acta Paedopsychiatr. 1992;55(4):203-6. X-10
324. Bokszanska A, Martin G, Vanstraelen M, et al. Risperidone and olanzapine in adults with intellectual disability: a clinical naturalistic study. Int Clin Psychopharmacol. 2003 Sep;18(5):285-91. X-1, X-3, X-4
325. Bolman WM. Brief Report: 25-Year Follow-Up of a High-Functioning Autistic Child. Journal of Autism and Developmental Disorders. 2008 Jan;38(1):181-183. X-1, X-3, X-4
326. Bolman WM and Richmond JA. A double-blind, placebo-controlled, crossover pilot trial of low dose dimethylglycine in patients with autistic disorder. J Autism Dev Disord. 1999 Jun;29(3):191-4. X-1 ,X-3, X-10
327. Bolte S, Feineis-Matthews S, Leber S, et al. The development and evaluation of a computer-based program to test and to teach the recognition of facial affect. Int J Circumpolar Health. 2002;61 Suppl 2:61-8. X-1, X-3
328. Bolton J and Mayer MD. Promoting the Generalization of Paraprofessional Discrete Trial Teaching Skills. Focus on Autism and Other Developmental Disabilities. 2008;23(2):103-111. X-1, X-3, X-4
329. Bomba C, O'Donnell L, Markowitz C, et al. Evaluating the impact of facilitated communication on the communicative competence of fourteen students with autism. J Autism Dev Disord. 1996 Feb;26(1):43-58. X-10
330. Bonde E. Comorbidity and subgroups in childhood autism. Eur Child Adolesc Psychiatry. 2000 Mar;9(1):7-10. X-4
331. Bondy AS and Frost LA. The Picture Exchange Communication System. Focus on Autistic Behavior. 1994 Aug;9(3):1-19. X-10
332. Bonelli SB, Ransmayr G, Steffelbauer M, et al. L-dopa responsiveness in dementia with Lewy bodies, Parkinson disease with and without dementia. Neurology. 2004 Jul 27;63(2):376-8. X-1, X-4
333. Bono MA, Daley T and Sigman M. Relations among Joint Attention, Amount of Intervention and Language Gain in Autism. Journal of Autism and Developmental Disorders. 2004 Oct;34(5):495-505. X-4
334. Bonta JL and Watters RG. Use of manual signs by developmentally disordered speech-deficient children in delayed auditory-to-picture matching-to-sample. Analysis & Intervention in Developmental Disabilities. 1983;3(4):295-309. X-10
335. Bonvillian JD, Nelson KE and Rhyne JM. Sign language and autism. J Autism Dev Disord. 1981 Mar;11(1):125-37. X-10
336. Boon-Yasidhi V, Tarugsa J, Suwanwattana C, et al. Risperidone in the treatment of autistic Thai children under

4 years of age. J Med Assoc Thai. 2002 Aug;85 Suppl 2:S784-9. X-3
337. Bopp KD, Mirenda P and Zumbo BD. Behavior Predictors of Language Development over 2 Years in Children with Autism Spectrum Disorders. Journal of Speech, Language, and Hearing Research. 2009 Oct;52(5):1106-1120. X-4
338. Boris M, Kaiser CC, Goldblatt A, et al. Effect of pioglitazone treatment on behavioral symptoms in autistic children. J Neuroinflammation. 2007;4:3. X-3
339. Borrero CS and Borrero JC. Descriptive and experimental analyses of potential precursors to problem behavior. J Appl Behav Anal. 2008 Spring;41(1):83-96. X-3, X-4
340. Bosboom JL, Stoffers D, Stam CJ, et al. Cholinergic modulation of MEG resting-state oscillatory activity in Parkinson's disease related dementia. Clin Neurophysiol. 2009 May;120(5):910-5. X-1, X-3, X-4
341. Boso M, Emanuele E, Minazzi V, et al. Effect of long-term interactive music therapy on behavior profile and musical skills in young adults with severe autism. J Altern Complement Med. 2007 Sep;13(7):709-12. X-1, X-3
342. Bosseler A and Massaro DW. Development and evaluation of a computer-animated tutor for vocabulary and language learning in children with autism. J Autism Dev Disord. 2003 Dec;33(6):653-72. X-3
343. Botts BH, Hershfeldt PA and Christensen-Sandfort RJ. Snoezelen[R]: Empirical Review of Product Representation. Focus on Autism and Other Developmental Disabilities. 2008;23(3):138-147. X-1, X-2, X-3, X-4
344. Boucher J, Bigham S, Mayes A, et al. Recognition and language in low functioning autism. J Autism Dev Disord. 2008 Aug;38(7):1259-69. X-4
345. Bouder JN, Spielman S and Mandell DS. Brief report: Quantifying the impact of autism coverage on private insurance premiums. J Autism Dev Disord. 2009 Jun;39(6):953-7. X-1, X-2, X-3, X-4
346. Boulton TJ, Smith R and Single T. Psychosocial growth failure: a positive response to growth hormone and placebo. Acta Paediatr. 1992 Apr;81(4):322-5. X-1, X-3, X-4, X-10
347. Boulware G-L, Schwartz IS, Sandall SR, et al. Project DATA for Toddlers: An Inclusive Approach to Very Young Children with Autism Spectrum Disorder. Topics in Early Childhood Special Education. 2006 Sum;26(2):94-105. X-3
348. Bouma R and Schweitzer R. The impact of chronic childhood illness on family stress: a comparison between autism and cystic fibrosis. J Clin Psychol. 1990 Nov;46(6):722-30. X-1, X-4, X-10
349. Bourret J, Vollmer TR and Rapp JT. Evaluation of a Vocal Mand Assessment and Vocal Mand Training Procedures. Journal of Applied Behavior Analysis Journal Citation: v37 n2 p129 Sum 2004 Publisher: Department of Applied Behavioral Science, 1000 Sunnyside Ave., KU, Lawrence, KS 66045-2133. Web site: http://seab.envmed.rochester.edu. 2004 06-22 Pub Types: Journal Articles. X-3
350. Bouvard MP, Leboyer M, Launay JM, et al. Low-dose naltrexone effects on plasma chemistries and clinical symptoms in autism: a double-blind, placebo-controlled study. Psychiatry Res. 1995 Oct 16;58(3):191-201. X-10
351. Bowers L. An audit of referrals of children with autistic spectrum disorder to the dietetic service. J Hum Nutr Diet. 2002 Apr;15(2):141-4. X-1, X-3, X-4
352. Bowler DM and Briskman JA. Photographic cues do not always facilitate performance on false belief tasks in children with autism. Journal of Autism and Developmental Disorders. 2000 Aug;30(4):305-316. X-1, X-3, X-4
353. Bowman LG, Piazza CC, Fisher WW, et al. Assessment of preference for varied versus constant reinforcers. J Appl Behav Anal. 1997 Fall;30(3):451-8. X-4, X-10
354. Boyd RD. Sex as a possible source of group inequivalence in Lovaas (1987). J Autism Dev Disord. 1998 Jun;28(3):211-5. X-1, X-2, X-3, X-4, X-10
355. Boyle C and Alexander M. Public health research at the CDC: implications for communication sciences and disorders. J Commun Disord. 2005 Jul-Aug;38(4):263-70. X-2
356. Brachlow AE, Ness KK, McPheeters ML, et al. Comparison of indicators for a primary care medical home between children with autism or asthma and other special health care needs: National Survey of Children's Health. Arch Pediatr Adolesc Med. 2007 Apr;161(4):399-405. X-4
357. Brackenbury T, Burroughs E and Hewitt LE. A Qualitative Examination of Current Guidelines for Evidence-Based Practice in Child Language Intervention. Language, Speech, and Hearing Services in Schools. 2008 Jan;39(1):78-88. X-1, X-3, X-4
358. Bradstreet JJ, Smith S, Granpeesheh D, et al. Spironolactone might be a desirable immunologic and hormonal intervention in autism spectrum disorders. Med Hypotheses. 2007;68(5):979-87. X-3
359. Brady NC, Steeples T and Fleming K. Effects of prelinguistic communication levels on initiation and repair of communication in children with disabilities. J Speech Lang Hear Res. 2005 Oct;48(5):1098-113. X-4
360. Braithwaite KL and Richdale AL. Functional communication training to replace challenging behaviors across two behavioral outcomes. Behavioral Interventions. 2000 Jan-Mar;15(1):21-36. X-3
361. Braman BJ, Brady MP, Linehan SL, et al. Facilitated communication for children with autism: An examination of face validity. Behavioral Disorders. Special Issue: Autism. 1995 Nov;21(1):110-118. X-10
362. Branford D, Bhaumik S and Naik B. Selective serotonin re-uptake inhibitors for the treatment of perseverative and maladaptive behaviours of people with intellectual disability. J Intellect Disabil Res. 1998 Aug;42 (Pt 4):301-6. X-1, X-10
363. Brasic JR and Barnett JY. Hyperkinesias in a prepubertal boy with autistic disorder treated with haloperidol and valproic acid. Psychological Reports. 1997 Feb;80(1):163-170. X-3, X-10
364. Brasic JR, Barnett JY, Kaplan D, et al. Clomipramine ameliorates adventitious movements and compulsions in prepubertal boys with autistic disorder and severe mental retardation. Neurology. 1994 Jul;44(7):1309-12. X-3, X-10
365. Brasic JR, Barnett JY, Sheitman BB, et al. Clinical assessment of adventitious movements. Psychol Rep. 1998 Dec;83(3 Pt 1):739-50. X-3, X-4, X-10
366. Breen C, Haring T, Pitts-Conway V, et al. The training and generalization of social interaction during

breaktime at two job sites in the natural environment. Journal of the Association for Persons with Severe Handicaps. 1985 Spr;10(1):41-50. X-1, X-4, X-10
367. Brendel DH. Complications to consent. J Clin Ethics. 2003 Spring-Summer;14(1-2):90-4. X-1, X-2, X-3, X-4
368. Brian J, Bryson SE, Garon N, et al. Clinical Assessment of Autism in High-Risk 18-Month-Olds. Autism: The International Journal of Research and Practice. 2008;12(5):433-456. X-4
369. Brightman RP, Baker BL, Clark DB, et al. Effectiveness of alternative parent training formats. J Behav Ther Exp Psychiatry. 1982 Jun;13(2):113-7. X-10
370. Briody J and McGarry K. Using social stories to ease children's transitions. Young Children. 2005;September:1-4. X-4
371. Bristol MM, Gallagher JJ and Holt KD. Maternal depressive symptoms in autism: Response to psychoeducational intervention. Rehabilitation Psychology. 1993 Spr;38(1):3-10. X-10
372. Britton LN, Carr JE, Kellum KK, et al. A variation of noncontingent reinforcement in the treatment of aberrant behavior. Res Dev Disabil. 2000 Nov-Dec;21(6):425-35. X-3
373. Britton LN, Carr JE, Landaburu HJ, et al. The efficacy of non-contingent reinforcement as treatment for automatically reinforced stereotypy. Behavioral Interventions. 2002 Apr-Jun;17(2):93-103. X-1, X-3
374. Bro F and Mabeck CE. Prescribed daily dose of phenoxymethylpenicillin in general practice. Scand J Prim Health Care. 1986 May;4(2):105-8. X-1, X-3, X-4, X-10
375. Bro F and Mabeck CE. Use of antibiotics in general practice in Denmark. Prescribed daily dose, duration of treatment and number of treatments in general practice. Scand J Prim Health Care. 1986 May;4(2):101-4. X-1, X-4, X-10
376. Broadstock M, Doughty C and Eggleston M. Systematic Review of the Effectiveness of Pharmacological Treatments for Adolescents and Adults with Autism Spectrum Disorder. Autism: The International Journal of Research and Practice. 2007;11(4):335-348. X-2, X-3
377. Broderick AA. Autism, "recovery (to normalcy)," and the politics of hope. Intellectual and Developmental Disabilities. 2009 Aug;47(4):263-281. X-1, X-2, X-3, X-4
378. Broderick AA and Ne'eman A. Autism as Metaphor: Narrative and Counter-Narrative. International Journal of Inclusive Education. 2008 Sep;12(5-6):459-476. X-1, X-2, X-3, X-4
379. Broderick C, Caswell R, Gregory S, et al. 'Can I join the club?': a social integration scheme for adolescents with Asperger syndrome. Autism. 2002 Dec;6(4):427-31. X-1, X-3
380. Brodkin ES, McDougle CJ, Naylor ST, et al. Clomipramine in adults with pervasive developmental disorders: a prospective open-label investigation. J Child Adolesc Psychopharmacol. 1997 Summer;7(2):109-21. X-1, X-10
381. Broggi S, Cattaneo GM, Molinelli S, et al. Results of a two-year quality control program for a helical tomotherapy unit. Radiother Oncol. 2008 Feb;86(2):231-41. X-4
382. Bromfield R. It's the tortoise's race: Long-term psychodynamic psychotherapy with a high-functioning autistic adolescent. Psychoanalytic Inquiry. Special Issue: Autistic spectrum disorders and psychoanalytic ideas: Reassessing the fit. 2000;20(5):732-745. X-3
383. Bromley BE. Broadcasting Disability: An Exploration of the Educational Potential of a Video Sharing Web Site. Journal of Special Education Technology. 2008;23(4):2008-2009. X-1, X-3, X-4
384. Bromley RL, Mawer G, Clayton-Smith J, et al. Autism spectrum disorders following in utero exposure to antiepileptic drugs. Neurology. 2008 Dec 2;71(23):1923-4. X-3, X-4
385. Bronnick K, Ehrt U, Emre M, et al. Attentional deficits affect activities of daily living in dementia-associated with Parkinson's disease. J Neurol Neurosurg Psychiatry. 2006 Oct;77(10):1136-42. X-1, X-4
386. Brookman-Frazee L and Koegel RL. Using Parent/Clinician Partnerships in Parent Education Programs for Children with Autism. Journal of Positive Behavior Interventions. 2004;6(4):195-213. X-3
387. Brookman-Frazee L, Stahmer A, Baker-Ericzen MJ, et al. Parenting Interventions for Children with Autism Spectrum and Disruptive Behavior Disorders: Opportunities for Cross-Fertilization. Clinical Child and Family Psychology Review. 2006 Dec;9(3-4):181-200. X-2, X-3, X-4
388. Broun L. Take the Pencil out of the Process. TEACHING Exceptional Children. 2009 Sep-Oct;42(1):14-21. X-1, X-2, X-3, X-4
389. Browder DM, Trela K and Jimenez B. Training Teachers to Follow a Task Analysis to Engage Middle School Students with Moderate and Severe Developmental Disabilities in Grade-Appropriate Literature. Focus on Autism and Other Developmental Disabilities. 2007;22(4):206-219. X-1, X-3
390. Browder JA. Pediatric diagnosis and management of children with developmental disabilities. J Dev Behav Pediatr. 1983 Jun;4(2):99-102. X-1, X-4, X-10
391. Brower-Breitwieser CM, Miltenberger RG, Gross A, et al. The Use of Concurrent Operants Preference Assessment to Evaluate Choice of Interventions for Children Diagnosed with Autism. International Journal of Behavioral Consultation and Therapy. 2008;4(3):270-278. X-3, X-4
392. Brown DW. Autism, Asperger's syndrome and the Crick-Mitchison theory of the biological function of REM sleep. Med Hypotheses. 1996 Nov;47(5):399-403. X-1, X-2, X-3, X-4, X-10
393. Brown GE, Jones SD, MacKewn AS, et al. An exploration of possible pre- and postnatal correlates of autism: a pilot survey. Psychol Rep. 2008 Feb;102(1):273-82. X-1, X-4
394. Brown J and Murray D. Strategies for enhancing play skills for children with autism spectrum disorder. Education & Training in Mental Retardation & Developmental Disabilities. 2001 Sep;36(3):312-317. X-1, X-2, X-3, X-4
395. Brown KA, Wacker DP, Derby KM, et al. Evaluating the effects of functional communication training in the presence and absence of establishing operations. J Appl Behav Anal. 2000 Spring;33(1):53-71. X-3
396. Brown KE and Mirenda P. Contingency Mapping: Use of a Novel Visual Support Strategy as an Adjunct to

Functional Equivalence Training. Journal of Positive Behavior Interventions. 2006 Sum;8(3):155-164. X-3
397. Brown MM. Auditory integration training and autism: Two case studies. British Journal of Occupational Therapy. 1999 Jan;62(1):13-18. X-10
398. Brown N and Panksepp J. Low-dose naltrexone for disease prevention and quality of life. Med Hypotheses. 2009 Mar;72(3):333-7. X-1, X-2, X-3, X-4
399. Brown WT, Cohen IL, Fisch GS, et al. High dose folic acid treatment of fragile (X) males. Am J Med Genet. 1986 Jan-Feb;23(1-2):263-71. X-1, X-3, X-10
400. Browne ME. Communicating with the child who has autistic spectrum disorder: a practical introduction. Paediatr Nurs. 2006 Feb;18(1):14-7. X-1, X-2, X-3, X-4
401. Brownell MD. Musically adapted social stories to modify behaviors in students with autism: Four case studies. Journal of Music Therapy. 2002 Sum;39(2):117-144. X-3
402. Browning ER. A memory pacer for improving stimulus generalization. J Autism Dev Disord. 1983 Dec;13(4):427-32. X-10
403. Bruck M, London K, Landa R, et al. Autobiographical memory and suggestibility in children with autism spectrum disorder. Dev Psychopathol. 2007 Winter;19(1):73-95. X-4
404. Brudnak MA. Application of genomeceuticals to the molecular and immunological aspects of autism. Med Hypotheses. 2001 Aug;57(2):186-91. X-1, X-2, X-3, X-4
405. Brudnak MA. Probiotics as an adjuvant to detoxification protocols. Med Hypotheses. 2002 May;58(5):382-5. X-2 ,X-3, X-4
406. Brudnak MA, Rimland B, Kerry RE, et al. Enzyme-based therapy for autism spectrum disorders -- is it worth another look? Med Hypotheses. 2002 May;58(5):422-8. X-1, X-3
407. Bruinsma Y, Koegel RL and Koegel LK. Joint Attention and Children with Autism: A Review of the Literature. Mental Retardation and Developmental Disabilities Research Reviews. 2004;10(3):169-175. X-1, X-2, X-3, X-4
408. Brulotte J, Bukutu C and Vohra S. Complementary, holistic, and integrative medicine: fish oils and neurodevelopmental disorders. Pediatr Rev. 2009 Apr;30(4):e29-33. X-1, X-2, X-3, X-4
409. Bruneau N, Barthelemy C, Roux S, et al. Auditory evoked potential modifications according to clinical and biochemical responsiveness to fenfluramine treatment in children with autistic behavior. Neuropsychobiology. 1989;21(1):48-52. X-10
410. Bruneau N, Garreau B, Roux S, et al. Modulation of auditory evoked potentials with increasing stimulus intensity in autistic children. Electroencephalogr Clin Neurophysiol Suppl. 1987;40:584-9. X-10
411. Bruneau N, Roux S, Adrien JL, et al. Auditory associative cortex dysfunction in children with autism: evidence from late auditory evoked potentials (N1 wave-T complex). Clin Neurophysiol. 1999 Nov;110(11):1927-34. X-4, X-10
412. Brunner DL and Seung H. Evaluation of the Efficacy of Communication-Based Treatments for Autism Spectrum Disorders: A Literature Review. Communication Disorders Quarterly. 2009;31(1):15-41. X-1, X-2, X-3, X-4
413. Brusa E and Richman D. Developing Stimulus Control for Occurrences of Stereotypy Exhibited by a Child with Autism. International Journal of Behavioral Consultation and Therapy. 2008;4(3):264-269. X-3
414. Bryan LC and Gast DL. Teaching on-task and on-schedule behaviors to high-functioning children with autism via picture activity schedules. Journal of Autism and Developmental Disorders. 2000 Dec;30(6):553-567. X-3
415. Bryson SA, Corrigan SK, McDonald TP, et al. Characteristics of children with autism spectrum disorders who received services through community mental health centers. Autism. 2008 Jan;12(1):65-82. X-2, X-4
416. Bryson SE, Koegel LK, Koegel RL, et al. Large Scale Dissemination and Community Implementation of Pivotal Response Treatment: Program Description and Preliminary Data. Research and Practice for Persons with Severe Disabilities (RPSD). 2007 Sum;32(2):142-153. X-1, X-2, X-3
417. Bryson SE, Zwaigenbaum L, Brian J, et al. A prospective case series of high-risk infants who developed autism. J Autism Dev Disord. 2007 Jan;37(1):12-24. X-3, X-4
418. Bucholz JL and Brady MP. Teaching Positive Work Behavior with Literacy-Based Behavioral Interventions: An Intervention for Students and Employees with Developmental Disabilities. TEACHING Exceptional Children. 2008 Nov-Dec;41(2):50-55. X-1, X-2, X-3, X-4
419. Buchsbaum MS, Hollander E, Haznedar MM, et al. Effect of fluoxetine on regional cerebral metabolism in autistic spectrum disorders: a pilot study. Int J Neuropsychopharmacol. 2001 Jun;4(2):119-25. X-1, X-3
420. Buchwald JS, Erwin R, Van Lancker D, et al. Midlatency auditory evoked responses: P1 abnormalities in adult autistic subjects. Electroencephalogr Clin Neurophysiol. 1992 Mar-Apr;84(2):164-71. X-1, X-4, X-10
421. Buck LA, Goldstein F and Kardeman E. Art as a means of interpersonal communication in autistic young adults. Journal of Psychology and Christianity. 1984 Fal;3(3):73-84. X-1, X-3, X-10
422. Buck LA, Kardeman E and Goldstein F. Artistic talent in "autistic" adolescents and young adults. Empirical Studies of the Arts. 1985;3(1):81-104. X-1, X-2, X-3, X-4, X-10
423. Buckley SD and Newchok DK. Differential impact of response effort within a response chain on use of mands in a student with autism. Res Dev Disabil. 2005 Jan-Feb;26(1):77-85. X-3
424. Buckley SD and Newchok DK. An Evaluation of Simultaneous Presentation and Differential Reinforcement with Response Cost to Reduce Packing. Journal of Applied Behavior Analysis. 2005 Fall;38(3):405. X-3
425. Buckley SD and Newchok DK. Analysis and treatment of problem behavior evoked by music. Journal of Applied Behavior Analysis. 2006 Spr;39(1):141-144. X-3
426. Buckley SD, Strunck PG and Newchok DK. A Comparison Of Two Multicomponent Procedures To Increase Food Consumption. Behavioral Interventions. 2005 Apr;20(2):139-146. X-3
427. Buday EM. The effects of signed and spoken words taught with music on sign and speech imitation by children with autism. Journal of Music Therapy. 1995 Fal;32(3):189-202. X-10

428. Buffington DM, Krantz PJ, McClannahan LE, et al. Procedures for teaching appropriate gestural communication skills to children with autism. J Autism Dev Disord. 1998 Dec;28(6):535-45. X-3, X-10
429. Buggey T. Video Self-Modeling Applications With Students With Autism Spectrum Disorder in a Small Private School Setting. Focus on Autism and Other Developmental Disabilities. 2005 Spr;20(1):52-63. X-3
430. Buggey T. A Picture Is Worth...: Video Self-Modeling Applications at School and Home. Journal of Positive Behavior Interventions. 2007;9(3):151-158. X-1, X-2, X-3, X-4
431. Buggey T, Toombs K, Gardener P, et al. Training responding behaviors in students with autism: Using videotaped self-modeling. Journal of Positive Behavior Interventions. 1999 Fal;1(4):205-214. X-3, X-10
432. Buitelaar JK. Why have drug treatments been so disappointing? Novartis Found Symp. 2003;251:235-44; discussion 245-9, 281-97. X-1, X-2, X-3, X-4
433. Buitelaar JK, Dekker ME, van Ree JM, et al. A controlled trial with ORG 2766, an ACTH-(4-9) analog, in 50 relatively able children with autism. Eur Neuropsychopharmacol. 1996 Mar;6(1):13-9. X-10
434. Buitelaar JK, van der Gaag RJ, Cohen-Kettenis P, et al. A randomized controlled trial of risperidone in the treatment of aggression in hospitalized adolescents with subaverage cognitive abilities. J Clin Psychiatry. 2001 Apr;62(4):239-48. X-1, X-4
435. Buitelaar JK, van der Gaag RJ and van der Hoeven J. Buspirone in the management of anxiety and irritability in children with pervasive developmental disorders: results of an open-label study. J Clin Psychiatry. 1998 Feb;59(2):56-9. X-10
436. Buitelaar JK, van Engeland H, de Kogel CH, et al. Deficits in social behavior in autism and their modification by a synthetic adrenocorticotrophic hormone (4-9) analog. Experientia. 1992 Apr 15;48(4):391-4. X-1, X-2, X-3, X-4, X-10
437. Buitelaar JK, van Engeland H, de Kogel K, et al. The adrenocorticotrophic hormone (4-9) analog ORG 2766 benefits autistic children: report on a second controlled clinical trial. J Am Acad Child Adolesc Psychiatry. 1992 Nov;31(6):1149-56. X-10
438. Buitelaar JK, Van Engeland H, de Kogel KH, et al. The use of adrenocorticotrophic hormone (4â€“9) analog ORG 2766 in autistic children: Effects on the organization of behavior. Biological Psychiatry. 1992 Jun;31(11):1119-1129. X-10
439. Buitelaar JK, van Engeland H, de Kogel KH, et al. The use of adrenocorticotrophic hormone (4-9) analog ORG 2766 in autistic children: effects on the organization of behavior. Biol Psychiatry. 1992 Jun 1;31(11):1119-29. X-10
440. Buitelaar JK, van Engeland H, van Ree JM, et al. Behavioral effects of Org 2766, a synthetic analog of the adrenocorticotrophic hormone (4-9), in 14 outpatient autistic children. J Autism Dev Disord. 1990 Dec;20(4):467-78. X-10
441. Buitelaar JK and Willemsen-Swinkels SH. Medication treatment in subjects with autistic spectrum disorders. Eur Child Adolesc Psychiatry. 2000;9 Suppl 1:I85-97. X-1, X-2, X-3, X-4
442. Burd L, Fisher W and Kerbeshian J. Pervasive developmental disorders in multiply disabled children. Rehabil Lit. 1985 Sep-Oct;46(9-10):246-9. X-10
443. Burd L, Gascon G and Kerbeshian J. Rett Syndrome: Case reports and management strategies. Neuroscience & Biobehavioral Reviews. Special Issue: Tourette's syndrome and movement disorders. 1988 Fal-Win;12(3-4):283-287. X-1, X-3, X-4, X-10
444. Burd L, Kerbeshian J, Westerland A, et al. Prospective long-term follow-up of patients with pervasive developmental disorders. J Child Neurol. 2002 Sep;17(9):681-8. X-4
445. Burd L, Stenehjem A, Franceschini LA, et al. A 15-year follow-up of a boy with pyridoxine (vitamin Bâ‚†)-dependent seizures with autism, breath holding, and severe mental retardation. Journal of Child Neurology. 2000 Nov;15(11):763-765. X-1, X-3, X-4
446. Burger M, Zaak D, Stief CG, et al. Photodynamic diagnostics and noninvasive bladder cancer: is it cost-effective in long-term application? A Germany-based cost analysis. Eur Urol. 2007 Jul;52(1):142-7. X-1, X-4
447. Burgess DC, Burgess MA and Leask J. The MMR vaccination and autism controversy in United Kingdom 1998-2005: inevitable community outrage or a failure of risk communication? Vaccine. 2006 May 1;24(18):3921-8. X-1, X-2, X-3, X-4
448. Burke JC and Cerniglia L. Stimulus complexity and autistic children's responsivity: assessing and training a pivotal behavior. J Autism Dev Disord. 1990 Jun;20(2):233-53. X-10
449. Burke P. Listening to young people with special needs: the influence of group activities. J Intellect Disabil. 2005 Dec;9(4):359-76. X-1, X-3, X-4
450. Burkhart N. Understanding and managing the autistic child in the dental office. Dent Hyg (Chic). 1984 Feb;58(2):60-3. X-10
451. Burn D, Emre M, McKeith I, et al. Effects of rivastigmine in patients with and without visual hallucinations in dementia associated with Parkinson's disease. Mov Disord. 2006 Nov;21(11):1899-907. X-1, X-4
452. Burrows KE and Adams CL. Challenges of service-dog ownership for families with autistic children: lessons for veterinary practitioners. J Vet Med Educ. 2008 Winter;35(4):559-66. X-1, X-3, X-4
453. Burrows KE, Adams CL and Spiers J. Sentinels of safety: service dogs ensure safety and enhance freedom and well-being for families with autistic children. Qual Health Res. 2008 Dec;18(12):1642-9. X-4
454. Burt DB, Fuller SP and Lewis KR. Brief report: competitive employment of adults with autism. J Autism Dev Disord. 1991 Jun;21(2):237-42. X-10
455. Burt DB, Fuller SP and Lewis KR. Competitive employment of adults with autism. Journal of Autism and Developmental Disorders. 1991 Jun;21(2):237-242. X-1, X-3, X-10
456. Busch de Ahumada LC and Ahumada JL. From mimesis to agency: Clinical steps in the work of psychic two-ness. International Journal of Psychoanalysis. 2005 Jun;86(3):721-736. X-3
457. Buschbacher P, Fox L and Clarke S. Recapturing Desired Family Routines: A Parent-Professional Behavioral

Collaboration. Research and Practice for Persons with Severe Disabilities (RPSD). 2004 Spr;29(1):25-39. X-3
458. Buschbacher PW and Fox L. Understanding and intervening with the challenging behavior of young children with autism spectrum disorder. Language, Speech, and Hearing Services in Schools. 2003 Jul;34(3):217-227. X-3
459. Buschmann A, Jooss B, Rupp A, et al. Children with Developmental Language Delay at 24 Months of Age: Results of a Diagnostic Work-Up. Developmental Medicine & Child Neurology. 2008 Mar;50(3):223-229. X-1, X-4
460. Butler DE, Nordin IC, L'Italien YJ, et al. Amnesia-reversal activity of a series of N-[(disubstituted-amino)alkyl] -2-oxo-1-pyrrolidineacetamides, including pramiracetam. J Med Chem. 1984 May;27(5):684-91. X-1, X-4, X-10
461. Butler LR and Luiselli JK. Escape-Maintained Problem Behavior in a Child with Autism: Antecedent Functional Analysis and Intervention Evaluation of Noncontingent Escape and Instructional Fading. Journal of Positive Behavior Interventions. 2007;9(4):195-202. X-1, X-3
462. Butter EM, Mulick JA and Metz B. Eight case reports of learning recovery in children with pervasive developmental disorders after early intervention. Behavioral Interventions. 2006 Nov;21(4):227-243. X-3
463. Butter EM, Wynn J and Mulick JA. Early intervention critical to autism treatment. Pediatr Ann. 2003 Oct;32(10):677-84. X-1, X-2, X-3, X-4
464. Cabay M. Brief report: a controlled evaluation of facilitated communication using open-ended and fill-in questions. J Autism Dev Disord. 1994 Aug;24(4):517-27. X-10
465. Caci B, D'Amico A and Cardaci M. New frontiers for psychology and education: robotics. Psychol Rep. 2004 Jun;94(3 Pt 2):1372-4. X-1, X-2, X-3, X-4
466. Cafiero JM. The effect of an augmentative communication intervention on the communication, behavior, and academic program of an adolescent with autism. Focus on Autism and Other Developmental Disabilities. 2001 Fal;16(3):179-189. X-1, X-3
467. Caicedo C and Williams SH. Risperidone improves behavior in children with autism. J Fam Pract. 2002 Nov;51(11):915. X-2
468. Calandrillo SP. Vanishing vaccinations: why are so many Americans opting out of vaccinating their children? Univ Mich J Law Reform. 2004 Winter;37(2):353-440. X-1, X-2, X-3, X-4
469. Calder AJ, Lawrence AD, Keane J, et al. Reading the mind from eye gaze. Neuropsychologia. 2002;40(8):1129-38. X-1, X-5
470. Cale SI, Carr EG, Blakeley-Smith A, et al. Context-based assessment and intervention for problem behavior in children with autism spectrum disorder. Behav Modif. 2009 Nov;33(6):707-42. X-3
471. Calhoun VD, Kiehl KA and Pearlson GD. Modulation of temporally coherent brain networks estimated using ICA at rest and during cognitive tasks. Hum Brain Mapp. 2008 Jul;29(7):828-38. X-1, X-2, X-3, X-4
472. Callahan K, Henson RK and Cowan AK. Social Validation of Evidence-Based Practices in Autism by Parents, Teachers, and Administrators. Journal of Autism and Developmental Disorders. 2008 Apr;38(4):678-692. X-3, X-4
473. Callahan K and Rademacher JA. Using self-management strategies to increase the on-task behavior of a student with autism. Journal of Positive Behavior Interventions. 1999 Spr;1(2):117-122. X-3, X-10
474. Calle-Pascual AL, Vicente A, Martin-Alvarez PJ, et al. Estimation of the prevalence of diabetes mellitus diagnosed, and incidence of type 1 (insulin-dependent) diabetes mellitus in the Avila Health Care region of Spain. Diabetes Res Clin Pract. 1993 Jan;19(1):75-81. X-1, X-4, X-10
475. Cameron MJ, Shapiro RL and Ainsleigh SA. Bicycle Riding: Pedaling Made Possible through Positive Behavioral Interventions. Journal of Positive Behavior Interventions. 2005;7(3):153-158. X-3, X-4
476. Campbell JM. Statistical comparison of four effect sizes for single-subject designs. Behav Modif. 2004 Mar;28(2):234-46. X-1, X-2, X-4
477. Campbell M, Adams P, Small AM, et al. Efficacy and safety of fenfluramine in autistic children. J Am Acad Child Adolesc Psychiatry. 1988 Jul;27(4):434-9. X-10
478. Campbell M, Adams P, Small AM, et al. Naltrexone in infantile autism. Psychopharmacol Bull. 1988;24(1):135-9. X-10
479. Campbell M, Anderson LT, Deutsch SI, et al. Psychopharmacological treatment of children with the syndrome of autism. Pediatr Ann. 1984 Apr;13(4):309-13, 316. X-10
480. Campbell M, Anderson LT and Green WH. Behavior-disordered and aggressive children: new advances in pharmacotherapy. J Dev Behav Pediatr. 1983 Dec;4(4):265-71. X-1, X-2, X-3, X-4, X-10
481. Campbell M, Anderson LT and Small AM. Pharmacotherapy in autism: A summary of research at Bellevue/New York University. Brain Dysfunction. 1990 Nov-Dec;3(5-6):299-307. X-10
482. Campbell M, Anderson LT, Small AM, et al. Naltrexone in autistic children: behavioral symptoms and attentional learning. J Am Acad Child Adolesc Psychiatry. 1993 Nov;32(6):1283-91. X-10
483. Campbell M, Anderson LT, Small AM, et al. Naltrexone in autistic children: a double-blind and placebo-controlled study. Psychopharmacol Bull. 1990;26(1):130-5. X-10
484. Campbell M, Anderson LT, Small AM, et al. The effects of haloperidol on learning and behavior in autistic children. J Autism Dev Disord. 1982 Jun;12(2):167-75. X-10
485. Campbell M, Armenteros JL, Malone RP, et al. Neuroleptic-related dyskinesias in autistic children: a prospective, longitudinal study. J Am Acad Child Adolesc Psychiatry. 1997 Jun;36(6):835-43. X-10
486. Campbell M, Cohen IL and Anderson LT. Pharmacotherapy for autistic children: a summary of research. Can J Psychiatry. 1981 Jun;26(4):265-73. X-1, X-2, X-3, X-10
487. Campbell M, Deutsch SI, Perry R, et al. Short-term efficacy and safety of fenfluramine in hospitalized preschool-age autistic children: an open study. Psychopharmacol Bull. 1986;22(1):141-7. X-10

488. Campbell M and Harris JC. Resolved: autistic children should have a trial of naltrexone. J Am Acad Child Adolesc Psychiatry. 1996 Feb;35(2):246-9; discussion 249-51. X-10
489. Campbell M, Locascio JJ, Choroco MC, et al. Stereotypies and tardive dyskinesia: abnormal movements in autistic children. Psychopharmacol Bull. 1990;26(2):260-6. X-10
490. Campbell M, Overall JE, Small AM, et al. Naltrexone in autistic children: an acute open dose range tolerance trial. J Am Acad Child Adolesc Psychiatry. 1989 Mar;28(2):200-6. X-10
491. Campbell M and Palij M. Behavioral and cognitive measures used in psychopharmacological studies of infantile autism. Psychopharmacol Bull. 1985;21(4):1047-53. X-1, X-2, X-3, X-4, X-10
492. Campbell M, Perry R, Polonsky BB, et al. An open study of fenfluramine in hospitalized young autistic children. J Autism Dev Disord. 1986 Dec;16(4):495-506. X-10
493. Campbell M, Small AM, Palij M, et al. The efficacy and safety of fenfluramine in autistic children: preliminary analysis of a double-blind study. Psychopharmacol Bull. 1987;23(1):123-7. X-10
494. Campbell RV and Lutzker JR. Using functional equivalence training to reduce severe challenging behavior: A case study. Journal of Developmental and Physical Disabilities. 1993 Sep;5(3):203-216. X-3, X-10
495. Canitano R. Clinical experience with Topiramate to counteract neuroleptic induced weight gain in 10 individuals with autistic spectrum disorders. Brain Dev. 2005 Apr;27(3):228-32. X-1, X-3
496. Canitano R. Self injurious behavior in autism: clinical aspects and treatment with risperidone. J Neural Transm. 2006 Mar;113(3):425-31. X-3
497. Cann P. Timely intervention. Nurs Stand. 2000 Apr 26-May 2;14(32):20. X-1, X-2, X-3, X-4
498. Cantu ES, Stone JW, Wing AA, et al. Cytogenetic survey for autistic fragile X carriers in a mental retardation center. Am J Ment Retard. 1990 Jan;94(4):442-7. X-4, X-10
499. Caplan R, Guthrie D and Komo S. Blink rate in children with attention-deficitâ€“hyperactivity disorder. Biological Psychiatry. 1996 Jun;39(12):1032-1038. X-1, X-3, X-4, X-10
500. Caplan R, Guthrie D and Komo S. Blink rate in children with attention-deficit-hyperactivity disorder. Biological Psychiatry. 1996 Jun;39(12):1032-1038. X-1, X-3, X-4, X-10
501. Capone GT, Goyal P, Grados M, et al. Risperidone use in children with Down syndrome, severe intellectual disability, and comorbid autistic spectrum disorders: a naturalistic study. J Dev Behav Pediatr. 2008 Apr;29(2):106-16. X-3
502. Capute AJ and Palmer FB. A pediatric overview of the spectrum of developmental disabilities. J Dev Behav Pediatr. 1980 Jun;1(2):66-9. X-1, X-2, X-3, X-4, X-10
503. Carbone VJ, Morgenstern B, Zecchin-Tirri G, et al. The Role of the Reflexive Conditioned Motivating Operation (CMO-R) during Discrete Trial Instruction of Children with Autism. Journal of Early and Intensive Behavior Intervention. 2007;4(4):658-680. X-1, X-2, X-3, X-4
504. Cardaciotto L and Herbert JD. Cognitive behavior therapy for social anxiety disorder in the context of Asperger's syndrome: A single-subject report. Cognitive and Behavioral Practice. 2004 Win;11(1):75-81. X-1, X-3
505. Cardinal DN, Hanson D and Wakeham J. Investigation of authorship in facilitated communication. Mental Retardation. 1996 Aug;34(4):231-242. X-10
506. Cardoso C and Montenegro ML. Speech and language pathology and autistic spectrum. Span J Psychol. 2009 Nov;12(2):686-95. X-3
507. Carey JS, Danielsen B, Junod FL, et al. The California Cardiac Surgery and Intervention Project: evolution of a public reporting program. Am Surg. 2006 Oct;72(10):978-83. X-1, X-2, X-3, X-4
508. Carey T, Ratliff-Schaub K, Funk J, et al. Double-blind placebo-controlled trial of secretin: effects on aberrant behavior in children with autism. J Autism Dev Disord. 2002 Jun;32(3):161-7. X-3
509. Carletti C, Meoli P and Cravero WR. A modified simulated annealing algorithm for parameter determination for a hybrid virtual model. Phys Med Biol. 2006 Aug 21;51(16):3941-52. X-1, X-2, X-3, X-4
510. Carlson B, McLaughlin TF, Derby KM, et al. Teaching Preschool Children with Autism and Developmental Delays to Write. Electronic Journal of Research in Educational Psychology. 2009 Apr;7(1):225-238. X-3
511. Carlson GA and Mick E. Drug-induced disinhibition in psychiatrically hospitalized children. J Child Adolesc Psychopharmacol. 2003 Summer;13(2):153-63. X-1, X-3, X-4
512. Carlson JI, Luiselli JK, Slyman A, et al. Choice-making as intervention for public disrobing in children with developmental disabilities. Journal of Positive Behavior Interventions. 2008 Apr;10(2):86-90. X-3
513. Carlson T, Reynolds CA and Caplan R. Case Report: Valproic Acid and Risperidone Treatment Leading to Development of Hyperammonemia and Mania. Journal of the American Academy of Child & Adolescent Psychiatry. 2007 Mar;46(3):356. X-3
514. Carlson TS, McGeorge CR and Halvorson S. Marriage and family therapists' ability to diagnose Aspergers' syndrome: A vignette study. Contemporary Family Therapy: An International Journal. 2007 Jun;29(1-2):25-37. X-1, X-4
515. Carmody DP, Moreno R, Mars AE, et al. Brief report: Brain activation to social words in a sedated child with autism. Journal of Autism and Developmental Disorders. 2007 Aug;37(7):1381-1385. X-3, X-4
516. Carnahan CR, Hume K, Clarke L, et al. Using Structured Work Systems to Promote Independence and Engagement for Students with Autism Spectrum Disorders. TEACHING Exceptional Children. 2009 Mar-Apr;41(4):6-14. X-1, X-2, X-3, X-4
517. Caronna EB, Augustyn M and Zuckerman B. Revisiting parental concerns in the age of autism spectrum disorders: the need to help parents in the face of uncertainty. Arch Pediatr Adolesc Med. 2007 Apr;161(4):406-8. X-1, X-2, X-3, X-4

518. Carpenter LA, Soorya L and Halpern D. Asperger's syndrome and high-functioning autism. Pediatr Ann. 2009 Jan;38(1):30-5. X-1, X-2, X-3
519. Carpenter M, Pennington BF and Rogers SJ. Interrelations among social-cognitive skills in young children with autism. J Autism Dev Disord. 2002 Apr;32(2):91-106. X-4
520. Carr D. Effects of exemplar training in exclusion responding on auditory-visual discrimination tasks with children with autism. J Appl Behav Anal. 2003 Winter;36(4):507-24. X-3
521. Carr D and Felce J. "Brief report: increase in production of spoken words in some children with autism after PECS teaching to Phase III". J Autism Dev Disord. 2007 Apr;37(4):780-7. X-6
522. Carr EG and Blakeley-Smith A. Classroom intervention for illness-related problem behavior in children with developmental disabilities. Behav Modif. 2006 Nov;30(6):901-24. X-3
523. Carr EG and Carlson JI. Reduction of severe behavior problems in the community using a multicomponent treatment approach. J Appl Behav Anal. 1993 Summer;26(2):157-72. X-10
524. Carr EG and Darcy M. Setting generality of peer modeling in children with autism. J Autism Dev Disord. 1990 Mar;20(1):45-59. X-3, X-10
525. Carr EG and Kemp DC. Functional equivalence of autistic leading and communicative pointing: analysis and treatment. J Autism Dev Disord. 1989 Dec;19(4):561-78. X-3, X-10
526. Carr EG and Kologinsky E. Acquisition of sign language by autistic children. II: Spontaneity and generalization effects. J Appl Behav Anal. 1983 Fall;16(3):297-314. X-3, X-10
527. Carr EG, Kologinsky E and Leff-Simon S. Acquisition of sign language by autistic children. III: Generalized descriptive phrases. J Autism Dev Disord. 1987 Jun;17(2):217-29. X-3, X-10
528. Carr EG, Ladd MV and Schulte CF. Validation of the Contextual Assessment Inventory for Problem Behavior. Journal of Positive Behavior Interventions. 2008;10(2):91-104. X-4
529. Carr EG, Levin L, McConnachie G, et al. Comprehensive multisituational intervention for problem behavior in the community: Long-term maintenance and social validation. Journal of Positive Behavior Interventions. 1999 Win;1(1):5-25. X-1, X-3, X-10
530. Carr EG and Newsom C. Demand-related tantrums: Conceptualization and treatment. Behavior Modification. 1985 Oct;9(4):403-426. X-10
531. Carr EG and Owen-DeSchryver JS. Physical Illness, Pain, and Problem Behavior in Minimally Verbal People with Developmental Disabilities. Journal of Autism and Developmental Disorders. 2007 Mar;37(3):413-424. X-4
532. Carr EG, Pridal C and Dores PA. Speech versus sign comprehension in autistic children: analysis and prediction. J Exp Child Psychol. 1984 Jun;37(3):587-97. X-10
533. Carr EG, Yarbrough SC and Langdon NA. Effects of idiosyncratic stimulus variables on functional analysis outcomes. J Appl Behav Anal. 1997 Winter;30(4):673-86. X-4, X-10
534. CarrÃ© AJM, Le Grice B, Blampied NM, et al. Picture exchange communication (PECS) training for young children: Does training transfer at school and to home? Behaviour Change. 2009;26(1):3. X-3
535. Carrington S and Graham L. Perceptions of school by two teenage boys with Asperger syndrome and their mothers: a qualitative study. Autism. 2001 Mar;5(1):37-48. X-1, X-3, X-4
536. Carter AS, Volkmar FR, Sparrow SS, et al. The Vineland Adaptive Behavior Scales: supplementary norms for individuals with autism. J Autism Dev Disord. 1998 Aug;28(4):287-302. X-4, X-10
537. Carter C, Meckes L, Pritchard L, et al. The Friendship Club: an after-school program for children with Asperger syndrome. Fam Community Health. 2004 Apr-Jun;27(2):143-50. X-3
538. Carter CM. Using choice with game play to increase language skills and interactive behaviors in children with autism. Journal of Positive Behavior Interventions. 2001 Sum;3(3):131-151. X-3
539. Carter EW, Sisco LG, Brown L, et al. Peer Interactions and Academic Engagement of Youth with Developmental Disabilities in Inclusive Middle and High School Classrooms. American Journal on Mental Retardation. 2008 Nov;113(6):479-494. X-4
540. Carter J. Looking into a distorted mirror. J Clin Ethics. 2003 Spring-Summer;14(1-2):95-100. X-1, X-2, X-3, X-4
541. Casaer P, Croonenberghs JAN, Lagae L, et al. Risperidone in the treatment of childhood autistic disorder: an open pilot study. Acta Neuropsychiatrica. 2002;14(5):242-249. X-3
542. Cascade EF, Kalali AH and Feifel D. Treatment of autistic children. Psychiatry. 2008 Feb;5(2):35-37. X-1, X-2, X-3, X-4
543. Cascella PW and Colella CS. Knowledge of Autism Spectrum Disorders Among Connecticut School Speech-Language Pathologists. Focus on Autism and Other Developmental Disabilities. 2004 Win;19(4):245-252. X-1, X-4
544. Case-Smith J and Arbesman M. Evidence-based review of interventions for autism used in or of relevance to occupational therapy. Am J Occup Ther. 2008 Jul-Aug;62(4):416-29. X-1, X-2, X-3
545. Case-Smith J and Bryan T. The effects of occupational therapy with sensory integration emphasis on preschool-age children with autism. Am J Occup Ther. 1999 Sep-Oct;53(5):489-97. X-10
546. Case-Smith J and Miller H. Occupational therapy with children with pervasive developmental disorders. Am J Occup Ther. 1999 Sep-Oct;53(5):506-13. X-1, X-4, X-10
547. Casey BJ, Gordon CT, Mannheim GB, et al. Dysfunctional attention in autistic savants. J Clin Exp Neuropsychol. 1993 Nov;15(6):933-46. X-1, X-4, X-10
548. Casey SD and Merical CL. The use of functional communication training without additional treatment procedures in an inclusive school setting. Behavioral Disorders. 2006 Nov;32(1):46-54. X-3
549. Casiday RE. Children's health and the social theory of risk: insights from the British measles, mumps and rubella (MMR) controversy. Soc Sci Med. 2007 Sep;65(5):1059-70. X-1, X-4

550. Cass H, Gringras P, March J, et al. Absence of urinary opioid peptides in children with autism. Arch Dis Child. 2008 Sep;93(9):745-50. X-4
551. Cassidy A, McConkey R, Truesdale-Kennedy M, et al. Preschoolers with autism spectrum disorders: The impact on families and the supports available to them. Early Child Development and Care. 2008 Feb;178(2):115-128. X-1, X-4
552. Castillo H, Patterson B, Hickey F, et al. Difference in age at regression in children with autism with and without Down syndrome. J Dev Behav Pediatr. 2008 Apr;29(2):89-93. X-4
553. Catania CN, Almeida D, Liu-Constant B, et al. Video Modeling to Train Staff to Implement Discrete-Trial Instruction. Journal of Applied Behavior Analysis. 2009 Sum;42(2):387-392. X-1, X-3, X-4
554. Causton-Theoharis J, Ashby C and Cosier M. Islands of loneliness: exploring social interaction through the autobiographies of individuals with autism. Intellect Dev Disabil. 2009 Apr;47(2):84-96. X-1, X-3, X-4
555. Cazzullo AG, Musetti MC, Musetti L, et al. ÃŽÂ²-Endorphin levels in peripheral blood mononuclear cells and long-term naltrexone treatment in autistic children. European Neuropsychopharmacology. 1999 Jun;9(4):361-366. X-10
556. Cazzullo AG, Musetti MC, Musetti L, et al. Beta-endorphin levels in peripheral blood mononuclear cells and long-term naltrexone treatment in autistic children. Eur Neuropsychopharmacol. 1999 Jun;9(4):361-6. X-10
557. Cazzullo AG, Musetti MC, Musetti L, et al. Î²-Endorphin levels in peripheral blood mononuclear cells and long-term naltrexone treatment in autistic children. European Neuropsychopharmacology. 1999 Jun;9(4):361-366. X-10
558. Cecchi V. Analysis of a little girl with an autistic syndrome. International Journal of Psycho-Analysis. 1990;71(3):403-410. X-3, X-10
559. Celiberti DA, Bobo HE, Kelly KS, et al. The differential and temporal effects of antecedent exercise on the self-stimulatory behavior of a child with autism. Research in Developmental Disabilities. 1997 Mar-Apr;18(2):139-150. X-10
560. Celiberti DA and Harris SL. Behavioral intervention for siblings of children with autism: A focus on skills to enhance play. Behavior Therapy. 1993 Fal;24(4):573-599. X-3, X-4, X-10
561. Ceravolo R, Volterrani D, Frosini D, et al. Brain perfusion effects of cholinesterase inhibitors in Parkinson's disease with dementia. J Neural Transm. 2006 Nov;113(11):1787-90. X-1, X-4
562. Cermak SA, Curtin C and Bandini LG. Food Selectivity and Sensory Sensitivity in Children with Autism Spectrum Disorders. J Am Diet Assoc. 2010 Feb;110(2):238-246. X-1, X-2, X-3, X-4
563. Ceulemans DL, Gelders YG, Hoppenbrouwers ML, et al. Effect of serotonin antagonism in schizophrenia: a pilot study with setoperone. Psychopharmacology (Berl). 1985;85(3):329-32. X-1, X-4, X-10
564. Chadwick O, Cuddy M, Kusel Y, et al. Handicaps and the development of skills between childhood and early adolescence in young people with severe intellectual disabilities. J Intellect Disabil Res. 2005 Dec;49(Pt 12):877-88. X-4
565. Chambres P, Auxiette C, Vansingle C, et al. Adult Attitudes toward Behaviors of a Six-Year-Old Boy with Autism. Journal of Autism and Developmental Disorders. 2008 Aug;38(7):1320-1327. X-3, X-4
566. Chan JM and O'Reilly MF. A Social Stories intervention package for students with autism in inclusive classroom settings. J Appl Behav Anal. 2008 Fall;41(3):405-9. X-3
567. Chan JM and O'Reilly MF. A Social Stories[TM] Intervention Package with Students with Autism in Inclusive Classroom Settings. Journal of Applied Behavior Analysis. 2008 Fall;41(3):405-409. X-3
568. Chandler S, Charman T, Baird G, et al. Validation of the social communication questionnaire in a population cohort of children with autism spectrum disorders. J Am Acad Child Adolesc Psychiatry. 2007 Oct;46(10):1324-32. X-4
569. Chandler S, Christie P, Newson E, et al. Developing a diagnostic and intervention package for 2- to 3-year-olds with autism: outcomes of the frameworks for communication approach. Autism. 2002 Mar;6(1):47-69. X-6
570. Chang CJ and May-Kuen Wong a A. Intraductal laser photocoagulation of the bilateral parotid ducts for reduction of drooling in patients with cerebral palsy. Plast Reconstr Surg. 2001 Apr 1;107(4):907-13. X-1, X-4
571. Chaplin E, Tsakanikos E, Wright S, et al. Clinical Psychopathology, Untoward Incidents and the Use of Restrictive Procedures in Adults with Intellectual Disability. Journal of Applied Research in Intellectual Disabilities. 2009 Mar;22(2):169-178. X-1, X-4
572. Chapman S, Fisher W, Piazza CC, et al. Functional assessment and treatment of life-threatening drug ingestion in a dually diagnosed youth. Journal of Applied Behavior Analysis. 1993 Sum;26(2):255-256. X-1, X-3, X-10
573. Charlop MH. The effects of echolalia on acquisition and generalization of receptive labeling in autistic children. J Appl Behav Anal. 1983 Spring;16(1):111-26. X-10
574. Charlop MH, Burgio LD, Iwata BA, et al. Stimulus variation as a means of enhancing punishment effects. J Appl Behav Anal. 1988 Spring;21(1):89-95. X-3, X-10
575. Charlop MH, Kurtz PF and Casey FG. Using aberrant behaviors as reinforcers for autistic children. J Appl Behav Anal. 1990 Summer;23(2):163-81. X-10
576. Charlop MH, Kurtz PF and Milstein JP. Too much reinforcement, too little behavior: assessing task interspersal procedures in conjunction with different reinforcement schedules with autistic children. J Appl Behav Anal. 1992 Winter;25(4):795-808. X-3, X-10
577. Charlop MH and Milstein JP. Teaching autistic children conversational speech using video modeling. J Appl Behav Anal. 1989 Fall;22(3):275-85. X-3, X-10
578. Charlop MH, Schreibman L and Thibodeau MG. Increasing spontaneous verbal responding in autistic children using a time delay procedure. J Appl Behav Anal. 1985 Summer;18(2):155-66. X-3, X-10
579. Charlop MH, Schreibman L and Tryon AS. Learning through observation: the effects of peer modeling on acquisition and generalization in autistic children. J Abnorm Child Psychol. 1983 Sep;11(3):355-66. X-3, X-10

580. Charlop MH and Trasowech JE. Increasing autistic children's daily spontaneous speech. J Appl Behav Anal. 1991 Winter;24(4):747-61. X-3, X-10
581. Charlop MH and Walsh ME. Increasing autistic children's spontaneous verbalizations of affection: an assessment of time delay and peer modeling procedures. J Appl Behav Anal. 1986 Fall;19(3):307-14. X-3, X-10
582. Charlop-Christy MH, Carpenter M, Le L, et al. Using the picture exchange communication system (PECS) with children with autism: assessment of PECS acquisition, speech, social-communicative behavior, and problem behavior. J Appl Behav Anal. 2002 Fall;35(3):213-31. X-3
583. Charlop-Christy MH and Carpenter MH. Modified incidental teaching sessions: A procedure for parents to increase spontaneous speech in their children with autism. Journal of Positive Behavior Interventions. 2000 Spr;2(2):98-112. X-3
584. Charlop-Christy MH and Daneshvar S. Using video modeling to teach perspective taking to children with autism. Journal of Positive Behavior Interventions. 2003 Win;5(1):12-21. X-3
585. Charlop-Christy MH and Haymes LK. Using obsessions as reinforcers with and without mild reductive procedures to decrease inappropriate behaviors of children with autism. Journal of Autism and Developmental Disorders. 1996 Oct;26(5):527-546. X-10
586. Charlop-Christy MH and Haymes LK. Using objects of obsession as token reinforcers for children with autism. J Autism Dev Disord. 1998 Jun;28(3):189-98. X-10
587. Charlop-Christy MH and Kelso SE. Teaching children with autism conversational speech using a cue card/written script program. Education & Treatment of Children. 2003 May;26(2):108-127. X-3
588. Charlop-Christy MH, Le L and Freeman KA. A comparison of video modeling with in vivo modeling for teaching children with autism. Journal of Autism and Developmental Disorders. 2000 Dec;30(6):537-552. X-3
589. Charman T, Baird G, Simonoff E, et al. Efficacy of three screening instruments in the identification of autistic-spectrum disorders. Br J Psychiatry. 2007 Dec;191:554-9. X-4
590. Charman T, Baron-Cohen S, Swettenham J, et al. Predicting Language Outcome in Infants with Autism and Pervasive Developmental Disorder. International Journal of Language & Communication Disorders. 2003 Jul;38(3):265-285. X-4
591. Charman T, Howlin P, Aldred C, et al. Research into early intervention for children with autism and related disorders: methodological and design issues. Report on a workshop funded by the Wellcome Trust, Institute of Child Health, London, UK, November 2001. Autism. 2003 Jun;7(2):217-25. X-1, X-2, X-3, X-4
592. Charman T, Howlin P, Berry B, et al. Measuring developmental progress of children with autism spectrum disorder on school entry using parent report. Autism. 2004 Mar;8(1):89-100. X-4
593. Charman T, Swettenham J, Baron-Cohen S, et al. Infants with autism: An investigation of empathy, pretend play, joint attention, and imitation. Developmental Psychology. 1997 Sep;33(5):781-789. X-10
594. Charman T, Taylor E, Drew A, et al. Outcome at 7 years of children diagnosed with autism at age 2: predictive validity of assessments conducted at 2 and 3 years of age and pattern of symptom change over time. J Child Psychol Psychiatry. 2005 May;46(5):500-13. X-4
595. Chasson GS, Harris GE and Neely WJ. Cost comparison of early intensive behavioral intervention and special education for children with autism. Journal of Child and Family Studies. 2007 Jun;16(3):401-413. X-1, X-3, X-4
596. Chawarska K, Klin A, Paul R, et al. A prospective study of toddlers with ASD: short-term diagnostic and cognitive outcomes. J Child Psychol Psychiatry. 2009 Oct;50(10):1235-45. X-4
597. Chawarska K and Shic F. Looking but Not Seeing: Atypical Visual Scanning and Recognition of Faces in 2 and 4-Year-Old Children with Autism Spectrum Disorder. Journal of Autism and Developmental Disorders. 2009 Dec;39(12):1663-1672. X-4
598. Chazan SE. Using the Children's Play Therapy Instrument (CPTI) to measure the development of play in simultaneous treatment: A case study. Infant Mental Health Journal. 2000 Jul;21(3):211-221. X-3
599. Chell N. Experiences of parenting young people with a diagnosis of Asperger syndrome: a focus group study. Int J Psychiatr Nurs Res. 2006 May;11(3):1348-58. X-1, X-4
600. Chen SH and Bernard-Opitz V. Comparison of personal and computer-assisted instruction for children with autism. Ment Retard. 1993 Dec;31(6):368-76. X-3, X-10
601. Chen WX, Wu-Li L and Wong VC. Electroacupuncture for children with autism spectrum disorder: pilot study of 2 cases. J Altern Complement Med. 2008 Oct;14(8):1057-65. X-3
602. Cheng CW, Cho SH, Taylor M, et al. Determination of zero-field size percent depth doses and tissue maximum ratios for stereotactic radiosurgery and IMRT dosimetry: comparison between experimental measurements and Monte Carlo simulation. Med Phys. 2007 Aug;34(8):3149-57. X-1, X-2, X-3, X-4
603. Cheng-Shannon J, McGough JJ, Pataki C, et al. Second-Generation Antipsychotic Medications in Children and Adolescents. Journal of Child and Adolescent Psychopharmacology. 2004 Fal;14(3):372-394. X-1, X-2, X-3
604. Chessick RD. Self-analysis: a fool for a patient? Psychoanal Rev. 1990 Fall;77(3):311-40. X-1, X-2, X-3, X-4, X-10
605. Chez MG, Burton Q, Dowling T, et al. Memantine as adjunctive therapy in children diagnosed with autistic spectrum disorders: an observation of initial clinical response and maintenance tolerability. J Child Neurol. 2007 May;22(5):574-9. X-1, X-3
606. Chez MG, Chang M, Krasne V, et al. Frequency of epileptiform EEG abnormalities in a sequential screening of autistic patients with no known clinical epilepsy from 1996 to 2005. Epilepsy Behav. 2006 Feb;8(1):267-71. X-4
607. Chiang C-H, Soong W-T, Lin T-L, et al. Nonverbal Communication Skills in Young Children with Autism. Journal of Autism and Developmental Disorders. 2008 Nov;38(10):1898-1906. X-4
608. Chiang HM. Naturalistic observations of elicited expressive communication of children with autism: an

analysis of teacher instructions. Autism. 2009 Mar;13(2):165-78. X-4
609. Chiang IT, Lee Y, Frey G, et al. Testing the Situationally Modified Social Rank Theory on Friendship Quality in Male Youth with High-Functioning Autism Spectrum Disorder. Therapeutic Recreation Journal. 2004;38(3):261-274. X-3
610. Chin HY and Bernard-Opitz V. Teaching conversational skills to children with autism: effect on the development of a theory of mind. J Autism Dev Disord. 2000 Dec;30(6):569-83. X-3
611. Chiu S, Widjaja F, Bates ME, et al. Anterior cingulate volume in pediatric bipolar disorder and autism. J Affect Disord. 2008 Jan;105(1-3):93-9. X-4
612. Choi SH-J and Nieminen TA. Naturalistic Intervention for Asperger Syndrome: A Case Study. British Journal of Special Education. 2008 Jun;35(2):85-91. X-3
613. Chouard CH, Fugain C and Meyer B. Technique and indications for the French multichannel cochlear implant "Chorimac-12" for total deafness rehabilitation. Am J Otol. 1985 Jul;6(4):291-4. X-1, X-2, X-3, X-4, X-10
614. Chouard CH, Fugain C, Meyer B, et al. The Chorimac-12. A multichannel cochlear implant for total deafness. Description and clinical results. Acta Otorhinolaryngol Belg. 1985;39(4):735-48. X-1, X-2, X-3, X-4, X-10
615. Choutka CM, Doloughty PT and Zirkel PA. The "Discrete Trials" of Applied Behavior Analysis for Children with Autism: Outcome-Related Factors in the Case Law. Journal of Special Education. 2004 Jul;38(2):95-103. X-1, X-2
616. Chow JC. Calculation of lateral buildup ratio using Monte Carlo simulation for electron radiotherapy. Med Phys. 2007 Jan;34(1):175-82. X-1, X-3, X-4
617. Chow JC and Grigorov GN. Effect of electron beam obliquity on lateral buildup ratio: a Monte Carlo dosimetry evaluation. Phys Med Biol. 2007 Jul 7;52(13):3965-77. X-1, X-3, X-4
618. Christensen K and Mortensen PB. Facial clefting and psychiatric diseases: a follow-up of the Danish 1936-1987 Facial Cleft cohort. Cleft Palate Craniofac J. 2002 Jul;39(4):392-6. X-1, X-4
619. Christensen TJ, Ringdahl JE, Bosch JJ, et al. Constipation associated with self-injurious and aggressive behavior exhibited by a child diagnosed with autism. Education and Treatment of Children. 2009 Feb;32(1):89-103. X-3
620. Christian WP. A case study in the programming and maintenance of institutional change. Journal of Organizational Behavior Management. 1983 Fal-Win;5(3-4):99-153. X-1, X-3, X-4, X-10
621. Christiansen AS. Persisting motor control problems in 11- to 12-year-old boys previously diagnosed with deficits in attention, motor control and perception (DAMP). Dev Med Child Neurol. 2000 Jan;42(1):4-7. X-1, X-4
622. Christison GW and Ivany K. Elimination Diets in Autism Spectrum Disorders: Any Wheat Amidst the Chaff? Journal of Developmental & Behavioral Pediatrics. 2006 Apr;27(Suppl2):S162-S171. X-1, X-2, X-3
623. Christodulu KV and Durand VM. Reducing Bedtime Disturbance and Night Waking Using Positive Bedtime Routines and Sleep Restriction. Focus on Autism and Other Developmental Disabilities. 2004 Sep;19(3):130-139. X-3
624. Chuang CF, Verhey LJ and Xia P. Investigation of the use of MOSFET for clinical IMRT dosimetric verification. Med Phys. 2002 Jun;29(6):1109-15. X-1, X-3, X-4
625. Chugani HT, Da Silva E and Chugani DC. Infantile spasms: III. Prognostic implications of bitemporal hypometabolism on positron emission tomography. Ann Neurol. 1996 May;39(5):643-9. X-4, X-10
626. Chung KM, Reavis S, Mosconi M, et al. Peer-mediated social skills training program for young children with high-functioning autism. Res Dev Disabil. 2007 Jul-Sep;28(4):423-36. X-3
627. Chung SY, Luk SL and Lee PW. A follow-up study of infantile autism in Hong Kong. J Autism Dev Disord. 1990 Jun;20(2):221-32. X-4, X-10
628. Chungpaibulpatana J, Sumpatanarax T, Thadakul N, et al. Hyperbaric oxygen therapy in Thai autistic children. J Med Assoc Thai. 2008 Aug;91(8):1232-8. X-3
629. Church CC and Coplan J. The high-functioning autistic experience: birth to preteen years. J Pediatr Health Care. 1995 Jan-Feb;9(1):22-9. X-4, X-10
630. Chuthapisith J, diMambro B and Doody G. Effectiveness of a computer assisted learning (CAL) package to raise awareness of autism. BMC Med Educ. 2009;9:12. X-1, X-4
631. Cicero FR and Pfadt A. Investigation of a reinforcement-based toilet training procedure for children with autism. Res Dev Disabil. 2002 Sep-Oct;23(5):319-31. X-3
632. Ciesielski KT, Harris RJ, Hart BL, et al. Cerebellar hypoplasia and frontal lobe cognitive deficits in disorders of early childhood. Neuropsychologia. 1997 May;35(5):643-55. X-1, X-4, X-10
633. Ciesielski KT, Knight JE, Prince RJ, et al. Event-related potentials in cross-modal divided attention in autism. Neuropsychologia. 1995 Feb;33(2):225-46. X-4, X-10
634. Cimera RE and Cowan RJ. The costs of services and employment outcomes achieved by adults with autism in the US. Autism. 2009 May;13(3):285-302. X-1, X-4
635. Cipani E, Brendlinger J, McDowell L, et al. Continuous vs. intermittent punishment: A case study. Journal of Developmental and Physical Disabilities. 1991 Jun;3(2):147-156. X-1, X-3, X-10
636. Clancy F. Sensory mystery. Minn Med. 2002 Nov;85(11):22-8. X-1, X-2, X-3, X-4
637. Clancy F. Desperately seeking solutions. Minn Med. 2006 Mar;89(3):30-5, 51. X-1, X-2, X-3, X-4
638. Clark E, Olympia DE, Jensen J, et al. Striving for Autonomy in a Contingency-Governed World: Another Challenge for Individuals with Developmental Disabilities. Psychology in the Schools. 2004 Jan;41(1):143-153. X-2, X-3, X-4
639. Clark KM and Green G. Comparison of two procedures for teaching dictated-word/symbol relations to learners with autism. J Appl Behav Anal. 2004 Winter;37(4):503-7. X-3
640. Clarke JC and Thomason S. The use of an aversive smell to eliminate autistic self-stimulatory behavior. Child & Family Behavior Therapy. 1983 Fal;5(3):51-67. X-3, X-10

641. Clarke S, Dunlap G and Vaughn B. Family-centered, assessment-based intervention to improve behavior during an early morning routine. Journal of Positive Behavior Interventions. 1999 Fal;1(4):235-241. X-3, X-10
642. Clarkson G. The spiritual insights of a Guided Imagery and Music client with autism. Journal of the Association for Music & Imagery. 1998;6:87-103. X-1, X-3, X-4, X-10
643. Clifford S, Dissanayake C, Bui QM, et al. Autism spectrum phenotype in males and females with fragile X full mutation and premutation. J Autism Dev Disord. 2007 Apr;37(4):738-47. X-4
644. Coben R, Linden M and Myers TE. Neurofeedback for Autistic Spectrum Disorder: A Review of the Literature. Appl Psychophysiol Biofeedback. 2009 Oct 24. X-1, X-2, X-3
645. Coben R and Padolsky I. Infrared imaging and neurofeedback: Initial reliability and validity. Journal of Neurotherapy. 2007;11(3):3-13. X-1, X-3, X-4
646. Cocchi R. Drug therapies for sleep troubles, hyperactivity and aggression in young adult autistics. Italian Journal of Intellective Impairment. 1995 Dec;8(2):169-173. X-1, X-3, X-10
647. Cocchi R. A work in progress on drug therapy of an autistic child aged three: 1. The first six months' therapy. Italian Journal of Intellective Impairment. 1995 Dec;8(2):175-183. X-3, X-10
648. Cocchi R. A work in progress on drug therapy of an autistic child aged three (at first consultation): 2. The second six-months' therapy. Italian Journal of Intellective Impairment. 1996 Jun;9(1):31-40, 93-102. X-3, X-10
649. Cocchi R. A work in progress on drug therapy of an autistic child aged three (at first consultation): 3. The third six-months' therapy. Italian Journal of Intellective Impairment. 1996 Dec;9(2):189-196, 259-267. X-3, X-10
650. Coe D, Matson J, Fee V, et al. Training nonverbal and verbal play skills to mentally retarded and autistic children. J Autism Dev Disord. 1990 Jun;20(2):177-87. X-3, X-10
651. Coe DA, Matson JL, Craigie CJ, et al. Play skills of autistic children: Assessment and instruction. Child & Family Behavior Therapy. 1991;13(3):13-40. X-10
652. Coffin CM, Lowichik A and Putnam A. Lipoblastoma (LPB): a clinicopathologic and immunohistochemical analysis of 59 cases. Am J Surg Pathol. 2009 Nov;33(11):1705-12. X-1, X-3, X-4
653. Coggins TE, Morisset C, Krasney L, et al. Brief report: does fenfluramine treatment enhance the cognitive and communicative functioning of autistic children? J Autism Dev Disord. 1988 Sep;18(3):425-34. X-10
654. Cohen D and Jay SM. Autistic barriers in the psychoanalysis of borderline adults. International Journal of Psycho-Analysis. 1996 Oct;77(5):913-933. X-1, X-3, X-4, X-10
655. Cohen D, Nicoulaud L, Maturana A, et al. Investigating the use of packing therapy in adolescents with catatonia: A retrospective study. Clinical Neuropsychiatry: Journal of Treatment Evaluation. 2009 Feb;6(1):29-34. X-1, X-3, X-4
656. Cohen IL. Criterion-related validity of the PDD Behavior Inventory. Journal of Autism and Developmental Disorders. 2003 Feb;33(1):47-53. X-4
657. Cohen IL, Campbell M and Posner D. A study of haloperidol in young autistic children: a within-subjects design using objective rating scales. Psychopharmacol Bull. 1980 Jul;16(3):63-5. X-10
658. Cohen IL, Campbell M, Posner D, et al. Behavioral effects of haloperidol in young autistic children. An objective analysis using a within-subjects reversal design. J Am Acad Child Psychiatry. 1980 Autumn;19(4):665-77. X-10
659. Cohen IL, Liu X, Schutz C, et al. Association of autism severity with a monoamine oxidase A functional polymorphism. Clin Genet. 2003 Sep;64(3):190-7. X-4
660. Cohen IL, Schmidt-Lackner S, Romanczyk R, et al. The PDD Behavior Inventory: a rating scale for assessing response to intervention in children with pervasive developmental disorder. J Autism Dev Disord. 2003 Feb;33(1):31-45. X-1, X-3, X-4
661. Cohen SA, Fitzgerald BJ, Khan SR, et al. The effect of a switch to ziprasidone in an adult population with autistic disorder: chart review of naturalistic, open-label treatment. J Clin Psychiatry. 2004 Jan;65(1):110-3. X-1
662. Collier D and Reid G. A comparison of two models designed to teach autistic children a motor task. Adapted Physical Activity Quarterly. 1987 Jul;4(3):226-236. X-1, X-4, X-10
663. Collier R. Fiction dereliction. CMAJ. 2008 Mar 11;178(6):792. X-1, X-2, X-3, X-4
664. Collins BC, Evans A, Creech-Galloway C, et al. Comparison of the Acquisition and Maintenance of Teaching Functional and Core Content Sight Words in Special and General Education Settings. Focus on Autism and Other Developmental Disabilities. 2007;22(4):220-233. X-3
665. Collins MSR, Kyle R, Smith S, et al. Coping with the usual family diet: Eating behaviour and food choices of children with Doown's syndrome, autistic spectrum disorders or cri du chat syndrome and comparison groups of siblings. Journal of Learning Disabilities. 2003 Jun;7(2):137-155. X-4
666. Collins MSR, Laverty A, Roberts S, et al. Eating behaviour and food choices in children with Down's syndrome, autistic spectrum disorder or cri du chat syndrome and comparison groups of siblings: Diet and preventive dentistry. Journal of Learning Disabilities. 2004 Dec;8(4):331-350. X-4
667. Colozzi GA, Ward LW and Crotty KE. Comparison of Simultaneous Prompting Procedure in 1:1 and Small Group Instruction to Teach Play Skills to Preschool Students with Pervasive Developmental Disorder and Developmental Disabilities. Education and Training in Developmental Disabilities. 2008 Jun;43(2):226-248. X-3
668. Comelli LT. The psychotherapeutic treatment of a psychotic child with marked autistic features. Psychoanalytic Psychotherapy. 1987;3(1):11-25. X-3, X-10
669. Connor DF and McLaughlin TJ. A naturalistic study of medication reduction in a residential treatment setting. J Child Adolesc Psychopharmacol. 2005 Apr;15(2):302-10. X-4
670. Connors SL, Crowell DE, Eberhart CG, et al. beta2-adrenergic receptor activation and genetic polymorphisms in autism: data from dizygotic twins. J Child Neurol. 2005 Nov;20(11):876-84. X-3, X-4

671. Conroy MA, Asmus JM, Sellers JA, et al. The Use of an Antecedent-Based Intervention to Decrease Stereotypic Behavior in a General Education Classroom: A Case Study. Focus on Autism and Other Developmental Disabilities. 2005 Win;20(4):223-230. X-3
672. Conroy T. What is "appropriate" for school-aged children with autism? J S C Med Assoc. 2006 Oct;102(8):285-8. X-1, X-2, X-3, X-4
673. Constantino JN, Lajonchere C, Lutz M, et al. Autistic social impairment in the siblings of children with pervasive developmental disorders. Am J Psychiatry. 2006 Feb;163(2):294-6. X-1, X-4
674. Constantino JN, Yang D, Gray TL, et al. Clarifying the associations between language and social development in autism: a study of non-native phoneme recognition. J Autism Dev Disord. 2007 Aug;37(7):1256-63. X-4
675. Conti-Ramsden G, Botting N, Simkin Z, et al. Follow-up of children attending infant language units: outcomes at 11 years of age. Int J Lang Commun Disord. 2001 Apr-Jun;36(2):207-19. X-4
676. Coo H, Ouellette-Kuntz H, Lloyd JEV, et al. Trends in Autism Prevalence: Diagnostic Substitution Revisited. Journal of Autism and Developmental Disorders. 2008 Jul;38(6):1036-1046. X-4
677. Cook DG. A sensory approach to the treatment and management of children with autism. Focus on Autistic Behavior. 1990 Feb;5(6):1-19. X-3, X-10
678. Cook EH, Jr., Anderson GM, Heninger GR, et al. Tryptophan loading in hyperserotonemic and normoserotonemic adults. Biol Psychiatry. 1992 Mar 1;31(5):525-8. X-1, X-2, X-3, X-4, X-10
679. Cook EH, Rowlett R, Jaselskis C, et al. Fluoxetine treatment of children and adults with autistic disorder and mental retardation. Journal of the American Academy of Child & Adolescent Psychiatry. 1992 Jul;31(4):739-745. X-10
680. Cooper SA, Smiley E, Allan LM, et al. Adults with Intellectual Disabilities: Prevalence, Incidence and Remission of Self-Injurious Behaviour, and Related Factors. Journal of Intellectual Disability Research. 2009 Mar;53(3):200-216. X-1, X-4
681. Cooper WO, Hickson GB, Fuchs C, et al. New users of antipsychotic medications among children enrolled in TennCare. Arch Pediatr Adolesc Med. 2004 Aug;158(8):753-9. X-4
682. Coplan J, Souders MC, Mulberg AE, et al. Children with autistic spectrum disorders. II: parents are unable to distinguish secretin from placebo under double-blind conditions. Arch Dis Child. 2003 Aug;88(8):737-9. X-4
683. Coppola G, Plouin P, Chiron C, et al. Migrating partial seizures in infancy: a malignant disorder with developmental arrest. Epilepsia. 1995 Oct;36(10):1017-24. X-4, X-10
684. Corbett B, Khan K, Czapansky-Beilman D, et al. A double-blind, placebo-controlled crossover study investigating the effect of porcine secretin in children with autism. Clin Pediatr (Phila). 2001 Jun;40(6):327-31. X-3
685. Corbett BA, Kantor AB, Schulman H, et al. A proteomic study of serum from children with autism showing differential expression of apolipoproteins and complement proteins. Molecular Psychiatry. 2007 Mar;12(3):292-306. X-4
686. Corbett BA, Mendoza S, Abdullah M, et al. Cortisol circadian rhythms and response to stress in children with autism. Psychoneuroendocrinology. 2006 Jan;31(1):59-68. X-4
687. Cordisco LK, Strain PS and Depew N. Assessment for generalization of parenting skills in home settings. Journal of the Association for Persons with Severe Handicaps. 1988 Fal;13(3):202-210. X-1, X-3, X-4, X-10
688. Cornish E. Gluten and casein free diets in autism: a study of the effects on food choice and nutrition. J Hum Nutr Diet. 2002 Aug;15(4):261-9. X-4
689. Corson AH, Barkenbus JE, Posey DJ, et al. A retrospective analysis of quetiapine in the treatment of pervasive developmental disorders. J Clin Psychiatry. 2004 Nov;65(11):1531-6. X-1, X-3
690. Cosden M, Koegel LK, Koegel RL, et al. Strength-Based Assessment for Children with Autism Spectrum Disorders. Research and Practice for Persons with Severe Disabilities (RPSD). 2006 Sum;31(2):134-143. X-2, X-3, X-4
691. Coskun M, Karakoc S, Kircelli F, et al. Effectiveness of mirtazapine in the treatment of inappropriate sexual behaviors in individuals with autistic disorder. J Child Adolesc Psychopharmacol. 2009 Apr;19(2):203-6. X-1, X-3
692. Costa RM, de Carvalho LA, Drummond R, et al. The UFRJ-UERJ group: interdisciplinary virtual reality experiments in neuropsychiatry. Cyberpsychol Behav. 2002 Oct;5(5):423-31. X-1, X-2, X-3, X-4
693. Costello EJ, Loeber R and Stouthamer-Loeber M. Pervasive and situational hyperactivity--confounding effect of informant: a research note. J Child Psychol Psychiatry. 1991 Jan;32(2):367-76. X-4, X-10
694. Couper J. Who should pay for intensive behavioural intervention in autism? A parent's view. J Paediatr Child Health. 2004 Sep-Oct;40(9-10):559-61. X-1, X-2, X-3, X-4
695. Courchesne E, Townsend J, Akshoomoff NA, et al. Impairment in shifting attention in autistic and cerebellar patients. Behav Neurosci. 1994 Oct;108(5):848-65. X-1, X-2, X-3, X-4, X-10
696. Coury D. Medical treatment of autism spectrum disorders. Curr Opin Neurol. 2010 Jan 16. X-1, X-2, X-3
697. Couture SM, Roberts DL, Penn DL, et al. Do baseline client characteristics predict the therapeutic alliance in the treatment of schizophrenia? J Nerv Ment Dis. 2006 Jan;194(1):10-4. X-1, X-2, X-3, X-4
698. Couturier JL and Nicolson R. A retrospective assessment of citalopram in children and adolescents with pervasive developmental disorders. J Child Adolesc Psychopharmacol. 2002 Fall;12(3):243-8. X-3
699. Cowan RJ and Allen KD. Using Naturalistic Procedures to Enhance Learning in Individuals with Autism: A Focus on Generalized Teaching within the School Setting. Psychology in the Schools. 2007 Sep;44(7):701-715. X-2, X-3
700. Cox AL, Gast DL, Luscre D, et al. The Effects of Weighted Vests on Appropriate In-Seat Behaviors of Elementary-Age Students with Autism and Severe to Profound Intellectual Disabilities. Focus on Autism and Other Developmental Disabilities. 2009;24(1):17-26. X-3
701. Coyle C and Cole P. A videotaped self-modelling and self-monitoring treatment program to decrease off-task

behaviour in children with autism. Journal of Intellectual & Developmental Disability. 2004 Mar;29(1):3-15. X-3
702. Cozzi L, Nicolini G, Vanetti E, et al. Basic dosimetric verification in water of the anisotropic analytical algorithm for Varian, Elekta and Siemens linacs. Z Med Phys. 2008;18(2):128-35. X-1, X-2, X-3, X-4
703. Craig HK and Telfer AS. Hyperlexia and Autism Spectrum Disorder: A Case Study of Scaffolding Language Growth over Time. Topics in Language Disorders. 2005 Oct-Dec;25(4):364-374. X-3
704. Crescentini F. The autistic syndrome and endogenous ion cyclotron resonance: state of the art. Electromagn Biol Med. 2007;26(4):305-9. X-3
705. Crews WD, Sanders EC, Hensley LG, et al. An evaluation of facilitated communication in a group of nonverbal individuals with mental retardation. Journal of Autism and Developmental Disorders. 1995 Apr;25(2):205-213. X-10
706. Crockett JL, Fleming RK, Doepke KJ, et al. Parent training: acquisition and generalization of discrete trials teaching skills with parents of children with autism. Res Dev Disabil. 2007 Jan-Feb;28(1):23-36. X-1, X-3
707. Croen LA, Najjar DV, Ray GT, et al. A comparison of health care utilization and costs of children with and without autism spectrum disorders in a large group-model health plan. Pediatrics. 2006 Oct;118(4):e1203-11. X-4
708. Croen LA, Najjar DV, Ray GT, et al. A Comparison of Health Care Utilization and Costs of Children with and without Autism Spectrum Disorders in a Large Group-Model Health Plan. Journal of the American Academy of Child & Adolescent Psychiatry. 2007 Apr;46(4):523. X-4
709. Crollick JL, Mancil GR and Stopka C. Physical Activity for Children With Autism Spectrum Disorder. Teaching Elementary Physical Education. 2006 Mar;17(2):30-34. X-1, X-2, X-3, X-4
710. Crooke PJ, Hendrix RE and Rachman JY. Brief Report: measuring the effectiveness of teaching social thinking to children with Asperger syndrome (AS) and High Functioning Autism (HFA). J Autism Dev Disord. 2008 Mar;38(3):581-91. X-3
711. Croonenberghs J, Fegert JM, Findling RL, et al. Risperidone in children with disruptive behavior disorders and subaverage intelligence: a 1-year, open-label study of 504 patients. J Am Acad Child Adolesc Psychiatry. 2005 Jan;44(1):64-72. X-1
712. Croonenberghs J, Verkerk R, Scharpe S, et al. Serotonergic disturbances in autistic disorder: L-5-hydroxytryptophan administration to autistic youngsters increases the blood concentrations of serotonin in patients but not in controls. Life Sciences. 2005 Mar;76(19):2171-2183. X-1, X-4
713. Crosland KA, Zarcone JR, Lindauer SE, et al. Use of Functional Analysis Methodology in the Evaluation of Medication Effects. Journal of Autism and Developmental Disorders. 2003 Jun;33(3):271-279. X-3
714. Crozier S and Tincani M. Effects of Social Stories on prosocial behavior of preschool children with autism spectrum disorders. Journal of Autism and Developmental Disorders. 2007 Oct;37(9):1803-1814. X-3
715. Crozier S and Tincani MJ. Using a Modified Social Story to Decrease Disruptive Behavior of a Child With Autism. Focus on Autism and Other Developmental Disabilities. 2005 Fall;20(3):150-157. X-3
716. Cukic M, Kalauzi A, Ilic T, et al. The influence of coil-skull distance on transcranial magnetic stimulation motor-evoked responses. Exp Brain Res. 2009 Jan;192(1):53-60. X-1, X-4
717. Cullen L and Barlow J. 'Kiss, cuddle, squeeze': the experiences and meaning of touch among parents of children with autism attending a Touch Therapy Programme. J Child Health Care. 2002 Sep;6(3):171-81. X-1, X-3, X-4
718. Cullen LA, Barlow JH and Cushway D. Positive touch, the implications for parents and their children with autism: an exploratory study. Complement Ther Clin Pract. 2005 Aug;11(3):182-9. X-4
719. Cullen-Powell LA, Barlow JH and Cushway D. Exploring a massage intervention for parents and their children with autism: the implications for bonding and attachment. J Child Health Care. 2005 Dec;9(4):245-55. X-4
720. Cummings AR and Carr JE. Evaluating Progress in Behavioral Programs for Children with Autism Spectrum Disorders via Continuous and Discontinuous Measurement. Journal of Applied Behavior Analysis. 2009 Spr;42(1):57-71. X-3
721. Curran AL, Sharples PM, White C, et al. Time costs of caring for children with severe disabilities compared with caring for children without disabilities. Dev Med Child Neurol. 2001 Aug;43(8):529-33. X-4
722. Curtin C, Bandini LG, Perrin EC, et al. Prevalence of overweight in children and adolescents with attention deficit hyperactivity disorder and autism spectrum disorders: a chart review. BMC Pediatr. 2005;5:48. X-4
723. Curtis J. Patient education. Autism. Aust Fam Physician. 1993 Jul;22(7):1239. X-1, X-2, X-3, X-4, X-10
724. Curtis K. An Unusual Case of Recurrent Emesis in a Patient with Autistic Disorder. Mental Health Aspects of Developmental Disabilities. 2005 Jan-Mar;8(1):1-4. X-3
725. Cuvo AJ and Vallelunga LR. A Transactional Systems Model of Autism Services. Behavior Analyst. 2007 Fall;30(2):161-180. X-2, X-3, X-4
726. Dadds M, Schwartz S, Adams T, et al. The effects of social context and verbal skill on the stereotypic and task-involved behaviour of autistic children. J Child Psychol Psychiatry. 1988 Sep;29(5):669-76. X-10
727. Dahlquist LM and et al. Enhancing an autistic girl's cooperation with gynecological examinations. Clinical Pediatrics. 1984 Apr;23(4):203. X-1, X-3, X-10
728. Dale N and Salt A. Social Identity, Autism and Visual Impairment (VI) in the Early Years. British Journal of Visual Impairment. 2008;26(2):135-146. X-1, X-2, X-3, X-4
729. Dales L, Hammer SJ and Smith NJ. Time trends in autism and in MMR immunization coverage in California. JAMA. 2001 Mar 7;285(9):1183-5. X-4
730. Dalldorf JS and Schopler E. Diagnosis and management of autism. Compr Ther. 1981 Apr;7(4):67-74. X-1, X-2, X-3, X-4, X-10
731. Dalrymple NJ and Angrist MH. Toilet training a sixteen year old with autism in a natural setting. British Journal of Mental Subnormality. 1988 Jul;34(2)[67]:117-130. X-1, X-3, X-10

732. Dalrymple NJ and Ruble LA. Toilet training and behaviors of people with autism: parent views. J Autism Dev Disord. 1992 Jun;22(2):265-75. X-1, X-4, X-10
733. Dalton R, Bolding D and Forman MA. Psychiatric hospitalization of preschool children: a follow-up study. Child Psychiatry Hum Dev. 1990 Fall;21(1):57-64. X-10
734. Dalton ST and Howell CC. Autism: psychobiological perspectives. J Child Adolesc Psychiatr Ment Health Nurs. 1989 Jul-Sep;2(3):92-6. X-1, X-2, X-3, X-4, X-10
735. Daly BP, Creed T, Xanthopoulos M, et al. Psychosocial treatments for children with attention deficit/hyperactivity disorder. Neuropsychol Rev. 2007 Mar;17(1):73-89. X-1, X-2, X-3, X-4
736. Dammann O. Paediatric neurology: the many faces of development. Lancet Neurol. 2007 Jan;6(1):12-4. X-1, X-2, X-3, X-4
737. Daneshi A and Hassanzadeh S. Cochlear implantation in prelingually deaf persons with additional disability. J Laryngol Otol. 2007 Jul;121(7):635-8. X-3, X-4
738. Danfors T, von Knorring AL, Hartvig P, et al. Tetrahydrobiopterin in the treatment of children with autistic disorder: a double-blind placebo-controlled crossover study. J Clin Psychopharmacol. 2005 Oct;25(5):485-9. X-3
739. Daniels JL, Forssen U, Hultman CM, et al. Parental psychiatric disorders associated with autism spectrum disorders in the offspring. Pediatrics. 2008 May;121(5):e1357-62. X-1, X-4
740. Danielsson S, Viggedal G, Gillberg C, et al. Lack of effects of vagus nerve stimulation on drug-resistant epilepsy in eight pediatric patients with autism spectrum disorders: a prospective 2-year follow-up study. Epilepsy Behav. 2008 Feb;12(2):298-304. X-3, X-4
741. Danielsson S, Viggedal G, Steffenburg S, et al. Psychopathology, psychosocial functioning, and IQ before and after epilepsy surgery in children with drug-resistant epilepsy. Epilepsy Behav. 2009 Feb;14(2):330-7. X-3, X-4
742. Daoust A-M, Lusignan Fl-A, Braun CMJ, et al. Dream content analysis in persons with an autism spectrum disorder. Journal of Autism and Developmental Disorders. 2008 Apr;38(4):634-643. X-1, X-4
743. Dartnall NA, Holmes JP, Morgan SN, et al. Two-year control of behavioral symptoms with risperidone in two profoundly retarded adults with autism. Journal of Autism and Developmental Disorders. 1999 Feb;29(1):87-91. X-1, X-3, X-10
744. D'Ateno P, Mangiapanello K and Taylor BA. Using video modeling to teach complex play sequences to a preschooler with autism. Journal of Positive Behavior Interventions. 2003 Win;5(1):5-11. X-3
745. Dauphin M, Kinney EM, Stromer R, et al. Using Video-Enhanced Activity Schedules and Matrix Training to Teach Sociodramatic Play to a Child with Autism. Journal of Positive Behavior Interventions. 2004;6(4):238-250. X-3
746. Dauz-Williams PA, Harrison-Elder JA and Hill SM. Media approach to family training in behavior management: Two families. Issues in Comprehensive Pediatric Nursing. 1986;9(2):59-77. X-1, X-3
X-10
747. Davanzo PA, Belin TR, Widawski MH, et al. Paroxetine treatment of aggression and self-injury in persons with mental retardation. Am J Ment Retard. 1998 Mar;102(5):427-37. X-10
748. Davidovitch M, Holtzman G and Tirosh E. Autism in the Haifa area--an epidemiological perspective. Isr Med Assoc J. 2001 Mar;3(3):188-9. X-4
749. Davidson S. Fleeting Smile. Teaching Artist Journal. 2006 Jan;4(4):265-266. X-1, X-2, X-3, X-4
750. Davies J. The role of the specialist for families with autistic children. Nurs Stand. 1996 Oct 9;11(3):36-40. X-10
751. Davies PL, Soon PL, Young M, et al. Validity and reliability of the school function assessment in elementary school students with disabilities. Phys Occup Ther Pediatr. 2004;24(3):23-43. X-4
752. Davis AS. The Neuropsychological Basis of Childhood Psychopathology. Psychology in the Schools. 2006 Apr;43(4):503-512. X-1, X-2, X-3, X-4
753. Davis CA, Brady MP, Hamilton R, et al. Effects of high-probability requests on the social interactions of young children with severe disabilities. Journal of Applied Behavior Analysis. Special Issue: Integrating basic and applied research. 1994 Win;27(4):619-637. X-3, X-10
754. Davis CA, Brady MP, Williams RE, et al. Effects of high-probability requests on the acquisition and generalization of responses to requests in young children with behavior disorders. J Appl Behav Anal. 1992 Winter;25(4):905-16. X-3, X-10
755. Davis NO and Carter AS. Parenting stress in mothers and fathers of toddlers with autism spectrum disorders: associations with child characteristics. J Autism Dev Disord. 2008 Aug;38(7):1278-91. X-1, X-4
756. Dawson G and Adams A. Imitation and social responsiveness in autistic children. J Abnorm Child Psychol. 1984 Jun;12(2):209-25. X-4, X-10
757. Dawson G, Ashman SB and Carver LJ. The role of early experience in shaping behavioral and brain development and its implications for social policy. Dev Psychopathol. 2000 Autumn;12(4):695-712. X-1, X-2, X-3, X-4
758. Dawson G and Fernald M. Perspective-taking ability and its relationship to the social behavior of autistic children. J Autism Dev Disord. 1987 Dec;17(4):487-98. X-4, X-10
759. Dawson G and Galpert L. Mothers' use of imitative play for facilitating social responsiveness and toy play in young autistic children. Development and Psychopathology. 1990;2(2):151-162. X-10
760. Dawson G, Toth K, Abbott R, et al. Early Social Attention Impairments in Autism: Social Orienting, Joint Attention, and Attention to Distress. Developmental Psychology. 2004 Mar;40(2):271-283. X-4
761. Dawson G and Watling R. Interventions to facilitate auditory, visual, and motor integration in autism: A review of the evidence. Journal of Autism and Developmental Disorders. Special Issue: Treatments for people with autism and other pervasive developmental disorders: Research perspectives. 2000 Oct;30(5):415-421. X-1, X-2, X-3
762. Dawson G and Zanolli K. Early intervention and brain plasticity in autism. Novartis Found Symp. 2003;251:266-74; discussion 274-80, 281-97. X-1, X-2, X-3
763. Day HM, Horner RH and O'Neill RE. Multiple functions or problem behaviors: Assessment and

intervention. Journal of Applied Behavior Analysis. Special Issue: Functional analysis approaches to behavioral assessment and treatment. 1994 Sum;27(2):279-289. X-10
764. de Bildt A, Sytema S, Kraijer D, et al. Adaptive functioning and behaviour problems in relation to level of education in children and adolescents with intellectual disability. J Intellect Disabil Res. 2005 Sep;49(Pt 9):672-81. X-4
765. de With K, Maier L, Steib-Bauert M, et al. Trends in antibiotic use at a university hospital: defined or prescribed daily doses? Patient days or admissions as denominator? Infection. 2006 Apr;34(2):91-4. X-1, X-4
766. Dean AJ, McDermott BM and Marshall RT. PRN sedation-patterns of prescribing and administration in a child and adolescent mental health inpatient service. Eur Child Adolesc Psychiatry. 2006 Aug;15(5):277-81. X-1, X-3, X-4
767. Deb S, Bramble D, Drybala G, et al. Polydipsia amongst adults with a learning disability in an institution. J Intellect Disabil Res. 1994 Aug;38 (Pt 4):359-67. X-1, X-4, X-10
768. DeBar LL, Lynch F, Powell J, et al. Use of psychotropic agents in preschool children: associated symptoms, diagnoses, and health care services in a health maintenance organization. Arch Pediatr Adolesc Med. 2003 Feb;157(2):150-7. X-4
769. Decety J and Meyer M. From emotion resonance to empathic understanding: a social developmental neuroscience account. Dev Psychopathol. 2008 Fall;20(4):1053-80. X-1, X-2, X-3, X-4
770. DeGrace BW. The everyday occupation of families with children with autism. Am J Occup Ther. 2004 Sep-Oct;58(5):543-50. X-3, X-4
771. Delano M and Snell ME. The Effects of Social Stories on the Social Engagement of Children with Autism. Journal of Positive Behavior Interventions. 2006;8(1):29-42. X-3
772. Delano ME. Improving written language performance of adolescents with Asperger syndrome. J Appl Behav Anal. 2007 Summer;40(2):345-51. X-3
773. Delano ME. Use of Strategy Instruction to Improve the Story Writing Skills of a Student with Asperger Syndrome. Focus on Autism and Other Developmental Disabilities. 2007;22(4):252-258. X-3
774. Delano ME. Video Modeling Interventions for Individuals with Autism. Remedial and Special Education. 2007 Jan-Feb;28(1):33-42. X-1, X-2, X-3
775. DeLeon IG, Anders BM, Rodriguez-Catter V, et al. The effects of noncontingent access to single- versus multiple-stimulus sets on self-injurious behavior. Journal of Applied Behavior Analysis. Special Issue: Establishing operations in applied behavior analysis. 2000 Win;33(4):623-626. X-3
776. DeLeon IG, Fisher WW, Herman KM, et al. Assessment of a response bias for aggression over functionally equivalent appropriate behavior. Journal of Applied Behavior Analysis. 2000 Spr;33(1):73-77. X-3
777. DeLeon IG, Fisher WW and Marhefka J-M. Decreasing Self-Injurious Behavior Associated with Awakening in a Child with Autism and Developmental Delays. Behavioral Interventions. 2004 Apr;19(2):111-119. X-3
778. DeLeon IG, Hagopian LP, Rodriguez-Catter V, et al. Increasing wearing of prescription glasses in individuals with mental retardation. J Appl Behav Anal. 2008 Spring;41(1):137-42. X-1, X-3
779. DeLeon IG, Neidert PL, Anders BM, et al. Choices between positive and negative reinforcement during treatment for escape-maintained behavior. J Appl Behav Anal. 2001 Winter;34(4):521-5. X-3
780. Delgado JAP and Greer RD. The Effects of Peer Monitoring Training on the Emergence of the Capability to Learn from Observing Instruction Received by Peers. Psychological Record. 2009 Sum;59(3):407-434. X-3
781. DelGiudice-Asch G, Simon L, Schmeidler J, et al. Brief report: a pilot open clinical trial of intravenous immunoglobulin in childhood autism. J Autism Dev Disord. 1999 Apr;29(2):157-60. X-10
782. DelGiudice-Asch G, Simon L, Schmeidler J, et al. A pilot open clinical trial of intravenous immunoglobulin in childhood autism. Journal of Autism and Developmental Disorders. 1999 Apr;29(2):157-160. X-3, X-10
783. Delinicolas EK and Young RL. Joint attention, language, social relating, and stereotypical behaviours in children with autistic disorder. Autism. 2007 Sep;11(5):425-36. X-4
784. DeLong GR, Teague LA and Kamran MM. Effects of fluoxetine treatment in young children with idiopathic autism. Developmental Medicine & Child Neurology. 1998 Aug;40(8):551-562. X-10
785. Delprato DJ. Comparisons of discrete-trial and normalized behavioral language intervention for young children with autism. J Autism Dev Disord. 2001 Jun;31(3):315-25. X-1, X-2, X-3, X-4
786. DeMattei R, Cuvo A and Maurizio S. Oral assessment of children with an autism spectrum disorder. J Dent Hyg. 2007 Summer;81(3):65. X-4
787. Demb HB and Roychoudhury K. Comments on "Olanzapine treatment of children, adolescents, and adults with pervasive developmental disorders: an open-label pilot study". J Clin Psychopharmacol. 2000 Oct;20(5):580-1. X-1, X-2, X-3, X-4
788. DeMore M, Cataldo M, Tierney E, et al. Behavioral approaches to training developmentally disabled children for an overnight EEG procedure. Journal of Developmental and Physical Disabilities. 2009 Aug;21(4):245-251. X-1, X-4
789. DeMyer MK, Hingtgen JN and Jackson RK. Infantile autism reviewed: a decade of research. Schizophr Bull. 1981;7(3):388-451. X-1, X-2, X-3, X-4, X-10
790. DeMyer W and DeMyer M. Infantile autism. Neurol Clin. 1984 Feb;2(1):139-52. X-1, X-2, X-3, X-4, X-10
791. Dennis M, Lockyer L, Lazenby AL, et al. Intelligence patterns among children with high-functioning autism, phenylketonuria, and childhood head injury. J Autism Dev Disord. 1999 Feb;29(1):5-17. X-1, X-2, X-3, X-4, X-10
792. DeQuinzio JA, Townsend DB and Poulson CL. The Effects of Forward Chaining and Contingent Social Interaction on the Acquisition of Complex Sharing Responses by Children with Autism. Research in Autism Spectrum Disorders. 2008 Apr-Jun;2(2):264-275. X-3
793. DeQuinzio JA, Townsend DB, Sturmey P, et al. Generalized imitation of facial models by children with autism. J Appl Behav Anal. 2007 Winter;40(4):755-9. X-3

794. DeStefano F, Bhasin TK, Thompson WW, et al. Age at first measles-mumps-rubella vaccination in children with autism and school-matched control subjects: a population-based study in metropolitan atlanta. Pediatrics. 2004 Feb;113(2):259-66. X-4
795. DeStefano F and Chen RT. Autism and measles, mumps, and rubella vaccine: No epidemiological evidence for a causal association. J Pediatr. 2000 Jan;136(1):125-6. X-1, X-2, X-3, X-4
796. DeThorne LS, Johnson CJ, Walder L, et al. When "Simon says" doesn't work: alternatives to imitation for facilitating early speech development. Am J Speech Lang Pathol. 2009 May;18(2):133-45. X-1, X-2, X-3
797. Dettmer S, Simpson RL, Myles BS, et al. The use of visual supports to facilitate transitions of students with autism. Focus on Autism and Other Developmental Disabilities. 2000 Fal;15(3):163-169. X-3
798. Deurell M, Weischer M, Pagsberg AK, et al. The use of antipsychotic medication in child and adolescent psychiatric treatment in Denmark. A cross-sectional survey. Nord J Psychiatry. 2008;62(6):472-80. X-4
799. Deutsch SI. Rationale for the administration of opiate antagonists in treating infantile autism. Am J Ment Defic. 1986 May;90(6):631-5. X-1, X-2, X-3, X-4, X-10
800. Deutsch SI and Campbell M. Relative affinities for different classes of neurotransmitter receptors predict neuroleptic efficacy in infantile autism: a hypothesis. Neuropsychobiology. 1986;15(3-4):160-4. X-10
801. Deutsch SI, Campbell M, Perry R, et al. Plasma growth hormone response to insulin-induced hypoglycemia in infantile autism: a pilot study. J Autism Dev Disord. 1986 Mar;16(1):59-68. X-3, X-4, X-10
802. Deutsch SI, Milstoc M, Platovsky G, et al. Cholinesterase activities in blood in infantile autism. Biol Psychiatry. 1987 Feb;22(2):234-6. X-4, X-10
803. Devlin S, Healy O, Leader G, et al. The Analysis and Treatment of Problem Behavior Evoked by Auditory Stimulation. Research in Autism Spectrum Disorders. 2008 Oct;2(4):671-680. X-3
804. Devlin S, Leader G and Healy O. Comparison of Behavioral Intervention and Sensory-Integration Therapy in the Treatment of Self-Injurious Behavior. Research in Autism Spectrum Disorders. 2009 Jan;3(1):223-231. X-3
805. Devlin SD and Harber MM. Collaboration among Parents and Professionals with Discrete Trial Training in the Treatment for Autism. Education and Training in Developmental Disabilities. 2004 Dec;39(4):291-300. X-3
806. Dhossche DM and Stanfill S. Could ECT be effective in autism? Med Hypotheses. 2004;63(3):371-6. X-1, X-2, X-3, X-4
807. Di Martino A, Melis G, Cianchetti C, et al. Methylphenidate for pervasive developmental disorders: safety and efficacy of acute single dose test and ongoing therapy: an open-pilot study. J Child Adolesc Psychopharmacol. 2004 Summer;14(2):207-18. X-3
808. Dib N and Sturmey P. Reducing student stereotypy by improving teachers' implementation of discrete-trial teaching. J Appl Behav Anal. 2007 Summer;40(2):339-43. X-3
809. DiCarlo CF, Stricklin S, Banajee M, et al. Effects of manual signing on communicative verbalizations by toddlers with and without disabilities in inclusive classrooms. Journal of the Association for Persons with Severe Handicaps. 2001 Sum;26(2):120-126. X-1, X-3, X-4
810. Dickson CA, Wang SS, Lombard KM, et al. Overselective Stimulus Control in Residential School Students with Intellectual Disabilities. Research in Developmental Disabilities: A Multidisciplinary Journal. 2006 Nov-Dec;27(6):618-631. X-4
811. Dickstein D. The costs of mental illness. J Am Acad Child Adolesc Psychiatry. 2009 May;48(5):459-60. X-1, X-2, X-3, X-4
812. Diehl SF, Ford CS and Federico J. The Communication Journey of a Fully d Child with an Autism Spectrum Disorder. Topics in Language Disorders. 2005 Oct-Dec;25(4):375-387. X-3
813. Digennaro Reed FD and Reed DD. Towards an Understanding of Evidence-Based Practice. Journal of Early and Intensive Behavior Intervention. 2008;5(2):20-29. X-1, X-2, X-3, X-4
814. Diggle T, McConachie HR and Randle VR. Parent-mediated early intervention for young children with autism spectrum disorder. Cochrane Database Syst Rev. 2003(1):CD003496. X-1, X-2, X-3, X-4
815. DiLalla DL and Rogers SJ. Domains of the Childhood Autism Rating Scale: relevance for diagnosis and treatment. J Autism Dev Disord. 1994 Apr;24(2):115-28. X-4, X-10
816. Diler RS, Firat S and Avci A. An open-label trial of risperidone in children with autism. Current Therapeutic Research. 2002 Jan;63(1):91-102. X-3
817. Dillard JW, Elliott R, Milo T, et al. Demographics and development of fifty-eight disturbed children: A retrospective analysis. Psychology: A Journal of Human Behavior. 1985;22(1):20-26. X-10
818. Dillenburger K and Keenan M. None of the As in ABA stand for autism: dispelling the myths. J Intellect Dev Disabil. 2009 Jun;34(2):193-5. X-1, X-2, X-3, X-4
819. Dillon KM, Fenlason JE and Vogel DJ. Belief in and use of a questionable technique, facilitated communication, for children with autism. Psychol Rep. 1994 Aug;75(1 Pt 2):459-64. X-1, X-3, X-4, X-10
820. Dimitropoulos A and Schultz RT. Food-Related Neural Circuitry in Prader-Willi Syndrome: Response to High- versus Low-Calorie Foods. Journal of Autism and Developmental Disorders. 2008 Oct;38(9):1642-1653. X-1, X-4
821. Dimitrova Dimitrova Z, Dumanov VG and Ivanova Petrova G. Trends in registered psychiatric morbidity and forecasting psychotropic drug needs in Bulgarian hospitals. Acta Pharm Hung. 1997 Mar-May;67(2-3):73-9. X-1, X-3, X-4, X-10
822. Dinca O, Paul M and Spencer NJ. Systematic review of randomized controlled trials of atypical antipsychotics and selective serotonin reuptake inhibitors for behavioural problems associated with pervasive developmental disorders. J Psychopharmacol. 2005 Sep;19(5):521-32. X-2

823. DiPietro E, Luiselli JK, Campbell S, et al. A Parent Survey Approach to Evaluate Public School Education of Children with Autism/Pervasive Developmental Disorder Following Center-Based Behavioral Treatment. Special Services in the Schools. 2002;18(1-2):119-131. X-4
824. Dipipi CM, Jitendra AK and Miller JA. Reducing Repetitive Speech: Effects of Strategy Instruction. Preventing School Failure. 2001. X-1, X-3, X-4
825. Ditterline J, Banner D, Oakland T, et al. Adaptive Behavior Profiles of Students with Disabilities. Journal of Applied School Psychology. 2008 Jun;24(2):191-208. X-1, X-2, X-3, X-4
826. Dixon MR and Cummings A. Self-control in children with autism: response allocation during delays to reinforcement. J Appl Behav Anal. 2001 Winter;34(4):491-5. X-3
827. Dixon RS, Moore DW, Hartnett N, et al. Reducing inappropriate questioning behaviour in an adolescent with autism: A case study. Behaviour Change. 1995;12(3):163-166. X-1, X-3, X-10
828. Dobson S, Upadhyaya S, McNeil J, et al. Developing an information pack for the Asian carers of people with autism spectrum disorders. Int J Lang Commun Disord. 2001;36 Suppl:216-21. X-1, X-4
829. Dockrell JE, Lindsay G, Letchford B, et al. Educational provision for children with specific speech and language difficulties: perspectives of speech and language therapy service managers. Int J Lang Commun Disord. 2006 Jul-Aug;41(4):423-40. X-1, X-4
830. Dodds L, Spencer A, Shea S, et al. Validity of autism diagnoses using administrative health data. Chronic Dis Can. 2009;29(3):102-7. X-1, X-3, X-4
831. Dodel R, Csoti I, Ebersbach G, et al. Lewy body dementia and Parkinson's disease with dementia. J Neurol. 2008 Sep;255 Suppl 5:39-47. X-1, X-2, X-3, X-4
832. Dodge NN and Wilson GA. Melatonin for treatment of sleep disorders in children with developmental disabilities. J Child Neurol. 2001 Aug;16(8):581-4. X-1, X-2, X-3, X-4
833. Doey T, Handelman K, Seabrook JA, et al. Survey of atypical antipsychotic prescribing by Canadian child psychiatrists and developmental pediatricians for patients aged under 18 years. Can J Psychiatry. 2007 Jun;52(6):363-8. X-1, X-3, X-4
834. Doherty K, Fitzgerald M and Matthews P. Services for autism in Ireland. Irish Journal of Psychology. 2000;21(1-2):50-69. X-4
835. Dolan MA and Mace SE. Pediatric mental health emergencies in the emergency medical services system. Pediatrics. 2006 Oct;118(4):1764-7. X-1, X-2, X-3, X-4
836. Dollfus S, Petit M, Garnier JP, et al. Catecholamines in autistic disorder: Effects of amisulpride and bromocriptine in a controlled crossover study. Journal of Child and Adolescent Psychopharmacology. 1993 Fal;3(3):145-156. X-3, X-4, X-10
837. Dollfus S, Petit M, Menard JF, et al. Amisulpride versus bromocriptine in infantile autism: a controlled crossover comparative study of two drugs with opposite effects on dopaminergic function. J Autism Dev Disord. 1992 Mar;22(1):47-60. X-3, X-10
838. Dolske MC, Spollen J, McKay S, et al. A preliminary trial of ascorbic acid as supplemental therapy for autism. Prog Neuropsychopharmacol Biol Psychiatry. 1993 Sep;17(5):765-74. X-10
839. Domes G, Heinrichs M, Michel A, et al. Oxytocin improves "mind-reading" in humans. Biol Psychiatry. 2007 Mar 15;61(6):731-3. X-1, X-3, X-4
840. Dominguez A, Ziviani J and Rodger S. Play Behaviours and Play Object P of Young Children with Autistic Disorder in a Clinical Play Environment. Autism: The International Journal of Research & Practice. 2006;10(1):53-69. X-4
841. Donaldson AI, Heavner KS and Zwolan TA. Measuring progress in children with autism spectrum disorder who have cochlear implants. Arch Otolaryngol Head Neck Surg. 2004 May;130(5):666-71. X-3
842. Donnell NE. Messages through the music: Musical dialogue as a means of communicative contact. Canadian Journal of Music Therapy. 2007;13(2):74-102. X-1, X-2, X-3, X-4
843. Donnellan AM, LaVigna GW, Zambito J, et al. A time-limited intensive intervention program model to support community placement for persons with severe behavior problems. Journal of the Association for Persons with Severe Handicaps. 1985 Fal;10(3):123-131. X-10
844. Dooley P, Wilczenski FL and Torem C. Using an activity schedule to smooth school transitions. Journal of Positive Behavior Interventions. 2001 Win;3(1):57-61. X-3
845. Dosreis S, Weiner CL, Johnson L, et al. Autism spectrum disorder screening and management practices among general pediatric providers. J Dev Behav Pediatr. 2006 Apr;27(2 Suppl):S88-94. X-1, X-3, X-4
846. Douglas EM. A personalized communication wallet. Am J Occup Ther. 1993 Feb;47(2):179-80. X-10
847. Dowell LR, Mahone EM and Mostofsky SH. Associations of postural knowledge and basic motor skill with dyspraxia in autism: implication for abnormalities in distributed connectivity and motor learning. Neuropsychology. 2009 Sep;23(5):563-70. X-4
848. Downes P, Jarvis R, Radu E, et al. Monte Carlo simulation and patient dosimetry for a kilovoltage cone-beam CT unit. Med Phys. 2009 Sep;36(9):4156-67. X-1, X-2, X-3, X-4
849. Doyle RL, Frazier J, Spencer TJ, et al. Donepezil in the treatment of ADHD-like symptoms in youths with pervasive developmental disorder: a case series. J Atten Disord. 2006 Feb;9(3):543-9. X-3
850. Dozier CL, Carr JE, Enloe K, et al. Using fixed-time schedules to maintain behavior: A preliminary investigation. Journal of Applied Behavior Analysis. 2001 Fal;34(3):337-340. X-3
851. Drager KD, Postal VJ, Carrolus L, et al. The effect of aided language modeling on symbol comprehension and production in 2 preschoolers with autism. Am J Speech Lang Pathol. 2006 May;15(2):112-25. X-3
852. Drapeau M, Beretta V, de Roten Y, et al. Defense styles of pedophilic offenders. Int J Offender Ther Comp Criminol. 2008 Apr;52(2):185-95. X-1, X-3, X-4

853. Drasgow E, Halle JW and Ostrosky MM. Effects of differential reinforcement on the generalization of a replacement mand in three children with severe language delays. Journal of Applied Behavior Analysis. 1998 Fal;31(3):357-374. X-10
854. Drasgow E, Halle JW and Phillips B. Effects of different social partners on the discriminated requesting of a young child with autism and severe language delays. Research in Developmental Disabilities. 2001 Mar-Apr;22(2):125-139. X-3
855. Drash PW, High RL and Tudor RM. Using mand training to establish an echoic repertoire in young children with autism. Analysis of Verbal Behavior. 1999;16:29-44. X-10
856. Drew A, Baird G, Taylor E, et al. The Social Communication Assessment for Toddlers with Autism (SCATA): an instrument to measure the frequency, form and function of communication in toddlers with autism spectrum disorder. J Autism Dev Disord. 2007 Apr;37(4):648-66. X-4
857. Duarte-Ramos F and Cabrita J. Using a pharmaco-epidemiological approach to estimate diabetes type 2 prevalence in Portugal. Pharmacoepidemiol Drug Saf. 2006 Apr;15(4):269-74. X-1, X-3, X-4
858. Dube WV and McIlvane WJ. Reduction of stimulus overselectivity with nonverbal differential observing responses. J Appl Behav Anal. 1999 Spring;32(1):25-33. X-3, X-10
859. Duchan JF. Issues raised by facilitated communication for theorizing and research on autism. J Speech Hear Res. 1993 Dec;36(6):1108-19. X-1, X-2, X-3, X-4, X-10
860. Ducharme JM and Drain TL. Errorless academic compliance training: improving generalized cooperation with parental requests in children with autism. J Am Acad Child Adolesc Psychiatry. 2004 Feb;43(2):163-71. X-3
861. Ducharme JM, Lucas H and Pontes E. Errorless embedding in the reduction of severe maladaptive behavior during interactive and learning tasks. Behavior Therapy. 1994 Sum;25(3):489-501. X-3, X-10
862. Ducharme JM, Sanjuan E and Drain T. Errorless compliance training: Success-focused behavioral treatment of children with Asperger syndrome. Behavior Modification. 2007 May;31(3):329-344. X-3
863. Dudley LL, Johnson C and Barnes RS. Decreasing rumination using a starchy food satiation procedure. Behavioral Interventions. 2002 Jan-Mar;17(1):21-29. X-3
864. Dugan E, Kamps D and Leonard B. Effects of cooperative learning groups during social studies for students with autism and fourth-grade peers. J Appl Behav Anal. 1995 Summer;28(2):175-88. X-3, X-10
865. Duggal HS, Dutta S and Sinha VK. Mood stabilizers in Asperger's syndrome. Australian and New Zealand Journal of Psychiatry. 2001 Jun;35(3):390-391. X-1, X-3
866. Dujardin K, Devos D, Duhem S, et al. Utility of the Mattis dementia rating scale to assess the efficacy of rivastigmine in dementia associated with Parkinson's disease. J Neurol. 2006 Sep;253(9):1154-9. X-1, X-4
867. Duker PC, Douwenga H, Joosten S, et al. Effects of single and repeated shock on perceived pain and startle response in healthy volunteers. Res Dev Disabil. 2002 Jul-Aug;23(4):285-92. X-1, X-3, X-4
868. Duker PC, Hendriks C and Schroen J. Effect of Wave Frequency of Clinical Electric Shock: Pain Sensation and Startle Response. Behavioral Interventions. 2004 Apr;19(2):103-110. X-1, X-3, X-4
869. Duker PC and Schaapveld M. Increasing on-task behaviour through interruption-prompting. Journal of Intellectual Disability Research. 1996 Aug;40(4):291-297. X-3, X-10
870. Duker PC, Welles K, Seys D, et al. Brief report: effects of fenfluramine on communicative, stereotypic, and inappropriate behaviors of autistic-type mentally handicapped individuals. J Autism Dev Disord. 1991 Sep;21(3):355-63. X-10
871. Dumerc C. Continuity and discontinuity in psychotherapy. International Journal of Mental Health. 1991 Fal;20(3):57-64. X-3, X-10
872. Dunlap G. The influence of task variation and maintenance tasks on the learning and affect of autistic children. J Exp Child Psychol. 1984 Feb;37(1):41-64. X-10
873. Dunlap G, Dyer K and Koegel RL. Autistic self-stimulation and intertrial interval duration. Am J Ment Defic. 1983 Sep;88(2):194-202. X-10
874. Dunlap G and Fox L. A demonstration of behavioral support for young children with autism. Journal of Positive Behavior Interventions. 1999 Spr;1(2):77-87. X-10
875. Dunlap G and Johnson J. Increasing the independent responding of autistic children with unpredictable supervision. Journal of Applied Behavior Analysis. 1985 Fal;18(3):227-236. X-3, X-10
876. Dunlap G and Koegel RL. Motivating autistic children through stimulus variation. J Appl Behav Anal. 1980 Winter;13(4):619-27. X-10
877. Dunlap G, Koegel RL, Johnson J, et al. Maintaining performance of autistic clients in community settings with delayed contingencies. J Appl Behav Anal. 1987 Summer;20(2):185-91. X-3, X-10
878. Dunlap G, Robbins FR and Darrow MA. Parents' reports of their children's challenging behaviors: results of a statewide survey. Ment Retard. 1994 Jun;32(3):206-12. X-1, X-3, X-4, X-10
879. Dunn ME, Burbine T, Bowers CA, et al. Moderators of stress in parents of children with autism. Community Ment Health J. 2001 Feb;37(1):39-52. X-1, X-3, X-4
880. Dunn W, Myles BS and Orr S. Sensory processing issues associated with Asperger syndrome: a preliminary investigation. Am J Occup Ther. 2002 Jan-Feb;56(1):97-102. X-4
881. Dunne PB. Drama therapy techniques in one-to-one treatment with disturbed children and adolescents. The Arts in Psychotherapy. 1988 Sum;15(2):139-149. X-10
882. DurÃ¡n E. Teaching nonsheltered vocational skills to autistic adolescents and young adults. Psychology: A Journal of Human Behavior. 1984;21(3-4):49-54. X-1, X-2, X-3, X-4, X-10
883. DurÃ¡n E. Teaching moderately and severely handicapped students of limited English proficiency to do competitive employment in nonsheltered sites. Journal of Instructional Psychology. 1985 Sep;12(3):127-131. X-1, X-2, X-3, X-4, X-10
884. Duran E. Teaching functional reading in context to severely retarded and severely retarded autistic adolescents

of limited English proficiency. Adolescence. 1985 Summer;20(78):433-9. X-1, X-2, X-3, X-4, X-10
885. Duran E. Teaching janitorial skills to autistic adolescents. Adolescence. 1985 Spring;20(77):225-32. X-1, X-3, X-10
886. Durand VM. Functional communication training using assistive devices: Recruiting natural communities of reinforcement. Journal of Applied Behavior Analysis. 1999 Fal;32(3):247-267. X-10
887. Durand VM. Treating sleep terrors in children with autism. Journal of Positive Behavior Interventions. 2002 Spr;4(2):66-72. X-3
888. Durand VM and Carr EG. Social influences on "self-stimulatory" behavior: Analysis and treatment application. Journal of Applied Behavior Analysis. 1987 Sum;20(2):119-132. X-10
889. Durand VM and Carr EG. Functional communication training to reduce challenging behavior: maintenance and application in new settings. J Appl Behav Anal. 1991 Summer;24(2):251-64. X-3, X-10
890. Durand VM and Carr EG. An analysis of maintenance following functional communication training. Journal of Applied Behavior Analysis. 1992 Win;25(4):777-794. X-10
891. Durand VM, Christodulu KV and Koegel RL. Description of a sleep-restriction program to reduce bedtime disturbances and night waking. Journal of Positive Behavior Interventions. 2004 Spr;6(2):83-91. X-3
892. Durand VM and Crimmins DB. Assessment and treatment of psychotic speech in an autistic child. J Autism Dev Disord. 1987 Mar;17(1):17-28. X-3, X-10
893. Dybvik AC. Autism and the Inclusion Mandate. Education Next. 2004 Win;4(1):42-49. X-1, X-2, X-3, X-4
894. Dyer K. The competition of autistic stereotyped behavior with usual and specially assessed reinforcers. Research in Developmental Disabilities. 1987;8(4):607-626. X-3, X-10
895. Dyer K. The effects of preference on spontaneous verbal requests in individuals with autism. Journal of the Association for Persons with Severe Handicaps. 1989 Fal;14(3):184-189. X-10
896. Dyer K, Christian WP and Luce SC. The role of response delay in improving in the discrimination performance or autistic children. J Appl Behav Anal. 1982 Summer;15(2):231-40. X-10
897. Dyer K, Dunlap G and Winterling V. Effects of choice making on the serious problem behaviors of students with severe handicaps. J Appl Behav Anal. 1990 Winter;23(4):515-24. X-3, X-10
898. Dyer K, Martino GM and Parvenski T. The River Street Autism Program: a case study of a regional service center behavioral intervention program. Behav Modif. 2006 Nov;30(6):925-43. X-4
899. Dyer K, Santarcangelo S and Luce SC. Developmental influences in teaching language forms to individuals with developmental disabilities. J Speech Hear Disord. 1987 Nov;52(4):335-47. X-10
900. Dykens E, Volkmar F and Glick M. Though disorder in high-functioning autistic adults. J Autism Dev Disord. 1991 Sep;21(3):291-301. X-1, X-3, X-4, X-10
901. Dysken MW, Katz R, Stallone F, et al. Oxiracetam in the treatment of multi-infarct dementia and primary degenerative dementia. J Neuropsychiatry Clin Neurosci. 1989 Summer;1(3):249-52. X-1, X-3, X-4, X-10
902. Earles TL and Myles BS. Using behavioral interventions to decrease coprolalia in a student with Tourette's syndrome and autism: A case study. Focus on Autistic Behavior. 1994 Feb;8(6):1-10. X-3, X-10
903. Eason LJ, White MJ and Newsom C. Generalized reduction of self-stimulatory behavior: An effect of teaching appropriate play to autistic children. Analysis & Intervention in Developmental Disabilities. 1982;2(2-3):157-169. X-10
904. Eaves LC and Ho HH. The Very Early Identification of Autism: Outcome to Age 4 1/2--5. Journal of Autism and Developmental Disorders. 2004 Aug;34(4):367-378. X-4
905. Eaves LC and Ho HH. Young Adult Outcome of Autism Spectrum Disorders. Journal of Autism and Developmental Disorders. 2008 Apr;38(4):739-747. X-1, X-3
906. Eberlin M, McConnachie G, Ibel S, et al. Facilitated communication: a failure to replicate the phenomenon. J Autism Dev Disord. 1993 Sep;23(3):507-30. X-10
907. Edelson SM, Edelson MG, Kerr DC, et al. Behavioral and physiological effects of deep pressure on children with autism: a pilot study evaluating the efficacy of Grandin's Hug Machine. Am J Occup Ther. 1999 Mar-Apr;53(2):145-52. X-10
908. Edelson SM, Rimland B, Berger CL, et al. Evaluation of a mechanical hand-support for facilitated communication. J Autism Dev Disord. 1998 Apr;28(2):153-7. X-3, X-10
909. Edgerton CL. The effect of improvisational music therapy on the communicative behaviors of autistic children. Journal of Music Therapy. 1994 Spr;31(1):31-62. X-1, X-3, X-4, X-10
910. Egan PJ, Zlomke LC and Bush BR. Utilizing functional assessment, behavioral consultation and videotape review of treatment to reduce aggression: A case study. Special Services in the Schools. 1993;7(1):27-37. X-10
911. Egel AL. The effects of constant vs varied reinforcer presentation on responding by autistic children. J Exp Child Psychol. 1980 Dec;30(3):455-63. X-10
912. Egel AL. Reinforcer variation: Implications for motivating developmentally disabled children. Journal of Applied Behavior Analysis. 1981 Fal;14(3):345-350. X-10
913. Egel AL, Richman GS and Koegel RL. Normal peer models and autistic children's learning. J Appl Behav Anal. 1981 Spring;14(1):3-12. X-3, X-10
914. Ehrt U, Bronnick K, De Deyn PP, et al. Subthreshold depression in patients with Parkinson's disease and dementia--clinical and demographic correlates. Int J Geriatr Psychiatry. 2007 Oct;22(10):980-5. X-1, X-3, X-4
915. Eide BL and Eide FF. The mislabeled child. New Atlantis. 2006 Spring;12:46-59. X-1, X-2, X-3, X-4
916. Eikeseth S. Outcome of comprehensive psycho-educational interventions for young children with autism. Res Dev Disabil. 2009 Jan-Feb;30(1):158-78. X-1, X-2, X-3, X-4
917. Eikeseth S and Jahr E. The UCLA reading and writing program: an evaluation of the beginning stages. Res Dev Disabil. 2001 Jul-Aug;22(4):289-307. X-3

918. Eikeseth S and Lovaas OI. The autistic label and its potentially detrimental effect on the child's treatment. J Behav Ther Exp Psychiatry. 1992 Sep;23(3):151-7. X-1, X-3, X-4, X-10
919. Eisermann MM, DeLaRaillere A, Dellatolas G, et al. Infantile spasms in Down syndrome--effects of delayed anticonvulsive treatment. Epilepsy Res. 2003 Jun-Jul;55(1-2):21-7. X-1, X-3, X-4
920. Ekman G, Miranda-Linne F, Gillberg C, et al. Fenfluramine treatment of twenty children with autism. J Autism Dev Disord. 1989 Dec;19(4):511-32. X-10
921. Elchaar GM, Maisch NM, Augusto LM, et al. Efficacy and safety of naltrexone use in pediatric patients with autistic disorder. Ann Pharmacother. 2006 Jun;40(6):1086-95. X-1, X-2, X-3, X-4
922. Elder J and Kneipp S. Faculty receive million dollar NIH grants to continue their research. Fla Nurse. 2005 Dec;53(4):28. X-1, X-2, X-3, X-4
923. Elder JH. Beliefs held by parents of autistic children. J Child Adolesc Psychiatr Nurs. 1994 Jan-Mar;7(1):9-16. X-1, X-2, X-3, X-4, X-10
924. Elder JH. In-home communication intervention training for parents of multiply handicapped children. Sch Inq Nurs Pract. 1995 Spring;9(1):71-92; discussion 93-5. X-3, X-10
925. Elder JH. A follow-up study of beliefs held by parents of children with pervasive developmental delay. J Child Adolesc Psychiatr Nurs. 2001 Apr-Jun;14(2):55-60. X-4
926. Elder JH and D'Alessandro T. Supporting families of children with autism spectrum disorders: questions parents ask and what nurses need to know. Pediatr Nurs. 2009 Jul-Aug;35(4):240-5, 253. X-1, X-2, X-3, X-4
927. Elder JH, Valcante G, Groce S, et al. Social interactions of children with autism in father-child and mother-child play sessions. Pediatr Nurs. 2002 Nov-Dec;28(6):573-8, 581. X-4
928. Elder JH, Valcante G, Won D, et al. Effects of in-home training for culturally diverse fathers of children with autism. Issues Ment Health Nurs. 2003 Apr-May;24(3):273-95. X-3
929. Elder LM, Caterino LC, Chao J, et al. The Efficacy of Social Skills Treatment for Children with Asperger Syndrome. Education and Treatment of Children. 2006 Nov;29(4):635-663. X-1, X-2, X-3, X-4
930. Eldevik S, Hastings RP, Hughes JC, et al. Meta-analysis of Early Intensive Behavioral Intervention for children with autism. J Clin Child Adolesc Psychol. 2009 May;38(3):439-50. X-2
931. Eldevik S, Jahr E, Eikeseth S, et al. Cognitive and adaptive behavior outcomes of behavioral intervention for young children with intellectual disability. Behav Modif. 2010 Jan;34(1):16-34. X-1, X-3, X-4
932. Elfert M and Mirenda P. The experiences of behavior interventionists who work with children with autism in families' homes. Autism. 2006 Nov;10(6):577-91. X-1, X-3, X-4
933. el-Ghoroury NH and Romanczyk RG. Play interactions of family members towards children with autism. J Autism Dev Disord. 1999 Jun;29(3):249-58. X-4, X-10
934. Elia M, Ferri R, Musumeci SA, et al. Sleep in subjects with autistic disorder: a neurophysiological and psychological study. Brain Dev. 2000 Mar;22(2):88-92. X-4
935. Eliasoph E and Donnellan AM. A group therapy program for individuals identified as autistic who are without speech and use facilitated communication. International Journal of Group Psychotherapy. 1995 Oct;45(4):549-560. X-10
936. El-Leithy S and Webb Z. A matter of distinction. Health Serv J. 1998 Mar 12;108(5595):32-3. X-10
937. Ellenberg SS. Safety considerations for new vaccine development. Pharmacoepidemiol Drug Saf. 2001 Aug-Sep;10(5):411-5. X-1, X-2, X-3, X-4
938. Elliott RO, Jr., Dobbin AR, Rose GD, et al. Vigorous, aerobic exercise versus general motor training activities: effects on maladaptive and stereotypic behaviors of adults with both autism and mental retardation. J Autism Dev Disord. 1994 Oct;24(5):565-76. X-1, X-3, X-10
939. Elliott RO, Jr., Hall K and Soper HV. Analog language teaching versus natural language teaching: generalization and retention of language learning for adults with autism and mental retardation. J Autism Dev Disord. 1991 Dec;21(4):433-47. X-1, X-3, X-10
940. Ellis CR, Lutz RE, Schaefer GB, et al. Physician Collaboration Involving Students with Autism Spectrum Disorders. Psychology in the Schools. 2007 Sep;44(7):737-747. X-2, X-3, X-4
941. Ellis EM, Ala'i-Rosales SS, Glenn SS, et al. The effects of graduated exposure, modeling, and contingent social attention on tolerance to skin care products with two children with autism. Research in Developmental Disabilities. 2006 Nov-Dec;27(6):585-598. X-3
942. Emanuel L. Facing the damage together: Some reflections arising from the treatment in psychotherapy of a severely mentally handicapped child. Journal of Child Psychotherapy. 1997 Aug;23(2):279-302. X-3, X-10
943. Emerson E and Hatton C. Mental health of children and adolescents with intellectual disabilities in Britain. Br J Psychiatry. 2007 Dec;191:493-9. X-4
944. Endicott K and Higbee TS. Contriving motivating operations to evoke mands for information in preschoolers with autism. Research in Autism Spectrum Disorders. 2007 Jul-Sep;1(3):210-217. X-3
945. English CL and Anderson CM. Effects of familiar versus unfamiliar therapists on responding in the analog functional analysis. Res Dev Disabil. 2004 Jan-Feb;25(1):39-55. X-3
946. Engstrom I, Ekstrom L and Emilsson B. Psychosocial functioning in a group of Swedish adults with Asperger syndrome or high-functioning autism. Autism. 2003 Mar;7(1):99-110. X-1, X-3, X-4
947. Epp KM. Outcome-Based Evaluation of a Social Skills Program Using Art Therapy and Group Therapy for Children on the Autism Spectrum. Children & Schools. 2008;30(1):27-36. X-1
948. Epperson CN, McDougle CJ, Anand A, et al. Lithium augmentation of fluvoxamine in autistic disorder: A case report. Journal of Child and Adolescent Psychopharmacology. 1994 Fal;4(3):201-207. X-1, X-3, X-10
949. Epstein LJ, Taubman MT and Lovaas OI. Changes in self-stimulatory behaviors with treatment. J Abnorm Child Psychol. 1985 Jun;13(2):281-93. X-3, X-10

950. Epstein N. A residence for autistic and schizophrenic adolescents. Soc Casework. 1982 Apr;63(4):209-14. X-10
951. Erba HW. Early intervention programs for children with autism: conceptual frameworks for implementation. Am J Orthopsychiatry. 2000 Jan;70(1):82-94. X-1, X-2, X-3, X-4
952. Erickson CA, Mullett JE and McDougle CJ. Open-Label Memantine in Fragile X Syndrome. Journal of Autism and Developmental Disorders. 2009 Dec;39(12):1629-1635. X-1, X-3
953. Erickson CA, Posey DJ, Stigler KA, et al. A retrospective study of memantine in children and adolescents with pervasive developmental disorders. Psychopharmacology. Special Issue: Pediatric psychopharmacology: Mood, anxiety and disruptive behavior/pervasive developmental disorders. 2007 Mar;191(1):141-147. X-1
954. Erickson CA, Stigler KA, Corkins MR, et al. Gastrointestinal Factors in Autistic Disorder: A Critical Review. Journal of Autism and Developmental Disorders. 2005 Dec;35(6):713-727. X-1, X-2, X-3, X-4
955. Ericson MB, Sandberg C, Gudmundson F, et al. Fluorescence contrast and threshold limit: implications for photodynamic diagnosis of basal cell carcinoma. J Photochem Photobiol B. 2003 Feb;69(2):121-7. X-1, X-2, X-3, X-4
956. Ernst M, Devi L, Silva RR, et al. Plasma beta-endorphin levels, naltrexone, and haloperidol in autistic children. Psychopharmacol Bull. 1993;29(2):221-7. X-4, X-10
957. Ernst M, Magee HJ, Gonzalez NM, et al. Pimozide in autistic children. Psychopharmacol Bull. 1992;28(2):187-91. X-10
958. Erwin R, Van Lancker D, Guthrie D, et al. P3 responses to prosodic stimuli in adult autistic subjects. Electroencephalogr Clin Neurophysiol. 1991 Nov-Dec;80(6):561-71. X-1, X-4, X-10
959. Esbensen AJ, Greenberg JS, Seltzer MM, et al. A longitudinal investigation of psychotropic and non-psychotropic medication use among adolescents and adults with autism spectrum disorders. J Autism Dev Disord. 2009 Sep;39(9):1339-49. X-1, X-2, X-3, X-4
960. Esbenshade PH and Rosales-Ruiz Js. Programming common stimuli to promote generalized question-asking: A case demonstration in a child with autism. Journal of Positive Behavior Interventions. 2001 Fal;3(4):199-210. X-3, X-4
961. Esch BE and Carr JE. Secretin as a Treatment for Autism: A Review of the Evidence. Journal of Autism and Developmental Disorders. 2004 Oct;34(5):543-556. X-1, X-2, X-3, X-4
962. Esch BE, Carr JE and Grow LL. Evaluation of an Enhanced Stimulus-Stimulus Pairing Procedure to Increase Early Vocalizations of Children with Autism. Journal of Applied Behavior Analysis. 2009 Sum;42(2):225-241. X-3
963. Esch BE, Carr JE and Michael J. Evaluating Stimulus-Stimulus Pairing and Direct Reinforcement in the Establishment of an Echoic Repertoire of Children Diagnosed with Autism. Analysis of Verbal Behavior Journal Citation: v21 p43-58 2005 Publisher: Association for Behavior Analysis International. 1219 South Park Street, Kalamazoo, MI 49001. Tel: 269-492-9310; Fax: 269-492-9316; e-mail: mail@abainternational.org; Web site: http://www.abainternational.org/TAVB.asp. 2005 Pub Types: Journal Articles; Reports - Research. X-3
964. Escribano Hernandez A, Hernandez Corral T, Ruiz-Martin E, et al. Results of a dental care protocol for mentally handicapped patients set in a primary health care area in Spain. Med Oral Patol Oral Cir Bucal. 2007 Dec;12(7):E492-5. X-1, X-3, X-4
965. Eskes GA, Bryson SE and McCormick TA. Comprehension of concrete and abstract words in autistic children. J Autism Dev Disord. 1990 Mar;20(1):61-73. X-4, X-10
966. Estes A, Munson J, Dawson G, et al. Parenting stress and psychological functioning among mothers of preschool children with autism and developmental delay. Autism. 2009 Jul;13(4):375-87. X-4
967. Estes AM, Dawson G, Sterling L, et al. Level of intellectual functioning predicts patterns of associated symptoms in school-age children with autism spectrum disorder. Am J Ment Retard. 2007 Nov;112(6):439-49. X-4
968. Eto I, Bandy MD and Butterworth CE. Plasma and urinary levels of biopterin, neopterin, and related pterins and plasma levels of folate in infantile autism. Journal of Autism and Developmental Disorders. 1992 Jun;22(2):295-308. X-4, X-10
969. Evans C, Dunstan RH, Rothkirch T, et al. Altered amino acid excretion in children with autism. Nutr Neurosci. 2008 Feb;11(1):9-17. X-4
970. Evans G. Update on vaccine liability in the United States: presentation at the National Vaccine Program Office Workshop on strengthening the supply of routinely recommended vaccines in the United States, 12 February 2002. Clin Infect Dis. 2006 Mar 1;42 Suppl 3:S130-7. X-1, X-2, X-3, X-4
971. Evans M, Stoddart H, Condon L, et al. Parents' perspectives on the MMR immunisation: a focus group study. Br J Gen Pract. 2001 Nov;51(472):904-10. X-1, X-3, X-4
972. Evans MD, Patrocinio HJ, Souhami L, et al. Dosimetry of hip irradiation for the prevention of heterotopic bone formation after arthroplasty. Int J Radiat Oncol Biol Phys. 1999 Mar 15;43(5):1161-5. X-1, X-2, X-3, X-4, X-10
973. Evers S. Music therapy in the treatment of autistic children. Medico-sociological data from the Federal Republic of Germany. Acta Paedopsychiatr. 1992;55(3):157-8. X-1, X-3, X-4, X-10
974. Faber S. International adoption: A four-year-old child with unusual behaviors adopted at six months of age: Dr. Scott Faber. Journal of Developmental & Behavioral Pediatrics. 2003 Feb;24(1):64-65. X-3
975. Fabian KJ. Deep-feeling development gives autistics abstractions: when a young person has no abstractions, his or her thoughts or behaviors frequently seem autistic. Med Hypotheses. 2005;65(4):694-8. X-1, X-2, X-3, X-4
976. Fabrizio MA, Schirmer K, Vu E, et al. Analog Analysis of Two Variables Related to the Joint Attention of a Toddler with Autism. Journal of Precision Teaching & Celeration. 2003 Spr;19(1):41-44. X-3
977. Factor DC, Perry A and Freeman N. Stress, social support, and respite care use in families with autistic

children. J Autism Dev Disord. 1990 Mar;20(1):139-46. X-10
978. Fahlvik-Planefeldt C and Herrstrom P. Dental care of autistic children within the non-specialized Public Dental Service. Swed Dent J. 2001;25(3):113-8. X-4
979. Faja S, Aylward E, Bernier R, et al. Becoming a face expert: a computerized face-training program for high-functioning individuals with autism spectrum disorders. Dev Neuropsychol. 2008;33(1):1-24. X-1, X-3, X-4
980. Falcomata TS, Roane HS, Hovanetz AN, et al. An evaluation of response cost in the treatment of inappropriate vocalizations maintained by automatic reinforcement. Journal of Applied Behavior Analysis. 2004 Spr;37(1):83-87. X-1, X-3, X-4
981. Falcomata TS, Roane HS and Pabico RR. Unintentional stimulus control during the treatment of pica displayed by a young man with autism. Research in Autism Spectrum Disorders. 2007 Oct-Dec;1(4):350-359. X-3
982. Fallon J. Could one of the most widely prescribed antibiotics amoxicillin/clavulanate "augmentin" be a risk factor for autism? Med Hypotheses. 2005;64(2):312-5. X-4
983. Fankhauser MP, Karumanchi VC, German ML, et al. A double-blind, placebo-controlled study of the efficacy of transdermal clonidine in autism. J Clin Psychiatry. 1992 Mar;53(3):77-82. X-3, X-10
984. Fantuzzo JW and Smith C. Linking community-based treatment settings for a disturbed autistic child. Education & Training of the Mentally Retarded. 1984 Apr;19(2):102-107. X-3, X-10
985. Fantuzzo JW and Smith CS. Programmed generalization of dress efficiency across settings for a severely disturbed, autistic child. Psychological Reports. 1983 Dec;53(3, Pt 1):871-879. X-3, X-10
986. Farley MA, McMahon WM, Fombonne E, et al. Twenty-year outcome for individuals with autism and average or near-average cognitive abilities. Autism Res. 2009 Apr;2(2):109-18. X-1, X-4
987. Farmer JE and Clark MJ. Identification and evaluation of Missouri's children with autism spectrum disorders: promoting a rapid response. Mo Med. 2008 Sep-Oct;105(5):384-9. X-1, X-2, X-3, X-4
988. Farmer-Dougan V. Increasing requests by adults with developmental disabilities using incidental teaching by peers. J Appl Behav Anal. 1994 Fall;27(3):533-44. X-1, X-10
989. Farrington CP, Miller E and Taylor B. MMR and autism: further evidence against a causal association. Vaccine. 2001 Jun 14;19(27):3632-5. X-4
990. Fatemi SH, Realmuto GM, Khan L, et al. Fluoxetine in treatment of adolescent patients with autism: a longitudinal open trial. J Autism Dev Disord. 1998 Aug;28(4):303-7. X-3, X-10
991. Fava L and Strauss K. Multi-Sensory Rooms: Comparing Effects of the Snoezelen and the Stimulus Preference Environment on the Behavior of Adults with Profound Mental Retardation. Research in Developmental Disabilities: A Multidisciplinary Journal. 2010 Jan-Feb;31(1):160-171. X-1, X-3
992. Fazzi E, Rossi M, Signorini S, et al. Leber's Congenital Amaurosis: Is There an Autistic Component? Developmental Medicine & Child Neurology. 2007 Jul;49(7):503-507. X-4
993. Felce D, Kerr M and Hastings RP. A general practice-based study of the relationship between indicators of mental illness and challenging behaviour among adults with intellectual disabilities. J Intellect Disabil Res. 2009 Mar;53(3):243-54. X-1, X-4
994. Feldman HM, Kolmen BK and Gonzaga AM. Naltrexone and communication skills in young children with autism. J Am Acad Child Adolesc Psychiatry. 1999 May;38(5):587-93. X-10
995. Feldman MA and Werner SE. Collateral effects of behavioral parent training on families of children with developmental disabilities and behavior disorders. Behavioral Interventions. 2002 Apr-Jun;17(2):75-83. X-1, X-4
996. Feng H, Lo Y-y, Tsai S, et al. The Effects of Theory-of-Mind and Social Skill Training on the Social Competence of a Sixth-Grade Student with Autism. Journal of Positive Behavior Interventions. 2008;10(4):228-242. X-3
997. Fenske EC, Zalenski S, Krantz PJ, et al. Age at intervention and treatment outcome for autistic children in a comprehensive intervention program. Analysis & Intervention in Developmental Disabilities. Special Issue: Early intervention. 1985;5(1-2):49-58. X-10
998. Ferguson AP, McKinlay IA and Hunt A. Care of adolescents with severe learning disability from tuberous sclerosis. Dev Med Child Neurol. 2002 Apr;44(4):256-62. X-1, X-4
999. Ferguson H, Myles BS and Hagiwara T. Using a Personal Digital Assistant to Enhance the Independence of an Adolescent with Asperger Syndrome. Education and Training in Developmental Disabilities. 2005 Mar;40(1):60-67. X-1, X-3
1000. Fernandes FD, Cardoso C, Sassi FC, et al. Language therapy and autism: results of three different models. Pro Fono. 2008 Oct-Dec;20(4):267-72. X-4
1001. Fernell E, Gillberg C and von Wendt L. Autistic symptoms in children with infantile hydrocephalus. Acta Paediatr Scand. 1991 Apr;80(4):451-7. X-4, X-10
1002. Fernell E, Watanabe Y, Adolfsson I, et al. Possible effects of tetrahydrobiopterin treatment in six children with autism--clinical and positron emission tomography data: a pilot study. Dev Med Child Neurol. 1997 May;39(5):313-8. X-3, X-10
1003. Feroz-Nainar C and Roy M. Risperidone and late onset tics. Autism. 2006 May;10(3):302-7. X-1, X-3
1004. Ferrara C and Hill SD. The responsiveness of autistic children to the predictability of social and nonsocial toys. J Autism Dev Disord. 1980 Mar;10(1):51-7. X-4, X-10
1005. Ferrari M. Effects of praise and reprimand on the topography and probability of occurrence of stereotypies in autistic children. Psychol Rep. 1980 Apr;46(2):519-22. X-10
1006. Ferrari M and Harris SL. The limits and motivating potential of sensory stimuli as reinforcers for autistic children. J Appl Behav Anal. 1981 Fall;14(3):339-43. X-3, X-10
1007. Ferreri SJ, Tamm L and Wier KG. Using Food Aversion to Decrease Severe Pica by a Child with Autism. Behavior Modification. 2006;30(4):456-471. X-3

1008. Ferri R, Elia M, Agarwal N, et al. The mismatch negativity and the P3a components of the auditory event-related potentials in autistic low-functioning subjects. Clin Neurophysiol. 2003 Sep;114(9):1671-80. X-4
1009. Fertel-Daly D, Bedell G and Hinojosa J. Effects of a weighted vest on attention to task and self-stimulatory behaviors in preschoolers with pervasive developmental disorders. Am J Occup Ther. 2001 Nov-Dec;55(6):629-40. X-3
1010. Fido A and Al-Saad S. Olanzapine in the treatment of behavioral problems associated with autism: an open-label trial in Kuwait. Med Princ Pract. 2008;17(5):415-8. X-1, X-3
1011. Field T, Lasko D, Mundy P, et al. Brief report: autistic children's attentiveness and responsivity improve after touch therapy. J Autism Dev Disord. 1997 Jun;27(3):333-8. X-10
1012. Fienup DM and Doepke K. Evaluation of a Changing Criterion Intervention to Increase Fluent Responding with an Elementary Age Student with Autism. International Journal of Behavioral Consultation and Therapy. 2008;4(3):297-303. X-3
1013. Filipo R, Bosco E, Mancini P, et al. Cochlear implants in special cases: deafness in the presence of disabilities and/or associated problems. Acta Otolaryngol Suppl. 2004 May(552):74-80. X-1, X-3, X-4
1014. Findling RL. Paediatric psychopharmacology: closing the gap between science and practice. Expert Opin Pharmacother. 2001 Apr;2(4):523-5. X-1, X-2, X-3
1015. Findling RL. Pharmacologic treatment of behavioral symptoms in autism and pervasive developmental disorders. J Clin Psychiatry. 2005;66 Suppl 10:26-31. X-1, X-2, X-3, X-4
1016. Findling RL, Aman MG, Eerdekens M, et al. Long-term, open-label study of risperidone in children with severe disruptive behaviors and below-average IQ. Am J Psychiatry. 2004 Apr;161(4):677-84. X-1
1017. Findling RL, Kauffman RE, Sallee FR, et al. Tolerability and pharmacokinetics of aripiprazole in children and adolescents with psychiatric disorders: an open-label, dose-escalation study. J Clin Psychopharmacol. 2008 Aug;28(4):441-6. X-1, X-3, X-4
1018. Findling RL, Kusumakar V, Daneman D, et al. Prolactin levels during long-term risperidone treatment in children and adolescents. J Clin Psychiatry. 2003 Nov;64(11):1362-9. X-1, X-4
1019. Findling RL, Maxwell K, Scotese-Wojtila L, et al. High-dose pyridoxine and magnesium administration in children with autistic disorder: an absence of salutary effects in a double-blind, placebo-controlled study. J Autism Dev Disord. 1997 Aug;27(4):467-78. X-10
1020. Findling RL, Maxwell K and Wiznitzer M. An open clinical trial of risperidone monotherapy in young children with autistic disorder. Psychopharmacol Bull. 1997;33(1):155-9. X-3, X-10
1021. Findling RL, McNamara NK, Branicky LA, et al. A double-blind pilot study of risperidone in the treatment of conduct disorder. J Am Acad Child Adolesc Psychiatry. 2000 Apr;39(4):509-16. X-1, X-3, X-4
1022. Findling RL, McNamara NK, Gracious BL, et al. Quetiapine in nine youths with autistic disorder. J Child Adolesc Psychopharmacol. 2004 Summer;14(2):287-94. X-3
1023. Fine P, McGee JJ and Paden S. Autism in Nebraska: identification and treatment. Nebr Med J. 1981 Jun;66(6):127-9. X-10
1024. Finegold SM. Therapy and epidemiology of autism--clostridial spores as key elements. Med Hypotheses. 2008;70(3):508-11. X-2, X-4
1025. Finegold SM, Vaisanen ML, Molitoris DR, et al. Cetobacterium somerae sp. nov. from human feces and emended description of the genus Cetobacterium. Syst Appl Microbiol. 2003 Jun;26(2):177-81. X-1, X-3, X-4
1026. Finke EH, McNaughton DB and Drager KD. "All children can and should have the opportunity to learn": general education teachers' perspectives on including children with autism spectrum disorder who require AAC. Augment Altern Commun. 2009 Jun;25(2):110-22. X-1, X-3, X-4
1027. Finkel AS and Williams RL. A comparison of textual and echoic prompts on the acquisition of intraverbal behavior in a six-year-old boy with autism. Analysis of Verbal Behavior. 2001;18:61-70. X-3
1028. Firbank MJ, Burn DJ, McKeith IG, et al. Longitudinal study of cerebral blood flow SPECT in Parkinson's disease with dementia, and dementia with Lewy bodies. Int J Geriatr Psychiatry. 2005 Aug;20(8):776-82. X-1, X-4
1029. Firth G, Elford H, Leeming C, et al. Intensive Interaction as a Novel Approach in Social Care: Care Staff's Views on the Practice Change Process. Journal of Applied Research in Intellectual Disabilities. 2008 Jan;21(1):58-69. X-1, X-3, X-4
1030. Firth H, Grimes A, Poppleton H, et al. Assessment of parents' concerns and evaluation of outcomes. J Public Health Med. 2000 Dec;22(4):473-8. X-1, X-4
1031. Fisch GS, Cohen IL, Gross AC, et al. Folic acid treatment of fragile X males: a further study. Am J Med Genet. 1988 May-Jun;30(1-2):393-9. X-1, X-4, X-10
1032. Fischhof PK. Divergent neuroprotective effects of nimodipine in PDD and MID provide indirect evidence of disturbances in Ca2+ homeostasis in dementia. Methods Find Exp Clin Pharmacol. 1993 Oct;15(8):549-55. X-1, X-4, X-10
1033. Fish LH, Moore AL, Morgan B, et al. Evaluation of admission blood glucose levels in the intensive care unit. Endocr Pract. 2007 Nov-Dec;13(7):705-10. X-1, X-4
1034. Fisher N and Happe F. A training study of theory of mind and executive function in children with autistic spectrum disorders. J Autism Dev Disord. 2005 Dec;35(6):757-71. X-1, X-3
1035. Fisher SM. A Case Study of an Autistic Child: A Reappraisal. The Annual of Psychoanalysis. 2000;28:47-61. X-1, X-3
1036. Fisher W, Burd L and Kerbeshian J. Markers for improvement in children with pervasive developmental disorders. J Ment Defic Res. 1988 Oct;32 (Pt 5):357-69. X-4, X-10
1037. Fisher W, Kerbeshian J and Burd L. A treatable language disorder: pharmacological treatment of pervasive developmental disorder. J Dev Behav Pediatr. 1986 Apr;7(2):73-6. X-3, X-10

1038. Fisher WW, Adelinis JD, Volkert VM, et al. Assessing P for Positive and Negative Reinforcement during Treatment of Destructive Behavior with Functional Communication Training. Research in Developmental Disabilities: A Multidisciplinary Journal. 2005 Mar-Apr;26(2):153-168. X-3, X-4
1039. Fisher WW, Lindauer SE, Alterson CJ, et al. Assessment and treatment of destructive behavior maintained by stereotypic object manipulation. Journal of Applied Behavior Analysis. 1998 Win;31(4):513-527. X-1, X-3, X-10
1040. Fisher WW, Thompson RH, Hagopian LP, et al. Facilitating Tolerance of Delayed Reinforcement during Functional Communication Training. Behavior Modification Journal Citation: v24 n1 p3-29 Jan 2000 Publisher:. 2000 Pub Types: Journal Articles; Reports - Research. X-3
1041. Fisher-Polites C. "PBS" Spelled "Friends". Journal of Positive Behavior Interventions. 2004;6(3):178-180. X-2, X-3, X-4
1042. Fisman S, Steele M, Short J, et al. Case study: Anorexia nervosa and autistic disorder in an adolescent girl. Journal of the American Academy of Child & Adolescent Psychiatry. 1996 Jul;35(7):937-940. X-1, X-3, X-10
1043. Fisman S and Wolf L. The handicapped child: psychological effects of parental, marital, and sibling relationships. Psychiatr Clin North Am. 1991 Mar;14(1):199-217. X-1, X-2, X-3, X-4, X-10
1044. Fitzpatrick M. The end of the road for the campaign against MMR. Br J Gen Pract. 2007 Aug;57(541):679. X-1, X-2, X-3,X-4
1045. Fitzpatrick M. Treating autism appropriately. Br J Gen Pract. 2009 May;59(562):379. X-1, X-2, X-3, X-4
1046. Flagg EJ, Cardy JE, Roberts W, et al. Language lateralization development in children with autism: insights from the late field magnetoencephalogram. Neurosci Lett. 2005 Sep 30;386(2):82-7. X-4
1047. Floyd EF and McIntosh DE. Current Practice in Psychopharmacology for Children and Adolescents with Autism Spectrum Disorders. Psychology in the Schools. 2009 Nov;46(9):905-909. X-1, X-2, X-3, X-4
1048. Fodstad JC and Matson JL. A comparison of feeding and mealtime problems in adults with intellectual disabilities with and without autism. Journal of Developmental and Physical Disabilities. 2008;20(6):4. X-1, X-3, X-4
1049. Foley BE and Staples AH. Developing augmentative and alternative communication (AAC) and literacy interventions in a supported employment setting. Topics in Language Disorders. 2003 Oct-Dec;23(4):325-343. X-1, X-3
1050. Fombonne E. Diagnostic assessment in a sample of autistic and developmentally impaired adolescents. J Autism Dev Disord. 1992 Dec;22(4):563-81. X-4, X-10
1051. Fombonne E and Achard S. The Vineland Adaptive Behavior Scale in a sample of normal French Children: a research note. J Child Psychol Psychiatry. 1993 Sep;34(6):1051-8. X-1, X-4, X-10
1052. Fombonne E and Chakrabarti S. No evidence for a new variant of measles-mumps-rubella-induced autism. Pediatrics. 2001 Oct;108(4):E58. X-1, X-4
1053. Fombonne E, Talan I, Bouchard F, et al. A follow-up study of childhood psychosis. Acta Paedopsychiatr. 1989;52(1):12-25. X-10
1054. Fombonne E, Zakarian R, Bennett A, et al. Pervasive developmental disorders in Montreal, Quebec, Canada: prevalence and links with immunizations. Pediatrics. 2006 Jul;118(1):e139-50. X-4
1055. Fong PL. Cognitive appraisals in high- and low-stress mothers of adolescents with autism. J Consult Clin Psychol. 1991 Jun;59(3):471-4. X-1, X-4, X-10
1056. Fonseca VRJRM. The Autistic Dialogic Style: A Case of Asperger's Syndrome. Journal of Child Psychotherapy. 2009 Dec;35(3):250-261. X-3, X-4
1057. Fontenelle LF, Mendlowicz MV, de Menezes GB, et al. Asperger Syndrome, Obsessive-Compulsive Disorder, and Major Depression in a Patient with 45,X/46,XY Mosaicism. Psychopathology. 2004 May-Jun;37(3):105-109. X-2, X-3, X-4
1058. Forbes J and Welbon H. Teacher/therapist collaboration: a Scottish higher education institution development. Int J Lang Commun Disord. 2001;36 Suppl:417-22. X-1, X-3, X-4
1059. Forsberg KA, Bjorkman T, Sandman PO, et al. Physical health--a cluster randomized controlled lifestyle intervention among persons with a psychiatric disability and their staff. Nord J Psychiatry. 2008;62(6):486-95. X-1, X-3, X-4
1060. Forsyth R, Colver A, Alvanides S, et al. Participation of young severely disabled children is influenced by their intrinsic impairments and environment. Dev Med Child Neurol. 2007 May;49(5):345-9. X-4
1061. Fox MH, Foster CH and Zito JM. Building pharmacoepidemiological capacity to monitor psychotropic drug use among children enrolled in Medicaid. Am J Med Qual. 2000 Jul-Aug;15(4):126-36. X-4
1062. Foxton JM, Stewart ME, Barnard L, et al. Absence of auditory 'global interference' in autism. Brain. 2003 Dec;126(Pt 12):2703-9. X-4
1063. Foxx RM and Faw GD. Long-term follow-up of echolalia and question answering. Journal of Applied Behavior Analysis. 1990 Fal;23(3):387-396. X-1, X-3, X-10
1064. Foxx RM and Garito J. The long term successful treatment of the very severe behaviors of a preadolescent with autism. Behavioral Interventions. Special Issue: The treatment and assessment of the severe behavior of individuals with autism and developmental disabilities. 2007 Feb;22(1):69-82. X-3
1065. Foxx RM, Schreck KA, Garito J, et al. Replacing the Echolalia of Children With Autism With Functional Use of Verbal Labeling. Journal of Developmental and Physical Disabilities. 2004 Dec;16(4):307-320. X-3
1066. Fragala-Pinkham M, Haley SM and O'Neil ME. Group aquatic aerobic exercise for children with disabilities. Dev Med Child Neurol. 2008 Nov;50(11):822-7. X-3
1067. Francescon P, Cora S, Cavedon C, et al. Use of a new type of radiochromic film, a new parallel-plate micro-chamber, MOSFETs, and TLD 800 microcubes in the dosimetry of small beams. Med Phys. 1998 Apr;25(4):503-11. X-1, X-3, X-4, X-10

1068. Franch NJP. Transference and countertransference in the analysis of a child with autistic nuclei. International Journal of Psycho-Analysis. 1996 Aug;77(4):773-786. X-3, X-10
1069. Francis P, Mellor D and Firth L. Techniques and recommendations for the inclusion of users with autism in the design of assistive technologies. Assist Technol. 2009 Summer;21(2):57-68. X-1, X-3, X-4
1070. Francisco MT, Borrero JC and Sy JR. Evaluation of absolute and relative reinforcer value using progressive-ratio schedules. J Appl Behav Anal. 2008 Summer;41(2):189-202. X-3
1071. Franco JH, Lang RL, O'Reilly MF, et al. Functional Analysis and Treatment of Inappropriate Vocalizations Using a Speech-Generating Device for a Child with Autism. Focus on Autism and Other Developmental Disabilities. 2009;24(3):146-155. X-3
1072. Frankel F, Myatt R and Feinberg D. Parent-assisted friendship training for children with autism spectrum disorders: effects of psychotropic medication. Child Psychiatry Hum Dev. 2007 Apr;37(4):337-46. X-3
1073. Frankland PW, Wang Y, Rosner B, et al. Sensorimotor gating abnormalities in young males with fragile X syndrome and Fmr1-knockout mice. Mol Psychiatry. 2004 Apr;9(4):417-25. X-4
1074. Frazier JA, Meyer MC, Biederman J, et al. Risperidone treatment for juvenile bipolar disorder: a retrospective chart review. J Am Acad Child Adolesc Psychiatry. 1999 Aug;38(8):960-5. X-1, X-4, X-10
1075. Frea WD. Reducing stereotypic behavior by teaching orienting responses to environmental stimuli. Journal of the Association for Persons with Severe Handicaps. 1997 Spr;22(1):28-35. X-1, X-3, X-10
1076. Frea WD, Arnold CL and Vittimberga GL. A demonstration of the effects of augmentative communication on the extreme aggressive behavior of a child with autism within an integrated preschool setting. Journal of Positive Behavior Interventions. 2001 Fal;3(4):194-198. X-3
1077. Freeman BJ, Del'Homme M, Guthrie D, et al. Vineland Adaptive Behavior Scale scores as a function of age and initial IQ in 210 autistic children. J Autism Dev Disord. 1999 Oct;29(5):379-84. X-4, X-10
1078. Freeman BJ and Ritvo ER. The syndrome of autism: establishing the diagnosis and principles of management. Pediatr Ann. 1984 Apr;13(4):284-90, 294-6. X-2, X-10
1079. Freeman EW, Rickels K and Sondheimer SJ. Fluvoxamine for premenstrual dysphoric disorder: a pilot study. J Clin Psychiatry. 1996;57 Suppl 8:56-9; discussion 60. X-1, X-4, X-10
1080. Freeman KA and Piazza CC. Combining stimulus fading, reinforcement, and extinction to treat food refusal. Journal of Applied Behavior Analysis. 1998 Win;31(4):691-694. X-3, X-10
1081. Freeman NL, Perry A and Factor DC. Child behaviours as stressors: replicating and extending the use of the CARS as a measure of stress: a research note. J Child Psychol Psychiatry. 1991 Sep;32(6):1025-30. X-1, X-3, X-4, X-10
1082. Freitag CM, Luders E, Hulst HE, et al. Total brain volume and corpus callosum size in medication-naïve adolescents and young adults with autism spectrum disorder. Biological Psychiatry. 2009 Aug;66(4):316-319. X-1, X-3, X-4
1083. Friedman A and Luiselli JK. Excessive daytime sleep: Behavioral assessment and intervention in a child with autism. Behavior Modification. 2008 Jul;32(4):548-555. X-1
1084. Friis H, Bro F, Mabeck CE, et al. Use of antibiotics in general practice in Denmark in 1987. Scand J Infect Dis. 1989;21(5):551-6. X-1, X-3, X-4, X-10
1085. Frimberger D, Schneede P, Hungerhuber E, et al. Autofluorescence and 5-aminolevulinic acid induced fluorescence diagnosis of penile carcinoma -- new techniques to monitor Nd:YAG laser therapy. Urol Res. 2002 Oct;30(5):295-300. X-1, X-3, X-4
1086. Fristoe M and Lloyd LL. Planning an initial expressive sign lexicon for persons with severe communication impairment. J Speech Hear Disord. 1980 May;45(2):170-80. X-1, X-2, X-3, X-4, X-10
1087. Frye CA, Bloom MS and Wersinger S. Androgens, autism and more. Physiol Behav. 2010 Jan 21. X-2, X-4
1088. Fucilla R. Post-Crisis Intervention for Individuals with Autism Spectrum Disorder. Reclaiming Children and Youth: The Journal of Strength-based Interventions. 2005 Spr;14(1):44. X-1, X-2, X-3
1089. Fudenberg HH. Dialysable lymphocyte extract (DLyE) in infantile onset autism: a pilot study. Biotherapy. 1996;9(1-3):143-7. X-10
1090. Fuentes CT, Mostofsky SH and Bastian AJ. Children with autism show specific handwriting impairments. Neurology. 2009 Nov 10;73(19):1532-7. X-4
1091. Fugain C, Meyer B, Chabolle F, et al. Clinical results of the French multichannel cochlear implant. Acta Otolaryngol Suppl. 1984;411:237-46. X-1, X-3, X-10
1092. Fukuda H, Kawamoto M and Yuge O. Small dose of prostaglandin E(1) increases cardiac output without altering blood volume. J Clin Anesth. 2001 Aug;13(5):330-4. X-1, X-3, X-4
1093. Fukuta O, Braham RL, Yanase H, et al. The sedative effect of intranasal midazolam administration in the dental treatment of patients with mental disabilities. Part 1. The effect of a 0.2 mg/kg dose. J Clin Pediatr Dent. 1993 Summer;17(4):231-7. X-10
1094. Funderburk SJ, Carter J, Tanguay P, et al. Parental reproductive problems and gestational hormonal exposure in autistic and schizophrenic children. J Autism Dev Disord. 1983 Sep;13(3):325-32. X-4, X-10
1095. Furneaux B. Keeping the balance right. Spec Educ Forward Trends. 1984 Jun;11(2):15-6. X-10
1096. Gabriels RL, Agnew JA, Miller LJ, et al. Is There a Relationship between Restricted, Repetitive, Stereotyped Behaviors and Interests and Abnormal Sensory Response in Children with Autism Spectrum Disorders? Research in Autism Spectrum Disorders. 2008 Oct;2(4):660-670. X-4
1097. Gabriels RL, Cuccaro ML, Hill DE, et al. Repetitive behaviors in autism: relationships with associated clinical features. Res Dev Disabil. 2005 Mar-Apr;26(2):169-81. X-4
1098. Gadow KD, DeVincent CJ and Schneider J. Comparative Study of Children with ADHD Only, Autism Spectrum Disorder + ADHD, and Chronic Multiple Tic Disorder + ADHD. Journal of Attention Disorders. 2009;12(5):474-485. X-4

1099. Gadow KD, Sprafkin J and Nolan EE. DSM-IVSymptoms in community and clinic preschool children. J Am Acad Child Adolesc Psychiatry. 2001 Dec;40(12):1383-92. X-4
1100. Gage NM, Siegel B, Callen M, et al. Cortical sound processing in children with autism disorder: an MEG investigation. Neuroreport. 2003 Nov 14;14(16):2047-51. X-3, X-4
1101. Gage NM, Siegel B and Roberts TP. Cortical auditory system maturational abnormalities in children with autism disorder: an MEG investigation. Brain Res Dev Brain Res. 2003 Sep 10;144(2):201-9. X-4
1102. Gagliano A, Germano E, Pustorino G, et al. Risperidone treatment of children with autistic disorder: effectiveness, tolerability, and pharmacokinetic implications. J Child Adolesc Psychopharmacol. 2004 Spring;14(1):39-47. X-3
1103. Gaines R, Leaper C, Monahan C, et al. Language learning and retention in young language-disordered children. J Autism Dev Disord. 1988 Jun;18(2):281-96. X-10
1104. Galiatsatos GT and Graff RB. Combining descriptive and functional analyses to assess and treat screaming. Behavioral Interventions. 2003 Apr;18(2):123-138. X-1, X-3
1105. Gallagher A, Theriault M, Maclin E, et al. Near-infrared spectroscopy as an alternative to the Wada test for language mapping in children, adults and special populations. Epileptic Disord. 2007 Sep;9(3):241-55. X-3, X-4
1106. Gallagher TE. Augmentation of special-needs services and information to students and teachers "ASSIST"--a telehealth innovation providing school-based medical interventions. Hawaii Med J. 2004 Oct;63(10):300-9. X-1, X-3, X-4
1107. Gallate J, Chi R, Ellwood S, et al. Reducing false memories by magnetic pulse stimulation. Neurosci Lett. 2009 Jan 16;449(3):151-4. X-1, X-4
1108. Gallese V, Eagle MN and Migone P. Intentional attunement: mirror neurons and the neural underpinnings of interpersonal relations. J Am Psychoanal Assoc. 2007 Winter;55(1):131-76. X-1, X-2, X-3, X-4
1109. Galli Carminati G, Constantin N, Legay Y, et al. Evolution of 2 persons with severe disability over a period of 3 years: "Sonar Group" Underwater Music Therapy. European Journal of Psychiatry. 2004;18(Suppl):106-114. X-3
1110. Galli-Carminati G, Deriaz N and Bertschy G. Melatonin in treatment of chronic sleep disorders in adults with autism: a retrospective study. Swiss Med Wkly. 2009 May 16;139(19-20):293-6. X-1, X-3
1111. Gallo MT. The little alien: Links between mind and body in parentâ€“infant psychotherapy. Journal of Child Psychotherapy. 1997 Aug;23(2):201-218. X-2, X-3, X-10
1112. Gallucci G, Hackerman F and Schmidt CW. Gender Identity Disorder in an Adult Male with Asperger's Syndrome. Sexuality and Disability. 2005 Mar;23(1):35-40. X-1, X-3, X-4
1113. Ganz JB. Using Visual Script Interventions to Address Communication Skills. TEACHING Exceptional Children. 2007 Nov-Dec;40(2):54-58. X-1, X-2, X-3, X-4
1114. Ganz JB. Self-Monitoring across Age and Ability Levels: Teaching Students to Implement Their Own Positive Behavioral Interventions. Preventing School Failure. 2008 Fall;53(1):39-48. X-1, X-2, X-3, X-4
1115. Ganz JB, Bourgeois BC, Flores MM, et al. Implementing Visually Cued Imitation Training with Children with Autism Spectrum Disorders and Developmental Delays. Journal of Positive Behavior Interventions. 2008;10(1):56-66. X-3
1116. Ganz JB and Flores MM. The Effectiveness of Direct Instruction for Teaching Language to Children with Autism Spectrum Disorders: Identifying Materials. Journal of Autism and Developmental Disorders. 2009 Jan;39(1):75-83. X-3
1117. Ganz JB, Kaylor M, Bourgeois B, et al. The Impact of Social Scripts and Visual Cues on Verbal Communication in Three Children with Autism Spectrum Disorders. Focus on Autism and Other Developmental Disabilities. 2008 Jun;23(2):79-94. X-3
1118. Ganz JB and Sigafoos J. Self-monitoring: Are Young Adults with MR and Autism able to Utilize Cognitive Strategies Independently? Education and Training in Developmental Disabilities. 2005 Mar;40(1):24-33. X-1, X-3
1119. Ganz JB and Simpson RL. Effects on communicative requesting and speech development of the Picture Exchange Communication System in children with characteristics of autism. J Autism Dev Disord. 2004 Aug;34(4):395-409. X-3
1120. Ganz ML. The lifetime distribution of the incremental societal costs of autism. Arch Pediatr Adolesc Med. 2007 Apr;161(4):343-9. X-1, X-3, X-4
1121. Ganzer R, Blana A, Denzinger S, et al. Intraoperative photodynamic evaluation of surgical margins during endoscopic extraperitoneal radical prostatectomy with the use of 5-aminolevulinic acid. J Endourol. 2009 Sep;23(9):1387-94. X-1, X-3, X-4
1122. GarcÃa-Villamisar D and Hughes C. Supported employment improves cognitive performance in adults with Autism. Journal of Intellectual Disability Research. 2007 Feb;51(2):142-150. X-1, X-3
1123. GarcÃa-Villamisar D, Ross D and Wehman P. Clinical differential analysis of persons with autism in a work setting: A follow-up study. Journal of Vocational Rehabilitation. 2000;14(3):183-185. X-1, X-3, X-4
1124. GarcÃa-Villamisar D, Wehman P and Navarro MD. Changes in the quality of autistic people's life that work in supported and sheltered employment. A 5-year follow-up study. Journal of Vocational Rehabilitation. 2002;17(4):309-312. X-1, X-3
1125. Garcia-Perez RM, Hobson RP and Lee A. Narrative role-taking in autism. J Autism Dev Disord. 2008 Jan;38(1):156-68. X-4
1126. Garro A, Thurman SK, Kerwin ME, et al. Parent/caregiver stress during pediatric hospitalization for chronic feeding problems. J Pediatr Nurs. 2005 Aug;20(4):268-75. X-1, X-4
1127. Garstang J and Wallis M. Randomized controlled trial of melatonin for children with autistic spectrum disorders and sleep problems. Child Care Health Dev. 2006 Sep;32(5):585-9. X-3

1128. Gastaut H, Zifkin B and Rufo M. Compulsive respiratory stereotypies in children with autistic features: polygraphic recording and treatment with fenfluramine. J Autism Dev Disord. 1987 Sep;17(3):391-406. X-3, X-10
1129. Gaynor JW, Nord AS, Wernovsky G, et al. Apolipoprotein E genotype modifies the risk of behavior problems after infant cardiac surgery. Pediatrics. 2009 Jul;124(1):241-50. X-1, X-4
1130. Geier D and Geier MR. Neurodevelopmental disorders following thimerosal-containing childhood immunizations: a follow-up analysis. Int J Toxicol. 2004 Nov-Dec;23(6):369-76. X-4
1131. Geier DA and Geier MR. A comparative evaluation of the effects of MMR immunization and mercury doses from thimerosal-containing childhood vaccines on the population prevalence of autism. Med Sci Monit. 2004 Mar;10(3):PI33-9. X-4
1132. Geier DA and Geier MR. An evaluation of serious neurological disorders following immunization: a comparison of whole-cell pertussis and acellular pertussis vaccines. Brain Dev. 2004 Aug;26(5):296-300. X-4
1133. Geier DA and Geier MR. A clinical trial of combined anti-androgen and anti-heavy metal therapy in autistic disorders. Neuro Endocrinol Lett. 2006 Dec;27(6):833-8. X-3
1134. Geier DA and Geier MR. A prospective assessment of androgen levels in patients with autistic spectrum disorders: biochemical underpinnings and suggested therapies. Neuro Endocrinol Lett. 2007 Oct;28(5):565-73. X-4
1135. Geier DA and Geier MR. A prospective study of mercury toxicity biomarkers in autistic spectrum disorders. J Toxicol Environ Health A. 2007 Oct;70(20):1723-30. X-4
1136. Geier DA, Kern JK, Garver CR, et al. Biomarkers of environmental toxicity and susceptibility in autism. Journal of the Neurological Sciences. 2009 May;280(1-2):101-108. X-4
1137. Geier MR and Geier DA. The potential importance of steroids in the treatment of autistic spectrum disorders and other disorders involving mercury toxicity. Med Hypotheses. 2005;64(5):946-54. X-2, X-3, X-4
1138. Gena A. The effects of prompting and social reinforcement on establishing social interactions with peers during the inclusion of four children with autism in preschool. International Journal of Psychology. 2006 Dec;41(6):541-554. X-3
1139. Gena A, Couloura S and Kymissis E. Modifying the Affective Behavior of Preschoolers with Autism Using In-Vivo or Video Modeling and Reinforcement Contingencies. Journal of Autism and Developmental Disorders. 2005 Oct;35(5):545-556. X-3
1140. Gena A, Couloura S and Kymissis E. Modifying the affective behavior of preschoolers with autism using in-vivo or video modeling and reinforcement contingencies. J Autism Dev Disord. 2005 Oct;35(5):545-56. X-3
1141. Gena A, Krantz PJ, McClannahan LE, et al. Training and generalization of affective behavior displayed by youth with autism. J Appl Behav Anal. 1996 Fall;29(3):291-304. X-3, X-10
1142. Gencer O, Emiroglu FN, Miral S, et al. Comparison of long-term efficacy and safety of risperidone and haloperidol in children and adolescents with autistic disorder. An open label maintenance study. Eur Child Adolesc Psychiatry. 2008 Jun;17(4):217-25. X-1
1143. Genuis SJ. Is autism reversible? Acta Paediatr. 2009 Oct;98(10):1575-8. X-1, X-2, X-3, X-4
1144. Gerber S. A developmental perspective on language assessment and intervention for children on the autistic spectrum. Topics in Language Disorders. 2003 Apr-Jun;23(2):74-94. X-3
1145. Gerdtz J. Evaluating behavioral treatment of disruptive classroom behaviors of an adolescent with autism. Research on Social Work Practice. 2000 Jan;10(1):98-110. X-1, X-3
1146. Gergely Gr. The obscure object of desire: "Nearly, but clearly not, like me': Contingency preference in normal children versus children with autism. Bulletin of the Menninger Clinic. Special Issue: Cognitive and interactional foundations of attachment. 2001 Sum;65(3):411-426. X-4
1147. Gerig LH, Szanto J, Bichay T, et al. A translating-bed technique for total-body irradiation. Phys Med Biol. 1994 Jan;39(1):19-35. X-1, X-2, X-3, X-4, X-10
1148. Ghaziuddin M, Alessi N and Greden JF. Life events and depression in children with pervasive developmental disorders. J Autism Dev Disord. 1995 Oct;25(5):495-502. X-4, X-10
1149. Ghaziuddin M, Quinlan P and Ghaziuddin N. Catatonia in Autism: A Distinct Subtype? Journal of Intellectual Disability Research. 2005 Jan;49(1):102-105. X-2, X-3, X-4
1150. Ghaziuddin M, Tsai L and Ghaziuddin N. Clonidine for autism. Journal of Child and Adolescent Psychopharmacology. 1992 Win;2(4):239-240. X-3, X-10
1151. Ghaziuddin M, Tsai LY and Ghaziuddin N. Brief report: Haloperidol treatment of trichotillomania in a boy with autism and mental retardation. Journal of Autism and Developmental Disorders. 1991 Sep;21(3):365-371. X-3, X-10
1152. Ghezzi PM. Discrete Trials Teaching. Psychology in the Schools. 2007 Sep;44(7):667-679. X-1, X-2, X-3, X-4
1153. Ghika J. Paleoneurology: neurodegenerative diseases are age-related diseases of specific brain regions recently developed by Homo sapiens. Med Hypotheses. 2008 Nov;71(5):788-801. X-1, X-2, X-3, X-4
1154. Ghose K. Oxpentifylline in dementia: a controlled study. Arch Gerontol Geriatr. 1987 Apr;6(1):19-26. X-1, X-2, X-3, X-4, X-10
1155. Ghuman JK, Aman MG, Lecavalier L, et al. Randomized, placebo-controlled, crossover study of methylphenidate for attention-deficit/hyperactivity disorder symptoms in preschoolers with developmental disorders. J Child Adolesc Psychopharmacol. 2009 Aug;19(4):329-39. X-3
1156. Ghuman JK, Cataldo MD, Beck MH, et al. Behavioral training for pill-swallowing difficulties in young children with autistic disorder. J Child Adolesc Psychopharmacol. 2004 Winter;14(4):601-11. X-3
1157. Ghuman JK, Ginsburg GS, Subramaniam G, et al. Psychostimulants in preschool children with attention-deficit/hyperactivity disorder: clinical evidence from a developmental disorders institution. J Am Acad Child Adolesc Psychiatry. 2001 May;40(5):516-24. X-1, X-3, X-4

1158. Giangreco MF and Broer SM. Questionable Utilization of Paraprofessionals in Inclusive Schools: Are We Addressing Symptoms or Causes? Focus on Autism and Other Developmental Disabilities. 2005 Mar;20(1):10-26. X-1, X-2, X-3, X-4
1159. Giangreco MF and Broer SM. School-Based Screening to Determine Overreliance on Paraprofessionals. Focus on Autism and Other Developmental Disabilities. 2007 Fall;22(3):149-158. X-1, X-4
1160. Giannotti F, Cortesi F, Cerquiglini A, et al. An open-label study of controlled-release melatonin in treatment of sleep disorders in children with autism. J Autism Dev Disord. 2006 Aug;36(6):741-52. X-3
1161. Giarelli E, Souders M, Pinto-Martin J, et al. Intervention pilot for parents of children with autistic spectrum disorder. Pediatr Nurs. 2005 Sep-Oct;31(5):389-99. X-1, X-4
1162. Gibbons MM and Goins S. Getting to Know the Child with Asperger Syndrome. Professional School Counseling. 2008 Jun;11(5):347-352. X-1, X-2, X-3, X-4
1163. Gibson JA, Grey IM and Hastings RP. Supervisor Support as a Predictor of Burnout and Therapeutic Self-Efficacy in Therapists Working in ABA Schools. Journal of Autism and Developmental Disorders. 2009 Jul;39(7):1024-1030. X-1, X-4
1164. Gidley Larson JC, Bastian AJ, Donchin O, et al. Acquisition of Internal Models of Motor Tasks in Children with Autism. Brain. 2008 Nov;131(11):2894-2903. X-4
1165. Gillberg C. The treatment of epilepsy in autism. J Autism Dev Disord. 1991 Mar;21(1):61-77. X-1, X-2, X-3, X-4, X-10
1166. Gillberg C. Endogenous opioids and opiate antagonists in autism: brief review of empirical findings and implications for clinicians. Dev Med Child Neurol. 1995 Mar;37(3):239-45. X-1, X-2, X-3, X-4, X-10
1167. Gillberg C, Johansson M, Steffenburg S, et al. Auditory integration training in children with autism. Autism. 1997 Jul;1(1):97-100. X-3, X-10
1168. Gillberg C, Wahlstrom J, Johansson R, et al. Folic acid as an adjunct in the treatment of children with the autism fragile-X syndrome (AFRAX). Dev Med Child Neurol. 1986 Oct;28(5):624-7. X-3, X-10
1169. Gillberg IC, Gillberg C, Rastam M, et al. The cognitive profile of anorexia nervosa: a comparative study including a community-based sample. Compr Psychiatry. 1996 Jan-Feb;37(1):23-30. X-1, X-4, X-10
1170. Gillberg IC, Rastam M and Gillberg C. Anorexia nervosa 6 years after onset: Part I. Personality disorders. Compr Psychiatry. 1995 Jan-Feb;36(1):61-9. X-1, X-4, X-10
1171. Gillett JN and LeBlanc LA. Parent-Implemented Natural Language Paradigm to Increase Language and Play in Children with Autism. Research in Autism Spectrum Disorders. 2007 Jul-Sep;1(3):247-255. X-3
1172. Gillis JM and Butler RC. Social Skills Interventions for Preschoolers with Autism Spectrum Disorder: A Description of Single-Subject Design Studies. Journal of Early and Intensive Behavior Intervention. 2007;4(3):532-547. X-1, X-2, X-3, X-4
1173. Gillis JM, Natof TH, Lockshin SB, et al. Fear of routine physical exams in children with autism spectrum disorders: Prevalence and intervention effectiveness. Focus on Autism and Other Developmental Disabilities. 2009 Sep;24(3):156-168. X-4
1174. Girolametto L, Sussman F and Weitzman E. Using case study methods to investigate the effects of interactive intervention for children with autism spectrum disorders. J Commun Disord. 2007 Nov-Dec;40(6):470-92. X-3
1175. Glashan L, Mackay G and Grieve A. Teachers' Experience of Support in the Mainstream Education of Pupils with Autism. Improving Schools. 2004;7(1):49-60. X-4
1176. Glazebrook CM, Elliott D and Lyons J. Temporal judgements of internal and external events in persons with and without autism. Conscious Cogn. 2008 Mar;17(1):203-9. X-4
1177. Glogowska M, Roulstone S, Peters TJ, et al. Early speech- and language-impaired children: linguistic, literacy, and social outcomes. Dev Med Child Neurol. 2006 Jun;48(6):489-94. X-1, X-2, X-3, X-4
1178. Glover AC, Roane HS, Kadey HJ, et al. Preference for reinforcers under progressive- and fixed-ratio schedules: a comparison of single and concurrent arrangements. J Appl Behav Anal. 2008 Summer;41(2):163-76. X-1, X-3, X-4
1179. Godby S, Gast DL and Wolery M. A comparison of time delay and system of least prompts in teaching object identification. Research in Developmental Disabilities. 1987;8(2):283-305. X-10
1180. Goin-Kochel RP, Myers BJ and Mackintosh VH. Parental reports on the use of treatments and therapies for children with autism spectrum disorders. Research in Autism Spectrum Disorders. 2007 Jul-Sep;1(3):195-209. X-4
1181. Golan O and Baron-Cohen S. Systemizing empathy: teaching adults with Asperger syndrome or high-functioning autism to recognize complex emotions using interactive multimedia. Dev Psychopathol. 2006 Spring;18(2):591-617. X-1
1182. Gold C, Wigram T and Elefant C. Music therapy for autistic spectrum disorder. Cochrane Database Syst Rev. 2006(2):CD004381. X-2
1183. Golden RR, Campbell M and Perry R. A taxometric method for diagnosis of tardive dyskinesia. J Psychiatr Res. 1987;21(3):233-41. X-1, X-2, X-3, X-4, X-10
1184. Goldman S. Brief Report: Narratives of Personal Events in Children with Autism and Developmental Language Disorders--Unshared Memories. Journal of Autism and Developmental Disorders. 2008 Nov;38(10):1982-1988. X-4
1185. Goldsmith HH, Van Hulle CA, Arneson CL, et al. A population-based twin study of parentally reported tactile and auditory defensiveness in young children. J Abnorm Child Psychol. 2006 Jun;34(3):393-407. X-1, X-4
1186. Goldsmith TR, LeBlanc LA and Sautter RA. Teaching Intraverbal Behavior to Children with Autism. Research in Autism Spectrum Disorders. 2007 Jan-Mar;1(1):1-13. X-3
1187. Goldstein G, Minshew NJ and Siegel DJ. Age differences in academic achievement in high-functioning autistic individuals. J Clin Exp Neuropsychol. 1994 Oct;16(5):671-80. X-4, X-10
1188. Goldstein H and Cisar CL. Promoting interaction during sociodramatic play: teaching scripts to typical

preschoolers and classmates with disabilities. J Appl Behav Anal. 1992 Summer;25(2):265-80. X-3, X-10
1189. Goldstein H, Kaczmarek L, Pennington R, et al. Peer-mediated intervention: attending to, commenting on, and acknowledging the behavior of preschoolers with autism. J Appl Behav Anal. 1992 Summer;25(2):289-305. X-3, X-10
1190. Goldstein H, Schneider N and Thiemann K. Peer-Mediated Social Communication Intervention: When Clinical Expertise Informs Treatment Development and Evaluation. Topics in Language Disorders. 2007 Apr-Jun;27(2):182. X-1, X-2, X-3, X-4
1191. Goldstein R, Joja O, Psatta DM, et al. Vasotocin improves intelligence and attention in mentally retarded children. Physiol Behav. 1989 Dec;46(6):967-70. X-10
1192. Golnik A, Ireland M and Borowsky IW. Medical homes for children with autism: a physician survey. Pediatrics. 2009 Mar;123(3):966-71. X-1, X-2, X-3, X-4
1193. Golnik AE and Ireland M. Complementary alternative medicine for children with autism: a physician survey. J Autism Dev Disord. 2009 Jul;39(7):996-1005. X-1, X-3, X-4
1194. Gombosi PG. Parents of autistic children. Some thoughts about trauma, dislocation, and tragedy. Psychoanal Study Child. 1998;53:254-75. X-1, X-4, X-10
1195. Gomes E, Rotta NT, Pedroso FS, et al. Auditory hypersensitivity in children and teenagers with autistic spectrum disorder. Arq Neuropsiquiatr. 2004 Sep;62(3B):797-801. X-4
1196. Gomot M, Belmonte MK, Bullmore ET, et al. Brain hyper-reactivity to auditory novel targets in children with high-functioning autism. Brain. 2008 Sep;131(Pt 9):2479-88. X-4
1197. Gomot M, Bernard FA, Davis MH, et al. Change detection in children with autism: an auditory event-related fMRI study. Neuroimage. 2006 Jan 15;29(2):475-84. X-4
1198. Gomot M, Giard MH, Adrien JL, et al. Hypersensitivity to acoustic change in children with autism: electrophysiological evidence of left frontal cortex dysfunctioning. Psychophysiology. 2002 Sep;39(5):577-84. X-4
1199. Gonzalez NM, Campbell M, Small AM, et al. Naltrexone plasma levels, clinical response and effect on weight in autistic children. Psychopharmacol Bull. 1994;30(2):203-8. X-10
1200. Goodlin-Jones BL, Sitnick SL, Tang K, et al. The Children's Sleep Habits Questionnaire in toddlers and preschool children. J Dev Behav Pediatr. 2008 Apr;29(2):82-88. X-4
1201. Goodman JF, Cecil HS and Barker WF. Early intervention with retarded children: some encouraging results. Dev Med Child Neurol. 1984 Feb;26(1):47-55. X-1, X-10
1202. Goodman JI, Brady MP, Duffy ML, et al. The Effects of "Bug-in-Ear" Supervision on Special Education Teachers' Delivery of Learn Units. Focus on Autism and Other Developmental Disabilities. 2008;23(4):207-216. X-1, X-3, X-4
1203. Goodman MJ and Nordin J. Vaccine adverse event reporting system reporting source: a possible source of bias in longitudinal studies. Pediatrics. 2006 Feb;117(2):387-90. X-1, X-2, X-3, X-4
1204. Goodwin MS. Enhancing and Accelerating the Pace of Autism Research and Treatment: The Promise of Developing Innovative Technology. Focus on Autism and Other Developmental Disabilities. 2008;23(2):125-128. X-1, X-2, X-3, X-4
1205. Gordon B. Commentary: a neural systems perspective for improving behavioral treatments for autism. J Autism Dev Disord. 2000 Oct;30(5):503-8. X-1, X-2, X-3, X-4
1206. Gordon CT. Commentary: considerations on the pharmacological treatment of compulsions and stereotypies with serotonin reuptake inhibitors in pervasive developmental disorders. J Autism Dev Disord. 2000 Oct;30(5):437-8. X-1, X-2, X-3, X-4
1207. Gordon CT, Frazier JA, McKenna K, et al. Childhood-onset schizophrenia: an NIMH study in progress. Schizophr Bull. 1994;20(4):697-712. X-1, X-4, X-10
1208. Gordon CT, Rapoport JL, Hamburger SD, et al. Differential response of seven subjects with autistic disorder to clomipramine and desipramine. Am J Psychiatry. 1992 Mar;149(3):363-6. X-3, X-10
1209. Gordon CT, State RC, Nelson JE, et al. A double-blind comparison of clomipramine, desipramine, and placebo in the treatment of autistic disorder. Arch Gen Psychiatry. 1993 Jun;50(6):441-7. X-10
1210. Gordon R, Handleman JS and Harris SL. The effects of contingent versus non-contingent running on the out-of-seat behavior of an autistic boy. Child & Family Behavior Therapy. 1986 Fal;8(3):37-44. X-3, X-10
1211. Gorgels WJ, Oude Voshaar RC, Mol AJ, et al. Discontinuation of long-term benzodiazepine use by sending a letter to users in family practice: a prospective controlled intervention study. Drug Alcohol Depend. 2005 Apr 4;78(1):49-56. X-1, X-2, X-3, X-4
1212. Gorham M, Barnes-Holmes Y, Barnes-Holmes D, et al. Derived Comparative and Transitive Relations in Young Children with and without Autism. Psychological Record. 2009 Spr;59(2):221-246. X-3
1213. Gorman JM, Akande E, Xenitidis K, et al. Autism or schizophrenia: A diagnostic dilemma in adults with intellectual disabilities. Journal of Psychiatric Practice. 2004 May;10(3):190-195. X-1, X-2, X-3, X-4
1214. Gornick MC, Addington AM, Sporn A, et al. Dysbindin (DTNBP1, 6p22.3) is Associated with Childhood-Onset Psychosis and Endophenotypes Measured by the Premorbid Adjustment Scale (PAS). Journal of Autism and Developmental Disorders. 2005 Dec;35(6):831-838. X-1, X-4
1215. Gothelf D, Goraly O, Avni S, et al. Psychiatric morbidity with focus on obsessive-compulsive disorder in an Israeli cohort of adolescents with mild to moderate mental retardation. J Neural Transm. 2008 Jun;115(6):929-36. X-1, X-4
1216. Gottschalk JM, Libby ME and Graff RB. The effects of establishing operations on preference assessment outcomes. J Appl Behav Anal. 2000 Spring;33(1):85-8. X-3
1217. Goulet M, Shiromani PJ, Ware CM, et al. A secretin i.v. infusion activates gene expression in the central amygdala of rats. Neuroscience. 2003;118(4):881-8. X-1, X-3, X-4

1218. Graff RB and Gibson L. Using pictures to assess reinforcers in individuals with developmental disabilities. Behav Modif. 2003 Sep;27(4):470-83. X-3, X-4
1219. Graff RB and Green G. Two methods for teaching simple visual discriminations to learners with severe disabilities. Res Dev Disabil. 2004 May-Jun;25(3):295-307. X-1, X-3
1220. Graff RB, Green G and Libby ME. Effects of two levels of treatment intensity on a young child with severe disabilities. Behavioral Interventions. 1998 Feb;13(1):21-41. X-3, X-10
1221. Graff RB, Lineman GT, Libby ME, et al. Functional analysis and treatment of screaming in a young girl with severe disabilities. Behavioral Interventions. 1999 Oct-Dec;14(4):233-239. X-3, X-10
1222. Graham G. Music and Autism. Journal of Aesthetic Education. 2001 Sum;35(2):39-47. X-1, X-2, X-3, X-4
1223. Gralton EJ, James DH and Lindsey MP. Antipsychotic medication, psychiatric diagnosis and children with intellectual disability: a 12-year follow-up study. J Intellect Disabil Res. 1998 Feb;42 (Pt 1):49-57. X-4, X-10
1224. Grandin T. Brief report: response to National Institutes of Health report. J Autism Dev Disord. 1996 Apr;26(2):185-7. X-1, X-2, X-3, X-4, X-10
1225. Gray DE. Negotiating autism: relations between parents and treatment staff. Soc Sci Med. 1993 Apr;36(8):1037-46. X-1, X-3, X-4, X-10
1226. Gray DE and Holden WJ. Psycho-social well-being among the parents of children with autism. Australia & New Zealand Journal of Developmental Disabilities. 1992;18(2):83-93. X-1, X-3, X-4, X-10
1227. Greaves N, Prince E, Evans DW, et al. Repetitive and Ritualistic Behaviour in Children with Prader-Willi Syndrome and Children with Autism. Journal of Intellectual Disability Research. 2006 Feb;50(2):92-100. X-4
1228. Green G, Brennan LC and Fein D. Intensive behavioral treatment for a toddler at high risk for autism. Behavior Modification. Special Issue: Autism, Part 2. 2002 Jan;26(1):69-102. X-3
1229. Green G and Striefel S. Response restriction and substitution with autistic children. J Exp Anal Behav. 1988 Jul;50(1):21-32. X-3, X-4, X-10
1230. Green VA. Parental experience with treatments for autism. Journal of Developmental and Physical Disabilities. 2007 Apr;19(2):91-101. X-1, X-4
1231. Green VA, Pituch KA, Itchon J, et al. Internet survey of treatments used by parents of children with autism. Res Dev Disabil. 2006 Jan-Feb;27(1):70-84. X-1, X-4
1232. Green VA, Sigafoos J, Pituch KA, et al. Assessing Behavioral Flexibility in Individuals with Developmental Disabilities. Focus on Autism and Other Developmental Disabilities. 2006 Win;21(4):230-236. X-1, X-4
1233. Greenhill LL, Swanson JM, Vitiello B, et al. Impairment and deportment responses to different methylphenidate doses in children with ADHD: the MTA titration trial. J Am Acad Child Adolesc Psychiatry. 2001 Feb;40(2):180-7. X-1, X-3, X-4
1234. Greer RD, Yaun L and Gautreaux G. Novel dictation and intraverbal responses as a function of a multiple exemplar instructional history. Analysis of Verbal Behavior. 2005;21:99-116. X-1, X-3, X-4
1235. Grela BG and McLaughlin KS. Focused stimulation for a child with autism spectrum disorder: a treatment study. J Autism Dev Disord. 2006 Aug;36(6):753-6. X-3
1236. Grieco A and Bloom R. Psychotherapy with hallucinogenic adjuncts from a learning perspective. Int J Addict. 1981 Jul;16(5):801-27. X-1, X-2, X-3, X-4, X-10
1237. Griffin HC, Griffin LW, Fitch CW, et al. Educational Interventions for Individuals with Asperger Syndrome. Intervention in School & Clinic. 2006 Jan;41(3):150-155. X-1, X-2, X-3, X-4
1238. Griffin JC, Ricketts RW, Williams DE, et al. A community survey of self-injurious behavior among developmentally disabled children and adolescents. Hosp Community Psychiatry. 1987 Sep;38(9):959-63. X-4, X-10
1239. Grimaldi BL. The central role of magnesium deficiency in Tourette's syndrome: causal relationships between magnesium deficiency, altered biochemical pathways and symptoms relating to Tourette's syndrome and several reported comorbid conditions. Med Hypotheses. 2002 Jan;58(1):47-60. X-1, X-2, X-3
1240. Grimbergen MC, van Swol CF, Jonges TG, et al. Reduced specificity of 5-ALA induced fluorescence in photodynamic diagnosis of transitional cell carcinoma after previous intravesical therapy. Eur Urol. 2003 Jul;44(1):51-6. X-1, X-2, X-3, X-4
1241. Grindle CF, Kovshoff H, Hastings RP, et al. Parents' experiences of home-based applied behavior analysis programs for young children with autism. J Autism Dev Disord. 2009 Jan;39(1):42-56. X-4
1242. Grindle CF and Remington B. Discrete-trial training for autistic children when reward is delayed: A comparison of conditioned cue value and response marking. Journal of Applied Behavior Analysis. 2002 Sum;35(2):187-190. X-3
1243. Grindle CF and Remington B. Teaching children with autism using conditioned cue-value and response-marking procedures: a socially valid procedure. Res Dev Disabil. 2004 Sep-Oct;25(5):413-29. X-3
1244. Grindle CF and Remington B. Teaching children with autism when reward is delayed. The effects of two kinds of marking stimuli. J Autism Dev Disord. 2005 Dec;35(6):839-50. X-3
1245. Gringras P, Santosh P and Baird G. Development of an Internet-based real-time system for monitoring pharmacological interventions in children with neurodevelopmental and neuropsychiatric disorders. Child Care Health Dev. 2006 Sep;32(5):591-600. X-2, X-4
1246. Grizenko N, Cvejic H, Vida S, et al. Behaviour problems of the mentally retarded. Can J Psychiatry. 1991 Dec;36(10):712-7. X-4, X-10
1247. Groden G, Groden J, Dondey M, et al. Effects of fenfluramine on the behavior of autistic individuals. Res Dev Disabil. 1987;8(2):203-11. X-3, X-10
1248. Groden J and Cautela J. Procedures to increase social interaction among adolescents with autism: a multiple baseline analysis. J Behav Ther Exp Psychiatry. 1988 Jun;19(2):87-93. X-1, X-3, X-10
1249. Groen WB, van Orsouw L, Huurne N, et al. Intact spectral but abnormal temporal processing of auditory stimuli in autism. J Autism Dev Disord. 2009 May;39(5):742-50. X-1, X-3, X-4

1250. Groen WB, van Orsouw L, Zwiers M, et al. Gender in voice perception in autism. J Autism Dev Disord. 2008 Nov;38(10):1819-26. X-4
1251. Groen Y, Wijers AA, Mulder LJM, et al. Error and feedback processing in children with ADHD and children with autistic spectrum disorder: An EEG event-related potential study. Clinical Neurophysiology. 2008 Nov;119(11):2476-2493. X-4
1252. Groft-Jones M and Block ME. Strategies for Teaching Children with Autism in Physical Education. Teaching Elementary Physical Education. 2006 Nov;17(6):25-28. X-1, X-2, X-3, X-4
1253. Groskreutz MP and Graff RB. Evaluating Pictorial Preference Assessment: The Effect of Differential Outcomes on Preference Assessment Results. Research in Autism Spectrum Disorders. 2009 Jan;3(1):113-128. X-3
1254. Gross M. Pursuing the puzzle of autism. Curr Biol. 2002 Oct 15;12(20):R679. X-1, X-2, X-3, X-4
1255. Grossman RB, Schneps MH and Tager-Flusberg H. Slipped lips: onset asynchrony detection of auditory-visual language in autism. J Child Psychol Psychiatry. 2009 Apr;50(4):491-7. X-1, X-3, X-4
1256. Grover S. Challenging Statutory Limitations on Children's Education Rights: A Re-Examination of the Canadian Supreme Court Decision in "Auton". Education and the Law. 2005 Mar;17(1-2):43-52. X-1, X-2, X-3, X-4
1257. Grow LL, Kelley ME, Roane HS, et al. Utility of extinction-induced response variability for the selection of mands. J Appl Behav Anal. 2008 Spring;41(1):15-24. X-3
1258. Guardino CA. Identification and placement for deaf students with multiple disabilities: choosing the path less followed. Am Ann Deaf. 2008 Spring;153(1):55-64. X-1, X-2, X-4
1259. Gudarzi SS, Yasamy M and Akhondzadeh S. Cyproheptadine in treatment of autism. European Psychiatry. 2002 Jul;17(4):230-231. X-3
1260. Guillem P, Cans C, Guinchat V, et al. Trends, perinatal characteristics, and medical conditions in pervasive developmental disorders. Dev Med Child Neurol. 2006 Nov;48(11):896-900. X-4
1261. Guilloteau D and Chalon S. PET and SPECT exploration of central monoaminergic transporters for the development of new drugs and treatments in brain disorders. Curr Pharm Des. 2005;11(25):3237-45. X-1, X-2, X-3, X-4
1262. Guimaraes Filho PD. A hypothesis about the determining process of autistic states. Int J Psychoanal. 1990;71 (Pt 3):393-402. X-1, X-2, X-4, X-10
1263. Guldberg K and Pilkington R. Tutor Roles in Facilitating Reflection on Practice through Online Discussion. Educational Technology & Society. 2007;10(1):61-72. X-1, X-2, X-3, X-4
1264. Gunter P and et al. The reduction of aberrant vocalizations with auditory feedback and resulting collateral behavior change of two autistic boys. Behavioral Disorders. 1984 Aug;9(4):254-263. X-3, X-10
1265. Gunter PL, Fox JJ, McEvoy MA, et al. A case study of the reduction of aberrant, repetitive responses of an adolescent with autism. Education & Treatment of Children. 1993 May;16(2):187-197. X-1, X-3, X-10
1266. Gupta S. Immunological treatments for autism. J Autism Dev Disord. 2000 Oct;30(5):475-9. X-1, X-2, X-3, X-4
1267. Gupta S, Aggarwal S and Heads C. Brief report: Dysregulated immune system in children with autism: Beneficial effects of intravenous immune globulin on autistic characteristics. Journal of Autism and Developmental Disorders. 1996 Aug;26(4):439-452. X-10
1268. Guptill JT, Booker AB, Gibbs TT, et al. [[superscript 3]H]-Flunitrazepam-Labeled Benzodiazepine Binding Sites in the Hippocampal Formation in Autism: A Multiple Concentration Autoradiographic Study. Journal of Autism and Developmental Disorders. 2007 May;37(5):911-920. X-4
1269. Gurney JG, Fritz MS, Ness KK, et al. Analysis of prevalence trends of autism spectrum disorder in Minnesota. Arch Pediatr Adolesc Med. 2003 Jul;157(7):622-7. X-4
1270. Gustafsson C, Ojehagen A, Hansson L, et al. Effects of Psychosocial Interventions for People with Intellectual Disabilities and Mental Health Problems: A Survey of Systematic Reviews. Research on Social Work Practice. 2009;19(3):281-290. X-1, X-2, X-3, X-4
1271. Gutierrez A, Jr., Hale MN, Gossens-Archuleta K, et al. Evaluating the Social Behavior of Preschool Children with Autism in an Inclusive Playground Setting. International Journal of Special Education. 2007;22(3):26-30. X-3
1272. Gutierrez A, Jr., Vollmer TR, Dozier CL, et al. Manipulating Establishing Operations to Verify and Establish Stimulus Control during Mand Training. Journal of Applied Behavior Analysis. 2007 Win;40(4):645-658. X-3
1273. Guzzetta F, Battaglia D, Di Rocco C, et al. Symptomatic epilepsy in children with poroencephalic cysts secondary to perinatal middle cerebral artery occlusion. Childs Nerv Syst. 2006 Aug;22(8):922-30. X-4
1274. Haag G, Tordjman S, Duprat A, et al. Psychodynamic assessment of changes in children with autism under psychoanalytic treatment. Int J Psychoanal. 2005 Apr;86(Pt 2):335-52. X-2
1275. Hach I, Maywald U, Meusel D, et al. Continuity of long-term medication use after surgical hospital stay. Eur J Clin Pharmacol. 2005 Jul;61(5-6):433-8. X-1, X-4
1276. Hackett L, Shaikh S and Theodosiou L. Parental perceptions of the assessment of autistic spectrum disorders in a tier three service. Child and Adolescent Mental Health. 2009 Sep;14(3):127-132. X-1, X-3, X-4
1277. Hadwin J, Baron-Cohen S, Howlin P, et al. Can we teach children with autism to understand emotions, belief, or pretence? Development and Psychopathology. 1996 Spr;8(2):345-365. X-10
1278. Hadwin J, Baron-Cohen S, Howlin P, et al. Does teaching theory of mind have an effect on the ability to develop conversation in children with autism? J Autism Dev Disord. 1997 Oct;27(5):519-37. X-10
1279. Hagerman RJ, Jackson C, Amiri K, et al. Girls with fragile X syndrome: physical and neurocognitive status and outcome. Pediatrics. 1992 Mar;89(3):395-400. X-1, X-4, X-10
1280. Hagermoser Sanetti LM, Luiselli JK and Handler MW. Effects of verbal and graphic performance feedback

on behavior support plan implementation in a public elementary school. Behavior Modification. 2007 Jul;31(4):454-465. X-1, X-4
1281. Hagiwara T and Myles BS. A multimedia social story intervention: Teaching skills to children with autism. Focus on Autism and Other Developmental Disabilities. 1999 Sum;14(2):82-95. X-10
1282. Hagner D and Cooney BF. "I Do That for Everybody": Supervising Employees With Autism. Focus on Autism and Other Developmental Disabilities. 2005 Sum;20(2):91-97. X-1, X-4
1283. Hagopian LP, Bruzek JL, Bowman LG, et al. Assessment and treatment of problem behavior occasioned by interruption of free-operant behavior. Journal of Applied Behavior Analysis. 2007 Spr;40(1):89-103. X-3
1284. Hagopian LP, Crockett JL, van Stone M, et al. Effects of noncontingent reinforcement on problem behavior and stimulus engagement: The role of satiation, extinction, and alternative reinforcement. Journal of Applied Behavior Analysis. Special Issue: Establishing operations in applied behavior analysis. 2000 Win;33(4):433-449. X-3
1285. Hagopian LP, Farrell DA and Amari A. Treating total liquid refusal with backward chaining and fading. Journal of Applied Behavior Analysis. 1996 Win;29(4):573-575. X-3, X-10
1286. Hagopian LP, Fisher WW and Legacy SM. Schedule effects of noncontingent reinforcement on attention-maintained destructive behavior in identical quadruplets. Journal of Applied Behavior Analysis. Special Issue: Functional analysis approaches to behavioral assessment and treatment. 1994 Sum;27(2):317-325. X-10
1287. Hagopian LP, Kuhn SA, Long ES, et al. Schedule thinning following communication training: using competing stimuli to enhance tolerance to decrements in reinforcer density. J Appl Behav Anal. 2005 Summer;38(2):177-93. X-3
1288. Hagopian LP and Thompson RH. Reinforcement of compliance with respiratory treatment in a child with cystic fibrosis. Journal of Applied Behavior Analysis. 1999 Sum;32(2):233-236. X-3, X-10
1289. Hagopian LP and Toole LM. Effects of response blocking and competing stimuli on stereotypic behavior. Behavioral Interventions. 2009 Apr;24(2):117-125. X-3
1290. Hagopian LP, Wilson DM and Wilder DA. Assessment and treatment of problem behavior maintained by escape from attention and access to tangible items. Journal of Applied Behavior Analysis. 2001 Sum;34(2):229-232. X-3
1291. Hainsworth T. The prevalence and causes of autistic spectrum disorders. Nurs Times. 2006 Aug 1-7;102(31):23-4. X-1, X-2, X-3, X-4
1292. Hairston MP. Analyses of responses of mentally retarded autistic and mentally retarded nonautistic children to art therapy and music therapy. Journal of Music Therapy. 1990 Fal;27(3):137-150. X-10
1293. Halacheva K, Dimova S, Tolev T, et al. Elevated anticardiolipin antibodies in schizophrenic patients before and during neuroleptic medication. Psychiatry Res. 2009 Aug 30;169(1):51-5. X-1, X-4
1294. Hall LJ. Effective behavioural strategies for the defining characteristics of autism. Behaviour Change. 1997;14(3):139-154. X-1, X-2, X-3, X-10
1295. Halpin J and Nugent B. Health visitors' perceptions of their role in autism spectrum disorder. Community Pract. 2007 Jan;80(1):18-22. X-1
1296. Hamdan-Allen G. Brief report: Trichotillomania in an autistic male. Journal of Autism and Developmental Disorders. 1991 Mar;21(1):79-82. X-1, X-3, X-10
1297. Hameury L, Roux S, Barthelemy C, et al. Quantified multidimensional assessment of autism and other pervasive developmental disorders. Application for bioclinical research. Eur Child Adolesc Psychiatry. 1995 Apr;4(2):123-35. X-4, X-10
1298. Hameury L, Roux S, Lenoir P, et al. Longitudinal study of autism and other pervasive developmental disorders: Review of 125 cases. Developmental Brain Dysfunction. 1995 Jan-Feb;8(1):51-65. X-10 COMPREHENSIVE
1299. Hamilton BL and Snell ME. Using the milieu approach to increase spontaneous communication book use across environments by an adolescent with autism. AAC: Augmentative and Alternative Communication. 1993 Dec;9(4):259-272. X-10
1300. Hamilton JD. The practical search. J Am Acad Child Adolesc Psychiatry. 2007 Mar;46(3):418-22. X-1, X-2, X-3, X-4
1301. Han I, Ling YH, al-Baker S, et al. Cellular pharmacology of liposomal cis-bis-neodecanoato-trans-R,R-1,2-diaminocyclohexaneplatinum(II) in A2780/S and A2780/PDD cells. Cancer Res. 1993 Oct 15;53(20):4913-9. X-1, X-3, X-4, X-10
1302. Han I, Ling YH, Khokhar AR, et al. Cell death and DNA fragmentation induced by liposomal platinum(II) complex, L-NDDP in A2780 and A2780/PDD cells. Anticancer Res. 1994 Mar-Apr;14(2A):421-6. X-1, X-3, X-4, X-10
1303. Han I, Nguyen T, Yang LY, et al. Cellular accumulation and DNA damage induced by liposomal cis-bis-neodecanoato-trans-R,R-1,2-diaminocyclohexaneplatinum+ ++(II) in LoVo and LoVo/PDD cells. Anticancer Drugs. 1994 Feb;5(1):64-8. X-1, X-4, X-10
1304. Hancock TB and Kaiser AP. The effects of trainer-implemented Enhanced Milieu Teaching on the social communication of children with autism. Topics in Early Childhood Special Education. 2002 Spr;22(1):39-54. X-3
1305. Handen BL, Apolito PM and Seltzer GB. Use of differential reinforcement of low rates of behavior to decrease repetitive speech in an autistic adolescent. Journal of Behavior Therapy and Experimental Psychiatry. 1984 Dec;15(4):359-364. X-1, X-3, X-10
1306. Handen BL and Hofkosh D. Secretin in Children with Autistic Disorder: A Double-Blind, Placebo-Controlled Trial. Journal of Developmental and Physical Disabilities. 2005 Jun;17(2):95-106. X-3
1307. Handen BL, Johnson CR and Lubetsky M. Efficacy of methylphenidate among children with autism and symptoms of attention-deficit hyperactivity disorder. J Autism Dev Disord. 2000 Jun;30(3):245-55. X-3

1308. Handen BL and Lubetsky M. Pharmacotherapy in Autism and Related Disorders. School Psychology Quarterly. 2005 Sum;20(2):155-171. X-1, X-2, X-3
1309. Handen BL, Sahl R and Hardan AY. Guanfacine in children with autism and/or intellectual disabilities. J Dev Behav Pediatr. 2008 Aug;29(4):303-8. X-3
1310. Handleman JS, Powers MD and Harris SL. Teaching of labels: an analysis of concrete and pictorial representations. Am J Ment Defic. 1984 May;88(6):625-9. X-3, X-10
1311. Hanley GP, Piazza CC, Fisher WW, et al. On the Effectiveness of and Preference for Punishment and Extinction Components of Function-Based Interventions. Journal of Applied Behavior Analysis Journal Citation: v38 n1 p51 Spr 2005 Publisher: Department of Applied Behavioral Science, 1000 Sunnyside Ave., KU, Lawrence, KS 66045-2133. Web site: http://seab.envmed.rochester.edu. 2005 Pub Types: Journal Articles; Reports - Evaluative. X-3, X-4
1312. Hanser GA and Erickson KA. Integrated Word Identification and Communication Instruction for Students with Complex Communication Needs: Preliminary Results. Focus on Autism and Other Developmental Disabilities. 2007;22(4):268-278. X-3
1313. Hanson E, Kalish LA, Bunce E, et al. Use of complementary and alternative medicine among children diagnosed with autism spectrum disorder. J Autism Dev Disord. 2007 Apr;37(4):628-36. X-1, X-4
1314. Happe F. Theory of mind and the self. Ann N Y Acad Sci. 2003 Oct;1001:134-44. X-1, X-2, X-4
1315. Happe FG. An advanced test of theory of mind: understanding of story characters' thoughts and feelings by able autistic, mentally handicapped, and normal children and adults. J Autism Dev Disord. 1994 Apr;24(2):129-54. X-10
1316. Harada Y, Tunoda M, Kanbayashi Y, et al. A case report of pervasive developmental disorder who fulfill the diagnostic criteria of attention-deficit/hyperactivity disorder. Journal of Mental Health. No. 2002;48:67-70. X-3
1317. Harbinson H and Alexander J. Asperger Syndrome and the English Curriculum: Addressing the Challenges. Support for Learning. 2009 Feb;24(1):11-18. X-1, X-2, X-3, X-4
1318. Harchik AE, Harchik AJ, Luce SC, et al. Teaching autistic and severely handicapped children to recruit praise: acquisition and generalization. Res Dev Disabil. 1990;11(1):77-95. X-10
1319. Hardan AY and Handen BL. A retrospective open trial of adjunctive donepezil in children and adolescents with autistic disorder. J Child Adolesc Psychopharmacol. 2002 Fall;12(3):237-41. X-3
1320. Hardan AY, Jou RJ and Handen BL. A retrospective assessment of topiramate in children and adolescents with pervasive developmental disorders. J Child Adolesc Psychopharmacol. 2004 Fall;14(3):426-32. X-1, X-3

1321. Hardan AY, Jou RJ and Handen BL. Retrospective study of quetiapine in children and adolescents with pervasive developmental disorders. J Autism Dev Disord. 2005 Jun;35(3):387-91. X-1, X-3, X-4
1322. Harding JW, Wacker DP, Berg WK, et al. Assessment and treatment of severe behavior problems using choice-making procedures. Education & Treatment of Children. 2002 Feb;25(1):26-46. X-3
1323. Hare DJ. The use of cognitive-behavioral therapy with people with Asperger syndrome: A case study. Autism. 1997 Nov;1(2):215-225. X-1, X-3, X-10
1324. Hare DJ, Jones JPR and Paine C. Approaching reality: The use of personal construct assessment in working with people with Asperger syndrome. Autism. 1999 Jun;3(2):165-176. X-1, X-3, X-10
1325. Hare DJ, Pratt C, Burton M, et al. The health and social care needs of family carers supporting adults with autistic spectrum disorders. Autism. 2004 Dec;8(4):425-44. X-1, X-4
1326. Harel-Hochfeld M. Practicing choice theory and reality therapy in Israel: A case study. International Journal of Reality Therapy. 1999 Fal;19(1):32-34. X-3, X-10
1327. Haring TG, Breen CG, Pitts-Conway V, et al. Use of differential reinforcement of other behavior during dyadic instruction to reduce stereotyped behavior of autistic students. American Journal of Mental Deficiency. 1986 May;90(6):694-702. X-1, X-3, X-10
1328. Haring TG and Kennedy CH. Contextual control of problem behavior in students with severe disabilities. J Appl Behav Anal. 1990 Summer;23(2):235-43. X-3, X-10
1329. Haring TG, Kennedy CH, Adams MJ, et al. Teaching generalization of purchasing skills across community settings to autistic youth using videotape modeling. Journal of Applied Behavior Analysis. 1987 Spr;20(1):89-96. X-10
1330. Harnryd C, Bjerkenstedt L, Bjork K, et al. Clinical evaluation of sulpiride in schizophrenic patients--a double-blind comparison with chlorpromazine. Acta Psychiatr Scand Suppl. 1984;311:7-30. X-1, X-4, X-10
1331. Harpaz-Rotem I and Rosenheck RA. Changes in outpatient psychiatric diagnosis in privately insured children and adolescents from 1995 to 2000. Child Psychiatry Hum Dev. 2004 Summer;34(4):329-40. X-1, X-4
1332. Harper CB, Symon JB and Frea WD. Recess is time-in: using peers to improve social skills of children with autism. J Autism Dev Disord. 2008 May;38(5):815-26. X-3
1333. Harrington JW, Patrick PA, Edwards KS, et al. Parental beliefs about autism: implications for the treating physician. Autism. 2006 Sep;10(5):452-62. X-1, X-4
1334. Harrington JW, Rosen L, Garnecho A, et al. Parental perceptions and use of complementary and alternative medicine practices for children with autistic spectrum disorders in private practice. J Dev Behav Pediatr. 2006 Apr;27(2 Suppl):S156-61. X-1, X-4
1335. Harris KM, Mahone EM and Singer HS. Nonautistic motor stereotypies: clinical features and longitudinal follow-up. Pediatr Neurol. 2008 Apr;38(4):267-72. X-1, X-4
1336. Harris SL. The family and the autistic child: A behavioral perspective. Family Relations. 1984 Jan;33(1):127-134. X-1, X-2, X-3, X-4, X-10
1337. Harris SL. The family of the autistic child: A behavioral-systems view. Clinical Psychology Review. 1984;4(3):227-239. X-1, X-2, X-4, X-10
1338. Harris SL. Intervention planning for the family of the autistic child: A multilevel assessment of the family

system. Journal of Marital & Family Therapy. 1984 Apr;10(2):157-166. X-1, X-3, X-4, X-10
1339. Harris SL. A 4- to 7-year questionnaire follow-up of participants in a training program for parents of autistic children. J Autism Dev Disord. 1986 Sep;16(3):377-83. X-10
1340. Harris SL. Brief report: A 4- to 7-year questionnaire follow-up of participants in a training program for parents of autistic children. Journal of Autism and Developmental Disorders. 1986 Sep;16(3):377-383. X-10
1341. Harris SL. Parents as teachers: A four to seven year follow up of parents of children with autism. Child & Family Behavior Therapy. 1986 Win;8(4):39-47. X-4, X-10
1342. Harris SL. Adolescent with Autistic Spectrum Disorder and some Obsessive-Compulsive Disorder behavior. J Autism Dev Disord. 2003 Dec;33(6):709. X-1, X-2, X-3, X-4
1343. Harris SL. My 19-year-old son has autism and moderate mental retardation. What can I do to make him less passive? J Autism Dev Disord. 2005 Feb;35(1):137. X-1, X-3
1344. Harris SL. Setting up a home-based program for our 3-year-old son who has autism. J Autism Dev Disord. 2006 Feb;36(2):293. X-1, X-2, X-3, X-4
1345. Harris SL, Handleman JS and Alessandri M. Teaching youths with autism to offer assistance. J Appl Behav Anal. 1990 Fall;23(3):297-305. X-3, X-10
1346. Harris SL, Handleman JS and Fong PL. Imitation of self-stimulation: Impact on the autistic child's behavior and affect. Child & Family Behavior Therapy. 1987 Spr-Sum;9(1-2):1-21. X-3, X-10
1347. Harris SL, Handleman JS, Gill MJ, et al. Does punishment hurt? The impact of aversives on the clinician. Res Dev Disabil. 1991;12(1):17-24. X-1, X-4, X-10
1348. Harris SL, Handleman JS, Gordon R, et al. Changes in cognitive and language functioning of preschool children with autism. J Autism Dev Disord. 1991 Sep;21(3):281-90. X-10
1349. Harris SL, Handleman JS, Kristoff B, et al. Changes in language development among autistic and peer children in segregated and integrated preschool settings. J Autism Dev Disord. 1990 Mar;20(1):23-31. X-10
1350. Harris SL, Wolchik SA and Milch RE. Changing the speech of autistic children and their parents. Child & Family Behavior Therapy. 1982 Sum-Fal;4(2-3):151-173. X-3, X-10
1351. Harris SL, Wolchik SA and Weitz S. The acquisition of language skills by autistic children: can parents do the job? J Autism Dev Disord. 1981 Dec;11(4):373-84. X-10
1352. Harris TA, Peterson SL, Filliben TL, et al. Evaluating a more cost-efficient alternative to providing in-home feedback to parents: the use of spousal feedback. J Appl Behav Anal. 1998 Spring;31(1):131-4. X-1, X-3, X-4, X-10
1353. Harrison Elder J, Shankar M, Shuster J, et al. The Gluten-Free, Casein-Free Diet In Autism: Results of A Preliminary Double Blind Clinical Trial. Journal of Autism and Developmental Disorders. 2006 Apr;36(3):413-420. X-3
1354. Harrison JR and Barabasz AF. Effects of restricted environmental stimulation therapy on the behavior of children with autism. Child Study Journal. 1991;21(3):153-166. X-10
1355. Harrison RM. Low energy X-ray depth dose data for use in radiotherapy--comments on the review of BJR Supplement 17. Br J Radiol. 1997 Sep;70(837):946-9. X-1, X-4, X-10
1356. Harrison S and Berry L. Valuing people: health visiting and people with learning disabilities. Community Pract. 2006 Feb;79(2):56-9. X-2, X-4
1357. Harte HA. What Teachers Can Learn from Mothers of Children with Autism. TEACHING Exceptional Children. 2009 Sep-Oct;42(1):24-30. X-1, X-3, X-4
1358. Hartley SL, Sikora DM and McCoy R. Prevalence and Risk Factors of Maladaptive Behaviour in Young Children with Autistic Disorder. Journal of Intellectual Disability Research. 2008 Oct;52(10):819-829. X-4
1359. Hartman BA, Miller BK and Nelson DL. The effects of hands-on occupation versus demonstration on children's recall memory. Am J Occup Ther. 2000 Sep-Oct;54(5):477-83. X-1, X-4
1360. Hartshorne TS and Herr MD. An Adlerian approach to autism. Individual Psychology: Journal of Adlerian Theory, Research & Practice. 1983 Dec;39(4):394-401. X-3, X-10
1361. Hartz I, Sakshaug S, Furu K, et al. Aspects of statin prescribing in Norwegian counties with high, average and low statin consumption - an individual-level prescription database study. BMC Clin Pharmacol. 2007;7:14. X-1, X-4
1362. Harvey RJ and Cooray SE. The effective treatment of severe repetitive behaviour with fluvoxamine in a 20 year old autistic female. International Clinical Psychopharmacology. 1995 Sep;10(3):201-203. X-1, X-3, X-10
1363. Hassert DL, Kelly AN, Pritchard JK, et al. The Licensing of Behavior Analysts: Protecting the Profession and the Public. Journal of Early and Intensive Behavior Intervention. 2008;5(2):8-19. X-1, X-2, X-4
1364. Hastings RP. Behavioral adjustment of siblings of children with autism engaged in applied behavior analysis early intervention programs: the moderating role of social support. J Autism Dev Disord. 2003 Apr;33(2):141-50. X-1, X-4
1365. Hastings RP, Beck A, Daley D, et al. Symptoms of ADHD and Their Correlates in Children with Intellectual Disabilities. Research in Developmental Disabilities: A Multidisciplinary Journal. 2005 Sep-Oct;26(5):456-468. X-4
1366. Hastings RP and Johnson E. Stress in UK families conducting intensive home-based behavioral intervention for their young child with autism. J Autism Dev Disord. 2001 Jun;31(3):327-36. X-1, X-4
1367. Hastings RP and Symes MD. Early intensive behavioral intervention for children with autism: parental therapeutic self-efficacy. Res Dev Disabil. 2002 Sep-Oct;23(5):332-41. X-4
1368. Hatton C, Emerson E, Robertson J, et al. The Resident Choice Scale: a measure to assess opportunities for self-determination in residential settings. J Intellect Disabil Res. 2004 Feb;48(Pt 2):103-13. X-1, X-4
1369. Hatton DD, Wheeler AC, Skinner ML, et al. Adaptive behavior in children with fragile X syndrome. Am J Ment Retard. 2003 Nov;108(6):373-90. X-4

1370. Haugaard JJ. Recognizing and treating rare behavioral and emotional disorders in children and adolescents who have been severely maltreated: schizophrenia. Child Maltreat. 2004 May;9(2):161-8. X-1, X-2, X-4
1371. Hausman N, Kahng S, Farrell E, et al. Idiosyncratic functions: Severe problem behavior maintained by access to ritualistic behaviors. Education and Treatment of Children. 2009 Feb;32(1):77-87. X-3
1372. Hawkins AH. Influencing leisure choices of autisticlike children. J Autism Dev Disord. 1982 Dec;12(4):359-66. X-3, X-10
1373. Hayashi E. Effect of melatonin on sleep-wake rhythm: The sleep diary of an autistic male. Psychiatry and Clinical Neurosciences. 2000 Jun;54(3):383. X-1, X-3
1374. Hazell P. Drug therapy for attention-deficit/hyperactivity disorder-like symptoms in autistic disorder. J Paediatr Child Health. 2007 Jan-Feb;43(1-2):19-24. X-1, X-2, X-3
1375. Hazell PL, Tarren-Sweeney M, Vimpani GV, et al. Children with disruptive behaviours I: service utilization. J Paediatr Child Health. 2002 Feb;38(1):27-31. X-1, X-4
1376. Hazell PL, Tarren-Sweeney M, Vimpani GV, et al. Children with disruptive behaviours II: clinical and community service needs. J Paediatr Child Health. 2002 Feb;38(1):32-40. X-1, X-4
1377. Healey JJ, Ahearn WH, Graff RB, et al. Extended analysis and treatment of self-injurious behavior. Behavioral Interventions. 2001 Jul-Sep;16(3):181-195. X-1, X-3
1378. Healy O, O'Connor J, Leader G, et al. Three Years of Intensive Applied Behavior Analysis: A Case Study. Journal of Early and Intensive Behavior Intervention. 2008;5(1):4-22. X-3
1379. Heckaman KA, Alber S, Hooper S, et al. A comparison of least-to-most prompts and progressive time delay on the disruptive behavior of students with autism. Journal of Behavioral Education. 1998 Jun;8(2):171-201. X-10
1380. Hedbring C and Newsom C. Visual overselectivity: a comparison of two instructional remediation procedures with autistic children. J Autism Dev Disord. 1985 Mar;15(1):9-22. X-10
1381. Hedenbro M and Tjus T. A Case Study of Parent-Child Interactions of a Child with Autistic Spectrum Disorder (3-48 Months) and Comparison with Typically-Developing Peers. Child Language Teaching and Therapy. 2007;23(2):201-222. X-3, X-4
1382. Hediger ML, England LJ, Molloy CA, et al. Reduced bone cortical thickness in boys with autism or autism spectrum disorder. Journal of Autism and Developmental Disorders. 2008 May;38(5):848-856. X-4
1383. Hedley D and Young R. Social Comparison Processes and Depressive Symptoms in Children and Adolescents with Asperger Syndrome. Autism: The International Journal of Research & Practice. 2006;10(2):139-153. X-4
1384. Heering PW, Wilder DA and Ladd C. Liquid rescheduling for the treatment of rumination. Behavioral Interventions. 2003 Jul;18(3):199-207. X-1, X-3
1385. Heidgerken AD, Geffken G, Modi A, et al. A Survey of Autism Knowledge in a Health Care Setting. Journal of Autism and Developmental Disorders. 2005 Jun;35(3):323-330. X-1, X-4
1386. Heilbrun AB, Jr., Blum N and Goldreyer N. Defensive projection. An investigation of its role in paranoid conditions. J Nerv Ment Dis. 1985 Jan;173(1):17-25. X-4, X-10
1387. Heiman T and Berger O. Parents of Children with Asperger Syndrome or with Learning Disabilities: Family Environment and Social Support. Research in Developmental Disabilities: A Multidisciplinary Journal. 2008 Jul-Aug;29(4):289-300. X-1, X-4
1388. Heimann M, Nelson KE, Tjus T, et al. Increasing reading and communication skills in children with autism through an interactive multimedia computer program. J Autism Dev Disord. 1995 Oct;25(5):459-80. X-10
1389. Heinrich H, Gevensleben H and Strehl U. Annotation: neurofeedback - train your brain to train behaviour. J Child Psychol Psychiatry. 2007 Jan;48(1):3-16. X-1, X-4
1390. Hellemans H, Colson K, Verbraeken C, et al. Sexual behavior in high-functioning male adolescents and young adults with autism spectrum disorder. J Autism Dev Disord. 2007 Feb;37(2):260-9. X-4
1391. Hellings JA, Kelley LA, Gabrielli WF, et al. Sertraline response in adults with mental retardation and autistic disorder. J Clin Psychiatry. 1996 Aug;57(8):333-6. X-1, X-3, X-10
1392. Hellings JA, Nickel EJ, Weckbaugh M, et al. The overt aggression scale for rating aggression in outpatient youth with autistic disorder: preliminary findings. J Neuropsychiatry Clin Neurosci. 2005 Winter;17(1):29-35. X-4
1393. Hellings JA, Weckbaugh M, Nickel EJ, et al. A double-blind, placebo-controlled study of valproate for aggression in youth with pervasive developmental disorders. J Child Adolesc Psychopharmacol. 2005 Aug;15(4):682-92. X-1, X-4
1394. Hellings JA, Zarcone JR, Crandall K, et al. Weight gain in a controlled study of risperidone in children, adolescents and adults with mental retardation and autism. J Child Adolesc Psychopharmacol. 2001 Fall;11(3):229-38. X-1, X-3
1395. Hellings JA, Zarcone JR, Reese RM, et al. A crossover study of risperidone in children, adolescents and adults with mental retardation. J Autism Dev Disord. 2006 Apr;36(3):401-11. X-1, X-3
1396. Hellings JA, Zarcone JR, Valdovinos MG, et al. Risperidone-induced prolactin elevation in a prospective study of children, adolescents, and adults with mental retardation and pervasive developmental disorders. J Child Adolesc Psychopharmacol. 2005 Dec;15(6):885-92. X-1, X-3
1397. Henderson LM. Asperger's Syndrome in Gifted Individuals. Gifted Child Today. 2001 Sum;24(3):28-35. X-1, X-2, X-4
1398. Hendren RL, Hodde-Vargas JE, Vargas LA, et al. Magnetic resonance imaging of severely disturbed children--a preliminary study. J Am Acad Child Adolesc Psychiatry. 1991 May;30(3):466-70. X-4, X-10
1399. Henley D. Emotional handicaps in low-functioning children: Art educational/art therapeutic interventions. The

Arts in Psychotherapy. 1986 Spr;13(1):35-44. X-1, X-3, X-10
1400. Henley D. Naming the Enemy: An Art Therapy Intervention for Children with Bipolar and Comorbid Disorders. Art Therapy: Journal of the American Art Therapy Association. 2007;24(3):104-110. X-1, X-4
1401. Hennessy MJ and Haas RH. The orthopedic management of Rett syndrome. J Child Neurol. 1988;3 Suppl:S43-7. X-1, X-4, X-10
1402. Henry CA, Shervin D, Neumeyer A, et al. Retrial of selective serotonin reuptake inhibitors in children with pervasive developmental disorders: a retrospective chart review. J Child Adolesc Psychopharmacol. 2009 Apr;19(2):111-7. X-3
1403. Herbert M. Martha Herbert, MD: transcending the gaps in autism research. Interview by Frank Lampe and Suzanne Snyder. Altern Ther Health Med. 2007 Nov-Dec;13(6):62-73. X-1, X-2, X-3
1404. Herbrecht E, Poustka F, Birnkammer S, et al. Pilot evaluation of the Frankfurt Social Skills Training for children and adolescents with autism spectrum disorder. Eur Child Adolesc Psychiatry. 2009 Jun;18(6):327-35. X-1, X-3
1405. Herman BH, Asleson GS, Powell A, et al. Cardiovascular and other physical effects of acute administration of naltrexone in autistic children. Journal of Child and Adolescent Psychopharmacology. 1993 Fal;3(3):157-168. X-10
1406. Herman BH, Hammock MK, Arthur-Smith A, et al. Effects of acute administration of naltrexone on cardiovascular function, body temperature, body weight and serum concentrations of liver enzymes in autistic children. Dev Pharmacol Ther. 1989;12(3):118-27. X-3, X-10
1407. Hernandez-Reif M, Martinez A, Field T, et al. Premenstrual symptoms are relieved by massage therapy. J Psychosom Obstet Gynaecol. 2000 Mar;21(1):9-15. X-1, X-4
1408. Herndon AC, DiGuiseppi C, Johnson SL, et al. Does nutritional intake differ between children with autism spectrum disorders and children with typical development? Journal of Autism and Developmental Disorders. 2009;39(2):462593. X-4
1409. Herrera G, Alcantud F, Jordan R, et al. Development of Symbolic Play through the Use of Virtual Reality Tools in Children with Autistic Spectrum Disorders: Two Case Studies. Autism: The International Journal of Research and Practice. 2008;12(2):143-157. X-3
1410. Herring S, Gray K, Taffe J, et al. Behaviour and Emotional Problems in Toddlers with Pervasive Developmental Disorders and Developmental Delay: Associations with Parental Mental Health and Family Functioning. Journal of Intellectual Disability Research. 2006 Dec;50(12):874-882. X-4
1411. Hertzman M. Galantamine in the treatment of adult autism: A report of three clinical cases. International Journal of Psychiatry in Medicine. 2003;33(4):395-398. X-1, X-3, X-4
1412. Hess KL, Morrier MJ, Heflin LJ, et al. Autism treatment survey: services received by children with autism spectrum disorders in public school classrooms. J Autism Dev Disord. 2008 May;38(5):961-71. X-1, X-4
1413. Hess L. I Would Like to Play but I Don't Know How: A Case Study of Pretend Play in Autism. Child Language Teaching and Therapy. 2006;22(1):97-116. X-3
1414. Hetzroni OE and Shalem U. From Logos to Orthographic Symbols: A Multilevel Fading Computer Program for Teaching Nonverbal Children with Autism. Focus on Autism and Other Developmental Disabilities. 2005 Win;20(4):201-212. X-3
1415. Hetzroni OE and Tannous J. Effects of a computer-based intervention program on the communicative functions of children with autism. J Autism Dev Disord. 2004 Apr;34(2):95-113. X-3
1416. Hewitt LE. A social interactionist view of autism and its clinical management. J Commun Disord. 1998 Mar-Apr;31(2):87-92. X-10
1417. Hickling EJ, Blanchard EB and Kuhn E. Brief, Early Treatment for ASD/PTSD Following Motor Vehicle Accidents. Cognitive and Behavioral Practice. 2005 Aut;12(4):461-467. X-1, X-3, X-4
1418. Higbee TS, Carr JE and Patel MR. The effects of interpolated reinforcement on resistance to extinction in children diagnosed with autism: a preliminary investigation. Res Dev Disabil. 2002 Jan-Feb;23(1):61-78. X-3
1419. Higgins DJ, Bailey SR and Pearce JC. Factors associated with functioning style and coping strategies of families with a child with an autism spectrum disorder. Autism. 2005 May;9(2):125-37. X-1, X-4
1420. Higgins KK, Koch LC, Boughfman EM, et al. School-to-work transition and Asperger Syndrome. Work. 2008;31(3):291-8. X-1, X-2, X-3, X-4
1421. Hill BK, Balow EA and Bruininks RH. A national study of prescribed drugs in institutions and community residential facilities for mentally retarded people. Psychopharmacol Bull. 1985;21(2):279-84. X-10
1422. Hillier A, Campbell H, Keillor J, et al. Decreased false memory for visually presented shapes and symbols among adults on the autism spectrum. J Clin Exp Neuropsychol. 2007 Aug;29(6):610-6. X-1
1423. Hillier A, Campbell H, Mastriani K, et al. Two-year evaluation of a vocational support program for adults on the autism spectrum. Career Development for Exceptional Individuals. 2007 Spr;30(1):35-47. X-1, X-3, X-4
1424. Hilton JC and Seal BC. Brief report: comparative ABA and DIR trials in twin brothers with autism. J Autism Dev Disord. 2007 Jul;37(6):1197-201. X-3
1425. Hilton S, Hunt K, Langan M, et al. Reporting of MMR evidence in professional publications: 1988-2007. Arch Dis Child. 2009 Nov;94(11):831-3. X-1, X-2, X-3, X-4
1426. Hilton S, Hunt K and Petticrew M. MMR: marginalised, misrepresented and rejected? Autism: a focus group study. Arch Dis Child. 2007 Apr;92(4):322-7. X-1, X-3, X-4
1427. Hine JF and Wolery M. Using Point-of-View Video Modeling to Teach Play to Preschoolers with Autism. Topics in Early Childhood Special Education. 2006 Sum;26(2):83-93. X-3
1428. Hinerman PS, Jenson WR, Walker GR, et al. Positive practice overcorrection combined with additional procedures to teach signed words to an autistic child.

Journal of Autism and Developmental Disorders. 1982 Sep;12(3):253-263. X-10
1429. Hirose M, Kijima R, Shirakawa K, et al. Development of a virtual sand box: an application of virtual environment for psychological treatment. Stud Health Technol Inform. 1997;44:113-20. X-2, X-4, X-10
1430. Hirsch N and Myles BS. The use of a pica box in reducing pica behavior in a student with autism. Focus on Autism and Other Developmental Disabilities. 1996 Win;11(4):222-225, 234. X-3, X-10
1431. Hittner JB. Case study: The combined use of imipramine and behavior modification to reduce aggression in an adult male diagnosed as having autistic disorder. Behavioral Interventions. 1994 Apr;9(2):123-139. X-1, X-3, X-10
1432. Ho HH, Lockitch G, Eaves L, et al. Blood serotonin concentrations and fenfluramine therapy in autistic children. J Pediatr. 1986 Mar;108(3):465-9. X-10
1433. Ho HH, Miller A and Armstrong RW. Parent-professional agreement on diagnosis and recommendations for children with developmental disorders. Child Health Care. 1994 Spring;23(2):137-48. X-4, X-10
1434. Hoch H, McComas JJ, Johnson L, et al. The effects of magnitude and quality of reinforcement on choice responding during play activities. Journal of Applied Behavior Analysis. 2002 Sum;35(2):171-181. X-3
1435. Hoch H, McComas JJ, Thompson AL, et al. Concurrent reinforcement schedules: Behavior change and maintenance without extinction. Journal of Applied Behavior Analysis. 2002 Sum;35(2):155-169. X-3
1436. Hoda MR and Popken G. Surgical outcomes of fluorescence-guided laparoscopic partial nephrectomy using 5-aminolevulinic acid-induced protoporphyrin IX. J Surg Res. 2009 Jun 15;154(2):220-5. X-1, X-3, X-4
1437. Hoevenaars-van den Boom MAA, Antonissen ACFM, Knoors H, et al. Differentiating Characteristics of Deafblindness and Autism in People with Congenital Deafblindness and Profound Intellectual Disability. Journal of Intellectual Disability Research. 2009 Jun;53(6):548-558. X-4
1438. Hoff RG, van Dijk GW, Algra A, et al. Fluid balance and blood volume measurement after aneurysmal subarachnoid hemorrhage. Neurocrit Care. 2008;8(3):391-7. X-1, X-4
1439. Hoffman CD, Sweeney DP, Gilliam JE, et al. Sleep Problems and Symptomology in Children With Autism. Focus on Autism and Other Developmental Disabilities. 2005 Win;20(4):194-200. X-4
1440. Hoffman CD, Sweeney DP, Hodge D, et al. Parenting Stress and Closeness: Mothers of Typically Developing Children and Mothers of Children with Autism. Focus on Autism and Other Developmental Disabilities. 2009;24(3):178-187. X-1, X-3, X-4
1441. Hofvander B, Delorme R, Chaste P, et al. Psychiatric and psychosocial problems in adults with normal-intelligence autism spectrum disorders. BMC Psychiatry. 2009;9:35. X-1, X-4
1442. Hoksbergen R, ter Laak J, Rijk K, et al. Post-Institutional Autistic Syndrome in Romanian adoptees. J Autism Dev Disord. 2005 Oct;35(5):615-23. X-4
1443. Holburn CS. Counter the mistreatments for autism with professional integrity. Intellect Dev Disabil. 2007 Apr;45(2):136-7. X-1, X-2, X-3, X-4
1444. Holck U. Interaction Themes in Music Therapy: Definition and Delimitation. Nordic Journal of Music Therapy. 2004;13(1):3-19. X-1, X-2, X-4
1445. Holcomb MJ, Pufpaff LA and McIntosh DE. Obesity Rates in Special Populations of Children and Potential Interventions. Psychology in the Schools. 2009 Sep;46(8):797-804. X-1, X-2, X-3, X-4
1446. Holden B and Gitlesen JP. A Total Population Study of Challenging Behaviour in the County of Hedmark, Norway: Prevalence, and Risk Markers. Research in Developmental Disabilities: A Multidisciplinary Journal. 2006 Jul-Aug;27(4):456-465. X-4
1447. Hollander A and Hebborn-Brass U. Termination of long term treatment in a residential home: quotas, conditions and additional comments. Acta Paedopsychiatr. 1989;52(4):243-53. X-4, X-10
1448. Hollander E, Bartz J, Chaplin W, et al. Oxytocin increases retention of social cognition in autism. Biol Psychiatry. 2007 Feb 15;61(4):498-503. X-1
1449. Hollander E, Chaplin W, Soorya L, et al. Divalproex Sodium vs Placebo for the Treatment of Irritability in Children and Adolescents with Autism Spectrum Disorders. Neuropsychopharmacology. 2010 Mar;35(4):990-8. X-3
1450. Hollander E, Dolgoff-Kaspar R, Cartwright C, et al. An open trial of divalproex sodium in autism spectrum disorders. J Clin Psychiatry. 2001 Jul;62(7):530-4. X-1, X-3
1451. Hollander E, Kaplan A, Cartwright C, et al. Venlafaxine in children, adolescents, and young adults with autism spectrum disorders: an open retrospective clinical report. J Child Neurol. 2000 Feb;15(2):132-5. X-1, X-3
1452. Hollander E, Novotny S, Allen A, et al. The relationship between repetitive behaviors and growth hormone response to sumatriptan challenge in adult autistic disorder. Neuropsychopharmacology. 2000 Feb;22(2):163-167. X-1
1453. Hollander E, Novotny S, Hanratty M, et al. Oxytocin infusion reduces repetitive behaviors in adults with autistic and Asperger's disorders. Neuropsychopharmacology. 2003 Jan;28(1):193-8. X-1
1454. Hollander E, Phillips AT and Yeh CC. Targeted treatments for symptom domains in child and adolescent autism. Lancet. 2003 Aug 30;362(9385):732-4. X-1, X-2, X-3, X-4
1455. Hollander E, Soorya L, Wasserman S, et al. Divalproex sodium vs. placebo in the treatment of repetitive behaviours in autism spectrum disorder. Int J Neuropsychopharmacol. 2006 Apr;9(2):209-13. X-1, X-3
1456. Hollander E, Wasserman S, Swanson EN, et al. A double-blind placebo-controlled pilot study of olanzapine in childhood/adolescent pervasive developmental disorder. J Child Adolesc Psychopharmacol. 2006 Oct;16(5):541-8. X-3
1457. Holmes DL. Community-based services for children and adults with autism: the Eden Family of Programs. J Autism Dev Disord. 1990 Sep;20(3):339-51. X-1, X-2, X-3, X-4, X-10

1458. Holmes N and Carr J. The pattern of care in families of adults with a mental handicap: a comparison between families of autistic adults and Down syndrome adults. J Autism Dev Disord. 1991 Jun;21(2):159-76. X-4, X-10
1459. Holmes N, Hemsley R, Rickett J, et al. Parents as cotherapists: their perceptions of a home-based behavioral treatment for autistic children. J Autism Dev Disord. 1982 Dec;12(4):331-42. X-1, X-4, X-10
1460. Holmstrom C. Autism. Can J Psychiatr Nurs. 1989 Jul-Sep;30(3):6-8. X-10
1461. Holttum JR, Lubetsky MJ and Eastman LE. Comprehensive management of trichotillomania in a young autistic girl. Journal of the American Academy of Child & Adolescent Psychiatry. 1994 May;33(4):577-581. X-3, X-10
1462. Holzer L, Mihailescu R, Rodrigues-Degaeff C, et al. Community introduction of practice parameters for autistic spectrum disorders: Advancing early recognition. J Autism Dev Disord. 2006 Feb;36(2):249-62. X-1, X-4
1463. Honda H and Shimizu Y. Early intervention system for preschool children with autism in the community: the DISCOVERY approach in Yokohama, Japan. Autism. 2002 Sep;6(3):239-57. X-1, X-2, X-4
1464. Honda H, Shimizu Y, Imai M, et al. Cumulative incidence of childhood autism: a total population study of better accuracy and precision. Dev Med Child Neurol. 2005 Jan;47(1):10-8. X-4
1465. Honda H, Shimizu Y, Nitto Y, et al. Extraction and Refinement Strategy for detection of autism in 18-month-olds: a guarantee of higher sensitivity and specificity in the process of mass screening. J Child Psychol Psychiatry. 2009 Aug;50(8):972-81. X-4
1466. Honda H, Shimizu Y and Rutter M. No effect of MMR withdrawal on the incidence of autism: a total population study. J Child Psychol Psychiatry. 2005 Jun;46(6):572-9. X-1, X-4
1467. Honey E, McConachie H, Randle V, et al. One-year change in repetitive behaviours in young children with communication disorders including autism. J Autism Dev Disord. 2008 Sep;38(8):1439-50. X-4
1468. Honeycutt N and Belcher JR. Schizophrenia and social skills: an 'identify and train' approach. Community Ment Health J. 1991 Feb;27(1):57-68. X-1, X-2, X-4, X-10
1469. Honomichl RD, Goodlin-Jones BL, Burnham MM, et al. Secretin and sleep in children with autism. Child Psychiatry Hum Dev. 2002 Winter;33(2):107-23. X-3
1470. Hori T, Yagi S, Iida T, et al. Stability of cirrhotic systemic hemodynamics ensures sufficient splanchnic blood flow after living-donor liver transplantation in adult recipients with liver cirrhosis. World J Gastroenterol. 2007 Nov 28;13(44):5918-25. X-1, X-4
1471. Hori T, Yamamoto C, Yagi S, et al. Assessment of cardiac output in liver transplantation recipients. Hepatobiliary Pancreat Dis Int. 2008 Aug;7(4):362-6. X-1, X-4
1472. Horner RH and Budd CM. Acquisition of manual sign use: Collateral reduction of maladaptive behavior, and factors limiting generalization. Education & Training of the Mentally Retarded. 1985 Mar;20(1):39-47. X-3, X-10
1473. Horner RH, Carr EG, Strain PS, et al. Problem behavior interventions for young children with autism: a research synthesis. J Autism Dev Disord. 2002 Oct;32(5):423-46. X-1, X-2, X-3, X-4
1474. Horowitz LT. Early intervention in autism (0-3)/South Carolina services and how to access them. J S C Med Assoc. 2006 Oct;102(8):282-4. X-2
1475. Horrigan JP and Barnhill LJ. More on melatonin. Journal of the American Academy of Child & Adolescent Psychiatry. 1997 Aug;36(8):1014. X-1, X-3, X-10
1476. Horrigan JP and Barnhill LJ. Risperidone and explosive aggressive autism. J Autism Dev Disord. 1997 Jun;27(3):313-23. X-10
1477. Horrocks JL, White G and Roberts L. Principals' attitudes regarding inclusion of children with autism in Pennsylvania public schools. J Autism Dev Disord. 2008 Sep;38(8):1462-73. X-1, X-4
1478. Hoshino Y, Kaneko M, Yashima Y, et al. Self-mutilative behavior and its treatment in autistic children. Fukushima J Med Sci. 1983 Jul;29(3-4):133-40. X-10
1479. Hoshino Y, Kumashiro H, Yashima Y, et al. Early symptoms of autistic children and its diagnostic significance. Folia Psychiatr Neurol Jpn. 1982;36(4):367-74. X-1, X-4, X-10
1480. Hoshino Y, Murata S, Endo M, et al. A consideration of the effectiveness of a training camp for autistic children--by means of the new check-list method. Fukushima J Med Sci. 1983 Jul;29(3-4):125-32. X-10
1481. Hoshino Y, Watanabe H, Yashima Y, et al. An investigation on sleep disturbance of autistic children. Folia Psychiatr Neurol Jpn. 1984;38(1):45-51. X-4, X-10
1482. Houlihan D, Jacobson L and Brandon PK. Replication of a high-probability request sequence with varied interprompt times in a preschool setting. Journal of Applied Behavior Analysis. Special Issue: Integrating basic and applied research. 1994 Win;27(4):737-738. X-3, X-10
1483. Hourcade J, Pilotte TE, West E, et al. A History of Augmentative and Alternative Communication for Individuals with Severe and Profound Disabilities. Focus on Autism and Other Developmental Disabilities. 2004 Win;19(4):235-244. X-1, X-2, X-4
1484. Hourigan R and Hourigan A. Teaching Music to Children with Autism: Understandings and Perspectives. Music Educators Journal. 2009;96(1):40-45. X-1, X-2, X-3, X-4
1485. Houzel D. Precipitation anxiety and the dawn of aesthetic feelings. Journal of Child Psychotherapy. 1989;15(2):103-114. X-3, X-10
1486. Howlin P. The results of a home-based language training programme with autistic children. Br J Disord Commun. 1981 Sep;16(2):73-88. X-10
1487. Howlin P. A brief report on the elimination of long term sleeping problems in a 6-yr-old autistic boy. Behavioural Psychotherapy. 1984 Jul;12(3):257-260. X-3, X-10
1488. Howlin P. Can early interventions alter the course of autism? Novartis Found Symp. 2003;251:250-9; discussion 260-5, 281-97. X-1, X-2, X-3, X-4
1489. Howlin P. The effectiveness of interventions for children with autism. J Neural Transm Suppl. 2005(69):101-19. X-1, X-2, X-3, X-4
1490. Howlin P, Alcock J and Burkin C. An 8 year follow-up of a specialist supported employment service for high-

ability adults with autism or Asperger syndrome. Autism. 2005 Dec;9(5):533-549. X-1, X-4
1491. Howlin P and Clements J. Is it possible to assess the impact of abuse on children with pervasive developmental disorders? J Autism Dev Disord. 1995 Aug;25(4):337-54. X-4, X-10
1492. Howlin P, Goode S, Hutton J, et al. Adult outcome for children with autism. J Child Psychol Psychiatry. 2004 Feb;45(2):212-29. X-1, X-4
1493. Howlin P, Magiati I and Charman T. Systematic Review of Early Intensive Behavioral Interventions for Children with Autism. American Journal on Intellectual and Developmental Disabilities. 2009 Jan;114(1):23-41. X-1, X-3, X-4
1494. Howlin P, Mawhood L and Rutter M. Autism and developmental receptive language disorder--a follow-up comparison in early adult life. II: Social, behavioural, and psychiatric outcomes. J Child Psychol Psychiatry. 2000 Jul;41(5):561-78. X-1, X-4
1495. Howlin P and Rutter M. Mothers' speech to autistic children: a preliminary causal analysis. J Child Psychol Psychiatry. 1989 Nov;30(6):819-43. X-10
1496. Howlin P, Wing L and Gould J. The recognition of autism in children with Down syndrome: Implications for intervention and some speculations about pathology. Developmental Medicine & Child Neurology. 1995 May;37(5):406-413. X-3, X-4, X-10
1497. Howlin P and Yates P. The potential effectiveness of social skills groups for adults with autism. Autism. 1999 Sep;3(3):299-307. X-1, X-4, X-10
1498. Howlin PA. The effectiveness of operant language training with autistic children. J Autism Dev Disord. 1981 Mar;11(1):89-105. X-1, X-2, X-3, X-4, X-10
1499. Hoy JA, Hatton C and Hare D. Weak central coherence: a cross-domain phenomenon specific to autism? Autism. 2004 Sep;8(3):267-81. X-4
1500. Hsieh LP and Huang CY. Antiepileptic drug utilization in Taiwan: analysis of prescription using National Health Insurance database. Epilepsy Res. 2009 Mar;84(1):21-7. X-1, X-2, X-4
1501. Huang AX and Wheeler JJ. Promoting the Development of Educational Programs for Children with Autism in Southeast Asian Countries. International Journal of Special Education. 2007;22(3):78-88. X-1, X-2, X-3, X-4
1502. Hubel M, Hagell P and Sivberg B. Brief Report: development and initial testing of a questionnaire version of the Environmental Rating Scale (ERS) for assessment of residential programs for individuals with autism. J Autism Dev Disord. 2008 Jul;38(6):1178-83. X-1, X-4
1503. Hudry K, Leadbitter K, Temple K, et al. Preschoolers with autism show greater impairment in receptive compared with expressive language abilities. Int J Lang Commun Disord. 2010 Jan 26. X-4
1504. Hughes C, Soares-Boucaud I, Hochmann J, et al. Social behaviour in pervasive developmental disorders: effects of informant, group and "theory-of-mind". Eur Child Adolesc Psychiatry. 1997 Dec;6(4):191-8. X-4, X-10
1505. Hughes DM, Cunningham MM and Libretto SE. Risperidone in children and adolescents with autistic disorder and aggressive behaviour. British Journal of Developmental Disabilities. 2002 Jul;48(95,Pt2):113-122. X-1, X-3
1506. Hughes JR. A review of recent reports on autism: 1000 studies published in 2007. Epilepsy Behav. 2008 Oct;13(3):425-37. X-2
1507. Hughes JR. Update on autism: a review of 1300 reports published in 2008. Epilepsy Behav. 2009 Dec;16(4):569-89. X-2, X-3
1508. Hughes JR and Melyn M. EEG and seizures in autistic children and adolescents: further findings with therapeutic implications. Clin EEG Neurosci. 2005 Jan;36(1):15-20. X-4
1509. Hughes V, Wolery MR and Neel RS. Teacher verbalizations and task performance with autistic children. J Autism Dev Disord. 1983 Sep;13(3):305-16. X-3, X-10
1510. Humble M, Bejerot S, Bergqvist PB, et al. Reactivity of serotonin in whole blood: relationship with drug response in obsessive-compulsive disorder. Biol Psychiatry. 2001 Feb 15;49(4):360-8. X-1, X-4
1511. Hume K, Bellini S and Pratt C. The usage and perceived outcomes of early intervention and early childhood programs for young children with autism spectrum disorder. Topics in Early Childhood Special Education. 2005 Win;25(4):195-207. X-1, X-3, X-4
1512. Hume K, Loftin R and Lantz J. Increasing Independence in Autism Spectrum Disorders: A Review of Three Focused Interventions. Journal of Autism and Developmental Disorders. 2009 Sep;39(9):1329-1338. X-1, X-2, X-3, X-4
1513. Hume K and Odom S. Effects of an individual work system on the independent functioning of students with autism. J Autism Dev Disord. 2007 Jul;37(6):1166-80. X-3
1514. Humphrey N and Lewis S. 'Make me normal': the views and experiences of pupils on the autistic spectrum in mainstream secondary schools. Autism. 2008 Jan;12(1):23-46. X-4
1515. Humphries T. Effectiveness of pivotal response training as a behavioral intervention for young children with autism spectrum disorders. Bridges. 2003;2:1-10. UNABLE TO LOCATE DOCUMENT
1516. Hung DW. Training and generalization of yes and no as mands in two autistic children. J Autism Dev Disord. 1980 Jun;10(2):139-52. X-3, X-10
1517. Hung DW, Rotman Z, Cosentino A, et al. Cost and effectiveness of an educational program for autistic children using a systems approach. Education and Treatment of Children. 1983 Win;6(1):47-68. X-10
1518. Hungerhuber E, Stepp H, Kriegmair M, et al. Seven years' experience with 5-aminolevulinic acid in detection of transitional cell carcinoma of the bladder. Urology. 2007 Feb;69(2):260-4. X-1, X-4
1519. Hunt A. A comparison of the abilities, health and behaviour of 23 people with tuberous sclerosis at Age 5 and as adults. Journal of Applied Research in Intellectual Disabilities. 1998;11(3):227-238. X-1, X-4, X-10
1520. Hunt P and Goetz L. Teaching spontaneous communication in natural settings through interrupted behavior chains. Topics in Language Disorders. 1988 Dec;9(1):58-71. X-1, X-2, X-3, X-4, X-10
1521. Hupp SDA and Reitman D. Parent-assisted modification of pivotal social skills for a child diagnosed

with PDD: A clinical replication. Journal of Positive Behavior Interventions. 2000 Sum;2(3):183-187. X-3
1522. Hurley AD, Folstein M and Lam N. Patients with and without intellectual disability seeking outpatient psychiatric services: diagnoses and prescribing pattern. J Intellect Disabil Res. 2003 Jan;47(Pt 1):39-50. X-1, X-4
1523. Hutchins TL and Prelock PA. Using social stories and comic strip conversations to promote socially valid outcomes for children with autism. Seminars in Speech & Language. 2005 Feb;27(1):47-59. X-3
1524. Hutton AM and Caron SL. Experiences of Families with Children with Autism in Rural New England. Focus on Autism and Other Developmental Disabilities. 2005 Fall;20(3):180-189. X-1, X-4
1525. Huynen KB, Lutzker JR, Bigelow KM, et al. Planned Activities Training for mothers of children with developmental disabilities. Community generalization and follow-up. Behav Modif. 1996 Oct;20(4):406-27. X-1, X-3, X-10
1526. Hwang B and Hughes C. The effects of social interactive training on early social communicative skills of children with autism. J Autism Dev Disord. 2000 Aug;30(4):331-43. X-1, X-2, X-3, X-4
1527. Hwang SS, Chang JS, Lee KY, et al. Causal model of insight and psychopathology based on the PANSS factors: 1-year cross-sectional and longitudinal revalidation. Int Clin Psychopharmacol. 2009 Jul;24(4):189-98. X-1, X-3, X-4
\1528. Hyman M. Standing at Sinai with Autism: A Young Man's Bar Mitzvah Journey. Journal of Positive Behavior Interventions. 2009;11(3):186-192. X-1, X-2, X-3, X-4
1529. Hyman MH. The impact of mercury on human health and the environment. Altern Ther Health Med. 2004 Nov-Dec;10(6):70-5. X-1, X-2, X-3, X-4
1530. Hyman SL and Levy SE. Introduction: novel therapies in developmental disabilities--hope, reason, and evidence. Ment Retard Dev Disabil Res Rev. 2005;11(2):107-9. X-1, X-2, X-3, X-4
1531. Iancu I, Strous R, Poreh A, et al. Psychiatric inpatients' reactions to the SARS epidemic: an Israeli survey. Isr J Psychiatry Relat Sci. 2005;42(4):258-62. X-1, X-4
1532. Ihrig K and Wolchik SA. Peer versus adult models and autistic children's learning: acquisition, generalization, and maintenance. J Autism Dev Disord. 1988 Mar;18(1):67-79. X-3, X-10
1533. Ijichi S and Ijichi N. Beyond negative data in autism randomized trials. Autism. 2004 Mar;8(1):111-2. X-1, X-2, X-3, X-4
1534. Ijichi S and Ijichi N. Computerized lifelong mentoring support using robot for autistic individuals. Med Hypotheses. 2007;68(3):493-8. X-1, X-2, X-3, X-4
1535. Inadomi C, Terao Y, Yamashita K, et al. Comparison of oxygen consumption calculated by Fick's principle (using a central venous catheter) and measured by indirect calorimetry. J Anesth. 2008;22(2):163-6. X-1, X-3, X-4
1536. Infantino J and Hempenstall K. Effects of a Decoding Program on a Child with Autism Spectrum Disorder. Australasian Journal of Special Education. 2006;30(2):126-144. X-3
1537. Ingenmey R and Van Houten R. Using time delay to promote spontaneous speech in an autistic child. Journal of Applied Behavior Analysis. 1991 Fal;24(3):591-596. X-10
1538. Ingersoll B and Dvortcsak A. Including Parent Training in the Early Childhood Special Education Curriculum for Children with Autism Spectrum Disorders. Topics in Early Childhood Special Education. 2006 Fall;26(3):179-187. X-3
1539. Ingersoll B, Dvortcsak A, Whalen C, et al. The Effects of a Developmental, Social-Pragmatic Language Intervention on Rate of Expressive Language Production in Young Children With Autistic Spectrum Disorders. Focus on Autism and Other Developmental Disabilities. 2005 Win;20(4):213-222. X-3
1540. Ingersoll B and Gergans S. The effect of a parent-implemented imitation intervention on spontaneous imitation skills in young children with autism. Res Dev Disabil. 2007 Mar-Apr;28(2):163-75. X-3
1541. Ingersoll B, Lewis E and Kroman E. Teaching the imitation and spontaneous use of descriptive gestures in young children with autism using a naturalistic behavioral intervention. J Autism Dev Disord. 2007 Sep;37(8):1446-56. X-3
1542. Ingersoll B and Schreibman L. Teaching reciprocal imitation skills to young children with autism using a naturalistic behavioral approach: effects on language, pretend play, and joint attention. J Autism Dev Disord. 2006 May;36(4):487-505. X-3
1543. Ingersoll B, Schreibman L and Stahmer A. Brief report: Differential treatment outcomes for children with autistic spectrum disorder based on level of peer social avoidance. J Autism Dev Disord. 2001 Jun;31(3):343-9. X-3
1544. Ingvarsson ET, Kahng S and Hausman NL. Some Effects of Noncontingent Positive Reinforcement on Multiply Controlled Problem Behavior and Compliance in a Demand Context. Journal of Applied Behavior Analysis. 2008 Fall;41(3):435-440. X-3
1545. Insel TR. Mouse models for autism: report from a meeting. Mamm Genome. 2001 Oct;12(10):755-7. X-1, X-2, X-4
1546. Irvin DS. Using analog assessment procedures for determining the effects of a gluten-free and casein-free diet on rate of problem behaviors for an adolescent with autism. Behavioral Interventions. 2006 Nov;21(4):281-286. X-1, X-3
1547. Israel ML, Connolly DA, von Heyn RE, et al. Teaching severely self-abusive and aggressive autistic residents to exit to fire alarms. J Behav Ther Exp Psychiatry. 1993 Dec;24(4):343-55. X-10
1548. Ivancic Jokic N, Majstorovic M, Bakarcic D, et al. Dental caries in disabled children. Coll Antropol. 2007 Mar;31(1):321-4. X-4
1549. Ivanov I, Klein M, Green WH, et al. The Challenges of Psychopharmacological Management of Children with Severe Developmental Disabilities. Journal of Child and Adolescent Psychopharmacology. 2006 Dec;16(6):793-799. X-3
1550. Ivey ML, Heflin LJ and Alberto P. The Use of Social Stories to Promote Independent Behaviors in Novel Events for Children with PDD-NOS. Focus on Autism and

Other Developmental Disabilities. 2004 Fal;19(3):164-176. X-3
1551. JÃ¤rbrink K, McCrone P, Fombonne E, et al. Cost-impact of young adults with high-functioning autistic spectrum disorder. Research in Developmental Disabilities. 2007 Jan-Feb;28(1):94-104. X-1, X-4
1552. Jackson C. A life of his own. Ment Health Care. 1998 Feb;1(6):186-7. X-10
1553. Jackson HJ. Current trends in the treatment of phobias in autistic and mentally retarded persons. Australia & New Zealand Journal of Developmental Disabilities. 1983 Dec;9(4):191-208. X-1, X-2, X-3, X-4, X-10
1554. Jacobson JW. Early intensive behavioral intervention: Emergence of a consumer-driven service model. The Behavior Analyst. 2000 Fal;23(2):149-171. X-1, X-2, X-3, X-4
1555. Jacobson JW and Ackerman LJ. Differences in adaptive functioning among people with autism or mental retardation. J Autism Dev Disord. 1990 Jun;20(2):205-19. X-4, X-10
1556. Jacobson L and Stenstrom I. Visually impairing ROP in children born in Sweden 1975-89. Acta Ophthalmol Suppl. 1993(210):16-9. X-1, X-4, X-10
1557. Jacquemont S, Hagerman RJ, Hagerman PJ, et al. Fragile-X syndrome and fragile X-associated tremor/ataxia syndrome: two faces of FMR1. Lancet Neurol. 2007 Jan;6(1):45-55. X-1, X-2, X-3, X-4
1558. Jahr E. Teaching children with autism to answer novel wh-questions by utilizing a multiple exemplar strategy. Res Dev Disabil. 2001 Sep-Oct;22(5):407-23. X-3
1559. Jahr E, Eikeseth S, Eldevik S, et al. Frequency and Latency of Social Interaction in an Inclusive Kindergarten Setting: A Comparison between Typical Children and Children with Autism. Autism: The International Journal of Research and Practice. 2007;11(4):349-363. X-4
1560. Jahr E, Eldevik S and Eikeseth S. Teaching children with autism to initiate and sustain cooperative play. Res Dev Disabil. 2000 Mar-Apr;21(2):151-69. X-3
1561. Jambaque I, Chiron C, Dumas C, et al. Mental and behavioural outcome of infantile epilepsy treated by vigabatrin in tuberous sclerosis patients. Epilepsy Res. 2000 Feb;38(2-3):151-60. X-1, X-4
1562. James SJ, Cutler P, Melnyk S, et al. Metabolic biomarkers of increased oxidative stress and impaired methylation capacity in children with autism. Am J Clin Nutr. 2004 Dec;80(6):1611-7. X-4
1563. James SJ, Melnyk S, Fuchs G, et al. Efficacy of methylcobalamin and folinic acid treatment on glutathione redox status in children with autism. Am J Clin Nutr. 2009 Jan;89(1):425-30. X-4
1564. Jamieson S. Creating an Educational Program for Young Children Who Are Blind and Who Have Autism. RE:view: Rehabilitation Education for Blindness and Visual Impairment. 2004 Win;35(4):165. X-1, X-2, X-3, X-4
1565. Jandova M, Vlcek J, Klemerova V, et al. Monitoring of TPN consumption at the University Teaching Hospital in Hradec Kralove. Pharm World Sci. 1998 Feb;20(1):28-31. X-1, X-4, X-10
1566. Jani SK and Pennington EC. Depth dose characteristics of 24-MV x-ray beams at extended SSD. Med Phys. 1991 Mar-Apr;18(2):292-4. X-1, X-3, X-4, X-10
1567. Janicki MP and Jacobson JW. The character of developmental disabilities in New York State: preliminary observations. Int J Rehabil Res. 1982 Jun;5(2):191-202. X-4, X-10
1568. Janicki MP and Jacobson JW. Selected clinical features and service characteristics of autistic adults. Psychol Rep. 1983 Apr;52(2):387-90. X-1, X-4, X-10
1569. Janicki MP, Lubin RA and Friedman E. Variations in characteristics and service needs of persons with autism. J Autism Dev Disord. 1983 Mar;13(1):73-85. X-4, X-10
1570. Jansson-Verkasalo E, Ceponiene R, Kielinen M, et al. Deficient auditory processing in children with Asperger Syndrome, as indexed by event-related potentials. Neurosci Lett. 2003 Mar 6;338(3):197-200. X-4
1571. Jansson-Verkasalo E, Kujala T, Jussila K, et al. Similarities in the phenotype of the auditory neural substrate in children with Asperger syndrome and their parents. Eur J Neurosci. 2005 Aug;22(4):986-90. X-4
1572. Janzen-Wilde ML, Duchan JF and Higginbotham DJ. Successful use of facilitated communication with an oral child. Journal of Speech & Hearing Research. 1995 Jun;38(3):658-676. X-10
1573. Jarbrink K. The economic consequences of autistic spectrum disorder among children in a Swedish municipality. Autism. 2007 Sep;11(5):453-63. X-4
1574. Jarbrink K, Fombonne E and Knapp M. Measuring the parental, service and cost impacts of children with autistic spectrum disorder: a pilot study. J Autism Dev Disord. 2003 Aug;33(4):395-402. X-4
1575. Jarvinen-Pasley A, Wallace GL, Ramus F, et al. Enhanced perceptual processing of speech in autism. Dev Sci. 2008 Jan;11(1):109-21. X-1, X-4
1576. Jaselskis CA, Cook EH, Jr., Fletcher KE, et al. Clonidine treatment of hyperactive and impulsive children with autistic disorder. J Clin Psychopharmacol. 1992 Oct;12(5):322-7. X-3, X-10
1577. Jasmin E, Couture M, McKinley P, et al. Sensori-motor and daily living skills of preschool children with autism spectrum disorders. J Autism Dev Disord. 2009 Feb;39(2):231-41. X-4
1578. Jelleyman T and Ure A. Attitudes to immunisation: a survey of health professionals in the Rotorua District. N Z Med J. 2004 Feb 20;117(1189):U769. X-1, X-4
1579. Jennes-Coussens M, Magill-Evans J and Koning C. The Quality of Life of Young Men with Asperger Syndrome: A Brief Report. Autism: The International Journal of Research & Practice. 2006;10(4):403-414. X-1, X-4
1580. Jennett HK, Harris SL and Mesibov GB. Commitment to philosophy, teacher efficacy, and burnout among teachers of children with autism. J Autism Dev Disord. 2003 Dec;33(6):583-93. X-1, X-4
1581. Jensen CC, McConnachie G and Pierson T. Long-term multicomponent intervention to reduce severe problem behavior: A 63-month evaluation. Journal of Positive Behavior Interventions. 2001 Fal;3(4):225-236, 250. X-1, X-3
1582. Jensen PS, Youngstrom EA, Steiner H, et al. Consensus Report on Impulsive Aggression as a Symptom across Diagnostic Categories in Child Psychiatry:

Implications for Medication Studies. Journal of the American Academy of Child & Adolescent Psychiatry. 2007 Mar;46(3):309. X-1, X-2, X-3, X-4
1583. Jenson WR, Rovner L, Cameron S, et al. Reduction of self-injurious behavior in an autistic girl using a multifaceted treatment program. J Behav Ther Exp Psychiatry. 1985 Mar;16(1):77-80. X-3, X-10
1584. Jepsen RH and VonThaden K. The effect of cognitive education on the performance of students with neurological developmental disabilities. NeuroRehabilitation. 2002;17(3):201-9. X-1, X-3, X-4
1585. Jerome J, Frantino EP and Sturmey P. The effects of errorless learning and backward chaining on the acquisition of Internet skills in adults with developmental disabilities. J Appl Behav Anal. 2007 Spring;40(1):185-9. X-1, X-3, X-4
1586. Jerome J and Sturmey P. Reinforcing efficacy of interactions with preferred and nonpreferred staff under progressive-ratio schedules. J Appl Behav Anal. 2008 Summer;41(2):221-5. X-1, X-3, X-4
1587. Jesner OS, Aref-Adib M and Coren E. Risperidone for autism spectrum disorder. Cochrane Database Syst Rev. 2007(1):CD005040. X-2
1588. Jeste SS and Nelson CA, III. Event Related Potentials in the Understanding of Autism Spectrum Disorders: An Analytical Review. Journal of Autism and Developmental Disorders. 2009 Mar;39(3):495-510. X-1, X-2, X-3, X-4
1589. Jocelyn LJ, Casiro OG, Beattie D, et al. Treatment of children with autism: a randomized controlled trial to evaluate a caregiver-based intervention program in community day-care centers. J Dev Behav Pediatr. 1998 Oct;19(5):326-34. X-10
1590. Johansson M, Billstedt E, Danielsson S, et al. Autism spectrum disorder and underlying brain mechanism in the oculoauriculovertebral spectrum. Dev Med Child Neurol. 2007 Apr;49(4):280-8. X-3, X-4
1591. Johnson CR, Butter EM, Handen BL, et al. Standardised Observation Analogue Procedure (SOAP) for Assessing Parent and Child Behaviours in Clinical Trials. Journal of Intellectual & Developmental Disability. 2009 Sep;34(3):230-238. X-4
1592. Johnson CR, Handen BL, Butter E, et al. Development of a parent training program for children with pervasive developmental disorders. Behavioral Interventions. 2007 Jul;22(3):201-221. X-1, X-2, X-3, X-4
1593. Johnson CR, Handen BL, Mayer-Costa M, et al. Eating habits and dietary status in young children with autism. Journal of Developmental and Physical Disabilities. 2008;20(5):66. X-4
1594. Johnson DP, Penn DL, Bauer DJ, et al. Predictors of the therapeutic alliance in group therapy for individuals with treatment-resistant auditory hallucinations. Br J Clin Psychol. 2008 Jun;47(Pt 2):171-83. X-1, X-4
1595. Johnson E and Hastings RP. Facilitating factors and barriers to the implementation of intensive home-based behavioural intervention for young children with autism. Child Care Health Dev. 2002 Mar;28(2):123-9. X-1, X-3, X-4
1596. Johnson K, Johnson CR and Sahl RA. Behavioral and naltrexone treatment of self-injurious behavior. Journal of Developmental and Physical Disabilities. Special Issue: Pharmacotherapy: II. 1994 Jun;6(2):193-202. X-3, X-10
1597. Johnson L, McComas J, Thompson A, et al. Obtained versus programmed reinforcement: Practical considerations in the treatment of escape-reinforced aggression. Journal of Applied Behavior Analysis. 2004 Sum;37(2):239-242. X-3
1598. Johnson M, Ostlund S, Fransson G, et al. Omega-3/omega-6 fatty acids for attention deficit hyperactivity disorder: a randomized placebo-controlled trial in children and adolescents. J Atten Disord. 2009 Mar;12(5):394-401. X-1, X-4
1599. Johnson MH, Siddons F, Frith U, et al. Can autism be predicted on the basis of infant screening tests? Dev Med Child Neurol. 1992 Apr;34(4):316-20. X-4, X-10
1600. Johnson SM and Hollander E. Evidence that eicosapentaenoic acid is effective in treating autism. J Clin Psychiatry. 2003 Jul;64(7):848-9. X-1, X-2, X-3, X-4
1601. Johnston S, Nelson C, Evans J, et al. The use of visual supports in teaching young children with autism spectrum disorder to initiate interactions. AAC: Augmentative and Alternative Communication. 2003 Jun;19(2):86-103. X-3
1602. Jolivette K, Gallagher PA, Morrier MJ, et al. Preventing Problem Behaviors in Young Children with Disabilities. Exceptionality. 2008 Apr;16(2):78-92. X-1, X-2, X-3, X-4
1603. Jones CD and Schwartz IS. When Asking Questions Is Not Enough: An Observational Study of Social Communication Differences in High Functioning Children with Autism. Journal of Autism and Developmental Disorders. 2009 Mar;39(3):432-443. X-4
1604. Jones CR, Happe F, Baird G, et al. Auditory discrimination and auditory sensory behaviours in autism spectrum disorders. Neuropsychologia. 2009 Nov;47(13):2850-8. X-4
1605. Jones EA. Establishing Response and Stimulus Classes for Initiating Joint Attention in Children with Autism. Research in Autism Spectrum Disorders. 2009 Apr-Jun;3(2):375-389. X-3, X-4
1606. Jones EA and Carr EG. Joint Attention in Children with Autism: Theory and Intervention. Focus on Autism and Other Developmental Disabilities. 2004 Mar;19(1):13-26. X-1, X-2, X-3, X-4
1607. Jones EA, Carr EG and Feeley KM. Multiple effects of joint attention intervention for children with autism. Behav Modif. 2006 Nov;30(6):782-834. X-1, X-3
1608. Jones EA, Feeley KM and Takacs J. Teaching spontaneous responses to young children with autism. J Appl Behav Anal. 2007 Fall;40(3):565-70. X-3
1609. Jones G and Hack E. Individual budgets and direct payments: Issues, challenges and future implications for the strategic management of SEN: Policy paper 3, 6th series, April 2008: Chapter 3: Parent/carer involvement in the commissioning of services for children and young people with autism spectrum disorder in the East Midlands. Journal of Research in Special Educational Needs. 2008 Oct;8(3):171-173. X-1, X-4
1610. Jones KJ and Block ME. Including an Autistic Middle School Child in General Physical Education: A Case Study. Strategies: A Journal for Physical and Sport Educators. 2006 Mar-Apr;19(4):13-16. X-1, X-2, X-3, X-4
1611. Jones S, Cooper SA, Smiley E, et al. Prevalence of, and factors associated with, problem behaviors in adults

with intellectual disabilities. J Nerv Ment Dis. 2008 Sep;196(9):678-86. X-1, X-4
1612. Jones V. "I Felt like I Did Something Good"--The Impact on Mainstream Pupils of a Peer Tutoring Programme for Children with Autism. British Journal of Special Education. 2007 Mar;34(1):3-9. X-1, X-4
1613. Jordan R. Meeting the Needs of Children with Autistic Spectrum Disorders in the Early Years. Australian Journal of Early Childhood. 2004 Sep;29(3):1-7. X-1, X-2, X-3, X-4
1614. Jordan R. Autistic Spectrum Disorders: A Challenge and a Model for Inclusion in Education. British Journal of Special Education. 2008 Mar;35(1):11-15. X-1, X-2, X-3, X-4
1615. Jose PE and Cohen DJ. The effect of unfamiliar tasks and teachers on autistic children's negativism. J Am Acad Child Psychiatry. 1980 Winter;19(1):78-89. X-10
1616. Josefi O and Ryan V. Non-Directive Play Therapy for Young Children with Autism: A Case Study. Clinical Child Psychology and Psychiatry. 2004 Oct;9(4):533-551. X-3
1617. Joshi PT, Capozzoli JA and Coyle JT. Low-dose neuroleptic therapy for children with childhood-onset pervasive developmental disorder. Am J Psychiatry. 1988 Mar;145(3):335-8. X-10
1618. Jou RJ, Handen BL and Hardan AY. Retrospective assessment of atomoxetine in children and adolescents with pervasive developmental disorders. J Child Adolesc Psychopharmacol. 2005 Apr;15(2):325-30. X-1, X-6
1619. Joyce PR. The medical model-why psychiatry is a branch of medicine. Aust N Z J Psychiatry. 1980 Dec;14(4):269-78. X-1, X-2, X-3, X-4, X-10
1620. Juneja M, Sharma S and Mukherjee SB. Sensitivity of the autism behavior checklist in Indian autistic children. J Dev Behav Pediatr. 2010 Jan;31(1):48-9. X-4
1621. Jung S, Sainato DM and Davis CA. Using High-Probability Request Sequences to Increase Social Interactions in Young Children with Autism. Journal of Early Intervention. 2008;30(3):163-187. X-3
1622. Jurgens A, Anderson A and Moore DW. The effect of teaching PECS to a child with autism on verbal behaviour, play, and social functioning. Behaviour Change. 2009;26(1):3. X-3
1623. Juul-Dam N, Townsend J and Courchesne E. Prenatal, perinatal, and neonatal factors in autism, pervasive developmental disorder-not otherwise specified, and the general population. Pediatrics. 2001 Apr;107(4):E63. X-4
1624. Jyonouchi H, Geng L, Ruby A, et al. Dysregulated Innate Immune Responses in Young Children with Autism Spectrum Disorders: Their Relationship to Gastrointestinal Symptoms and Dietary Intervention. Neuropsychobiology. 2005 Mar;51(2):77-85. X-4
1625. Jyonouchi H, Sun S and Itolazu N. Innate immunity associated with inflammatory responses and cytokine production against common dietary proteins in patients with autism spectrum disorder. Neuropsychobiology. 2002 Aug;46(2):76-84. X-4
1626. Jyonouchi H, Sun S and Le H. Proinflammatory and regulatory cytokine production associated with innate and adaptive immune responses in children with autism spectrum disorders and developmental regression. J Neuroimmunol. 2001 Nov 1;120(1-2):170-9. X-4
1627. Kaderavek J and Rabidoux P. Interactive to Independent Literacy: A Model for Designing Literacy Goals for Children with Atypical Communication. Reading and Writing Quarterly. 2004 Jul;20(3):237-260. X-1, X-2, X-3, X-4
1628. Kadlec MB, Coster W, Tickle-Degnen L, et al. Qualities of caregiver-child interaction during daily activities of children born very low birth weight with and without white matter disorder. Am J Occup Ther. 2005 Jan-Feb;59(1):57-66. X-1, X-4
1629. Kahng SW, Hendrickson DJ and Vu CP. Comparison of Single and Multiple Functional Communication Training Responses for the Treatment of Problem Behavior. Journal of Applied Behavior Analysis Journal Citation: v33 n3 p321-24 Fall 2000 Publisher:. 2000 Pub Types: Journal Articles; Reports - Research. X-3, X-4
1630. Kairuz T, Truter I, Hugo J, et al. Prescribing patterns of tricyclic and selective serotonin reuptake inhibitor antidepressants among a sample of adolescents and young adults. Pharmacoepidemiol Drug Saf. 2003 Jul-Aug;12(5):379-82. X-1, X-4
1631. Kaiser AP. The effects of parent-implemented enhanced milieu teaching on the social commuinication of children who have autism. Early Education and Development. 2000;11(4):423-446. X-1, X-3
1632. Kalmanson B and Pekarsky JH. Infant-parent psychotherapy with an autistic toddler. Zero to Three. 1987 Feb;7(3):1-6. X-3, X-10
1633. Kalyva E and Avramidis E. Improving Communication between Children with Autism and Their Peers through the "Circle of Friends": A Small-Scale Intervention Study. Journal of Applied Research in Intellectual Disabilities. 2005 Sep;18(3):253-261. X-3
1634. Kamen S and Skier J. Dental management of the autistic child. Spec Care Dentist. 1985 Jan-Feb;5(1):20-3. X-10
1635. Kamio Y and Toichi M. Memory illusion in high-functioning autism and Asperger's disorder. J Autism Dev Disord. 2007 May;37(5):867-76. X-2, X-4
1636. Kamps D, Walker D, Maher J, et al. Academic and environmental effects of small group arrangements in classrooms for students with autism and other developmental disabilities. J Autism Dev Disord. 1992 Jun;22(2):277-93. X-10
1637. Kamps DM, Barbetta PM, Leonard BR, et al. Classwide peer tutoring: an integration strategy to improve reading skills and promote peer interactions among students with autism and general education peers. J Appl Behav Anal. 1994 Spring;27(1):49-61. X-3, X-10
1638. Kamps DM, Dugan E, Potucek J, et al. Effects of cross-age peer tutoring networks among students with autism and general education students. Journal of Behavioral Education. 1999 Jun;9(2):97-115. X-10
1639. Kamps DM, Dugan EP, Leonard BR, et al. Enhanced small group instruction using choral responding and student interaction for children with autism and developmental disabilities. Am J Ment Retard. 1994 Jul;99(1):60-73. X-10

1640. Kamps DM, Leonard BR, Vernon S, et al. Teaching social skills to students with autism to increase peer interactions in an integrated first-grade classroom. J Appl Behav Anal. 1992 Summer;25(2):281-8. X-10
1641. Kane A, Luiselli JK, Dearborn S, et al. Wearing a Weighted Vest as Intervention for Children with Autism/Pervasive Developmental Disorder: Behavioral Assessment of Stereotypy and Attention to Task. The Scientific Review of Mental Health Practice. 2004 Fal-Win;3(2):19-24. X-3
1642. Kaplan H, Clopton M, Kaplan M, et al. Snoezelen multi-sensory environments: Task engagement and generalization. Research in Developmental Disabilities. 2006 Jul-Aug;27(4):443-455. X-3
1643. Kaplan M, Carmody DP and Gaydos A. Postural orientation modifications in autism in response to ambient lenses. Child Psychiatry Hum Dev. 1996 Winter;27(2):81-91. X-1, X-2, X-3, X-4, X-10
1644. Kaplan M, Edelson SM and Seip JA. Behavioral changes in autistic individuals as a result of wearing ambient transitional prism lenses. Child Psychiatry Hum Dev. 1998 Fall;29(1):65-76. X-10
1645. Kaplan RS and Steele AL. An analysis of music therapy program goals and outcomes for clients with diagnoses on the autism spectrum. J Music Ther. 2005 Spring;42(1):2-19. X-1
1646. Kapur SO. Infantile autism: Case studies. NIMHANS Journal. 1989 Jan;7(1):87-90. X-3, X-4, X-10
1647. Karmali I, Greer RD, Nuzzolo-Gomez R, et al. Reducing Palilalia by Presenting Tact Corrections to Young Children with Autism. Analysis of Verbal Behavior Journal Citation: v21 p145-153 2005 Publisher: Association for Behavior Analysis International. 1219 South Park Street, Kalamazoo, MI 49001. Tel: 269-492-9310; Fax: 269-492-9316; e-mail: mail@abainternational.org; Web site: http://www.abainternational.org/TAVB.asp. 2005 Pub Types: Journal Articles; Reports - Research. X-3
1648. Kasa-Hendrickson C and Kluth P. "We Have to Start with Inclusion and Work It Out as We Go": Purposeful Inclusion for Non-Verbal Students with Autism. International Journal of Whole Schooling. 2005 Oct;2(1):2-14. X-1, X-3, X-4
1649. Kasai K, Hashimoto O, Kawakubo Y, et al. Delayed automatic detection of change in speech sounds in adults with autism: a magnetoencephalographic study. Clin Neurophysiol. 2005 Jul;116(7):1655-64. X-1, X-3, X-4
1650. Kasari C. Assessing change in early intervention programs for children with autism. J Autism Dev Disord. 2002 Oct;32(5):447-61. X-1, X-2, X-3
1651. Kasari C, Chamberlain B and Bauminger N. Social emotions and social relationships: Can children with autism compensate? Burack, Jacob A.; Charman, Tony; Yirmiya, Nurit; Zelazo, Philip R. 2001:(2001). The development of autism: Perspectives from theory and research. (pp. 309-323). Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers. xvii, 374. X-1, X-2, X-3, X-4
1652. Kasari C, Freeman SFN and Paparella T. Early intervention in autism: Joint attention and symbolic play. Glidden, Laraine Masters (2001). 2001:International review of research in mental retardation: Autism (vol. 23). (pp. 207-237). San Diego, CA, US: Academic Press. xiii, 312. X-1, X-2, X-3, X-4
1653. Kashinath S, Woods J and Goldstein H. Enhancing generalized teaching strategy use in daily routines by parents of children with autism. J Speech Lang Hear Res. 2006 Jun;49(3):466-85. X-3
1654. Kastner JL and Gellin BG. Measles-mumps-rubella vaccine and autism: the rise (and fall?) of a hypothesis. Pediatr Ann. 2001 Jul;30(7):408-15. X-1, X-2, X-3, X-4
1655. Katagiri J. The effect of music and song texts on the emotional understanding of children with autism. J Music Ther. 2009 Spring;46(1):15-31. X-1
1656. Kates-McElrath K and Axelrod S. Behavioral intervention for autism: A distinction Between two behavior analytic approaches. . Behavior Analyst. 2006;7(2):242-252. X-1, X-2, X-3
1657. Kato H, Usuda J, Okunaka T, et al. Basic and clinical research on photodynamic therapy at Tokyo Medical University Hospital. Lasers Surg Med. 2006 Jun;38(5):371-5. X-1, X-2, X-3, X-4
1658. Katz RC, Cacciapaglia H and Cabral K. Labeling bias and attitudes toward behavior modification revisited. J Behav Ther Exp Psychiatry. 2000 Mar;31(1):67-72. X-1, X-4
1659. Kauffmann C, Vance HB, Pumariega AJ, et al. Fluvoxamine treatment of a child with severe PDD: A single case study. Psychiatry: Interpersonal and Biological Processes. 2001 Fal;64(3):268-277. X-3
1660. Kaur P, Chavan BS, Lata S, et al. Early intervention in developmental delay. Indian J Pediatr. 2006 May;73(5):405-8. X-3, X-4
1661. Kawatsu S, Kato T, Nagano-Saito A, et al. New insight into the analysis of 6-[18F]fluoro-L-DOPA PET dynamic data in brain tissue without an irreversible compartment: comparative study of the Patlak and Logan analyses. Radiat Med. 2003 Jan-Feb;21(1):47-54. X-1, X-4
1662. Kay BR. Bittersweet farms. J Autism Dev Disord. 1990 Sep;20(3):309-21. X-1, X-2, X-3, X-4, X-10
1663. Kay S, Harchik AE and Luiselli JK. Elimination of Drooling by an Adolescent Student with Autism Attending Public High School. Journal of Positive Behavior Interventions. 2006;8(1):24-28. X-1, X-3, X-4
1664. Kayser JE, Billingsley FF and Neel RS. A comparison of in-context and traditional instructional approaches: Total task, single trial versus backward chaining, multiple trials. Journal of the Association for Persons with Severe Handicaps. 1986 Spr;11(1):28-38. X-3, X-10
1665. Keats L. Doug: The rhythm in his world. Canadian Journal of Music Therapy. 1995 Fal;3(1):53-69. X-1, X-3, X-10
1666. Keel JH, Mesibov GB and Woods AV. TEACCH-supported employment program. J Autism Dev Disord. 1997 Feb;27(1):3-9. X-3, X-10
1667. Keeling K, Myles BS, Gagnon E, et al. Using the Power Card Strategy to teach sportsmanship skills to a child with autism. Focus on Autism and Other Developmental Disabilities. 2003 Sum;18(2):105-111. X-3
1668. Keen D. The Use of Non-Verbal Repair Strategies by Children with Autism. Research in Developmental Disabilities: A Multidisciplinary Journal. 2005 May-Jun;26(3):243-254. X-3, X-4

1669. Keen D, Brannigan KL and Cuskelly M. Toilet training for children with autism: The effects of video modeling category. Journal of Developmental and Physical Disabilities. 2007 Aug;19(4):291-303. X-3
1670. Keen D, Sigafoos J and Woodyatt G. Replacing prelinguistic behaviors with functional communication. Journal of Autism and Developmental Disorders. 2001;31(4):385-398. X-3
1671. Kelley ME, Lerman DC and Van Camp CM. The effects of competing reinforcement schedules on the acquisition of functional communication. J Appl Behav Anal. 2002 Spring;35(1):59-63. X-1, X-3, X-4
1672. Kelley ME, Shillingsburg MA, Castro MJ, et al. Further evaluation of emerging speech in children with developmental disabilities: training verbal behavior. J Appl Behav Anal. 2007 Fall;40(3):431-45. X-3
1673. Kelly AB, Garnett MS, Attwood T, et al. Autism spectrum symptomatology in children: the impact of family and peer relationships. J Abnorm Child Psychol. 2008 Oct;36(7):1069-81. X-4
1674. Kelly S, Green G and Sidman M. Visual identity matching and auditory-visual matching: a procedural note. J Appl Behav Anal. 1998 Summer;31(2):237-43. X-3, X-10
1675. Kemner C, Lamme VA, Kovacs I, et al. Integrity of lateral and feedbackward connections in visual processing in children with pervasive developmental disorder. Neuropsychologia. 2007 Mar 25;45(6):1293-8. X-1, X-4
1676. Kemner C, Oranje B, Verbaten MN, et al. Normal P50 gating in children with autism. J Clin Psychiatry. 2002 Mar;63(3):214-7. X-4
1677. Kemner C, Verbaten MN, Koelega HS, et al. Are abnormal event-related potentials specific to children with ADHD? A comparison with two clinical groups. Percept Mot Skills. 1998 Dec;87(3 Pt 1):1083-90. X-4, X-10
1678. Kemner C, Willemsen-Swinkels SH, de Jonge M, et al. Open-label study of olanzapine in children with pervasive developmental disorder. J Clin Psychopharmacol. 2002 Oct;22(5):455-60. X-3
1679. Kemp DC and Carr EG. Reduction of severe problem behavior in community employment using an hypothesis-driven multicomponent intervention approach. Journal of the Association for Persons with Severe Handicaps. 1995 Win;20(4):229-247. X-1, X-3, X-10
1680. Kennedy CH. Manipulating antecedent conditions to alter the stimulus control of problem behavior. J Appl Behav Anal. 1994 Spring;27(1):161-70. X-3, X-10
1681. Kennedy CH and Haring TG. Combining reward and escape DRO to reduce the problem behavior of students with severe disabilities. Journal of the Association for Persons with Severe Handicaps. 1993 Sum;18(2):85-92. X-1, X-3, X-10
1682. Kennedy CH, Juarez AP, Becker A, et al. Children with severe developmental disabilities and behavioral disorders have increased special healthcare needs. Dev Med Child Neurol. 2007 Dec;49(12):926-30. X-4
1683. Kenny MC and Winick CB. An integrative approach to play therapy with an autistic girl. International Journal of Play Therapy. 2000;9(1):11-33. X-3
1684. Kerby DS and Dawson BL. Autistic features, personality, and adaptive behavior in males with the fragile X syndrome and no autism. Am J Ment Retard. 1994 Jan;98(4):455-62. X-1, X-4, X-10
1685. Keret D, Bassett GS, Bunnell WP, et al. Scoliosis in Rett syndrome. J Pediatr Orthop. 1988 Mar-Apr;8(2):138-42. X-1, X-4, X-10
1686. Kern JK, Garver CR, Grannemann BD, et al. Response to vestibular sensory events in autism. Research in Autism Spectrum Disorders. 2007 Jan-Mar;1(1):67-74. X-4
1687. Kern JK, Van Miller S, Evans PA, et al. Efficacy of porcine secretin in children with autism and pervasive developmental disorder. J Autism Dev Disord. 2002 Jun;32(3):153-60. X-3
1688. Kern L, Bailin D and Mauk JE. Effects of a topical anesthetic on non-socially maintained self-injurious behavior. Developmental Medicine & Child Neurology. 2003 Nov;45(11):769-771. X-3, X-4
1689. Kern L, Carberry N and Haidara C. Analysis and intervention with two topographies of challenging behavior exhibited by a young woman with autism. Research in Developmental Disabilities. 1997 Jul-Aug;18(4):275-287. X-1, X-3, X-10
1690. Kern L, Koegel RL and Dunlap G. The influence of vigorous versus mild exercise on autistic stereotyped behaviors. J Autism Dev Disord. 1984 Mar;14(1):57-67. X-10
1691. Kern L, Koegel RL, Dyer K, et al. The effects of physical exercise on self-stimulation and appropriate responding in autistic children. J Autism Dev Disord. 1982 Dec;12(4):399-419. X-3, X-10
1692. Kern L, Starosta K and Adelman BE. Reducing pica by teaching children to exchange inedible items for edibles. Behav Modif. 2006 Mar;30(2):135-58. X-3
1693. Kern P and Aldridge D. Using embedded music therapy interventions to support outdoor play of young children with autism in an inclusive community-based child care program. J Music Ther. 2006 Winter;43(4):270-94. X-3
1694. Kern P, Wakeford L and Aldridge D. Improving the performance of a young child with autism during self-care tasks using embedded song interventions: A case study. Music Therapy Perspectives. 2007;25(1):43-51. X-3
1695. Kern P, Wolery M and Aldridge D. Use of songs to promote independence in morning greeting routines for young children with autism. J Autism Dev Disord. 2007 Aug;37(7):1264-71. X-3
1696. Kerrin RG, Murdock JY, Sharpton WR, et al. Who's doing the pointing? Investigating facilitated communication in a classroom setting with students with autism. Focus on Autism and Other Developmental Disabilities. 1998 Sum;13(2):73-79. X-10
1697. Kerth DM, Progar PR and Morales S. The Effects of Non-Contingent Self-Restraint on Self-Injury. Journal of Applied Research in Intellectual Disabilities. 2009 Mar;22(2):187-193. X-1, X-3
1698. Keselyak NT, Simmer-Beck M, Bray KK, et al. Evaluation of an academic service-learning course on special needs patients for dental hygiene students: a qualitative study. J Dent Educ. 2007 Mar;71(3):378-92. X-1, X-4
1699. Kezuka E. The role of touch in facilitated communication. Journal of Autism and Developmental Disorders. 1997 Oct;27(5):571-593. X-10

1700. Khalfa S, Bruneau N, Roge B, et al. Increased perception of loudness in autism. Hear Res. 2004 Dec;198(1-2):87-92. X-4
1701. Kielinen M, Hjelmquist E, Moilanen I, et al. Intervention,treatmentand care in autistic disorder. Challenging case reports from northern Finland. Int J Circumpolar Health. 2005 Feb;64(1):65-76. X-3, X-4
1702. Kielinen M, Linna SL and Moilanen I. Some aspects of treatment and habilitation of children and adolescents with autistic disorder in Northern-Finland. Int J Circumpolar Health. 2002;61 Suppl 2:69-79. X-1
1703. Kielinen M, Rantala H, Timonen E, et al. Associated medical disorders and disabilities in children with autistic disorder: a population-based study. Autism. 2004 Mar;8(1):49-60. X-1, X-2, X-3
1704. Kientz MA and Dunn W. A comparison of the performance of children with and without autism on the Sensory Profile. Am J Occup Ther. 1997 Jul-Aug;51(7):530-7. X-4, X-10
1705. Kiernan C. The use of nonvocal communication techniques with autistic individuals. J Child Psychol Psychiatry. 1983 Jul;24(3):339-75. X-1, X-2, X-3, X-4, X-10
1706. Kiernan C and Reid B. The use of augmentative communication systems in schools and units for autistic and aphasic children in the United Kingdom. Br J Disord Commun. 1984 Apr;19(1):47-61. X-10
1707. Kilchenstein MW and Schuerholz L. Autistic defenses and the impairment of cognitive development. Bull Menninger Clin. 1995 Fall;59(4):443-59. X-3, X-4, X-10
1708. Killion SW and McCarthy SM. Part I: assessment. Hospitalization of the autistic child. MCN Am J Matern Child Nurs. 1980 Nov-Dec;5(6):413-7. X-2, X-4, X-10
1709. Killoran I, Tymon D and Frempong G. Disabilities and Inclusive Practices within Toronto Preschools. International Journal of Inclusive Education. 2007 Jan;11(1):81-95. X-1, X-4
1710. Kim S-Y and Yun J. Determining Daily Physical Activity Levels of Youth with Developmental Disabilities: Days of Monitoring Required? Adapted Physical Activity Quarterly. 2009 Jul;26(3):220-235. X-4
1711. Kim YS and Kumar S. Cross-cultural Examination of Social Interactions During a One-week Dousa-hou (Japanese Psychorehabilitation) Camp. Psychological Reports. 2004 Dec;95(3,Part1):1050-1054. X-1, X-4
1712. Kimball JW, Kinney EM, Taylor BA, et al. Video Enhanced Activity Schedules for Children with Autism: A Promising Package for Teaching Social Skills. Education & Treatment of Children. 2004 Aug;27(3):280-298. X-3
1713. King B, Zwi K, Nunn K, et al. Use of risperidone in a paediatric population: an observational study. J Paediatr Child Health. 2003 Sep-Oct;39(7):523-7. X-1, X-4
1714. King BH. Pharmacological treatment of mood disturbances, aggression, and self-injury in persons with pervasive developmental disorders. J Autism Dev Disord. 2000 Oct;30(5):439-45. X-1, X-2, X-3
1715. King BH and Davanzo P. Buspirone treatment of aggression and self-injury in autistic and nonautistic persons with severe mental retardation. Developmental Brain Dysfunction. 1996 Jan-Feb;90(1):22-31. X-1, X-10
1716. King GA, Zwaigenbaum L, King S, et al. A qualitative investigation of changes in the belief systems of families of children with autism or Down syndrome. Child Care Health Dev. 2006 May;32(3):353-69. X-4
1717. King MJ and Valdovinos MG. Social Validity of Behavioral Practices in the Treatment of Autism--A Review of the "Super Nanny". Research in Autism Spectrum Disorders. 2009 Jan;3(1):173-178. X-1, X-4
1718. Kinnell HG. "Addiction" to a strait jacket: A case report of treatment of self-injurious behaviour in an autistic child. Journal of Mental Deficiency Research. 1984 Mar;28(1):77-79. X-1, X-3, X-4, X-10
1719. Kistner J, Robbins F and Haskett M. Assessment and skill remediation of hyperlexic children. J Autism Dev Disord. 1988 Jun;18(2):191-205. X-1, X-3, X-4, X-10
1720. Kitayama M, Wada-Isoe K, Nakaso K, et al. Clinical evaluation of Parkinson's disease dementia: association with aging and visual hallucination. Acta Neurol Scand. 2007 Sep;116(3):190-5. X-1, X-4
1721. Klaeger D and McDougle CJ. Secretin in autism--A parent's perspective. Journal of Autism and Developmental Disorders. 2000 Feb;30(1):72-73. X-3
1722. Klauber T. The significance of trauma in work with the parents of severely disturbed children, and its implications for work with parents in general. Journal of Child Psychotherapy. 1998 Apr;24(1):85-107. X-1, X-2 ,X-3, X-4, X-10
1723. Klecan-Aker JS and Gill C. Teaching language organization to a child with pervasive developmental disorder: A case study. Child Language Teaching & Therapy. 2005 Feb;21(1):60-74. X-3
1724. Klein S. Autistic phenomena in neurotic patients. International Journal of Psycho-Analysis. 1980;61(3):395-402. X-10
1725. Klein U and Nowak AJ. Characteristics of patients with autistic disorder (AD) presenting for dental treatment: a survey and chart review. Spec Care Dentist. 1999 Sep-Oct;19(5):200-7. X-4, X-10
1726. Kleinman JM, Ventola PE, Pandey J, et al. Diagnostic Stability in Very Young Children with Autism Spectrum Disorders. Journal of Autism and Developmental Disorders. 2008 Apr;38(4):606-615. X-4
1727. Klima A, Desloovere C and Lorz M. Radiosensitizing with cis-platin in advanced head and neck cancer. Results and problems. Acta Otorhinolaryngol Belg. 1989;43(3):231-8. X-1, X-4, X-10
1728. Klin A. Listening p in regard to speech in four children with developmental disabilities. J Child Psychol Psychiatry. 1992 May;33(4):763-9. X-3, X-4, X-10
1729. Klin A. Attributing social meaning to ambiguous visual stimuli in higher-functioning autism and Asperger syndrome: The Social Attribution Task. J Child Psychol Psychiatry. 2000 Oct;41(7):831-46. X-4
1730. Klin A, Danovitch JH, Merz AB, et al. Circumscribed Interests in Higher Functioning Individuals with Autism Spectrum Disorders: An Exploratory Study. Research and Practice for Persons with Severe Disabilities (RPSD). 2007;32(2):89-100. X-4
1731. Klin A, Lin DJ, Gorrindo P, et al. Two-year-olds with autism orient to non-social contingencies rather than biological motion. Nature. 2009 May 14;459(7244):257-61. X-4

1732. Klin A, Saulnier CA, Sparrow SS, et al. Social and Communication Abilities and Disabilities in Higher Functioning Individuals with Autism Spectrum Disorders: The Vineland and the ADOS. Journal of Autism and Developmental Disorders. 2007 Apr;37(4):748-759. X-4
1733. Klin A and Volkmar FR. Asperger syndrome. Child Adolesc Psychiatr Clin N Am. 2003 Jan;12(1):xiii-xvi. X-1, X-2, X-3, X-4
1734. Klykylo WM and et al. Clinical effects of fenfluramine in ten autistic subjects. Journal of Autism and Developmental Disorders. 1985 Dec;15(4):417-423. X-10
1735. Knabe R and Bovier P. Pharmacological treatment of extreme self-injurious behavior in autism. European Psychiatry. 1992;7(6):297-298. X-1, X-3, X-10
1736. Knabe R, Schulz P and Richard J. Initial aggravation of self-injurious behavior in autistic patients receiving naltrexone treatment. Journal of Autism and Developmental Disorders. 1990 Dec;20(4):591-593. X-1, X-2, X-3, X-10
1737. Knapp M, Romeo R and Beecham J. Economic cost of autism in the UK. Autism. 2009 May;13(3):317-36. X-1, X-2, X-3, X-4
1738. Knivsberg AM, Reichelt KL, Hoien T, et al. A randomised, controlled study of dietary intervention in autistic syndromes. Nutr Neurosci. 2002 Sep;5(4):251-61. X-3
1739. Knivsberg A-M, Reichelt K-L, HÃ¸ien T, et al. Effect of a Dietary Intervention on Autistic Behavior. Focus on Autism and Other Developmental Disabilities. 2003 Win;18(4):247-256. X-3
1740. Knivsberg A-M, Wiig K, Lind G, et al. Dietary intervention in autistic syndromes. Brain Dysfunction. 1990 Nov-Dec;3(5-6):315-327. X-10
1741. Knoester M, Helmerhorst FM, van der Westerlaken LA, et al. Matched follow-up study of 5 8-year-old ICSI singletons: child behaviour, parenting stress and child (health-related) quality of life. Hum Reprod. 2007 Dec;22(12):3098-107. X-3, X-4
1742. Knott F, Dunlop A-W and Mackay T. Living with ASD: How Do Children and Their Parents Assess Their Difficulties with Social Interaction and Understanding? Autism: The International Journal of Research & Practice. 2006;10(6):609-617. X-4
1743. Kobayahi R. Affective communication of infants with autistic spectrum disorder and internal representation of their mothers. Psychiatry and Clinical Neurosciences. 2000 Apr;54(2):235-243. X-3
1744. Kobayashi R, Murata T and Yoshinaga K. A follow-up study of 201 children with autism in Kyushu and Yamaguchi areas, Japan. J Autism Dev Disord. 1992 Sep;22(3):395-411. X-1, X-10
1745. Kodak T, Lerman DC, Volkert VM, et al. Further examination of factors that influence preference for positive versus negative reinforcement. J Appl Behav Anal. 2007 Spring;40(1):25-44. X-3
1746. Kodak T, Miltenberger RG and Romaniuk C. The effects of differential negative reinforcement of other behavior and noncontingent escape on compliance. J Appl Behav Anal. 2003 Fall;36(3):379-82. X-3
1747. Kodak T, Northup J and Kelley ME. An evaluation of the types of attention that maintain problem behavior. J Appl Behav Anal. 2007 Spring;40(1):167-71. X-3, X-4
1748. Koegel LK. Interventions to facilitate communication in autism. J Autism Dev Disord. 2000 Oct;30(5):383-91. X-2
1749. Koegel LK, Camarata SM, Valdez-Menchaca M, et al. Setting generalization of question-asking by children with autism. American Journal on Mental Retardation. 1998 Jan;102(4):346-357. X-10
1750. Koegel LK, Carter CM and Koegel RL. Teaching children with autism self-initiations as a pivotal response. Topics in Language Disorders. 2003 Apr-Jun;23(2):134-145. X-3
1751. Koegel LK, Koegel RL, Frea W, et al. Priming as a method of coordinating educational services for students with autism. Language, Speech, and Hearing Services in Schools. 2003 Jul;34(3):228-235. X-3
1752. Koegel LK, Koegel RL, Hurley C, et al. Improving social skills and disruptive behavior in children with autism through self-management. J Appl Behav Anal. 1992 Summer;25(2):341-53. X-10
1753. Koegel LK, Koegel RL, Nefdt N, et al. First S.T.E.P.: A Model for the Early Identification of Children with Autism Spectrum Disorders. Journal of Positive Behavior Interventions. 2005;7(4):247-252. X-1, X-2, X-3, X-4
1754. Koegel LK, Koegel RL, Shoshan Y, et al. Pivotal response intervention II: Preliminary long-term outcomes data. Journal of the Association for Persons with Severe Handicaps. 1999 Fal;24(3):186-198. X-10
1755. Koegel LK, Stiebel D and Koegel RL. Reducing aggression in children with autism toward infant or toddler siblings. Journal of the Association for Persons with Severe Handicaps. 1998 Sum;23(2):111-118. X-10
1756. Koegel RL. Social Development in Individuals with High Functioning Autism and Asperger Disorder. Research and Practice for Persons with Severe Disabilities (RPSD). 2007 Sum;32(2):140-141. X-1, X-2, X-3, X-4
1757. Koegel RL, Bimbela A and Schreibman L. Collateral effects of parent training on family interactions. J Autism Dev Disord. 1996 Jun;26(3):347-59. X-10
1758. Koegel RL, Camarata S, Koegel LK, et al. Increasing speech intelligibility in children with autism. J Autism Dev Disord. 1998 Jun;28(3):241-51. X-10
1759. Koegel RL, Dunlap G and Dyer K. Intertrial interval duration and learning in autistic children. J Appl Behav Anal. 1980 Spring;13(1):91-9. X-10
1760. Koegel RL, Egel AL and Williams JA. Behavioral contrast and generalization across settings in the treatment of autistic children. J Exp Child Psychol. 1980 Dec;30(3):422-37. X-10
1761. Koegel RL and Frea WD. Treatment of social behavior in autism through the modification of pivotal social skills. Journal of Applied Behavior Analysis. 1993 Fal;26(3):369-377. X-1, X-3, X-10
1762. Koegel RL and Koegel LK. Extended reductions in stereotypic behavior of students with autism through a self-management treatment package. J Appl Behav Anal. 1990 Spring;23(1):119-27. X-10
1763. Koegel RL, Koegel LK and Surratt A. Language intervention and disruptive behavior in preschool children with autism. J Autism Dev Disord. 1992 Jun;22(2):141-53. X-10

1764. Koegel RL, O'Dell M and Dunlap G. Producing speech use in nonverbal autistic children by reinforcing attempts. J Autism Dev Disord. 1988 Dec;18(4):525-38. X-10
1765. Koegel RL, O'Dell MC and Koegel LK. A natural language teaching paradigm for nonverbal autistic children. J Autism Dev Disord. 1987 Jun;17(2):187-200. X-10
1766. Koegel RL, Openden D and Koegel LK. A systematic desensitization paradigm to treat hypersensitivity to auditory stimuli in children with autism in family contexts. Research and Practice for Persons with Severe Disabilities. Special Issue: Family and Disability. 2004 Sum;29(2):122-134. X-3
1767. Koegel RL, Schreibman L, Loos LM, et al. Consistent stress profiles in mothers of children with autism. J Autism Dev Disord. 1992 Jun;22(2):205-16. X-1, X-4, X-10
1768. Koegel RL, Shirotova L and Koegel LK. Brief report: using individualized orienting cues to facilitate first-word acquisition in non-responders with autism. J Autism Dev Disord. 2009 Nov;39(11):1587-92. X-3, X-4
1769. Koegel RL, Symon JB and Kern Koegel L. Parent education for families of children with autism living in geographically distant areas. Journal of Positive Behavior Interventions. 2002 Spr;4(2):88-103. X-3
1770. Koegel RL, Vernon TW and Koegel LK. Improving social initiations in young children with autism using reinforcers with embedded social interactions. J Autism Dev Disord. 2009 Sep;39(9):1240-51. X-3
1771. Koegel RL, Werner GA, Vismara LA, et al. The Effectiveness of Contextually Supported Play Date Interactions between Children with Autism and Typically Developing Peers. Research and Practice for Persons with Severe Disabilities (RPSD). 2005 Sum;30(2):93-102. X-3
1772. Koegel RL and Williams JA. Direct versus indirect response-reinforcer relationships in teaching autistic children. J Abnorm Child Psychol. 1980 Dec;8(4):537-47. X-3, X-10
1773. Koenig KP, Bleiweiss J, Brennan S, et al. The ASD Nest Program: A Model for Inclusive Public Education for Students with Autism Spectrum Disorders. TEACHING Exceptional Children. 2009 Sep-Oct;42(1):6-13. X-1, X-2, X-3, X-4
1774. Kogan MD, Strickland BB, Blumberg SJ, et al. A national profile of the health care experiences and family impact of autism spectrum disorder among children in the United States, 2005-2006. Pediatrics. 2008 Dec;122(6):e1149-58. X-4
1775. Kohen-Raz R. Application of tetra-ataxiametric posturography in clinical and developmental diagnosis. Percept Mot Skills. 1991 Oct;73(2):635-56. X-4, X-10
1776. Kohen-Raz R, Volkmar FR and Cohen DJ. Postural control in children with autism. J Autism Dev Disord. 1992 Sep;22(3):419-32. X-4, X-10
1777. Kohler FW. Examining the services received by young children with autism and their families: A survey of parent responses. Focus on Autism and Other Developmental Disabilities. 1999 Fal;14(3):150-158. X-10
1778. Kohler FW, Greteman C, Raschke D, et al. Using a Buddy Skills Package to Increase the Social Interactions between a Preschooler with Autism and Her Peers. Topics in Early Childhood Special Education. 2007 Fall;27(3):155-163. X-3
1779. Kohler FW, Strain PS, Hoyson M, et al. Using a group-oriented contingency to increase social interactions between children with autism and their peers. A preliminary analysis of corollary supportive behaviors. Behav Modif. 1995 Jan;19(1):10-32. X-3
1780. Kohler FW, Strain PS, Maretsky S, et al. Promoting positive and supportive interactions between preschoolers: An analysis of group-oriented contingencies. Journal of Early Intervention. 1990 Fal;14(4):327-341. X-3, X-10
1781. Kohler FW, Strain PS and Shearer DD. The overtures of preschool social skill intervention agents. Differential rates, forms, and functions. Behav Modif. 1992 Oct;16(4):525-42. X-1, X-3, X-4, X-10
1782. Kohler JA, Shortland G and Rolles CJ. Effect of fenfluramine on autistic symptoms. Br Med J (Clin Res Ed). 1987 Oct 10;295(6603):885. X-10
1783. Kok AJ, Kong TY and Bernard-Opitz V. A comparison of the effects of structured play and facilitated play approaches on preschoolers with autism. A case study. Autism. 2002 Jun;6(2):181-96. X-3
1784. Kokina A and Kern L. Social Story Interventions for Students with Autism Spectrum Disorders: A Meta-Analysis. J Autism Dev Disord. 2010 Jan 7. X-2, X-3
1785. Kokkinos CM and Davazoglou AM. Special Education Teachers under Stress: Evidence from a Greek National Study. Educational Psychology. 2009 Jul;29(4):407-424. X-1, X-3, X-4
1786. Kokubun M, Haishi K, Okuzumi H, et al. Factors affecting age of walking by children with mental retardation. Percept Mot Skills. 1995 Apr;80(2):547-52. X-10
1787. Kolakowska T, Gadhvi H and Molyneux S. An open clinical trial of fenfluramine in chronic schizophrenia: a pilot study. Int Clin Psychopharmacol. 1987 Jan;2(1):83-8. X-10
1788. Kolevzon A, Mathewson KA and Hollander E. Selective serotonin reuptake inhibitors in autism: a review of efficacy and tolerability. J Clin Psychiatry. 2006 Mar;67(3):407-14. X-1, X-2, X-3, X-4
1789. Kolmen BK, Feldman HM, Handen BL, et al. Naltrexone in young autistic children: a double-blind, placebo-controlled crossover study. J Am Acad Child Adolesc Psychiatry. 1995 Feb;34(2):223-31. X-10
1790. Kolmen BK, Feldman HM, Handen BL, et al. Naltrexone in young autistic children: replication study and learning measures. J Am Acad Child Adolesc Psychiatry. 1997 Nov;36(11):1570-8. X-10
1791. Komori H, Matsuishi T, Yamada S, et al. Cerebrospinal fluid biopterin and biogenic amine metabolites during oral R-THBP therapy for infantile autism. J Autism Dev Disord. 1995 Apr;25(2):183-93. X-10
1792. Komoto J, Usui S and Hirata J. Infantile autism and affective disorder. Journal of Autism and Developmental Disorders. 1984 Mar;14(1):81-84. X-1, X-3, X-10
1793. Konno Y. Modification of physiological and behavioral responsivity to auditory stimuli with the progress of Dohsa-method training in children with autism. Japanese Journal of Special Education. 2001 Mar;38(6):65-81. X-3

1794. Konstantareas M, Homatidis S and Cesaroni L. Brief report: variables related to parental choice to medicate their autistic children. J Autism Dev Disord. 1995 Aug;25(4):443-52. X-10
1795. Konstantareas MM. Autistic children exposed to simultaneous communication training: a follow-up. J Autism Dev Disord. 1987 Mar;17(1):115-31. X-10
1796. Konstantareas MM and Gravelle G. Facilitated communication. Autism. 1998 Dec;2(4):389-414. X-10
1797. Konstantareas MM, Homatidis S and Plowright CM. Assessing resources and stress in parents of severely dysfunctional children through the Clarke modification of Holroyd's Questionnaire on Resources and Stress. J Autism Dev Disord. 1992 Jun;22(2):217-34. X-1, X-4, X-10
1798. Koristkova B, Grundmann M and Brozmanova H. Differences between prescribed daily doses and defined daily doses of antiepileptics--therapeutic drug monitoring as a marker of the quality of the treatment. Int J Clin Pharmacol Ther. 2006 Sep;44(9):438-42. X-1, X-2, X-3, X-4
1799. Koristkova B, Sjoqvist F, Grundmann M, et al. The use of TDM data to assess the validity of defined daily doses of antiepileptics: a comparison between a Czech and Swedish University Hospital. Ther Drug Monit. 2006 Oct;28(5):589-93. X-1, X-2, X-3, X-4
1800. Korpilahti P, Jansson-Verkasalo E, Mattila ML, et al. Processing of affective speech prosody is impaired in Asperger syndrome. J Autism Dev Disord. 2007 Sep;37(8):1539-49. X-4
1801. Kortebein P, Bopp MM, Granger CV, et al. Outcomes of inpatient rehabilitation for older adults with debility. Am J Phys Med Rehabil. 2008 Feb;87(2):118-25. X-1
1802. Koshes RJ and Rock NL. Use of clonidine for behavioral control in an adult patient with autism. American Journal of Psychiatry. 1994 Nov;151(11):1714. X-1, X-3, X-10
1803. Kottorp A, Bernspang B and Fisher AG. Validity of a performance assessment of activities of daily living for people with developmental disabilities. J Intellect Disabil Res. 2003 Nov;47(Pt 8):597-605. X-4
1804. Kouijzer MEJ, de Moor JMH, Gerrits BJL, et al. Neurofeedback Improves Executive Functioning in Children with Autism Spectrum Disorders. Research in Autism Spectrum Disorders. 2009 Jan;3(1):145-162. X-3
1805. Kouri TA. Effects of simultaneous communication in a child-directed treatment approach with preschoolers with severe disabilities. AAC: Augmentative and Alternative Communication. 1988 Dec;4(4):222-232. X-10
1806. Kowalski E, Lieberman LJ and Daggett S. Getting Involved in the IEP Process. Journal of Physical Education, Recreation & Dance. 2006 Sep;77(7):35-39. X-1, X-2, X-3, X-4
1807. Kozima H, Nakagawa C and Yasuda Y. Children-robot interaction: a pilot study in autism therapy. Prog Brain Res. 2007;164:385-400. X-3
1808. Krabe R and Bovier P. Norepinephrine antidepressants may increase self-injurious behavior in autistic syndromes. European Psychiatry. 1994;9(6):309-311. X-3, X-10
1809. Kraemer BR, Cook CR, Browning-Wright D, et al. Effects of training on the use of the Behavior Support Plan Quality Evaluation Guide with autism educators. A preliminary investigation examining positive behavior support plans. Journal of Positive Behavior Interventions. 2008 Jul;10(3):179-189. X-1, X-4
1810. Kramer DA. The autistic moment in psychotherapy. Contemporary Family Therapy: An International Journal. Special Issue: Contemporary family therapy. 1987 Spr-Sum;9(1-2):79-89. X-2, X-3, X-4, X-10
1811. Kramer DA, Anderson RB and Westman JC. The corrective autistic experience: An application of the models of Tinbergen and Mahler. Child Psychiatry & Human Development. 1984 Win;15(2):104-120. X-10
1812. Kramer-Marek G, Serpa C, Szurko A, et al. Spectroscopic properties and photodynamic effects of new lipophilic porphyrin derivatives: efficacy, localisation and cell death pathways. J Photochem Photobiol B. 2006 Jul 3;84(1):1-14. X-1, X-3, X-4
1813. Krantz PJ. Commentary: interventions to facilitate socialization. J Autism Dev Disord. 2000 Oct;30(5):411-3. X-2
1814. Krantz PJ and et al. Teaching complex language to autistic children. Analysis & Intervention in Developmental Disabilities. 1981;1(3-4):259-297. X-10
1815. Krantz PJ, MacDuff MT and McClannahan LE. Programming participation in family activities for children with autism: parents' use of photographic activity schedules. J Appl Behav Anal. 1993 Spring;26(1):137-8. X-3, X-10
1816. Krantz PJ and McClannahan LE. Teaching children with autism to initiate to peers: effects of a script-fading procedure. J Appl Behav Anal. 1993 Spring;26(1):121-32. X-3, X-10
1817. Krantz PJ and McClannahan LE. Social interaction skills for children with autism: a script-fading procedure for beginning readers. J Appl Behav Anal. 1998 Summer;31(2):191-202. X-3, X-10
1818. Krasny L, Williams BJ, Provencal S, et al. Social skills interventions for the autism spectrum: essential ingredients and a model curriculum. Child Adolesc Psychiatr Clin N Am. 2003 Jan;12(1):107-22. X-1, X-2, X-3, X-4
1819. Kratochvil CJ, Findling RL, McDougle CJ, et al. Pharmacological Management of Agitation and Aggression in an Adolescent with Autism. Journal of the American Academy of Child and Adolescent Psychiatry. 2005 Aug;44(8):829. X-1, X-2, X-3
1820. Krauss MW, Gulley S, Sciegaj M, et al. Access to specialty medical care for children with mental retardation, autism, and other special health care needs. Ment Retard. 2003 Oct;41(5):329-39. X-4
1821. Krauss MW, Seltzer MM and Jacobson HT. Adults with autism living at home or in non-family settings: positive and negative aspects of residential status. J Intellect Disabil Res. 2005 Feb;49(Pt 2):111-24. X-1, X-4
1822. Kravits TR, Kamps DM, Kemmerer K, et al. Brief report: Increasing communication skills for an elementary-aged student with autism using the picture exchange communication system. Journal of Autism and Developmental Disorders. 2002 Jun;32(3):225-230. X-3
1823. Krishnamurthy V. A clinical experience of autism in India. J Dev Behav Pediatr. 2008 Aug;29(4):331-3. X-1, X-2, X-3, X-4

1824. Kroeger KA and Nelson WM, III. A Language Programme to Increase the Verbal Production of a Child Dually Diagnosed with Down Syndrome and Autism. Journal of Intellectual Disability Research. 2006 Feb;50(2):101-108. X-3
1825. Kroon M, Groeneveld AB and Smulders YM. Cardiac output measurement by pulse dye densitometry: comparison with pulmonary artery thermodilution in post-cardiac surgery patients. J Clin Monit Comput. 2005 Dec;19(6):395-9. X-1, X-4
1826. Kuban KC, O'Shea TM, Allred EN, et al. Positive screening on the Modified Checklist for Autism in Toddlers (M-CHAT) in extremely low gestational age newborns. J Pediatr. 2009 Apr;154(4):535-540 e1. X-4
1827. Kubina RM, Jr. and Yurich KKL. Developing Behavioral Fluency for Students with Autism: A Guide for Parents and Teachers. Intervention in School and Clinic. 2009;44(3):131-138. X-1, X-2, X-3, X-4
1828. Kuhn DE, DeLeon IG, Fisher WW, et al. Clarifying an ambiguous functional analysis with matched and mismatched extinction procedures. J Appl Behav Anal. 1999 Spring;32(1):99-102. X-10
1829. Kuhn DE, Hardesty SL and Sweeney NM. Assessment and treatment of excessive straightening and destructive behavior in an adolescent diagnosed with autism. Journal of Applied Behavior Analysis. 2009 Sum;42(2):355-360. X-1, X-3, X-4
1830. Kuhn JC and Carter AS. Maternal self-efficacy and associated parenting cognitions among mothers of children with autism. Am J Orthopsychiatry. 2006 Oct;76(4):564-75. X-1, X-4
1831. Kuhn SA, Lerman DC, Vorndran CM, et al. Analysis of factors that affect responding in a two-response chain in children with developmental disabilities. J Appl Behav Anal. 2006 Fall;39(3):263-80. X-3
1832. Kujala T, Aho E, Lepisto T, et al. Atypical pattern of discriminating sound features in adults with Asperger syndrome as reflected by the mismatch negativity. Biol Psychol. 2007 Apr;75(1):109-14. X-1, X-4
1833. Kumandas S, Ã‡aksen Hs, Ã‡iftÃ§i A, et al. Lamotrigine in two cases of Rett syndrome. Brain & Development. 2001 Jul;23(4):240-242. X-1
1834. Kumar S, Alexander M and Gnanamuthu C. Recent experience with Rett syndrome at a tertiary care center. Neurol India. 2004 Dec;52(4):494-5. X-1, X-3, X-4
1835. Kumar S, Kim YS and Oh KS. Development of a social interaction questionnaire for the trainers and mothers of children with disabilities participating in Dousa-hou (Japanese psycho-rehabilitation) camps. Psychol Rep. 2006 Oct;99(2):591-8. X-1, X-2, X-3, X-4
1836. Kuoch H and Mirenda P. Social Story Interventions for Young Children with Autism Spectrum Disorders. Focus on Autism and Other Developmental Disabilities. 2003 Win;18(4):219-227. X-3
1837. Kuriyama S, Kamiyama M, Watanabe M, et al. Pyridoxine treatment in a subgroup of children with pervasive developmental disorders. Dev Med Child Neurol. 2002 Apr;44(4):284-6. X-1, X-3
1838. Kurt O and Tekin-Iftar E. A comparison of constant time delay and simultaneous prompting within embedded instruction on teaching leisure skills to children with autism. Topics in Early Childhood Special Education. 2008 May;28(1):53-64. X-3
1839. Kusaga A, Yamashita Y, Koeda T, et al. Increased urine phenylethylamine after methylphenidate treatment in children with ADHD. Ann Neurol. 2002 Sep;52(3):372-4. X-1
1840. Kuttler S, Myles BS and Carlson JK. The use of social stories to reduce precursors to tantrum behavior in a student with autism. Focus on Autism and Other Developmental Disabilities. 1998 Fal;13(3):176-182. X-10
1841. Kvinsberg A-M, Reichelt KL, NÃ¸dland M, et al. Autistic syndromes and diet: A follow-up study. Scandinavian Journal of Educational Research. 1995 Sep;39(3):223-236. X-10
1842. Lacava PG, Golan O, Baron-Cohen S, et al. Using Assistive Technology to Teach Emotion Recognition to Students With Asperger Syndrome: A Pilot Study. Remedial and Special Education. 2007 May-Jun;28(3):174-181. X-3
1843. Ladd MV, Luiselli JK and Baker L. Continuous Access to Competing Stimulation as Intervention for Self-Injurious Skin Picking in a Child with Autism. Child & Family Behavior Therapy. 2009;31(1):54-60. X-3
1844. Laita P, Cifuentes A, Doll A, et al. Antipsychotic-related abnormal involuntary movements and metabolic and endocrine side effects in children and adolescents. J Child Adolesc Psychopharmacol. 2007 Aug;17(4):487-502. X-1, X-4
1845. Lalli JS, Mace FC, Wohn T, et al. Identification and modification of a response-class hierarchy. Journal of Applied Behavior Analysis. 1995 Win;28(4):551-559. X-1, X-3, X-10
1846. Lam MK and Rao N. Developing a Chinese version of the psychoeducational profile (CPEP) to assess autistic children in Hong Kong. J Autism Dev Disord. 1993 Jun;23(2):273-9. X-4, X-10
1847. Lammers MW, Hekster YA, Keyser A, et al. Monotherapy or polytherapy for epilepsy revisited: a quantitative assessment. Epilepsia. 1995 May;36(5):440-6. X-1, X-4, X-10
1848. Lammers MW, Hekster YA, Keyser A, et al. Neither dosage nor serum levels of antiepileptic drugs are predictive for efficacy and adverse effects. Pharm World Sci. 1995 Nov 24;17(6):201-6. X-1, X-4, X-10
1849. Lancioni GE. Using pictorial representations as communication means with low-functioning children. J Autism Dev Disord. 1983 Mar;13(1):87-105. X-3, X-10
1850. Lancioni GE, Markus S and Behrendt M. A portable vibratory-feedback device for reducing excessive vocal loudness: A case study. Behavioural and Cognitive Psychotherapy. 1998 Oct;26(4):371-376. X-1, X-3, X-10
1851. Lane R, He Y, Morris C, et al. BuChE-K and APOE epsilon4 allele frequencies in Lewy body dementias, and influence of genotype and hyperhomocysteinemia on cognitive decline. Mov Disord. 2009 Feb 15;24(3):392-400. X-1, X-2, X-3, X-4
1852. Lang R, O'Reilly M, Lancioni G, et al. Discrepancy in Functional Analysis Results across Two Settings: Implications for Intervention Design. Journal of Applied Behavior Analysis. 2009 Sum;42(2):393-397. X-4
1853. Lang R, O'Reilly M, Machalicek W, et al. A Preliminary Comparison of Functional Analysis Results

when Conducted in Contrived versus Natural Settings. Journal of Applied Behavior Analysis. 2008 Fall;41(3):441-445. X-3
1854. Lang R, Regester A, Lauderdale S, et al. Treatment of anxiety in autism spectrum disorders using cognitive behaviour therapy: A systematic review. Dev Neurorehabil. 2010 Oct;13(1):53-63. X-1, X-2, X-3
1855. Lang R, Shogren KA, Machalicek W, et al. Video Self-Modeling to Teach Classroom Rules to Two Students with Asperger's. Research in Autism Spectrum Disorders. 2009 Apr-Jun;3(2):483-488. X-3
1856. Langdon NA, Carr EG and Owen-Deschryver JS. Functional analysis of precursors for serious problem behavior and related intervention. Behav Modif. 2008 Nov;32(6):804-27. X-3
1857. Langmack K, Mehta R, Twyman P, et al. Topical photodynamic therapy at low fluence rates--theory and practice. J Photochem Photobiol B. 2001 Apr;60(1):37-43. X-1, X-4
1858. Langsjoen H, Langsjoen P, Willis R, et al. Usefulness of coenzyme Q10 in clinical cardiology: a long-term study. Mol Aspects Med. 1994;15 Suppl:s165-75. X-1, X-2, X-3, X-4, X-10
1859. Langstrom N, Grann M, Ruchkin V, et al. Risk factors for violent offending in autism spectrum disorder: a national study of hospitalized individuals. J Interpers Violence. 2009 Aug;24(8):1358-70. X-4
1860. Langworthy-Lam KS, Aman MG and Van Bourgondien ME. Prevalence and patterns of use of psychoactive medicines in individuals with autism in the Autism Society of North Carolina. J Child Adolesc Psychopharmacol. 2002 Winter;12(4):311-21. X-1, X-3, X-4
1861. Lanovaz MJ, Fletcher SE and Rapp JT. Identifying stimuli that alter immediate and subsequent levels of vocal stereotypy: a further analysis of functionally matched stimulation. Behav Modif. 2009 Sep;33(5):682-704. X-3, X-4
1862. Lanquetot R. The effectiveness of peer modeling with autistic children. Journal of the Multihandicapped Person. 1989 Mar;2(1):25-34. X-10
1863. Lanter E and Watson LR. Promoting Literacy in Students with ASD: The Basics for the SLP. Language, Speech, and Hearing Services in Schools. 2008 Jan;39(1):33-43. X-1, X-2, X-3, X-4
1864. Lanyado M. Asymbolic and symbolic play: Developmental perspectives in the treatment of disturbed children. Journal of Child Psychotherapy. 1987;13(2):33-44. X-3, X-4, X-10
1865. LaPerchia P. Behavioral disorders, learning disabilities and megavitamin therapy. Adolescence. 1987 Fall;22(87):729-38. X-1, X-2, X-3, X-4, X-10
1866. Larkin AS and Gurry S. Brief report: progress reported in three children with autism using daily life therapy. J Autism Dev Disord. 1998 Aug;28(4):339-42. X-10
1867. Larsen FW and Mouridsen SE. The outcome in children with childhood autism and Asperger syndrome originally diagnosed as psychotic. A 30-year follow-up study of subjects hospitalized as children. Eur Child Adolesc Psychiatry. 1997 Dec;6(4):181-90. X-1, X-10
1868. Lasater MW and Brady MP. Effects of video self-modeling and feedback on task fluency: A home-based intervention. Education and Treatment of Children. 1995 Nov;18(4):389-407. X-10
1869. Laski KE, Charlop MH and Schreibman L. Training parents to use the natural language paradigm to increase their autistic children's speech. J Appl Behav Anal. 1988 Winter;21(4):391-400. X-3, X-10
1870. Latif A, Heinz P and Cook R. Iron deficiency in autism and Asperger syndrome. Autism. 2002 Mar;6(1):103-14. X-4
1871. Lattimore LP, Parsons MB and Reid DH. A prework assessment of task preference among adults with autism beginning a supported job. Journal of Applied Behavior Analysis. 2002 Spr;35(1):85-88. X-1, X-3
1872. Lattimore LP, Parsons MB and Reid DH. A prework assessment of task p among adults with autism beginning a supported job. J Appl Behav Anal. 2002 Spring;35(1):85-8. X-1, X-3, X-4
1873. Lattimore LP, Parsons MB and Reid DH. Assessing preferred work among adults with autism beginning supported jobs: Identification of constant and alternating task p . Behavioral Interventions. 2003 Jul;18(3):161-177. X-1, X-4
1874. Lattimore LP, Parsons MB and Reid DH. Enhancing job-site training of supported workers with autism: a reemphasis on simulation. J Appl Behav Anal. 2006 Spring;39(1):91-102. X-1, X-3
1875. Laugeson EA, Frankel F, Mogil C, et al. Parent-Assisted Social Skills Training to Improve Friendships in Teens with Autism Spectrum Disorders. Journal of Autism and Developmental Disorders. 2009 Apr;39(4):596-606. X-1
1876. Lauritsen MB, Mors O, Mortensen PB, et al. Medical disorders among inpatients with autism in Denmark according to ICD-8: a nationwide register-based study. J Autism Dev Disord. 2002 Apr;32(2):115-9. X-4
1877. Laushey KM and Heflin LJ. Enhancing social skills of kindergarten children with autism through the training of multiple peers as tutors. J Autism Dev Disord. 2000 Jun;30(3):183-93. X-3
1878. Laushey KM, Heflin LJ, Shippen M, et al. Concept Mastery Routines to Teach Social Skills to Elementary Children with High Functioning Autism. Journal of Autism and Developmental Disorders. 2009 Oct;39(10):1435-1448. X-3
1879. Lavie T and Sturmey P. Training staff to conduct a paired-stimulus preference assessment. J Appl Behav Anal. 2002 Summer;35(2):209-11. X-1, X-4
1880. Lawer L, Brusilovskiy E, Salzer MS, et al. Use of vocational rehabilitative services among adults with autism. J Autism Dev Disord. 2009 Mar;39(3):487-94. X-1, X-4
1881. Lawson TR and Walsh D. The Effects of Observational Training on the Acquisition of Reinforcement for Listening. Journal of Early and Intensive Behavior Intervention. 2007;4(2):430-452. X-3, X-4
1882. Layton TL. Language training with autistic children using four different modes of presentation. J Commun Disord. 1988 Aug;21(4):333-50. X-10
1883. Le Couteur A, Bailey A, Goode S, et al. A broader phenotype of autism: the clinical spectrum in twins. J Child Psychol Psychiatry. 1996 Oct;37(7):785-801. X-10

1884. Le Couteur A, Haden G, Hammal D, et al. Diagnosing Autism Spectrum Disorders in Pre-School Children Using Two Standardised Assessment Instruments: The ADI-R and the ADOS. Journal of Autism and Developmental Disorders. 2008 Feb;38(2):362-372. X-4
1885. Leach D and Duffy ML. Supporting Students with Autism Spectrum Disorders in Inclusive Settings. Intervention in School and Clinic. 2009;45(1):31-37. X-1, X-2, X-3, X-4
1886. Leaf JB, Taubman M, Bloomfield S, et al. Increasing Social Skills and Pro-Social Behavior for Three Children Diagnosed with Autism through the Use of a Teaching Package. Research in Autism Spectrum Disorders. 2009 Jan;3(1):275-289. X-3
1887. Leask J. Vaccination and risk communication: summary of a workshop, Arlington Virginia, USA, 5-6 October 2000. J Paediatr Child Health. 2002 Apr;38(2):124-8. X-1, X-2, X-3, X-4
1888. Lebedinskaya KS and Nikolskaya OS. Brief report: analysis of autism and its treatment in modern Russian defectology. J Autism Dev Disord. 1993 Dec;23(4):675-9. X-10
1889. LeBlanc LA, Carr JE, Crossett SE, et al. Intensive Outpatient Behavioral Treatment of Primary Urinary Incontinence of Children With Autism. Focus on Autism and Other Developmental Disabilities. 2005 Sum;20(2):98-105. X-3
1890. LeBlanc LA, Coates AM, Daneshvar S, et al. Using video modeling and reinforcement to teach perspective-taking skills to children with autism. J Appl Behav Anal. 2003 Summer;36(2):253-7. X-3
1891. Leblanc LA, Geiger KB, Sautter RA, et al. Using the Natural Language Paradigm (NLP) to increase vocalizations of older adults with cognitive impairments. Res Dev Disabil. 2007 Jul-Sep;28(4):437-44. X-1, X-3
1892. Leblanc M-P, Ricciardi JN and Luiselli JK. Improving Discrete Trial Instruction by Paraprofessional Staff Through an Abbreviated Performance Feedback Intervention. Education and Treatment of Children. 2005 Feb;28(1):76-82. X-1, X-3, X-4
1893. Leboyer M, Bouvard MP, Launay JM, et al. Brief report: a double-blind study of naltrexone in infantile autism. J Autism Dev Disord. 1992 Jun;22(2):309-19. X-3, X-10
1894. Leboyer M, Bouvard MP, Lensing P, et al. Opioid excess hypothesis of autism: A double-blind study of naltrexone. Brain Dysfunction. 1990 Nov-Dec;3(5-6):285-298. X-10
1895. Lecavalier L, Leone S and Wiltz J. The impact of behaviour problems on caregiver stress in young people with autism spectrum disorders. J Intellect Disabil Res. 2006 Mar;50(Pt 3):172-83. X-4
1896. Lechago SA and Carr JE. Recommendations for reporting independent variables in outcome studies of early and intensive behavioral intervention for autism. Behav Modif. 2008 Jul;32(4):489-503. X-2
1897. Ledford JR and Gast DL. Feeding Problems in Children with Autism Spectrum Disorders: A Review. Focus on Autism and Other Developmental Disabilities. 2006 Fall;21(3):153-166. X-1, X-2, X-3, X-4
1898. Ledford JR, Gast DL, Luscre D, et al. Observational and incidental learning by children with autism during small group instruction. J Autism Dev Disord. 2008 Jan;38(1):86-103. X-3
1899. Lee A, Duggan ES and Schuntermann P. Autistic symptoms in a 21-year-old college student: Perspectives on diagnosis and treatment. Harvard Review of Psychiatry. 1999 Mar-Apr;6(6):313-321. X-1, X-2, X-3, X-4, X-10
1900. Lee A, Hobson RP and Chiat S. I, you, me, and autism: an experimental study. J Autism Dev Disord. 1994 Apr;24(2):155-76. X-4, X-10
1901. Lee LC, Harrington RA, Chang JJ, et al. Increased risk of injury in children with developmental disabilities. Res Dev Disabil. 2008 May-Jun;29(3):247-55. X-4
1902. Lee M, Martin-Ruiz C, Graham A, et al. Nicotinic receptor abnormalities in the cerebellar cortex in autism. Brain: A Journal of Neurology. 2002 Jul;125(7):1483-1495. X-1, X-3, X-4
1903. Lee PC. Verification of a simple point dose calculation method for a dual energy linear accelerator with asymmetric jaws. Med Dosim. 1996 Winter;21(4):227-33. X-1, X-3, X-4, X-10
1904. Lee PH, Yong SW and An YS. Changes in cerebral glucose metabolism in patients with Parkinson disease with dementia after cholinesterase inhibitor therapy. J Nucl Med. 2008 Dec;49(12):2006-11. X-1, X-4
1905. Lee R and Sturmey P. The effects of lag schedules and preferred materials on variable responding in students with autism. J Autism Dev Disord. 2006 Apr;36(3):421-8. X-1, X-3, X-4
1906. Lee S, Odom SL and Loftin R. Social Engagement with Peers and Stereotypic Behavior of Children with Autism. Journal of Positive Behavior Interventions. 2007;9(2):67-79. X-3
1907. Lee S-H, Poston D and Poston AJ. Lessons learned through implementing a positive behavior support intervention at home: A case study on self-management with a student with autism and his mother. Education and Training in Developmental Disabilities. 2007 Dec;42(4):418-427. X-3
1908. Lee S-H, Simpson RL and Shogren KA. Effects and Implications of Self-Management for Students with Autism: A Meta-Analysis. Focus on Autism and Other Developmental Disabilities. 2007 Spr;22(1):2-13. X-1, X-2, X-3
1909. Lee-Dukes G. Infantile autism. Am Fam Physician. 1986 Jun;33(6):149-55. X-1, X-2, X-3, X-4, X-10
1910. Lefebvre D and Strain PS. Effects of a group contingency on the frequency of social interactions among autistic and nonhandicapped preschool children: Making LRE efficacious. Journal of Early Intervention. 1989 Fal;13(4):329-341. X-3, X-10
1911. LeGoff DB. Use of LEGO as a therapeutic medium for improving social competence. J Autism Dev Disord. 2004 Oct;34(5):557-71. X-1
1912. LeGoff DB. Use of LEGO© as a Therapeutic Medium for Improving Social Competence. Journal of Autism and Developmental Disorders. 2004 Oct;34(5):557-571. X-1
1913. Lehmkuhl HD, Storch EA, Bodfish JW, et al. Brief Report: Exposure and Response Prevention for Obsessive Compulsive Disorder in a 12-Year-Old with Autism. Journal of Autism and Developmental Disorders. 2008 May;38(5):977-981. X-3

1914. Leighton J, Bird G, Charman T, et al. Weak imitative performance is not due to a functional 'mirroring' deficit in adults with autism spectrum disorders. Neuropsychologia. 2008;46(4):1041-1049. X-1, X-4
1915. Leiman M. Ogden's matrix of transference and the concept of sign. Br J Med Psychol. 2000 Sep;73 (Pt 3):385-97. X-1, X-2, X-3, X-4
1916. Lelord G, BarthÃ©lÃ©my C, Martineau J, et al. Free acquisition, free imitation, physiological curiosity and exchange and development therapies in autistic children. Brain Dysfunction. 1991 Nov-Dec;4(6):335-347. X-3, X-10
1917. Lelord G, Callaway E and Muh JP. Clinical and biological effects of high doses of vitamin B6 and magnesium on autistic children. Acta Vitaminol Enzymol. 1982;4(1-2):27-44. X-10
1918. Lelord G, Muh JP, Barthelemy C, et al. Effects of pyridoxine and magnesium on autistic symptoms--initial observations. J Autism Dev Disord. 1981 Jun;11(2):219-30. X-10
1919. Lennox DB, Miltenberger RG, Spengler P, et al. Decelerative treatment practices with persons who have mental retardation: A review of five years of the literature. American Journal on Mental Retardation. 1988 May;92(6):492-501. X-10
1920. Lensing P, Klingler D, Lampl C, et al. Naltrexone open trial with a 5-year-old-boy. A social rebound reaction. Acta Paedopsychiatr. 1992;55(3):169-73. X-3, X-10
1921. Leonard H, Nassar N, Bourke J, et al. Relation between intrauterine growth and subsequent intellectual disability in a ten-year population cohort of children in Western Australia. Am J Epidemiol. 2008 Jan 1;167(1):103-11. X-4
1922. Leonard LB. Some Reflections on the Study of Children with Specific Language Impairment. Child Language Teaching and Therapy. 2009;25(2):169-171. X-1, X-2, X-3, X-4
1923. Lepisto T, Kajander M, Vanhala R, et al. The perception of invariant speech features in children with autism. Biol Psychol. 2008 Jan;77(1):25-31. X-4
1924. Lepisto T, Kuitunen A, Sussman E, et al. Auditory stream segregation in children with Asperger syndrome. Biol Psychol. 2009 Dec;82(3):301-7. X-4
1925. Lepisto T, Kujala T, Vanhala R, et al. The discrimination of and orienting to speech and non-speech sounds in children with autism. Brain Res. 2005 Dec 20;1066(1-2):147-57. X-4
1926. Lepisto T, Nieminen-von Wendt T, von Wendt L, et al. Auditory cortical change detection in adults with Asperger syndrome. Neurosci Lett. 2007 Mar 6;414(2):136-40. X-4
1927. Lepisto T, Silokallio S, Nieminen-von Wendt T, et al. Auditory perception and attention as reflected by the brain event-related potentials in children with Asperger syndrome. Clin Neurophysiol. 2006 Oct;117(10):2161-71. X-4
1928. Lerer E, Levi S, Salomon S, et al. Association between the oxytocin receptor (OXTR) gene and autism: relationship to Vineland Adaptive Behavior Scales and cognition. Mol Psychiatry. 2008 Oct;13(10):980-8. X-4
1929. Lerman DC, Kelley ME, Vorndran CM, et al. Reinforcement magnitude and responding during treatment with differential reinforcement. Journal of Applied Behavior Analysis. 2002 Spr;35(1):29-48. X-1, X-3
1930. Lerman DC, Kelley ME, Vorndran CM, et al. Collateral effects of response blocking during the treatment of stereotypic behavior. Journal of Applied Behavior Analysis. 2003 Spr;36(1):119-123. X-1, X-3
1931. Lerman DC, Tetreault A, Hovanetz A, et al. Further evaluation of a brief, intensive teacher-training model. J Appl Behav Anal. 2008 Summer;41(2):243-8. X-1, X-3
1932. Lerman DC, Vorndran C, Addison L, et al. A Rapid Assessment of Skills in Young Children with Autism. Journal of Applied Behavior Analysis. 2004 Spr;37(1):11. X-3, X-4
1933. Lerman DC, Vorndran CM, Addison L, et al. Preparing Teachers in Evidence-Based Practices for Young Children with Autism. School Psychology Review. 2004;33(4):510-526. X-1, X-3, X-4
1934. Lerner V, Miodownik C, Kaptsan A, et al. Vitamin B6 as add-on treatment in chronic schizophrenic and schizoaffective patients: a double-blind, placebo-controlled study. J Clin Psychiatry. 2002 Jan;63(1):54-8. X-1, X-4
1935. Leroi I, Overshott R, Byrne EJ, et al. Randomized controlled trial of memantine in dementia associated with Parkinson's disease. Mov Disord. 2009 Jun 15;24(8):1217-21. X-1, X-3, X-4
1936. Leslie DL and Martin A. Health care expenditures associated with autism spectrum disorders. Arch Pediatr Adolesc Med. 2007 Apr;161(4):350-5. X-1, X-3, X-4
1937. Leung JP and Wu KI. Teaching receptive naming of Chinese characters to children with autism by incorporating echolalia. J Appl Behav Anal. 1997 Spring;30(1):59-68. X-3, X-10
1938. Leung J-P and Chan O-T. Teaching spontaneous verbal requests to Chinese children with autism using a time delay procedure. Bulletin of the Hong Kong Psychological Society. No. 1993:47-58. X-3, X-10
1939. Leventhal BL, Cook EH, Jr., Morford M, et al. Clinical and neurochemical effects of fenfluramine in children with autism. J Neuropsychiatry Clin Neurosci. 1993 Summer;5(3):307-15. X-10
1940. Levin L and Carr EG. Food selectivity and problem behavior in children with developmental disabilities. Analysis and intervention. Behav Modif. 2001 Jul;25(3):443-70. X-3
1941. Levin R, Heresco-Levy U, Bachner-Melman R, et al. Association between arginine vasopressin 1a receptor (AVPR1a) promoter region polymorphisms and prepulse inhibition. Psychoneuroendocrinology. 2009 Jul;34(6):901-8. X-4
1942. Levine J. Controlled trials of inositol in psychiatry. Eur Neuropsychopharmacol. 1997 May;7(2):147-55. X-1, X-10
1943. Levine J, Aviram A, Holan A, et al. Inositol treatment of autism. J Neural Transm. 1997;104(2-3):307-10. X-3, X-10
1944. Levine JE. Behavior management principles: Incorporating a biopsychosocial perspective. Child & Adolescent Social Work Journal. 2001 Aug;18(4):253-261. X-3
1945. Levine K, Shane HC and Wharton RH. What if...: a plea to professionals to consider the risk-benefit ratio of

facilitated communication. Ment Retard. 1994 Aug;32(4):300-4; discussion 314-7. X-10
1946. Levinson LJ and Reid G. The effects of exercise intensity on the stereotypic behaviors of individuals with autism. Adapted Physical Activity Quarterly. 1993 Jul;10(3):255-268. X-10
1947. Levy A and Perry A. Transition of children with autism from intensive behavioural intervention programs into the school system. Journal on Developmental Disabilities. 2008;14(1):20. X-3
1948. Levy S, Kim A-H and Olive ML. Interventions for Young Children with Autism: A Synthesis of the Literature. Focus on Autism and Other Developmental Disabilities. 2006 Spr;21(1):55-62. X-1, X-2, X-3, X-4
1949. Levy SE and Hyman SL. Use of complementary and alternative treatments for children with autistic spectrum disorders is increasing. Pediatr Ann. 2003 Oct;32(10):685-91. X-1, X-2, X-3, X-4
1950. Levy SE and Hyman SL. Novel treatments for autistic spectrum disorders. Ment Retard Dev Disabil Res Rev. 2005;11(2):131-42. X-1, X-2, X-3
1951. Levy SE, Mandell DS, Merhar S, et al. Use of complementary and alternative medicine among children recently diagnosed with autistic spectrum disorder. J Dev Behav Pediatr. 2003 Dec;24(6):418-23. X-4
1952. Levy SE, Souders MC, Ittenbach RF, et al. Relationship of dietary intake to gastrointestinal symptoms in children with autistic spectrum disorders. Biol Psychiatry. 2007 Feb 15;61(4):492-7. X-4
1953. Lewis FM, Murdoch BE and Woodyatt GC. Linguistic Abilities in Children with Autism Spectrum Disorder. Research in Autism Spectrum Disorders. 2007 Jan-Mar;1(1):85-100. X-4
1954. Lewis JE. Are adolescents being hospitalized unnecessarily? The current use of hospitalization in psychiatric treatment. J Child Adolesc Psychiatr Ment Health Nurs. 1989 Oct-Dec;2(4):134-8. X-1, X-2, X-3, X-4, X-10
1955. Li A. Identification and Intervention for Students Who Are Visually Impaired and Who Have Autism Spectrum Disorders. TEACHING Exceptional Children. 2009 Mar-Apr;41(4):22-32. X-1, X-2, X-3, X-4
1956. Li XA, Ma CM and Salhani D. Measurement of percentage depth dose and lateral beam profile for kilovoltage x-ray therapy beams. Phys Med Biol. 1997 Dec;42(12):2561-8. X-1, X-3, X-4, X-10
1957. Li XA, Salhani D and Ma CM. Characteristics of orthovoltage x-ray therapy beams at extended SSD for applicators with end plates. Phys Med Biol. 1997 Feb;42(2):357-70. X-1, X-3, X-4, X-10
1958. Liakos AM, Bradley NK, Magram G, et al. Hydrocephalus and the reproductive health of women: the medical implications of maternal shunt dependency in 70 women and 138 pregnancies. Neurol Res. 2000 Jan;22(1):69-88. X-1, X-3, X-4
1959. Liber DB, Frea WD and Symon JBG. Using Time-Delay to Improve Social Play Skills with Peers for Children with Autism. Journal of Autism and Developmental Disorders. 2008 Feb;38(2):312-323. X-3
1960. Licciardello CC, Harchik AE and Luiselli JK. Social Skills Intervention for Children with Autism during Interactive Play at a Public Elementary School. Education and Treatment of Children. 2008;31(1):27-37. X-3
1961. Liddle EB, Batty MJ and Goodman R. The Social Aptitudes Scale: an initial validation. Soc Psychiatry Psychiatr Epidemiol. 2009 Jun;44(6):508-13. X-1, X-3, X-4
1962. Liddle K. Implementing the picture exchange communication system (PECS). Int J Lang Commun Disord. 2001;36 Suppl:391-5. X-1
1963. Lienemann J and Walker FD. Naltrexone for treatment of self-injury. American Journal of Psychiatry. 1989 Dec;146(12):1639-1640. X-1, X-2, X-3, X-10
1964. Lifter K, Ellis J, Cannon B, et al. Developmental Specificity in Targeting and Teaching Play Activities to Children with Pervasive Developmental Disorders. Journal of Early Intervention. 2005 Sum;27(4):247-267. X-3
1965. Light JC, Roberts B, Dimarco R, et al. Augmentative and alternative communication to support receptive and expressive communication for people with autism. Journal of Communication Disorders. Special Issue: Autism: New Perspectives on Assessment and Intervention. 1998 Mar-Apr;31(2):153-180. X-3, X-10
1966. Lightdale JR, Hayer C, Duer A, et al. Effects of intravenous secretin on language and behavior of children with autism and gastrointestinal symptoms: a single-blinded, open-label pilot study. Pediatrics. 2001 Nov;108(5):E90. X-3
1967. Lilly JD and Reed D. Perceptions of Psychological Contract Violations in School Districts that Serve Children with Autism Spectrum Disorder: An Exploratory Qualitative Study. Journal of Applied School Psychology. 2004 Jun;20(1):27-45. X-1, X-2, X-3, X-4
1968. Lim SM, Kattapuram A and Lian WB. Evaluation of a Pilot Clinic-Based Social Skills Group. British Journal of Occupational Therapy. 2007 Jan;70(1):35-39. X-3
1969. Lin H, Wu DS and Wu AD. Effects of treatment distance and field size on build-up characteristics of Monte Carlo calculated absorbed dose for electron irradiation. Australas Phys Eng Sci Med. 2004 Dec;27(4):219-23. X-1, X-3, X-4
1970. Lin H, Wu DS and Wu AD. Effects of internal and external scatter on the build-up characteristics of Monte Carlo calculated absorbed dose for electron irradiation. Australas Phys Eng Sci Med. 2005 Sep;28(3):165-71. X-1, X-3, X-4
1971. Lin SY, Chu TC and Lin JP. Monte Carlo simulation of a clinical linear accelerator. Appl Radiat Isot. 2001 Dec;55(6):759-65. X-1, X-4
1972. Lin SY, Chu TC, Lin JP, et al. The effect of a metal hip prosthesis on the radiation dose in therapeutic photon beam irradiations. Appl Radiat Isot. 2002 Jul;57(1):17-23. X-1, X-4
1973. Lin SY, Lin LC, Chuang KS, et al. Comprehensive measurement for clinical dosimetry of tertiary multileaf collimator. Kaohsiung J Med Sci. 2002 Oct;18(10):508-16. X-1, X-4
1974. Lincoln AJ, Courchesne E, Harms L, et al. Contextual probability evaluation in autistic, receptive developmental language disorder, and control children: event-related brain potential evidence. J Autism Dev Disord. 1993 Mar;23(1):37-58. X-4, X-10
1975. Lincoln AJ, Courchesne E, Harms L, et al. Sensory modulation of auditory stimuli in children with autism and

receptive developmental language disorder: event-related brain potential evidence. J Autism Dev Disord. 1995 Oct;25(5):521-39. X-4, X-10
1976. Lincoln AJ, Dickstein P, Courchesne E, et al. Auditory processing abilities in non-retarded adolescents and young adults with developmental receptive language disorder and autism. Brain Lang. 1992 Nov;43(4):613-22. X-4, X-10
1977. Linday LA. Oral famotidine: a potential treatment for children with autism. Med Hypotheses. 1997 May;48(5):381-6. X-1, X-2, X-3, X-4, X-10
1978. Linday LA, Tsiouris JA, Cohen IL, et al. Famotidine treatment of children with autistic spectrum disorders: pilot research using single subject research design. J Neural Transm. 2001;108(5):593-611. X-3
1979. Linderman TM and Stewart KB. Sensory integrative-based occupational therapy and functional outcomes in young children with pervasive developmental disorders: A single-subject study. American Journal of Occupational Therapy. 1999 Mar-Apr;53(2):207-213. X-10
1980. Lindsay RL and Aman MG. Pharmacologic therapies aid treatment for autism. Pediatr Ann. 2003 Oct;32(10):671-6. X-1, X-2, X-3, X-4
1981. Lindsay RL, Eugene Arnold L, Aman MG, et al. Dietary status and impact of risperidone on nutritional balance in children with autism: a pilot study. J Intellect Dev Disabil. 2006 Dec;31(4):204-9. X-4
1982. Lindsay RL, Leone S and Aman MG. Discontinuation of risperidone and reversibility of weight gain in children with disruptive behavior disorders. Clin Pediatr (Phila). 2004 Jun;43(5):437-44. X-1, X-3, X-4
1983. Lindstrom K, Lagerroos P, Gillberg C, et al. Teenage outcome after being born at term with moderate neonatal encephalopathy. Pediatr Neurol. 2006 Oct;35(4):268-74. X-1, X-4
1984. Links PS, Stockwell M, Abichandani F, et al. Minor physical anomalies in childhood autism. Part I. Their relationship to pre- and perinatal complications. J Autism Dev Disord. 1980 Sep;10(3):273-85. X-4, X-10
1985. Linscheid TR, Hartel F and Cooley N. Are aversive procedures durable? A five year follow-up of three individuals treated with contingent electric shock. Child & Adolescent Mental Health Care. Special Issue: Aversives: II. 1993 Fal;3(2):67-76. X-1, X-3, X-4, X-10
1986. Lionello-DeNolf KM, da Silva Barros R and McIllvane WJ. A novel method for teaching the first instances of simple discrimination to nonverbal children with autism in a laboratory environment. Psychological Record. 2008 Spr;58(2):229-244. X-3
1987. Lippiello PM. Nicotinic cholinergic antagonists: a novel approach for the treatment of autism. Med Hypotheses. 2006;66(5):985-90. X-1, X-2, X-3, X-4
1988. Liptak GS, Benzoni LB, Mruzek DW, et al. Disparities in diagnosis and access to health services for children with autism: Data from the National Survey of Children's Health. Journal of Developmental & Behavioral Pediatrics. 2008 Jun;29(3):152-160. X-3, X-4
1989. Liptak GS, Orlando M, Yingling JT, et al. Satisfaction with primary health care received by families of children with developmental disabilities. J Pediatr Health Care. 2006 Jul-Aug;20(4):245-52. X-4
1990. Liptak GS, Stuart T and Auinger P. Health care utilization and expenditures for children with autism: data from U.S. national samples. J Autism Dev Disord. 2006 Oct;36(7):871-9. X-4
1991. Lisboa FL, Butterfield SA, Reif G, et al. ALT-PE by children with autism placed in regular, reversed mainstreamed, and adapted physical education classes. Percept Mot Skills. 1995 Apr;80(2):553-4. X-10
1992. Little L. Differences in stress and coping for mothers and fathers of children with Asperger's syndrome and nonverbal learning disorders. Pediatr Nurs. 2002 Nov-Dec;28(6):565-70. X-2, X-4
1993. Little L and Clark RR. Wonders and worries of parenting a child with Asperger syndrome & nonverbal learning disorder. MCN Am J Matern Child Nurs. 2006 Jan-Feb;31(1):39-44. X-1, X-4
1994. Liu C, Conn K, Sarkar N, et al. Physiology-based affect recognition for computer-assisted intervention of children with Autism Spectrum Disorder. International Journal of Human-Computer Studies. 2008 Sep;66(9):662-677. X-4
1995. Lloyd H and Dallos R. Solution-focused brief therapy with families who have a child with intellectual disabilities: A description of the content of initial sessions and the processes. Clin Child Psychol Psychiatry. 2006 Jul;11(3):367-86. X-1, X-3, X-4
1996. Locascio JJ, Malone RP, Small AM, et al. Factors related to haloperidol response and dyskinesias in autistic children. Psychopharmacol Bull. 1991;27(2):119-26. X-1, X-2, X-3, X-4, X-10
1997. Loftin RL, Odom SL and Lantz JF. Social interaction and repetitive motor behaviors. J Autism Dev Disord. 2008 Jul;38(6):1124-35. X-3
1998. Loguidice VA, Johnson RG, Guyer RD, et al. Anterior lumbar interbody fusion. Spine. 1988 Mar;13(3):366-9. X-1, X-4, X-10
1999. Lohiya GS, Tan-Figueroa L and Iannucci A. Identification of low bone mass in a developmental center: finger bone mineral density measurement in 562 residents. J Am Med Dir Assoc. 2004 Nov-Dec;5(6):371-6. X-1, X-4
2000. Loncola JA and Craig-Unkefer L. Teaching Social Communication Skills to Young Urban Children with Autism. Education and Training in Developmental Disabilities. 2005 Sep;40(3):243-263. X-3
2001. Long D. Predicting length of service provision in school-based occupational therapy. Phys Occup Ther Pediatr. 2003;23(4):79-93. X-4
2002. Long ES, Hagopian LP, DeLeon IG, et al. Competing Stimuli in the Treatment of Multiply Controlled Problem Behavior during Hygiene Routines. Research in Developmental Disabilities: A Multidisciplinary Journal Journal Citation: v26 n1 p57-69 Jan-Feb 2005 Publisher: Elsevier Customer Service Department, 6277 Sea Harbor Drive, Orlando, FL 32887-4800. Tel: 877-839-7126 (Toll Free); Fax: 407-363-1354; e-mail: usjcs@elsevier.com. 2005 Pub Types: Journal Articles; Reports - Research. X-3
2003. Long K, Wood H and Holmes N. Presentation, assessment and treatment of depression in a young woman with learning disability and autism. British Journal of Learning Disabilities. 2000 Sep;28(3):102-108. X-1, X-3, X-4

2004. Longtin SE and Fabus RL. The use of videotape self-monitoring to facilitate interactive intervention in speech-language therapy with preschool children with autism. Clinical Supervisor. 2008;27(1):111-133. X-1, X-3, X-4
2005. Loning M, Diddens H, Kupker W, et al. Laparoscopic fluorescence detection of ovarian carcinoma metastases using 5-aminolevulinic acid-induced protoporphyrin IX. Cancer. 2004 Apr 15;100(8):1650-6. X-1, X-4
2006. Lonsdale D, Shamberger RJ and Audhya T. Treatment of autism spectrum children with thiamine tetrahydrofurfuryl disulfide: a pilot study. Neuro Endocrinol Lett. 2002 Aug;23(4):303-8. X-4
2007. Loo CY, Graham RM and Hughes CV. The caries experience and behavior of dental patients with autism spectrum disorder. J Am Dent Assoc. 2008 Nov;139(11):1518-24. X-4
2008. Loo CY, Graham RM and Hughes CV. Behaviour guidance in dental treatment of patients with autism spectrum disorder. Int J Paediatr Dent. 2009 Nov;19(6):390-8. X-4
2009. Lord C. What is melatonin? Is it a useful treatment for sleep problems in autism? J Autism Dev Disord. 1998 Aug;28(4):345-6. X-2, X-10
2010. Lord C, Merrin DJ, Vest LO, et al. Communicative behavior of adults with an autistic four-year-old boy and his nonhandicapped twin brother. J Autism Dev Disord. 1983 Mar;13(1):1-17. X-1, X-4, X-10
2011. Lord C and Schopler E. The role of age at assessment, developmental level, and test in the stability of intelligence scores in young autistic children. Journal of Autism and Developmental Disorders. 1989 Dec;19(4):483-499. X-10
2012. Lord C and Schopler E. Stability of assessment results of autistic and non-autistic language-impaired children from preschool years to early school age. J Child Psychol Psychiatry. 1989 Jul;30(4):575-90. X-4, X-10
2013. Lord C, Wagner A, Rogers S, et al. Challenges in evaluating psychosocial interventions for Autistic Spectrum Disorders. J Autism Dev Disord. 2005 Dec;35(6):695-708; discussion 709-11. X-1, X-2, X-3, X-4
2014. Lorence D. Examining online chat within a domain of uncertainty: the case of Asperger's syndrome. Health Info Libr J. 2007 Jun;24(2):128-36. X-4
2015. Lorimer PA, Simpson RL, Myles BS, et al. The use of social stories as a preventative behavioral intervention in a home setting with a child with autism. Journal of Positive Behavior Interventions. 2002 Win;4(1):53-60. X-3
2016. Lounds J, Seltzer MM, Greenberg JS, et al. Transition and Change in Adolescents and Young Adults with Autism: Longitudinal Effects on Maternal Well-Being. American Journal on Mental Retardation. 2007 Nov;112(6):401-417. X-1, X-4
2017. Loutzenhiser L and Hadjistavropoulos H. Enhancing interprofessional patient-centered practice for children with autism spectrum disorders: a pilot project with pre-licensure health students. J Interprof Care. 2008 Aug;22(4):429-31. X-1, X-3, X-4
2018. Lovaas I, Newsom C and Hickman C. Self-stimulatory behavior and perceptual reinforcement. J Appl Behav Anal. 1987 Spring;20(1):45-68. X-1, X-2, X-3, X-4, X-10
2019. Lovaas OI. Behavioral treatment and normal educational and intellectual functioning in young autistic children. J Consult Clin Psychol. 1987 Feb;55(1):3-9. X-10
2020. Lovaas OI. The development of a treatment-research project for developmentally disabled and autistic children. J Appl Behav Anal. 1993 Winter;26(4):617-30. X-10
2021. Lovaas OI, Smith T and McEachin JJ. Clarifying comments on the young autism study: reply to Schopler, Short, and Mesibov. J Consult Clin Psychol. 1989 Feb;57(1):165-7. X-1, X-2, X-3, X-4, X-10
2022. Love JR, Carr JE, Almason SM, et al. Early and Intensive Behavioral Intervention for Autism: A Survey of Clinical Practices. Research in Autism Spectrum Disorders. 2009 Apr-Jun;3(2):421-428. X-1, X-4
2023. Love SR, Matson JL and West D. Mothers as effective therapists for autistic children's phobias. J Appl Behav Anal. 1990 Fall;23(3):379-85. X-3, X-4, X-10
2024. Loveland KA and Kelley ML. Development of adaptive behavior in adolescents and young adults with autism and Down syndrome. Am J Ment Retard. 1988 Jul;93(1):84-92. X-1, X-3, X-4, X-10
2025. Loveland KA and Kelley ML. Development of adaptive behavior in preschoolers with autism or Down syndrome. Am J Ment Retard. 1991 Jul;96(1):13-20. X-4, X-10
2026. Lowe K, Felce D, Perry J, et al. The characteristics and residential situations of people with severe intellectual disability and the most severe challenging behaviour in Wales. J Intellect Disabil Res. 1998 Oct;42 (Pt 5):375-89. X-4, X-10
2027. Lowe O and Lindemann R. Assessment of the autistic patient's dental needs and ability to undergo dental examination. ASDC J Dent Child. 1985 Jan-Feb;52(1):29-35. X-4, X-10
2028. Lowery EF. Autistic aloofness reconsidered: Case reports of two children in play therapy. Bulletin of the Menninger Clinic. 1985 Mar;49(2):135-150. X-3, X-4, X-10
2029. Lozzi-Toscano B. The "dance" of communication: Counseling families and children with Asperger's syndrome. The Family Journal. 2004 Jan;12(1):53-57. X-1, X-2, X-3, X-4
2030. Lubetsky MJ, Mueller L, Madden K, et al. Family-centered/interdisciplinary team approach to working with families of children who have mental retardation. Mental Retardation. 1995 Aug;33(4):251-256. X-3, X-4, X-10
2031. Lubin R, Jacobson JW and Kiely M. Projected impact of the functional definition of developmental disabilities: the categorically disabled population and service eligibility. Am J Ment Defic. 1982 Jul;87(1):73-9. X-1, X-4, X-10
2032. Luby J, Mrakotsky C, Stalets MM, et al. Risperidone in preschool children with autistic spectrum disorders: an investigation of safety and efficacy. J Child Adolesc Psychopharmacol. 2006 Oct;16(5):575-87. X-3
2033. Lucarelli S, Frediani T, Zingoni AM, et al. Food allergy and infantile autism. Panminerva Med. 1995 Sep;37(3):137-41. X-10
2034. Luce SC, Christian WP, Anderson SR, et al. Development of a continuum of services for children and

adults with autism and other severe behavior disorders. Res Dev Disabil. 1992;13(1):9-25. X-10
2035. Luckett T, Bundy A and Roberts J. Do Behavioural Approaches Teach Children with Autism to Play or Are They Pretending? Autism: The International Journal of Research and Practice. 2007;11(4):365-388. X-1, X-2, X-3, X-4
2036. Lucyshyn JM, Albin RW, Horner RH, et al. Family implementation of positive behavior support for a child with autism: Longitudinal, single-case, experimental, and descriptive replication and extension. Journal of Positive Behavior Interventions. 2007 Sum;9(3):131-150. X-3
2037. Lucyshyn JM, Irvin LK, Blumberg ER, et al. Validating the Construct of Coercion in Family Routines: Expanding the Unit of Analysis in Behavioral Assessment with Families of Children with Developmental Disabilities. Research and Practice for Persons with Severe Disabilities (RPSD). 2004 Sum;29(2):104-121. X-4
2038. Luisell JK, Campbell S, Cannon B, et al. Assessment instruments used in the education and treatment of persons with autism: brief report of a survey of national service centers. Res Dev Disabil. 2001 Sep-Oct;22(5):389-98. X-1, X-4
2039. Luiselli JK. Case demonstration of a fading procedure to promote school attendance of a child with Asperger's disorder. Journal of Positive Behavior Interventions. 2000 Win;2(1):47-52. X-3
2040. Luiselli JK, Blew P, Keane J, et al. Pharamcotherapy for severe aggression in a child with autism: "Open-label" evaluation of multiple medications on response frequency and intensity of behavioral intervention. Journal of Behavior Therapy and Experimental Psychiatry. 2000 Sep-Dec;31(3-4):219-230. X-3
2041. Luiselli JK, Blew P and Thibadeau S. Therapeutic effects and long-term efficacy of antidepressant medication for persons with developmental disabilities: Behavioral assessment in two cases of treatment-resistant aggression and self-injury. Behavior Modification. 2001 Jan;25(1):62-78. X-1, X-3
2042. Luiselli JK, Cochran ML and Huber SA. Effects of Otitis Media on a Child with Autism Receiving Behavioral Intervention for Self-Injury. Child & Family Behavior Therapy. 2005;27(2):51-56. X-3
2043. Luiselli JK, Kane A, Treml T, et al. Behavioral intervention to reduce physical restraint of adolescents with developmental disabilities. Behavioral Interventions. 2000 Oct-Dec;15(4):317-330. X-1, X-3, X-4
2044. Luiselli JK, Medeiros J, Jasinowski C, et al. Behavioral medicine treatment of ruminative vomiting and associated weight loss in an adolescent with autism. Journal of Autism and Developmental Disorders. 1994 Oct;24(5):619-629. X-1, X-3, X-10
2045. Luiselli JK, Ricciardi JN and Gilligan K. Liquid Fading To Establish Milk Consumption By A Child With Autism. Behavioral Interventions. 2005 Apr;20(2):155-163. X-3
2046. Luiselli JK, Ricciardi JN, Schmidt S, et al. Brief Functional Analysis and Intervention Evaluation for Treatment of Saliva-Play. Child & Family Behavior Therapy. 2004;26(3):53-61. X-3
2047. Luiselli JK, Suskin L and McPhee DF. Continuous and intermittent application of overcorrection in a self-injurious autistic child: Alternating treatments design analysis. Journal of Behavior Therapy and Experimental Psychiatry. 1981 Dec;12(4):355-358. X-10
2048. Luiselli JK, Suskin L and Slocumb PR. Application of immobilization time-out in management programming with developmentally disabled children. Child & Family Behavior Therapy. 1984 Spr;6(1):1-15. X-1, X-3, X-4, X-10
2049. Luiselli JK, Wolongevicz J, Egan P, et al. The Family Support Program: Description of a preventive, community-based behavioral intervention for children with pervasive developmental disorders. Child & Family Behavior Therapy. 1999;21(1):1-18. X-1, X-3, X-4, X-10
2050. Luman M, Van Meel CS, Oosterlaan J, et al. Does reward frequency or magnitude drive reinforcement-learning in attention-deficit/hyperactivity disorder? Psychiatry Res. 2009 Aug 15;168(3):222-9. X-4
2051. Lund J. Treatment of psychiatric morbidity in the mentally retarded adult. Acta Psychiatr Scand. 1986 Apr;73(4):429-36. X-1, X-4, X-10
2052. Lundqvist L-O, Andersson G and Viding J. Effects of Vibroacoustic Music on Challenging Behaviors in Individuals with Autism and Developmental Disabilities. Research in Autism Spectrum Disorders. 2009 Apr-Jun;3(2):390-400. X-1, X-3, X-4
2053. Luong J, Yoder MK and Canham D. Southeast Asian parents raising a child with autism: a qualitative investigation of coping styles. J Sch Nurs. 2009 Jun;25(3):222-9. X-1, X-3, X-4
2054. Luscre DM and Center DB. Procedures for reducing dental fear in children with autism. J Autism Dev Disord. 1996 Oct;26(5):547-56. X-3, X-4, X-10
2055. Luther EH, Canham DL and Young Cureton V. Coping and social support for parents of children with autism. J Sch Nurs. 2005 Feb;21(1):40-7. X-1, X-4
2056. Luyster RJ, Kadlec MB, Carter A, et al. Language Assessment and Development in Toddlers with Autism Spectrum Disorders. Journal of Autism and Developmental Disorders. 2008 Sep;38(8):1426-1438. X-4
2057. Lynch S. Intensive behavioural intervention with a 7-year-old girl with autism. Autism. 1998 Jun;2(2):181-197. X-3, X-10
2058. Ma H-H. The Effectiveness of Intervention on the Behavior of Individuals with Autism: A Meta-Analysis Using Percentage of Data Points Exceeding the Median of Baseline Phase (PEM). Behavior Modification. 2009;33(3):339-359. X-1, X-2, X-3, X-4
2059. Ma YC, Nagler J, Lee MH, et al. Impact of music therapy on the communication skills of toddlers with pervasive developmental disorder. Ann N Y Acad Sci. 2001 Jun;930:445-7. X-3
2060. MÃ©nage P, Thibault G, BerthÃ©lÃ©my C, et al. CD4 + CD45RA + T lymphocyte deficiency in autistic children: Effect of a pyridoxine-magnesium treatment. Brain Dysfunction. 1992 Sep-Dec;5(5-6):326-333. X-10
2061. MÃ¼ller E, Schuler A, Burton BA, et al. Meeting the vocational support needs of individuals with Asperger Syndrome and other autism spectrum disabilities. Journal of Vocational Rehabilitation. 2003;18(3):163-175. X-1 ,X-4
2062. Maag JW, Rutherford RB, Wolchik SA, et al. Comparison of two short overcorrection procedures on the

stereotypic behavior of autistic children. Journal of Autism and Developmental Disorders. 1986 Mar;16(1):83-87. X-3, X-10
2063. Maag JW, Rutherford RB, Wolchik SA, et al. Sensory extinction and overcorrection in suppressing self-stimulation: A preliminary comparison of efficacy and generalization. Education & Treatment of Children. 1986 Aug;9(3):189-201. X-3, X-10
2064. Maag JW, Wolchik SA, Rutherford RB, et al. Response covariation on self-stimulatory behaviors during sensory extinction procedures. Journal of Autism and Developmental Disorders. 1986 Jun;16(2):119-132. X-3, X-10
2065. MacDonald C, Jones K and Istone M. Positive Behavioral Support. Teaching Elementary Physical Education. 2006 Nov;17(6):20-24. X-1, X-2, X-3, X-4
2066. MacDonald R, Clark M, Garrigan E, et al. Using video modeling to teach pretend play to children with autism. Behavioral Interventions. 2005 Nov;20(4):225-238. X-3
2067. MacDonald R, Green G, Mansfield R, et al. Stereotypy in young children with autism and typically developing children. Res Dev Disabil. 2007 May-Jun;28(3):266-77. X-4
2068. MacDuff GS, Krantz PJ and McClannahan LE. Teaching children with autism to use photographic activity schedules: maintenance and generalization of complex response chains. J Appl Behav Anal. 1993 Spring;26(1):89-97. X-3, X-10
2069. Mace AB, Shapiro ES and Mace FC. Effects of warning stimuli for reinforcer withdrawal and task onset on self-injury. Journal of Applied Behavior Analysis. 1998 Win;31(4):679-682. X-3, X-10
2070. Mace FC, Mauro BC, Boyajian AE, et al. Effects of reinforcer quality on behavioral momentum: coordinated applied and basic research. J Appl Behav Anal. 1997 Spring;30(1):1-20. X-1, X-3, X-4, X-10
2071. MacFarlane JR and Kanaya T. What Does It Mean to Be Autistic? Inter-State Variation in Special Education Criteria for Autism Services. Journal of Child and Family Studies. 2009 Dec;18(6):662-669. X-1, X-2, X-3, X-4
2072. Machalicek W, O'Reilly M, Chan JM, et al. Using Videoconferencing to Support Teachers to Conduct Preference Assessments with Students with Autism and Developmental Disabilities. Research in Autism Spectrum Disorders. 2009 Jan;3(1):32-41. X-3
2073. Machalicek W, O'Reilly MF, Beretvas N, et al. A Review of School-Based Instructional Interventions for Students with Autism Spectrum Disorders. Research in Autism Spectrum Disorders. 2008 Jul-Sep;2(3):395-416. X-1, X-2, X-3, X-4
2074. Machalicek W, O'Reilly MF, Beretvas N, et al. A Review of Interventions to Reduce Challenging Behavior in School Settings for Students with Autism Spectrum Disorders. Research in Autism Spectrum Disorders. 2007 Jul-Sep;1(3):229-246. X-1, X-2, X-3, X-4
2075. Macintosh K and Dissanayake C. Social skills and problem behaviours in school aged children with high-functioning autism and Asperger's Disorder. J Autism Dev Disord. 2006 Nov;36(8):1065-76. X-4
2076. Mackay T, Knott F and Dunlop AW. Developing social interaction and understanding in individuals with autism spectrum disorder: a groupwork intervention. J Intellect Dev Disabil. 2007 Dec;32(4):279-90. X-1
2077. MacLean JE, Szatmari P, Jones MB, et al. Familial factors influence level of functioning in pervasive developmental disorder. J Am Acad Child Adolesc Psychiatry. 1999 Jun;38(6):746-53. X-4, X-10
2078. Macleod A. The Birmingham community support scheme for adults with Asperger syndrome. Autism. 1999 Jun;3(2):177-192. X-1, X-3, X-4, X-10
2079. MacLeod A and Johnston P. Standing Out and Fitting In: A Report on a Support Group for Individuals with Asperger Syndrome Using a Personal Account. British Journal of Special Education. 2007 Jun;34(2):83-88. X-1, X-2, X-3, X-4
2080. Maes B, Fryns JP, Van Walleghem M, et al. Fragile-X syndrome and autism: a prevalent association or a misinterpreted connection? Genet Couns. 1993;4(4):245-63. X-4, X-10
2081. Magiati I and Howlin P. Monitoring the progress of preschool children with autism enrolled in early intervention programmes: problems in cognitive assessment. Autism. 2001 Dec;5(4):399-406. X-4
2082. Magnee MJ, Oranje B, van Engeland H, et al. Cross-sensory gating in schizophrenia and autism spectrum disorder: EEG evidence for impaired brain connectivity? Neuropsychologia. 2009 Jun;47(7):1728-32. X-1, X-4
2083. Magnusson AF and Gould DD. Reduction of automatically-maintained self-injury using contingent equipment removal. Behavioral Interventions. Special Issue: The treatment and assessment of the severe behavior of individuals with autism and developmental disabilities. 2007 Feb;22(1):57-68. X-3, X-4
2084. Magnusson M, Rasmussen F and Sundelin C. Early identification of children with communication disabilities--evaluation of a screening programme in a Swedish county. Acta Paediatr. 1996 Nov;85(11):1319-26. X-4, X-10
2085. Mahatmya D, Zobel A and Valdovinos MG. Treatment Approaches for Self-Injurious Behavior in Individuals with Autism: Behavioral and Pharmacological Methods. Journal of Early and Intensive Behavior Intervention. 2008;5(1):106-118. X-1, X-2, X-3, X-4
2086. Mahone EM, Bridges D, Prahme C, et al. Repetitive arm and hand movements (complex motor stereotypies) in children. J Pediatr. 2004 Sep;145(3):391-5. X-1, X-4
2087. Mahoney G, Wheeden CA and Perales F. Relationship of preschool special education outcomes to instructional practices and parent-child interaction. Res Dev Disabil. 2004 Nov-Dec;25(6):539-58. X-6
2088. Maimburg RD and Vaeth M. Perinatal risk factors and infantile autism. Acta Psychiatr Scand. 2006 Oct;114(4):257-64. X-4
2089. Maimburg RD and Vaeth M. Do children born after assisted conception have less risk of developing infantile autism? Hum Reprod. 2007 Jul;22(7):1841-3. X-4
2090. Maione L and Mirenda P. Effects of Video Modeling and Video Feedback on Peer-Directed Social Language Skills of a Child with Autism. Journal of Positive Behavior Interventions Journal Citation: v8 n2 p106-118 2006 Publisher: SAGE Publications. 2455 Teller Road, Thousand Oaks, CA 91320. Tel: 800-818-7243; Tel: 805-499-9774; Fax: 800-583-2665; e-mail: journals@sagepub.com; Web site: http://sagepub.com.

2006 Pub Types: Journal Articles; Reports - Evaluative. X-3
2091. Makela NL, Birch PH, Friedman JM, et al. Parental perceived value of a diagnosis for intellectual disability (ID): a qualitative comparison of families with and without a diagnosis for their child's ID. Am J Med Genet A. 2009 Nov;149A(11):2393-402. X-1, X-3, X-4
2092. Malandraki GA and Okalidou A. The Application of PECS in a Deaf Child with Autism: A Case Study. Focus on Autism and Other Developmental Disabilities. 2007 Spr;22(1):23-32. X-3
2093. Malhotra S, Chakrabarti S, Gupta N, et al. High Treatment Drop-out Rate of Children with Pervasive Developmental Disorders. Hong Kong Journal of Psychiatry. 2004 Mar;14(1):10-15. X-4
2094. Malinverni G, Stasi M, Baiotto B, et al. Clinical application and dosimetric calibration procedure of the superficial and orthovoltage therapy unit Therapax DXT300. Tumori. 2002 Jul-Aug;88(4):331-7. X-1, X-2, X-3, X-4
2095. Malloy C and Yousef E. To test or not to test: parent information for discussions of food allergy and autism. Del Med J. 2009 Oct;81(10):357-9. X-1, X-2, X-3, X-4
2096. Malone RP, Cater J, Sheikh RM, et al. Olanzapine versus haloperidol in children with autistic disorder: an open pilot study. J Am Acad Child Adolesc Psychiatry. 2001 Aug;40(8):887-94. X-3
2097. Malone RP, Delaney MA, Hyman SB, et al. Ziprasidone in adolescents with autism: an open-label pilot study. J Child Adolesc Psychopharmacol. 2007 Dec;17(6):779-90. X-1
2098. Malone RP, Ernst M, Godfrey KA, et al. Repeated episodes of neuroleptic-related dyskinesias in autistic children. Psychopharmacology Bulletin. 1991;27(2):113-117. X-4, X-10
2099. Malone RP, Maislin G, Choudhury MS, et al. Risperidone treatment in children and adolescents with autism: short- and long-term safety and effectiveness. J Am Acad Child Adolesc Psychiatry. 2002 Feb;41(2):140-7. X-3
2100. Mancil GR. Functional Communication Training: A Review of the Literature Related to Children with Autism. Education and Training in Developmental Disabilities. 2006 Fall;41(3):213-224. X-1, X-2, X-3, X-4
2101. Mancil GR, Conroy MA and Haydon TF. Effects of a modified milieu therapy intervention on the social communicative behaviors of young children with autism spectrum disorders. J Autism Dev Disord. 2009 Jan;39(1):149-63. X-3
2102. Mancil GR, Conroy MA, Nakao T, et al. Functional Communication Training in the Natural Environment: A Pilot Investigation with a Young Child with Autism Spectrum Disorder. Education and Treatment of Children. 2006 Nov;29(4):615-633. X-3
2103. Mancina C, Tankersley M, Kamps D, et al. Reduction of inappropriate vocalizations for a child with autism using a self-management treatment program. Journal of Autism and Developmental Disorders. 2000 Dec;30(6):599-606. X-3
2104. Mandel DS, Walrath CM, Manteuffel B, et al. Characteristics of Children with Autistic Spectrum Disorders Served in Comprehensive Community-based Mental Health Settings. Journal of Autism and Developmental Disorders. 2005 Jun;35(3):313-321. X-4
2105. Mandell DS. Psychiatric hospitalization among children with autism spectrum disorders. J Autism Dev Disord. 2008 Jul;38(6):1059-65. X-4
2106. Mandell DS, Cao J, Ittenbach R, et al. Medicaid expenditures for children with autistic spectrum disorders: 1994 to 1999. J Autism Dev Disord. 2006 May;36(4):475-85. X-4
2107. Mandell DS, Listerud J, Levy SE, et al. Race differences in the age at diagnosis among medicaid-eligible children with autism. J Am Acad Child Adolesc Psychiatry. 2002 Dec;41(12):1447-53. X-4
2108. Mandell DS, Morales KH, Marcus SC, et al. Psychotropic medication use among Medicaid-enrolled children with autism spectrum disorders. Pediatrics. 2008 Mar;121(3):e441-8. X-4
2109. Mandell DS and Novak M. The role of culture in families' treatment decisions for children with autism spectrum disorders. Ment Retard Dev Disabil Res Rev. 2005;11(2):110-5. X-1, X-2, X-3, X-4
2110. Mandell DS, Thompson WW, Weintraub ES, et al. Trends in diagnosis rates for autism and ADHD at hospital discharge in the context of other psychiatric diagnoses. Psychiatr Serv. 2005 Jan;56(1):56-62. X-3, X-4
2111. Manev R and Manev H. Aminoglycoside antibiotics and autism: a speculative hypothesis. BMC Psychiatry. 2001;1:5. X-1, X-2, X-3, X-4
2112. Mangus B, Henderson H and French R. Implementation of a token economy by peer tutors to increase on-task physical activity time of autistic children. Percept Mot Skills. 1986 Aug;63(1):97-8. X-3, X-4, X-10
2113. Manjaly ZM, Marshall JC, Stephan KE, et al. In search of the hidden: an fMRI study with implications for the study of patients with autism and with acquired brain injury. Neuroimage. 2003 Jul;19(3):674-83. X-1, X-4
2114. Mansell W and Morris K. A Survey of Parents' Reactions to the Diagnosis of an Autistic Spectrum Disorder by a Local Service. Access to Information and Use of Services. Autism The International Journal of Research and Practice. 2004 Dec;8(4):387-407. X-1, X-3, X-4
2115. Mantis JG, Fritz CL, Marsh J, et al. Improvement in motor and exploratory behavior in Rett syndrome mice with restricted ketogenic and standard diets. Epilepsy & Behavior. 2009;15(2):61. X-1, X-4
2116. Marc V. Beyond the archaic maternal . The Journal of Analytical Psychology. 1991 Apr;36(2):231-240. X-1, X-2, X-3, X-4, X-10
2117. Marcason W. What is the current status of research concerning use of a gluten-free, casein-free diet for children diagnosed with autism? J Am Diet Assoc. 2009 Mar;109(3):572. X-1, X-2, X-3
2118. Marchant P, Hussain A and Hall K. Autistic Spectrum Disorders and Asian Children. British Journal of Educational Studies. 2006 Jun;54(2):230-244. X-3, X-4
2119. Marchetti B, Scifo R, Batticane N, et al. Immunological significance of opioid peptide dysfunction in infantile autism. Brain Dysfunction. 1990 Nov-Dec;3(5-6):346-354. X-4, X-10
2120. Marckel JM, Neef NA and Ferreri SJ. A preliminary analysis of teaching improvisation with the picture

exchange communication system to children with autism. J Appl Behav Anal. 2006 Spring;39(1):109-15. X-3
2121. Marcu I, Oppenheim D, Koren-Karie N, et al. Attachment and symbolic play in preschoolers with autism spectrum disorders. J Autism Dev Disord. 2009 Sep;39(9):1321-8. X-4
2122. Marcus B, Steward DJ, Khan NR, et al. Outpatient transesophageal echocardiography with intravenous propofol anesthesia in children and adolescents. J Am Soc Echocardiogr. 1993 Mar-Apr;6(2):205-9. X-1, X-4, X-10
2123. Marcus BA and Vollmer TR. Combining noncontingent reinforcement and differential reinforcement schedules as treatment for aberrant behavior. J Appl Behav Anal. 1996 Spring;29(1):43-51. X-3, X-10
2124. Marder K, Tang MX, Alfaro B, et al. Postmenopausal estrogen use and Parkinson's disease with and without dementia. Neurology. 1998 Apr;50(4):1141-3. X-1, X-4, X-10
2125. Margolis LH and Meisels SJ. Barriers to the effectiveness of EPSDT for children with moderate and severe developmental disabilities. Am J Orthopsychiatry. 1987 Jul;57(3):424-30. X-1, X-4, X-10
2126. Maria BL, Deidrick KM, Roach ES, et al. Tuberous sclerosis complex: pathogenesis, diagnosis, strategies, therapies, and future research directions. J Child Neurol. 2004 Sep;19(9):632-42. X-1, X-2, X-3, X-4
2127. Marin FZ. CAM versus nucleoplasty. Acta Neurochir Suppl. 2005;92:111-4. X-1, X-4
2128. Marker C, Weeks M and Kraegel I. Integrating faith and treatment for children with high functioning autism spectrum disorders. Journal of Psychology and Christianity. 2007 Sum;26(2):112-121. X-1, X-2, X-3, X-4
2129. Markle K and Clark CE, 2nd. Addressing multiple systems' failures. One agency's approach for working with youths with autism involved in multiple service systems. Behav Healthc. 2007 Nov;27(11):36-7. X-1, X-2, X-3, X-4
2130. Marks SU. Can "Special" Programs for Children with Autism Spectrum Disorders Be Inclusive? Research and Practice for Persons with Severe Disabilities (RPSD). 2007 Win;32(4):265-268. X-1, X-2, X-3, X-4
2131. Maroni L. Say Hello to the Scream Extractor: Working with an Autistic Child with Psychotic Mechanisms. Journal of Child Psychotherapy. 2008 Aug;34(2):222-239. X-3, X-4
2132. Marr D, Mika H, Miraglia J, et al. The effect of sensory stories on targeted behaviors in preschool children with autism. Phys Occup Ther Pediatr. 2007;27(1):63-79. X-3
2133. Marriage KJ, Gordon V and Brand L. A social skills group for boys with Asperger's syndrome. Aust N Z J Psychiatry. 1995 Mar;29(1):58-62. X-10
2134. Marrosu F, Marrosu G, Rachel MG, et al. Paradoxical reactions elicited by diazepam in children with classic autism. Funct Neurol. 1987 Jul-Sep;2(3):355-61. X-3, X-10
2135. Marshall J, Sheller B, Mancl L, et al. Parental attitudes regarding behavior guidance of dental patients with autism. Pediatr Dent. 2008 Sep-Oct;30(5):400-7. X-1, X-4
2136. Marshall J, Sheller B, Williams BJ, et al. Cooperation predictors for dental patients with autism. Pediatr Dent. 2007 Sep-Oct;29(5):369-76. X-4
2137. Marshall JK and Mirenda P. Parent-professional collaboration for positive behavior support in the home. Focus on Autism and Other Developmental Disabilities. 2002 Win;17(4):216-228. X-1, X-2, X-3, X-4
2138. Marteleto MR, Lima e Menezes CG, Tamanaha AC, et al. Administration of the Autism Behavior Checklist: agreement between parents and professionals' observations in two intervention contexts. Rev Bras Psiquiatr. 2008 Sep;30(3):203-8. X-1, X-4
2139. Martell R. The enigma of autism. Nurs Stand. 1994 Jan 5-11;8(15):20-1. X-1, X-2, X-3, X-4, X-10
2140. Martens BK and Houk JL. The application of Herrnstein's law of effect to disruptive and on-task behavior of a retarded adolescent girl. Journal of the Experimental Analysis of Behavior. 1989 Jan;51(1):17-27. X-1, X-3, X-4, X-10
2141. Martignano A, Menegotti L and Valentini A. Monte Carlo investigation of breast intraoperative radiation therapy with metal attenuator plates. Med Phys. 2007 Dec;34(12):4578-84. X-1, X-2, X-3, X-4
2142. Martin A, Koenig K, Anderson GM, et al. Low-dose fluvoxamine treatment of children and adolescents with pervasive developmental disorders: a prospective, open-label study. J Autism Dev Disord. 2003 Feb;33(1):77-85. X-1, X-3
2143. Martin A, Landau J, Leebens P, et al. Risperidone-associated weight gain in children and adolescents: a retrospective chart review. J Child Adolesc Psychopharmacol. 2000 Winter;10(4):259-68. X-1, X-4
2144. Martin A, Scahill L, Klin A, et al. Higher-functioning pervasive developmental disorders: rates and patterns of psychotropic drug use. J Am Acad Child Adolesc Psychiatry. 1999 Jul;38(7):923-31. X-4, X-10
2145. Martin As, Koenig K, Scahill L, et al. Open-label quetiapine in the treatment of children and adolescents with autistic disorder. Journal of Child and Adolescent Psychopharmacology. 1999;9(2):99-107. X-3, X-10
2146. Martin CA, Drasgow E, Halle JW, et al. Teaching a Child with Autism and Severe Language Delays to Reject: Direct and Indirect Effects of Functional Communication Training. Educational Psychology. 2005 Apr-Jun;25(2-3):287-304. X-3
2147. Martin F and Farnum J. Animal-assisted therapy for children with pervasive developmental disorders. West J Nurs Res. 2002 Oct;24(6):657-70. X-1
2148. Martin N. Assessing Portrait Drawings Created by Children and Adolescents with Autism Spectrum Disorder. Art Therapy: Journal of the American Art Therapy Association. 2008;25(1):15-23. X-4
2149. Martin NT, Bibby P, Mudford OC, et al. Toward the use of a standardized assessment for young children with autism: current assessment practices in the UK. Autism. 2003 Sep;7(3):321-30. X-4
2150. Martin SC, Wolters PL and Smith AC. Adaptive and maladaptive behavior in children with Smith-Magenis Syndrome. J Autism Dev Disord. 2006 May;36(4):541-52. X-1, X-4
2151. Martineau J, Barthelemy C, Cheliakine C, et al. Brief report: an open middle-term study of combined vitamin B6-magnesium in a subgroup of autistic children selected on their sensitivity to this treatment. J Autism Dev Disord. 1988 Sep;18(3):435-47. X-10

2152. Martineau J, Barthelemy C, Garreau B, et al. Vitamin B6, magnesium, and combined B6-Mg: therapeutic effects in childhood autism. Biol Psychiatry. 1985 May;20(5):467-78. X-10
2153. Martineau J, Barthelemy C and Lelord G. Long-term effects of combined vitamin Bâ,†-magnesium administration in an autistic child. Biological Psychiatry. 1986;21(5-6):21. X-3, X-10
2154. Martineau J, Barthelemy C, Roux S, et al. Electrophysiological effects of fenfluramine or combined vitamin Bâ,† and magnesium on children with autistic behavior. Developmental Medicine & Child Neurology. 1989 Dec;31(6):721-727. X-10
2155. Martineau J, Garreau B, Barthelemy C, et al. Effects of vitamin B6 on averaged evoked potentials in infantile autism. Biol Psychiatry. 1981 Jul;16(7):627-41. X-4, X-10
2156. Martineau J, Garreau B, Roux S, et al. Auditory evoked responses and their modifications during conditioning paradigm in autistic children. J Autism Dev Disord. 1987 Dec;17(4):525-39. X-4, X-10
2157. Martineau J, Roux S, Adrien JL, et al. Electrophysiological evidence of different abilities to form cross-modal associations in children with autistic behavior. Electroencephalogr Clin Neurophysiol. 1992 Jan;82(1):60-6. X-4, X-10
2158. Martineau J, Roux S, Garreau B, et al. Unimodal and crossmodal reactivity in autism: presence of auditory evoked responses and effect of the repetition of auditory stimuli. Biol Psychiatry. 1992 Jun 15;31(12):1190-203. X-1, X-4, X-10
2159. Martineau J, Tanguay P, Garreau B, et al. Are there sex differences in averaged evoked responses produced by coupling sound and light in children and adults? Int J Psychophysiol. 1984 Dec;2(3):177-83. X-1, X-4, X-10
2160. Martineau Jl, BarthÃ©lÃ©my C, Jouve J, et al. Monoamines (serotonin and catecholamines) and their derivatives in infantile autism: Age-related changes and drug effects. Developmental Medicine & Child Neurology. 1992 Jul;34(7):593-603. X-4, X-10
2161. Martinez CA. Adapted Aquatics for Children with Autism. Teaching Elementary Physical Education. 2006 Sep;17(5):34-36. X-1, X-2, X-3, X-4
2162. Martins MP and Harris SL. Teaching Children with Autism to Respond to Joint Attention Initiations. Child & Family Behavior Therapy. 2006;28(1):51-68. X-3
2163. Martos Perez J and Fortea Sevilla MS. Psychological assessment of adolescents and adults with autism. J Autism Dev Disord. 1993 Dec;23(4):653-64. X-1, X-4, X-10
2164. Masi G, Cosenza A, Millepiedi S, et al. Aripiprazole monotherapy in children and young adolescents with pervasive developmental disorders: a retrospective study. CNS Drugs. 2009;23(6):511-21. X-1, X-3
2165. Masi G, Cosenza A and Mucci M. Prolactin levels in young children with pervasive developmental disorders during risperidone treatment. J Child Adolesc Psychopharmacol. 2001 Winter;11(4):389-94. X-3
2166. Masi G, Cosenza A, Mucci M, et al. Open trial of risperidone in 24 young children with pervasive developmental disorders. J Am Acad Child Adolesc Psychiatry. 2001 Oct;40(10):1206-14. X-3
2167. Masi G, Cosenza A, Mucci M, et al. Risperidone monotherapy in preschool children with pervasive developmental disorders. J Child Neurol. 2001 Jun;16(6):395-400. X-3
2168. Mason SA, McGee GG, Farmer-Dougan V, et al. A practical strategy for ongoing reinforcer assessment. J Appl Behav Anal. 1989 Summer;22(2):171-9. X-3, X-4, X-10
2169. Mason SA and Newsom CD. The application of sensory change to reduce stereotyped behavior. Res Dev Disabil. 1990;11(3):257-71. X-1, X-3, X-4, X-10
2170. Massaro DW and Bosseler A. Read my lips: The importance of the face in a computer-animated tutor for vocabulary learning by children with autism. Autism. 2006 Sep;10(5):495-510. X-3
2171. Masse JJ, McNeil CB, Wagner SM, et al. Parent-Child Interaction Therapy and High Functioning Autism: A Conceptual Overview. Journal of Early and Intensive Behavior Intervention. 2007;4(4):714-735. X-1, X-2, X-3, X-4
2172. Mastrangelo S. Harnessing the Power of Play: Opportunities for Children with Autism Spectrum Disorders. TEACHING Exceptional Children. 2009 Sep-Oct;42(1):34-44. X-1, X-2, X-3, X-4
2173. Mathai J, Bourne A and Cranswick N. Lessons learnt in conducting a clinical drug trial in children with Asperger Syndrome. Australas Psychiatry. 2005 Jun;13(2):173-5. X-1, X-2, X-3, X-4
2174. Matson J. Aggression and Tantrums in Children with Autism: A Review of Behavioral Treatments and Maintaining Variables. Journal of Mental Health Research in Intellectual Disabilities. 2009;2(3):169-187. X-1, X-2, X-3
2175. Matson JL. Current Status of Differential Diagnosis for Children with Autism Spectrum Disorders. Research in Developmental Disabilities: A Multidisciplinary Journal. 2007 Mar-Apr;28(2):109-118. X-1, X-2, X-3, X-4
2176. Matson JL. Determining Treatment Outcome in Early Intervention Programs for Autism Spectrum Disorders: A Critical Analysis of Measurement Issues in Learning Based Interventions. Research in Developmental Disabilities: A Multidisciplinary Journal. 2007 Mar-Apr;28(2):207-218. X-1, X-2, X-3, X-4
2177. Matson JL, Baglio CS, Smiroldo BB, et al. Characteristics of autism as assessed by the Diagnostic Assessment for the Severely Handicapped-II (DASH-II). Res Dev Disabil. 1996 Mar-Apr;17(2):135-43. X-4, X-10
2178. Matson JL and Boisjoli JA. The Token Economy for Children with Intellectual Disability and/or Autism: A Review. Research in Developmental Disabilities: A Multidisciplinary Journal. 2009 Mar-Apr;30(2):240-248. X-1, X-2, X-3, X-4
2179. Matson JL, Box ML and Francis KL. Treatment of elective mute behavior in two developmentally delayed children using modeling and contingency management. Journal of Behavior Therapy and Experimental Psychiatry. 1992 Sep;23(3):221-229. X-3, X-10
2180. Matson JL, Compton LS and Sevin JA. Comparison and item analysis of the MESSY for autistic and normal children. Res Dev Disabil. 1991;12(4):361-9. X-4, X-10
2181. Matson JL and Dempsey T. The Nature and Treatment of Compulsions, Obsessions, and Rituals in People with Developmental Disabilities. Research in

Developmental Disabilities: A Multidisciplinary Journal. 2009 May-Jun;30(3):603-611. X-1, X-2, X-3, X-4
2182. Matson JL, Dempsey T and Wilkins J. Rett syndrome in adults with severe intellectual disability: exploration of behavioral characteristics. Eur Psychiatry. 2008 Sep;23(6):460-5. X-4
2183. Matson JL and Francis KL. Generalizing spontaneous language in developmentally delayed children via a visual cue procedure using caregivers as therapists. Behavior Modification. 1994 Apr;18(2):186-197. X-10
2184. Matson JL, Gardner WI, Coe DA, et al. A scale for evaluating emotional disorders in severely and profoundly mentally retarded persons. Development of the Diagnostic Assessment for the Severely Handicapped (DASH) scale. Br J Psychiatry. 1991 Sep;159:404-9. X-1, X-4, X-10
2185. Matson JL and Lo Vullo SV. A Review of Behavioral Treatments for Self-Injurious Behaviors of Persons with Autism Spectrum Disorders. Behavior Modification. 2008;32(1):61-76. X-1, X-2, X-3, X-4
2186. Matson JL, Manikam R, Coe D, et al. Training social skills to severely mentally retarded multiply handicapped adolescents. Res Dev Disabil. 1988;9(2):195-208. X-1, X-3, X-4, X-10
2187. Matson JL, Matson ML and Rivet TT. Social-Skills Treatments for Children with Autism Spectrum Disorders: An Overview. Behavior Modification. 2007;31(5):682-707. X-1, X-2, X-3, X-4
2188. Matson JL, Sevin JA, Box ML, et al. An evaluation of two methods for increasing self-initiated verbalizations in autistic children. Journal of Applied Behavior Analysis. 1993 Fal;26(3):389-398. X-3, X-10
2189. Matson JL, Sevin JA, Fridley D, et al. Increasing spontaneous language in three autistic children. J Appl Behav Anal. 1990 Summer;23(2):227-33. X-3, X-10
2190. Matson JL, Smiroldo BB and Hastings TL. Validity of the Autism/Pervasive Developmental Disorder subscale of the Diagnostic Assessment for the Severely Handicapped-II. J Autism Dev Disord. 1998 Feb;28(1):77-81. X-1, X-4, X-10
2191. Matson JL and Smith KRM. Current Status of Intensive Behavioral Interventions for Young Children with Autism and PDD-NOS. Research in Autism Spectrum Disorders. 2008 Jan-Mar;2(1):60-74. X-1, X-2, X-3, X-4
2192. Matson JL, Taras ME, Sevin JA, et al. Teaching self-help skills to autistic and mentally retarded children. Res Dev Disabil. 1990;11(4):361-78. X-3, X-10
2193. Matson JL, Wilkins J and Fodstad JC. Children with autism spectrum disorders: a comparison of those who regress vs. those who do not. Dev Neurorehabil. 2010 Oct;13(1):37-45. X-4
2194. Matson JL, Wilkins J and Gonzalez M. Early Identification and Diagnosis in Autism Spectrum Disorders in Young Children and Infants: How Early Is Too Early? Research in Autism Spectrum Disorders. 2008 Jan-Mar;2(1):75-84. X-1, X-2, X-3, X-4
2195. Matson JL, Wilkins J and Macken J. The Relationship of Challenging Behaviors to Severity and Symptoms of Autism Spectrum Disorders. Journal of Mental Health Research in Intellectual Disabilities. 2009;2(1):29-44. X-4
2196. Matson JL, Wilkins J, Sevin JA, et al. Reliability and Item Content of the Baby and Infant Screen for Children with aUtIsm Traits (BISCUIT): Parts 1-3. Research in Autism Spectrum Disorders. 2009 Apr-Jun;3(2):336-344. X-1, X-2, X-3, X-4
2197. Matsui H, Nishinaka K, Oda M, et al. Auditory event-related potentials in Parkinson's disease: prominent correlation with attention. Parkinsonism Relat Disord. 2007 Oct;13(7):394-8. X-1, X-4
2198. Matthews S. Autistic children and their treatment. Health Visit. 1982 May;55(5):242-6. X-10
2199. Maurer A. The shock rod controversy. Journal of Clinical Child Psychology. 1983 Win;12(3):272-278. X-1, X-2, X-3, X-4, X-10
2200. Mavropoulou S and Padeliadu S. Greek teachers' perceptions of autism and implications for educational practice: A preliminary analysis. Autism. 2000 Jun;4(2):173-183. X-1, X-4
2201. Mawhood L and Howlin P. The outcome of a supported employment scheme for high-functioning adults with autism or Asperger syndrome. Autism. 1999 Sep;3(3):229-254. X-1, X-4, X-10
2202. Max ML and Burke JC. Virtual reality for autism communication and education, with lessons for medical training simulators. Stud Health Technol Inform. 1997;39:46-53. X-10
2203. Mayinger B, Neumann F, Kastner C, et al. Early detection of premalignant conditions in the colon by fluorescence endoscopy using local sensitization with hexaminolevulinate. Endoscopy. 2008 Feb;40(2):106-9. X-1 , X-4
2204. Mays RM and Gillon JE. Autism in young children: an update. J Pediatr Health Care. 1993 Jan-Feb;7(1):17-23. X-1, X-2 ,X-3 ,X-4, X-10
2205. Mazefsky CA, Goin-Kochel RP, Riley BP, et al. Genetic and environmental influences on symptom domains in twins and siblings with autism. Research in Autism Spectrum Disorders. 2008 Apr-Jun;2(2):320-331. X-4
2206. Mazefsky CA and Oswald DP. The discriminative ability and diagnostic utility of the ADOS-G, ADI-R, and GARS for children in a clinical setting. Autism. 2006 Nov;10(6):533-49. X-1, X-2, X-3, X-4
2207. Mazefsky CA, Williams DL and Minshew NJ. Variability in adaptive behavior in autism: evidence for the importance of family history. J Abnorm Child Psychol. 2008 May;36(4):591-9. X-4
2208. Mazzone L and Ruta L. Topiramate in children with autistic spectrum disorders. Brain Dev. 2006 Nov;28(10):668. X-1, X-2, X-3, X-4
2209. McAllister TW and Hays LR. TRH test, DST, and response to desipramine in primary degenerative dementia. Biol Psychiatry. 1987 Feb;22(2):189-93. X-1, X-2, X-3 ,X-4, X-10
2210. McArthur GM. Auditory processing disorders: can they be treated? Curr Opin Neurol. 2009 Apr;22(2):137-43. X-1, X-2, X-3, X-4
2211. McBride JA and Panksepp J. An examination of the phenomenology and the reliability of ratings of compulsive behavior in autism. J Autism Dev Disord. 1995 Aug;25(4):381-96. X-4, X-10
2212. McCabe H. Parent Advocacy in the Face of Adversity: Autism and Families in the People's Republic of

China. Focus on Autism and Other Developmental Disabilities. 2007 Spr;22(1):39-50. X-1, X-2, X-3, X-4
2213. McCabe H. The Importance of Parent-to-Parent Support among Families of Children with Autism in the People's Republic of China. International Journal of Disability, Development and Education. 2008 Dec;55(4):303-314. X-4
2214. McCabe H. Two decades of serving children with autism in the People's Republic of China: Achievements and challenges of a state-run mental health center. Disability & Society. 2008 May;23(3):271-282. X-1, X-4
2215. McCarron PA, Ma LW, Juzenas P, et al. Facilitated delivery of ALA to inaccessible regions via bioadhesive patch systems. J Environ Pathol Toxicol Oncol. 2006;25(1-2):389-402. X-1, X-2, X-3, X-4
2216. McCarthy M and Hendren RL. Autism spectrum disorders have increased dramatically in prevalence in recent years. Preface. Psychiatr Clin North Am. 2009 Mar;32(1):xiii-xv. X-1, X-2, X-3, X-4
2217. McCarthy P. Childhood autism: 0-35 years. Ir Med J. 1985 Jul;78(7):182-5. X-1, X-2, X-3, X-4, X-10
2218. McClannahan LE, MacDuff GS and Krantz PJ. Behavior analysis and intervention for adults with autism. Behav Modif. 2002 Jan;26(1):9-26. X-1, X-4
2219. McClannahan LE, McGee GG, MacDuff GS, et al. Assessing and improving child care: a personal appearance index for children with autism. J Appl Behav Anal. 1990 Winter;23(4):469-82. X-4, X-10
2220. McClean B, Grey IM and McCracken M. An evaluation of positive behavioural support for people with very severe challenging behaviours in community-based settings. J Intellect Disabil. 2007 Sep;11(3):281-301. X-1, X-3
2221. McClure MK and Holtz-Yotz M. The effects of sensory stimulatory treatment on an autistic child. American Journal of Occupational Therapy. 1991 Dec;45(12):1138-1142. X-1, X-3, X-10
2222. McComas J, Hoch H, Paone D, et al. Escape behavior during academic tasks: A preliminary analysis of idiosyncratic establishing conditions. Journal of Applied Behavior Analysis. Special Issue: Establishing operations in applied behavior analysis. 2000 Win;33(4):479-493. X-3
2223. McComas JJ, Thompson A and Johnson L. The effects of presession attention on problem behavior maintained by different reinforcers. J Appl Behav Anal. 2003 Fall;36(3):297-307. X-1, X-3, X-4
2224. McConachie H, Barry R, Spencer A, et al. Dasl(n)e: the challenge of developing a regional database for autism spectrum disorder. Arch Dis Child. 2009 Jan;94(1):38-41. X-4
2225. McConachie H and Diggle T. Parent implemented early intervention for young children with autism spectrum disorder: a systematic review. J Eval Clin Pract. 2007 Feb;13(1):120-9. X-2
2226. McConachie H and Robinson G. What services do young children with autism spectrum disorder receive? Child Care Health Dev. 2006 Sep;32(5):553-7. X-1, X-3, X-4
2227. McConnell SR. Interventions to facilitate social interaction for young children with autism: review of available research and recommendations for educational intervention and future research. J Autism Dev Disord. 2002 Oct;32(5):351-72. X-1, X-2, X-3, X-4
2228. McCormick MC. The autism "epidemic": impressions from the perspective of immunization safety review. Ambul Pediatr. 2003 May-Jun;3(3):119-20. X-1, X-2, X-3, X-4
2229. McCrory E, Henry LA and Happe F. Eye-witness memory and suggestibility in children with Asperger syndrome. J Child Psychol Psychiatry. 2007 May;48(5):482-9. X-4
2230. McDaniel KD. Pharmacologic treatment of psychiatric and neurodevelopmental disorders in children and adolescents (Part 2). Clin Pediatr (Phila). 1986 Mar;25(3):143-6. X-1, X-2, X-3, X-4, X-10
2231. McDermott S, Moran R, Platt T, et al. Prevalence of Epilepsy in Adults With Mental Retardation and Related Disabilities in Primary Care. American Journal on Mental Retardation. 2005 Jan;110(1):48-56. X-1, X-4
2232. McDermott S, Zhou L and Mann J. Injury treatment among children with autism or pervasive developmental disorder. J Autism Dev Disord. 2008 Apr;38(4):626-33. X-4
2233. McDonald ME and Hemmes NS. Increases in Social Initiation toward an Adolescent with Autism: Reciprocity Effects. Research in Developmental Disabilities Journal Citation: v24 n6 p453-65 Nov-Dec 2003 Publisher:. 2003 Pub Types: Journal Articles; Reports - Research. X-1, X-3, X-4
2234. McDonnell A, Sturmey P, Oliver C, et al. The Effects of Staff Training on Staff Confidence and Challenging Behavior in Services for People with Autism Spectrum Disorders. Research in Autism Spectrum Disorders. 2008 Apr-Jun;2(2):311-319. X-1, X-3, X-4
2235. McDonnell J, Thorson N, McQuivey C, et al. Academic engaged time of students with low-incidence disabilities in general education classes. Ment Retard. 1997 Feb;35(1):18-26. X-3, X-4, X-10
2236. McDonnell MA, Hamrin V, Moffett J, et al. Timely diagnosis of comorbid pervasive developmental disorder and bipolar disorder. Minerva Pediatr. 2008 Feb;60(1):115-27. X-1, X-2, X-4
2237. McDougle CJ, Brodkin ES, Naylor ST, et al. Sertraline in adults with pervasive developmental disorders: a prospective open-label investigation. J Clin Psychopharmacol. 1998 Feb;18(1):62-6. X-1, X-3, X-10
2238. McDougle CJ, Brodkin ES, Yeung PP, et al. Risperidone in adults with autism or pervasive developmental disorder. Journal of Child and Adolescent Psychopharmacology. 1995 Win;5(4):273-282. X-1, X-3, X-10
2239. McDougle CJ, Holmes JP, Bronson MR, et al. Risperidone treatment of children and adolescents with pervasive developmental disorders: a prospective open-label study. J Am Acad Child Adolesc Psychiatry. 1997 May;36(5):685-93. X-10
2240. McDougle CJ, Holmes JP, Carlson DC, et al. A double-blind, placebo-controlled study of risperidone in adults with autistic disorder and other pervasive developmental disorders. Arch Gen Psychiatry. 1998 Jul;55(7):633-41. X-1, X-3, X-10
2241. McDougle CJ, Kem DL and Posey DJ. Case series: use of ziprasidone for maladaptive symptoms in youths

with autism. J Am Acad Child Adolesc Psychiatry. 2002 Aug;41(8):921-7. X-1
2242. McDougle CJ, Kresch LE, Goodman WK, et al. A case-controlled study of repetitive thoughts and behavior in adults with autistic disorder and obsessive-compulsive disorder. Am J Psychiatry. 1995 May;152(5):772-7. X-1, X-4, X-10
2243. McDougle CJ, Kresch LE and Posey DJ. Repetitive thoughts and behavior in pervasive developmental disorders: treatment with serotonin reuptake inhibitors. J Autism Dev Disord. 2000 Oct;30(5):427-35. X-1, X-2, X-3
2244. McDougle CJ, Naylor ST, Cohen DJ, et al. Effects of tryptophan depletion in drug-free adults with autistic disorder. Arch Gen Psychiatry. 1996 Nov;53(11):993-1000. X-1, X-3, X-10
2245. McDougle CJ, Naylor ST, Cohen DJ, et al. A double-blind, placebo-controlled study of fluvoxamine in adults with autistic disorder. Arch Gen Psychiatry. 1996 Nov;53(11):1001-8. X-1, X-3, X-10
2246. McDougle CJ and Posey D. Genetics of childhood disorders: XLIV. autism, part 3: psychopharmacology of autism. J Am Acad Child Adolesc Psychiatry. 2002 Nov;41(11):1380-3. X-1, X-2, X-3, X-4
2247. McDougle CJ, Price LH and Goodman WK. Fluvoxamine treatment of coincident autistic disorder and obsessive-compulsive disorder: A case report. Journal of Autism and Developmental Disorders. 1990 Dec;20(4):537-543. X-1, X-3, X-10
2248. McDougle CJ, Price LH, Volkmar FR, et al. Clomipramine in autism: Preliminary evidence of efficacy. Journal of the American Academy of Child & Adolescent Psychiatry. 1992 Jul;31(4):746-750. X-1, X-3, X-10
2249. McDougle CJ, Scahill L, McCracken JT, et al. Research Units on Pediatric Psychopharmacology (RUPP) Autism Network. and rationale for an initial controlled study of risperidone. Child Adolesc Psychiatr Clin N Am. 2000 Jan;9(1):201-24. X-1, X-2, X-3, X-4
2250. McDougle CJ, Stigler KA and Posey DJ. Treatment of aggression in children and adolescents with autism and conduct disorder. J Clin Psychiatry. 2003;64 Suppl 4:16-25. X-1, X-2, X-3
2251. McDuffie A, Turner L, Stone W, et al. Developmental Correlates of Different Types of Motor Imitation in Young Children with Autism Spectrum Disorders. Journal of Autism and Developmental Disorders. 2007 Mar;37(3):401-412. X-4
2252. McDuffie AS, Yoder PJ and Stone WL. Labels Increase Attention to Novel Objects in Children with Autism and Comprehension-Matched Children with Typical Development. Autism: The International Journal of Research & Practice. 2006;10(3):288-301. X-4
2253. McEachin JJ, Smith T and Lovaas OI. Long-term outcome for children with autism who received early intensive behavioral treatment. Am J Ment Retard. 1993 Jan;97(4):359-72; discussion 373-91. X-10
2254. McEntee JE and Saunders RR. A response-restriction analysis of stereotypy in adolescents with mental retardation: implications for applied behavior analysis. J Appl Behav Anal. 1997 Fall;30(3):485-506. X-3, X-4, X-10
2255. McEvoy MA and Brady MP. Contingent access to play materials as an academic motivator for autistic and behavior disordered children. Education & Treatment of Children. 1988 Feb;11(1):5-18. X-3, X-10
2256. McEvoy MA, Nordquist VM, Twardosz S, et al. Promoting autistic children's peer interaction in an integrated early childhood setting using affection activities. J Appl Behav Anal. 1988 Summer;21(2):193-200. X-3, X-10
2257. McGee GG, Almeida MC, Sulzer-Azaroff B, et al. Promoting reciprocal interactions via peer incidental teaching. J Appl Behav Anal. 1992 Spring;25(1):117-26. X-3, X-10
2258. McGee GG, Feldman RS and Morrier MJ. Benchmarks of social treatment for children with autism. J Autism Dev Disord. 1997 Aug;27(4):353-64. X-4, X-10
2259. McGee GG, Krantz PJ, Mason D, et al. A modified incidental-teaching procedure for autistic youth: acquisition and generalization of receptive object labels. J Appl Behav Anal. 1983 Fall;16(3):329-38. X-3, X-10
2260. McGee GG, Krantz PJ and McClannahan LE. Conversational skills for autistic adolescents: teaching assertiveness in naturalistic game settings. J Autism Dev Disord. 1984 Sep;14(3):319-30. X-1, X-3, X-10
2261. McGee GG, Krantz PJ and McClannahan LE. An extension of incidental teaching procedures to reading instruction for autistic children. J Appl Behav Anal. 1986 Summer;19(2):147-57. X-3, X-10
2262. McGill P, Murphy G and Kelly-Pike A. Frequency of Use and Characteristics of People with Intellectual Disabilities Subject to Physical Interventions. Journal of Applied Research in Intellectual Disabilities. 2009 Mar;22(2):152-158. X-1, X-4
2263. McGreevy D. Risks and benefits of the single versus the triple MMR vaccine: how can health professionals reassure parents? J R Soc Promot Health. 2005 Mar;125(2):84-6. X-1, X-2, X-3, X-4
2264. McGregor E and Campbell E. The attitudes of teachers in Scotland to the integration of children with autism into mainstream schools. Autism. 2001 Jun;5(2):189-207. X-1, X-3, X-4
2265. McGurk SR, Mueser KT, Feldman K, et al. Cognitive training for supported employment: 2-3 year outcomes of a randomized controlled trial. Am J Psychiatry. 2007 Mar;164(3):437-41. X-1, X-4
2266. McGurk SR, Mueser KT and Pascaris A. Cognitive training and supported employment for persons with severe mental illness: one-year results from a randomized controlled trial. Schizophr Bull. 2005 Oct;31(4):898-909. X-1, X-4
2267. McHale SM, Olley JG, Marcus LM, et al. Nonhandicapped peers as tutors for autistic children. Except Child. 1981 Nov;48(3):263-5. X-10
2268. McHale SM, Simeonsson RJ, Marcus LM, et al. The social and symbolic quality of autistic children's communication. J Autism Dev Disord. 1980 Sep;10(3):299-310. X-4, X-10
2269. McIntyre LL, Blacher J and Baker BL. Behaviour/mental health problems in young adults with intellectual disability: the impact on families. J Intellect Disabil Res. 2002 Mar;46(Pt 3):239-49. X-1, X-3, X-4
2270. McKee SA, Harris GT, Rice ME, et al. Effects of a Snoezelen room on the behavior of three autistic clients. Res Dev Disabil. 2007 May-Jun;28(3):304-16. X-3

2271. McKeegan GF, Estill K and Campbell B. Elimination of rumination by controlled eating and differential reinforcement. Journal of Behavior Therapy and Experimental Psychiatry. 1987 Jun;18(2):143-148. X-1, X-3, X-10
2272. McKeegan GF, Estill K and Campbell BM. Brief report: Use of nonexclusionary timeout for the elimination of a stereotyped behavior. Journal of Behavior Therapy and Experimental Psychiatry. 1984 Sep;15(3):261-264. X-1, X-3, X-10
2273. McLellan A, Davies S, Heyman I, et al. Psychopathology in children with epilepsy before and after temporal lobe resection. Dev Med Child Neurol. 2005 Oct;47(10):666-72. X-1, X-4
2274. McLennan JD, Huculak S and Sheehan D. Brief report: pilot investigation of service receipt by young children with autistic spectrum disorders. J Autism Dev Disord. 2008 Jul;38(6):1192-6. X-1, X-4
2275. McLennan JD, Lord C and Schopler E. Sex differences in higher functioning people with autism. J Autism Dev Disord. 1993 Jun;23(2):217-27. X-4, X-10
2276. McMahon CR, Malesa EE, Yoder PJ, et al. Parents of Children with Autism Spectrum Disorders Have Merited Concerns about Their Later-Born Infants. Research and Practice for Persons with Severe Disabilities (RPSD). 2007 Sum;32(2):154-160. X-1, X-4
2277. McNally RJ, Calamari JE, Hansen PM, et al. Behavioral treatment of psychogenic polydipsia. Journal of Behavior Therapy and Experimental Psychiatry. 1988 Mar;19(1):57-61. X-1, X-3, X-10
2278. McNeilly LG and Sheppard JJ. Prologue: Managing dysphagia in the schools. Lang Speech Hear Serv Sch. 2008 Apr;39(2):158-9. X-1, X-2, X-3, X-4
2279. McWilliam RA. What Happened to Service Coordination? Journal of Early Intervention. 2006;28(3):166-168. X-1, X-2, X-3, X-4
2280. Meadan H, Ostrosky MM, Zaghlawan HY, et al. Promoting the Social and Communicative Behavior of Young Children with Autism Spectrum Disorders: A Review of Parent-Implemented Intervention Studies. Topics in Early Childhood Special Education. 2009;29(2):90-104. X-1, X-2, X-3, X-4
2281. Meador SK, Derby KM, McLaughlin TF, et al. Using Response Latency within a Preference Assessment. Behavior Analyst Today. 2007;8(1):63-69. X-1, X-3, X-4
2282. Meany-Daboul MG, Roscoe EM, Bourret JC, et al. A Comparison of Momentary Time Sampling and Partial-Interval Recording for Evaluating Functional Relations. Journal of Applied Behavior Analysis. 2007 Fall;40(3):501-514. X-3
2283. Mechling LC, Gast DL and Cronin BA. The Effects of Presenting High-Preference Items, Paired with Choice, via Computer-Based Video Programming on Task Completion of Students with Autism. Focus on Autism and Other Developmental Disabilities Journal Citation: v21 n1 p7-13 Spr 2006 Publisher: PRO-ED, Inc. 8700 Shoal Creek Boulevard, Austin, TX 78757-6897. Tel: 800-897-3202; Fax: 800-397-7633; Web site: http://www.proedinc.com. 2006 Pub Types: Journal Articles; Reports - Evaluative. X-1, X-3
2284. Mechling LC, Pridgen LS and Cronin BA. Computer-Based Video Instruction to Teach Students with Intellectual Disabilities to Verbally Respond to Questions and Make Purchases in Fast Food Restaurants. Education and Training in Developmental Disabilities. 2005 Mar;40(1):47-59. X-1, X-3, X-4
2285. Megson MN. Is autism a G-alpha protein defect reversible with natural vitamin A? Med Hypotheses. 2000 Jun;54(6):979-83. X-4
2286. Mehlinger R, Scheftner WA and Poznanski E. Fluoxetine and autism. Journal of the American Academy of Child & Adolescent Psychiatry. 1990 Nov;29(6):985. X-1, X-3, X-10
2287. Mehta UC, Patel I and Castello FV. EEG sedation for children with autism. J Dev Behav Pediatr. 2004 Apr;25(2):102-4. X-1, X-3, X-4
2288. Meigooni AS, Parker SA, Zheng J, et al. Dosimetric characteristics with spatial fractionation using electron grid therapy. Med Dosim. 2002 Spring;27(1):37-42. X-1, X-3, X-4
2289. Meilleur AA and Fombonne E. Regression of language and non-language skills in pervasive developmental disorders. J Intellect Disabil Res. 2009 Feb;53(2):115-24. X-4
2290. Meiri G, Bichovsky Y and Belmaker RH. Omega 3 fatty acid treatment in autism. Journal of Child and Adolescent Psychopharmacology. 2009 Aug;19(4):449-451. X-3
2291. Meiselas KD, Spencer EK, Oberfield R, et al. Differentiation of stereotypies from neuroleptic-related dyskinesias in autistic children. J Clin Psychopharmacol. 1989 Jun;9(3):207-9. X-1, X-3, X-4, X-10
2292. Meissner HC, Strebel PM and Orenstein WA. Measles vaccines and the potential for worldwide eradication of measles. Pediatrics. 2004 Oct;114(4):1065-9. X-1, X-2, X-3, X-4
2293. Menear KS and Smith S. Physical Education for Students with Autism: Teaching Tips and Strategies. TEACHING Exceptional Children. 2008 May-Jun;40(5):32-37. X-1, X-2, X-3, X-4
2294. Menezes CG and Perissinoto J. Joint attention ability in children with autistic spectrum disorders. Pro Fono. 2008 Oct-Dec;20(4):273-9. X-4
2295. Menyuk P. Language development in a social context. J Pediatr. 1986 Jul;109(1):217-24. X-10
2296. Merlo LJ, Lehmkuhl HD, Geffken GR, et al. Decreased Family Accommodation Associated with Improved Therapy Outcome in Pediatric Obsessive-Compulsive Disorder. Journal of Consulting and Clinical Psychology. 2009 Apr;77(2):355-360. X-1, X-3, X-4
2297. Mesibov GB. Social skills training with verbal autistic adolescents and adults: a program model. J Autism Dev Disord. 1984 Dec;14(4):395-404. X-1, X-3, X-10
2298. Mesibov GB. Normalization and its relevance today. J Autism Dev Disord. 1990 Sep;20(3):379-90. X-1, X-2, X-3, X-4, X-10
2299. Mesibov GB. Commentary: facilitated communication: a warning for pediatric psychologists. J Pediatr Psychol. 1995 Feb;20(1):127-30. X-1, X-2, X-3, X-4, X-10
2300. Mesibov GB. Preschool issues in autism: introduction. J Autism Dev Disord. 1997 Dec;27(6):637-40. X-10

2301. Mesibov GB. Are children with autism better off in an autism classroom or a multidisability classroom? J Autism Dev Disord. 1999 Oct;29(5):429. X-10
2302. Mesibov GB, Schopler E and Caison W. The Adolescent and Adult Psychoeducational Profile: assessment of adolescents and adults with severe developmental handicaps. J Autism Dev Disord. 1989 Mar;19(1):33-40. X-1, X-3, X-4, X-10
2303. Messieha Z, Cruz-Gonzalez W and Hakim MI. Retrospective outcomes evaluation of 100 parenteral moderate and deep sedations conducted in a general practice dental residency. Anesth Prog. 2008 Winter;55(4):116-20. X-4
2304. Messmer RL, Nader R and Craig KD. Brief report: judging pain intensity in children with autism undergoing venepuncture: the influence of facial activity. J Autism Dev Disord. 2008 Aug;38(7):1391-4. X-4
2305. Meydanci TP and Kemikler G. Effect of a carbon fiber tabletop on the surface dose and attenuation for high-energy photon beams. Radiat Med. 2008 Nov;26(9):539-44. X-1, X-4
2306. Meyer JA and Hobson RP. Orientation in relation to self and other: The case of autism. Interaction Studies: Social Behaviour and Communication in Biological and Artificial Systems. 2004;5(2):221-244. X-4
2307. Meyer LH, Fox A, Schermer A, et al. The effects of teacher intrusion on social play interactions between children with autism and their nonhandicapped peers. Journal of Autism and Developmental Disorders. 1987 Sep;17(3):315-332. X-10
2308. Miano S, Bruni O, Elia M, et al. Sleep in children with autistic spectrum disorder: a questionnaire and polysomnographic study. Sleep Med. 2007 Dec;9(1):64-70. X-4
2309. Michaud F, Salter T, Duquette A, et al. Perspectives on mobile robots as tools for child development and pediatric rehabilitation. Assist Technol. 2007 Spring;19(1):21-36. X-1, X-2, X-4
2310. Micheli E. A training group for parents of autistic children. International Journal of Mental Health. 1999 Fal;28(3):100-105. X-1, X-4, X-10
2311. Michelson D, Allen AJ, Busner J, et al. Once-daily atomoxetine treatment for children and adolescents with attention deficit hyperactivity disorder: a randomized, placebo-controlled study. Am J Psychiatry. 2002 Nov;159(11):1896-901. X-1, X-4
2312. Mickel J and Griffin J. Inclusion and Disability Awareness Training for Educators in the Kids Like You, Kids Like Me Program. Young Children. 2007 Jul;62(4):42-45. X-1, X-2, X-3, X-4
2313. Miilher LP and Fernandes FD. Pragmatic, lexical and grammatical abilities of autistic spectrum children. Pro Fono. 2009 Oct-Dec;21(4):309-14. X-4
2314. Mikkelsen EJ. Efficacy of neuroleptic medication in pervasive developmental disorders of childhood. Schizophr Bull. 1982;8(2):320-32. X-1, X-2, X-3, X-10
2315. Mildon RL, Moore DW and Dixon RS. Combining Noncontingent Escape and Functional Communication Training as a Treatment for Negatively Reinforced Disruptive Behavior. Journal of Positive Behavior Interventions Journal Citation: v6 n2 p92-102 2004 Publisher: SAGE Publications. 2455 Teller Road, Thousand Oaks, CA 91320. Tel: 800-818-7243; Tel: 805-499-9774; Fax: 800-583-2665; e-mail: journals@sagepub.com; Web site: http://sagepub.com. 2004 Pub Types: Journal Articles; Reports - Research. X-3
2316. Millar DC, Light JC and Schlosser RW. The Impact of Augmentative and Alternative Communication Intervention on the Speech Production of Individuals with Developmental Disabilities: A Research Review. Journal of Speech, Language, and Hearing Research. 2006 Apr;49(2):248-264. X-1, X-2, X-3
2317. Miller AR and Zwaigenbaum L. New provincial initiatives for childhood disabilities: the imperative for research. CMAJ. 2001 Jun 12;164(12):1704-5. X-1, X-2, X-3, X-4
2318. Miller B. "A Kaleidoscope of Themes": Intensive Psychotherapy with a Girl on the Autistic Spectrum. Journal of Child Psychotherapy. 2008 Dec;34(3):384-399. X-3
2319. Miller C, Collins BC and Hemmeter ML. Using a naturalistic time delay procedure to teach nonverbal adolescents with moderate-to-severe mental disabilities to initiate manual signs. Journal of Developmental and Physical Disabilities. 2002 Sep;14(3):247-261. X-1, X-3
2320. Miller E, Andrews N, Grant A, et al. No evidence of an association between MMR vaccine and gait disturbance. Arch Dis Child. 2005 Mar;90(3):292-6. X-1, X-4
2321. Miller JM, Singer HS, Bridges DD, et al. Behavioral therapy for treatment of stereotypic movements in nonautistic children. J Child Neurol. 2006 Feb;21(2):119-25. X-1, X-4
2322. Millward C, Ferriter M, Calver S, et al. Gluten- and casein-free diets for autistic spectrum disorder. Cochrane Database Syst Rev. 2004(2):CD003498. X-2
2323. Millward C, Ferriter M, Calver S, et al. Gluten- and casein-free diets for autistic spectrum disorder. Cochrane Database Syst Rev. 2008(2):CD003498. X-2
2324. Minagawa-Kawai Y, Naoi N, Kikuchi N, et al. Cerebral laterality for phonemic and prosodic cue decoding in children with autism. Neuroreport. 2009 Aug 26;20(13):1219-24. X-4
2325. Minderaa RB, Anderson GM, Volkmar FR, et al. Neurochemical study of dopamine functioning in autistic and normal subjects. J Am Acad Child Adolesc Psychiatry. 1989 Mar;28(2):190-4. X-4, X-10
2326. Minderaa RB, Anderson GM, Volkmar FR, et al. Noradrenergic and adrenergic functioning in autism. Biol Psychiatry. 1994 Aug 15;36(4):237-41. X-4, X-10
2327. Minderaa RB, Anderson GM, Volkmar FR, et al. Whole blood serotonin and tryptophan in autism: temporal stability and the effects of medication. J Autism Dev Disord. 1989 Mar;19(1):129-36. X-4, X-10
2328. Minett TS, Thomas A, Wilkinson LM, et al. What happens when donepezil is suddenly withdrawn? An open label trial in dementia with Lewy bodies and Parkinson's disease with dementia. Int J Geriatr Psychiatry. 2003 Nov;18(11):988-93. X-1, X-3, X-4
2329. Ming X, Gordon E, Kang N, et al. Use of clonidine in children with autism spectrum disorders. Brain Dev. 2008 Aug;30(7):454-60. X-3
2330. Minio-Paluello I, Baron-Cohen S, Avenanti A, et al. Absence of embodied empathy during pain observation in

Asperger syndrome. Biol Psychiatry. 2009 Jan 1;65(1):55-62. X-1, X-4
2331. Miniscalco C, Hagberg B, Kadesjo B, et al. Narrative Skills, Cognitive Profiles and Neuropsychiatric Disorders in 7-8-Year-Old Children with Late Developing Language. International Journal of Language & Communication Disorders. 2007 Nov;42(6):665-681. X-4
2332. Minnes P and Steiner K. Parent views on enhancing the quality of health care for their children with fragile X syndrome, autism or Down syndrome. Child Care Health Dev. 2009 Mar;35(2):250-6. X-1, X-4
2333. Minshew NJ, Goldstein G, Taylor HG, et al. Academic achievement in high functioning autistic individuals. J Clin Exp Neuropsychol. 1994 Apr;16(2):261-70. X-4, X-10
2334. Miral S, Gencer O, Inal-Emiroglu FN, et al. Risperidone versus haloperidol in children and adolescents with AD : a randomized, controlled, double-blind trial. Eur Child Adolesc Psychiatry. 2008 Feb;17(1):1-8. X-3
2335. Miranda-Linne F and Melin L. Acquisition, generalization, and spontaneous use of color adjectives: a comparison of incidental teaching and traditional discrete-trial procedures for children with autism. Res Dev Disabil. 1992;13(3):191-210. X-3, X-10
2336. Mirenda P and Locke PA. A comparison of symbol transparency in nonspeaking persons with intellectual disabilities. J Speech Hear Disord. 1989 May;54(2):131-40. X-4, X-10
2337. Mirenda PL, Donnellan AM and Yoder DE. Gaze behavior: a new look at an old problem. J Autism Dev Disord. 1983 Dec;13(4):397-409. X-1, X-2, X-4, X-10
2338. Mishna F and Muskat B. Group therapy for boys with features of Asperger syndrome and concurrent learning disabilities: Finding a peer group. Journal of Child & Adolescent Group Therapy. 1998 Sep;8(3):97-114. X-3, X-10
2339. Mitchell P, Parsons S and Leonard A. Using virtual environments for teaching social understanding to 6 adolescents with autistic spectrum disorders. J Autism Dev Disord. 2007 Mar;37(3):589-600. X-1, X-3
2340. Mithaug DK and Mithaug DE. Effects of teacher-directed versus student-directed instruction on self-management of young children with disabilities. J Appl Behav Anal. 2003 Spring;36(1):133-6. X-3
2341. MJ CMM, de Gelder B, van Engeland H, et al. Atypical processing of fearful face-voice pairs in Pervasive Developmental Disorder: an ERP study. Clin Neurophysiol. 2008 Sep;119(9):2004-10. X-1, X-4
2342. MK DE. Infantile autism: patients and their families. Curr Probl Pediatr. 1982 Feb;12(4):1-52. X-10
2343. Moes DR. Integrating choice-making opportunities within teacher-assigned academic tasks to facilitate the performance of children with autism. Journal of the Association for Persons with Severe Handicaps. 1998 Win;23(4):319-328. X-10
2344. Moes DR and Frea WD. Using family context to inform intervention planning for the treatment of a child with autism. Journal of Positive Behavior Interventions. 2000 Win;2(1):40-46. X-3
2345. Moes DR and Frea WD. Contextualized behavioral support in early intervention for children with autism and their families. J Autism Dev Disord. 2002 Dec;32(6):519-33. X-3
2346. Mohan D, Taylor R and Mackeith JA. Cyproterone acetate and striae. International Journal of Psychiatry in Clinical Practice. 1998 Jun;2(2):147-148. X-1, X-3, X-4, X-10
2347. Mohr C and Sharpley CF. Elimination of self-injurious behaviour in an autistic child by use of overcorrection. Behaviour Change. 1985;2(2):143-147. X-3, X-10
2348. Moller AR, Kern JK and Grannemann B. Are the non-classical auditory pathways involved in autism and PDD? Neurol Res. 2005 Sep;27(6):625-9. X-1, X-4
2349. Molloy S, McKeith IG, O'Brien JT, et al. The role of levodopa in the management of dementia with Lewy bodies. J Neurol Neurosurg Psychiatry. 2005 Sep;76(9):1200-3. X-1, X-4
2350. Molloy SA, Rowan EN, O'Brien JT, et al. Effect of levodopa on cognitive function in Parkinson's disease with and without dementia and dementia with Lewy bodies. J Neurol Neurosurg Psychiatry. 2006 Dec;77(12):1323-8. X-1, X-4
2351. Monji A, Maekawa T, Yanagimoto K, et al. Carbamazepine may trigger new-onset epileptic seizures in an individual with autism spectrum disorders: A case report. European Psychiatry. 2004 Aug;19(5):322-323. X-3
2352. Monsen RB. Watching children. J Pediatr Nurs. 2008 Dec;23(6):469-70. X-1, X-2, X-3, X-4
2353. Montee BB, Miltenberger RG and Wittrock D. An experimental analysis of facilitated communication. Journal of Applied Behavior Analysis. 1995 Sum;28(2):189-200. X-10
2354. Montgomery JM, Duncan CR and Francis GC. Test Review: Siegel, B. (2004). "Pervasive Developmental Disorder Screening Test--II (PDDST-II)." San Antonio, TX: Harcourt. Journal of Psychoeducational Assessment. 2007;25(3):299-306. X-1, X-2, X-3, X-4
2355. Montgomery JM, Newton B and Smith C. Test Reviews: Gilliam, J. (2006). "GARS-2: Gilliam Autism Rating Scale-Second Edition." Austin, TX: PRO-ED. Journal of Psychoeducational Assessment. 2008;26(4):395-401. X-1, X-2, X-3, X-4
2356. Montgomery JM, Schwean VL, Burt J-AG, et al. Emotional Intelligence and Resiliency in Young Adults with Asperger's Disorder: Challenges and Opportunities. Canadian Journal of School Psychology. 2008;23(1):70-93. X-1, X-3 ,X-4
2357. Moore BA, Friman PC, Fruzzetti AE, et al. Brief report: evaluating the Bedtime Pass Program for child resistance to bedtime--a randomized, controlled trial. J Pediatr Psychol. 2007 Apr;32(3):283-7. X-1, X-4 9
2358. Moore JW, Fisher WW and Pennington A. Systematic application and removal of protective equipment in the assessment of multiple topographies of self-injury. Journal of Applied Behavior Analysis. 2004 Spr;37(1):73-77. X-3, X-4
2359. Moore ML, Eichner SF and Jones JR. Treating functional impairment of autism with selective serotonin-reuptake inhibitors. Ann Pharmacother. 2004 Sep;38(9):1515-9. X-1, X-2, X-3, X-4

2360. Moore SJ, Turnpenny P, Quinn A, et al. A clinical study of 57 children with fetal anticonvulsant syndromes. J Med Genet. 2000 Jul;37(7):489-97. X-4
2361. Moore V, Titcomb J, Cronk E, et al. Developing an autism assessment service I: Procedures, priorities, and pitfalls over the first 5 years. Child Psychology & Psychiatry Review. 1998;3(3):116-120. X-1, X-2, X-3, X-4, X-10
2362. Moore V, Titcomb J, Johnson C, et al. Developing an autism assessment service II: Analysis of the first 81 cases seen. Child Psychology & Psychiatry Review. 1998;3(3):121-127. X-4, X-10
2363. Moores DF. Issues in the modification of American sign language for instructional purposes. J Autism Dev Disord. 1981 Mar;11(1):153-62. X-1, X-2, X-3, X-4, X-10
2364. Morales AW. MEG reveals epileptic foci in brains of autistic children. Diagn Imaging (San Franc). 1999 Jan;Suppl:IR34. X-10, X-4
2365. Moran DR and Whitman TL. Developing generalized teaching skills in mothers of autistic children. Child & Family Behavior Therapy. 1991;13(1):13-37. X-1, X-3, X-4, X-10
2366. More C. Digital Stories Targeting Social Skills for Children with Disabilities: Multidimensional Learning. Intervention in School and Clinic. 2008;43(3):168-177. X-1, X-2, X-3, X-4
2367. Moreland R. National vaccine injury compensation program: the potential impact of Cedillo for vaccine-related autism cases. J Leg Med. 2008 Jul-Sep;29(3):363-80. X-1, X-2, X-3, X-4
2368. Moreton J. MMR vaccination: protecting our children. J Fam Health Care. 2002;12(2):31. X-1, X-2, X-3, X-4
2369. Moreton J. Who's irresponsible? Community Pract. 2009 May;82(5):14. X-1, X-2, X-3, X-4
2370. Moretti P, Sahoo T, Hyland K, et al. Cerebral folate deficiency with developmental delay, autism, and response to folinic acid. Neurology. 2005 Mar;64(6):1088-1090. X-3
2371. Moretti R, Torre P, Vilotti C, et al. Rivastigmine and Parkinson dementia complex. Expert Opin Pharmacother. 2007 Apr;8(6):817-29. X-1, X-2, X-3, X-4
2372. Morgan CN, Roy M and Chance P. Psychiatric comorbidity and medication use in autism: A community survey. Psychiatric Bulletin. 2003 Oct;27(10):378-381. X-1, X-4
2373. Morgan SB. Helping parents understand the diagnosis of autism. J Dev Behav Pediatr. 1984 Apr;5(2):78-85. X-1, X-2, X-3, X-4, X-10
2374. Morgan SB, Cutrer PS, Coplin JW, et al. Do autistic children differ from retarded and normal children in Piagetian sensorimotor functioning? Journal of Child Psychology and Psychiatry. 1989 Nov;30(6):857-864. X-10
2375. Mori K, Ujiie T, Smith A, et al. Parental stress associated with caring for children with Asperger's syndrome or autism. Pediatr Int. 2009 Jun;51(3):364-70. X-1, X-4
2376. Mori S. The role of the selfâ€"object experience in the therapy of an autistic child: From lying flat to launching a 'spaceship.'. Journal of Child Psychotherapy. 2001 Aug;27(2):159-173. X-3
2377. Morinushi T, Ueda Y and Tanaka C. Autistic children: experience and severity of dental caries between 1980 and 1995 in Kagoshima City, Japan. J Clin Pediatr Dent. 2001 Summer;25(4):323-8. X-4
2378. Morishita Y, Ando Y, Ishii E, et al. Comparison of markers of circulating blood volume in hemodialysis patients. Clin Exp Nephrol. 2005 Sep;9(3):233-7. X-1, X-4
2379. Morowitz HJ. Autism and authority. Hosp Pract (Off Ed). 1989 Apr 15;24(4):221-2. X-1, X-2, X-3, X-4, X-10
2380. Morrier MJ, Hess KL and Heflin LJ. Ethnic Disproportionality in Students with Autism Spectrum Disorders. Multicultural Education. 2008 Fall;16(1):31-38. X-1, X-2, X-3, X-4
2381. Morris CR and Agin MC. Syndrome of allergy, apraxia, and malabsorption: characterization of a neurodevelopmental phenotype that responds to omega 3 and vitamin E supplementation. Altern Ther Health Med. 2009 Jul-Aug;15(4):34-43. X-4
2382. Morris RG, Rowe A, Fox N, et al. Spatial working memory in Asperger's syndrome and in patients with focal frontal and temporal lobe lesions. Brain Cogn. 1999 Oct;41(1):9-26. X-4, X-10
2383. Morrison EE. A Review of Research on the Use of Weighted Vests with Children on the Autism Spectrum. Education. 2007 Spr;127(3):323-327. X-1, X-2, X-3
2384. Morrison L, Kamps D, Garcia J, et al. Peer mediation and monitoring strategies to improve initiations and social skills for students with autism. Journal of Positive Behavior Interventions. 2001 Fal;3(4):237-250. X-3
2385. Morrison RS, Sainato DM, Benchaaban D, et al. Increasing play skills of children with autism using activity schedules and correspondence training. Journal of Early Intervention. 2002 Win-Spr;25(1):58-72. X-3
2386. Morse TE and Schuster JW. Teaching Elementary Students with Moderate Intellectual Disabilities How To Shop for Groceries. Exceptional Children. 2000. X-1, X-3, X-4
2387. Morton JF and Campbell JM. Information source affects peers' initial attitudes toward autism. Res Dev Disabil. 2008 May-Jun;29(3):189-201. X-1, X-4
2388. Mosimann UP, Mather G, Wesnes KA, et al. Visual perception in Parkinson disease dementia and dementia with Lewy bodies. Neurology. 2004 Dec 14;63(11):2091-6. X-1, X-3, X-4
2389. Moss HA, Brouwers P, Wolters PL, et al. The development of a Q-sort behavioral rating procedure for pediatric HIV patients. J Pediatr Psychol. 1994 Feb;19(1):27-46. X-1, X-4, X-10
2390. Moss J and Howlin P. Autism Spectrum Disorders in Genetic Syndromes: Implications for Diagnosis, Intervention and Understanding the Wider Autism Spectrum Disorder Population. Journal of Intellectual Disability Research. 2009 Oct;53(10):852-873. X-1, X-2, X-3, X-4
2391. Moss J, Magiati I, Charman T, et al. Stability of the autism diagnostic interview-revised from pre-school to elementary school age in children with autism spectrum disorders. J Autism Dev Disord. 2008 Jul;38(6):1081-91. X-4
2392. Mostafa GA, El-Sherif DF, Hamza RT, et al. Hyperserotonemia in Egyptian autistic children: Relation to

allergic manifestations. Journal of Pediatric Neurology. 2008;6(3):227-236. X-4
2393. Mostert MP. Facilitated communication since 1995: a review of published studies. J Autism Dev Disord. 2001 Jun;31(3):287-313. X-1, X-2, X-3, X-4
2394. Mouridsen SE, Rich B and Isager T. Validity of childhood disintegrative psychosis. General findings of a long-term follow-up study. Br J Psychiatry. 1998 Mar;172:263-7. X-4, X-10
2395. Mouridsen SE, Rich B and Isager T. Epilepsy in disintegrative psychosis and infantile autism: a long-term validation study. Dev Med Child Neurol. 1999 Feb;41(2):110-4. X-4, X-10
2396. Mouridsen SE, Rich B and Isager T. Psychiatric morbidity in disintegrative psychosis and infantile autism: A long-term follow-up study. Psychopathology. 1999 Jul-Aug;32(4):177-83. X-4, X-10
2397. Mouridsen SE, Rich B, Isager T, et al. Psychiatric disorders in the parents of individuals with infantile autism: a case-control study. Psychopathology. 2007;40(3):166-71. X-1, X-4
2398. Moynahan L. Enhanced Aggression Replacement Training with Children and Youth with Autism Spectrum Disorder. Reclaiming Children and Youth: The Journal of Strength-based Interventions. 2003 Fall;12(3):174-180. X-1, X-2, X-3, X-4
2399. Mraz KD, Dixon J, Dumont-Mathieu T, et al. Accelerated head and body growth in infants later diagnosed with autism spectrum disorders: A comparative study of optimal outcome children. Journal of Child Neurology. 2009;24(7):21. X-4
2400. Mruzek DW, Cohen C and Smith T. Contingency contracting with students with autism spectrum disorders in a public school setting. Journal of Developmental and Physical Disabilities. 2007 Apr;19(2):103-114. X-3
2401. Msall ME, Avery RC, Tremont MR, et al. Functional disability and school activity limitations in 41,300 school-age children: relationship to medical impairments. Pediatrics. 2003 Mar;111(3):548-53. X-4
2402. Msall ME, Phelps DL, Hardy RJ, et al. Educational and social competencies at 8 years in children with threshold retinopathy of prematurity in the CRYO-ROP multicenter study. Pediatrics. 2004 Apr;113(4):790-9. X-4
2403. Muckian J. Influencing policy development: the whirling dervish of the autism in-home program. J Pediatr Nurs. 2007 Jun;22(3):223-30. X-1, X-2, X-3, X-4
2404. Mudford OC, Martin NT, Eikeseth S, et al. Parent-managed behavioral treatment for preschool children with autism: some characteristics of UK programs. Res Dev Disabil. 2001 May-Jun;22(3):173-82. X-4
2405. Mukaddes NM, Abali O and Gurkan K. Short-term efficacy and safety of risperidone in young children with autistic disorder (AD). World J Biol Psychiatry. 2004 Oct;5(4):211-4. X-3
2406. Mukaddes NM, Bilge S, Alyanak B, et al. Clinical characteristics and treatment responses in cases diagnosed as reactive attachment disorder. Child Psychiatry Hum Dev. 2000 Summer;30(4):273-87. X-1, X-3, X-4
2407. Mulder H, Herder A, Wilmink FW, et al. The impact of cytochrome P450-2D6 genotype on the use and interpretation of therapeutic drug monitoring in long-stay patients treated with antidepressant and antipsychotic drugs in daily psychiatric practice. Pharmacoepidemiol Drug Saf. 2006 Feb;15(2):107-14. X-1, X-4
2408. Muller A, Monnet DL, Talon D, et al. Discrepancies between prescribed daily doses and WHO defined daily doses of antibacterials at a university hospital. Br J Clin Pharmacol. 2006 May;61(5):585-91. X-1, X-4
2409. Muller E, Schuler A and Yates GB. Social challenges and supports from the perspective of individuals with Asperger syndrome and other autism spectrum disabilities. Autism. 2008 Mar;12(2):173-90. X-1, X-4
2410. Mullins JL and Christian L. The effects of progressive relaxation training on the disruptive behavior of a boy with autism. Research in Developmental Disabilities. 2001 Nov-Dec;22(6):449-462. X-3
2411. Mullins M and Rincover A. Comparing autistic and normal children along the dimensions of reinforcement maximization, stimulus sampling, and responsiveness to extinction. Journal of Experimental Child Psychology. 1985 Oct;40(2):350-374. X-3, X-10
2412. Mundkur N. Developmental and behavioral pediatrics--the present and the future. Indian J Pediatr. 2005 Oct;72(10):853. X-1, X-2, X-3, X-4
2413. Munesue T, Ono Y, Mutoh K, et al. High prevalence of bipolar disorder comorbidity in adolescents and young adults with high-functioning autism spectrum disorder: a preliminary study of 44 outpatients. J Affect Disord. 2008 Dec;111(2-3):170-5. X-1, X-4
2414. Munson BL. Myths and facts...about autism. Nursing. 2004 Oct;34(10):75. X-1, X-2, X-3, X-4
2415. Murphy C, Barnes-Holmes D and Barnes-Holmes Y. Derived Manding in Children with Autism: Synthesizing Skinner's Verbal Behavior with Relational Frame Theory. Journal of Applied Behavior Analysis. 2005 Win;38(4):445. X-3
2416. Murphy DGM, Critchley HD, Schmitz N, et al. Asperger syndrome: A proton magnetic resonance spectroscopy study of brain. Archives of General Psychiatry. 2002 Oct;59(10):885-892. X-1, X-3, X-4
2417. Murphy G, Hall S, Oliver C, et al. Identification of early self-injurious behaviour in young children with intellectual disability. J Intellect Disabil Res. 1999 Jun;43 (Pt 3):149-63. X-4, X-10
2418. Murphy G, Powell S, Guzman AM, et al. Cognitive-behavioural treatment for men with intellectual disabilities and sexually abusive behaviour: a pilot study. J Intellect Disabil Res. 2007 Nov;51(Pt 11):902-12. X-1, X-4
2419. Murphy JF. MMR and the measles crisis. Ir Med J. 2000 Mar-Apr;93(2):36. X-1, X-2, X-3, X-4
2420. Murphy JV, Wheless JW and Schmoll CM. Left vagal nerve stimulation in six patients with hypothalamic hamartomas. Pediatr Neurol. 2000 Aug;23(2):167-8. X-3
2421. Murphy O, Healy O and Leader G. Risk Factors for Challenging Behaviors among 157 Children with Autism Spectrum Disorder in Ireland. Research in Autism Spectrum Disorders. 2009 Apr-Jun;3(2):474-482. X-4
2422. Murray M, Baker PH, Murray-Slutsky C, et al. Strategies for Supporting the Sensory-Based Learner. Preventing School Failure. 2009 Sum;53(4):245-251. X-1, X-2, X-3, X-4
2423. Murrell AR and Scherbarth AJ. State of the Research & Literature Address: ACT with Children, Adolescents and Parents. International Journal of

Behavioral Consultation and Therapy. 2006;2(4):531-543. X-1, X-2, X-3, X-4
2424. Murzynski NT and Bourret JC. Combining video modeling and least-to-most prompting for establishing response chains. Behavioral Interventions. 2007 Apr;22(2):147-152. X-3
2425. Music G. Surfacing the depths: Thoughts on imitation, resonance and growth. Journal of Child Psychotherapy. 2005 Apr;31(1):72-90. X-3
2426. Myers KM, Goulet M, Rusche J, et al. Partial reversal of phencyclidine-induced impairment of prepulse inhibition by secretin. Biol Psychiatry. 2005 Jul 1;58(1):67-73. X-1, X-2, X-3, X-4
2427. Myers SM. The status of pharmacotherapy for autism spectrum disorders. Expert Opin Pharmacother. 2007 Aug;8(11):1579-603. X-1, X-2, X-3
2428. Myers SM. Management of autism spectrum disorders in primary care. Pediatr Ann. 2009 Jan;38(1):42-9. X-1, X-2, X-3
2429. Myers SM and Johnson CP. Management of children with autism spectrum disorders. Pediatrics. 2007 Nov;120(5):1162-82. X-1, X-2, X-3, X-4
2430. Myles BS. Behavioral forms of stress management for individuals with Asperger syndrome. Child Adolesc Psychiatr Clin N Am. 2003 Jan;12(1):123-41. X-1, X-2, X-3, X-4
2431. Myles BS, Ferguson H and Hagiwara T. Using a Personal Digital Assistant to Improve the Recording of Homework Assignments by an Adolescent with Asperger Syndrome. Focus on Autism and Other Developmental Disabilities. 2007 Sum;22(2):96-99. X-1, X-3
2432. Myles BS, Grossman BG, Aspy R, et al. Planning a Comprehensive Program for Students with Autism Spectrum Disorders Using Evidence-Based Practices. Education and Training in Developmental Disabilities. 2007 Dec;42(4):398-409. X-1, X-2, X-3, X-4
2433. Myles BS and Simpson RL. Facilitated communication with children diagnosed as autistic in public school settings. Psychology in the Schools. 1994 Jul;31(3):208-220. X-10
2434. Myles BS, Simpson RL and Smith SM. Collateral behavioral and social effects of using facilitated communication with individuals with autism. Focus on Autism and Other Developmental Disabilities. 1996 Fal;11(3):163-169, 190. X-10
2435. Myles BS, Simpson RL and Smith SM. Impact of facilitated communication combined with direct instruction on academic performance of individuals with autism. Focus on Autism and Other Developmental Disabilities. 1996 Spr;11(1):37-44. X-10
2436. Nader R, Oberlander TF, Chambers CT, et al. Expression of pain in children with autism. Clin J Pain. 2004 Mar-Apr;20(2):88-97. X-4
2437. Naganuma GM and Billingsley FF. Effect of hand splints on stereotypic hand behavior of three girls with Rett syndrome. Phys Ther. 1988 May;68(5):664-71. X-1, X-3, X-4, X-10
2438. Nahshoni E, Spitzer S, Berant M, et al. QT interval and dispersion in very young children treated with antipsychotic drugs: a retrospective chart review. J Child Adolesc Psychopharmacol. 2007 Apr;17(2):187-94. X-3, X-4
2439. Najdowski AC, Wallace MD, Doney JK, et al. Parental assessment and treatment of food selectivity in natural settings. J Appl Behav Anal. 2003 Fall;36(3):383-6. X-3
2440. Nalitz NG. Consultation and collaboration programs for individuals with autism. Clin Commun Disord. 1993 Winter;3(1):31-43. X-1, X-2, X-3, X-4, X-10
2441. Namerow LB and Mangini LM. Targeting symptom domains: a strategy for pharmacotherapy in childhood pervasive developmental disorders. Conn Med. 2005 Oct;69(9):525-33. X-1, X-2, X-3, X-4
2442. Namerow LB, Thomas P, Bostic JQ, et al. Use of citalopram in pervasive developmental disorders. J Dev Behav Pediatr. 2003 Apr;24(2):104-8. X-1
2443. Naoi N, Tsuchiya R, Yamamoto J, et al. Functional training for initiating joint attention in children with autism. Res Dev Disabil. 2008 Nov-Dec;29(6):595-609. X-3
2444. Naoi N, Yokoyama K and Yamamoto J-i. Intervention for Tact as Reporting in Children with Autism. Research in Autism Spectrum Disorders. 2007 Apr-Jun;1(2):174-184. X-3
2445. Napolitano DA, Tessing JL, McAdam DB, et al. The Influence of Idiosyncratic Antecedent Variables on Problem Behavior Displayed by a Person with PDD. Journal of Developmental and Physical Disabilities. 2006 Sep;18(3):295-305. X-3
2446. Narayan J, Chakravarti SN, David J, et al. Analysis of educational support systems for children with mental retardation and autism spectrum disorders. Int J Rehabil Res. 2005 Dec;28(4):365-8. X-4
2447. Nataf R, Skorupka C, Amet L, et al. Porphyrinuria in childhood autistic disorder: implications for environmental toxicity. Toxicol Appl Pharmacol. 2006 Jul 15;214(2):99-108. X-4
2448. Nation K and Norbury CF. Why Reading Comprehension Fails: Insights from Developmental Disorders. Topics in Language Disorders. 2005 Jan-Mar;25(1):21. X-1, X-2, X-3, X-4
2449. Neef NA. Pyramidal parent training by peers. J Appl Behav Anal. 1995 Fall;28(3):333-7. X-10
2450. Neef NA, Shafer MS, Egel AL, et al. The class specific effects of compliance training with "do" and "don't" requests: analogue analysis and classroom application. J Appl Behav Anal. 1983 Spring;16(1):81-99. X-10
2451. Neef NA, Walters J and Egel AL. Establishing generative yes/no responses in developmentally disabled children. J Appl Behav Anal. 1984 Winter;17(4):453-60. X-3, X-10
2452. Neidert PL, Iwata BA and Dozier CL. Treatment of Multiply Controlled Problem Behavior With Procedural Variations of Differential Reinforcement. Exceptionality. 2005;13(1):45-53. X-3
2453. Nelson C, McDonnell AP, Johnston SS, et al. Keys to Play: A Strategy to Increase the Social Interactions of Young Children with Autism and their Typically Developing Peers. Education and Training in Developmental Disabilities. 2007 Jun;42(2):165-181. X-3
2454. Nelson D and Amplo K. Care of the autistic patient in the perioperative area. AORN J. 2009 Feb;89(2):391-2, 395-7. X-1, X-2, X-3, X-4

2455. Nelson DL, Gergenti E and Hollander AC. Extra prompts versus no extra prompts in self-care training of autistic children and adolescents. J Autism Dev Disord. 1980 Sep;10(3):311-21. X-10
2456. Nelson EC and Pribor EF. A calendar savant with autism and Tourette syndrome: Response to treatment and thoughts on the interrelationships of these conditions. Annals of Clinical Psychiatry. 1993 Jun;5(2):135-140. X-1, X-3, X-4, X-10
2457. Nesbitt S. An evaluation of multi-agency service provision for children with autistic spectrum disorders. British Journal of Developmental Disabilities. 2000 Jan;46(90, Pt 1):43-50. X-1, X-2, X-3, X-4
2458. Nesbitt S. Why and why not? Factors influencing employment for individuals with Asperger syndrome. Autism. 2000 Dec;4(4):357-369. X-1, X-4
2459. Neufeld A and Fantuzzo JW. Contingent application of a protective device to treat the severe self-biting behavior of a disturbed autistic child. Journal of Behavior Therapy and Experimental Psychiatry. 1984 Mar;15(1):79-83. X-3, X-10
2460. Neufeld RE, Clark BG, Robertson CM, et al. Five-year neurocognitive and health outcomes after the neonatal arterial switch operation. J Thorac Cardiovasc Surg. 2008 Dec;136(6):1413-21, 1421 e1-1421 e2. X-4
2461. Neuringer A. Reinforced Variability in Animals and People: Implications for Adaptive Action. American Psychologist. 2004 Dec;59(9):891-906. X-1, X-2, X-3, X-4
2462. Neves SN and Reimao R. Sleep disturbances in 50 children with attention-deficit hyperactivity disorder. Arq Neuropsiquiatr. 2007 Jun;65(2A):228-33. X-1, X-4
2463. Nevo Y, Shinnar S, Samuel E, et al. Unprovoked seizures and developmental disabilities: clinical characteristics of children referred to a child development center. Pediatr Neurol. 1995 Oct;13(3):235-41. X-4, X-10
2464. Newman B, Buffington DM and Hemmes NS. Self-reinforcement used to increase the appropriate conversation of autistic teenagers. Education & Training in Mental Retardation & Developmental Disabilities. 1996 Dec;31(4):304-309. X-10
2465. Newman B, Buffington DM, O'Grady MA, et al. Self-management of schedule following in three teenagers with autism. Behavioral Disorders. 1995 May;20(3):190-196. X-1, X-3, X-10
2466. Newman B, Needelman M, Reinecke DR, et al. The effect of providing choices on skill acquisition and competing behavior of children with autism during discrete trial instruction. Behavioral Interventions. 2002 Jan-Mar;17(1):31-41. X-3
2467. Newman B, Reinecke DR and Meinberg DL. Self-management of varied responding in three students with autism. Behavioral Interventions. 2000 Apr-Jun;15(2):145-151. X-3
2468. Newman B and Ten Eyck P. Self-management of initiations by students diagnosed with autism. Analysis of Verbal Behavior. 2005;21:117-122. X-3
2469. Newman B, Tuntigian L, Ryan CS, et al. Self-management of a DRO procedure by three students with autism. Behavioral Interventions. 1997 Jul;12(3):149-156. X-3, X-10
2470. Neysmith-Roy JM. The Tomatis Method with severely autistic boys: Individual case studies of behavioural changes. South African Journal of Psychology. 2001 Mar;31(1):19-28. X-3
2471. Nicolson R, Awad G and Sloman L. An open trial of risperidone in young autistic children. J Am Acad Child Adolesc Psychiatry. 1998 Apr;37(4):372-6. X-10
2472. Nicolson R and Castellanos FX. Commentary: considerations on the pharmacotherapy of attention deficits and hyperactivity in children with autism and other pervasive developmental disorders. J Autism Dev Disord. 2000 Oct;30(5):461-2. X-1, X-2, X-3, X-4
2473. Nicolson R, Craven-Thuss B and Smith J. A prospective, open-label trial of galantamine in autistic disorder. J Child Adolesc Psychopharmacol. 2006 Oct;16(5):621-9. X-3
2474. Niederhofer H and Pittschieler K. A Preliminary Investigation of ADHD Symptoms in Persons with Celiac Disease. Journal of Attention Disorders. 2006;10(2):200-204. X-1, X-4
2475. Niederhofer H, Staffen W and Mair A. Galantamine may be effective in treating autistic disorder. BMJ: British Medical Journal. 2002 Dec;325(7377):1422-1423. X-3
2476. Niederhofer H, Staffen W and Mair A. Tianeptine: a novel strategy of psychopharmacological treatment of children with autistic disorder. Hum Psychopharmacol. 2003 Jul;18(5):389-93. X-3
2477. Nikolopoulos TP, Archbold SM, Wever CC, et al. Speech production in deaf implanted children with additional disabilities and comparison with age-equivalent implanted children without such disorders. Int J Pediatr Otorhinolaryngol. 2008 Dec;72(12):1823-8. X-3
2478. Nikopoulos CK, Canavan C and Nikopoulou-Smyrni P. Generalized effects of video modeling on establishing instructional stimulus control in children with autism: Results of a preliminary study. Journal of Positive Behavior Interventions. 2009 Oct;11(4):198-207. X-3
2479. Nikopoulos CK and Keenan M. Promoting social initiation children with autism using video modeling. Behavioral Interventions. 2003 Apr;18(2):87-108. X-3
2480. Nikopoulos CK and Keenan M. Effects of Video Modeling on Social Initiations by Children with Autism. Journal of Applied Behavior Analysis. 2004 Spr;37(1):93. X-3
2481. Nikopoulos CK and Nikopoulou-Smyrni P. Teaching Complex Social Skills to Children with Autism; Advances of Video Modeling. Journal of Early and Intensive Behavior Intervention. 2008;5(2):30-43. X-1, X-2, X-3
2482. Nilsson M. Table Hockey: Attack or Linking? Psychoanalytic Psychotherapy with an Autistic Boy. Journal of Child Psychotherapy. 2009 Aug;35(2):131-141. X-3
2483. Nishioka M, Ishikawa M, Hanaki N, et al. Perioperative hemodynamic study of patients undergoing abdominal surgery using pulse dye densitometry. Hepatogastroenterology. 2006 Nov-Dec;53(72):874-8. X-1, X-4
2484. Nissen B. Hypochondria: a tentative approach. Int J Psychoanal. 2000 Aug;81 (Pt 4):651-66. X-1, X-3, X-4
2485. Nizin P, Qian GX and Rashid H. "Zero-field" dose data for 60Co and other high-energy photon beams in water. Med Phys. 1993 Sep-Oct;20(5):1353-60. X-1, X-2, X-3, X-4, X-10

2486. Njardvik U, Matson JL and Cherry KE. A comparison of social skills in adults with autistic disorder, pervasive developmental disorder not otherwise specified, and mental retardation. J Autism Dev Disord. 1999 Aug;29(4):287-95. X-1, X-3, X-4, X-10
2487. Noell GH, Roane HS, Vanderhayden AM, et al. Programming for the Generalization of Communication to the Classroom Following Assessment and Training Outside of the Classroom. School Psychology Review Journal Citation: v29 n3 p429-42 2000 Publisher:. 2000 Pub Types: Information Analyses; Journal Articles; Reports - Research. X-3
2488. Noens I and van Berckelaer-Onnes I. Making Sense in a Fragmentary World: Communication in People with Autism and Learning Disability. Autism The International Journal of Research and Practice. 2004 Jun;8(2):197-218. X-1, X-2, X-3, X-4
2489. Norbury CF and Bishop DV. Inferential processing and story recall in children with communication problems: a comparison of specific language impairment, pragmatic language impairment and high-functioning autism. Int J Lang Commun Disord. 2002 Jul-Sep;37(3):227-51. X-4
2490. Norman J. Freedom to play, dream and think. Scandinavian Psychoanalytic Review. 1999;22(2):172-188. X-3, X-4, X-10
2491. Norman JM, Collins BC and Schuster JW. Using an Instructional Package Including Video Technology To Teach Self-Help Skills to Elementary Students with Mental Disabilities. Journal of Special Education Technology. 2001. X-3
2492. Norris C and Dattilo J. Evaluating effects of a social story intervention on a young girl with autism. Focus on Autism and Other Developmental Disabilities. 1999 Fal;14(3):180-186. X-3, X-10
2493. Novaes CM, PondÃƒÂ© MP and Freire ACC. Control of psychomotor agitation and aggressive behavior in patients with autistic disorder: A retrospective chart review. Arquivos de Neuro-Psiquiatria. 2008 Sep;66(3-B):646-651. X-3
2494. Novick B, Vaughan HG, Jr., Kurtzberg D, et al. An electrophysiologic indication of auditory processing defects in autism. Psychiatry Res. 1980 Sep;3(1):107-14. X-3, X-4, X-10
2495. Nowakowski Z, Stelmachow J, Spiewankiewicz B, et al. Diagnostic value of the PDD method in evaluation of vulvar lesions. Eur J Gynaecol Oncol. 2005;26(1):75-8. X-1, X-4
2496. Nowakowski Z, Stelmachow J, Spiewankiewicz B, et al. Diagnostic value of the photodynamic method in the evaluation of lesions of the uterine cervix. Eur J Gynaecol Oncol. 2005;26(3):315-22. X-1, X-4
2497. Nuehring ML and Sitlington PL. Transition as a Vehicle: Moving From High School to an Adult Vocational Service Provider. Journal of Disability Policy Studies. 2003 Sum;14(1):23-35. X-1, X-3
2498. Nunes D and Hanline MF. Enhancing the Alternative and Augmentative Communication Use of a Child with Autism through a Parent-Implemented Naturalistic Intervention. International Journal of Disability, Development and Education. 2007 Jun;54(2):177-197. X-3
2499. Nunes DRP. AAC Interventions for Autism: A Research Summary. International Journal of Special Education. 2008;23(2):17-26. X-2, X-3
2500. Nuzzolo-Gomez R, Leonard MA, Ortiz E, et al. Teaching children with autism to prefer books or toys over stereotypy or passivity. Journal of Positive Behavior Interventions. 2002 Spr;4(2):80-87. X-3
2501. Nwora AJ and Gee BM. A case study of a five-year-old child with pervasive developmental disorder-not otherwise specified using sound-based interventions. Occupational Therapy International. Special Issue: Occupational therapy and complementary and alternative medicine. 2009;16(1):25-43. X-3
2502. Nyden A, Myren KJ and Gillberg C. Long-term psychosocial and health economy consequences of ADHD, autism, and reading-writing disorder: a prospective service evaluation project. J Atten Disord. 2008 Sep;12(2):141-8. X-1
2503. Nye C and Brice A. Combined vitamin B6-magnesium treatment in autism spectrum disorder. Cochrane Database Syst Rev. 2002(4):CD003497. X-2
2504. Nye C and Brice A. Combined vitamin B6-magnesium treatment in autism spectrum disorder. Cochrane Database Syst Rev. 2005(4):CD003497. X-1, X-2, X-3, X-4
2505. Nystul MS. Reaching in-reaching out: Counseling an autistic child. American Mental Health Counselors Association Journal. 1986 Jan;8(1):18-26. X-3, X-10
2506. Oades RD, Stern LM, Walker MK, et al. Event-related potentials and monoamines in autistic children on a clinical trial of fenfluramine. Int J Psychophysiol. 1990 Apr;8(3):197-212. X-3, X-10
2507. Oberleitner R. Talking to the autism community [interviewed by Semahat S Demir]. IEEE Eng Med Biol Mag. 2005 Jan-Feb;24(1):14-5, 19. X-2
2508. Oberleitner R and Laxminarayan S. Information technology and behavioral medicine: impact on autism treatment & research. Stud Health Technol Inform. 2004;103:215-22. X-1, X-2, X-3
2509. O'Connor IM and Klein PD. Exploration of strategies for facilitating the reading comprehension of high-functioning students with autism spectrum disorders. J Autism Dev Disord. 2004 Apr;34(2):115-27. X-1
2510. O'Connor K, Hamm JP and Kirk IJ. The Neurophysiological Correlates of Face Processing in Adults and Children with Asperger's Syndrome. Brain and Cognition. 2005 Oct;59(1):82-95. X-1, X-4
2511. Odom SL and Strain PS. A comparison of peer-initiation and teacher-antecedent interventions for promoting reciprocal social interaction of autistic preschoolers. Journal of Applied Behavior Analysis. 1986 Spr;19(1):59-71. X-3, X-10
2512. Odom SL and Watts E. Reducing teacher prompts in peer-mediated interventions for young children with autism. The Journal of Special Education. 1991 Spr;25(1):26-43. X-10
2513. Oertel W, Poewe W, Wolters E, et al. Effects of rivastigmine on tremor and other motor symptoms in patients with Parkinson's disease dementia: a retrospective analysis of a double-blind trial and an open-label extension. Drug Saf. 2008;31(1):79-94. X-1, X-4

2514. Ogawa T, Sugiyama A, Ishiwa S, et al. Ontogenic development of EEG-asymmetry in early infantile autism. Brain Dev. 1982;4(6):439-49. X-4, X-10
2515. Ogletree BT. Communication intervention for a preverbal child with autism: A case study. Focus on Autistic Behavior. 1992 Apr;7(1):1-12. X-10
2516. Ogletree BT and Crawford K. Contemplating the Communicative Value of Objects: Establishing Iconic and Indexical Object Experiences with Individuals with Severe Intellectual Disabilities. Focus on Autism and Other Developmental Disabilities. 2009;24(4):248-251. X-1, X-2, X-3, X-4
2517. Ogletree BT, Fischer MA and Sprouse J. An innovative language treatment for a child with high-functioning autism. Focus on Autistic Behavior. 1995 Aug;10(3):1-10. X-3, X-10
2518. Ogletree BT, Hamtil A, Solberg L, et al. Facilitated communication: Illustration of a naturalistic validation method. Focus on Autistic Behavior. 1993 Oct;8(4):1-10. X-3, X-10
2519. Ogletree BT, Oren T and Fischer MA. Examining Effective Intervention Practices for Communication Impairment in Autism Spectrum Disorder. Exceptionality. 2007 Nov;15(4):233-247. X-1, X-2, X-3
2520. O'Hara J. Psychodynamic work and mental handicap: Observations of an autistic child. Mental Handicap. 1993 Mar;21(1):32-34. X-3, X-10
2521. O'Hare AE, Quew R and Aitken K. The identification of autism in children referred to a tertiary speech and language clinic and the implications for service delivery. Autism. 1998 Jun;2(2):171-180. X-4, X-10
2522. Ohtake Y, Yanagihara M, Nakaya A, et al. Repair Strategies Used by Elementary-Age Beginning Communicators with Autism: A Preliminary Descriptive Study. Focus on Autism and Other Developmental Disabilities. 2005 Fall;20(3):158-168. X-3, X-4
2523. Okada S, Ohtake Y and Yanagihara M. Effects of Perspective Sentences in Social Stories[TM] on Improving the Adaptive Behaviors of Students with Autism Spectrum Disorders and Related Disabilities. Education and Training in Developmental Disabilities. 2008 Mar;43(1):46-60. X-3
2524. Oke NJ and Schreibman L. Training social initiations to a high-functioning autistic child: assessment of collateral behavior change and generalization in a case study. J Autism Dev Disord. 1990 Dec;20(4):479-97. X-10
2525. Olejnik L. Understanding autism. How to appropriately & safely approach, assess & manage autistic patients. JEMS. 2004 Jun;29(6):56-61, 64. X-1, X-2, X-3, X-4
2526. Olesker W. Treatment of a boy with atypical ego development. The Psychoanalytic Study of the Child. 1999;54:25-46. X-3, X-10
2527. Olfson M, Blanco C, Liu L, et al. National trends in the outpatient treatment of children and adolescents with antipsychotic drugs. Arch Gen Psychiatry. 2006 Jun;63(6):679-85. X-2, X-3, X-4
2528. Olive M. Assessment and Intervention for Young Children with Nonphysiological Feeding Concerns. Young Exceptional Children. 2004;7(4):10-19. X-1, X-2, X-3, X-4
2529. Olive ML, de la Cruz B, Davis TN, et al. The effects of enhanced milieu teaching and a voice output communication aid on the requesting of three children with autism. J Autism Dev Disord. 2007 Sep;37(8):1505-13. X-3
2530. Olive ML, Lang RB and Davis TN. An analysis of the effects of functional communication and a Voice Output Communication Aid for a child with autism spectrum disorder. Research in Autism Spectrum Disorders. 2008 Apr-Jun;2(2):223-236. X-3
2531. Oliver L and Johnson A. Autism Disorders. NCSL Legisbrief. 2004 Nov-Dec;12(46):1-2. X-1, X-2, X-3, X-4
2532. Ollendick TH, Shapiro ES and Barrett RP. Effects of vicarious reinforcement in normal and severely disturbed children. J Consult Clin Psychol. 1982 Feb;50(1):63-70. X-10
2533. Olley JG, Devellis RF, Devellis BM, et al. The Autism Attitude Scale for Teachers. Except Child. 1981 Feb;47(5):371-2. X-4, X-10
2534. Olson LJ and Moulton HJ. Use of weighted vests in pediatric occupational therapy practice. Phys Occup Ther Pediatr. 2004;24(3):45-60. X-1, X-4
2535. Olsson MB and Hwang CP. Socioeconomic and psychological variables as risk and protective factors for parental well-being in families of children with intellectual disabilities. J Intellect Disabil Res. 2008 Dec;52(12):1102-13. X-1, X-4
2536. Oneal BJ, Reeb RN, Korte JR, et al. Assessment of home-based behavior modification programs for autistic children: reliability and validity of the behavioral summarized evaluation. J Prev Interv Community. 2006;32(1-2):25-39. X-1, X-2, X-3
2537. O'Neill RE and Sweetland-Baker M. Brief report: An assessment of stimulus generalization and contingency effects in functional communication training with two students with autism. Journal of Autism and Developmental Disorders. 2001 Apr;31(2):235-240. X-3
2538. Onion CW, Dutton CE, Walley T, et al. Local clinical guidelines: description and evaluation of a participative method for their development and implementation. Fam Pract. 1996 Feb;13(1):28-34. X-1, X-4, X-10
2539. Ooi YP, Lam CM, Sung M, et al. Effects of cognitive-behavioural therapy on anxiety for children with high-functioning autistic spectrum disorders. Singapore Med J. 2008 Mar;49(3):215-20. X-3
2540. Opler LA, White L, Caton CL, et al. Gender differences in the relationship of homelessness to symptom severity, substance abuse, and neuroleptic noncompliance in schizophrenia. J Nerv Ment Dis. 2001 Jul;189(7):449-56. X-1, X-4
2541. Oram Cardy JE, Ferrari P, Flagg EJ, et al. Prominence of M50 auditory evoked response over M100 in childhood and autism. Neuroreport. 2004 Aug 26;15(12):1867-70. X-4
2542. Oram Cardy JE, Flagg EJ, Roberts W, et al. Magnetoencephalography identifies rapid temporal processing deficit in autism and language impairment. Neuroreport. 2005 Mar 15;16(4):329-32. X-4
2543. Oram Cardy JE, Flagg EJ, Roberts W, et al. Auditory evoked fields predict language ability and impairment in children. Int J Psychophysiol. 2008 May;68(2):170-5. X-4
2544. O'Reilly, Mark F, Sigafoos J, et al. A Preliminary Examination of the Evocative Effects of the Establishing

Operation. Journal of Applied Behavior Analysis. 2006 Sum;39(2):239?242. X-3
2545. O'Reilly MF, Edrisinha C, Sigafoos J, et al. Isolating the evocative and abative effects of an establishing operation on challenging behavior. Behavioral Interventions. 2006 Jul;21(3):195-204. X-1, X-3
2546. Orekhova EV, Stroganova TA, Prokofyev AO, et al. Sensory gating in young children with autism: relation to age, IQ, and EEG gamma oscillations. Neurosci Lett. 2008 Mar 28;434(2):218-23. X-4
2547. O'Riordan M and Passetti F. Discrimination in autism within different sensory modalities. J Autism Dev Disord. 2006 Jul;36(5):665-75. X-4
2548. Orme DM. A Qualitative Examination of Mothers' Resolution or Non-Resolution of Their Children's Disability of Down Syndrome or Autism Using a Cognitive Intervention. Qualitative Report. 2005 Sep;10(3):561-592. X-1, X-3, X-4
2549. Ornitz EM, Lane SJ, Sugiyama T, et al. Startle modulation studies in autism. J Autism Dev Disord. 1993 Dec;23(4):619-37. X-4, X-10
2550. Orsmond GI and Seltzer MM. Siblings of Individuals with Autism or Down Syndrome: Effects on Adult Lives. Journal of Intellectual Disability Research. 2007 Sep;51(9):682-696. X-1, X-4
2551. O'Shea TM, Allred EN, Dammann O, et al. The ELGAN study of the brain and related disorders in extremely low gestational age newborns. Early Hum Dev. 2009 Nov;85(11):719-25. X-1, X-4
2552. Ospina MB, Krebs Seida J, Clark B, et al. Behavioural and developmental interventions for autism spectrum disorder: a clinical systematic review. PLoS One. 2008;3(11):e3755. X-2
2553. Ostryn C, Wolfe PS and Rusch FR. A Review and Analysis of the Picture Exchange Communication System (PECS) for Individuals With Autism Spectrum Disorders Using a Paradigm of Communication Competence. Research and Practice for Persons with Severe Disabilities. 2008;33(1-2):13-24. X-1, X-2
2554. Oswald DP. Facilitator influence in facilitated communication. Journal of Behavioral Education. 1994 Jun;4(2):191-199. X-10
2555. Oswald DP and Ollendick TH. Role taking and social competence in autism and mental retardation. J Autism Dev Disord. 1989 Mar;19(1):119-27. X-4, X-10
2556. Oswald DP and Sonenklar NA. Medication use among children with autism spectrum disorders. J Child Adolesc Psychopharmacol. 2007 Jun;17(3):348-55. X-4
2557. Ouellette-Kuntz H, Coo H, Lloyd JEV, et al. Trends in Special Education Code Assignment for Autism: Implications for Prevalence Estimates. Journal of Autism and Developmental Disorders. 2007 Nov;37(10):1941-1948. X-4
2558. Owen-DeSchryver JS, Carr EG, Cale SI, et al. Promoting Social Interactions between Students with Autism Spectrum Disorders and Their Peers in Inclusive School Settings. Focus on Autism and Other Developmental Disabilities. 2008;23(1):15-28. X-3
2559. Owens JA, Rosen CL and Mindell JA. Medication use in the treatment of pediatric insomnia: results of a survey of community-based pediatricians. Pediatrics. 2003 May;111(5 Pt 1):e628-35. X-1, X-4
2560. Owens SR. Injection of confidence. The recent controversy in the UK has led to falling MMR vaccination rates. EMBO Rep. 2002 May;3(5):406-9. X-1, X-2, X-3, X-4
2561. Owley T, Salt J, Guter S, et al. A prospective, open-label trial of memantine in the treatment of cognitive, behavioral, and memory dysfunction in pervasive developmental disorders. J Child Adolesc Psychopharmacol. 2006 Oct;16(5):517-24. X-3
2562. Owley T, Walton L, Salt J, et al. An open-label trial of escitalopram in pervasive developmental disorders. J Am Acad Child Adolesc Psychiatry. 2005 Apr;44(4):343-8. X-3
2563. Ozbayrak KR. Sertraline in PDD. Journal of the American Academy of Child & Adolescent Psychiatry. 1997 Jan;36(1):7-8. X-3, X-10
2564. Ozdemir S. The effectiveness of social stories on decreasing disruptive behaviors of children with autism: three case studies. J Autism Dev Disord. 2008 Oct;38(9):1689-96. X-3
2565. Ozonoff S and Cathcart K. Effectiveness of a home program intervention for young children with autism. J Autism Dev Disord. 1998 Feb;28(1):25-32. X-10
2566. Ozonoff S and Miller JN. Teaching theory of mind: a new approach to social skills training for individuals with autism. J Autism Dev Disord. 1995 Aug;25(4):415-33. X-3, X-10
2567. PÃ©rez-GonzÃ¡lez LA and Williams G. Comprehensive program for teaching skills to children with autism. Psychology in Spain. 2006;10:37-51. X-3
2568. Paavonen EJ, Nieminen-von Wendt T, Vanhala R, et al. Effectiveness of melatonin in the treatment of sleep disturbances in children with Asperger disorder. J Child Adolesc Psychopharmacol. 2003 Spring;13(1):83-95. X-3
2569. Padhye U. Excess dietary iron is the root cause for increase in childhood autism and allergies. Med Hypotheses. 2003 Aug;61(2):220-2. X-2, X-3, X-4
2570. Page T. Metabolic approaches to the treatment of autism spectrum disorders. J Autism Dev Disord. 2000 Oct;30(5):463-9. X-2, X-3
2571. Page T and Moseley C. Metabolic treatment of hyperuricosuric autism. Progress in Neuro-Psychopharmacology & Biological Psychiatry. 2002 Feb;26(2):397-400. X-3
2572. Pagonabarraga J, Kulisevsky J, Llebaria G, et al. Parkinson's disease-cognitive rating scale: a new cognitive scale specific for Parkinson's disease. Mov Disord. 2008 May 15;23(7):998-1005. X-1, X-2, X-3, X-4
2573. Pagonabarraga J, Llebaria G, Garcia-Sanchez C, et al. A prospective study of delusional misidentification syndromes in Parkinson's disease with dementia. Mov Disord. 2008 Feb 15;23(3):443-8. X-1, X-4
2574. Paisey TJ, Fox S, Curran C, et al. Case study: Reinforcement control of severe aggression exhibited by a child with autism in a family home. Behavioral Residential Treatment. 1991 Oct;6(4):289-302. X-10
2575. Pakenham KI, Samios C and Sofronoff K. Adjustment in Mothers of Children with Asperger Syndrome: An Application of the Double ABCX Model of Family Adjustment. Autism The International Journal of Research and Practice. 2005 May;9(2):191-212. X-1, X-4
2576. Pakenham KI, Sofronoff K and Samios C. Finding meaning in parenting a child with Asperger syndrome:

correlates of sense making and benefit finding. Res Dev Disabil. 2004 May-Jun;25(3):245-64. X-1, X-4
2577. Pakrasi S, Mukaetova-Ladinska EB, McKeith IG, et al. Clinical predictors of response to Acetyl Cholinesterase Inhibitors: experience from routine clinical use in Newcastle. Int J Geriatr Psychiatry. 2003 Oct;18(10):879-86. X-4
2578. Palermo MT. Preventing filicide in families with autistic children. Int J Offender Ther Comp Criminol. 2003 Feb;47(1):47-57. X-2, X-3, X-4
2579. Palkovitz RJ and Wiesenfeld AR. Differential autonomic responses of autistic and normal children. J Autism Dev Disord. 1980 Sep;10(3):347-60. X-3, X-4, X-10
2580. Pallanti S, Lassi S, La Malfa G, et al. Short report: Autistic gastrointestinal and eating symptoms treated with secretin: A subtype of autism. Clinical Practice and Epidemiology in Mental Health. 2005;1. X-3
2581. Palmen A, Didden R and Arts M. Improving question asking in high-functioning adolescents with autism spectrum disorders: effectiveness of small-group training. Autism. 2008 Jan;12(1):83-98. X-3
2582. Pan C-Y. Objectively Measured Physical Activity between Children with Autism Spectrum Disorders and Children without Disabilities during Inclusive Recess Settings in Taiwan. Journal of Autism and Developmental Disorders. 2008 Aug;38(7):1292-1301. X-4
2583. Pan C-Y. School Time Physical Activity of Students with and without Autism Spectrum Disorders during PE and Recess. Adapted Physical Activity Quarterly. 2008 Oct;25(4):308-321. X-4
2584. Pan C-Y and Frey GC. Physical Activity Patterns in Youth with Autism Spectrum Disorders. Journal of Autism and Developmental Disorders. 2006 Jul;36(5):597-606. X-4
2585. Pandolfi V, Magyar CI and Dill CA. Confirmatory Factor Analysis of the Child Behavior Checklist 1.5-5 in a Sample of Children with Autism Spectrum Disorders. Journal of Autism and Developmental Disorders. 2009 Jul;39(7):986-995. X-4
2586. Panerai S, Ferrante L and Zingale M. Benefits of the Treatment and Education of Autistic and Communication Handicapped Children (TEACCH) programme as compared with a non-specific approach. J Intellect Disabil Res. 2002 May;46(Pt 4):318-27. X-6
2587. Panksepp J and Lensing P. Brief report: a synopsis of an open-trial of naltrexone treatment of autism with four children. J Autism Dev Disord. 1991 Jun;21(2):243-9. X-3, X-10
2588. Panksepp J and Lensing P. A synopsis of an open-trial of naltrexone treatment of autism with four children. Journal of Autism and Developmental Disorders. 1991 Jun;21(2):243-249. X-3, X-10
2589. Pansegrouw I and Alant E. Communication intervention in an adolescent with profound cognitive impairment and autistic features. S Afr J Commun Disord. 1996;43:63-75. X-3, X-10
2590. Panyan MV. Computer technology for autistic students. J Autism Dev Disord. 1984 Dec;14(4):375-82. X-1, X-2, X-10
2591. Papavramidis TS, Duros V, Michalopoulos A, et al. Intra-abdominal pressure alterations after large pancreatic pseudocyst transcutaneous drainage. BMC Gastroenterol. 2009;9:42. X-1, X-2, X-3, X-4
2592. Pardew EM and Bunse C. Enhancing Interaction through Positive Touch. Young Exceptional Children. 2005;8(2):21-29. X-3
2593. Pareek M and Pattison HM. The two-dose measles, mumps, and rubella (MMR) immunisation schedule: factors affecting maternal intention to vaccinate. Br J Gen Pract. 2000 Dec;50(461):969-71. X-1, X-4
2594. Pares N, Carreras A, Durany J, et al. Starting research in interaction design with visuals for low-functioning children in the autistic spectrum: a protocol. Cyberpsychol Behav. 2006 Apr;9(2):218-23. X-1, X-2, X-3, X-4
2595. Pares N, Masri P, van Wolferen G, et al. Achieving dialogue with children with severe autism in an adaptive multisensory interaction: the "MEDIAte" project. IEEE Trans Vis Comput Graph. 2005 Nov-Dec;11(6):734-43. X-1, X-2, X-3 ,X-4
2596. Parette P, Chuang SJL and Huer MB. First-Generation Chinese American Families' Attitudes Regarding Disabilities and Educational Interventions. Focus on Autism and Other Developmental Disabilities. 2004 June;19(2):114-123. X-1, X-3, X-4
2597. Park JB, Watthanaaphisit T and Riew KD. Timing of development of adjacent-level ossification after anterior cervical arthrodesis with plates. Spine J. 2007 Nov-Dec;7(6):633-6. X-1, X-4
2598. Park YD. The effects of vagus nerve stimulation therapy on patients with intractable seizures and either Landau-Kleffner syndrome or autism. Epilepsy Behav. 2003 Jun;4(3):286-90. X-1, X-3
2599. Parker JP, Li Z, Damberg CL, et al. Administrative versus clinical data for coronary artery bypass graft surgery report cards: the view from California. Med Care. 2006 Jul;44(7):687-95. X-1, X-3, X-4
2600. Parkinson GM. Pragmatic difficulties in children with autism associated with childhood epilepsy. Pediatr Rehabil. 2006 Jul-Sep;9(3):229-46. X-4
2601. Parnetti L, Ban TA and Senin U. Glycosaminoglycan polysulfate in primary degenerative dementia. Pilot study of biologic and clinical effects. Neuropsychobiology. 1995;31(2):76-80. X-1, X-3, X-4, X-10
2602. Parr J. Autism. Clin Evid (Online). 2008;2008. X-2
2603. Parsons S and Mitchell P. The potential of virtual reality in social skills training for people with autistic spectrum disorders. J Intellect Disabil Res. 2002 Jun;46(Pt 5):430-43. X-1, X-2, X-3
2604. Parsons S, Mitchell P and Leonard A. The use and understanding of virtual environments by adolescents with autistic spectrum disorders. J Autism Dev Disord. 2004 Aug;34(4):449-66. X-1, X-3, X-4
2605. Parteli L. Aesthetic listening: Contributions of dance/movement therapy to the psychic understanding of motor stereotypes and distortions in autism and psychosis in childhood and adolescence. The Arts in Psychotherapy. Special Issue: European Consortium for Arts Therapy Education (ECArTE). 1995;22(3):241-247. X-1, X-2, X-3, X-4, X-10

2606. Pary RJ. Acute psychiatric hospital admissions of adults and elderly adults with mental retardation. Am J Ment Retard. 1993 Nov;98(3):434-6. X-1, X-3, X-4, X-10
2607. Pasco G, Gordon RK, Howlin P, et al. The Classroom Observation Schedule to Measure Intentional Communication (COSMIC): an observational measure of the intentional communication of children with autism in an unstructured classroom setting. J Autism Dev Disord. 2008 Nov;38(10):1807-18. X-4
2608. Pasiali V. The use of prescriptive therapeutic songs in a home-based environment to promote social skills acquisition by children with autism: Three case studies. Music Therapy Perspectives. 2004;22(1):11-20. X-3
2609. Patel K and Curtis LT. A comprehensive approach to treating autism and attention-deficit hyperactivity disorder: a prepilot study. J Altern Complement Med. 2007 Dec;13(10):1091-7. X-3
2610. Patel MR, Carr JE and Dozier CL. On the role of stimulus preference assessment in the evaluation of contingent access to stimuli associated with stereotypy during behavioral acquisition. Behavioral Interventions. 1998 Nov;13(4):269-274. X-3, X-10
2611. Patel MR, Carr JE, Kim C, et al. Functional Analysis of Aberrant Behavior Maintained by Automatic Reinforcement: Assessments of Specific Sensory Reinforcers. Research in Developmental Disabilities Journal Citation: v21 n5 p393-407 Sep-Oct 2000 Publisher:. 2000 Pub Types: Journal Articles; Reports - Research. X-1, X-3
2612. Patel MR, Piazza CC, Kelly ML, et al. Using a fading procedure to increase fluid consumption in a child with feeding problems. Journal of Applied Behavior Analysis. 2001 Fal;34(3):357-360. X-3
2613. Patel MR, Piazza CC, Martinez CJ, et al. An evaluation of two differential reinforcement procedures with escape extinction to treat food refusal. J Appl Behav Anal. 2002 Winter;35(4):363-74. X-3
2614. Paterson CR and Arco L. Using video modeling for generalizing toy play in children with autism. Behav Modif. 2007 Sep;31(5):660-81. X-3
2615. Patil AA and Andrews R. Surgical treatment of autistic epileptiform regression. Journal of Epilepsy. 1998 Nov-Dec;11(6):368-373. X-3, X-10
2616. Patterson A and Rafferty A. Making it to work: towards employment for the young adult with autism. Int J Lang Commun Disord. 2001;36 Suppl:475-80. X-1, X-3, X-4
2617. Paul AS and Frea WD. The importance of understanding the goals of the family. Journal of Positive Behavior Interventions. 2002 Win;4(1):61-63. X-3
2618. Paul C, Williams KE, Riegel K, et al. Combining repeated taste exposure and escape prevention: An intervention for the treatment of extreme food selectivity. Appetite. 2007 Nov;49(3):708-711. X-3
2619. Paul R. Parents ask: Am I risking autism if I vaccinate my children? J Autism Dev Disord. 2009 Jun;39(6):962-3. X-4
2620. Paul R, Chawarska K, Cicchetti D, et al. Language outcomes of toddlers with autism spectrum disorders: a two year follow-up. Autism Res. 2008 Apr;1(2):97-107. X-4
2621. Paul R and Cohen DJ. Outcomes of severe disorders of language acquisition. J Autism Dev Disord. 1984 Dec;14(4):405-21. X-1, X-4, X-10
2622. Paul R, Miles S, Cicchetti D, et al. Adaptive behavior in autism and Pervasive Developmental Disorder-Not Otherwise Specified: microanalysis of scores on the Vineland Adaptive Behavior Scales. J Autism Dev Disord. 2004 Apr;34(2):223-8. X-4
2623. Paul R, Shriberg LD, McSweeny J, et al. Brief Report: Relations between Prosodic Performance and Communication and Socialization Ratings in High Functioning Speakers with Autism Spectrum Disorders. Journal of Autism and Developmental Disorders. 2005 Dec;35(6):861-869. X-4
2624. Paylor R, Yuva-Paylor LA, Nelson DL, et al. Reversal of sensorimotor gating abnormalities in Fmr1 knockout mice carrying a human Fmr1 transgene. Behav Neurosci. 2008 Dec;122(6):1371-7. X-1, X-3, X-4
2625. Pearson DA, Lane DM, Santos CW, et al. Effects of methylphenidate treatment in children with mental retardation and ADHD: individual variation in medication response. J Am Acad Child Adolesc Psychiatry. 2004 Jun;43(6):686-98. X-1, X-4
2626. Peck CA. Increasing opportunities for social control by children with autism and severe handicaps: Effects on student behavior and perceived classroom climate. Journal of the Association for Persons with Severe Handicaps. 1985 Win;10(4):183-193. X-10
2627. Peele PB, Lave JR and Kelleher KJ. Exclusions and limitations in children's behavioral health care coverage. Psychiatr Serv. 2002 May;53(5):591-4. X-1, X-3, X-4
2628. Pelios LV, MacDuff GS and Axelrod S. The effects of a treatment package in establishing independent academic work skills in children with autism. Education & Treatment of Children. 2003 Feb;26(1):1-21. X-3
2629. Peng CZ, Hatlestad P, Klug MG, et al. Health care costs and utilization rates for children with pervasive developmental disorders in North Dakota from 1998 to 2004: impact on Medicaid. J Child Neurol. 2009 Feb;24(2):140-7. X-4
2630. Penn CL. Vaccine safety & immunization information. J Ark Med Soc. 2006 Jun;102(12):322-4. X-4
2631. Pennington L, James P, McNally R, et al. Analysis of compositional data in communication disorders research. J Commun Disord. 2009 Jan-Feb;42(1):18-28. X-1, X-2, X-3, X-4
2632. Penrod B, Wallace MD and Dyer EJ. Assessing potency of high- and low-preference reinforcers with respect to response rate and response patterns. J Appl Behav Anal. 2008 Summer;41(2):177-88. X-3
2633. Pepperberg IM and Sherman D. Proposed use of two-part interactive modeling as a means to increase functional skills in children with a variety of disabilities. Teach Learn Med. 2000 Fall;12(4):213-20. X-3
2634. Perel I. Deinstitutionalization at a large facility: a focus on treatment. Res Dev Disabil. 1992;13(1):81-6. X-2, X-3, X-4, X-10
2635. Perez-Gonzalez LA and Williams G. Multicomponent procedure to teach conditional discriminations to children with autism. Am J Ment Retard. 2002 Jul;107(4):293-301. X-3

2636. Perez-Soler R, Yang LY, Drewinko B, et al. Increased cytotoxicity and reversal of resistance to cis-diamminedichloro-platinum(II) with entrapment of cis-Bis-neodecanoato-trans-R,R-1,2-diaminocyclohexaneplatinum (II) in multilamellar lipid vesicles. Cancer Res. 1988 Aug 15;48(16):4509-12. X-1, X-3, X-4, X-10
2637. Perquin M, Michel GH, de Beaufort C, et al. Changes in diabetes prevalence and treatment in the last ten years in Luxembourg. A lesson from the United Kingdom prospective diabetes study? Diabetes Metab. 2005 Nov;31(5):499-502. X-1, X-4
2638. Perriol MP, Dujardin K, Derambure P, et al. Disturbance of sensory filtering in dementia with Lewy bodies: comparison with Parkinson's disease dementia and Alzheimer's disease. J Neurol Neurosurg Psychiatry. 2005 Jan;76(1):106-8. X-1, X-3, X-4
2639. Perry A, Bryson S and Bebko J. Brief report: Degree of facilitator influence in facilitated communication as a function of facilitator characteristics, attitudes, and beliefs. J Autism Dev Disord. 1998 Feb;28(1):87-90. X-10
2640. Perry A and Factor DC. Psychometric validity and clinical usefulness of the Vineland Adaptive Behavior Scales and the AAMD Adaptive Behavior Scale for an autistic sample. J Autism Dev Disord. 1989 Mar;19(1):41-55. X-4, X-10
2641. Perry A, Flanagan HE, Dunn Geier J, et al. Brief report: the Vineland Adaptive Behavior Scales in young children with autism spectrum disorders at different cognitive levels. J Autism Dev Disord. 2009 Jul;39(7):1066-78. X-4
2642. Perry DW, Marston GM, Hinder SA, et al. The phenomenology of depressive illness in people with a learning disability and autism. Autism. 2001 Sep;5(3):265-75. X-1, X-2, X-3, X-4
2643. Perry R, Campbell M, Adams P, et al. Long-term efficacy of haloperidol in autistic children: continuous versus discontinuous drug administration. J Am Acad Child Adolesc Psychiatry. 1989 Jan;28(1):87-92. X-10
2644. Perry R, Campbell M, Green WH, et al. Neuroleptic-related dyskinesias in autistic children: a prospective study. Psychopharmacol Bull. 1985;21(1):140-3. X-10
2645. Perry R, Cohen I and DeCarlo R. Case study: Deterioration, autism, and recovery in two siblings. Journal of the American Academy of Child & Adolescent Psychiatry. 1995 Feb;34(2):232-237. X-3, X-10
2646. Perry R, Nobler MS and Campbell M. Tourette-like symptoms associated with neuroleptic therapy in an autistic child. Journal of the American Academy of Child & Adolescent Psychiatry. 1989 Jan;28(1):93-96. X-3, X-10
2647. Perry R, Pataki C, Munoz-Silva DM, et al. Risperidone in children and adolescents with pervasive developmental disorder: pilot trial and follow-up. J Child Adolesc Psychopharmacol. 1997;7(3):167-79. X-10
2648. Perry W, Minassian A, Lopez B, et al. Sensorimotor gating deficits in adults with autism. Biol Psychiatry. 2007 Feb 15;61(4):482-6. X-1, X-4
2649. Persson B. Brief report: A longitudinal study of quality of life and independence among adult men with autism. J Autism Dev Disord. 2000 Feb;30(1):61-6. X-1, X-3, X-4
2650. Persson B, Nordstrom B, Petersson K, et al. Screening for infants with developmental deficits and/or autism: a Swedish pilot study. J Pediatr Nurs. 2006 Aug;21(4):313-24. X-4
2651. Peterson CC. Theory-of-mind development in oral deaf children with cochlear implants or conventional hearing aids. J Child Psychol Psychiatry. 2004 Sep;45(6):1096-106. X-4
2652. Peterson CC. Mind and body: concepts of human cognition, physiology and false belief in children with autism or typical development. J Autism Dev Disord. 2005 Aug;35(4):487-97. X-4
2653. Peterson CC, Garnett M, Kelly A, et al. Everyday social and conversation applications of theory-of-mind understanding by children with autism-spectrum disorders or typical development. Eur Child Adolesc Psychiatry. 2009 Feb;18(2):105-15. X-4
2654. Peterson CC and Siegal M. Deafness, conversation and theory of mind. J Child Psychol Psychiatry. 1995 Mar;36(3):459-74. X-1, X-3, X-4, X-10
2655. Peterson CC and Siegal M. Domain specificity and everyday biological, physical, and psychological thinking in normal, autistic, and deaf children. New Dir Child Dev. 1997 Spring(75):55-70. X-10
2656. Peterson CC and Slaughter V. Theory of Mind (ToM) in Children with Autism or Typical Development: Links between Eye-Reading and False Belief Understanding. Research in Autism Spectrum Disorders. 2009 Apr-Jun;3(2):462-473. X-4
2657. Peterson CC, Slaughter VP and Paynter J. Social maturity and theory of mind in typically developing children and those on the autism spectrum. J Child Psychol Psychiatry. 2007 Dec;48(12):1243-50. X-4
2658. Peterson L, McLaughlin TF, Weber KP, et al. The effects of model, lead, and test technique with visual prompts paired with a fading procedure to teach "where" to a 13-year-old echolalic boy with autism. Journal of Developmental and Physical Disabilities. 2008 Feb;20(1):31-39. X-1, X-3
2659. Peterson SMP, Caniglia C and Royster AJ. Application of choice-making intervention for a student with multiply maintained problem behavior. Focus on Autism and Other Developmental Disabilities. 2001 Win;16(4):240-246. X-3
2660. Peters-Scheffer N, Didden R, Green VA, et al. The behavior flexibility rating scale-revised (BFRS-R): factor analysis, internal consistency, inter-rater and intra-rater reliability, and convergent validity. Res Dev Disabil. 2008 Sep-Oct;29(5):398-407. X-4
2661. Petrovic M, Roberts R and Ramsay M. Second dose of measles, mumps, and rubella vaccine: questionnaire survey of health professionals. BMJ. 2001 Jan 13;322(7278):82-85. X-1, X-3, X-4
2662. Peyton RT, Lindauer SE and ichman DM. The Effects of Directive and Nondirective Prompts on Noncompliant Vocal Behavior Exhibited by a Child with Autism. Journal of Applied Behavior Analysis. 2005 Sum;38(2):251. X-3
2663. Pfeiffer B, Kinnealey M, Reed C, et al. Sensory modulation and affective disorders in children and adolescents with Asperger's disorder. Am J Occup Ther. 2005 May-Jun;59(3):335-45. X-4

2664. Pfeiffer SI and Nelson DD. The cutting edge in services for people with autism. J Autism Dev Disord. 1992 Mar;22(1):95-105. X-1, X-3, X-4, X-10
2665. Phadraig BM. Towards Inclusion: The Development of Provision for Children with Special Educational Needs in Ireland from 1991 to 2004. Irish Educational Studies. 2007 Sep;26(3):289-300. X-1, X-2, X-3, X-4
2666. Phancharoen S. Rett syndrome in Thai female girls: clinical studies. J Med Assoc Thai. 2001 Jun;84 Suppl 1:S57-60. X-1, X-3, X-4
2667. Phelan S, Steinke L and Mandich A. Exploring a cognitive intervention for children with pervasive developmental disorder. Canadian Journal of Occupational Therapy. 2009 Feb;76(1):23-28. X-3
2668. Phetrasuwan S, Miles MS, Mesibov GB, et al. Defining autism spectrum disorders. J Spec Pediatr Nurs. 2009 Jul;14(3):206-9. X-1, X-2, X-3, X-4
2669. Philip RC, Whalley HC, Stanfield AC, et al. Deficits in facial, body movement and vocal emotional processing in autism spectrum disorders. Psychol Med. 2010 Jan 27:1-11. X-1, X-3, X-4
2670. Philippart M. Clinical recognition of Rett syndrome. Am J Med Genet Suppl. 1986;1:111-8. X-1, X-2, X-3, X-4, X-10
2671. Phillips L and Appleton RE. Systematic review of melatonin treatment in children with neurodevelopmental disabilities and sleep impairment. Dev Med Child Neurol. 2004 Nov;46(11):771-5. X-1, X-2, X-3, X-4
2672. Piazza CC, Adelinis JD, Hanley GP, et al. An evaluation of the effects of matched stimuli on behaviors maintained by automatic reinforcement. J Appl Behav Anal. 2000 Spring;33(1):13-27. X-1, X-3, X-4
2673. Piazza CC, Fisher WW, Hagopian LP, et al. Using a choice assessment to predict reinforcer effectiveness. J Appl Behav Anal. 1996 Spring;29(1):1-9. X-3, X-10
2674. Piazza CC, Fisher WW, Hanley GP, et al. Treatment of pica through multiple analyses of its reinforcing functions. Journal of Applied Behavior Analysis. 1998 Sum;31(2):165-189. X-3, X-10
2675. Piazza CC, Hagopian LP, Hughes CR, et al. Using chronotherapy to treat severe sleep problems: A case study. American Journal on Mental Retardation. 1998 Jan;102(4):358-366. X-3, X-10
2676. Piazza CC, Hanley GP and Fisher WW. Functional analysis and treatment of cigarette pica. Journal of Applied Behavior Analysis. 1996 Win;29(4):437-450. X-1, X-3, X-10
2677. Piazza CC, Moes DR and Fisher WW. Differential reinforcement of alternative behavior and demand fading in the treating fading in the treatment of escape-maintained destructive behavior. Journal of Applied Behavior Analysis. 1996 Win;29(4):569-572. X-3, X-10
2678. Piazza CC, Patel MR, Santana CM, et al. An evaluation of simultaneous and sequential presentation of preferred and nonpreferred food to treat food selectivity. J Appl Behav Anal. 2002 Fall;35(3):259-70. X-3
2679. Piazza CC, Roane HS, Keeney KM, et al. Varying response effort in the treatment of pica maintained by automatic reinforcement. J Appl Behav Anal. 2002 Fall;35(3):233-46. X-1, X-3, X-4
2680. Pickering D and Morgan SB. Parental ratings of treatments of self-injurious behavior. Journal of Autism and Developmental Disorders. 1985 Sep;15(3):303-314. X-1, X-3, X-4, X-10
2681. Pierce K and Schreibman L. Increasing complex social behaviors in children with autism: Effects of peer-implemented pivotal response training. Journal of Applied Behavior Analysis. 1995 Fal;28(3):285-295. X-3, X-10
2682. Pierce K and Schreibman L. Multiple peer use of pivotal response training to increase social behaviors of classmates with autism: results from trained and untrained peers. J Appl Behav Anal. 1997 Spring;30(1):157-60. X-10
2683. Pierce KL and Schreibman L. Teaching daily living skills to children with autism in unsupervised settings through pictorial self-management. J Appl Behav Anal. 1994 Fall;27(3):471-81. X-3, X-10
2684. Pierce-Jordan S and Lifter K. Interaction of Social and Play Behaviors in Preschoolers With and Without Pervasive Developmental Disorder. Topics in Early Childhood Special Education. 2005 Apr;25(1):34-47. X-4
2685. Pierson MR and Glaeser BC. Extension of Research on Social Skills Training Using Comic Strip Conversations to Students without Autism. Education and Training in Developmental Disabilities. 2005 Sep;40(3):279-284. X-3
2686. Piggott LR, Gdowski CL, Villanueva D, et al. Side effects of fenfluramine in autistic children. J Am Acad Child Psychiatry. 1986 Mar;25(2):287-9. X-10
2687. Pilebro C and Backman B. Teaching oral hygiene to children with autism. Int J Paediatr Dent. 2005 Jan;15(1):1-9. X-3
2688. Pilling N, McGill P and Cooper V. Characteristics and experiences of children and young people with severe intellectual disabilities and challenging behaviour attending 52-week residential special schools. J Intellect Disabil Res. 2007 Mar;51(Pt 3):184-96. X-4
2689. Pine E, Luby J, Abbacchi A, et al. Quantitative assessment of autistic symptomatology in preschoolers. Autism. 2006 Jul;10(4):344-352. X-4
2690. Pinto AF. Treating patients with autism. Emerg Med Serv. 2001 Jun;30(6):78, 83. X-1, X-2, X-3, X-4
2691. Pinto-Martin JA, Young LM, Mandell DS, et al. Screening strategies for autism spectrum disorders in pediatric primary care. Journal of Developmental & Behavioral Pediatrics. 2008 Oct;29(5):345-350. X-4
2692. Pioggia G, Igliozzi R, Ferro M, et al. An android for enhancing social skills and emotion recognition in people with autism. IEEE Trans Neural Syst Rehabil Eng. 2005 Dec;13(4):507-15. X-3
2693. Piotrowski WJ, Marczak J, Nawrocka A, et al. Inhalations of 5-ALA in photodynamic diagnosis of bronchial cancer. Monaldi Arch Chest Dis. 2004 Apr-Jun;61(2):86-93. X-1, X-3, X-4
2694. Pisalchaiyong T, Trairatvorakul C, Jirakijja J, et al. Comparison of the effectiveness of oral diazepam and midazolam for the sedation of autistic patients during dental treatment. Pediatr Dent. 2005 May-Jun;27(3):198-206. X-1
2695. Pitetti KH, Rendoff AD, Grover T, et al. The efficacy of a 9-month treadmill walking program on the exercise capacity and weight reduction for adolescents with severe autism. J Autism Dev Disord. 2007 Jul;37(6):997-1006. X-1, X-4
2696. Pizzamiglio MR, Nasti M, Piccardi L, et al. Sensory-Motor Rehabilitation in Rett Syndrome: A Case Report.

Focus on Autism and Other Developmental Disabilities. 2008;23(1):49-62. X-1, X-3, X-4
2697. Plienis AJ, Robbins FR and Dunlap G. Parent adjustment and family stress as factors in behavioral parent training for young autistic children. Journal of the Multihandicapped Person. 1988 Mar;1(1):31-52. X-3, X-10
2698. Plioplys AV. Autism: electroencephalogram abnormalities and clinical improvement with valproic acid. Arch Pediatr Adolesc Med. 1994 Feb;148(2):220-2. X-10
2699. Plioplys AV. Intravenous immunoglobulin treatment of children with autism. J Child Neurol. 1998 Feb;13(2):79-82. X-10
2700. Poewe W. Treatment of dementia with Lewy bodies and Parkinson's disease dementia. Mov Disord. 2005 Aug;20 Suppl 12:S77-82. X-1, X-4
2701. Polimeni MA, Richdale AL and Francis AJ. A survey of sleep problems in autism, Asperger's disorder and typically developing children. J Intellect Disabil Res. 2005 Apr;49(Pt 4):260-8. X-4
2702. Politi P, Cena H, Comelli M, et al. Behavioral effects of omega-3 fatty acid supplementation in young adults with severe autism: an open label study. Arch Med Res. 2008 Oct;39(7):682-5. X-1
2703. Pollak M. Speech problems in children. Practitioner. 1990 May 22;234(1489):542-5, 548. X-10
2704. Poon L, Partika N and Bolman W. New hope in the treatment of autism in Hawaii. Hawaii Med J. 1994 Jul;53(7):194-5, 199. X-10
2705. Pope KK. The pervasive developmental disorder spectrum: A case illustration. Bulletin of the Menninger Clinic. 1993 Win;57(1):100-117. X-3, X-4, X-10
2706. Posey DJ, Erickson CA, Stigler KA, et al. The use of selective serotonin reuptake inhibitors in autism and related disorders. J Child Adolesc Psychopharmacol. 2006 Feb-Apr;16(1-2):181-6. X-1, X-2, X-3, X-4
2707. Posey DJ, Guenin KD, Kohn AE, et al. A naturalistic open-label study of mirtazapine in autistic and other pervasive developmental disorders. J Child Adolesc Psychopharmacol. 2001 Fall;11(3):267-77. X-1
2708. Posey DJ, Kem DL, Swiezy NB, et al. A pilot study of D-cycloserine in subjects with autistic disorder. Am J Psychiatry. 2004 Nov;161(11):2115-7. X-1, X-3
2709. Posey DJ and McDougle CJ. Treating autism spectrum disorders. Preface. Child Adolesc Psychiatr Clin N Am. 2008 Oct;17(4):xv-xviii. X-1, X-2, X-3, X-4
2710. Posey DJ, Walsh KH, Wilson GA, et al. Risperidone in the treatment of two very young children with autism. Journal of Child and Adolescent Psychopharmacology. 1999 Win;9(4):273-276. X-3, X-10
2711. Posey DJ, Wiegand RE, Wilkerson J, et al. Open-label atomoxetine for attention-deficit/ hyperactivity disorder symptoms associated with high-functioning pervasive developmental disorders. J Child Adolesc Psychopharmacol. 2006 Oct;16(5):599-610. X-3
2712. Posserud M-B, Lundervold AJ and Gillberg C. Validation of the Autism Spectrum Screening Questionnaire in a total population sample. Journal of Autism and Developmental Disorders. 2009 Jan;39(1):126-134. X-3, X-4
2713. Potenza MN, Holmes JP, Kanes SJ, et al. Olanzapine treatment of children, adolescents, and adults with pervasive developmental disorders: an open-label pilot study. J Clin Psychopharmacol. 1999 Feb;19(1):37-44. X-3, X-10
2714. Powell SD and Jordan RR. Remediating the thinking of pupils with autism: principles into practice. J Autism Dev Disord. 1992 Sep;22(3):413-8. X-2, X-10
2715. Powers AR, 3rd, Hillock AR and Wallace MT. Perceptual training narrows the temporal window of multisensory binding. J Neurosci. 2009 Sep 30;29(39):12265-74. X-1, X-3, X-4
2716. Powers MD and Crowel RL. The educative effects of positive practice overcorrection: Acquisition, generalization, and maintenance. School Psychology Review. 1985;14(3):360-372. X-3, X-10
2717. Pozzi M. A three-year-old boy with ADHD and Asperger's syndrome treated with parent-child psychotherapy. Journal of the British Association of Psychotherapists (BAP). 2003 Jan;41(1):16-31. X-3
2718. Pozzi ME. The use of observation in the psychoanalytic treatment of a 12-year-old boy with Asperger's syndrome. International Journal of Psychoanalysis. 2003 Oct;84(5):1333-1349. X-3
2719. Prado de Oliveria LE. Little Jeremy's struggle with autism, schizophrenia and paranoia. International Forum of Psychoanalysis. 1999 Dec;8(3-4):172-188. X-3, X-10
2720. Prasher VP and Clarke DJ. Case report: Challenging behaviour in a young adult with Down's syndrome and autism. British Journal of Learning Disabilities. 1996;24(4):167-169. X-1, X-3, X-10
2721. Prather JH and Chovan WL. Normal peers' reactions toward autistic children following a tutoring experience. Psychol Rep. 1984 Dec;55(3):887-92. X-10
2722. Prats JM, Garaizar C, Rua MJ, et al. Infantile spasms treated with high doses of sodium valproate: initial response and follow-up. Dev Med Child Neurol. 1991 Jul;33(7):617-25. X-10
2723. Preator KK, Jenson WR, Petersen PB, et al. Overcorrection and alternative response training in the reduction of an autistic child's inappropriate touching. School Psychology Review. 1984 Win;13(1):107-110. X-3, X-10
2724. Preece D and Jordan R. Short breaks services for children with autistic spectrum disorders: factors associated with service use and non-use. J Autism Dev Disord. 2007 Feb;37(2):374-85. X-4
2725. Preece PM and Mott J. Multidisciplinary assessment at a child development centre: Do we conform to recommended standards? Child: Care, Health and Development. 2006 Sep;32(5):559-563. X-4
2726. Preis J. Strategies to Promote Adaptive Competence for Students on the Autism Spectrum. Support for Learning. 2007 Feb;22(1):17-23. X-3
2727. Preissler MA. Associative learning of pictures and words by low-functioning children with autism. Autism. 2008 May;12(3):231-48. X-4
2728. Prelock PA, Beatson J, Bitner B, et al. Interdisciplinary assessment of young children with autism spectrum disorder. Language, Speech, and Hearing Services in Schools. 2003 Jul;34(3):194-202. X-1, X-2, X-3, X-4
2729. Preston D and Carter M. A Review of the Efficacy of the Picture Exchange Communication System

Intervention. Journal of Autism and Developmental Disorders. 2009 Oct;39(10):1471-1486. X-1, X-2, X-3, X-4
2730. Price A. Neurotherapy and specialization. Am J Occup Ther. 1980 Dec;34(12):809-15. X-10
2731. Price J, Roberts J, Vandergrift N, et al. Language Comprehension in Boys with Fragile X Syndrome and Boys with Down Syndrome. Journal of Intellectual Disability Research. 2007 Apr;51(4):318-326. X-4
2732. Prior M. Childhood autism. Aust Paediatr J. 1987 Jun;23(3):147-9. X-4, X-10
2733. Prior M and Cummins R. Questions about facilitated communication and autism. J Autism Dev Disord. 1992 Sep;22(3):331-7; discussion 337-8. X-10
2734. Prizant BM. Speech-language pathologists and autistic children: what is our role? ASHA. 1982 Aug;24(8):531-7. X-10
2735. Progar PR, North ST, Bruce SS, et al. Putative behavioral history effects and aggression maintained by escape from therapists. Journal of Applied Behavior Analysis. 2001 Spr;34(1):69-72. X-1, X-3
2736. Prothmann A, Albrecht K, Dietrich S, et al. Analysis of child-dog play behavior in child psychiatry. AnthrozoÃ¶s. 2005;18(1):43-58. X-4
2737. Provost B, Heimerl S and Lopez BR. Levels of gross and fine motor development in young children with autism spectrum disorder. Phys Occup Ther Pediatr. 2007;27(3):21-36. X-4
2738. Prupas A, Harvey WJ and Benjamin J. Early Intervention Aquatics: A Program for Children with Autism and Their Families. Journal of Physical Education, Recreation & Dance (JOPERD). 2006 Feb;77(2):46-51. X-2, X-4
2739. Puri BK and Singh I. Normal phospholipid-related signal transduction in autism. Prog Neuropsychopharmacol Biol Psychiatry. 2002 Dec;26(7-8):1405-7. X-4
2740. Quill K, Gurry S and Larkin A. Daily life therapy: a Japanese model for educating children with autism. J Autism Dev Disord. 1989 Dec;19(4):625-35. X-1, X-2, X-4, X-10
2741. Quilty KM. Teaching Paraprofessionals How to Write and Implement Social Stories for Students With Autism Spectrum Disorders. Remedial and Special Education. 2007 May-Jun;28(3):182-189. X-3, X-4
2742. Quintana H, Birmaher B, Stedge D, et al. Use of methylphenidate in the treatment of children with autistic disorder. J Autism Dev Disord. 1995 Jun;25(3):283-94. X-10
2743. Quirantes D. Collaborative approach to autism: a parent's perspective. J Spec Pediatr Nurs. 2009 Jul;14(3):203-5. X-1, X-2, X-3, X-4
2744. Raffaele L, Settineri N, Pergolizzi S, et al. Wedge factor changes with depth and field size on a linear accelerator with a motorized wedge. Radiol Med. 1995 Sep;90(3):304-6. X-1, X-3, X-4, X-10
2745. Raglio A, Traficante D and Oasi O. A coding scheme for the evaluation of the relationship in music therapy sessions. Psychol Rep. 2006 Aug;99(1):85-90. X-3, X-4
2746. Raheja S, Libretto SE and Singh I. Successful use of risperidone in an adult with the Pervasive Developmental Disorder, Asperger's syndrome: A case report. British Journal of Developmental Disabilities. 2002 Jan;48(94,Pt1):61-66. X-1, X-3
2747. Raiten DJ and Massaro T. Perspectives on the nutritional ecology of autistic children. J Autism Dev Disord. 1986 Jun;16(2):133-43. X-4 ,X-10
2748. Rajendran G, Mitchell P and Rickards H. How do individuals with Asperger syndrome respond to nonliteral language and inappropriate requests in computer-mediated communication? J Autism Dev Disord. 2005 Aug;35(4):429-43. X-4
2749. Ramachandran VS and Oberman LM. Broken mirrors: a theory of autism. Sci Am. 2006 Nov;295(5):62-9. X-1, X-2, X-3 ,X-4
2750. Ramaekers VT, Blau N, Sequeira JM, et al. Folate receptor autoimmunity and cerebral folate deficiency in low-functioning autism with neurological deficits. Neuropediatrics. 2007 Dec;38(6):276-81. X-3
2751. Ramos AE, Shytle RD, Silver AA, et al. Ziprasidone-Induced Oculogyric Crisis. Journal of the American Academy of Child & Adolescent Psychiatry. 2003 Sep;42(9):1013-1014. X-3
2752. Randell T, Hall M, Bizo L, et al. DTkid: interactive simulation software for training tutors of children with autism. J Autism Dev Disord. 2007 Apr;37(4):637-47. X-1, X-4
2753. Randi J, Newman T and Grigorenko EL. Teaching Children with Autism to Read for Meaning: Challenges and Possibilities. J Autism Dev Disord. 2010 Jan 26. X-1, X-2, X-3, X-4
2754. Rao PA and Beidel DC. The Impact of Children with High-Functioning Autism on Parental Stress, Sibling Adjustment, and Family Functioning. Behavior Modification. 2009;33(4):437-451. X-1, X-4
2755. Rao PA, Beidel DC and Murray MJ. Social Skills Interventions for Children with Asperger's Syndrome or High-Functioning Autism: A Review and Recommendations. Journal of Autism and Developmental Disorders. 2008 Feb;38(2):353-361. X-1, X-2, X-3, X-4
2756. Rapin I. Children with inadequate language development: management guidelines for otolaryngologists. Int J Pediatr Otorhinolaryngol. 1988 Dec;16(3):189-98. X-1, X-2, X-3, X-4, X-10
2757. Raposa KA. Behavioral management for patients with intellectual and developmental disorders. Dent Clin North Am. 2009 Apr;53(2):359-73, xi. X-1, X-2, X-3, X-4
2758. Rapp JT. Toward an empirical method for identifying matched stimulation for automatically reinforced behavior: A preliminary investigation. Journal of Applied Behavior Analysis. 2006 Spr;39(1):137-140. X-3
2759. Rapp JT. Further evaluation of methods to identify matched stimulation. J Appl Behav Anal. 2007 Spring;40(1):73-88. X-3
2760. Rapp JT, Dozier CL and Carr JE. Functional assessment and treatment of pica: A single-case experiment. Behavioral Interventions. 2001 Apr-Jun;16(2):111-125. X-3
2761. Rapp JT, Dozier CL, Carr JE, et al. Functional analysis of hair manipulation: A replication and extension. Behavioral Interventions. 2000 Apr-Jun;15(2):121-133. X-3
2762. Rapp JT, Vollmer and Timothy R. Stereotypy II: A Review of Neurobiological Interpretations and Suggestions

for an Integration with Behavioral Methods. Research in Developmental Disabilities: A Multidisciplinary Journal. 2005 Nov-Dec;26(6):548-564. X-1, X-2, X-3, X-4
2763. Rapp JT, Vollmer TR and Hovanetz AN. Evaluation and Treatment of Swimming Pool Avoidance Exhibited by an Adolescent Girl With Autism. Behavior Therapy. 2005 Win;36(1):101-105. X-1, X-3
2764. Rapp JT, Vollmer TR, St. Peter C, et al. Analysis of response allocation in individuals with multiple forms of stereotyped behavior. Journal of Applied Behavior Analysis. 2004 Win;37(4):481-501. X-3
2765. Rapport MD. Bridging theory and practice: conceptual understanding of treatments for children with attention deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), autism, and depression. J Clin Child Psychol. 2001 Mar;30(1):3-7. X-2, X-4
2766. Rasalam AD, Hailey H, Williams JH, et al. Characteristics of fetal anticonvulsant syndrome associated autistic disorder. Dev Med Child Neurol. 2005 Aug;47(8):551-5. X-4
2767. Rastam M, Bjure J, Vestergren E, et al. Regional cerebral blood flow in weight-restored anorexia nervosa: a preliminary study. Dev Med Child Neurol. 2001 Apr;43(4):239-42. X-1, X-4
2768. Rastam M, Gillberg C and Wentz E. Outcome of teenage-onset anorexia nervosa in a Swedish community-based sample. Eur Child Adolesc Psychiatry. 2003;12 Suppl 1:I78-90. X-1, X-4
2769. Ratey JJ, Bemporad JR, Sorgi P, et al. Open trial effects of beta-blockers on speech and social behaviors in 8 autistic adults. Journal of Autism and Developmental Disorders. 1987 Sep;17(3):439-446. X-1, X-3, X-10
2770. Ratliff-Schaub K, Carey T, Reeves GD, et al. Randomized controlled trial of transdermal secretin on behavior of children with autism. Autism. 2005 Jul;9(3):256-65. X-3
2771. Rausch JL, Johnson ME, Fei YJ, et al. Initial conditions of serotonin transporter kinetics and genotype: influence on SSRI treatment trial outcome. Biol Psychiatry. 2002 May 1;51(9):723-32. X-1, X-4
2772. Rausch JL, Sirota EL, Londino DL, et al. Open-label risperidone for Asperger's disorder: negative symptom spectrum response. J Clin Psychiatry. 2005 Dec;66(12):1592-7. X-1
2773. Ravizza SM and Ivry RB. Comparison of the basal ganglia and cerebellum in shifting attention. J Cogn Neurosci. 2001 Apr 1;13(3):285-97. X-1, X-3, X-4
2774. Ray ER, Chatterton K, Thomas K, et al. Hexylaminolevulinate photodynamic diagnosis for multifocal recurrent nonmuscle invasive bladder cancer. J Endourol. 2009 Jun;23(6):983-8. X-1, X-3, X-4
2775. Ray F, Marks C and Bray-Garretson H. Challenges to Treating Adolescents with Asperger's Syndrome Who are Sexually Abusive. Sexual Addiction & Compulsivity. 2004 Dec;11(4):265-285. X-1, X-2, X-4
2776. Ray KP, Skinner CH and Watson TS. Transferring stimulus control via momentum to increase compliance in a student with autism: A demonstration of collaborative consultation. School Psychology Review. 1999;28(4):622-628. X-10
2777. Ray T and Tobias JD. Dexmedetomidine for sedation during electroencephalographic analysis in children with autism, pervasive developmental disorders, and seizure disorders. J Clin Anesth. 2008 Aug;20(5):364-8. X-4
2778. Ray TC, King LJ and Grandin T. The effectiveness of self-initiated vestibular stimulation in producing speech sounds in an autistic child. Occupational Therapy Journal of Research. 1988 May-Jun;8(3):186-190. X-3, X-10
2779. Rayner C, Denholm C and Sigafoos J. Video-Based Intervention for Individuals with Autism: Key Questions that Remain Unanswered. Research in Autism Spectrum Disorders. 2009 Apr-Jun;3(2):291-303. X-1, X-2, X-3, X-4
2780. Raz N, Pritchard WS and August GJ. Effects of fenfluramine on EEG and brainstem average evoked response in infantile autism. Preliminary investigation. Neuropsychobiology. 1987;18(2):105-9. X-10
2781. Read SG and Rendall M. An Open-Label Study of Risperidone in the Improvement of Quality of Life and Treatment of Symptoms of Violent and Self-Injurious Behaviour in Adults with Intellectual Disability. Journal of Applied Research in Intellectual Disabilities. 2007 May;20(3):256-264. X-1
2782. Reagon KA and Higbee TS. Parent-Implemented Script Fading to Promote Play-Based Verbal Initiations in Children with Autism. Journal of Applied Behavior Analysis. 2009 Fall;42(3):659-664. X-1, X-3
2783. Reagon KA, Higbee TS and Endicott K. Teaching Pretend Play Skills to a Student with Autism Using Video Modeling with a Sibling as Model and Play Partner. Education & Treatment of Children. 2006 Aug;29(3):517-528. X-3
2784. Realmuto GM, August GJ and Garfinkel BD. Clinical effect of buspirone in autistic children. Journal of Clinical Psychopharmacology. 1989 Apr;9(2):122-125. X-3, X-10
2785. Realmuto GM and Ruble LA. Sexual behaviors in autism: Problems of definition and management. Journal of Autism and Developmental Disorders. 1999 Apr;29(2):121-127. X-1, X-3, X-10
2786. Reaven J and Hepburn S. Cognitive-behavioral treatment of obsessive-compulsive disorder in a child with Asperger syndrome: a case report. Autism. 2003 Jun;7(2):145-64. X-3
2787. Redefer LA and Goodman JF. Brief report: pet-facilitated therapy with autistic children. J Autism Dev Disord. 1989 Sep;19(3):461-7. X-10
2788. Redefer LA and Goodman JF. Pet-facilitated therapy with autistic children. Journal of Autism and Developmental Disorders. 1989 Sep;19(3):461-467. X-10
2789. Redfearn J. Possible psychosomatic hazards to the therapist: patients as self-objects. J Anal Psychol. 2000 Apr;45(2):177-94. X-1, X-2, X-4
2790. Redl F. Rethinking Youthful Defiance. Reclaiming Children and Youth: The Journal of Strength-based Interventions. 2007 Spr;16(1):33-35. X-1, X-2, X-3, X-4
2791. Reed CL, Beall PM, Stone VE, et al. Brief Report: Perception of Body Posture--What Individuals with Autism Spectrum Disorder Might Be Missing. Journal of Autism and Developmental Disorders. 2007 Sep;37(8):1576-1584. X-1, X-4
2792. Reed P, Broomfield L, McHugh L, et al. Extinction of Over-Selected Stimuli Causes Emergence of Under-Selected Cues in Higher-Functioning Children with

Autistic Spectrum Disorders. Journal of Autism and Developmental Disorders. 2009 Feb;39(2):290-298. X-4
2793. Reese RM, Richman DM, Zarcone J, et al. Individualizing functional assessments for children with autism: The contribution of perseverative behavior and sensory disturbances to disruptive behavior. Focus on Autism and Other Developmental Disabilities. 2003 Sum;18(2):89-94. X-4
2794. Reese RM, Sherman JA and Sheldon JB. Reducing disruptive behavior of a group-home resident with autism and mental retardation. Journal of Autism and Developmental Disorders. 1998 Apr;28(2):159-165. X-1, X-3, X-10
2795. Reeve CE and Carr EG. Prevention of severe behavior problems in children with developmental disorders. Journal of Positive Behavior Interventions. 2000 Sum;2(3):144-160. X-3
2796. Reeve SA, Reeve KF, Townsend DB, et al. Establishing a generalized repertoire of helping behavior in children with autism. J Appl Behav Anal. 2007 Spring;40(1):123-36. X-3
2797. Reeves C. Children, words and symptomatic acts. Journal of Child Psychotherapy. 1996 Aug;22(2):279-298. X-3, X-4, X-10
2798. Regal RA, Rooney JR and Wandas T. Facilitated communication: an experimental evaluation. J Autism Dev Disord. 1994 Jun;24(3):345-55. X-10
2799. Regine WF and Abrams RA. Adjuvant therapy for pancreatic cancer: back to the future. Int J Radiat Oncol Biol Phys. 1998 Aug 1;42(1):59-63. X-1, X-2, X-4, X-10
2800. Rehfeldt RA and Chambers MR. Functional analysis and treatment of verbal perseverations displayed by an adult with autism. J Appl Behav Anal. 2003 Summer;36(2):259-61. X-1, X-3
2801. Rehfeldt RA, Kinney EM, Root S, et al. Creating activity schedules using Microsoft Powerpoint. J Appl Behav Anal. 2004 Spring;37(1):115-28. X-1, X-2, X-3, X-4
2802. Rehfeldt RA, Latimore D and Stromer R. Observational learning and the formation of classes of reading skills by individuals with autism and other developmental disabilities. Res Dev Disabil. 2003 Sep-Oct;24(5):333-58. X-1, X-3, X-4
2803. Reichelt KL, Knivsberg A-M, Lind G, et al. Probable etiology and possible treatment of childhood autism. Brain Dysfunction. 1991 Nov-Dec;4(6):308-319. X-10
2804. Reichle J, McComas J, Dahl N, et al. Teaching an Individual with Severe Intellectual Delay to Request Assistance Conditionally. Educational Psychology. 2005 Apr-Jun;25(2-3):275-286. X-1, X-3
2805. Reichow B and Sabornie EJ. Brief Report: Increasing Verbal Greeting Initiations for a Student with Autism via a Social Story[TM] Intervention. Journal of Autism and Developmental Disorders. 2009 Dec;39(12):1740-1743. X-3
2806. Reichow B, Volkmar FR and Cicchetti DV. Development of the Evaluative Method for Evaluating and Determining Evidence-Based Practices in Autism. Journal of Autism and Developmental Disorders. 2008 Aug;38(7):1311-1319. X-1, X-2, X-3, X-4
2807. Reichow B and Wolery M. Comprehensive Synthesis of Early Intensive Behavioral Interventions for Young Children with Autism Based on the UCLA Young Autism Project Model. Journal of Autism and Developmental Disorders. 2009 Jan;39(1):23-41. X-1, X-2, X-3, X-4
2808. Reid DH, Parsons MB, Lattimore LP, et al. Improving staff performance through clinician application of outcome management. Res Dev Disabil. 2005 Mar-Apr;26(2):101-16. X-1, X-3, X-4
2809. Reilly C, Nelson DL and Bundy AC. Sensorimotor versus fine motor activities in eliciting vocalizations in autistic children. Occupational Therapy Journal of Research. 1983 Oct;3(4):199-212. X-10
2810. Reiman M and Albers L. International adoption: A four-year-old child with unusual behaviors adopted at six months of age: Website discussion. Journal of Developmental & Behavioral Pediatrics. 2003 Feb;24(1):67. X-2, X-3, X-4
2811. Reinecke DR, Newman B, Kurtz AL, et al. Teaching deception skills in a game-play context to three adolescents with autism. Journal of Autism and Developmental Disorders. 1997 Apr;27(2):127-137. X-10
2812. Reinhartsen DB, Garfinkle AN and Wolery M. Engagement with Toys in Two-Year-Old Children with Autism: Teacher Selection versus Child Choice. Journal of the Association for Persons with Severe Handicaps Journal Citation: v27 n3 p175-87 Fall 2002 Publisher:. 2002 Pub Types: Journal Articles; Reports - Research. X-3, X-4
2813. Reinhold JA, Molloy CA and Manning-Courtney P. Electroencephalogram abnormalities in children with autism spectrum disorders. J Neurosci Nurs. 2005 Jun;37(3):136-8. X-4
2814. Reinke T. States increasingly mandate special autism services. Insurers are being handed some treatment responsibility for this complex disorder, but some say that it is an educational, not medical, task. Manag Care. 2008 Aug;17(8):35-6, 39. X-1, X-2, X-3, X-4
2815. Reiss AL. Childhood Developmental Disorders: An Academic and Clinical Convergence Point for Psychiatry, Neurology, Psychology and Pediatrics. Journal of Child Psychology and Psychiatry. 2009 Jan-Feb;50(1-2):87-98. X-1, X-2, X-3, X-4
2816. Reiss AL, Egel AL, Feinstein C, et al. Effects of fenfluramine on social behavior in autistic children. J Autism Dev Disord. 1988 Dec;18(4):617-25. X-3, X-10
2817. Reiter S and Vitani T. Inclusion of Pupils with Autism: The Effect of an Intervention Program on the Regular Pupils' Burnout, Attitudes and Quality of Mediation. Autism: The International Journal of Research and Practice. 2007;11(4):321-333. X-3, X-4
2818. Remington B and Clarke S. Acquisition of expressive signing by autistic children: an evaluation of the relative effects of simultaneous communication and sign-alone training. J Appl Behav Anal. 1983 Fall;16(3):315-27. X-3, X-10
2819. Remington G, Sloman L, Konstantareas M, et al. Clomipramine versus haloperidol in the treatment of autistic disorder: a double-blind, placebo-controlled, crossover study. J Clin Psychopharmacol. 2001 Aug;21(4):440-4. X-1
2820. Renty J and Roeyers H. Satisfaction with formal support and education for children with autism spectrum

disorder: the voices of the parents. Child Care Health Dev. 2006 May;32(3):371-85. X-1, X-4
2821. Resch RC, Grand S and May M. Eye, hand, and the mother: The mother's role in the neuromaturation and development of an autistic child. Bulletin of the Menninger Clinic. 1988 Jul;52(4):304-320. X-3, X-4, X-10
2822. Reynhout G and Carter M. Social Stories[TM] for Children with Disabilities. Journal of Autism and Developmental Disorders. 2006 May;36(4):445-469. X-1, X-2, X-3, X-4
2823. Reynhout G and Carter M. Social Story[Trademark sign] Efficacy with a Child with Autism Spectrum Disorder and Moderate Intellectual Disability. Focus on Autism and Other Developmental Disabilities. 2007 Fall;22(3):173-182. X-3
2824. Reynhout G and Carter M. A Pilot Study to Determine the Efficacy of a Social Story [TM] Intervention for a Child with Autistic Disorder, Intellectual Disability and Limited Language Skills. Australasian Journal of Special Education. 2008 Sep;32(2):161-175. X-1, X-3
2825. Reynhout G and Carter M. The Use of Social Stories by Teachers and Their Perceived Efficacy. Research in Autism Spectrum Disorders. 2009 Jan;3(1):232-251. X-4
2826. Rhine D and Tarbox J. Chewing gum as a treatment for rumination in a child with autism. Journal of Applied Behavior Analysis. 2009 Sum;42(2):381-385. X-3
2827. Rhoades RA, Scarpa A and Salley B. The importance of physician knowledge of autism spectrum disorder: results of a parent survey. BMC Pediatr. 2007;7:37. X-1, X-2, X-3, X-4
2828. Rhode M. Autistic breathing. Journal of Child Psychotherapy. Special Issue: Autism. 1994 Apr;20(1):25-41. X-3, X-10
2829. Rhode M. Links between Henri Rey's thinking and psychoanalytic work with autistic children. Psychoanalytic Psychotherapy. 1995;9(2):149-155. X-1, X-2, X-3, X-4, X-10
2830. Rhode M. Some aspects of dependence on the therapist's mental functioning. Journal of Melanie Klein & Object Relations. 1998 Jun;16(2):233-243. X-3, X-4, X-10
2831. Rhode M. Different responses to trauma in two children with autistic spectrum disorder: the mouth as crossroads for the sense of self. Journal of Child Psychotherapy. 2004 Apr;30(1):3-20. X-3
2832. Riby DM, Doherty-Sneddon G and Bruce V. Exploring face perception in disorders of development: evidence from Williams syndrome and autism. J Neuropsychol. 2008 Mar;2(Pt 1):47-64. X-4
2833. Ricciardi JN. Achieving human service outcomes through competency-based training: a guide for managers. Behav Modif. 2005 May;29(3):488-507. X-1, X-2, X-3, X-4
2834. Ricciardi JN and Luiselli JK. Behavioral intervention to eliminate socially mediated urinary incontinence in a child with autism. Child & Family Behavior Therapy. 2003;25(4):53-63. X-3
2835. Ricciardi JN, Luiselli JK and Camare M. Shaping approach responses as intervention for specific phobia in a child with autism. Journal of Applied Behavior Analysis. 2006 Win;39(4):445-448. X-3
2836. Ricciardi JN, Luiselli JK, Terrill S, et al. Alternative response training with contingent practice as intervention for pica in a school setting. Behavioral Interventions. 2003 Jul;18(3):219-226. X-3
2837. Rice MA and Haas RH. The nutritional aspects of Rett syndrome. J Child Neurol. 1988;3 Suppl:S35-42. X-1, X-4, X-10
2838. Richdale AL. Sleep problems in autism: prevalence, cause, and intervention. Dev Med Child Neurol. 1999 Jan;41(1):60-6. X-10
2839. Richler J, Huerta M, Bishop SL, et al. Developmental trajectories of restricted and repetitive behaviors and interests in children with autism spectrum disorders. Dev Psychopathol. 2010 Winter;22(1):55-69. X-4
2840. Richman DM, Reese RM and Daniels D. Use of evidence-based practice as a method for evaluating the effects of secretin on a child with autism. Focus on Autism and Other Developmental Disabilities. 1999 Win;14(4):204-211. X-3, X-10
2841. Richman DM, Wacker DP, Asmus JM, et al. Functional analysis and extinction of different behavior problems exhibited by the same individual. Journal of Applied Behavior Analysis. 1998 Fal;31(3):475-478. X-1, X-3, X-10
2842. Richman DM, Wacker DP and Winborn L. Response efficiency during functional communication training: Effects of effort on response allocation. Journal of Applied Behavior Analysis. 2001 Spr;34(1):73-76. X-3
2843. Ridley J and Hunter S. The development of supported employment in Scotland. Journal of Vocational Rehabilitation. Special Issue: Spinal Cord Injury and Vocational Rehabilitation. 2006;25(1):57-68. X-1, X-2, X-3, X-4
2844. Riedlinger JE. The scheduling of MDMA: a pharmacist's perspective. J Psychoactive Drugs. 1985 Jul-Sep;17(3):167-71. X-1, X-2, X-3, X-4, X-10
2845. Rimland B. Controversies in the treatment of autistic children: Vitamin and drug therapy. Journal of Child Neurology. 1988;3(Suppl):68-72. X-1, X-2, X-3, X-4, X-10
2846. Rimland B and Edelson SM. Brief report: a pilot study of auditory integration training in autism. J Autism Dev Disord. 1995 Feb;25(1):61-70. X-10
2847. Rincover A and Newsom CD. The relative motivational properties of sensory and edible reinforcers in teaching autistic children. Journal of Applied Behavior Analysis. 1985 Fal;18(3):237-248. X-10
2848. Ring HA, Baron-Cohen S, Wheelwright S, et al. Cerebral correlates of preserved cognitive skills in autism: A functional MRI study of Embedded Figures Task performance. Brain: A Journal of Neurology. 1999 Jul;122(7):1305-1315. X-3, X-4, X-10
2849. Ringdahl JE, Kitsukawa K, Andelman MS, et al. Differential reinforcement with and without instructional fading. Journal of Applied Behavior Analysis. 2002 Fal;35(3):291-294. X-3
2850. Ritvo ER and Freeman BJ. A medical model of autism: etiology, pathology and treatment. Pediatr Ann. 1984 Apr;13(4):298-305. X-1, X-2, X-3, X-4, X-10
2851. Ritvo ER, Freeman BJ, Geller E, et al. Effects of fenfluramine on 14 outpatients with the syndrome of autism. J Am Acad Child Psychiatry. 1983 Nov;22(6):549-58. X-10

2852. Ritvo ER, Freeman BJ, Yuwiler A, et al. Fenfluramine treatment of autism: UCLA collaborative study of 81 patients at nine medical centers. Psychopharmacol Bull. 1986;22(1):133-40. X-10
2853. Ritvo ER, Freeman BJ, Yuwiler A, et al. Study of fenfluramine in outpatients with the syndrome of autism. J Pediatr. 1984 Nov;105(5):823-8. X-10
2854. Ritvo ER and Neathery SK. Parental reports on favorable responses to fenfluramine treatment in autism. Brain Dysfunction. 1990 Nov-Dec;3(5-6):308-314. X-10 MEDICAL
2855. Riva D and Giorgi C. The cerebellum contributes to higher functions during development: evidence from a series of children surgically treated for posterior fossa tumours. Brain. 2000 May;123 (Pt 5):1051-61. X-1, X-4
2856. Roane HS, Fisher WW, Sgro GM, et al. An alternative method of thinning reinforcer delivery during differential reinforcement. Journal of Applied Behavior Analysis. 2004 Sum;37(2):213-218. X-3
2857. Robbins FR and Dunlap G. Effects of task difficulty on parent teaching skills and behavior problems of young children with autism. Am J Ment Retard. 1992 May;96(6):631-43. X-10
2858. Robbins FR, Dunlap G and Plienis AJ. Family characteristics, family training, and the progress of young children with autism. Journal of Early Intervention. 1991 Spr;15(2):173-184. X-10
2859. Roberts JE, Mankowski JB, Sideris J, et al. Trajectories and predictors of the development of very young boys with fragile X syndrome. J Pediatr Psychol. 2009 Sep;34(8):827-36. X-1, X-3, X-4
2860. Roberts JMA, Keane E and Clark TR. Making Inclusion Work: Autism Spectrum Australia Satellite Class Project. TEACHING Exceptional Children. 2008 Nov-Dec;41(2):22-27. X-1, X-2, X-3, X-4
2861. Roberts RN. Wow! Models of Service Coordination Do Make a Difference. Journal of Early Intervention. 2006;28(3):169-171. X-1, X-2, X-3, X-4
2862. Roberts V and Joiner R. Investigating the Efficacy of Concept Mapping with Pupils with Autistic Spectrum Disorder. British Journal of Special Education. 2007 Sep;34(3):127-135. X-3
2863. Roberts-Gwinn MM, Luiten L, Derby KM, et al. Identification of competing reinforcers for behavior maintained by automatic reinforcement. Journal of Positive Behavior Interventions. 2001 Spr;3(2):83-87. X-3
2864. Robertson K, Chamberlain B and Kasari C. General education teachers' relationships with d students with autism. J Autism Dev Disord. 2003 Apr;33(2):123-30. X-4
2865. Roberts-Pennell D and Sigafoos J. Teaching young children with developmental disabilities to request more play using the behaviour chain interruption strategy. Journal of Applied Research in Intellectual Disabilities. 1999;12(2):100-112. X-10
2866. Robins B, Dickerson P, Stribling P, et al. Robot-mediated joint attention in children with autism: A case study in robot-human interaction. Interaction Studies: Social Behaviour and Communication in Biological and Artificial Systems. 2004;5(2):161-198. X-3
2867. Robins DL. Screening for autism spectrum disorders in primary care settings. Autism. Special Issue: Early detection. 2008 Sep;12(5):537-556. X-4
2868. Robinson TW. Homeopathic Secretin in autism: a clinical pilot study. Br Homeopath J. 2001 Apr;90(2):86-91. X-1, X-3, X-4
2869. Rocha ML, Schreibman L and Stahmer AC. Effectiveness of Training Parents to Teach Joint Attention in Children with Autism. Journal of Early Intervention. 2007;29(2):154-173. X-3
2870. Rochester L, Burn DJ, Woods G, et al. Does auditory rhythmical cueing improve gait in people with Parkinson's disease and cognitive impairment? A feasibility study. Mov Disord. 2009 Apr 30;24(6):839-45. X-1, X-2, X-3, X-4
2871. Rodger S, Braithwaite M and Keen D. Early Intervention for Children with Autism: Parental Priorities. Australian Journal of Early Childhood. 2004 Sep;29(3):34-41. X-6
2872. Rodger S, Keen D, Braithwaite M, et al. Mothers' Satisfaction with a Home Based Early Intervention Programme for Children with ASD. Journal of Applied Research in Intellectual Disabilities. 2008 Mar;21(2):174-182. X-1, X-3, X-4
2873. Rodrigue JR, Morgan SB and Geffken GR. A comparative evaluation of adaptive behavior in children and adolescents with autism, Down syndrome, and normal development. J Autism Dev Disord. 1991 Jun;21(2):187-96. X-4, X-10
2874. Roeyers H. The influence of nonhandicapped peers on the social interactions of children with a pervasive development disorder. J Autism Dev Disord. 1996 Jun;26(3):303-20. X-10
2875. Rogers EJ. Has enhanced folate status during pregnancy altered natural selection and possibly Autism prevalence? A closer look at a possible link. Med Hypotheses. 2008 Sep;71(3):406-10. X-1, X-2, X-3, X-4
2876. Rogers SJ. Empirically supported comprehensive treatments for young children with autism. Journal of Clinical Child Psychology. Special Issue: Empirically supported psychosocial interventions for children. 1998 Jun;27(2):168-179. X-1, X-2, X-3, X-4, X-10
2877. Rogers SJ. Interventions that facilitate socialization in children with autism. J Autism Dev Disord. 2000 Oct;30(5):399-409. X-1, X-2, X-3
2878. Rogers SJ, Bennetto L, McEvoy R, et al. Imitation and pantomime in high-functioning adolescents with autism spectrum disorders. Child Development. 1996 Oct;67(5):2060-2073. X-10
2879. Rogers SJ and DiLalla DL. A comparative study of the effects of a developmentally based instructional model on young children with autism and young children with other disorders of behavior and development. Topics in Early Childhood Special Education. 1991 Sum;11(2):29-47. X-10
2880. Rogers SJ, Hayden D, Hepburn S, et al. Teaching young nonverbal children with autism useful speech: a pilot study of the Denver Model and PROMPT interventions. J Autism Dev Disord. 2006 Nov;36(8):1007-24. X-6
2881. Rogers SJ, Hepburn SL, Stackhouse T, et al. Imitation performance in toddlers with autism and those with other developmental disorders. J Child Psychol Psychiatry. 2003 Jul;44(5):763-81. X-4
2882. Rogers SJ and Lewis H. An effective day treatment model for young children with pervasive developmental

disorders. J Am Acad Child Adolesc Psychiatry. 1989 Mar;28(2):207-14. X-10
2883. Rogers SJ and Vismara LA. Evidence-Based Comprehensive Treatments for Early Autism. Journal of Clinical Child and Adolescent Psychology. 2008 Jan;37(1):8-38. X-1, X-2, X-3, X-4
2884. Rogers SJ, Young GS, Cook I, et al. Imitating actions on objects in early-onset and regressive autism: Effects and implications of task characteristics on performance. Dev Psychopathol. 2010 Winter;22(1):71-85. X-4
2885. Rojahn J, McGonigle JJ, Curcio C, et al. Suppression of pica by water mist and aromatic ammonia: A comparative analysis. Behavior Modification. 1987 Jan;11(1):65-74. X-1, X-3, X-10
2886. Roll-Pettersson L and Ala'i-Rosales S. Using blended and guided technologies in a university course for scientist-practitioners: teaching applied behaviour analysis to autism professionals. J Intellect Disabil. 2009 Jun;13(2):113-42. X-1, X-3, X-4
2887. Romanczyk RG. Micro-computers and behavior therapy: A powerful alliance. the Behavior Therapist. 1984 Apr;7(4):59-64. X-4, X-10
2888. Romaniuk C, Miltenberger R, Conyers C, et al. The influence of activity choice on problem behaviors maintained by escape versus attention. Journal of Applied Behavior Analysis. 2002 Win;35(4):349-362. X-3
2889. Romano JP and Roll D. Expanding the utility of behavioral momentum for youth with developmental disabilities. Behavioral Interventions. 2000 Apr-Jun;15(2):99-111. X-1, X-3, X-4

2890. Ronder RW, Kastner T, Parker SJ, et al. Serving people with developmental disabilities in Medicaid managed care. Manag Care Q. 1999 Spring;7(2):23-30. X-1, X-2, X-3, X-4, X-10
2891. Roscoe EM, Carreau A, MacDonald J, et al. Further Evaluation of Leisure Items in the Attention Condition of Functional Analyses. Journal of Applied Behavior Analysis. 2008 Fall;41(3):351-364. X-3, X-4
2892. Rose M and Torgerson NG. A behavioral approach to vision and autism. Journal of Optometric Vision Development. 1994 Win;25(4):269-275. X-3, X-4, X-10
2893. Rose R and Anketell C. The benefits of social skills groups for young people with autism spectrum disorder: A pilot study. Child Care in Practice. 2009 Apr;15(2):127-144. X-4
2894. Rosen CE. Treatment foster home care for autistic children. Child & Youth Services. 1989;12(1-2):121-132. X-10
2895. Rosenn DW. What is Asperger's disorder? Harv Ment Health Lett. 1999 Oct;16(4):8. X-10
2896. Rosenthal-Malek A and Mitchell S. Brief report: the effects of exercise on the self-stimulatory behaviors and positive responding of adolescents with autism. J Autism Dev Disord. 1997 Apr;27(2):193-202. X-1, X-10
2897. Rosenwasser B and Axelrod S. The contribution of applied behavior analysis to the education of people with autism. Behav Modif. 2001 Oct;25(5):671-7. X-1, X-2, X-3, X-4
2898. Rosenwasser B and Axelrod S. More contributions of applied behavior analysis to education of people with autism. Behav Modif. 2002 Jan;26(1):3-8. X-1, X-2, X-3, X-4
2899. Roser K and Mishne J. Beginning treatment of an autistic child from an intersubjective perspective. Psychoanalytic Review. 1996 Jun;83(3):343-362. X-3, X-4, X-10
2900. Ross C, Davies P and Whitehouse W. Melatonin treatment for sleep disorders in children with neurodevelopmental disorders: an observational study. Dev Med Child Neurol. 2002 May;44(5):339-44. X-1, X-3, X-4
2901. Ross DE. Replacing Faulty Conversational Exchanges for Children with Autism by Establishing a Functionally Equivalent Alternative Response. Education and Training in Mental Retardation and Developmental Disabilities Journal Citation: v37 n4 p343-62 Dec 2002 Publisher:. 2002 Pub Types: Journal Articles; Reports - Research. X-3
2902. Ross DE and Greer RD. Generalized imitation and the mand: inducing first instances of speech in young children with autism. Res Dev Disabil. 2003 Jan-Feb;24(1):58-74. X-3
2903. Ross DL, Klykylo WM and Hitzemann R. Reduction of elevated CSF beta-endorphin by fenfluramine in infantile autism. Pediatr Neurol. 1987 Mar-Apr;3(2):83-6. X-3, X-10
2904. Ross RK. Beyond Autism Treatment: The Application of Applied Behavior Analysis in the Treatment of Emotional and Psychological Disorders. International Journal of Behavioral Consultation and Therapy. 2007;3(4):528-536. X-1, X-2, X-3, X-4
2905. Rossi EL and Rossi KL. The neuroscience of observing consciousness & mirror neurons in therapeutic hypnosis. Am J Clin Hypn. 2006 Apr;48(4):263-78. X-1, X-2, X-3, X-4
2906. Rossi PG, Posar A, Parmeggiani A, et al. Niaprazine in the treatment of autistic disorder. J Child Neurol. 1999 Aug;14(8):547-50. X-10
2907. Rossignol DA. Hyperbaric oxygen therapy might improve certain pathophysiological findings in autism. Med Hypotheses. 2007;68(6):1208-27. X-1, X-2, X-3, X-4
2908. Rossignol DA. Novel and emerging treatments for autism spectrum disorders: a systematic review. Ann Clin Psychiatry. 2009 Oct-Dec;21(4):213-36. X-1, X-2, X-3, X-4
2909. Rossignol DA and Rossignol LW. Hyperbaric oxygen therapy may improve symptoms in autistic children. Med Hypotheses. 2006;67(2):216-28. X-1, X-2, X-3
2910. Rossignol DA, Rossignol LW, James SJ, et al. The effects of hyperbaric oxygen therapy on oxidative stress, inflammation, and symptoms in children with autism: an open-label pilot study. BMC Pediatr. 2007;7:36. X-3
2911. Rotholz DA and Luce SC. Alternative reinforcement strategies for the reduction of self-stimulatory behavior in autistic youth. Education & Treatment of Children. 1983 Fal;6(4):363-377. X-3, X-10
2912. Rotman A. Blood platelets in psychopharmacological research. Prog Neuropsychopharmacol Biol Psychiatry. 1983;7(2-3):135-51. X-1, X-3, X-4, X-10

2913. Rotman A, Caplan R and Szekely GA. Platelet uptake of serotonin in psychotic children. Psychopharmacology (Berl). 1980;67(3):245-8. X-4, X-10
2914. Rousseau MK, Krantz PJ, Poulson CL, et al. Sentence combining as a technique for increasing adjective use in writing by students with autism. Res Dev Disabil. 1994 Jan-Feb;15(1):19-37. X-1, X-3, X-10
2915. Rowan E, McKeith IG, Saxby BK, et al. Effects of donepezil on central processing speed and attentional measures in Parkinson's disease with dementia and dementia with Lewy bodies. Dement Geriatr Cogn Disord. 2007;23(3):161-7. X-1, X-2, X-4
2916. Roy H and Gillett T. E-mail: a new technique for forming a therapeutic alliance with high-risk young people failing to engage with mental health services? A case study. Clin Child Psychol Psychiatry. 2008 Jan;13(1):95-103. X-1, X-3, X-4
2917. Roy M, Dillo W, Bessling S, et al. Effective Methylphenidate Treatment of an Adult Aspergers Syndrome and a Comorbid ADHD: A Clinical Investigation with fMRI. Journal of Attention Disorders. 2009;12(4):381-385. X-1, X-3
2918. Rozelle D. "Wheel inside, a real moveable color", an autistic boy's search for self through the use of symbolic imagery. Pratt Institute Creative Arts Therapy Review. 1982;3:1-10. X-3, X-10
2919. Ruberman L. Psychotherapy of children with pervasive developmental disorders. American Journal of Psychotherapy. 2002;56(2):262-274. X-1, X-2, X-3
2920. Rubin DM, Feudtner C, Localio R, et al. State variation in psychotropic medication use by foster care children with autism spectrum disorder. Pediatrics. 2009 Aug;124(2):e305-12. X-4
2921. Ruble L, McDuffie A, King AS, et al. Caregiver responsiveness and social interaction behaviors of young children with autism. Topics in Early Childhood Special Education. 2008 Nov;28(3):158-170. X-4
2922. Ruble L, Willis H and Crabtree VM. Social skills group therapy for autism spectrum disorders. Clinical Case Studies. 2008 Aug;7(4):287-300. X-3
2923. Ruble LA, Heflinger CA, Renfrew JW, et al. Access and service use by children with autism spectrum disorders in Medicaid Managed Care. J Autism Dev Disord. 2005 Feb;35(1):3-13. X-4
2924. Ruble LA and McGrew JH. Community Services Outcomes for Families and Children with Autism Spectrum Disorders. Research in Autism Spectrum Disorders. 2007 Oct-Dec;1(4):360-372. X-1
2925. Ruble LA and Robson DM. Individual and environmental determinants of engagement in autism. J Autism Dev Disord. 2007 Sep;37(8):1457-68. X-3, X-4
2926. Ruedrich SL and Wilkinson L. Atypical unipolar depression in mentally retarded patients: Amoxapine treatment. Journal of Nervous and Mental Disease. 1992 Mar;180(3):206-207. X-1, X-3, X-10
2927. Rugino TA and Janvier YM. Aripiprazole in children and adolescents: clinical experience. J Child Neurol. 2005 Jul;20(7):603-10. X-1, X-3, X-4
2928. Rugino TA and Samsock TC. Levetiracem in autistic children: An open-label study. Journal of Developmental & Behavioral Pediatrics. 2002 Aug;23(4):225-230. X-3
2929. Runco MA, Charlop MH and Schreibman L. The occurrence of autistic children's self-stimulation as a function of familiar versus unfamiliar stimulus conditions. Journal of Autism and Developmental Disorders. 1986 Mar;16(1):31-44. X-10
2930. Runco MA and Schreibman L. Parental judgments of behavior therapy efficacy with autistic children: a social validation. J Autism Dev Disord. 1983 Sep;13(3):237-48. X-3, X-10
2931. Runco MA and Schreibman L. Socially validating behavioral objectives in the treatment of autistic children. J Autism Dev Disord. 1987 Mar;17(1):141-7. X-10
2932. Runco MA and Schreibman L. Children's judgments of autism and social validation of behavior therapy efficacy. Behavior Therapy. 1988 Fal;19(4):565-576. X-10
2933. Russell RL, Bryant FB and Estrada AU. Confirmatory P-technique analyses of therapist discourse: high-versus low-quality child therapy sessions. J Consult Clin Psychol. 1996 Dec;64(6):1366-76. X-1, X-4, X-10
2934. Russo N, Larson C and Kraus N. Audio-vocal system regulation in children with autism spectrum disorders. Exp Brain Res. 2008 Jun;188(1):111-24. X-4
2935. Russo N, Nicol T, Trommer B, et al. Brainstem transcription of speech is disrupted in children with autism spectrum disorders. Dev Sci. 2009 Jul;12(4):557-67. X-1, X-2, X-3, X-4
2936. Russo NM, Skoe E, Trommer B, et al. Deficient brainstem encoding of pitch in children with Autism Spectrum Disorders. Clin Neurophysiol. 2008 Aug;119(8):1720-31. X-4
2937. Rust J and Smith A. How Should the Effectiveness of Social Stories to Modify the Behaviour of Children on the Autistic Spectrum be Tested? Autism: The International Journal of Research & Practice. 2006;10(2):125-138. X-1, X-2, X-3, X-4
2938. Rutherford MD, Young GS, Hepburn S, et al. A longitudinal study of pretend play in autism. J Autism Dev Disord. 2007 Jul;37(6):1024-39. X-4
2939. Rutter M, Kreppner J, Croft C, et al. Early adolescent outcomes of institutionally deprived and non-deprived adoptees. III. Quasi-autism. J Child Psychol Psychiatry. 2007 Dec;48(12):1200-7. X-1, X-4
2940. Ryan CS, Hemmes NS, Sturmey P, et al. Effects of a Brief Staff Training Procedure on Instructors' Use of Incidental Teaching and Students' Frequency of Initiation toward Instructors. Research in Autism Spectrum Disorders. 2008 Jan-Mar;2(1):28-45. X-1, X-3, X-4
2941. Rydell PJ and Mirenda P. Effects of high and low constraint utterances on the production of immediate and delayed echolalia in young children with autism. J Autism Dev Disord. 1994 Dec;24(6):719-35. X-4, X-10
2942. Sabbagh MA and Taylor M. Neural correlates of theory-of-mind reasoning: an event-related potential study. Psychol Sci. 2000 Jan;11(1):46-50. X-1, X-4
2943. Saffari M. A loving challenge. Rehab Manag. 2006 Nov;19(9):18, 20. X-1, X-2, X-3, X-4
2944. Safran SP. Why Youngsters with Autistic Spectrum Disorders Remain Underrepresented in Special Education. Remedial and Special Education. 2008;29(2):90-95. X-4
2945. Sagud M, Hotujac L, Mihaljevic-Peles A, et al. Gender differences in depression. Coll Antropol. 2002 Jun;26(1):149-57. X-1, X-2, X-4

2946. Sahley TL and Panksepp J. Brain opioids and autism: an updated analysis of possible linkages. J Autism Dev Disord. 1987 Jun;17(2):201-16. X-1, X-2, X-3, X-4, X-10
2947. Sainato DM, Goldstein H and Strain PS. Effects of self-evaluation on preschool children's use of social interaction strategies with their classmates with autism. J Appl Behav Anal. 1992 Spring;25(1):127-41. X-3, X-10
2948. Sainato DM, Strain PS, Lefebvre D, et al. Facilitating transition times with handicapped preschool children: a comparison between peer-mediated and antecedent prompt procedures. J Appl Behav Anal. 1987 Fall;20(3):285-91. X-10
2949. Sainato DM, Strain PS, Lefebvre D, et al. Effects of self-evaluation on the independent work skills of preschool children with disabilities. Except Child. 1990 Apr;56(6):540-9. X-10
2950. Sakka SG, Reinhart K, Wegscheider K, et al. Comparison of cardiac output and circulatory blood volumes by transpulmonary thermo-dye dilution and transcutaneous indocyanine green measurement in critically ill patients. Chest. 2002 Feb;121(2):559-65. X-1, X-4
2951. Saldana D, Alvarez RM, Lobaton S, et al. Objective and subjective quality of life in adults with autism spectrum disorders in southern Spain. Autism. 2009 May;13(3):303-16. X-1, X-4
2952. Salmon G, Cleave H and Samuel C. Development of multi-agency referral pathways for attention-deficit hyperactivity disorder, developmental coordination disorder and autistic spectrum disorders: reflections on the process and suggestions for new ways of working. Clin Child Psychol Psychiatry. 2006 Jan;11(1):63-81. X-1, X-2, X-3, X-4
2953. Saloviita T. Dry bed training method in the elimination of bed-wetting in two adults with autism and severe mental retardation. Cognitive Behaviour Therapy. 2002;31(3):135-140. X-1, X-3
2954. Salt J, Sellars V, Shemilt J, et al. The Scottish Centre for Autism preschool treatment programme. I: A developmental approach to early intervention. Autism. 2001 Dec;5(4):362-73. X-1, X-2, X-3, X-4
2955. Samms-Vaughan M and Franklyn-Banton L. The Role of Early Childhood Professionals in the Early Identification of Autistic Disorder. International Journal of Early Years Education. 2008 Mar;16(1):75-84. X-4
2956. Sanchez LE, Adams PB, Uysal S, et al. A comparison of live and videotape ratings: clomipramine and haloperidol in autism. Psychopharmacol Bull. 1995;31(2):371-8. X-3, X-10
2957. Sanchez LE, Campbell M, Small AM, et al. A pilot study of clomipramine in young autistic children. J Am Acad Child Adolesc Psychiatry. 1996 Apr;35(4):537-44. X-3, X-10
2958. Sanchez-Nieto B, Sanchez-Doblado F, Terron JA, et al. Lateral scatter correction algorithm for percentage depth dose in a large-field photon beam. Med Dosim. 1997 Summer;22(2):121-5. X-1, X-2, X-3, X-4, X-10
2959. Sanchez-Valle E, Posada M, Villaverde-Hueso A, et al. Estimating the Burden of Disease for Autism Spectrum Disorders in Spain in 2003. Journal of Autism and Developmental Disorders. 2008 Feb;38(2):288-296. X-4
2960. Sandford JJ, Gralton E and Donovan WM. Can deception ever be justified on therapeutic grounds? An ethical case report. Psychiatric Bulletin. 2001 Jun;25(6):206-208. X-1, X-2, X-3, X-4
2961. Sandler A. Placebo effects in developmental disabilities: implications for research and practice. Ment Retard Dev Disabil Res Rev. 2005;11(2):164-70. X-1, X-2, X-3, X-4
2962. Sandler AD and Bodfish JW. Placebo effects in autism: lessons from secretin. J Dev Behav Pediatr. 2000 Oct;21(5):347-50. X-1, X-2, X-3,X-4
2963. Sandler AD, Sutton KA, DeWeese J, et al. Lack of benefit of a single dose of synthetic human secretin in the treatment of autism and pervasive developmental disorder. N Engl J Med. 1999 Dec 9;341(24):1801-6. X-10
2964. Sandler RH, Finegold SM, Bolte ER, et al. Short-term benefit from oral vancomycin treatment of regressive-onset autism. Journal of Child Neurology. 2000 Jul;15(7):429-435. X-3
2965. Sandman CA. Beta-endorphin disregulation in autistic and self-injurious behavior: a neurodevelopmental hypothesis. Synapse. 1988;2(3):193-9. X-3, X-4, X-10
2966. Sandman CA, Hetrick W, Talyor D, et al. Uncoupling of proopiomelanocortin (POMC) fragments is related to self-injury. Peptides. 2000 Jun;21(6):785-91. X-4
2967. Sandt D. Social Stories for Students with Autism in Physical Education. Journal of Physical Education, Recreation & Dance (JOPERD). 2008 Aug;79(6):42-45. X-1, X-2, X-3, X-4
2968. Sansosti FJ and Powell-Smith KA. Using Social Stories to Improve the Social Behavior of Children with Asperger Syndrome. Journal of Positive Behavior Interventions. 2006;8(1):43-57. X-3
2969. Sansosti FJ and Powell-Smith KA. Using Computer-Presented Social Stories and Video Models to Increase the Social Communication Skills of Children with High-Functioning Autism Spectrum Disorders. Journal of Positive Behavior Interventions. 2008;10(3):162-178. X-3
2970. Sansosti FJ, Powell-Smith KA and Kincaid D. A Research Synthesis of Social Story Interventions for Children with Autism Spectrum Disorders. Focus on Autism and Other Developmental Disabilities. 2004 Win;19(4):194-204. X-1, X-2, X-3, X-4
2971. Santarcangelo S and Dyer K. Prosodic aspects of motherese: effects on gaze and responsiveness in developmentally disabled children. J Exp Child Psychol. 1988 Dec;46(3):406-18. X-10
2972. Santarcangelo S, Dyer K and Luce SC. Generalized reduction of disruptive behavior in unsupervised settings through specific toy training. Journal of the Association for Persons with Severe Handicaps. 1987 Spr;12(1):38-44. X-3, X-10
2973. Santosh PJ and Baird G. Pharmacotherapy of target symptoms in autistic spectrum disorders. Indian J Pediatr. 2001 May;68(5):427-31. X-1, X-2, X-3,X-4
2974. Santosh PJ, Baird G, Pityaratstian N, et al. Impact of comorbid autism spectrum disorders on stimulant response in children with attention deficit hyperactivity disorder: a retrospective and prospective effectiveness study. Child Care Health Dev. 2006 Sep;32(5):575-83. X-1
2975. Santosh PJ and Mijovic A. Does pervasive developmental disorder protect children and adolescents

against drug and alcohol use? European Child & Adolescent Psychiatry. 2006 Jun;15(4):183-188. X-1, X-4
2976. Sarokoff RA and Sturmey P. The effects of behavioral skills training on staff implementation of discrete-trial teaching. J Appl Behav Anal. 2004 Winter;37(4):535-8. X-1, X-3, X-4
2977. Sarokoff RA and Sturmey P. The Effects of Instructions, Rehearsal, Modeling, and Feedback on Acquisition and Generalization of Staff Use of Discrete Trial Teaching and Student Correct Responses. Research in Autism Spectrum Disorders. 2008 Jan-Mar;2(1):125-136. X-3
2978. Sarokoff RA, Taylor BA and Poulson CL. Teaching children with autism to engage in conversational exchanges: Script fading with embedded textual stimuli. Journal of Applied Behavior Analysis. 2001 Spr;34(1):81-84. X-3
2979. Sartawi AM. Educational and behavioural characteristics of autistic children in the United Arab Emirates. Int J Rehabil Res. 1999 Dec;22(4):337-9. X-10
2980. Sasso GM, Reimers TM, Cooper LJ, et al. Use of descriptive and experimental analyses to identify the functional properties of aberrant behavior in school settings. J Appl Behav Anal. 1992 Winter;25(4):809-21. X-3, X-4, X-10
2981. Saunders RR, Saunders MD, Brewer A, et al. Reduction of self injury in two adolescents with profound retardation by the establishment of a supported routine. Behavioral Interventions. 1996 Apr;11(2):59-86. X-10
2982. Sautter RA, LeBlanc LA and Gillett JN. Using Free Operant Preference Assessments to Select Toys for Free Play between Children with Autism and Siblings. Research in Autism Spectrum Disorders. 2008 Jan-Mar;2(1):17-27. X-3, X-4
2983. Saw CL, Olivo M, Wohland T, et al. Effects of N-methyl pyrrolidone on the uptake of hypericin in human bladder carcinoma and co-staining with DAPI investigated by confocal microscopy. Technol Cancer Res Treat. 2007 Oct;6(5):383-94. X-1, X-4
2984. Sawada M, Negoro H, Iida J, et al. Pervasive developmental disorder with attention deficit hyperactivity disorder-like symptoms and mismatch negativity. Psychiatry Clin Neurosci. 2008 Aug;62(4):479-81. X-4
2985. Sawyer LM, Luiselli JK, Ricciardi JN, et al. Teaching A Child with Autism to Share Among Peers in an Integrated Preschool Classroom: Acquisition, Maintenance, and Social Validation. Education and Treatment of Children. 2005 Feb;28(1):1-10. X-3
2986. Saxena S and Chawla PL. Childhood psychoses: a brief review. Indian J Pediatr. 1984 Mar-Apr;51(409):217-23. X-10
2987. Scahill L. How do I decide whether or not to use medication for my child with autism? Should I try behavior therapy first? J Autism Dev Disord. 2008 Jul;38(6):1197-8. X-1, X-2, X-3, X-4
2988. Scahill L, Aman MG, McDougle CJ, et al. Trial design challenges when combining medication and parent training in children with pervasive developmental disorders. J Autism Dev Disord. 2009 May;39(5):720-9. X-1, X-3, X-4
2989. Scahill L, Aman MG, McDougle CJ, et al. A prospective open trial of guanfacine in children with pervasive developmental disorders. J Child Adolesc Psychopharmacol. 2006 Oct;16(5):589-98. X-3
2990. Scahill L, Jekel JF and Schilling LS. Screening child psychiatric inpatients for communication disorders: a pilot study. Arch Psychiatr Nurs. 1991 Feb;5(1):31-7. X-1, X-10
2991. Scahill L, Koenig K, Carroll DH, et al. Risperidone approved for the treatment of serious behavioral problems in children with autism. J Child Adolesc Psychiatr Nurs. 2007 Aug;20(3):188-90. X-1, X-2, X-3
2992. Scahill L, McCracken J, McDougle CJ, et al. Methodological issues in designing a multisite trial of risperidone in children and adolescents with autism. J Child Adolesc Psychopharmacol. 2001 Winter;11(4):377-88. X-1, X-3, X-4
2993. Scahill L, McDougle CJ, Williams SK, et al. Children's Yale-Brown Obsessive Compulsive Scale modified for pervasive developmental disorders. J Am Acad Child Adolesc Psychiatry. 2006 Sep;45(9):1114-23. X-4
2994. Scanlon K. Art therapy with autistic children. Pratt Institute Creative Arts Therapy Review. 1993;14:34-43. X-2, X-3, X-10
2995. Scattone D. Social Skills Interventions for Children with Autism. Psychology in the Schools. 2007 Sep;44(7):717-726. X-1, X-2, X-3, X-4
2996. Scattone D. Enhancing the Conversation Skills of a Boy with Asperger's Disorder through Social Stories[TM] and Video Modeling. Journal of Autism and Developmental Disorders. 2008 Feb;38(2):395-400. X-3
2997. Scattone D, Tingstrom DH and Wilczynski SM. Increasing Appropriate Social Interactions of Children with Autism Spectrum Disorders Using Social Stories[TM]. Focus on Autism and Other Developmental Disabilities. 2006 Win;21(4):211-222. X-3
2998. Scattone D, Wilczynski SM, Edwards RP, et al. Decreasing disruptive behaviors of children with autism using social stories. Journal of Autism and Developmental Disorders. 2002 Dec;32(6):535-543. X-3
2999. Schaaf RC and Miller LJ. Occupational therapy using a sensory integrative approach for children with developmental disabilities. Ment Retard Dev Disabil Res Rev. 2005;11(2):143-8. X-1, X-2, X-3
3000. Schaefer GB and Lutz RE. Diagnostic yield in the clinical genetic evaluation of autism spectrum disorders. Genet Med. 2006 Sep;8(9):549-56. X-4
3001. Schaller J and Yang NK. Competitive Employment for People With Autism: Correlates of Successful Closure in Competitive and Supported Employment. Rehabilitation Counseling Bulletin. 2005 Fal;49(1):4-16. X-1, X-4
3002. Schatz J and Hamdan-Allen G. Effects of age and IQ on adaptive behavior domains for children with autism. J Autism Dev Disord. 1995 Feb;25(1):51-60. X-4, X-10
3003. Schechtman MA. Scientifically unsupported therapies in the treatment of young children with autism spectrum disorders. Pediatr Ann. 2007 Aug;36(8):497-8, 500-2, 504-5. X-1, X-2,X-3, X-4
3004. Schepis MM, Reid DH, Fitzgerald JR, et al. A program for increasing manual signing by autistic and profoundly retarded youth within the daily environment. J Appl Behav Anal. 1982 Fall;15(3):363-79. X-3, X-10
3005. Scherer NJ and Olswang LB. Using structured discourse as a language intervention technique with autistic

children. J Speech Hear Disord. 1989 Aug;54(3):383-94. X-3, X-10
3006. Schertz H and Robb M. Interventions for Toddlers with Autism: Building on the Parent-Child Relationship to Promote Joint Attention. Young Exceptional Children. 2006;9(3):20-27. X-3
3007. Schertz HH and Odom SL. Joint Attention and Early Intervention with Autism: A Conceptual Framework and Promising Approaches. Journal of Early Intervention. 2004 Fall;27(1):42-54. X-1, X-2, X-3, X-4
3008. Schertz HH and Odom SL. Promoting joint attention in toddlers with autism: a parent-mediated developmental model. J Autism Dev Disord. 2007 Sep;37(8):1562-75. X-3
3009. Schieve LA, Blumberg SJ, Rice C, et al. The relationship between autism and parenting stress. Pediatrics. 2007 Feb;119 Suppl 1:S114-21. X-1, X-4
3010. Schilling DL and Schwartz IS. Alternative Seating for Young Children with Autism Spectrum Disorder: Effects on Classroom Behavior. Journal of Autism and Developmental Disorders. 2004 v34 n4 423-432 Aug. X-3
3011. Schindler HR and Horner RH. Generalized reduction of problem behavior of young children with autism: building trans-situational interventions. Am J Ment Retard. 2005 Jan;110(1):36-47. X-3
3012. Schleien SJ, Heyne LA and Berken SB. Integrating physical education to teach appropriate play skills to learners with autism: A pilot study. Adapted Physical Activity Quarterly. 1988 Jul;5(3):182-192. X-10
3013. Schleien SJ, Mustonen T and Rynders JE. Participation of children with autism and nondisabled peers in a cooperatively structured community art program. J Autism Dev Disord. 1995 Aug;25(4):397-413. X-10
3014. Schlinger HD. The Long Good-Bye: Why B. F. Skinner's "Verbal Behavior" Is Alive and Well on the 50th Anniversary of Its Publication. Psychological Record. 2008 Sum;58(3):329-337. X-1, X-2, X-3, X-4
3015. Schlosser RW and Blischak DM. Effects of speech and print feedback on spelling by children with autism. J Speech Lang Hear Res. 2004 Aug;47(4):848-62. X-3
3016. Schlosser RW, Blischak DM, Belfiore PJ, et al. Effects of synthetic speech output and orthographic feedback on spelling in a student with autism: A preliminary study. Journal of Autism and Developmental Disorders. 1998 Aug;28(4):309-319. X-10
3017. Schlosser RW, Sigafoos J, Luiselli JK, et al. Effects of Synthetic Speech Output on Requesting and Natural Speech Production in Children with Autism: A Preliminary Study. Research in Autism Spectrum Disorders. 2007 Apr-Jun;1(2):139-163. X-3
3018. Schlosser RW and Wendt O. Effects of augmentative and alternative communication intervention on speech production in children with autism: a systematic review. Am J Speech Lang Pathol. 2008 Aug;17(3):212-30. X-2
3019. Schmidt GL, Rey MM, Oram Cardy JE, et al. Absence of M100 source asymmetry in autism associated with language functioning. Neuroreport. 2009 Jul 15;20(11):1037-41. X-4
3020. Schmidt H, Kern W, Giese R, et al. Intranasal insulin to improve developmental delay in children with 22q13 deletion syndrome: an exploratory clinical trial. J Med Genet. 2009 Apr;46(4):217-22. X-1, X-3, X-4
3021. Schmidt JG, Dombvoy ML and Watkins K. Treatment of viral encephalitis organic personality disorder and autistic features with propranolol: A case report. Journal of Neurologic Rehabilitation. 1995;9(1):41-45. X-1, X-3, X-4, X-10
3022. Schmit J, Alper S, Raschke D, et al. Effects of using a photographic cueing package during routine school transitions with a child who has autism. Ment Retard. 2000 Apr;38(2):131-7. X-3
3023. Schneider CK, Melmed RD, Barstow LE, et al. Oral human immunoglobulin for children with autism and gastrointestinal dysfunction: a prospective, open-label study. J Autism Dev Disord. 2006 Nov;36(8):1053-64. X-3
3024. Schopler E. Evolution in understanding and treatment of autism. Triangle. 1982;21(2-3):51-7. X-10
3025. Schopler E. Treatment abuse and its reduction. J Autism Dev Disord. 1986 Jun;16(2):99-104. X-10
3026. Schopler E. Specific and nonspecific factors in the effectiveness of a treatment system. Am Psychol. 1987 Apr;42(4):376-83. X-10
3027. Schopler E. Collaboration between research professional and consumer. J Autism Dev Disord. 1996 Apr;26(2):277-80. X-10
3028. Schopler E and Dalldorf J. Autism: definition, diagnosis, and management. Hosp Pract. 1980 Jun;15(6):64-73. X-1, X-2, X-3, X-4, X-10
3029. Schopler E and Hennike JM. Past and present trends in residential treatment. J Autism Dev Disord. 1990 Sep;20(3):291-8. X-1, X-2, X-3, X-4, X-10
3030. Schopler E, Mesibov G and Baker A. Evaluation of treatment for autistic children and their parents. J Am Acad Child Psychiatry. 1982 May;21(3):262-7. X-10
3031. Schopler E and Olley JG. Public school programing for autistic children. Except Child. 1980 Mar;46(6):461-3. X-10
3032. Schrandt JA, Townsend DB and Poulson CL. Teaching Empathy Skills to Children with Autism. Journal of Applied Behavior Analysis. 2009 Spr;42(1):17-32. X-3
3033. Schreck KA. It can be done: An example of a behavioral individualized education program (IEP) for a child with autism. Behavioral Interventions. 2000 Oct-Dec;15(4):279-300. X-3
3034. Schreck KA and Mazur A. Behavior analyst use of and beliefs in treatments for people with autism. Behavioral Interventions. 2008 Jul;23(3):201-212. X-1, X-4
3035. Schreck KA, Mulick JA and Smith AF. Sleep problems as possible predictors of intensified symptoms of autism. Res Dev Disabil. 2004 Jan-Feb;25(1):57-66. X-4
3036. Schreck KA and Williams K. Food P and Factors Influencing Food Selectivity for Children with Autism Spectrum Disorders. Research in Developmental Disabilities: A Multidisciplinary Journal. 2006 Jul-Aug;27(4):353-363. X-1, X-4
3037. Schreck KA, Williams K and Smith AF. A comparison of eating behaviors between children with and without autism. J Autism Dev Disord. 2004 Aug;34(4):433-8. X-1, X-4
3038. Schreibman L. Intensive behavioral/psychoeducational treatments for autism: research needs and future directions. J Autism Dev Disord. 2000 Oct;30(5):373-8. X-1, X-2, X-3, X-4

3039. Schreibman L, Charlop MH and Koegel RL. Teaching autistic children to use extra-stimulus prompts. J Exp Child Psychol. 1982 Jun;33(3):475-91. X-10
3040. Schreibman L, Kaneko WM and Koegel RL. Positive affect of parents of autistic children: A comparison across two teaching techniques. Behavior Therapy. 1991 Fal;22(4):479-490. X-10
3041. Schreibman L, O'Neill RE and Koegel RL. Behavioral training for siblings of autistic children. J Appl Behav Anal. 1983 Summer;16(2):129-38. X-10
3042. Schreibman L, Stahmer AC, Barlett VC, et al. Brief Report: Toward Refinement of a Predictive Behavioral Profile for Treatment Outcome in Children with Autism. Research in Autism Spectrum Disorders. 2009 Jan;3(1):163-172. X-3
3043. Schreibman L, Whalen C and Stahmer AC. The use of video priming to reduce disruptive transition behavior in children with autism. Journal of Positive Behavior Interventions. 2000 Win;2(1):3-11. X-3
3044. Schroeder CS and Schroeder SR. The future of children is now. J Autism Dev Disord. 1990 Sep;20(3):367-78. X-1, X-2, X-3, X-4, X-10
3045. Schroeder SR, LeBlanc JM and Mayo L. Brief report: a life-span perspective on the development of individuals with autism. J Autism Dev Disord. 1996 Apr;26(2):251-5. X-10
3046. Schroeder SR, Mulick JA and Rojahn J. The definition, taxonomy, epidemiology, and ecology of self-injurious behavior. J Autism Dev Disord. 1980 Dec;10(4):417-32. X-1, X-2, X-3, X-4, X-10
3047. Schubert A. "I want to talk like everyone": on the use of multiple means of communication. Ment Retard. 1997 Oct;35(5):347-54. X-3, X-4, X-10
3048. Schultz ST, Klonoff-Cohen HS, Wingard DL, et al. Acetaminophen (Paracetamol) Use, Measles-Mumps-Rubella Vaccination, and Autistic Disorder: The Results of a Parent Survey. Autism: The International Journal of Research and Practice. 2008;12(3):293-307. X-1, X-4
3049. Schumacher K. Informed consent: should it be extended to vaccinations? Thomas Jefferson Law Rev. 1999 Fall;22(1):89-119. X-10
3050. Schuntermann P. Pervasive developmental disorder and parental adaptation: previewing and reviewing atypical development with parents in child psychiatric consultation. Harv Rev Psychiatry. 2002 Jan-Feb;10(1):16-27. X-4
3051. Schwarte AR. Fragile X Syndrome. School Psychology Quarterly. 2008 Jun;23(2):290-300. X-1, X-2, X-3, X-4
3052. Schwartz CB, Henderson HA, Inge AP, et al. Temperament as a Predictor of Symptomotology and Adaptive Functioning in Adolescents with High-Functioning Autism. Journal of Autism and Developmental Disorders. 2009 Jun;39(6):842-855. X-1, X-4
3053. Schwartz H and Drager KD. Training and knowledge in autism among speech-language pathologists: a survey. Lang Speech Hear Serv Sch. 2008 Jan;39(1):66-77. X-1, X-4
3054. Schwartz IS, Sandall SR, Garfinkle AN, et al. Outcomes for children with autism: Three case studies. Topics in Early Childhood Special Education. 1998 Fal;18(3):132-143. X-3, X-10
3055. Schwichtenberg A and Poehlmann J. Applied behaviour analysis: does intervention intensity relate to family stressors and maternal well-being? J Intellect Disabil Res. 2007 Aug;51(Pt 8):598-605. X-1, X-4
3056. Scifo R, Batticane N, Quattropani MC, et al. A double-blind trial with naltrexone in autism. Brain Dysfunction. 1991 Nov-Dec;4(6):301-307. X-10
3057. Scifo R, Cioni M, Nicolosi A, et al. Opioid-immune interactions in autism: behavioural and immunological assessment during a double-blind treatment with naltrexone. Ann Ist Super Sanita. 1996;32(3):351-9. X-10
3058. Scolnick B. Effects of electroencephalogram biofeedback with Asperger's syndrome. Int J Rehabil Res. 2005 Jun;28(2):159-63. X-1, X-3
3059. Scorgie K and Wilgosh L. Reflections on an Uncommon Journey: A Follow-Up Study of Life Management of Six Mothers of Children with Diverse Disabilities. International Journal of Special Education. 2008;23(1):103-114. X-1, X-4
3060. Scott DW and Eames P. Use of sulpiride in a case of atypical autism. Journal of Autism and Developmental Disorders. 1988 Mar;18(1):144-146. X-1, X-3, X-10
3061. Scott FJ, Baron-Cohen S, Bolton P, et al. The CAST (Childhood Asperger Syndrome Test): preliminary development of a UK screen for mainstream primary-school-age children. Autism. 2002 Mar;6(1):9-31. X-1, X-4
3062. Scott MA, Fletcher JM, Brookshire BL, et al. Memory functions in children with early hydrocephalus. Neuropsychology. 1998 Oct;12(4):578-89. X-4, X-10
3063. Scragg P and Shah A. Prevalence of Asperger's syndrome in a secure hospital. Br J Psychiatry. 1994 Nov;165(5):679-82. X-4, X-10
3064. Seabert H, Eastwood EC and Harris A. A multiprofessional children's feeding clinic. J Fam Health Care. 2005;15(3):72-4. X-1, X-2, X-3, X-4
3065. Seal BC and Bonvillian JD. Sign language and motor functioning in students with autistic disorder. J Autism Dev Disord. 1997 Aug;27(4):437-66. X-4, X-10
3066. Searles HF. Separation and loss in psychoanalytic therapy with borderline patients: further remarks. Am J Psychoanal. 1985 Spring;45(1):9-34. X-1, X-2, X-3, X-4, X-10
3067. Sebestik J and Garralda ME. Survey of difficult to contain and treat children and adolescents. Arch Dis Child. 1996 Jul;75(1):78-81. X-1, X-4, X-10
3068. Secan KE, Egel AL and Tilley CS. Acquisition, generalization, and maintenance of question-answering skills in autistic children. J Appl Behav Anal. 1989 Summer;22(2):181-96. X-10
3069. Seida JK, Ospina MB, Karkhaneh M, et al. Systematic reviews of psychosocial interventions for autism: an umbrella review. Dev Med Child Neurol. 2009 Feb;51(2):95-104. X-2
3070. Selassie GR-H, Viggedal G, Olsson I, et al. Speech, Language, and Cognition in Preschool Children with Epilepsy. Developmental Medicine & Child Neurology. 2008 Jun;50(6):432-438. X-1, X-4
3071. Sen E and Yurtsever S. Difficulties experienced by families with disabled children. J Spec Pediatr Nurs. 2007 Oct;12(4):238-52. X-1, X-4
3072. Serra M, Minderaa RB, van Geert PL, et al. Social-cognitive abilities in children with lesser variants of autism:

skill deficits or failure to apply skills? Eur Child Adolesc Psychiatry. 1999 Dec;8(4):301-11. X-4, X-10
3073. Serra M, Minderaa RB, van Geert PL, et al. Emotional role-taking abilities of children with a pervasive developmental disorder not otherwise specified. J Child Psychol Psychiatry. 1995 Mar;36(3):475-90. X-4, X-10
3074. Serrano AC. Haloperidol -- its use in children. J Clin Psychiatry. 1981 Apr;42(4):154-6. X-1, X-2, X-3, X-4, X-10
3075. Sersen EA, Heaney G, Clausen J, et al. Brainstem auditory-evoked responses with and without sedation in autism and Down's syndrome. Biological Psychiatry. 1990 Apr;27(8):834-840. X-4, X-10
3076. Servais Vr. Some comments on context embodiment in zootherapy: The case of the Autidolfin project. AnthrozoÃ¶s. 1999;12(1):5-15. X-10
3077. Seung H, Rogalski Y, Shankar M, et al. The gluten- and casein-free diet and autism: Communication outcomes from a preliminary double-blind clinical trial. Journal of Medical Speech-Language Pathology. 2007 Dec;15(4):337-345. X-3
3078. Seung HK, Ashwell S, Elder JH, et al. Verbal communication outcomes in children with autism after in-home father training. J Intellect Disabil Res. 2006 Feb;50(Pt 2):139-50. X-3
3079. Sevy S, Nathanson K, Visweswaraiah H, et al. The relationship between insight and symptoms in schizophrenia. Compr Psychiatry. 2004 Jan-Feb;45(1):16-9. X-4
3080. Sgro MD, Barozzino T, Mirghani HM, et al. Pregnancy outcome post renal transplantation. Teratology. 2002 Jan;65(1):5-9. X-1, X-2, X-4
3081. Shabani DB and Fisher WW. Stimulus fading and differential reinforcement for the treatment of needle phobia in a youth with autism. Journal of Applied Behavior Analysis. 2006 Win;39(4):449-452. X-3
3082. Shabani DB, Katz RC, Wilder DA, et al. Increasing social initiations in children with autism: effects of a tactile prompt. J Appl Behav Anal. 2002 Spring;35(1):79-83. X-3
3083. Shabani DB, Wilder DA and Flood WA. Reducing stereotypic behavior through discrimination training, differential reinforcement of other behavior, and self monitoring. Behavioral Interventions. 2001 Oct-Dec;16(4):279-286. X-3
3084. Shabry F and Wolk JA. Granulocytopenia in children after phenothiazine therapy. Am J Psychiatry. 1980 Mar;137(3):374-5. X-10
3085. Shafer MS, Egel AL and Neef NA. Training mildly handicapped peers to facilitate changes in the social interaction skills of autistic children. J Appl Behav Anal. 1984 Winter;17(4):461-76. X-4, X-10
3086. Shah A, Parikh D, Jawaheer G, et al. Persistent rectal prolapse in children: sclerotherapy and surgical management. Pediatr Surg Int. 2005 Apr;21(4):270-3. X-1, X-4
3087. Shaked M and Bilu Y. Grappling with affliction: Autism in the Jewish ultraorthodox community in Israel. Culture, Medicine and Psychiatry. 2006 Mar;30(1):1-27. X-1, X-2, X-3, X-4
3088. Sham E, Seuntjens J, Devic S, et al. Influence of focal spot on characteristics of very small diameter radiosurgical beams. Med Phys. 2008 Jul;35(7):3317-30. X-1, X-2, X-3, X-4
3089. Shannon M and Graef JW. Lead intoxication in children with pervasive developmental disorders. J Toxicol Clin Toxicol. 1996;34(2):177-81. X-4, X-10
3090. Shapira J, Mann J, Tamari I, et al. Oral health status and dental needs of an autistic population of children and young adults. Spec Care Dentist. 1989 Mar-Apr;9(2):38-41. X-4, X-10
3091. Shapiro T, Frosch E and Arnold S. Communicative interaction between mothers and their autistic children: application of a new instrument and changes after treatment. J Am Acad Child Adolesc Psychiatry. 1987 Jul;26(4):485-90. X-10
3092. Shattuck PT, Grosse S, Parish S, et al. Utilization of a Medicaid-funded intervention for children with autism. Psychiatr Serv. 2009 Apr;60(4):549-52. X-3, X-4
3093. Shavelle RM and Strauss D. Comparative mortality of persons with autism in California, 1980-1996. J Insur Med. 1998;30(4):220-5. X-4, X-10
3094. Shaw P and Rapoport JL. Decision Making about Children with Psychotic Symptoms: Using the Best Evidence in Choosing a Treatment. Journal of the American Academy of Child and Adolescent Psychiatry. 2006 Nov;45(11):1381. X-1, X-3, X-4
3095. Shea V. A Perspective on the Research Literature Related to Early Intensive Behavioral Intervention (Lovaas) for Young Children with Autism. Autism The International Journal of Research and Practice. 2004 Dec;8(4):349-367. X-1, X-2, X-3, X-4
3096. Shea V. A Perspective on the Research Literature Related to Early Intensive Behavioral Intervention (Lovaas) for Young Children with Autism. Communication Disorders Quarterly. 2005 Win;26(2):102-111. X-1, X-2, X-3, X-4
3097. Shearer DD and et al. Promoting independent interactions between preschoolers with autism and their nondisabled peers: An analysis of self-monitoring. Early Education and Development. 1996 Jul;7(3):205-220. X-10
3098. Sheehan CM and Matuozzi RT. Investigation of the validity of facilitated communication through the disclosure of unknown information. Mental Retardation. 1996 Apr;34(2):94-107. X-10
3099. Sheinkopf SJ and Siegel B. Home-based behavioral treatment of young children with autism. J Autism Dev Disord. 1998 Feb;28(1):15-23. X-10
3100. Sheitman BB, Knable MB, Jarskog LF, et al. Secretin for refractory schizophrenia. Schizophr Res. 2004 Feb 1;66(2-3):177-81. X-1, X-3, X-4
3101. Shek DT, Tsang SK, Lam LL, et al. Psychometric properties of the Chinese version of the Psycho-educational Profile-Revised (CPEP-R). J Autism Dev Disord. 2005 Feb;35(1):37-44. X-1, X-2, X-4
3102. Sherer M, Pierce KL, Paredes S, et al. Enhancing conversation skills in children with autism via video technology. Which is better, "self" or "other" as a model? Behav Modif. 2001 Jan;25(1):140-58. X-3
3103. Sherer MR and Schreibman L. Individual behavioral profiles and predictors of treatment effectiveness for children with autism. J Consult Clin Psychol. 2005 Jun;73(3):525-38. X-3

3104. Sherman BR. Predictors of the decision to place developmentally disabled family members in residential care. Am J Ment Retard. 1988 Jan;92(4):344-51. X-1, X-4, X-10
3105. Sherman J, Barker P, Lorimer P, et al. Treatment of autistic children: relative effectiveness of residential, out-patient and home-based interventions. Child Psychiatry Hum Dev. 1988 Winter;19(2):109-25. X-10
3106. Sherman J, Factor DC, Swinson R, et al. The effects of fenfluramine (hydrochloride) on the behaviors of fifteen autistic children. J Autism Dev Disord. 1989 Dec;19(4):533-43. X-10
3107. Sherratt D. Developing pretend play in children with autism: a case study. Autism. 2002 Jun;6(2):169-79. X-3
3108. Sheth RD, Goulden KJ and Ronen GM. Aggression in children treated with clobazam for epilepsy. Clin Neuropharmacol. 1994 Aug;17(4):332-7. X-10
3109. Shevell M, Majnemer A, Platt RW, et al. Developmental and functional outcomes in children with global developmental delay or developmental language impairment. Dev Med Child Neurol. 2005 Oct;47(10):678-83. X-4
3110. Shields J. The NAS EarlyBird Programme: autism-specific early intervention for parents. Prof Care Mother Child. 2000;10(2):53-4. X-1, X-2, X-3, X-4
3111. Shields J. The NAS EarlyBird Programme: partnership with parents in early intervention. The National Autistic Society. Autism. 2001 Mar;5(1):49-56. X-1, X-2, X-3, X-4
3112. Shields-Wolfe J and Gallagher PA. Functional utilization of splinter skills for the employment of a young adult with autism. Focus on Autistic Behavior. 1992 Oct;7(4):1-16. X-1, X-3, X-10
3113. Shimoji T, Shimabukuro S, Sugama S, et al. Mild trigonocephaly with clinical symptoms: analysis of surgical results in 65 patients. Childs Nerv Syst. 2002 May;18(5):215-24. X-1, X-3, X-4
3114. Shimoji T and Tomiyama N. Mild trigonocephaly and intracranial pressure: report of 56 patients. Childs Nerv Syst. 2004 Oct;20(10):749-56. X-4
3115. Shipley-Benamou R, Lutzker JR and Taubman M. Teaching daily living skills to children with autism through instructional video modeling. Journal of Positive Behavior Interventions. 2002 Sum;4(3):165-175. X-3
3116. Shirataki S, Hanada M, Kuromaru S, et al. Long-term follow-up study of 13 autistic children. Folia Psychiatr Neurol Jpn. 1984;38(1):25-31. X-4, X-10
3117. Shireman TI, Reichard A and Rigler SK. Psychotropic medication use among Kansas Medicaid youths with disabilities. J Child Adolesc Psychopharmacol. 2005 Feb;15(1):107-15. X-1, X-4
3118. Shook GL, Ala'i-Rosales S and Glenn SS. Training and certifying behavior analysts. Behav Modif. 2002 Jan;26(1):27-48. X-1, X-2, X-3, X-4
3119. Shook GL and Neisworth JT. Ensuring Appropriate Qualifications for Applied Behavior Analyst Professionals: The Behavior Analyst Certification Board. Exceptionality. 2005 Mar;13(1):3-10. X-1, X-2, X-3, X-4
3120. Short AB. Short-term treatment outcome using parents as co-therapists for their own autistic children. J Child Psychol Psychiatry. 1984 Jul;25(3):443-58. X-10
3121. Shu BC and Lung FW. The effect of support group on the mental health and quality of life for mothers with autistic children. J Intellect Disabil Res. 2005 Jan;49(Pt 1):47-53. X-1, X-4
3122. Shuttleworth J. The suffering of Asperger children and the challenge they present to psychoanalytic thinking. Journal of Child Psychotherapy. 1999 Aug;25(2):239-265. X-3, X-10
3123. Siaperas P and Beadle-Brown J. A case study of the use of a structured teaching approach in adults with autism in a residential home in Greece. Autism. 2006 Jul;10(4):330-43. X-1, X-3, X-4
3124. Sidener TM, Carr JE and Firth AM. Superimposition and withholding of edible consequences as treatment for automatically reinforced stereotypy. J Appl Behav Anal. 2005 Spring;38(1):121-4. X-3
3125. Sidener TM, Shabani DB, Carr JE, et al. An evaluation of strategies to maintain mands at practical levels. Res Dev Disabil. 2006 Nov-Dec;27(6):632-44. X-3
3126. Sidoli M. The little puppet: working with autistic defences in mother-infant psychotherapy. J Anal Psychol. 2000 Apr;45(2):159-75. X-3, X-4
3127. Sigafoos J. Assessing conditional use of graphic mode requesting in a young boy with autism. Journal of Developmental and Physical Disabilities. 1998 Jun;10(2):133-151. X-10
3128. Sigafoos J, Didden R and O'Reilly M. Effects of speech output on maintenance of requesting and frequency of vocalizations in three children with developmental disabilities. AAC: Augmentative and Alternative Communication. 2003 Mar;19(1):37-47. X-3
3129. Sigafoos J, Drasgow E, Halle JW, et al. Teaching VOCA use as a communicative repair strategy. J Autism Dev Disord. 2004 Aug;34(4):411-22. X-3
3130. Sigafoos J, Ganz J, O'Reilly M, et al. Evidence-Based Practice in the Classroom: Evaluating a Procedure for Reducing Perseverative Requesting in an Adolescent with Autism and Severe Intellectual Disability. Australasian Journal of Special Education. 2008 Apr;32(1):55-65. X-3
3131. Sigafoos J, Ganz JB, O'Reilly M, et al. Assessing Correspondence Following Acquisition of an Exchange-Based Communication System. Research in Developmental Disabilities: A Multidisciplinary Journal Journal Citation: v28 n1 p71-83 Jan-Feb 2007 Publisher: Elsevier. 6277 Sea Harbor Drive, Orlando, FL 32887-4800. Tel: 877-839-7126; Tel: 407-345-4020; Fax: 407-363-1354; e-mail: usjcs@elsevier.com; Web site: http://www.elsevier.com. 2007 Pub Types: Journal Articles; Reports - Evaluative. X-3
3132. Sigafoos J, Green VA, Schlosser R, et al. Communication Intervention in Rett Syndrome: A Systematic Review. Research in Autism Spectrum Disorders. 2009 Apr-Jun;3(2):304-318. X-1, X-2, X-3, X-4
3133. Sigafoos J, Kerr M, Roberts D, et al. Increasing opportunities for requesting in classrooms serving children with developmental disabilities. J Autism Dev Disord. 1994 Oct;24(5):631-45. X-10
3134. Sigafoos J and Meikle B. Functional communication training for the treatment of multiply determined challenging behavior in two boys with autism. Behavior Modification. 1996 Jan;20(1):60-84. X-3, X-10

3135. Sigafoos J, O'Reilly M, Ma CH, et al. Effects of Embedded Instruction Versus Discrete-Trial Training on Self-Injury, Correct Responding, and Mood in a Child with Autism. Journal of Intellectual and Developmental Disability. 2006 Dec;31(4):196-203. X-3
3136. Sigafoos J, O'Reilly M, Seely-York S, et al. Teaching students with developmental disabilities to locate their AAC device. Res Dev Disabil. 2004 Jul-Aug;25(4):371-83. X-3
3137. Sigafoos J, Roberts D, Kerr M, et al. Opportunities for communication in classrooms serving children with developmental disabilities. J Autism Dev Disord. 1994 Jun;24(3):259-79. X-10
3138. Sigafoos J, Roberts-Pennell D and Graves D. Longitudinal assessment of play and adaptive behavior in young children with developmental disabilities. Res Dev Disabil. 1999 Mar-Apr;20(2):147-61. X-4, X-10
3139. Sigman M and McGovern CW. Improvement in cognitive and language skills from preschool to adolescence in autism. J Autism Dev Disord. 2005 Feb;35(1):15-23. X-4
3140. Sigman M, Ruskin E, Arbeile S, et al. Continuity and change in the social competence of children with autism, Down syndrome, and developmental delays. Monogr Soc Res Child Dev. 1999;64(1):1-114. X-4, X-10
3141. Sigman M and Ungerer JA. Cognitive and language skills in autistic, mentally retarded, and normal children. Developmental Psychology. 1984 Mar;20(2):293-302. X-10
3142. Sik Lanyi C, Laky V, Tilinger A, et al. Developing multimedia software and virtual reality worlds and their use in rehabilitation and psychology. Stud Health Technol Inform. 2004;105:273-84. X-1, X-2, X-3, X-4
3143. Siller M and Sigman M. The behaviors of parents of children with autism predict the subsequent development of their children's communication. J Autism Dev Disord. 2002 Apr;32(2):77-89. X-4
3144. Siller M and Sigman M. Modeling longitudinal change in the language abilities of children with autism: parent behaviors and child characteristics as predictors of change. Dev Psychol. 2008 Nov;44(6):1691-704. X-4
3145. Silva LM and Cignolini A. A medical qigong methodology for early intervention in autism spectrum disorder: a case series. Am J Chin Med. 2005;33(2):315-27. X-3
3146. Silva RR, Malone RP, Anderson LT, et al. Haloperidol withdrawal and weight changes in autistic children. Psychopharmacol Bull. 1993;29(2):287-91. X-4, X-10
3147. Silveira R, Jainer AK and Bates G. Fluoxetine treatment of selective mutism in pervasive developmental disorder. International Journal of Psychiatry in Clinical Practice. 2004 Sep;8(3):179-180. X-3
3148. Silver H, Goodman C, Knoll G, et al. Brief emotion training improves recognition of facial emotions in chronic schizophrenia. A pilot study. Psychiatry Res. 2004 Sep 30;128(2):147-54. X-1, X-4
3149. Silver M and Oakes P. Evaluation of a new computer intervention to teach people with autism or Asperger syndrome to recognize and predict emotions in others. Autism. 2001 Sep;5(3):299-316. X-1
3150. Silverman RD. Litigation, regulation, and education--protecting the public's health through childhood immunization. N Engl J Med. 2009 Jun 11;360(24):2500-1. X-1, X-2, X-3, X-4
3151. Simer N and Cuvo AJ. Training Vision Screening Behavior to Children with Developmental Disabilities. Research in Autism Spectrum Disorders. 2009 Apr-Jun;3(2):409-420. X-3
3152. Simon EW, Whitehair PM and Toll DM. A case study: Follow-up assessment of facilitated communication. Journal of Autism and Developmental Disorders. 1996 Feb;26(1):9-18. X-10
3153. Simonson LR, Simonson SM and Volkmar FR. Benhaven's residential program. J Autism Dev Disord. 1990 Sep;20(3):323-37. X-1, X-2, X-3, X-4, X-10
3154. Simpson A, Langone J and Ayres KM. Embedded Video and Computer Based Instruction to Improve Social Skills for Students with Autism. Education and Training in Developmental Disabilities. 2004 Sep;39(3):240-252. X-3
3155. Simpson R. Tips for practitioners: Reinforcement of social story compliance. Focus on Autistic Behavior. 1993 Aug;8(3):15-16. X-10
3156. Simpson RL. Finding Effective Intervention and Personnel Preparation Practices for Students with Autism Spectrum Disorders. Exceptional Children. 2004 Win;70(2):135-144. X-1, X-2, X-3, X-4
3157. Simpson RL, McKee M, Teeter D, et al. Evidence-Based Methods for Children and Youth with Autism Spectrum Disorders: Stakeholder Issues and Perspectives. Exceptionality. 2007 Nov;15(4):203-217. X-1, X-2, X-3, X-4
3158. Simpson RL and Myles BS. Effectiveness of facilitated communication with children and youth with autism. The Journal of Special Education. 1995 Win;28(4):424-439. X-10
3159. Singh I. Prolonged oculogyric crisis on addition of nifedipine to neuroleptic medication regime. British Journal of Psychiatry. 1987 Jan;150:127-128. X-1, X-3, X-10
3160. Singh J, Illes J, Lazzeroni L, et al. Trends in US autism research funding. J Autism Dev Disord. 2009 May;39(5):788-95. X-1, X-2, X-3, X-4
3161. Singh NN, Lancioni GE, Winton AS, et al. Mindful parenting decreases aggression and increases social behavior in children with developmental disabilities. Behav Modif. 2007 Nov;31(6):749-71. X-1, X-3, X-4
3162. Singh NN, Lancioni GE, Winton ASW, et al. Mindful Parenting Decreases Aggression, Noncompliance, and Self-Injury in Children with Autism. Journal of Emotional and Behavioral Disorders. 2006 Fall;14(3):169-177. X-1, X-3, X-4
3163. Singh VK and Jensen RL. Elevated levels of measles antibodies in children with autism. Pediatr Neurol. 2003 Apr;28(4):292-4. X-4
3164. Sinha Y, Silove N, Wheeler D, et al. Auditory integration training and other sound therapies for autism spectrum disorders. Cochrane Database Syst Rev. 2004(1):CD003681. X-2
3165. Sinha Y, Silove N, Wheeler D, et al. Auditory integration training and other sound therapies for autism spectrum disorders: a systematic review. Arch Dis Child. 2006 Dec;91(12):1018-22. X-2

3166. Sjogreen L, Andersson-Norinder J and Jacobsson C. Development of speech, feeding, eating, and facial expression in Mobius sequence. Int J Pediatr Otorhinolaryngol. 2001 Sep 28;60(3):197-204. X-1, X-4
3167. Sloan JL and Marcus L. Some findings on the use of the adaptive behavior scale with autistic children. J Autism Dev Disord. 1981 Jun;11(2):191-9. X-1, X-2, X-3, X-4, X-10
3168. Slotnick CF. Cognitive differences in classification tasks among autistic children. New Dir Child Dev. 1988 Spring(39):75-90. X-10
3169. Smith A, McCann R and McKinlay I. Second dose of MMR vaccine: health professionals' level of confidence in the vaccine and attitudes towards the second dose. Commun Dis Public Health. 2001 Dec;4(4):273-7. X-1, X-4
3170. Smith A, Yarwood J and Salisbury DM. Tracking mothers' attitudes to MMR immunisation 1996-2006. Vaccine. 2007 May 16;25(20):3996-4002. X-1, X-4
3171. Smith AE and Camarata S. Using teacher-implemented instruction to increase language intelligibility of children with autism. Journal of Positive Behavior Interventions. 1999 Sum;1(3):141-151. X-10
3172. Smith B, Chung MC and Vostanis P. The path to care in autism: is it better now? J Autism Dev Disord. 1994 Oct;24(5):551-63. X-1, X-4, X-10
3173. Smith C, Felce D, Jones E, et al. Responsiveness to staff support: evaluating the impact of individual characteristics on the effectiveness of active support training using a conditional probability approach. J Intellect Disabil Res. 2002 Nov;46(Pt 8):594-604. X-1
3174. Smith DE, McConnell JV, Walter TL, et al. Effect of using an auditory trainer on the attentional, language, and social behaviors of autistic children. J Autism Dev Disord. 1985 Sep;15(3):285-302. X-10
3175. Smith EG and Bennetto L. Audiovisual speech integration and lipreading in autism. J Child Psychol Psychiatry. 2007 Aug;48(8):813-21. X-4
3176. Smith GJ, McDougall D and Edelen-Smith P. Behavioral Cusps: A Person-Centered Concept for Establishing Pivotal Individual, Family, and Community Behaviors and Repertoires. Focus on Autism and Other Developmental Disabilities. 2006 Win;21(4):223-229. X-1, X-2, X-3, X-4
3177. Smith IM and Bryson SE. Gesture imitation in autism: II. Symbolic gestures and pantomimed object use. Cognitive Neuropsychology. 2007;24(7):679-700. X-1, X-3
3178. Smith LE, Greenberg JS, Seltzer MM, et al. Symptoms and Behavior Problems of Adolescents and Adults with Autism: Effects of Mother-Child Relationship Quality, Warmth, and Praise. American Journal on Mental Retardation. 2008 Sep;113(5):387-402. X-1, X-4
3179. Smith MD. Use of similar sensory stimuli in the community-based treatment of self-stimulatory behavior in an adult disabled by autism. Journal of Behavior Therapy and Experimental Psychiatry. 1986 Jun;17(2):121-125. X-1, X-3, X-10
3180. Smith MD and Belcher R. Teaching life skills to adults disabled by autism. Journal of Autism and Developmental Disorders. 1985 Jun;15(2):163-175. X-1, X-3, X-10
3181. Smith MD and Belcher RG. Brief report: facilitated communication with adults with autism. J Autism Dev Disord. 1993 Mar;23(1):175-83. X-10
3182. Smith MD and Coleman D. Managing the behavior of adults with autism in the job setting. Journal of Autism and Developmental Disorders. 1986 Jun;16(2):145-154. X-1, X-3, X-10
3183. Smith MD, Haas PJ and Belcher RG. Facilitated communication: the effects of facilitator knowledge and level of assistance on output. J Autism Dev Disord. 1994 Jun;24(3):357-67. X-1, X-10
3184. Smith MJ, Ellenberg SS, Bell LM, et al. Media coverage of the measles-mumps-rubella vaccine and autism controversy and its relationship to MMR immunization rates in the United States. Pediatrics. 2008 Apr;121(4):e836-43. X-1, X-2, X-3, X-4
3185. Smith MJ, Woods CR and Marshall GS. Parental vaccine concerns in Kentucky. J Ky Med Assoc. 2009 Sep;107(9):342-9. X-1, X-3, X-4
3186. Smith MR and Lerman DC. A preliminary comparison of guided compliance and high-probability instructional sequences as treatment for noncompliance in children with developmental disabilities. Research in Developmental Disabilities. 1999 May-Jun;20(3):183-195. X-3, X-10
3187. Smith SA, Press B, Koenig KP, et al. Effects of sensory integration intervention on self-stimulating and self-injurious behaviors. Am J Occup Ther. 2005 Jul-Aug;59(4):418-25. X-3
3188. Smith SG, Gupta KK and Smith SH. Effects of naltrexone on self-injury, stereotypy, and social behavior of adults with developmental disabilities. Journal of Developmental and Physical Disabilities. Special Issue: Pharmacotherapy III. 1995 Jun;7(2):137-146. X-1, X-3, X-10
3189. Smith T. Improving memory to promote maintenance of treatment gains in children with autism. Psychological Record. 1994 Fal;44(4):459-473. X-3, X-10
3190. Smith T. Discrete Trial Training in the Treatment of Autism. Focus on Autism and Other Developmental Disabilities. 2001. X-1, X-2, X-3, X-4
3191. Smith T and Antolovich M. Parental perceptions of supplemental interventions received by young children with autism in intensive behavior analytic treatment. Behavioral Interventions. 2000 Apr-Jun;15(2):83-97. X-1, X-2, X-3, X-4
3192. Smith T, Buch GA and Gamby TE. Parent-directed, intensive early intervention for children with pervasive developmental disorder. Res Dev Disabil. 2000 Jul-Aug;21(4):297-309. X-3
3193. Smith T, Eikeseth S, Klevstrand M, et al. Intensive behavioral treatment for preschoolers with severe mental retardation and pervasive developmental disorder. Am J Ment Retard. 1997 Nov;102(3):238-49. X-10
3194. Smith T, Lovaas NW and Lovaas OI. Behaviors of children with high-functioning autism when paired with typically developing versus delayed peers: A preliminary study. Behavioral Interventions. 2002 Jul-Sep;17(3):129-143. X-6
3195. Smith T, Mruzek DW, Wheat LA, et al. Error correction in discrimination training for children with

autism. Behavioral Interventions. 2006 Nov;21(4):245-263. X-3
3196. Smith T, Scahill L, Dawson G, et al. Designing Research Studies on Psychosocial Interventions in Autism. Journal of Autism and Developmental Disorders. 2007 Feb;37(2):354-366. X-1, X-2, X-3, X-4
3197. Smith V, Mirenda P and Zaidman-Zait A. Predictors of Expressive Vocabulary Growth in Children with Autism. Journal of Speech, Language, and Hearing Research. 2007 Feb;50(1):149-160. X-4
3198. Smukler D. Unauthorized minds: how "theory of mind" theory misrepresents autism. Ment Retard. 2005 Feb;43(1):11-24. X-1, X-2, X-3, X-4
3199. Smyth P and Hardy N. Evan's Frequency of Hand-Biting During a Six- Hour School Day. Journal of Precision Teaching & Celeration. 2002 Fal;18(2):67-68. X-3
3200. Snead RW, Boon F and Presberg J. Paroxetine for self-injurious behavior. Journal of the American Academy of Child & Adolescent Psychiatry. 1994 Jul-Aug;33(6):909-910. X-1, X-3, X-10
3201. Snyder A, Bahramali H, Hawker T, et al. Savant-like numerosity skills revealed in normal people by magnetic pulses. Perception. 2006;35(6):837-45. X-1, X-4
3202. Snyder A, Bossomaier T and Mitchell DJ. Concept formation: 'object' attributes dynamically inhibited from conscious awareness. J Integr Neurosci. 2004 Mar;3(1):31-46. X-1, X-2, X-3, X-4
3203. Snyder R, Turgay A, Aman M, et al. Effects of risperidone on conduct and disruptive behavior disorders in children with subaverage IQs. J Am Acad Child Adolesc Psychiatry. 2002 Sep;41(9):1026-36. X-1, X-3
3204. Soares DA, Vannest KJ and Harrison J. Computer aided self-monitoring to increase academic production and reduce self-injurious behavior in a child with autism. Behavioral Interventions. 2009 Jul;24(3):171-183. X-1, X-3
3205. Soden SE, Lowry JA, Garrison CB, et al. 24-hour provoked urine excretion test for heavy metals in children with autism and typically developing controls, a pilot study. Clin Toxicol (Phila). 2007 Jun-Aug;45(5):476-81. X-4
3206. Soenksen D and Alper S. Teaching a Young Child to Appropriately Gain Attention of Peers Using a Social Story Intervention. Focus on Autism and Other Developmental Disabilities. 2006 Spr;21(1):36-44. X-3
3207. Sokhadze EM, El-Baz A, Baruth J, et al. Effects of Low Frequency Repetitive Transcranial Magnetic Stimulation (rTMS) on Gamma Frequency Oscillations and Event-Related Potentials during Processing of Illusory Figures in Autism. Journal of Autism and Developmental Disorders. 2009 Apr;39(4):619-634. X-1, X-3
3208. Sokol DK, Dunn DW, Edwards-Brown M, et al. Hydrogen proton magnetic resonance spectroscopy in autism: Preliminary evidence of elevated choline/creatine ratio. Journal of Child Neurology. 2002 Apr;17(4):245-249. X-4
3209. Sokolski KN, Chicz-Demet A and Demet EM. Case Report. Selective Serotonin Reuptake Inhibitor-Related Extrapyramidal Symptoms in Autistic Children: A Case Series. Journal of Child and Adolescent Psychopharmacology. 2004 Spr;14(1):143-147. X-3, X-4
3210. Solish A and Perry A. Parents' Involvement in Their Children's Behavioral Intervention Programs: Parent and Therapist Perspectives. Research in Autism Spectrum Disorders. 2008 Oct;2(4):728-738. X-1, X-4
3211. Solomons S. Using Aromatherapy Massage to Increase Shared Attention Behaviours in Children with Autistic Spectrum Disorders and Severe Learning Difficulties. British Journal of Special Education. 2005 Sep;32(3):127-137. X-3
3212. Son SH, Sigafoos J, O'Reilly M, et al. Comparing two types of augmentative and alternative communication systems for children with autism. Pediatr Rehabil. 2006 Oct-Dec;9(4):389-95. X-3
3213. Soorya L, Kiarashi J and Hollander E. Psychopharmacologic interventions for repetitive behaviors in autism spectrum disorders. Child Adolesc Psychiatr Clin N Am. 2008 Oct;17(4):753-71, viii. X-1, X-2, X-3, X-4
3214. Soper HV, Elliott RO, Jr., Rejzer AA, et al. Effects of fenfluramine on neuropsychological and communicative functioning in treatment-refractory schizophrenic patients. J Clin Psychopharmacol. 1990 Jun;10(3):168-75. X-1, X-3, X-4, X-10
3215. Soshensky R. Developing a guitar-based approach in Nordoff-Robbins music therapy. Music Therapy Perspectives. 2005;23(2):111-117. X-1, X-2,X-3, X-4
3216. Sourander A, Ellila H, Valimaki M, et al. Use of holding, restraints, seclusion and time-out in child and adolescent psychiatric in-patient treatment. Eur Child Adolesc Psychiatry. 2002 Aug;11(4):162-7. X-4
3217. Sourander A, Helenius H and Piha J. Outcome of short-term child psychiatric hospitalization: teacher evaluation at 5-month and 12-month follow-up. Eur Child Adolesc Psychiatry. 1996 Dec;5(4):204-11. X-10
3218. Soutor TA, Houlihan D and Young A. An examination of response covariation on the behavioral treatment of identical twin boys with multiple behavioral disorders. Behavioral Interventions. 1994 Jul;9(3):141-155. X-3, X-10
3219. Sovner R. The use of valproate in the treatment of mentally retarded persons with typical and atypical bipolar disorders. Journal of Clinical Psychiatry. Special Issue: Emerging perspectives on valproate in affective disorders. 1989 Mar;50(Suppl):40-43. X-1, X-3, X-10
3220. Sowden H, Perkins M and Clegg J. The co-development of speech and gesture in children with autism. Clin Linguist Phon. 2008 Oct-Nov;22(10-11):804-13. X-3
3221. Spanarello S, Beoni AM, Mina G, et al. Analysis of differential clinical profiles of different antipsychotic molecules in the first psychotic episode: a retrospective study. Encephale. 2005 Nov-Dec;31(6 Pt 1):692-7. X-1, X-3, X-4
3222. Sparrow SS, Rescorla LA, Provence S, et al. Follow-up of "atypical" children--a brief report. J Am Acad Child Psychiatry. 1986 Mar;25(2):181-5. X-10
3223. Speers T and Lewis J. Journalists and jabs: media coverage of the MMR vaccine. Commun Med. 2004;1(2):171-81. X-1, X-3, X-4
3224. Spencer EK, Alpert M and Pouget ER. Scales for the assessment of neuroleptic response in schizophrenic children: specific measures derived from the CPRS. Psychopharmacol Bull. 1994;30(2):199-202. X-4, X-10
3225. Spencer KC, Turkett A, Vaughan R, et al. School-based practice patterns: a survey of occupational therapists

in Colorado. Am J Occup Ther. 2006 Jan-Feb;60(1):81-91. X-1, X-4
3226. Spencer TD, Petersen DB and Gillam SL. Picture Exchange Communication System (PECS) or Sign Language: An Evidence-Based Decision-Making Example. TEACHING Exceptional Children. 2008 Nov-Dec;41(2):40-47. X-1, X-2, X-3, X-4
3227. Spencer VG, Simpson CG and Lynch SA. Using Social Stories to Increase Positive Behaviors for Children with Autism Spectrum Disorders. Intervention in School and Clinic. 2008;44(1):58-61. X-1, X-2, X-3, X-4
3228. Spensley S. Cognitive deficit, mindlessness and psychotic depression: Observations of a "born loser.". Journal of Child Psychotherapy. 1985;11(1):33-50. X-1, X-3, X-4, X-10
3229. Spensley S. Mentally ill or mentally handicapped? A longitudinal study of severe learning disorder. Psychoanalytic Psychotherapy. 1985;1(3):55-70. X-1, X-3, X-4, X-10
3230. Spero MH. The emancipation of time from autistic encapsulation: a study in the use of countertransference. Am J Psychoanal. 1998 Jun;58(2):187-209. X-10
3231. Sponheim E, Oftedal G and Helverschou SB. Multiple doses of secretin in the treatment of autism: a controlled study. Acta Paediatr. 2002;91(5):540-5. X-3
3232. Sprafkin J, Volpe RJ, Gadow KD, et al. A DSM-IV-referenced screening instrument for preschool children: the Early Childhood Inventory-4. J Am Acad Child Adolesc Psychiatry. 2002 May;41(5):604-12. X-4
3233. Sprague JR and Horner RH. Covariation within functional response classes: Implications for treatment of severe problem behavior. Journal of Applied Behavior Analysis. 1992 Fal;25(3):735-745. X-3, X-10
3234. Spreckley M and Boyd R. Efficacy of Applied Behavioral Intervention in Preschool Children with Autism for Improving Cognitive, Language, and Adaptive Behavior: A Systematic Review and Meta-analysis. J Pediatr. 2008 Oct 22. X-2
3235. Srinath S, Chowdhury J, Bhide AV, et al. Descriptive study of infantile autism. NIMHANS Journal. 1989 Jan;7(1):77-81. X-10
3236. St John R. Transference and countertransference contributions toward understanding the phenomenon of institutionalization of schizophrenic patients. J Am Acad Psychoanal. 2001 Spring;29(1):17-32. X-1, X-2, X-3, X-4
3237. Stagnitti K, Raison P and Ryan P. Sensory defensiveness syndrome: A paediatric perspective and case study. Australian Occupational Therapy Journal. 1999 Dec;46(4):175-187. X-10
3238. Stahmer AC. Teaching symbolic play skills to children with autism using pivotal response training. J Autism Dev Disord. 1995 Apr;25(2):123-41. X-3, X-10
3239. Stahmer AC. The basic structure of community early intervention programs for children with autism: provider descriptions. J Autism Dev Disord. 2007 Aug;37(7):1344-54. X-1, X-4
3240. Stahmer AC and Aarons GA. Attitudes toward adoption of evidence-based practices: A comparison of autism early intervention providers and childrenâ€™s mental health providers. Psychological Services. 2009;6(3):9. X-1, X-3, X-4
3241. Stahmer AC, Carter C, Baker M, et al. Parent Perspectives on Their Toddlers' Development: Comparison of Regular and Inclusion Childcare. Early Child Development and Care. 2003 Oct;173(5):477-488. X-1, X-4
3242. Stahmer AC, Collings NM and Palinkas LA. Early Intervention Practices for Children With Autism: Descriptions From Community Providers. Focus on Autism and Other Developmental Disabilities. 2005 Sum;20(2):66-79. X-1, X-3, X-4
3243. Stahmer AC and Schreibman L. Teaching children with autism appropriate play in unsupervised environments using a self-management treatment package. J Appl Behav Anal. 1992 Summer;25(2):447-59. X-3, X-10
3244. Stalhammar J, Bergman U, Boman K, et al. Metabolic control in diabetic subjects in three Swedish areas with high, medium, and low sales of antidiabetic drugs. Diabetes Care. 1991 Jan;14(1):12-9. X-1, X-4, X-10
3245. Standen PJ and Brown DJ. Virtual Reality in the Rehabilitation of People with Intellectual Disabilities: Review. CyberPsychology & Behavior. Special Issue: Use of Virtual Environments in Training and Rehabilitation: International Perspectives. 2005 Jun;8(3):272-282. X-1 ,X-2, X-3, X-4
3246. Starkova L and Wiedermann J. Our experience with incisive neuroleptic drugs in child psychiatry. Acta Univ Palacki Olomuc Fac Med. 1991;131:213-7. X-10
3247. Stavrakaki C, Antochi R and Emery PC. Olanzapine in the treatment of pervasive developmental disorders: a case series analysis. J Psychiatry Neurosci. 2004 Jan;29(1):57-60. X-1, X-3
3248. Stavropoulos NE, Kim A, Nseyo UU, et al. Hypericum perforatum L. extract - novel photosensitizer against human bladder cancer cells. J Photochem Photobiol B. 2006 Jul 3;84(1):64-9. X-1, X-3, X-4
3249. Steege MW, Mace FC, Perry L, et al. Applied Behavior Analysis: Beyond Discrete Trial Teaching. Psychology in the Schools. 2007 Jan;44(1):91-99. X-1, X-2, X-3, X-4
3250. Stefanatou A. Use of drawings in children with pervasive developmental disorder during hospitalization: a developmental perspective. J Child Health Care. 2008 Dec;12(4):268-83. X-4
3251. Stehr-Green P, Tull P, Stellfeld M, et al. Autism and thimerosal-containing vaccines: lack of consistent evidence for an association. Am J Prev Med. 2003 Aug;25(2):101-6. X-4
3252. Stein D, Ring A, Shulman C, et al. Brief report: Children with autism as they grow up--description of adult inpatients with severe autism. J Autism Dev Disord. 2001 Jun;31(3):355-60. X-1, X-3, X-4
3253. Stein MT, Faber S, Berger SP, et al. International adoption: a four-year-old child with unusual behaviors adopted at six months of age. J Dev Behav Pediatr. 2004 Oct;25(5 Suppl):S26-32. X-1, X-2, X-3, X-4
3254. Stein SJ and McNairn C. The changing nature of diagnosis in an inpatient service over 20 years. J Abnorm Child Psychol. 1983 Sep;11(3):443-61. X-4, X-10
3255. Steinborn M and Knapp TJ. Teaching an autistic child pedestrian skills. Journal of Behavior Therapy and Experimental Psychiatry. 1982 Dec;13(4):347-351. X-10

3256. Steingard R and Biederman J. Lithium responsive manic-like symptoms in two individuals with autism and mental retardation. Journal of the American Academy of Child & Adolescent Psychiatry. 1987 Nov;26(6):932-935. X-3, X-10
3257. Stel M, van den Heuvel C and Smeets RC. Facial feedback mechanisms in autistic spectrum disorders. J Autism Dev Disord. 2008 Aug;38(7):1250-8. X-4
3258. Stengel BE. Developmental group therapy with autistic and other severely psychosocially handicapped adolescents. Int J Group Psychother. 1987 Jul;37(3):417-31. X-1, X-10
3259. Stephens CE. Spontaneous imitation by children with autism during a repetitive musical play routine. Autism. 2008 Nov;12(6):645-71. X-3
3260. Stephenson J and Carter M. The Use of Weighted Vests with Children with Autism Spectrum Disorders and Other Disabilities. Journal of Autism and Developmental Disorders. 2009 Jan;39(1):105-114. X-1, X-2, X-3
3261. Stephenson J and Wheldall K. Miracles Take a Little Longer: Science, Commercialisation, Cures and the Dore Program. Australasian Journal of Special Education. 2008 Apr;32(1):67-82. X-1, X-2, X-3, X-4
3262. Stephenson MB. Famotidine (Pepcid) and Autistic Spectrum Disorders: A Reason for Optimism, or for Heartburn? The Scientific Review of Mental Health Practice. 2002 Fall-Win;1(2):184-188. X-1, X-2, X-3, X-4
3263. Sterling-Turner HE and Jordan SS. Interventions Addressing Transition Difficulties for Individuals with Autism. Psychology in the Schools. 2007 Sep;44(7):681-690. X-1, X-2, X-3, X-4
3264. Stern LM, Walker MK, Sawyer MG, et al. A controlled crossover trial of fenfluramine in autism. J Child Psychol Psychiatry. 1990 May;31(4):569-85. X-10
3265. Stevens S and Gruzelier J. Electrodermal activity to auditory stimuli in autistic, retarded, and normal children. J Autism Dev Disord. 1984 Sep;14(3):245-60. X-4, X-10
3266. Stevenson CL, Krantz PJ and McClannahan LE. Social interaction skills for children with autism: A script-fading procedure for nonreaders. Behavioral Interventions. 2000 Jan-Mar;15(1):1-20. X-3
3267. Stewart AM. When vaccine injury claims go to court. N Engl J Med. 2009 Jun 11;360(24):2498-500. X-1, X-2, X-3, X-4
3268. Stewart SH, Latham PK, Miller PM, et al. Blood pressure reduction during treatment for alcohol dependence: results from the Combining Medications and Behavioral Interventions for Alcoholism (COMBINE) study. Addiction. 2008 Oct;103(10):1622-8. X-1, X-3, X-4
3269. Stichter JP, Randolph J, Gage N, et al. A Review of Recommended Social Competency Programs for Students with Autism Spectrum Disorders. Exceptionality. 2007 Nov;15(4):219-232. X-1, X-2, X-3
3270. Stichter JP, Randolph JK, Kay D, et al. The use of structural analysis to develop antecedent-based interventions for students with autism. J Autism Dev Disord. 2009 Jun;39(6):883-96. X-1, X-3
3271. Stiebel D. Promoting augmentive communication during daily routines: A parent problem-solving intervention. Journal of Positive Behavior Interventions. 1999 Sum;1(3):159-169. X-10
3272. Stiegler LN. Discovering Communicative Competencies in a Nonspeaking Child with Autism. Language, Speech, and Hearing Services in Schools. 2007 Oct;38(4):400-413. X-1, X-3, X-4
3273. Stigler KA, Diener JT, Kohn AE, et al. Aripiprazole in pervasive developmental disorder not otherwise specified and Asperger's disorder: a 14-week, prospective, open-label study. J Child Adolesc Psychopharmacol. 2009 Jun;19(3):265-74. X-3
3274. Stigler KA, Posey DJ and McDougle CJ. Aripiprazole for Maladaptive Behavior in Pervasive Developmental Disorders. Journal of Child and Adolescent Psychopharmacology. 2004 Fal;14(3):455-463. X-3
3275. Stigler KA, Potenza MN, Posey DJ, et al. Weight gain associated with atypical antipsychotic use in children and adolescents: prevalence, clinical relevance, and management. Paediatr Drugs. 2004;6(1):33-44. X-1, X-2, X-3
3276. Stiver RL and Dobbins JP. Treatment of atypical anorexia nervosa in the public school: an autistic girl. J Autism Dev Disord. 1980 Mar;10(1):67-73. X-3, X-10
3277. Stoddart KP. Adolescents with Asperger syndrome: Three case studies of individual and family therapy. Autism. 1999 Sep;3(3):255-271. X-1, X-3, X-4, X-10
3278. Stoelb M, Yarnal R, Miles J, et al. Predicting Responsiveness to Treatment of Children with Autism: A Retrospective Study of the Importance of Physical Dysmorphology. Focus on Autism and Other Developmental Disabilities. 2004 Sum;19(2):66-77. X-6
3279. Stone VE, Baron-Cohen S and Knight RT. Frontal lobe contributions to theory of mind. J Cogn Neurosci. 1998 Sep;10(5):640-56. X-4, X-10
3280. Stone WL and Caro-Martinez LM. Naturalistic observations of spontaneous communication in autistic children. J Autism Dev Disord. 1990 Dec;20(4):437-53. X-4, X-10
3281. Stone WL, Lemanek KL, Fishel PT, et al. Play and Imitation Skills in the Diagnosis of Autism in Young-Children. Pediatrics. 1990;86(2):267-272. X-10
3282. Stone WL, Ousley OY, Yoder PJ, et al. Nonverbal communication in two- and three-year-old children with autism. J Autism Dev Disord. 1997 Dec;27(6):677-96. X-4, X-10
3283. Stone WL and Rosenbaum JL. A comparison of teacher and parent views of autism. J Autism Dev Disord. 1988 Sep;18(3):403-14. X-1, X-4, X-10
3284. Stone WL and Yoder PJ. Predicting spoken language level in children with autism spectrum disorders. Autism. 2001 Dec;5(4):341-61. X-4
3285. Strain PS. Identification of social skill curriculum targets for severely handicapped children in mainstream preschools. Appl Res Ment Retard. 1983;4(4):369-82. X-4, X-10
3286. Strain PS and Hoyson M. The need for longitudinal, intensive social skill intervention: LEAP follow-up outcomes for children with autism. Topics in Early Childhood Special Education. Special Issue: Early childhood special education in a new century: Voices from the past, visions for our future part 2. 2000 Sum;20(2):116-122. X-3

3287. Strain PS and Kohler F. Peer-mediated social intervention for young children with autism. Semin Speech Lang. 1998;19(4):391-404; quiz 404-5; 424. X-2, X-10
3288. Strain PS, Kohler FW, Storey K, et al. Teaching preschoolers with autism to self-monitor their social interactions: An analysis of results in home and school settings. Journal of Emotional and Behavioral Disorders. 1994 Apr;2(2):78-88. X-10
3289. Strambi M, Longini M, Hayek J, et al. Magnesium profile in autism. Biol Trace Elem Res. 2006 Feb;109(2):97-104. X-4
3290. Strauss DJ, Day SM, Shavelle RM, et al. Remote symptomatic epilepsy: does seizure severity increase mortality? Neurology. 2003 Feb 11;60(3):395-9. X-1, X-3, X-4
3291. Strauss WL, Unis AS, Cowan C, et al. Fluorine magnetic resonance spectroscopy measurement of brain fluvoxamine and fluoxetine in pediatric patients treated for pervasive developmental disorders. Am J Psychiatry. 2002 May;159(5):755-60. X-1, X-4
3292. Strayhorn JM. The vitamin and mineral mystery. J Am Acad Child Adolesc Psychiatry. 1994 Nov-Dec;33(9):1346-7. X-10
3293. Strayhorn JM, Rapp N, Donina W, et al. Randomized trial of methylphenidate for an autistic child. Journal of the American Academy of Child & Adolescent Psychiatry. 1988 Mar;27(2):244-247. X-3, X-10
3294. Stribling P, Rae J and Dickerson P. Using Conversation Analysis to Explore the Recurrence of a Topic in the Talk of a Boy with an Autism Spectrum Disorder. Clinical Linguistics & Phonetics. 2009 Aug;23(8):555-582. X-3, X-4
3295. Stringer MD. Informed consent and choice in cholecystectomy. Pediatr Surg Int. 2004 Oct;20(10):741-3. X-4
3296. Stromer R, Mackay HA and Remington B. Naming, the formation of stimulus classes, and applied behavior analysis. J Appl Behav Anal. 1996 Fall;29(3):409-31. X-1, X-2, X-3, X-4, X-10
3297. Stubbs EG, Budden SS, Burger DR, et al. Transfer factor immunotherapy of an autistic child with congenital cytomegalovirus. J Autism Dev Disord. 1980 Dec;10(4):451-8. X-1, X-2, X-3, X-4, X-10
3298. Stubbs EG, Budden SS, Jackson RH, et al. Effects of fenfluramine on eight outpatients with the syndrome of autism. Dev Med Child Neurol. 1986 Apr;28(2):229-35. X-3, X-10
3299. Stuhec V and Gisel EG. Compliance with administration procedures of tests for children with pervasive developmental disorders: does it exist? Can J Occup Ther. 2003 Feb;70(1):33-41. X-1, X-3, X-4
3300. Suedfeld P and Schwartz G. Restricted environmental stimulation therapy (REST) as a treatment for autistic children. J Dev Behav Pediatr. 1983 Sep;4(3):196-201. X-10
3301. Sugai G and White WJ. Effects of using object self-stimulation as a reinforcer on the prevocational work rates of an autistic child. Journal of Autism and Developmental Disorders. 1986 Dec;16(4):459-471. X-1, X-3, X-4, X-10

3302. Sugano C, Hatori H, Inoue M, et al. Training a student with autism in purchasing skills: Generalization and maintenance in daily life. Japanese Journal of Special Education. 1995 Nov;33(3):33-38. X-1, X-3, X-10
3303. Sugarman SD. Cases in vaccine court--legal battles over vaccines and autism. N Engl J Med. 2007 Sep 27;357(13):1275-7. X-1, X-2, X-3, X-4
3304. Sugie Y, Sugie H, Fukuda T, et al. Clinical efficacy of fluvoxamine and functional polymorphism in a serotonin transporter gene on childhood autism. J Autism Dev Disord. 2005 Jun;35(3):377-85. X-3
3305. Sugimoto H, Okochi O, Hirota M, et al. Early detection of liver failure after hepatectomy by indocyanine green elimination rate measured by pulse dye-densitometry. J Hepatobiliary Pancreat Surg. 2006;13(6):543-8. X-1, X-4
3306. Sugiyama T and Takahasi O. Jiheishou to shurou. / Employment of the autistics. Japanese Journal of Child and Adolescent Psychiatry. 1996 Dec-Feb;37(1):19-25. X-1, X-3, X-4, X-10
3307. Sukhodolsky DG, Scahill L, Gadow KD, et al. Parent-rated anxiety symptoms in children with pervasive developmental disorders: frequency and association with core autism symptoms and cognitive functioning. J Abnorm Child Psychol. 2008 Jan;36(1):117-28. X-4
3308. Sullivan M, Finelli J, Marvin A, et al. Response to Joint Attention in Toddlers at Risk for Autism Spectrum Disorder: A Prospective Study. Journal of Autism and Developmental Disorders. 2007 Jan;37(1):37-48. X-4
3309. Sullivan RC. What does deinstitutionalization mean for our children? J Autism Dev Disord. 1981 Sep;11(3):347-56. X-10
3310. Sulzer-Azaroff B, Fleming R, Tupa M, et al. Choosing Objectives for a Distance Learning Behavioral Intervention in Autism Curriculum. Focus on Autism and Other Developmental Disabilities. 2008;23(1):29-36. X-1, X-3, X-4
3311. Summers JA, Houlding CM and Reitzel J-AM. Behavior Management Services for Children with Autism/PDD: Program Description and Patterns of Referral. Focus on Autism and Other Developmental Disabilities. 2004 Sum;19(2):95-101. X-1, X-3, X-4
3312. Sun QY, Rubinstein S and Breitbart H. MAP kinase activity is downregulated by phorbol ester during mouse oocyte maturation and egg activation in vitro. Mol Reprod Dev. 1999 Mar;52(3):310-8. X-1, X-2, X-3, X-4, X-10
3313. Sundberg ML, Endicott K and Eigenheer P. Using intraverbal prompts to establish tacts for children with autism. Analysis of Verbal Behavior. 2000;17:89-104. X-3
3314. Sundberg ML and Michael J. The benefits of Skinner's analysis of verbal behavior for children with autism. Behav Modif. 2001 Oct;25(5):698-724. X-1, X-2, X-3, X-4
3315. Sutera S, Pandey J, Esser EL, et al. Predictors of optimal outcome in toddlers diagnosed with autism spectrum disorders. J Autism Dev Disord. 2007 Jan;37(1):98-107. X-1, X-4
3316. Sutton SK, Burnette CP, Mundy PC, et al. Resting cortical brain activity and social behavior in higher functioning children with autism. J Child Psychol Psychiatry. 2005 Feb;46(2):211-22. X-4
3317. Suwa S, Naruse H, Ohura T, et al. Influence of pimozide on hypothalamo-pituitary function in children with behavioral disorders. Psychoneuroendocrinology. 1984;9(1):37-44. X-10

3318. Suzumura K. How an autistic boy speaks about his own past experiences. Japanese Journal of Special Education. 1984;22(2):21. X-3, X-10
3319. Sverd J, Dubey DR, Schweitzer R, et al. Pervasive developmental disorders among children and adolescents attending psychiatric day treatment. Psychiatr Serv. 2003 Nov;54(11):1519-25. X-4
3320. Swaggart B, Gagnon E, Bock SJ, et al. Using social stories to teach social and behavioral skills to children with autism. Focus on Autistic Behavior. 1995 Apr;10(1):1-16. X-3, X-10
3321. Swaim KF and Morgan SB. Children's attitudes and behavioral intentions toward a peer with autistic behaviors: does a brief educational intervention have an effect? J Autism Dev Disord. 2001 Apr;31(2):195-205. X-1, X-3, X-4
3322. Swartzwelder HS, Holahan W and Myers RD. Antagonism by d-amphetamine of trimethyltin-induced hyperactivity evidence toward an animal model of hyperkinetic behavior. Neuropharmacology. 1983 Sep;22(9):1049-54. X-1, X-3, X-4, X-10
3323. Sweeney HM and LeBlanc JM. Effects of task size on work-related and aberrant behaviors of youths with autism and mental retardation. Res Dev Disabil. 1995 Mar-Apr;16(2):97-115. X-10
3324. Sweeney-Kerwin EJ, Carbone VJ, O'Brien L, et al. Transferring control of the mand to the motivating operation in children with autism. Analysis of Verbal Behavior. 2007;23:89-102. X-3
3325. Sweet MA and Appelbaum MI. Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. Child Dev. 2004 Sep-Oct;75(5):1435-56. X-1, X-3, X-4
3326. Swettenham J. Can children with autism be taught to understand false belief using computers? J Child Psychol Psychiatry. 1996 Feb;37(2):157-65. X-10
3327. Swiezy NB and Summers J. Parents' perceptions of the use of medication with children who are autistic. Journal of Developmental and Physical Disabilities. 1996 Dec;8(4):407-413. X-10
3328. Sydenstricker T. Musicoterapia: uma alternativa para psicÃ³ticos. / Music therapy: An alternative for psychosis treatment. Jornal Brasileiro de Psiquiatria. 1991 Nov-Dec;40(10):509-513. X-3, X-10
3329. Symes MD, Remington B, Brown T, et al. Early intensive behavioral intervention for children with autism: therapists' perspectives on achieving procedural fidelity. Res Dev Disabil. 2006 Jan-Feb;27(1):30-42. X-1, X-4
3330. Symon JB. Expanding Interventions for Children with Autism: Parents as Trainers. Journal of Positive Behavior Interventions. 2005;7(3):159-173. X-3
3331. Symons F and Davis M. Instructional conditions and stereotyped behavior: The function of prompts. Journal of Behavior Therapy and Experimental Psychiatry. 1994 Dec;25(4):317-324. X-1, X-3, X-10

3332. Symons FJ, Fox ND and Thompson T. Functional communication training and naltrexone treatment of self-injurious behaviour: An experimental case report. Journal of Applied Research in Intellectual Disabilities. 1998;11(3):273-292. X-3, X-10
3333. Symons FJ, Hoch J, Dahl NA, et al. Sequential and matching analyses of self-injurious behavior a case of overmatching in the natural environment. J Appl Behav Anal. 2003 Summer;36(2):267-70. X-4
3334. Symons FJ, Thompson A and Rodriguez MC. Self-Injurious Behavior and the Efficacy of Naltrexone Treatment: A Quantitative Synthesis. Mental Retardation and Developmental Disabilities Research Reviews. 2004;10(3):193-200. X-2, X-3
3335. Szabo CP and Aber D. Asperger's syndrome: A valid DSM IV diagnostic entitity? A case report. Southern African Journal of Child & Adolescent Psychiatry. 1992;4(1):3-7. X-1, X-3, X-4, X-10
3336. Szabo CP and Bracken C. Imipramine and Asperger's. Journal of the American Academy of Child & Adolescent Psychiatry. 1994 Mar-Apr;33(3):431-432. X-1, X-3, X-10
3337. Szapacs C. Applied Behavior Analysis. Teaching Elementary Physical Education. 2006 Nov;17(6):12-15. X-1, X-2, X-3, X-4
3338. Szatmari P, Archer L, Fisman S, et al. Parent and teacher agreement in the assessment of pervasive developmental disorders. J Autism Dev Disord. 1994 Dec;24(6):703-17. X-4, X-10
3339. Szatmari P, Archer L, Fisman S, et al. Asperger's syndrome and autism: differences in behavior, cognition, and adaptive functioning. J Am Acad Child Adolesc Psychiatry. 1995 Dec;34(12):1662-71. X-4, X-10
3340. Szatmari P and Streiner DL. The effect of selection criteria on outcome studies of children with pervasive developmental disorders (PDD). Eur Child Adolesc Psychiatry. 1996 Dec;5(4):179-84. X-10
3341. Szekely GA, Caplan R and Rotman A. Platelet dopamine uptake in autistic and other psychotic children. Inhibition by imipramine. Prog Neuropsychopharmacol. 1980;4(2):215-8. X-10
3342. Szempruch J and Jacobson JW. Evaluating facilitated communications of people with developmental disabilities. Res Dev Disabil. 1993 Jul-Aug;14(4):253-64. X-10
3343. Szigethy E, Wiznitzer M, Branicky LA, et al. Risperidone-induced hepatotoxicity in children and adolescents? A chart review study. Journal of Child and Adolescent Psychopharmacology. 1999;9(2):93-98. X-10
3344. Tada M and Kato M. Acquisition of Mands Through a Behavior Chain Interruption Strategy: Task Preference and Occurrence of Verbal Requests by a Child With Autistic Spectrum Disorders. Japanese Journal of Special Education. 2005 Mar;42(6):513-524. X-3
3345. Tager-Flusberg H. Brief report: current theory and research on language and communication in autism. J Autism Dev Disord. 1996 Apr;26(2):169-72. X-10
3346. Tager-Flusberg H and Calkins S. Does imitation facilitate the acquisition of grammar? Evidence from a study of autistic, Down's syndrome and normal children. J Child Lang. 1990 Oct;17(3):591-606. X-3, X-10
3347. Tager-Flusberg H, Rogers S, Cooper J, et al. Defining Spoken Language Benchmarks and Selecting Measures of Expressive Language Development for Young Children with Autism Spectrum Disorders. Journal of Speech, Language, and Hearing Research. 2009 Jun;52(3):643-652. X-1, X-2, X-4

3348. Taira M, Takase M and Sasaki H. Sleep disorder in children with autism. Psychiatry Clin Neurosci. 1998 Apr;52(2):182-3. X-4, X-10
3349. Takahashi H, Arai S, Tanaka-Taya K, et al. Autism and infection/immunization episodes in Japan. Jpn J Infect Dis. 2001 Apr;54(2):78-9. X-1, X-2, X-3, X-4
3350. Takahashi H, Suzumura S, Shirakizawa F, et al. An epidemiological study on Japanese autism concerning routine childhood immunization history. Jpn J Infect Dis. 2003 Jun;56(3):114-7. X-4
3351. Takase M, Taira M and Sasaki H. Sleep-wake rhythm of autistic children. Psychiatry Clin Neurosci. 1998 Apr;52(2):181-2. X-4, X-10
3352. Takeuchi K, Kubota H and Yamamoto J-i. Intensive supervision for families conducting home-based behavioral treatment for children with autism in Malaysia. Japanese Journal of Special Education. 2002 Mar;39(6):155-164. X-3
3353. Tallal P, Merzenich M, Miller S, et al. Language learning impairment: integrating research and remediation. Scand J Psychol. 1998 Sep;39(3):197-9. X-10
3354. Tamanaha AC, Perissinoto J and Chiari BM. Development of autistic children based on maternal responses to the Autism Behavior Checklist. Pro Fono. 2008;20(3):165-70. X-4
3355. Tammilmani V, Yee KK, Heng PW, et al. An evaluation of exogenous application of protoporphyrin IX and its dimethyl ester as a photodynamic diagnostic agent in poorly differentiated human nasopharyngeal carcinoma. Photochem Photobiol. 2004 Nov-Dec;80(3):596-601. X-3, X-4
3356. Tang JC, Kennedy CH, Koppekin A, et al. Functional analysis of stereotypical ear covering in a child with autism. J Appl Behav Anal. 2002 Spring;35(1):95-8. X-3, X-4
3357. Tansy M. Test Reviews: Euler, B. L. (2007). "Emotional Disturbance Decision Tree". Lutz, FL: Psychological Assessment Resources. Journal of Psychoeducational Assessment. 2009;27(1):68-78. X-1, X-2, X-3, X-4
3358. Taras ME, Matson JL and Felps JN. Using independence training to teach independent living skills to children and young men with visual impairments. Behav Modif. 1993 Apr;17(2):189-208. X-3, X-10
3359. Taras ME, Matson JL and Leary C. Training social interpersonal skills in two autistic children. J Behav Ther Exp Psychiatry. 1988 Dec;19(4):275-80. X-3, X-10
3360. Tarbox J, Wallace MD and Tarbox RSF. Successful generalized parent training and failed schedule thinning of response blocking for automatically maintained object mouthing. Behavioral Interventions. 2002 Jul-Sep;17(3):169-178. X-3
3361. Tarbox RS, Wallace MD and Williams L. Assessment and treatment of elopement: a replication and extension. J Appl Behav Anal. 2003 Summer;36(2):239-44. X-1, X-3
3362. Tarbox RSF, Ghezzi PM and Wilson G. The effects of token reinforcement on attending in a young child with autism. Behavioral Interventions. 2006 Jul;21(3):155-164. X-3
3363. Tardif C, Laine F, Rodriguez M, et al. Slowing down presentation of facial movements and vocal sounds enhances facial expression recognition and induces facial-vocal imitation in children with autism. J Autism Dev Disord. 2007 Sep;37(8):1469-84. X-1, X-43364. Tartaglia N, Davis S, Hench A, et al. A new look at XXYY syndrome: medical and psychological features. Am J Med Genet A. 2008 Jun 15;146A(12):1509-22. X-1, X-4
3365. Taubman M, Brierley S, Wishner J, et al. The effectiveness of a group discrete trial instructional approach for preschoolers with developmental disabilities. Res Dev Disabil. 2001 May-Jun;22(3):205-19. X-3
3366. Taylor B, Lingam R, Simmons A, et al. Autism and MMR vaccination in North London; no causal relationship. Mol Psychiatry. 2002;7 Suppl 2:S7-8. X-1, X-2, X-3, X-4
3367. Taylor B, Miller E, Lingam R, et al. Measles, mumps, and rubella vaccination and bowel problems or developmental regression in children with autism: population study. BMJ. 2002 Feb 16;324(7334):393-6. X-4
3368. Taylor BA and Harris SL. Teaching children with autism to seek information: acquisition of novel information and generalization of responding. J Appl Behav Anal. 1995 Spring;28(1):3-14. X-3, X-10
3369. Taylor BA and Hoch H. Teaching children with autism to respond to and initiate bids for joint attention. J Appl Behav Anal. 2008 Fall;41(3):377-91. X-3
3370. Taylor BA, Hoch H, Potter B, et al. Manipulating establishing operations to promote initiations toward peers in children with autism. Res Dev Disabil. 2005 Jul-Aug;26(4):385-92. X-3
3371. Taylor BA, Hoch H and Weissman M. The analysis and treatment of vocal stereotypy in a child with autism. Behavioral Interventions. 2005 Nov;20(4):239-253. X-3
3372. Taylor BA, Levin L and Jasper S. Increasing play-related statements in children with autism toward their siblings: Effects of video modeling. Journal of Developmental and Physical Disabilities. 1999 Sep;11(3):253-264. X-10
3373. Taylor DC, Neville BG and Cross JH. Autistic spectrum disorders in childhood epilepsy surgery candidates. Eur Child Adolesc Psychiatry. 1999 Sep;8(3):189-92. X-4, X-10
3374. Taylor DV, Hetrick WP, Neri CL, et al. Effect of naltrexone upon self-injurious behavior, learning and activity: A case study. Pharmacology, Biochemistry and Behavior. 1991 Sep;40(1):79-82. X-1, X-3, X-10
3375. Taylor E, Dopfner M, Sergeant J, et al. European clinical guidelines for hyperkinetic disorder -- first upgrade. Eur Child Adolesc Psychiatry. 2004;13 Suppl 1:I7-30. X-1, X-2, X-3, X-4
3376. Taylor I, O'Reilly M and Lancioni G. An evaluation of an ongoing consultation model to train teachers to treat challenging behaviour. International Journal of Disability, Development and Education. 1996;43(3):203-218. X-3, X-10
3377. Taylor JC and Carr EG. Severe problem behaviors related to social interaction. 1: Attention seeking and social avoidance. Behav Modif. 1992 Jul;16(3):305-35. X-4, X-10
3378. Taylor JC and Carr EG. Severe problem behaviors related to social interaction. 2: A systems analysis. Behav Modif. 1992 Jul;16(3):336-71. X-4, X-10
3379. Taylor JC, Ekdahl MM, Romanczyk RG, et al. Escape behavior in task situations: task versus social

antecedents. J Autism Dev Disord. 1994 Jun;24(3):331-44. X-3, X-4, X-10
3380. Taylor JP, Colloby SJ, McKeith IG, et al. Cholinesterase inhibitor use does not significantly influence the ability of 123I-FP-CIT imaging to distinguish Alzheimer's disease from dementia with Lewy bodies. J Neurol Neurosurg Psychiatry. 2007 Oct;78(10):1069-71. X-1, X-4
3381. Taylor S, Cipani E and Clardy A. A stimulus control technique for improving the efficacy of an established toilet training program. Journal of Behavior Therapy and Experimental Psychiatry. 1994 Jun;25(2):155-160. X-3, X-10
3382. Tecchio F, Benassi F, Zappasodi F, et al. Auditory sensory processing in autism: a magnetoencephalographic study. Biol Psychiatry. 2003 Sep 15;54(6):647-54. X-4
3383. Teising M. Permeability and demarcation in the psychoanalytic process. Functions of the contact-barrier. Int J Psychoanal. 2005 Dec;86(Pt 6):1627-44. X-1, X-2, X-3, X-4
3384. Terai K, Munesue T and Hiratani M. Excessive water drinking behavior in autism. Brain Dev. 1999 Mar;21(2):103-6. X-4, X-10
3385. Terry M. Telemedicine and autism: researchers and clinicians are just starting to consider telemedicine applications for the diagnosis and treatment of autism. Telemed J E Health. 2009 Jun;15(5):416-9. X-1, X-2, X-3, X-4
3386. Tesink CM, Buitelaar JK, Petersson KM, et al. Neural correlates of pragmatic language comprehension in autism spectrum disorders. Brain. 2009 Jul;132(Pt 7):1941-52. X-1, X-3, X-4
3387. Tews L. Early Intervention for Children with Autism: Methodologies Critique. Developmental Disabilities Bulletin. 2007;35(1-2):148-168. X-1, X-2, X-3
3388. Thakkar KN, Polli FE, Joseph RM, et al. Response monitoring, repetitive behaviour and anterior cingulate abnormalities in autism spectrum disorders (ASD). Brain. 2008 Sep;131(Pt 9):2464-78. X-1, X-4
3389. Thalayasingam S, Alexander RT and Singh I. The use of clozapine in adults with intellectual disability. J Intellect Disabil Res. 2004 Sep;48(Pt 6):572-9. X-1, X-3, X-4
3390. Tharpe AM, Fino-Szumski MS and Bess FH. Survey of hearing aid fitting practices for children with multiple impairments. Am J Audiol. 2001 Jun;10(1):32-40. X-1, X-2, X-4
3391. Thede LL and Coolidge FL. Psychological and Neurobehavioral Comparisons of Children with Asperger's Disorder versus High-Functioning Autism. Journal of Autism and Developmental Disorders. 2007 May;37(5):847-854. X-4
3392. Thiemann KS and Goldstein H. Social stories, written text cues, and video feedback: effects on social communication of children with autism. J Appl Behav Anal. 2001 Winter;34(4):425-46. X-3
3393. Thiemann KS and Goldstein H. Effects of Peer Training and Written Text Cueing on Social Communication of School-Age Children With Pervasive Developmental Disorder. Journal of Speech, Language, and Hearing Research. 2004 Feb;47(1):126-144. X-3
3394. Thiessen C, Fazzio D, Arnal L, et al. Evaluation of a self-instructional manual for conducting discrete-trials teaching with children with autism. Behav Modif. 2009 May;33(3):360-73. X-3, X-4
3395. Thomas AJ, Burn DJ, Rowan EN, et al. A comparison of the efficacy of donepezil in Parkinson's disease with dementia and dementia with Lewy bodies. Int J Geriatr Psychiatry. 2005 Oct;20(10):938-44. X-1, X-4
3396. Thomas KC, Ellis AR, McLaurin C, et al. Access to care for autism-related services. J Autism Dev Disord. 2007 Nov;37(10):1902-12. X-4
3397. Thomas KC, Morrissey JP and McLaurin C. Use of autism-related services by families and children. J Autism Dev Disord. 2007 May;37(5):818-29. X-4
3398. Thomas N and Smith C. Developing Play Skills in Children with Autistic Spectrum Disorders. Educational Psychology in Practice. 2004 Sep;20(3):195-206. X-3
3399. Thompson AR and Beail N. The treatment of auto-erotic asphyxiation in a man with severe intellectual disabilities: The effectiveness of a behavioural and educational programme. Journal of Applied Research in Intellectual Disabilities. 2002;15(1):36-47. X-1, X-3
3400. Thompson DF and Thompson GD. Naltrexone in the management of seizures associated with Rett syndrome. Drug Intell Clin Pharm. 1987 Nov;21(11):874. X-10
3401. Thompson RH, Iwata BA, Hanley GP, et al. The effects of extinction, noncontingent reinforcement and differential reinforcement of other behavior as control procedures. J Appl Behav Anal. 2003 Summer;36(2):221-38. X-1, X-2, X-3, X-4
3402. Thompson T. Self-Awareness: Behavior Analysis and Neuroscience. Behavior Analyst. 2008 Fall;31(2):137-144. X-1, X-2, X-3, X-4
3403. Thompson WW, Price C, Goodson B, et al. Early thimerosal exposure and neuropsychological outcomes at 7 to 10 years. N Engl J Med. 2007 Sep 27;357(13):1281-92. X-2, X-4
3404. Thomson A, Maltezos S, Paliokosta E, et al. Risperidone for attention-deficit hyperactivity disorder in people with intellectual disabilities. Cochrane Database Syst Rev. 2009(2):CD007011. X-2
3405. Thorne A. Are you ready to give care to a child with autism? Nursing. 2007 May;37(5):59-61. X-1, X-2, X-3,X-4
3406. Thorp DM, Stahmer AC and Schreibman L. Effects of sociodramatic play training on children with autism. J Autism Dev Disord. 1995 Jun;25(3):265-82. X-3, X-10
3407. Thunberg G, Ahlsen E and Sandberg AD. Children with autistic spectrum disorders and speech-generating devices: communication in different activities at home. Clin Linguist Phon. 2007 Jun;21(6):457-79. X-3
3408. Thuresson K and FÃ¤rnstrand M. A follow-up of medical treatment of persons with psychiatric health problems and mental retardation. Nordic Journal of Psychiatry. 1999;53(2):127-130. X-1, X-3, X-10
3409. Tiegerman E and Primavera L. Object manipulation: an interactional strategy with autistic children. J Autism Dev Disord. 1981 Dec;11(4):427-38. X-3, X-10
3410. Tiegerman E and Primavera LH. Imitating the autistic child: facilitating communicative gaze behavior. J Autism Dev Disord. 1984 Mar;14(1):27-38. X-10

3411. Tien K-C. Effectiveness of the Picture Exchange Communication System as a Functional Communication Intervention for Individuals with Autism Spectrum Disorders: A Practice-Based Research Synthesis. Education and Training in Developmental Disabilities. 2008 Mar;43(1):61-76. X-1, X-2, X-3
3412. Tierney E, Aman M, Stout D, et al. Parent satisfaction in a multi-site acute trail of risperidone in children with autism: A social validity study. Psychopharmacology. Special Issue: Pediatric psychopharmacology: Mood, anxiety and disruptive behavior/pervasive developmental disorders. 2007 Mar;191(1):149-157. X-1, X-3, X-4
3413. Tiger JH, Bouxsein KJ and Fisher WW. Treating excessively slow responding of a young man with Asperger syndrome using differential reinforcement of short response latencies. Journal of Applied Behavior Analysis. 2007 Fal;40(3):559-563. X-1, X-3
3414. Tiger JH, Fisher WW and Bouxsein KJ. Therapist- and self-monitored DRO contingencies as a treatment for the self-injurious skin picking of a young man with Asperger syndrome. Journal of Applied Behavior Analysis. 2009 Sum;42(2):315-319. X-1, X-3
3415. Tiger JH, Hanley GP and Heal NA. The effectiveness of and preschoolers' p for variations of multiple-schedule arrangements. J Appl Behav Anal. 2006 Winter;39(4):475-88. X-3
3416. Tilsen J, Russell S and Nylund D. Nimble And Courageous Acts: How Michael Became The Boss Of Himself. Journal of Systemic Therapies. 2005 Sum;24(2):29-42. X-3
3417. Tincani M. Comparing the Picture Exchange Communication System and Sign Language Training for Children with Autism. Focus on Autism and Other Developmental Disabilities. 2004 Sep;19(3):152-163. X-3
3418. Tjus T, Heimann M and Nelson K. Reading acquisition by implementing a multimedia intervention strategy for fifty children with autism or other learning and communication disabilities. Journal of Cognitive and Behavioral Psychotherapies. 2004 Sep;4(2):203-221. X-6 DATA PAGES MISSING
3419. Tjus T, Heimann M and Nelson KE. Gains in literacy through the use of a specially developed multimedia computer strategy. Autism. 1998 Jun;2(2):139-156. X-10
3420. Tobing LE and Glenwick DS. Relation of the childhood autism rating scale-parent version to diagnosis, stress, and age. Res Dev Disabil. 2002 May-Jun;23(3):211-23. X-1, X-4
3421. Toda Y, Mori K, Hashimoto T, et al. Administration of secretin for autism alters dopamine metabolism in the central nervous system. Brain Dev. 2006 Mar;28(2):99-103. X-3
3422. Todd RD. Fluoxetine in autism. American Journal of Psychiatry. 1991 Aug;148(8):1089. X-3, X-10
3423. Todd T and Reid G. Increasing Physical Activity in Individuals with Autism. Focus on Autism and Other Developmental Disabilities. 2006 Fall;21(3):167-176. X-3
3424. Tolbert L, Haigler T, Waits MM, et al. Brief report: lack of response in an autistic population to a low dose clinical trial of pyridoxine plus magnesium. J Autism Dev Disord. 1993 Mar;23(1):193-9. X-10
3425. Tomporowski PD. Training an autistic client: The effect of brief restraint on disruptive behavior. Journal of Behavior Therapy and Experimental Psychiatry. 1983 Jun;14(2):169-173. X-1, X-3, X-10
3426. Tonge B, Brereton A, Kiomall M, et al. Effects on parental mental health of an education and skills training program for parents of young children with autism: a randomized controlled trial. J Am Acad Child Adolesc Psychiatry. 2006 May;45(5):561-9. X-1, X-4
3427. Torisky DM, Torisky CV, Kaplan S, et al. The NAC pilot project: A model for nutrition screening and intervention for developmentally disabled children with behavior disorders. Journal of Orthomolecular Medicine. 1993;8(1):25-42. X-10
3428. Torrance J. Autism, Aggression, and Developing a Therapeutic Contract. American Journal of Dance Therapy. 2003 Fal;25(2):97-109. X-2, X-3
3429. Toth K, Dawson G, Meltzoff AN, et al. Early Social, Imitation, Play, and Language Abilities of Young Non-Autistic Siblings of Children with Autism. Journal of Autism and Developmental Disorders. 2007 Jan;37(1):145-157. X-1, X-4
3430. Toth K, Munson J, Meltzoff AN, et al. Early Predictors of Communication Development in Young Children with Autism Spectrum Disorder: Joint Attention, Imitation, and Toy Play. Journal of Autism and Developmental Disorders. 2006 Nov;36(8):993-1005. X-4
3431. Towbin KE. Strategies for pharmacologic treatment of high functioning autism and Asperger syndrome. Child Adolesc Psychiatr Clin N Am. 2003 Jan;12(1):23-45. X-1, X-2, X-3
3432. Towle PO, Visintainer PF, O'Sullivan C, et al. Detecting Autism Spectrum Disorder from Early Intervention Charts: Methodology and Preliminary Findings. Journal of Autism and Developmental Disorders. 2009 Mar;39(3):444-452. X-2, X-3, X-4
3433. Toya K. The Dohsa method: A Japanese therapy for autistic children. Emotional & Behavioural Difficulties. 2003 May;8(2):152-163. X-1, X-2, X-3
3434. Trajkovski V, Petlichkovski A, Efinska-Mladenovska O, et al. Higher Plasma Concentration of Food-Specific Antibodies in Persons with Autistic Disorder in Comparison to Their Siblings. Focus on Autism and Other Developmental Disabilities. 2008;23(3):176-185. X-4
3435. Trembath D, Balandin S, Togher L, et al. Peer-mediated teaching and augmentative and alternative communication for preschool-aged children with autism. J Intellect Dev Disabil. 2009 Jun;34(2):173-86. X-3
3436. Trepagnier CY, Sebrechts MM, Finkelmeyer A, et al. Simulating social interaction to address deficits of autistic spectrum disorder in children. Cyberpsychol Behav. 2006 Apr;9(2):213-7. X-1, X-2, X-3, X-4
3437. Troost PW, Althaus M, Lahuis BE, et al. Neuropsychological effects of risperidone in children with pervasive developmental disorders: a blinded discontinuation study. J Child Adolesc Psychopharmacol. 2006 Oct;16(5):561-73. X-1
3438. Troost PW, Lahuis BE, Hermans MH, et al. Prolactin release in children treated with risperidone: impact and role of CYP2D6 metabolism. J Clin Psychopharmacol. 2007 Feb;27(1):52-7. X-3

3439. Troost PW, Lahuis BE, Steenhuis MP, et al. Long-term effects of risperidone in children with autism spectrum disorders: a placebo discontinuation study. J Am Acad Child Adolesc Psychiatry. 2005 Nov;44(11):1137-44. X-3
3440. Troost PW, Steenhuis MP, Tuynman-Qua HG, et al. Atomoxetine for attention-deficit/hyperactivity disorder symptoms in children with pervasive developmental disorders: a pilot study. J Child Adolesc Psychopharmacol. 2006 Oct;16(5):611-9. X-1
3441. Trosclair-Lasserre NM, Lerman DC, Call NA, et al. Reinforcement magnitude: an evaluation of preference and reinforcer efficacy. J Appl Behav Anal. 2008 Summer;41(2):203-20. X-3
3442. Troster H. Prevalence and functions of stereotyped behaviors in nonhandicapped children in residential care. J Abnorm Child Psychol. 1994 Feb;22(1):79-97. X-4, X-10
3443. Trudgeon C and Carr D. The Impacts of Home-Based Early Behavioural Intervention Programmes on Families of Children with Autism. Journal of Applied Research in Intellectual Disabilities. 2007 Jul;20(4):285-296. X-1, X-4
3444. Truter I and Kotze TJ. An investigation into the prescribing patterns of selective serotonin re-uptake inhibitors in South Africa. J Clin Pharm Ther. 1996 Aug;21(4):237-42. X-4, X-10
3445. Tsai LY. Asperger Syndrome and Medication Treatment. Focus on Autism and Other Developmental Disabilities. 2007 Fall;22(3):138-148. X-1, X-2, X-3
3446. Tsai SJ. TrkB partial agonists: potential treatment strategy for epilepsy, mania, and autism. Med Hypotheses. 2006;66(1):173-5. X-1, X-2, X-3, X-4
3447. Tsai WC, Tsai JL and Lotus Shyu YI. Integrating the nurturer-trainer roles: Parental and behavior/symptom management processes for mothers of children with autism. Soc Sci Med. 2008 Dec;67(11):1798-806. X-1, X-4
3448. Tsakanikos E, Costello H, Holt G, et al. Psychopathology in Adults with Autism and Intellectual Disability. Journal of Autism and Developmental Disorders. 2006 Nov;36(8):1123-1129. X-1, X-3, X-4
3449. Tsakanikos E, Costello H, Holt G, et al. Behaviour management problems as predictors of psychotropic medication and use of psychiatric services in adults with autism. J Autism Dev Disord. 2007 Jul;37(6):1080-5. X-1, X-4
3450. Tsakanikos E, Sturmey P, Costello H, et al. Referral trends in mental health services for adults with intellectual disability and autism spectrum disorders. Autism. 2007 Jan;11(1):9-17. X-1, X-2, X-3, X-4
3451. Tsao L-L and Odom SL. Sibling-Mediated Social Interaction Intervention for Young Children with Autism. Topics in Early Childhood Special Education. 2006 Sum;26(2):106-123. X-3
3452. Tsatsanis KD. Outcome research in Asperger syndrome and autism. Child Adolesc Psychiatr Clin N Am. 2003 Jan;12(1):47-63, vi. X-1, X-2, X-3
3453. Tsatsanis KD. Heterogeneity in Learning Style in Asperger Syndrome and High-Functioning Autism. Topics in Language Disorders. 2004 Oct-Dec;24(4):260. X-1, X-2, X-3, X-4
3454. Tsatsanis KD, Foley C and Donehower C. Contemporary Outcome Research and Programming Guidelines for Asperger Syndrome and High-Functioning Autism. Topics in Language Disorders. 2004 Oct-Dec;24(4):249. X-1, X-2, X-3, X-4
3455. Tse J, Strulovitch J, Tagalakis V, et al. Social skills training for adolescents with Asperger syndrome and high-functioning autism. J Autism Dev Disord. 2007 Nov;37(10):1960-8. X-1, X-3, X-4
3456. Tsiantis J, Macri I and Maratos O. Schizophrenia in children: a review of European research. Schizophr Bull. 1986;12(1):101-19. X-1, X-2, X-3, X-4, X-10
3457. Tuchman R. Treatment of seizure disorders and EEG abnormalities in children with autism spectrum disorders. J Autism Dev Disord. 2000 Oct;30(5):485-9. X-1, X-2, X-3, X-4
3458. Tuite DR and Luiten JW. 16PF research into addiction: meta-analysis and extension. Int J Addict. 1986 Mar;21(3):287-323. X-1, X-2, X-3, X-4, X-10
3459. Turgay A, Binder C, Snyder R, et al. Long-term safety and efficacy of risperidone for the treatment of disruptive behavior disorders in children with subaverage IQs. Pediatrics. 2002 Sep;110(3):e34. X-1, X-3, X-4
3460. Turnbull A, Edmonson H, Griggs P, et al. A blueprint for schoolwide positive behavior support: Implementation of three components. Exceptional Children. 2002 Spr;68(3):377-402. X-1, X-3, X-4
3461. Turnbull HR, 3rd, Wilcox BL and Stowe MJ. A brief overview of special education law with focus on autism. J Autism Dev Disord. 2002 Oct;32(5):479-93. X-1, X-2, X-3, X-4
3462. Turner LM and Stone WL. Variability in outcome for children with an ASD diagnosis at age 2. J Child Psychol Psychiatry. 2007 Aug;48(8):793-802. X-4
3463. Turner LM, Stone WL, Pozdol SL, et al. Follow-up of children with autism spectrum disorders from age 2 to age 9. Autism. 2006 May;10(3):243-265. X-4
3464. Turner-Brown LM, Perry TD, Dichter GS, et al. Brief Report: Feasibility of Social Cognition and Interaction Training for Adults with High Functioning Autism. Journal of Autism and Developmental Disorders. 2008 Oct;38(9):1777-1784. X-1
3465. Tustin F. Thoughts on autism with special reference to a paper by Melanie Klein. Journal of Child Psychotherapy. 1983;9(2):119-131. X-1, X-2, X-3, X-4, X-10
3466. Tustin RD. The effects of advance notice of activity transitions on stereotypic behavior. Journal of Applied Behavior Analysis. 1995 Spr;28(1):91-92. X-1, X-4, X-10
3467. Tuttle LC. Experiential family therapy: An innovative approach to the resolution of family conflict in genetic counseling. Journal of Genetic Counseling. 1998 Apr;7(2):167-186. X-3, X-4, X-10
3468. Twachtman-Reilly J, Amaral SC and Zebrowski PP. Addressing Feeding Disorders in Children on the Autism Spectrum in School-Based Settings: Physiological and Behavioral Issues. Language, Speech, and Hearing Services in Schools. 2008 Apr;39(2):261-272. X-1, X-2, X-3, X-4
3469. Twoy R, Connolly PM and Novak JM. Coping strategies used by parents of children with autism. J Am Acad Nurse Pract. 2007 May;19(5):251-60. X-1, X-3, X-4
3470. Twyman KA, Maxim RA, Leet TL, et al. Parents' Developmental Concerns and Age Variance at Diagnosis of Children with Autism Spectrum Disorder. Research in

Autism Spectrum Disorders. 2009 Apr-Jun;3(2):489-495. X-4
3471. Tyminski R. Long-term group psychotherapy for children with pervasive developmental disorders: evidence for group development. Int J Group Psychother. 2005 Apr;55(2):189-210. X-2, X-3, X-4
3472. Tyrer F, McGrother CW, Thorp CF, et al. Physical Aggression towards Others in Adults with Learning Disabilities: Prevalence and Associated Factors. Journal of Intellectual Disability Research. 2006 Apr;50(4):295-304. X-1, X-3, X-4
3473. Tyrrell AL, Horn EM and Freeman RL. The Role of the Family in the Positive Behavior Support Process: Team-Based Problem Solving. Young Exceptional Children. 2006;10(1):12-21. X-1, X-2, X-3, X-4
3474. Uchiyama T, Kurosawa M and Inaba Y. MMR-vaccine and regression in autism spectrum disorders: negative results presented from Japan. J Autism Dev Disord. 2007 Feb;37(2):210-7. X-4
3475. Uehara I. An attempt at multiple counseling approaches to a client with autistic disabilities. Japanese Journal of Counseling Science. 1999 Oct;32(3):301-310. X-1, X-3, X-10
3476. Umbarger GT, III. State of the Evidence Regarding Complimentary and Alternative Medical Treatments for Autism Spectrum Disorders. Education and Training in Developmental Disabilities. 2007 Dec;42(4):437-447. X-1, X-2, X-3
3477. Unwin GL and Deb S. Use of medication for the management of behavior problems among adults with intellectual disabilities: a clinicians' consensus survey. Am J Ment Retard. 2008 Jan;113(1):19-31. X-1, X-4
3478. Urban E. The primary self and related concepts in Jung, Klein, and Isaacs. J Anal Psychol. 1992 Oct;37(4):411-32. X-1, X-2, X-3, X-4, X-10
3479. Usuda J, Tsutsui H, Honda H, et al. Photodynamic therapy for lung cancers based on novel photodynamic diagnosis using talaporfin sodium (NPe6) and autofluorescence bronchoscopy. Lung Cancer. 2007 Dec;58(3):317-23. X-1, X-4
3480. Uvebrant P and Bauziene R. Intractable epilepsy in children. The efficacy of lamotrigine treatment, including non-seizure-related benefits. Neuropediatrics. 1994 Dec;25(6):284-9. X-10
3481. Vacca JJ. Incorporating Interests and Structure to Improve Participation of a Child with Autism in a Standardized Assessment: A Case Study Analysis. Focus on Autism and Other Developmental Disabilities. 2007 Spr;22(1):51-59. X-2, X-3, X-4
3482. Valicenti-McDermott MR and Demb H. Clinical effects and adverse reactions of off-label use of aripiprazole in children and adolescents with developmental disabilities. J Child Adolesc Psychopharmacol. 2006 Oct;16(5):549-60. X-1, X-3
3483. van Battum LJ, Essers M and Storchi PR. Conversion of measured percentage depth dose to tissue maximum ratio values in stereotactic radiotherapy. Phys Med Biol. 2002 Sep 21;47(18):3289-300. X-1, X-3, X-4
3484. Van Berckelaer-Onnes IA. Promoting early play. Autism. 2003 Dec;7(4):415-23. X-1, X-3
3485. van Berckelaer-Onnes IA, van Loon J and Peelen A. Challenging behaviour: A challenge to change. Autism. 2002 Sep;6(3):259-270. X-1, X-3
3486. Van Bourgondien ME, Reichle NC, Campbell DG, et al. The Environmental Rating Scale (ERS): a measure of the quality of the residential environment for adults with autism. Res Dev Disabil. 1998 Sep-Oct;19(5):381-94. X-4, X-10
3487. Van Bourgondien ME, Reichle NC and Schopler E. Effects of a model treatment approach on adults with autism. J Autism Dev Disord. 2003 Apr;33(2):131-40. X-1
3488. Van Brunt DL, Johnston JA, Ye W, et al. Predictors of selecting atomoxetine therapy for children with attention-deficit-hyperactivity disorder. Pharmacotherapy. 2005 Nov;25(11):1541-9. X-4
3489. Van Camp CM, Vollmer TR and Daniel D. A systematic evaluation of stimulus preference, response effort, and stimulus control in the treatment of automatically reinforced self-injury. Behavior Therapy. 2001 Sum;32(3):603-613. X-1, X-3
3490. van den Hazel P, Zuurbier M, Babisch W, et al. Today's epidemics in children: possible relations to environmental pollution and suggested preventive measures. Acta Paediatr Suppl. 2006 Oct;95(453):18-25. X-2, X-4
3491. van den Hazel T, Didden R and Korzilius H. Effects of personality disorder and other variables on professionals' evaluation of treatment features in individuals with mild intellectual disabilities and severe behavior problems. Res Dev Disabil. 2009 May-Jun;30(3):547-57. X-4
3492. Van Der Putt R, Dineen C, Janes D, et al. Effectiveness of acetylcholinesterase inhibitors: diagnosis and severity as predictors of response in routine practice. Int J Geriatr Psychiatry. 2006 Aug;21(8):755-60. X-1 ,X-4
3493. van der Walt JH and Moran C. An audit of perioperative management of autistic children. Paediatr Anaesth. 2001 Jul;11(4):401-8. X-4
3494. Van Dyke EM. Autistic disorder: early interventions can improve outcomes. JAAPA. 2009 Jul;22(7):18-9. X-1, X-2, X-3, X-4
3495. van Engeland H. The electrodermal orienting response to auditive stimuli in autistic children, normal children, mentally retarded children, and child psychiatric patients. J Autism Dev Disord. 1984 Sep;14(3):261-79. X-4, X-10
3496. van Engeland H, Roelofs JW, Verbaten MN, et al. Abnormal electrodermal reactivity to novel visual stimuli in autistic children. Psychiatry Res. 1991 Jul;38(1):27-38. X-4, X-10
3497. Van Houten R and Rolider A. Recreating the scene: an effective way to provide delayed punishment for inappropriate motor behavior. J Appl Behav Anal. 1988 Summer;21(2):187-92. X-3, X-10
3498. van Kraaij DJ, Jansen RW, de Gier JJ, et al. Prescription patterns of diuretics in Dutch community-dwelling elderly patients. Br J Clin Pharmacol. 1998 Oct;46(4):403-7. X-1, X-4, X-10
3499. Van Soest M. Autism as a result of a dysfunctional hierarchy of the senses: Treatment of autism by Van Soest therapy. Journal of Autism and Developmental Disorders. 1991 Dec;21(4):559-561. X-1, X-2, X-3, X-4, X-10

3500. VanBergeijk E, Klin A and Volkmar F. Supporting More Able Students on the Autism Spectrum: College and Beyond. Journal of Autism and Developmental Disorders. 2008 Aug;38(7):1359-1370. X-1, X-2, X-3
3501. VanMeter L, Fein D, Morris R, et al. Delay versus deviance in autistic social behavior. J Autism Dev Disord. 1997 Oct;27(5):557-69. X-4, X-10
3502. Varley C, Kolff C, Trupin E, et al. Hemodialysis as a treatment for infantile autism. J Autism Dev Disord. 1980 Dec;10(4):399-404. X-3, X-10
3503. Varley CK and Holm VA. A two-year follow-up of autistic children treated with fenfluramine. Journal of the American Academy of Child & Adolescent Psychiatry. 1990 Jan;29(1):137-140. X-3, X-10
3504. Vaughn BJ, Wilson D and Dunlap G. Family-centered intervention to resolve problem behaviors in a fast-food restaurant. Journal of Positive Behavior Interventions. 2002 Win;4(1):38-45. X-3
3505. Vazquez CA. Brief report: a multitask controlled evaluation of facilitated communication. J Autism Dev Disord. 1994 Jun;24(3):369-79. X-10
3506. Vázquez CA. Failure to confirm the word-retrieval problem hypothesis in facilitated communication. Journal of Autism and Developmental Disorders. 1995 Dec;25(6):597-610. X-10
3507. Venn ML, Wolery M and Greco M. Effects of every-day and every-other-day instruction. Focus on Autism and Other Developmental Disabilities. 1996 Spr;11(1):15-28. X-3, X-10
3508. Venn ML, Wolery M, Werts MG, et al. Embedding instruction in art activities to teach preschoolers with disabilities to imitate their peers. Early Childhood Research Quarterly. 1993 Sep;8(3):277-294. X-10
3509. Venselaar JL and Bierhuizen HW. A solution for the treatment of small lesions using electron beams from a Saturne linear accelerator with continuous variable trimmers; dosimetrical aspects. Med Dosim. 1998 Summer;23(2):99-103. X-1, X-2, X-3, X-4, X-10
3510. Venselaar JL, Heukelom S, Jager HN, et al. Is there a need for a revised table of equivalent square fields for the determination of phantom scatter correction factors? Phys Med Biol. 1997 Dec;42(12):2369-81. X-1, X-3, X-4, X-10
3511. Verbaten MN, Kemner C, Buitelaar JK, et al. Effects of ORG-2766 on brain event-related potentials of autistic children. Psychiatry Res. 1996 Jun 26;63(1):33-45. X-10
3512. Vered Y, Golubchik P, Mozes T, et al. The platelet-poor plasma 5-HT response to carbohydrate rich meal administration in adult autistic patients compared with normal controls. Human Psychopharmacology: Clinical and Experimental. 2003 Jul;18(5):395-399. X-1, X-4
3513. Verheij F and Van Doorn EC. Autism and mental retardation: the planning of a therapeutic environment. Int J Rehabil Res. 1990;13(2):127-36. X-1, X-2, X-3, X-4, X-10
3514. Vessey JA. Care of the hospitalized child with a cognitive developmental delay. Holist Nurs Pract. 1988 Feb;2(2):48-54. X-10
3515. Vig S and Jedrysek E. Adaptive behavior of young urban children with developmental disabilities. Ment Retard. 1995 Apr;33(2):90-8. X-4, X-10
3516. Viola S and Noddings A. Making Sense of Every Child. Montessori Life: A Publication of the American Montessori Society. 2006;18(4):40-47. X-3
3517. Vismara LA, Colombi C and Rogers SJ. Can one hour per week of therapy lead to lasting changes in young children with autism? Autism. 2009 Jan;13(1):93-115. X-3
3518. Vismara LA and Lyons GL. Using Perseverative Interests to Elicit Joint Attention Behaviors in Young Children with Autism: Theoretical and Clinical Implications for Understanding Motivation. Journal of Positive Behavior Interventions. 2007;9(4):214-228. X-3
3519. Vismara LA and Rogers SJ. The Early Start Denver Model: A Case Study of an Innovative Practice. Journal of Early Intervention. 2008;31(1):91-108. X-3
3520. Visser M, Singer E, van Geert PLC, et al. What Makes Children Behave Aggressively? The Inner Logic of Dutch Children in Special Education. European Journal of Special Needs Education. 2009 Feb;24(1):1-20. X-1, X-4
3521. Vitiello B. An update on publicly funded multisite trials in pediatric psychopharmacology. Child Adolesc Psychiatr Clin N Am. 2006 Jan;15(1):1-12. X-2, X-3
3522. Vitiello B. Recent NIMH clinical trials and implications for practice. J Am Acad Child Adolesc Psychiatry. 2008 Dec;47(12):1369-74. X-2, X-3
3523. Vitiello B, Aman MG, Scahill L, et al. Research knowledge among parents of children participating in a randomized clinical trial. J Am Acad Child Adolesc Psychiatry. 2005 Feb;44(2):145-9. X-1, X-4
3524. Vitiello B, Davies M, Arnold LE, et al. Assessment of the integrity of study blindness in a pediatric clinical trial of risperidone. J Clin Psychopharmacol. 2005 Dec;25(6):565-9. X-1, X-4
3525. Vlamings PH, Jonkman LM, Hoeksma MR, et al. Reduced error monitoring in children with autism spectrum disorder: an ERP study. Eur J Neurosci. 2008 Jul;28(2):399-406. X-4
3526. Volden J, Coolican J, Garon N, et al. Brief Report: Pragmatic Language in Autism Spectrum Disorder--Relationships to Measures of Ability and Disability. Journal of Autism and Developmental Disorders. 2009 Feb;39(2):388-393. X-4
3527. Volden J and Lord C. Neologisms and idiosyncratic language in autistic speakers. J Autism Dev Disord. 1991 Jun;21(2):109-30. X-4, X-10
3528. Volden J, Magill-Evans J, Goulden K, et al. Varying Language Register According to Listener Needs in Speakers with Autism Spectrum Disorder. Journal of Autism and Developmental Disorders. 2007 Jul;37(6):1139-1154. X-4
3529. Volden J and Sorenson A. Bossy and nice requests: varying language register in speakers with autism spectrum disorder (ASD). J Commun Disord. 2009 Jan-Feb;42(1):58-73. X-4
3530. Volker MA and Lopata C. Autism: A Review of Biological Bases, Assessment, and Intervention. School Psychology Quarterly. 2008 Jun;23(2):258-270. X-1, X-2, X-3, X-4
3531. Volkert VM, Lerman DC, Call NA, et al. An Evaluation of Resurgence during Treatment with Functional Communication Training. Journal of Applied Behavior Analysis. 2009 Spr;42(1):145-160. X-3
3532. Volkert VM, Lerman DC, Trosclair N, et al. An exploratory analysis of task-interspersal procedures while teaching object labels to children with autism. J Appl Behav Anal. 2008 Fall;41(3):335-50. X-3

3533. Volkert VM, Lerman DC and Vorndran C. The effects of reinforcement magnitude on functional analysis outcomes. J Appl Behav Anal. 2005 Summer;38(2):147-62. X-3, X-4
3534. Volkmar F. Recently diagnosed with autism, autism or not. J Autism Dev Disord. 1998 Jun;28(3):269-70. X-10
3535. Volkmar F. What is a "placebo controlled" study? J Autism Dev Disord. 2001 Apr;31(2):251-2. X-1, X-2, X-3, X-4
3536. Volkmar F. Predicting outcome in autism. J Autism Dev Disord. 2002 Feb;32(1):63-4. X-1, X-2, X-3, X-4
3537. Volkmar F. Ask the editor. J Autism Dev Disord. 2006 Apr;36(3):437-8. X-2
3538. Volkmar FR and Cohen DJ. Current concepts: infantile autism and the pervasive developmental disorders. J Dev Behav Pediatr. 1986 Oct;7(5):324-9. X-1, X-2, X-3, X-4, X-10
3539. Volkmar FR, Hoder EL and Cohen DJ. Compliance, 'negativism', and the effects of treatment structure in autism: a naturalistic, behavioral study. J Child Psychol Psychiatry. 1985 Nov;26(6):865-77. X-10
3540. Volkmar FR, Hoder EL and Cohen DJ. Inappropriate uses of stimulant medications. Clinical Pediatrics. 1985 Mar;24(3):127-130. X-1, X-3, X-4, X-10
3541. Volkmar FR, Klin A, Schultz RT, et al. Asperger's disorder. American Journal of Psychiatry. 2000 Feb;157(2):262-267. X-3, X-4
3542. Volkmar FR and Rutter M. Childhood disintegrative disorder: results of the DSM-IV autism field trial. J Am Acad Child Adolesc Psychiatry. 1995 Aug;34(8):1092-5. X-1, X-4, X-10
3543. Volkmar FR, Sparrow SS, Goudreau D, et al. Social deficits in autism: an operational approach using the Vineland Adaptive Behavior Scales. J Am Acad Child Adolesc Psychiatry. 1987 Mar;26(2):156-61. X-10
3544. Vollmer TR, Borrero JC, Lalli JS, et al. Evaluating self-control and impulsivity in children with severe behavior disorders. J Appl Behav Anal. 1999 Winter;32(4):451-66. X-3, X-10
3545. Vonder Hulls DS, Walker LK and Powell JM. Clinicians' perceptions of the benefits of aquatic therapy for young children with autism: a preliminary study. Phys Occup Ther Pediatr. 2006;26(1-2):13-22. X-1
3546. Wachtel K and Carter AS. Reaction to Diagnosis and Parenting Styles among Mothers of Young Children with ASDs. Autism: The International Journal of Research and Practice. 2008;12(5):575-594. X-4
3547. Wachtel LE, Contrucci-Kuhn SA, Griffin M, et al. ECT for self-injury in an autistic boy. European Child & Adolescent Psychiatry. 2009;18(7):3. X-3
3548. Wager KM. The effects of music therapy upon an adult male with autism and mental retardation: A four-year case study. Music Therapy Perspectives. 2000;18(2):131-140. X-1, X-3
3549. Wagner A, Lecavalier L, Arnold LE, et al. Developmental disabilities modification of the Children's Global Assessment Scale. Biol Psychiatry. 2007 Feb 15;61(4):504-11. X-4
3550. Wagner EE, Wagner CF, Hilsenroth MJ, et al. A taxonomy of Rorschach autisms with implications for differential diagnosis among thinking-disordered patients. J Clin Psychol. 1995 Mar;51(2):290-3. X-1, X-4, X-10
3551. Waite LM, Broe GA, Grayson DA, et al. Motor function and disability in the dementias. Int J Geriatr Psychiatry. 2000 Oct;15(10):897-903. X-1, X-4
3552. Wakschlag LS and Leventhal BL. Consultation with young autistic children and their families. J Am Acad Child Adolesc Psychiatry. 1996 Jul;35(7):963-5. X-10
3553. Walenski M, Mostofsky SH, Gidley-Larson JC, et al. Brief Report: Enhanced Picture Naming in Autism. Journal of Autism and Developmental Disorders. 2008 Aug;38(7):1395-1399. X-4
3554. Walker G. Constant and progressive time delay procedures for teaching children with autism: a literature review. J Autism Dev Disord. 2008 Feb;38(2):261-75. X-2
3555. Walkup JT, Albano AM, Piacentini J, et al. Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety. N Engl J Med. 2008 Dec 25;359(26):2753-66. X-1, X-3, X-4
3556. Wall ME and Gast DL. Caregivers' use of constant time delay to teach leisure skills to adolescents or young adults with moderate or severe intellectual disabilities. Education & Training in Mental Retardation & Developmental Disabilities. 1997 Dec;32(4):340-356. X-1, X-3, X-10
3557. Wallace C, Leask J and Trevena LJ. Effects of a web based decision aid on parental attitudes to MMR vaccination: a before and after study. BMJ. 2006 Jan 21;332(7534):146-9. X-1, X-4
3558. Walley T, Folino-Gallo P, Stephens P, et al. Trends in prescribing and utilization of statins and other lipid lowering drugs across Europe 1997-2003. Br J Clin Pharmacol. 2005 Nov;60(5):543-51. X-1, X-4
3559. Walters AS, Barrett RP, Feinstein C, et al. A case report of naltrexone treatment of self-injury and social withdrawal in autism. Journal of Autism and Developmental Disorders. 1990 Jun;20(2):169-176. X-1, X-3, X-10
3560. Walworth DD. The use of music therapy within the SCERTS model for children with Autism Spectrum Disorder. J Music Ther. 2007 Spring;44(1):2-22. X-1, X-4
3561. Walworth DD, Register D and Engel JN. Using the SCERTS model assessment tool to identify music therapy goals for clients with autism spectrum disorder. J Music Ther. 2009 Fall;46(3):204-16. X-4
3562. Wang PP. International adoption: A four-year-old child with unusual behaviors adopted at six months of age: Paul P. Wang, M.D. Journal of Developmental & Behavioral Pediatrics. 2003 Feb;24(1):68-69. X-3, X-4
3563. Wang S-Y and Parrila R. Quality Indicators for Single-Case Research on Social Skill Interventions for Children with Autistic Spectrum Disorder. Developmental Disabilities Bulletin. 2008;36(1-2):81-105. X-1, X-2, X-3, X-4
3564. Wank R. Schizophrenia and other mental disorders require long-term adoptive immunotherapy. Med Hypotheses. 2002 Aug;59(2):154-8. X-3
3565. Ward P and Ayvazo S. Classwide Peer Tutoring in Physical Education: Assessing Its Effects With Kindergartners With Autism. Adapted Physical Activity Quarterly. 2006 Jul;23(3):233-244. X-3
3566. Warwick TC, Griffith J, Reyes B, et al. Effects of vagus nerve stimulation in a patient with temporal lobe epilepsy and Asperger syndrome: case report and review of

the literature. Epilepsy Behav. 2007 Mar;10(2):344-7. X-1, X-3
3567. Wasdell MB, Jan JE, Bomben MM, et al. A randomized, placebo-controlled trial of controlled release melatonin treatment of delayed sleep phase syndrome and impaired sleep maintenance in children with neurodevelopmental disabilities. J Pineal Res. 2008 Jan;44(1):57-64. X-3
3568. Wasserman S, Iyengar R, Chaplin WF, et al. Levetiracetam versus placebo in childhood and adolescent autism: a double-blind placebo-controlled study. Int Clin Psychopharmacol. 2006 Nov;21(6):363-7. X-3
3569. Watanabe M and Sturmey P. The effect of choice-making opportunities during activity schedules on task engagement of adults with autism. J Autism Dev Disord. 2003 Oct;33(5):535-8. X-1, X-3
3570. Watling R, Deitz J, Kanny EM, et al. Current practice of occupational therapy for children with autism. Am J Occup Ther. 1999 Sep-Oct;53(5):498-505. X-1, X-4, X-10
3571. Watling R, Tomchek S and LaVesser P. The scope of occupational therapy services for individuals with autism spectrum disorders across the lifespan. Am J Occup Ther. 2005 Nov-Dec;59(6):680-3. X-1, X-2, X-3, X-4
3572. Watling RL, Deitz J and White O. Comparison of Sensory Profile scores of young children with and without autism spectrum disorders. Am J Occup Ther. 2001 Jul-Aug;55(4):416-23. X-1, X-4
3573. Watling RL and Dietz J. Immediate effect of Ayres's sensory integration-based occupational therapy intervention on children with autism spectrum disorders. Am J Occup Ther. 2007 Sep-Oct;61(5):574-83. X-3
3574. Watson LR. Following the child's lead: mothers' interactions with children with autism. J Autism Dev Disord. 1998 Feb;28(1):51-9. X-4, X-10
3575. Watson SL. "Something You Have to Do"--Why Do Parents of Children with Developmental Disabilities Seek a Differential Diagnosis? Developmental Disabilities Bulletin. 2008;36(1-2):168-198. X-1, X-4
3576. Watters RG and Watters WE. Decreasing self-stimulatory behavior with physical exercise in a group of autistic boys. J Autism Dev Disord. 1980 Dec;10(4):379-87. X-3, X-10
3577. Watters RG, Wheeler LJ and Watters WE. The relative efficiency of two orders for training autistic children in the expressive and receptive use of manual signs. J Commun Disord. 1981 Jul;14(4):273-85. X-3, X-10
3578. Webb BJ, Miller SP, Pierce TB, et al. Effects of Social Skill Instruction for High-Functioning Adolescents with Autism Spectrum Disorders. Focus on Autism and Other Developmental Disabilities. 2004 Spr;19(1):53-62. X-1, X-3
3579. Webb T. Can Children with Autism and Severe Learning Disabilities Be Taught to Communicate Spontaneously and Effectively Using the Picture Exchange Communication System? Good Autism Practice. 2000;1:29-41. X-2, X-3
3580. Weber BP, Dillo W, Dietrich B, et al. Pediatric cochlear implantation in cochlear malformations. Am J Otol. 1998 Nov;19(6):747-53. X-1, X-4, X-10
3581. Weber RC and Thorpe J. Teaching children with autism through task variation in physical education. Except Child. 1992 Sep;59(1):77-86. X-10
3582. Webster A, Feiler A, Webster V, et al. Parental Perspectives on Early Intensive Intervention for Children Diagnosed with Autistic Spectrum Disorder. Journal of Early Childhood Research. 2004;2(1):25-49. X-1, X-3, X-4
3583. Wegner LM and Macias MM. Services for children and adolescents with autism spectrum disorders: payment issues. Pediatr Ann. 2009 Jan;38(1):57-61. X-2, X-3, X-4
3584. Wehman P and Kregel J. Supported competitive employment for individuals with autism and severe retardation: Two case studies. Focus on Autistic Behavior. 1988 Aug;3(3):14. X-1, X-3, X-4, X-10
3585. Weintraub FJ, Myers RM, Hehir T, et al. A Contextual Overview of the Modified Consent Decree in the Los Angeles Unified School District. Journal of Special Education Leadership. 2008 Sep;21(2):51-57. X-1, X-2, X-3, X-4
3586. Weiskop S, Matthews J and Richdale A. Treatment of sleep problems in a 5-year-old boy with autism using behavioural principles. Autism. 2001 Jun;5(2):209-221. X-3
3587. Weiskop S, Richdale A and Matthews J. B ehavioural treatment to reduce sleep problems in children with autism or fragile X syndrome. Dev Med Child Neurol. 2005 Feb;47(2):94-104. X-3
3588. Weiss MJ. Differential rates of skill acquisition and outcomes of early intensive behavioral intervention for autism. Behavioral Interventions. 1999 Jan-Mar;14(1):3-22. X-10
3589. Weiss MJ. Comprehensive ABA programs: Integrating and evaluating the implementation of varied instructional approaches. The Behavior Analyst Today. 2005;6(4):249-256. X-1, X-2, X-3
3590. Weiss MJS, Wagner SH and Bauman ML. A validated case study of facilitated communication. Mental Retardation. 1996 Aug;34(4):220-230. X-10
3591. Weiss SJ. Personality adjustment and social support of parents who care for children with pervasive developmental disorders. Arch Psychiatr Nurs. 1991 Feb;5(1):25-30. X-1, X-4, X-10
3592. Weiss SJ. Stressors experienced by family caregivers of children with pervasive developmental disorders. Child Psychiatry Hum Dev. 1991 Spring;21(3):203-16. X-1, X-4, X-10
3593. Weizman R, Gil-Ad I, Dick J, et al. Low plasma immunoreactive !b-endorphin levels in autism. Journal of the American Academy of Child & Adolescent Psychiatry. 1988 Jul;27(4):430-433. X-10
3594. Wek SR and Husak WS. Distributed and massed practice effects on motor performance and learning of autistic children. Percept Mot Skills. 1989 Feb;68(1):107-13. X-3, X-10
3595. Welch MG. Toward prevention of developmental disorders. Pa Med. 1987 Mar;90(3):47-52. X-10
3596. Welch MG and Chaput P. Mother-child holding therapy and autism. Pa Med. 1988 Oct;91(10):33-8. X-10
3597. Wellman HM, Baron-Cohen S, Caswell R, et al. Thought-bubbles help children with autism acquire an alternative to a theory of mind. Autism. 2002 Dec;6(4):343-363. X-1, X-3

3598. Welterlin A and LaRue RH. Serving the Needs of Immigrant Families of Children with Autism. Disability & Society. 2007 Dec;22(7):747-760. X-1, X-2, X-3, X-4
3599. Werber EA and Rabey JM. The beneficial effect of cholinesterase inhibitors on patients suffering from Parkinson's disease and dementia. J Neural Transm. 2001;108(11):1319-25. X-1, X-4
3600. Wernicke JF and Kratochvil CJ. Safety profile of atomoxetine in the treatment of children and adolescents with ADHD. J Clin Psychiatry. 2002;63 Suppl 12:50-5. X-1, X-2, X-3, X-4
3601. Wert BY and Neisworth JT. Effects of video self-modeling on spontaneous requesting in children with autism. Journal of Positive Behavior Interventions. 2003 Win;5(1):30-34. X-3
3602. West EA and Billingsley F. Improving the System of Least Prompts: A Comparison of Procedural Variations. Education and Training in Developmental Disabilities Journal Citation: v40 n2 p131-144 Jun 2005 Publisher: Division on Developmental Disabilities, Council for Exceptional Children. DDD, PO Box 3512, Fayetteville, AR 72702. Tel: 479-575-3326; Fax: 479-575-6676; Web site: http://www.dddcec.org. 2005 06-00 Pub Types: Journal Articles; Reports - Evaluative. X-3
3603. West L, Waldrop J and Brunssen S. Pharmacologic treatment for the core deficits and associated symptoms of autism in children. J Pediatr Health Care. 2009 Mar-Apr;23(2):75-89. X-2
3604. Wetherby AM. Ontogeny of communicative functions in autism. J Autism Dev Disord. 1986 Sep;16(3):295-316. X-1, X-2, X-3, X-4, X-10
3605. Wetherby AM and Prutting CA. Profiles of communicative and cognitive-social abilities in autistic children. Journal of Speech & Hearing Research. 1984 Sep;27(3):364-377. X-3, X-4, X-10
3606. Whalen C and Schreibman L. Joint attention training for children with autism using behavior modification procedures. J Child Psychol Psychiatry. 2003 Mar;44(3):456-68. X-3, X-4
3607. Whalen C, Schreibman L and Ingersoll B. The collateral effects of joint attention training on social initiations, positive affect, imitation, and spontaneous speech for young children with autism. J Autism Dev Disord. 2006 Jul;36(5):655-64. X-3
3608. Whalon K and Hanline MF. Effects of a Reciprocal Questioning Intervention on the Question Generation and Responding of Children with Autism Spectrum Disorder. Education and Training in Developmental Disabilities. 2008 Sep;43(3):367-387. X-3
3609. Wheeler DL, Jacobson JW, Paglieri RA, et al. An experimental assessment of facilitated communication. Ment Retard. 1993 Feb;31(1):49-59. X-1, X-10
3610. Wheeler JJ, Baggett BA, Fox J, et al. Treatment Integrity: A Review of Intervention Studies Conducted with Children with Autism. Focus on Autism and Other Developmental Disabilities. 2006 Spr;21(1):45-54. X-1, X-2, X-3, X-4
3611. Wheeler JJ, Carter SL, Mayton MR, et al. Preventing Challenging Behaviour through the Management of Instructional Antecedents. Developmental Disabilities Bulletin. 2006;34(1-2):1-14. X-1, X-2, X-3, X-4
3612. Whipple J. Music in intervention for children and adolescents with Autism: A meta-analysis. Journal of Music Therapy. 2004 Sum;41(2):90-106. X-1, X-3, X-4
3613. White SW, Ollendick T, Scahill L, et al. Preliminary Efficacy of a Cognitive-Behavioral Treatment Program for Anxious Youth with Autism Spectrum Disorders. Journal of Autism and Developmental Disorders. 2009 Dec;39(12):1652-1662. X-1, X-3
3614. White SW, Scahill L, Klin A, et al. Educational placements and service use patterns of individuals with autism spectrum disorders. J Autism Dev Disord. 2007 Sep;37(8):1403-12. X-4
3615. Whitehouse AJ and Bishop DV. Do children with autism 'switch off' to speech sounds? An investigation using event-related potentials. Dev Sci. 2008 Jul;11(4):516-24. X-4
3616. Whiteley P. Autism unravelled conference--'the biology of autism--unravelled'. Expert Opin Pharmacother. 2001 Jul;2(7):1191-3. X-1, X-2, X-3, X-4
3617. Whiteley P, Rodgers J, Savery D, et al. A gluten-free diet as an intervention for autism and associated spectrum disorders: Preliminary findings. Autism. 1999 Mar;3(1):45-65. X-10
3618. Whiteley P, Rodgers J and Shattock P. MMR and autism. Autism. 2000 Jun;4(2):207-211. X-4
3619. Whitenstall M. My life with Asperger's syndrome. Arch Dis Child. 2004 Mar;89(3):281. X-2, X-3, X-4
3620. Whittingham K, Sofronoff K and Sheffield JK. Stepping Stones Triple P: a pilot study to evaluate acceptability of the program by parents of a child diagnosed with an Autism Spectrum Disorder. Res Dev Disabil. 2006 Jul-Aug;27(4):364-80. X-1, X-4
3621. Wick JY and Zanni GR. Autism and aging: hardly out of the woods. Consult Pharm. 2009 Sep;24(9):648-50, 653-60. X-1, X-2, X-3, X-4
3622. Wieder S and Greenspan S. Can Children with Autism Master the Core Deficits and Become Empathetic, Creative, and Reflective? A Ten to Fifteen Year Follow-Up of a Subgroup of Children with Autism Spectrum Disorders (ASD) Who Received a Comprehensive Developmental, Individual-Difference, Relationship-Based (DIR) Approach. Journal of Developmental and Learning Disorders. 2005 2005;9:39-61. X-1, X-3
3623. Wiggins LD, Bakeman R, Adamson LB, et al. The Utility of the Social Communication Questionnaire in Screening for Autism in Children Referred for Early Intervention. Focus on Autism and Other Developmental Disabilities. 2007 Spr;22(1):33-38. X-4
3624. Wiggs L and France K. Behavioural treatments for sleep problems in children and adolescents with physical illness, psychological problems or intellectual disabilities. Sleep Med Rev. 2000 Jun;4(3):299-314. X-1, X-3
3625. Wigram T. Evidence from assessment that can identfy the expectations of music therapy as a treatment for Autistic Spectrum Disorder (ASD): meeting the challenge of Evidence Based Practice. British Journal of Music Therapy. 2002;16(1). X-3, X-4
3626. Wilczynski SM, Fusilier I, Dubard M, et al. Experimental Analysis of Proximity as a Social Stimulus: Increasing On-Task Behavior of an Adolescent with Autism. Psychology in the Schools. 2005 Feb;42(2):189-196. X-1, X-3

3627. Wilczynski SM, Menousek K, Hunter M, et al. Individualized Education Programs for Youth with Autism Spectrum Disorders. Psychology in the Schools. 2007 Sep;44(7):653-666. X-1, X-2, X-3, X-4
3628. Wiley S, Choo D, Meinzen-Derr J, et al. GJB2 mutations and additional disabilities in a pediatric cochlear implant population. Int J Pediatr Otorhinolaryngol. 2006 Mar;70(3):493-500. X-1, X-4
3629. Wilkins D, Li XA, Cygler J, et al. The effect of dose rate dependence of p-type silicon detectors on linac relative dosimetry. Med Phys. 1997 Jun;24(6):879-81. X-1, X-3, X-4, X-10
3630. Wilkinson LA. Supporting the Inclusion of a Student with Asperger Syndrome: A Case Study using Conjoint Behavioural Consultation and Self-management. Educational Psychology in Practice. 2005 Dec;21(4):307-326. X-3
3631. Wilkinson LA. Self-Management for Children with High-Functioning Autism Spectrum Disorders. Intervention in School and Clinic. 2008;43(3):150-157. X-1, X-2, X-3, X-4
3632. Willemsen-Swinkels SH, Buitelaar JK, Nijhof GJ, et al. Failure of naltrexone hydrochloride to reduce self-injurious and autistic behavior in mentally retarded adults. Double-blind placebo-controlled studies. Arch Gen Psychiatry. 1995 Sep;52(9):766-73. X-1, X-10
3633. Willemsen-Swinkels SH, Buitelaar JK, van Berckelaer-Onnes IA, et al. Brief report: six months continuation treatment in naltrexone-responsive children with autism: an open-label case-control design. J Autism Dev Disord. 1999 Apr;29(2):167-9. X-10
3634. Willemsen-Swinkels SH, Buitelaar JK and van Engeland H. The effects of chronic naltrexone treatment in young autistic children: a double-blind placebo-controlled crossover study. Biol Psychiatry. 1996 Jun 15;39(12):1023-31. X-10
3635. Willemsen-Swinkels SH, Buitelaar JK, Weijnen FG, et al. Placebo-controlled acute dosage naltrexone study in young autistic children. Psychiatry Res. 1995 Oct 16;58(3):203-15. X-10
3636. Willemsen-Swinkels SHN, Buitelaar JK, van Berckelaer-Onnes IA, et al. Six months continuation treatment in naltrexone-responsive children with autism: An open-label case-control design. Journal of Autism and Developmental Disorders. 1999 Apr;29(2):167-169. X-3, X-10
3637. Williams B. Mental handicap nursing. Autism--help for the family. Nurs Times. 1991 Aug 21-27;87(34):61-3. X-1, X-2, X-3, X-4, X-10
3638. Williams C, Wright B, Callaghan G, et al. Do children with autism learn to read more readily by computer assisted instruction or traditional book methods? A pilot study. Autism. 2002 Mar;6(1):71-91. X-3
3639. Williams DE, Kirkpatrick-Sanchez S and Crocker WT. A long-term follow-up of treatment for severe self-injury. Research in Developmental Disabilities. 1994 Nov-Dec;15(6):487-501. X-1, X-3, X-10
3640. Williams E, Kendell-Scott L and Costall A. Parents' experiences of introducing everyday object use to their children with autism. Autism. 2005 Dec;9(5):495-514. X-1, X-4
3641. Williams E, Reddy V and Costall A. Taking a closer look at functional play in children with autism. J Autism Dev Disord. 2001 Feb;31(1):67-77. X-4
3642. Williams G, Carnerero JJ and Perez-Gonzalez LA. Generalization of tacting actions in children with autism. J Appl Behav Anal. 2006 Summer;39(2):233-7. X-3
3643. Williams G, Donley CR and Keller JW. Teaching children with autism to ask questions about hidden objects. Journal of Applied Behavior Analysis. Special Issue: Establishing operations in applied behavior analysis. 2000 Win;33(4):627-630. X-3
3644. Williams G, King J, Cunningham M, et al. Fetal valproate syndrome and autism: additional evidence of an association. Dev Med Child Neurol. 2001 Mar;43(3):202-6. X-3, X-4
3645. Williams G, Perez-Gonzalez LA and Vogt K. The role of specific consequences in the maintenance of three types of questions. J Appl Behav Anal. 2003 Fall;36(3):285-96. X-3
3646. Williams J and Brayne C. Screening for Autism Spectrum Disorders: What Is the Evidence? Autism: The International Journal of Research & Practice. 2006;10(1):11-35. X-1, X-2, X-3, X-4
3647. Williams JA, Koegel RL and Egel AL. Response-reinforcer relationships and improved learning in autistic children. J Appl Behav Anal. 1981 Spring;14(1):53-60. X-10
3648. Williams JH, Massaro DW, Peel NJ, et al. Visual-auditory integration during speech imitation in autism. Res Dev Disabil. 2004 Nov-Dec;25(6):559-75. X-4
3649. Williams K, Leonard H, Tursan d'Espaignet E, et al. Hospitalisations from birth to 5 years in a population cohort of Western Australian children with intellectual disability. Arch Dis Child. 2005 Dec;90(12):1243-8. X-4
3650. Williams KE, Gibbons BG and Schreck KA. Comparing Selective Eaters with and Without Developmental Disabilities. Journal of Developmental and Physical Disabilities. 2005 Sep;17(3):299-309. X-4
3651. Williams KR. The Son-Rise Program intervention for autism: prerequisites for evaluation. Autism. 2006 Jan;10(1):86-102. X-3, X-4
3652. Williams KR and Wishart JG. The Son-Rise Program intervention for autism: an investigation into family experiences. J Intellect Disabil Res. 2003 May-Jun;47(Pt 4-5):291-9. X-4
3653. Williams KW, Wray JJ and Wheeler DM. Intravenous secretin for autism spectrum disorder. Cochrane Database Syst Rev. 2005(3):CD003495. X-2
3654. Williams PG, Allard A, Sears L, et al. Brief report: case reports on naltrexone use in children with autism: controlled observations regarding benefits and practical issues of medication management. J Autism Dev Disord. 2001 Feb;31(1):103-8. X-3
3655. Williams PG, Allard AM, Sears L, et al. Brief report: Case reports on naltexone use in children with autism: Controlled observations regarding benefits and practical issues of medication management. Journal of Autism and Developmental Disorders. 2001 Feb;31(1):103-108. X-3
3656. Williams PG, Dalrymple N and Neal J. Eating habits of children with autism. Pediatr Nurs. 2000 May-Jun;26(3):259-64. X-1, X-2, X-3, X-4

3657. Williams PG, Hersh JH, Allard A, et al. A Controlled Study of Mercury Levels in Hair Samples of Children with Autism as Compared to Their Typically Developing Siblings. Research in Autism Spectrum Disorders. 2008 Jan-Mar;2(1):170-175. X-4
3658. Williams SK, Johnson C and Sukhodolsky DG. The Role of the School Psychologist in the Inclusive Education of School-Age Children with Autism Spectrum Disorders. Journal of School Psychology. 2005 Mar;43(2):117-136. X-1, X-2, X-3, X-4
3659. Williams TI. A social skills group for autistic children. J Autism Dev Disord. 1989 Mar;19(1):143-55. X-10
3660. Williams TI. Evaluating effects of aromatherapy massage on sleep in children with autism: a pilot study. Evid Based Complement Alternat Med. 2006 Sep;3(3):373-7. X-1
3661. Williams White S, Keonig K and Scahill L. Social Skills Development in Children with Autism Spectrum Disorders: A Review of the Intervention Research. Journal of Autism and Developmental Disorders. 2007 Nov;37(10):1858-1868. X-1, X-2, X-3
3662. Williams-Diehm KL and Lynch PS. Student Knowledge and Perceptions of Individual Transition Planning and Its Process. Journal for Vocational Special Needs Education. 2007 Spr;29(3):13-21. X-4
3663. Willis C. Young Children with Autism Spectrum Disorder: Strategies that Work. Young Children. 2009 84-89 Jan;64(1):81-82. X-1, X-2, X-3, X-4
3664. Wilson S. On seeing and not seeing. Journal of Child Psychotherapy. 1994 Aug;20(2):165-184. X-1, X-3, X-4, X-10
3665. Wilson TW, Rojas DC, Reite ML, et al. Children and adolescents with autism exhibit reduced MEG steady-state gamma responses. Biol Psychiatry. 2007 Aug 1;62(3):192-7. X-4
3666. Wilson WH. Diagnostic consultation to a state hospital. Hosp Community Psychiatry. 1989 Dec;40(12):1290-3. X-1, X-4, X-10
3667. Wilson WH. Reassessment of state hospital patients diagnosed with schizophrenia. J Neuropsychiatry Clin Neurosci. 1989 Fall;1(4):394-7. X-1, X-4, X-10
3668. Wimpory D. Mental handicap nursing. Autism--breaking through the barriers. Nurs Times. 1991 Aug 21-27;87(34):58-61. X-1, X-2, X-3, X-4, X-10
3669. Wimpory D, Chadwick P and Nash S. Brief report: musical interaction therapy for children with autism: an evaluative case study with two-year follow-up. J Autism Dev Disord. 1995 Oct;25(5):541-52. X-3, X-10
3670. Wimpory DC and Nash S. Musical interaction therapy: Therapeutic play for children with autism. Child Language Teaching & Therapy. 1999 Feb;15(1):17-28. X-3, X-10
3671. Windsor J, Doyle SS and Siegel GM. Language acquisition after mutism: A longitudinal case study of autism. Journal of Speech & Hearing Research. 1994 Feb;37(1):96-105. X-3, X-10
3672. Wing L. Management of early childhood autism. Br J Hosp Med. 1981 Apr;25(4):353, 355-6, 359. X-1, X-2, X-3, X-4, X-10
3673. Wing L and Shah A. Catatonia in autistic spectrum disorders. Br J Psychiatry. 2000 Apr;176:357-62. X-1, X-4
3674. Winterling V, Dunlap G and O'Neill RE. The influence of task variation on the aberrant behaviors of autistic students. Education and Treatment of Children. 1987 May;10(2):105-119. X-10
3675. Winterling V, Gast DL, Wolery M, et al. Teaching safety skills to high school students with moderate disabilities. J Appl Behav Anal. 1992 Spring;25(1):217-27. X-1, X-3, X-4, X-10
3676. Wire V. Autistic Spectrum Disorders and Learning Foreign Languages. Support for Learning. 2005 Aug;20(3):123-128. X-1, X-2, X-3, X-4
3677. Wirojanan J, Jacquemont S, Diaz R, et al. The efficacy of melatonin for sleep problems in children with autism, fragile X syndrome, or autism and fragile X syndrome. J Clin Sleep Med. 2009 Apr 15;5(2):145-50. X-3
3678. Wishart JG, Cebula KR, Willis DS, et al. Understanding of Facial Expressions of Emotion by Children with Intellectual Disabilities of Differing Aetiology. Journal of Intellectual Disability Research. 2007 Jul;51(7):551-563. X-1, X-4
3679. Witwer A and Lecavalier L. Treatment incidence and patterns in children and adolescents with autism spectrum disorders. J Child Adolesc Psychopharmacol. 2005 Aug;15(4):671-81. X-4
3680. Wolery M. Commentary: the environment as a source of variability: implications for research with individuals who have autism. J Autism Dev Disord. 2000 Oct;30(5):379-81. X-1, X-2, X-3, X-4
3681. Wolery M, Barton EE and Hine JF. Evolution of Applied Behavior Analysis in the Treatment of Individuals With Autism. Exceptionality. 2005 Mar;13(1):11-23. X-1, X-2, X-3, X-4
3682. Wolery M, Gast DL, Kirk K, et al. Fading extra-stimulus prompts with autistic children using time delay. Education and Treatment of Children. 1988 Feb;11(1):29-44. X-10
3683. Wolf L and Goldberg B. Autistic children grow up: an eight to twenty-four year follow-up study. Can J Psychiatry. 1986 Aug;31(6):550-6. X-1, X-4, X-10
3684. Wolfberg PJ and Schuler AL. Integrated play groups: a model for promoting the social and cognitive dimensions of play in children with autism. J Autism Dev Disord. 1993 Sep;23(3):467-89. X-3, X-10
3685. Wolff S. Childhood autism: its diagnosis, nature, and treatment. Arch Dis Child. 1991 Jun;66(6):737-41. X-1 , X-2, X-3, X-4, X-10
3686. Wong HH and Smith RG. Patterns of complementary and alternative medical therapy use in children diagnosed with autism spectrum disorders. J Autism Dev Disord. 2006 Oct;36(7):901-9. X-4
3687. Wong SE, Floyd J, Innocent AJ, et al. Applying a DRO schedule and compliance training to reduce aggressive and self-injurious behavior in an autistic man: A case report. Journal of Behavior Therapy and Experimental Psychiatry. 1991 Dec;22(4):299-304. X-1, X-3, X-10
3688. Wong SK and Tam SF. Effectiveness of a multimedia programme and therapist-instructed training for children with autism. Int J Rehabil Res. 2001 Dec;24(4):269-78. X-3
3689. Wong VC and Hui SL. Brief report: emerging services for children with autism spectrum disorders in

Hong Kong (1960-2004). J Autism Dev Disord. 2008 Feb;38(2):383-9. X-1, X-2, X-3, X-4
3690. Wong VCN. Use of Complementary and Alternative Medicine (CAM) in Autism Spectrum Disorder (ASD): Comparison of Chinese and Western Culture (Part A). Journal of Autism and Developmental Disorders. 2009 Mar;39(3):454-463. X-4
3691. Wood AL, Luiselli JK and Harchik AE. Training instructional skills with paraprofessional service providers at a community-based habilitation setting. Behav Modif. 2007 Nov;31(6):847-55. X-1, X-3, X-4
3692. Wood BK, Wolery M and Kaiser AP. Treatment of Food Selectivity in a Young Child with Autism. Focus on Autism and Other Developmental Disabilities. 2009;24(3):169-177. X-3
3693. Woodard C, Groden J, Goodwin M, et al. A placebo double-blind pilot study of dextromethorphan for problematic behaviors in children with autism. Autism. 2007 Jan;11(1):29-41. X-3
3694. Woodard C, Groden J, Goodwin M, et al. The Treatment of the Behavioral Sequelae of Autism with Dextromethorphan: A Case Report. Journal of Autism and Developmental Disorders. 2005 Aug;35(4):515-518. X-3
3695. Woods TS. The selective suppression of a stereotypy in an autistic child: A stimulus control approach. Behavioural Psychotherapy. 1983 Jul;11(3):235-248. X-3, X-10
3696. Woods TS. Generality in the verbal tacting of autistic children as a function of "naturalness" in antecedent control. J Behav Ther Exp Psychiatry. 1984 Mar;15(1):27-32. X-3, X-10
3697. Woods TS. Programming common antecedents: A practical strategy for enhancing the generality of learning. Behavioural Psychotherapy. 1987 Apr;15(2):158-180. X-3, X-10
3698. Worth S and Reynolds S. The Assessment and Identification of Language Impairment in Asperger's Syndrome: A Case Study. Child Language Teaching & Therapy. 2008;24(1):55-71. X-3
3699. Wright B, Brzozowski AM, Calvert E, et al. Is the presence of urinary indolyl-3-acryloylglycine associated with autism spectrum disorder? Dev Med Child Neurol. 2005 Mar;47(3):190-2. X-4
3700. Wulffaert J, van Berckelaer-Onnes I, Kroonenberg P, et al. Simultaneous analysis of the behavioural phenotype, physical factors, and parenting stress in people with Cornelia de Lange syndrome. J Intellect Disabil Res. 2009 Jul;53(7):604-19. X-1, X-3, X-4
3701. Wymbs BT, Robb JA, Chronis AM, et al. Long-Term, Multimodal Treatment of a Child with Asperger's Syndrome and Comorbid Disruptive Behavior Problems: A Case Illustration. Cognitive and Behavioral Practice. 2005 Sum;12(3):338-350. X-3
3702. Wynne ME and Rogers JJ. Variables discriminating residential placement of severely handicapped children. Am J Ment Defic. 1985 Mar;89(5):515-23. X-4, X-10
3703. Xie F, Tan CH and Li SC. Are they being used safely? A retrospective cross-sectional tertiary health care survey of selective serotonin reuptake inhibitors prescribing practice in Singapore. Hum Psychopharmacol. 2005 Oct;20(7):459-65. X-1, X-4
3704. Xu MM, Sethi A and Glasgow GP. Dosimetry of small circular fields for 6-MeV electron beams. Med Dosim. 2009 Spring;34(1):51-6. X-1, X-3, X-4
3705. Yahalom I. Infinity and the limits of the unconscious. Psychoanal Rev. 1998 Apr;85(2):205-15. X-1, X-2, X-3, X-4, X-10
3706. Yalaz K, Vanli L, Yilmaz E, et al. Phenylketonuria in pediatric neurology practice: a series of 146 cases. J Child Neurol. 2006 Nov;21(11):987-90. X-1, X-4
3707. Yalnizoglu D, Haliloglu G, Turanli G, et al. Neurologic outcome in patients with MRI pattern of damage typical for neonatal hypoglycemia. Brain Dev. 2007 Jun;29(5):285-92. X-1, X-4
3708. Yamada A, Suzuki M, Kato M, et al. Emotional distress and its correlates among parents of children with pervasive developmental disorders. Psychiatry Clin Neurosci. 2007 Dec;61(6):651-7. X-1, X-4
3709. Yamamoto Ji and Mochizuki A. Acquisition and functional analysis of manding with autistic students. Journal of Applied Behavior Analysis. 1988 Spr;21(1):57-64. X-3, X-10
3710. Yang NK, Schaller JL, Huang T-A, et al. Enhancing Appropriate Social Behaviors for Children with Autism in General Education Classrooms: An Analysis of Six Cases. Education and Training in Developmental Disabilities. 2003 Dec;38(4):405-416. X-3
3711. Yang TR, Wolfberg PJ, Wu SC, et al. Supporting children on the autism spectrum in peer play at home and school: piloting the integrated play groups model in Taiwan. Autism. 2003 Dec;7(4):437-53. X-3
3712. Yarbrough E, Santat U, Perel I, et al. Effects of fenfluramine on autistic individuals residing in a state developmental center. J Autism Dev Disord. 1987 Sep;17(3):303-14. X-10
3713. Yarwood J and Moreton J. MMR: midwives' guide to providing information for parents. RCM Midwives. 2003 May;6(5):208-10. X-1, X-2, X-3, X-4
3714. Yazaki N. Regression in schizophrenia and its therapeutic value. Jpn J Psychiatry Neurol. 1992 Mar;46(1):71-98. X-1, X-4, X-10
3715. Yazbak FE and Diodati CJ. Postpartum live virus vaccination: lessons from veterinary medicine. Med Hypotheses. 2002 Sep;59(3):280-2. X-1, X-2, X-3, X-4
3716. Yekebas EF, Bogoevski D, Honarpisheh H, et al. Long-term follow-up in small duct chronic pancreatitis: A plea for extended drainage by "V-shaped excision" of the anterior aspect of the pancreas. Ann Surg. 2006 Dec;244(6):940-6; discussion 946-8. X-1, X-4
3717. Yi JI, Christian L, Vittimberga G, et al. Generalized Negatively Reinforced Manding in Children with Autism. Analysis of Verbal Behavior. 2006;22:21-33. X-3
3718. Yianni-Coudurier C, Darrou C, Lenoir P, et al. What clinical characteristics of children with autism influence their inclusion in regular classrooms? J Intellect Disabil Res. 2008 Oct;52(10):855-63. X-4
3719. Yilmaz I, Birkan B, Konukman F, et al. Using a Constant Time Delay Procedure to Teach Aquatic Play Skills to Children with Autism. Education and Training in Developmental Disabilities. 2005 Jun;40(2):171-182. X-3
3720. Yirmiya N, Solomonica-Levi D, Shulman C, et al. Theory of mind abilities in individuals with autism, Down syndrome, and mental retardation of unknown etiology: the

role of age and intelligence. J Child Psychol Psychiatry. 1996 Nov;37(8):1003-14. X-4, X-10
3721. Yoder PJ and Layton TL. Speech following sign language training in autistic children with minimal verbal language. J Autism Dev Disord. 1988 Jun;18(2):217-29. X-10
3722. Yokoyama K, Naoi N and Yamamoto J-i. Teaching Verbal Behavior Using the Picture Exchange Communication System (PECS) With Children With Autistic Spectrum Disorders. Japanese Journal of Special Education. 2006 Mar;43(6):485-503. X-3
3723. Yonkers KA, Gullion C, Williams A, et al. Paroxetine as a treatment for premenstrual dysphoric disorder. J Clin Psychopharmacol. 1996 Feb;16(1):3-8. X-1, X-4, X-10
3724. Yoo JH, Williams DC, Napolitano DA, et al. Rate-decreasing effects of the atypical neuroleptic risperidone attenuated by conditions of reinforcement in a woman with mental retardation. Journal of Applied Behavior Analysis. 2003 Sum;36(2):245-248. X-1, X-3, X-4
3725. York A, von Fraunhofer N, Turk J, et al. Fragile-X syndrome, Down's syndrome and autism: awareness and knowledge amongst special educators. J Intellect Disabil Res. 1999 Aug;43 (Pt 4):314-24. X-1, X-4, X-10
3726. Yorke ED, Kassaee A, Lin LC, et al. Dosimetric comparison of centered and off-centered posterior neck electron fields. Med Dosim. 1998 Winter;23(4):284-7. X-1, X-3, X-4, X-10
3727. Young JG, Cohen DJ, Shaywitz SE, et al. Assessment of brain function in clinical pediatric research: behavioral and biological strategies. Schizophr Bull. 1982;8(2):205-35. X-1, X-2, X-3, X-4, X-10
3728. Young JM, Krantz PJ, McClannahan LE, et al. Generalized imitation and response-class formation in children with autism. Journal of Applied Behavior Analysis. Special Issue: Integrating basic and applied research. 1994 Win;27(4):685-697. X-10
3729. Yuan TF and Hoff R. Mirror neuron system based therapy for emotional disorders. Med Hypotheses. 2008 Nov;71(5):722-6. X-1, X-2, X-3, X-4
3730. Yuill N, Strieth S, Roake C, et al. Brief report: designing a playground for children with autistic spectrum disorders--effects on playful peer interactions. J Autism Dev Disord. 2007 Jul;37(6):1192-6. X-3
3731. Yung A, Wong V, Yeung R, et al. Outcome measure for paediatric rehabilitation: use of the Functional Independence Measure for children (WeeFIM). A pilot study in Chinese children with neurodevelopmental disabilities. Pediatr Rehabil. 1999 Jan-Mar;3(1):21-8. X-4, X-10
3732. Zaak D, Sroka R, Khoder W, et al. Photodynamic diagnosis of prostate cancer using 5-aminolevulinic acid--first clinical experiences. Urology. 2008 Aug;72(2):345-8. X-1, X-4
3733. Zane T, Davis C and Rosswurm M. The Cost of Fad Treatments in Autism. Journal of Early and Intensive Behavior Intervention. 2008;5(2):44-51. X-1, X-2, X-3, X-4
3734. Zanolli K and Daggett J. The effects of reinforcement rate on the spontaneous social initiations of socially withdrawn preschoolers. J Appl Behav Anal. 1998 Spring;31(1):117-25. X-4, X-10
3735. Zanolli K, Daggett J and Adams T. Teaching preschool age autistic children to make spontaneous initiations to peers using priming. J Autism Dev Disord. 1996 Aug;26(4):407-22. X-3, X-10
3736. Zanolli K, Daggett J, Ortiz K, et al. Using rapidly alternating multiple schedules to assess and treat aberrant behavior in natural settings. Behav Modif. 1999 Jul;23(3):358-78. X-3, X-10
3737. Zappella M. Young autistic children treated with ethologically oriented family therapy. Family Systems Medicine. 1990 Spr;8(1):14-27. X-10
3738. Zappella M. Early-onset Tourette syndrome with reversible autistic behaviour: a dysmaturational disorder. Eur Child Adolesc Psychiatry. 2002 Feb;11(1):18-23. X-1, X-3, X-4
3739. Zappella M, Chiarucci P, Pinassi D, et al. Parental bonding in the treatment of autistic behavior. Ethology & Sociobiology. 1991 Jan;12(1):1-11. X-10
3740. Zappia M, Annesi G, Nicoletti G, et al. Sex differences in clinical and genetic determinants of levodopa peak-dose dyskinesias in Parkinson disease: an exploratory study. Arch Neurol. 2005 Apr;62(4):601-5. X-1, X-4
3741. Zarcone JR, Hellings JA, Crandall K, et al. Effects of risperidone on aberrant behavior of persons with developmental disabilities: I. A double-blind crossover study using multiple measures. Am J Ment Retard. 2001 Nov;106(6):525-38. X-3
3742. Zaroff CM, Devinsky O, Miles D, et al. Cognitive and behavioral correlates of tuberous sclerosis complex. J Child Neurol. 2004 Nov;19(11):847-52. X-1, X-2, X-3, X-4
3743. Zaw FKM, Bates GDL, Murali V, et al. Catatonia, autism, and ECT. Developmental Medicine & Child Neurology. 1999 Dec;41(12):843-845. X-1, X-3, X-4, X-10
3744. Zentall SS and Zentall TR. Optimal stimulation: a model of disordered activity and performance in normal and deviant children. Psychol Bull. 1983 Nov;94(3):446-71. X-10
3745. Zercher C, Hunt P, Schuler A, et al. Increasing joint attention, play and language through peer supported play. Autism. 2001 Dec;5(4):374-98. X-3
3746. Zhang X and Ji CY. Autism and mental retardation of young children in China. Biomed Environ Sci. 2005 Oct;18(5):334-40. X-4
3747. Zhu J, Yin FF and Kim JH. Point dose verification for intensity modulated radiosurgery using Clarkson's method. Med Phys. 2003 Aug;30(8):2218-21. X-1, X-3, X-4
3748. Zimmerman AW. Commentary: immunological treatments for autism: in search of reasons for promising approaches. J Autism Dev Disord. 2000 Oct;30(5):481-4. X-1, X-2, X-3, X-4
3749. Zimmerman RK, Wolfe RM, Fox DE, et al. Vaccine criticism on the World Wide Web. J Med Internet Res. 2005;7(2):e17. X-1, X-2, X-3, X-4
3750. Zingale M, Belfiore G, Mongelli V, et al. Organization of a family training service pertaining to intellectual disabilities. Journal of Policy and Practice in Intellectual Disabilities. 2008 Mar;5(1):69-72. X-1, X-4
3751. Zingarelli G, Ellman G, Hom A, et al. Clinical effects of naltrexone on autistic behavior. Am J Ment Retard. 1992 Jul;97(1):57-63. X-1, X-3, X-10

3752. Zingerevich C, Greiss-Hess L, Lemons-Chitwood K, et al. Motor Abilities of Children Diagnosed with Fragile X Syndrome with and without Autism. Journal of Intellectual Disability Research. 2009 Jan;53(1):11-18. X-4
3753. Zirkel PA. What Does the Law Say? TEACHING Exceptional Children. 2008 May-Jun;40(5):73-75. X-1, X-2, X-3, X-4
3754. Zirkel PA and Rose T. Scientifically Based Research and Peer-Reviewed Research under the IDEA: The Legal Definitions, Applications, and Implications. Journal of Special Education Leadership. 2009 Mar;22(1):36-50. X-1, X-2, X-3, X-4
3755. Zissermann L. The effects of deep pressure on self-stimulating behaviors in a child with autism and other disabilities. American Journal of Occupational Therapy. 1992 Jun;46(6):547-551. X-3, X-10
3756. Zoccolella S, dell'Aquila C, Abruzzese G, et al. Hyperhomocysteinemia in levodopa-treated patients with Parkinson's disease dementia. Mov Disord. 2009 May 15;24(7):1028-33. X-1, X-4
3757. Zoltak BB. Autism: recognition and management. Pediatr Nurs. 1986 Mar-Apr;12(2):90-4. X-10
3758. Zucker NL, Losh M, Bulik CM, et al. Anorexia Nervosa and Autism Spectrum Disorders: Guided Investigation of Social Cognitive Endophenotypes. Psychological Bulletin. 2007 Nov;133(6):976-1006. X-1,X-2, X-3, X-4
3759. Zuddas A, Di Martino A, Muglia P, et al. Long-term risperidone for pervasive developmental disorder: efficacy, tolerability, and discontinuation. J Child Adolesc Psychopharmacol. 2000 Summer;10(2):79-90. X-1, X-3
3760. Zwaigenbaum L, Bryson S, Lord C, et al. Clinical assessment and management of toddlers with suspected autism spectrum disorder: insights from studies of high-risk infants. Pediatrics. 2009 May;123(5):1383-91. X-2
3761. Zwaigenbaum L, Thurm A, Stone W, et al. Studying the Emergence of Autism Spectrum Disorders in High-Risk Infants: Methodological and Practical Issues. Journal of Autism and Developmental Disorders. 2007 Mar;37(3):466-480. X-1, X-2, X-3, X-4

APPENDIX E. List of Peer Reviewers

APPENDIX F. Approach to Categorizing Study Designs

- Cohort, prospective: studies in which subjects receive more than one type of treatment or exposure (e.g. ABA therapy or DIR/floortime compared to another treatment or no treatment) in order to make comparisons of the outcomes of treatment, in which the investigator(s) does not assign the treatment or non-treatment states for the purposes of comparing them. For the purpose of this review, we termed studies with more than one "exposure" group prospective cohorts to distinguish them from case series. Analysis is focused on estimating the risk or odds of the outcome(s) based on the participants' exposure (treatment group status). These would include comparative studies in which the treatment is set based on "happenstance" conditions such as availability of a therapist, or parental choice.
- Cohort, retrospective: studies in which subjects having more than one type of treatment (more than one "exposure") are identified after having had intervention (e.g., chart review of children with ASD receiving either risperidone or olanzapine). Studies that have some component of follow-up should be classified as retrospective if the intent to follow-up the cohort was not designed and future data collection planned prior to the time of the treatment under investigation. Analysis estimates the risk or odds of the outcome(s) based on the participants' exposure (treatment group status).
- Randomized clinical trials: special instances of prospective cohorts in which the "exposure" or treatment group is assigned by the investigator through use of an allocation method; treatment and non-treatment are assigned by study investigators using an a priori protocol.
- Controlled trials (nonrandomized): special instances of prospective cohorts in which the exposure or treatment group is assigned by the investigator but without using a randomization scheme.
- Case-control studies: studies that identify cases based on the outcome under study. A control, comparison population is identified that is intended to be a representative sample of similar children. In order to assure similar characteristics overall with respect to covariates not being studied, matching is often used, such as matching on age or race to assure a similar distribution of these potential confounders. Analysis is technically estimating the odds of having had a particular exposure or characteristic given known presence or absence of the outcome.
- Case series, prospective: studies in which subjects (ideally consecutive participants) having the same type of treatment for symptoms of ASD are identified prior to treatment and consented to participate (i.e., all participants receive the same treatment). The components of the study and outcome follow-up are designed before the participants are enrolled. Data analysis is descriptive including the full range of potential outcome measures such as reduction in problem behaviors, changes in IQ, etc. Analysis may include construction of predictive models that seek to examine influences on outcomes, such as IQ at intake, etc. Studies may also present data for groups of participants (e.g., males vs. females) though all participants received the same treatment. Case series might include experimental approaches or analyses such as multiple baseline, reversal, ABAB, alternating treatments, or changing criterion studies in this literature. Group designed studies from which we could only collect

data from one arm (e.g., studies that inappropriately compared the effects of an intervention in children with ASD to normally developing children) were considered case series.

- Case series, retrospective: studies in which investigators obtain permission to review existing clinical records in order to summarize the outcomes from a sequence (ideally consecutive patients) receiving the same treatment. Follow-up of the members of a case series identified from medical records or databases using methods such as surveys should still be counted as "retrospective" if the design of the study and future data collection were not established prior to the time of the treatment under study. Analysis is descriptive.

APPENDIX G. Discussion of Recent Systematic Reviews of Therapies for Children with ASD

We conducted a scan of recent (2008-2010) systematic reviews addressing therapies for children with ASD in order to inform the present review. We considered systematic reviews as those literature reviews that employed reproducible, explicit methods to locate and summarize a body of literature; we required that systematic reviews included in our assessment:

- Include a focused question or topic area to be assessed in the review
- Include explicit inclusion/exclusion criteria for studies included in the review
- Include only studies of therapies for children (defined as participants ≤ 18 years of age for this examination of reviews) with ASD
- Articulate approaches used to locate studies including the resources searched; search strategies used; and time frame for searches
- Articulate approaches used to assess the relevance of studies included in the review
- Provide an accounting of included and excluded studies
- Summarize the characteristics of included studies
- Assess the quality of included studies
- Synthesize results of studies using statistical approaches where appropriate and possible

Methods. We searched the MEDLINE, ERIC, and PsycInfo databases using the autism search string employed to locate studies for the full review with the addition of terms to limit retrieval to reviews (systematic review, meta-analysis, review); we also limited searches to the years 2008 to 2010 and reviews published in English only given that the team lacked translators for potentially relevant non-English studies. We assessed the titles and abstracts of reviews for relevance to the inclusion/exclusion criteria and subsequently assessed the full text of included studies using a standard form developed by the Vanderbilt EPC (Appendix B). We abstracted descriptive data about the reviews including publication characteristics (author, year of publication, last update date/search date), study and methodological characteristics (number of studies included, study designs included, search parameters, quality measures employed) and primary results into a spreadsheet.

Content of the literature. Of 218 reviews retrieved in our searches, ten[1-10] were eligible for inclusion. The bulk of excluded reviews either did not focus on ASD in children, were narrative or descriptive reviews, and/or included studies of both children and adults (defined as ≥ 18 years old). Five systematic reviews addressed early behavioral intervention approaches, [1-5]. The remaining reviews addressed augmentative and alternative communication interventions (AAC) including the Picture Exchange Communication System (PECS),[6, 10] gluten free-casein free (GFCF) diets,[7, 9] and drug and non-drug interventions in general.[8] Six reviews were published by investigators in the US,[2, 3, 5, 6, 9, 10] two from the UK,[7, 8] and one each from Norway[1] and Australia.[4]

Databases commonly noted as searched for the reviews included MEDLINE, PsycInfo, EMBASE, ERIC, the Cochrane database and trial registry, and CINAHL, and years searched for each review varied from the 1960s to 2006-2008,[1, 5, 7] to the 1980s or 1990s to 2006-2009.[4, 8, 10] Four reviews explicitly noted the date of their last search update,[5, 7, 8, 10] while six provided a complete description of search terms used.[4-7, 9, 10] Most of the reviews described other resources

searched in addition to bibliographic databases; such resources included reviewing the reference lists of studies in the review and existing reviews, contacting experts in the area, and scanning relevant websites such as the Food and Drug Administration.[2, 3, 5-10] All of the reviews appeared to employ an *a priori* design, though this was not always explicitly stated. Most investigators also noted dual review of included studies.[1, 2, 4-7, 9, 10]

Six reviews included group design studies employing experimental or quasi-experimental designs with either control or comparison groups,[1, 4, 7-10] and four also included multiple baseline studies.[3, 6, 9, 10] Reichow and colleagues' review of studies of interventions based on the UCLA/Lovaas model[2] and the Blue Cross Blue Shield Association's review of EIBI interventions[5] included one group pre-post designs as well as comparative studies, while Millward and colleagues' review of GFCF diets included only RCTs.[7] The number of studies included in the reviews ranged from two (in Millward's[7] review of RCTs) to 22 in Rogers and colleagues' review of early intensive behavioral interventions.[3] Several reviews included only papers with study populations in the preschool age range.[1-5] Reviews of GFCF diets[7, 9], a meta-analysis of PECS[10], and an overarching review of therapies for children with ASD[8] included both younger children and adolescents. The number of participants in studies in the reviews ranged from 35 in the Cochrane review of GFCF diets[7] to over 600 in Parr's comprehensive review of interventions.[8] Four reviews also reported meta-analyses.[1, 2, 4, 10] Table G1 provides additional data on parameters of each review.

Summary of recent systematic reviews of therapies for ASD. Millward et al.[7] reviewed RCTs of GFCF diets for ASD, locating two studies comprising three papers published in 2002, 2003, and 2006 and including 35 participants with ASD. The age range of the 20 participants in one single blind study conducted over one year was 59 to 127 months;[11, 12] the age range of the 15 participants in the second, double blind, 18 week crossover study was 2 to 16 years.[13] The studies assessed various outcomes: autistic traits and severity, linguistic age, motor skills, cognitive level, urinary peptide levels, and language and communication outcomes; different outcome measures were used in each study. A beneficial treatment effect was shown in reduction in autistic traits in the Knivsberg study; however, the Elder study showed no significant difference on the Childhood Autism Rating Scale (CARS) scores between the diet and control groups. The review reports that much of the data in both studies was skewed, which obviated review investigators' calculation of treatment effect sizes for all measures assessed. Though not reporting a washout period, the Elder trial was described as well-designed, with blinding and adequate concealment of allocation.

Mulloy and colleagues review of gluten free and/or casein free diets[9] included 14 studies (including the Elder and Knivsberg trials) collectively including 188 participants ranging from 2 to 17 years of age. Most participants (93 percent) were diagnosed with autism or Asperger syndrome. Twelve studies examined GFCF diets while one assessed a gluten free and one a casein free regime. Diets were followed across studies for a mean of 10 months (range 4 days to 4 years), and four studies also included additional interventions such as vitamin supplementation, chelation, and behavior modification. Review investigators characterized the certainty of evidence of studies based on study design and methodological rigor, rating studies as suggestive, preponderant, or conclusive in line with classifications developed by Simeonsson and Bailey[14] and Smith; 11 studies were rated as suggestive. Methodological concerns included use of measurements subject to bias, lack of blinding and control groups, use of only post-treatment measures, short intervention durations, and failure to control for the effects of maturation. Investigators considered 3 studies as providing a level of certainty of evidence for the lack of

effectiveness of GFCF diets. Overall, the review authors conclude that the evidence supporting GFCF diets in ASD is limited and weak.

Schlosser and colleagues' review of AAC interventions on speech production[6] included nine single subject design studies with 27 total participants and two group design studies with 98 total participants; all studies were published between 1988 and 2007. Single subject studies included between 1 and 6 participants (mean age 81 months, range 37-144). All but one participant lacked functional speech, and interventions evaluated were PECS, manual signing, speech generating devices, and enhanced milieu teaching. Speech measurement techniques varied across studies and ranged from mean length of utterance to word approximations to word elicitation. The mean age of participants in group design studies was 60 months and 33 months; participants appeared to possess some spoken speech at baseline. Interventions represented were PECS, manual signing and speech training, and RPMT, and both studies assessed child-initiated spoken words. Overall, no studies included in the review reported a decline in speech production, and most participants in most of the studies showed modest gains in speech. One study comparing PECS to RPMT[15]demonstrated more nonimitative spoken communication acts and different nonimitative words in children receiving PECS.

The review judged quality by evaluating design and implementation, interobserver agreement, and treatment integrity, appraising the evidence as conclusive, preponderant, suggestive, or inconclusive based on Simeonsson and Bailey's taxonomy.[14] The review investigators rated one single subject study of PECS as conclusive, two (1 of PECS, 1 of speech generating devices) as preponderant, and four (2 of PECS and 2 of speech-generating devices) as suggestive; two studies were not rated. Group design studies were rated as conclusive (PECS/RPMT) and suggestive (speech and signing methods).

A meta-analysis from Flippin et al.[10] included 10 studies (7 single subject and 3 group design studies) and a total of 178 participants. Five studies reported a measurement of treatment fidelity, and most assessed changes in the numbers of PECS exchanges and initiations of communication. Meta-analysis showed small to moderate effects of the efficacy of PECS on communication-related outcomes in the short term. Evidence for maintenance and generalization of effects was limited. Results related to speech outcomes were variable across group and single subject studies. The review assessed the quality of studies using scales adapted from guidelines from Horner[16] and Wolf[17] for single subject studies and Gersten[18] for group designs. Four studies received a quality rating of strong, 4 of adequate, and 2 of inadequate. Studies were typically limited by their measurement and reporting of treatment fidelity, generalization, and social validity.

Parr's review of medical and behavioral treatments[8] included studies with at least 20 participants with ASD and reports benefits, harms, and a brief assessment of a study's quality by intervention. Based on "very low quality evidence," EIBI was reported as potentially improving IQ and adaptive behavior; the More than Words training was reported as potentially yielding improved communication outcomes compared to participants with delayed access to the training; TEACCH was reported as potentially improving psycho-educational scores compared to usual care. PECS was reported as of unknown effectiveness compared to other or no treatment at increasing speech frequency or communication scores, but the review notes consensus surrounding its benefit in children with ASD based on very low quality evidence.

Based on "low quality evidence," GFCF diets were reported to potentially improve autistic trait scores compared to no dietary advice and MPH was seen as modestly reducing hyperactivity compared to placebo. Based on "moderate quality" evidence, Child's Talk was reported as

potentially yielding gains in social interactions and language outcomes compared to existing care alone; risperidone was reported as more effective in reducing problem behaviors compared to placebo and secretin as apparently not more effective in treating autism symptoms compared to placebo.

Interventions for which no "clinically important results from RCTs, quasi-randomised trials, or cohort studies" were found included the Autism Preschool Program, CBT, the Earlybird Program, DIR/Floortime, portage, RDI, social skills training, social stories, the Son-Rise program, music therapy, facilitated communication, digestive enzymes, omega-3 fish oil, probiotics, vitamin A, vitamin B6 plus magnesium, vitamin C, melatonin, immunoglobulins, memantine, SSRIs, olanzapine, auditory or sensory integration, and chelation. Harms noted by the review included appetite and weight changes; sleep difficulties, including drowsiness and trouble sleeping; tremors; and prolactin elevation. The review also reports that chelation is under careful review given deaths of some children receiving edetate disodium. The review evaluated quality of studies using the GRADE system; overall, four studies were considered very low quality, two were considered low quality, and three were considered moderate quality.

Reviews assessing early behavioral interventions included between 9 and 22 studies and including participants ranging in age from 30 months to four to five years. Among included studies, the Cohen et al. non-randomized controlled trial[19] and the Smith et al. RCT[20] were addressed in all the reviews; the Sallows et al. RCT[21] and Eikeseth and colleagues' 2002 RCT[22] were included in 4 reviews. Studies addressed in three reviews included Magiati's 2007 study,[23] Sheinkopf's 1998 retrospective study,[24], Bibby and colleagues 2002 study,[25] Eikeseth's 2007 study,[26] and Howard's 2005 study.[27] Nine studies were reported in two reviews, and 15 studies were reported in at least one review.

The review from Rogers and Vismara[3]included early intervention studies published between 1998 and 2006 and employing either group design or single subject design with more than three subjects. The investigators assessed the quality of the 22 studies meeting their inclusion criteria using the Nathan and Gorman[28]and Chambless et al.[29] classifications and categorized 4 studies as Type 1, with a randomized design, clear reporting of methods, state-of –the-art diagnosis, and treatment fidelity measures. Six studies met criteria as Type 2, comparative studies without "critical design flaws," and eleven were considered Type 3, studies with significant methodological flaws including lacking a control groups or retrospective design. The investigators categorized one study designed as an RCT but which presented no outcome data as Type 6, defined as case reports. The investigators also described potential mediators and moderators of outcomes, noting that studies addressed pretreatment IQ, intake age, treatment intensity, family characteristics, social variables including social avoidance, and biological variables including physical anomalies and head circumference, among others. Overall the review notes that existing studies, though flawed, suggest that early intervention, particularly at younger ages, may yield gains in language and communication and increases in IQ.

The evidence report from the Blue Cross Blue Shield Association Technology Evaluation Center (TEC)[5] drew similar conclusions about the weak quality and consistency of the 16 early intervention studies included. The review included group and single arm studies but excluded single subject designs and those reporting on interventions delivered for less than 20 hours/week. The review reports insufficient evidence to judge the effectiveness of EIBI approaches compared to other alternatives. The investigators also examined potential predictors of treatment success, finding that age and cognitive functioning had been examined as predictors in four studies; results were variable with three of four studies reporting that cognitive functioning at intake

significantly predicted outcomes, and some studies finding that younger intake age predicted better outcomes. Investigations of the effects of treatment intensity were similarly mixed.

A review and meta-analysis from Spreckley et al.[4] included 13 group design studies, of which only six were considered were considered higher quality according to the Physiotherapy Evidence Database (PEDro) Scale and only four contained data adequate for meta-analysis. The analysis pooled cognitive, expressive and receptive language, and adaptive results and noted no significant improvement for early intervention approaches compared to standard care across these outcomes. Meta-analyses from Reichow and Wolery[2] and Eldevik et al.[1]included 14 and 9 studies, respectively, and noted significant effects for early intervention on cognitive outcomes. Reichow[2] also assessed methodological quality and group assignment as moderators of IQ effects but found no statistically significant relation. Among treatment and participant variables (e.g. intensity, provider characteristics, intake IQ, etc.) examined as moderators of effects, only provider/supervisor training showed a significant relationship to IQ change (p=0.01). The investigators also reported the possibility of publication bias, with funnel plots suggesting the absence of two studies which, if included, would reduce mean effect size. Eldevik[1] aimed to replicate and extend the Reichow analysis and included only studies with comparison or control groups and full scale measures of intelligence, noting significant effects on IQ and adaptive behavior. No publication bias was found.

Most of the reviews generally concluded that the evidence base for EIBI is inadequate, noting variability in treatment and intervention, limited follow-up, lack of comparative studies, need for replication, and unclear inclusion and exclusion criteria.[3-5] Meta-analyses from Reichow[2] and Eldevik,[1] reported more positive results, noting strong evidence for EIBI's effects in some children.[1, 2] Eldevik's meta analysis of 9 studies found an average large effect size for IQ change (1.103, 95 percent CI [CI=.871, 1.335]) and medium effect size for change on the VABS composite score (.660, 95 percent CI [CI=.41, .90]). The meta-analysis from Reichow and Wolery,[2] including studies exclusively based on Lovaas' treatment manuals or replicating the UCLA/Lovaas model and computing mean effect size based on change in the EIBI group only, also reported a large effect size of .69 for IQ change and mean difference effect sizes suggesting greater gains for children receiving EIBI compared to those receiving minimal behavioral intervention, usual treatment, or eclectic treatment. Each of these reviews, however, notes significant concerns about the included studies, such as limited accounting for the effects of maturity, lack of equivalent groups, uncertain treatment fidelity, and small sample sizes. Several authors also noted the need for studies comparing EIBI to other approaches that have been similarly empirically tested.

Across all the reviews, areas noted for improvement in the literature included the need for more RCTs, though investigators acknowledge the difficulty of conducting RCTs with interventions of such complexity and ethical issues of withholding treatment for comparison purposes. Other areas for improvement noted included a need for larger sample sizes; longer follow-up to allow for evaluation of the durability of effects; greater treatment fidelity; improved reporting of methodological and participant characteristics; and greater consistency in treatment approaches and outcomes measurement.

In terms of the quality of the reviews themselves, we considered the reviews described here to be of generally good quality, though some elements of reporting were spotty across reviews. For example, only two reviews[4, 7] explicitly reported author conflicts of interest, though, for example, investigators in one meta-analysis were authors of papers included in the analysis. Use of an *a priori* design was not always clearly stated though generally implied, and we considered review

designs *a priori* if a standardized approach appeared to be employed. Similarly, methods for reviewing abstracts and the full papers of studies were not always clearly described (e.g. use of dual reviewers), and six out of 10 reviews provided a complete (ample enough to likely permit replication) description of search terminology.[4-7, 9, 10] The reviews typically fully described inclusion/exclusion criteria and characteristics of studies included. Reviews generally stated elements used to evaluate study quality and/or cited quality instruments and, overall, seem to make conclusions warranted by the evidence. Meta-analyses appear to be appropriately conducted; however, they are limited by the heterogeneity of interventions and outcomes assessed in the included studies.

Our discussion of recent reviews is limited by our exclusion of reviews including studies with participants over age 18; several comprehensive and rigorously conducted reviews, such as the National Autism Center's 2009 National Standards report,[30] Ospina and colleagues review of behavioral and developmental interventions[31] and Seida and colleagues umbrella review of psychosocial interventions[32] are not addressed here.

Our findings in the current review are largely in line with the findings of reviews included here; some evidence points to the effectiveness of early intervention approaches and communication interventions such as PECS, but evidence is lacking for many approaches.

Table G1. Characteristics of recent systematic reviews

Author, year Country COI noted	Interventions assessed	N studies	N participants	Quality assessment	Publication bias assessed
Flippin (2010) US Not stated	PECS	10	178	Horner et al. (2005), Wolf (1978), Gersten et al. (2005)	Not stated
Mulloy (2010) US Yes—no disclosures to make	Gluten Free Casein Free diets	14	188	Simeonsson and Bailey (1991)	Not stated
Eldevik (2009) Norway Not stated	EIBI intervention as described by Green et al. (2002)	9	153 in EIBI groups; 105 in control groups ; 39 in comparison groups	Nathan and Gorman (2002)	Yes

Table G1. Characteristics of recent systematic reviews (continued)

Author, year Country COI noted	Interventions assessed	N studies	N participants	Quality assessment	Publication bias assessed

Parr (2009) UK Not stated	Early intensive multidisciplinary approaches, dietary interventions, drug treatments, allied health, CAM	14	612	GRADE	Not stated
Reichow (2009) US Not stated	Interventions replicating UCLA Young Autism Program	14	373	Assessed elements of research design, tx fidelity	Yes
Rogers (2008) US Yes—no disclosures to make	Behavioral/psycho -social interventions; Lovaas replications	22	431	Nathan and Gorman (2002); Chambless, criteria	Not stated
Spreckley (2008) Australia Yes—no disclosures to make	Applied behavioral intervention approaches to behavioral management	13	101 included in the 4 studies used in meta-analysis	Physiotherapy Evidence Database (PEDro) scale of quality assessment	Not stated
TEC report (2009) US Not stated	EIBI approaches	16	~518	US Preventive Service Task Force, Carey and Boden (2003)	Not stated
Schlosser (2008) US Not stated	AAC interventions as defined by the American Speech Language Hearing Association, 2002 (e.g., PECS, RPMT, speech generating devices)	11	27 (single subject); 98 (group)	Simeonsson and Bailey (1991)	Not stated

Table G1. Characteristics of recent systematic reviews (continued)

Author, year Country COI noted	Interventions assessed	N studies	N participants	Quality assessment	Publication bias assessed
Millward (2008) UK Yes—one author noted as parent of child with ASD	Gluten Free-Casein Free diets	2	35	Cochrane methods	Not stated

AAC- augmentative and alternative communication; ASD-autism spectrum disorders; EIBI-early intensive behavioral intervention; PECS-Picture Exchange Communication System; RPMT- Responsive Education and Prelinguistic Milieu Teaching; tx-treatment

APPENDIX H. Quality of the Literature

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Adams 2009[33, 34]	+	-	+	N	-	-	-	-	+	-	+	+	-	+	-	-	-	+	+	+	+	+	N	N	+	+	+	+	+	-	P
Akhondzadeh 2004[35]	+	+	+	+	-	-	-	+	-	+	+	+	N	+	N	-	-	+	+	+	+	+	+	N	-	N	N	-	-	-	F
Akhondzadeh 2008[36]	+	+	+	+	-	-	-	+	-	-	+	+	N	+	N	-	+	+	+	+	+	+	+	+	N	N	N	-	-	-	F
Aldred 2004[37]	+	+	+	+	-	-	+	-	-	+	+	+	N	+	-	-	-	+	+	+	+	+	+	N	-	N	N	-	-	-	F
Allam 2008[38]	+	+	+	+	-	+	-	-	-	-	+	+	N	+	-	-	+	+	+	+	+	+	+	N	-	N	N	-	-	-	F
Aman 2009[39]	+	+	+	-	-	+	-	-	-	+	+	+	-	+	+	+	+	+	+	+	-	+	+	N	-	N	N	+	+	-	F
Anan 2008[40]	-	-	-	N	-	-	-	+	-	+	+	+	-	+	-	-	-	+	+	+	-	-	N	N	-	-	N	+	+	-	P
Andersen 2008[41]	-	-	-	N	-	-	-	+	-	-	+	+	N	+	N	-	+	-	+	+	-	+	N	N	N	+	+	+	+	+	P
Arick 2003[42]	-	-	-	N	-	-	-	-	+	+	+	-	N	-	+	-	-	+	+	+	-	+	N	N	-	-	N	-	+	-	P

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Baker-Ericzen 2007[43]	-	-	-	N	-	-	-	+	-	-	-	+	+	+	-	-	-	+	+	+	-	+	N	N	+	+	+	+	+	-	P
Bass 2009[44]	+	+	+	-	-	-	-	+	-	+	-	+	-	+	-	-	-	+	+	+	-	-	-	N	-	N	N	+	+	-	P
Bauminger 2006[45]	-	N	-	N	-	+	-	-	-	+	+	+	+	+	-	-	-	+	+	+	+	+	N	N	-	N	N	-	+	-	F
Bauminger 2006[46]	-	N	-	N	-	+	-	-	-	+	+	+	N	+	-	-	-	+	+	+	+	+	N	N	-	N	N	-	+	-	F
Beaumont 2008[47]	+	+	+	-	-	-	+	-	-	+	+	+	N	+	+	-	-	+	+	+	-	-	-	N	-	N	N	-	-	+	P
Beglinger 2005[48]	-	-	-	N	-	+	-	-	-	+	+	+	+	+	-	-	-	+	+	+	-	+	N	N	-	N	N	-	+	-	F
Ben-Itzchak 2007[49]	-	-	-	N	+	-	-	-	-	+	+	+	N	-	-	-	-	+	+	+	-	+	N	N	-	N	N	-	-	-	P
Bibby 2002[25]	-	-	-	N	-	-	-	-	+	+	+	+	-	+	-	-	+	+	+	+	-	-	N	N	-	+	+	+	+	+	P
Boyd 2001[50]	-	-	-	N	-	-	-	+	-	+	+	+	-	+	-	-	-	+	+	+	-	-	N	N	N	-	N	+	+	-	P

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Carmody 2001[51]	-	-	-	N	-	-	-	-	+	-	-	N	N	+	-	+	-	+	+	+	-	-	N	N	-	-	-	-	-	-	P
Carr 2008, 2007[52, 53]	+	+	+	-	-	-	-	-	+	+	+	+	N	+	-	-	-	+	+	+	-	+	+	N	N	N	N	-	+	-	P
Chalfant 2006[54]	+	+	+	-	-	-	-	-	+	+	+	+	+	+	-	-	-	+	+	+	-	-	-	N	-	N	N	-	-	-	P
Chan 2009[55]	+	+	+	-	-	-	-	-	+	+	-	+	N	+	-	+	-	-	+	+	-	-	-	N	-	N	N	+	+	-	P
Chez 2000[56]	-	-	-	N	-	-	-	+	-	+	-	+	N	+	N	+	+	+	+	+	-	-	N	N	+	-	N	+	+	-	P
Chez 2002[57]	+	+	+	+	-	-	-	+	-	+	+	+	N	+	N	-	-	+	+	+	+	+	+	N	+	N	N	-	-	-	F
Chez 2003[58]	+	+	+	-	-	-	-	+	-	+	+	+	+	+	N	-	+	+	+	+	+	-	-	N	-	N	N	+	+	-	F
Chez 2004[59]	-	-	-	-	-	-	-	+	-	+	-	+	N	+	N	-	+	+	+	+	-	+	-	N	-	N	N	-	-	-	P
Coben 2007[60]	+	-	+	N	-	-	-	-	+	-	-	+	N	+	-	-	+	+	+	+	-	+	N	N	+	+	+	+	+	-	P
Cohen 2006[19]	+	-	+	N	-	-	+	-	-	+	+	+	+	+	-	-	-	+	+	+	-	+	N	N	-	N	N	-	+	+	F

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Coniglio 2001[61]	+	+	+	-	-	-	-	+	-	+	+	+	+	+	N	+	+	+	+	+	+	-	-	-	-	N	N	+	+	-	F
Corbett 2007[62]	+	+	+	-	-	+	-	-	-	+	+	-	N	+	-	-	-	+	+	+	+	-	N	-	N	N	N	-	-	-	F
Cotugno 2009[63]	+	-	-	N	-	-	-	+	-	+	+	+	N	+	-	-	-	+	+	+	-	-	N	N	-	+	+	+	+	-	F
Dawson 2009[64]	+	+	+	+	+	-	-	-	-	+	+	+	-	+	+	+	-	+	+	+	-	-	-	N	-	N	N	+	+	-	F
Delong 2002[65]	-	-	-	N	-	-	+	-	-	-	+	+	N	+	N	-	-	-	-	+	-	-	N	N	-	-	N	-	-	-	P
Dillenburger 2004[66]	-	-	-	N	-	-	-	-	+	-	-	+	-	-	-	-	-	-	+	+	-	-	N	N	N	-	N	+	+	-	P
Dosman 2007[67]	-	N	-	N	-	-	+	-	-	-	+	+	-	+	-	+	-	+	+	+	-	+	N	N	N	+	+	-	+	-	P
Drew 2002[68]	+	+	+	+	-	-	-	-	+	+	+	+	N	+	-	-	+	+	+	+	-	+	+	N	-	N	N	-	-	-	F
Dunn-Geier 2000[69]	+	+	+	+	-	-	+	-	-	+	+	+	N	+	N	+	+	+	+	+	+	-	+	+	-	N	N	+	+	-	F

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Eikeseth 2002, 2007[22, 26]	+	-	+	N	-	-	-	-	+	+	+	+	-	+	-	+	-	+	+	+	+	+	N	N	-	N	N	-	-	+	F
Eikeseth 2009 & Hayward 2009[70, 71]	+	-	-	N	-	-	-	-	+	+	+	+	+	+	+	+	-	+	+	+	+	+	N	N	-	+	+	+	+	-	F
Eldevik 2006[72]	+	-	+	N	-	-	-	-	+	+	+	+	-	+	-	-	-	+	+	+	-	-	N	N	-	-	N	-	+	+	P
Escalona 2001[73]	+	+	+	-	-	-	-	-	+	+	-	+	N	+	N	-	-	+	+	+	-	+	+	N	-	N	N	+	+	-	P
Escalona 2002[74]	+	+	+	-	-	-	-	+	-	+	-	+	N	+	+	-	-	+	+	+	-	+	+	N	-	N	N	-	-	-	P
Evangeliou 2003[75]	-	-	-	N	-	-	-	-	+	-	-	+	-	+	-	-	+	+	+	+	-	+	N	N	N	N	N	-	-	+	P
Farrell 2005[76]	+	-	+	N	-	-	-	-	+	-	-	+	-	+	-	-	-	+	+	+	-	-	N	N	-	-	N	+	+	-	P
Fazlioglu 2008[77]	+	+	+	+	-	-	-	+	-	-	+	+	N	+	-	-	-	+	+	+	-	+	+	N	N	N	N	-	-	-	P
Field 2001[78]	+	+	+	-	-	-	-	+	-	+	-	+	N	+	-	-	-	+	+	+	-	+	+	N	-	N	N	-	-	-	P

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Frankel 2010[79]	+	+	+	+	-	-	+	-	-	+	+	+	-	+	+	-	-	+	+	+	-	-	-	N	-	N	N	+	+	-	F
Gabriels 2001[80, 81]	-	-	-	N	-	+	-	-	-	+	+	+	-	-	-	-	+	+	+	+	-	+	N	+	-	+	+	+	+	+	P
Gevers 2006[82]	-	-	-	N	-	-	-	+	-	-	-	N	N	-	-	-	-	+	+	+	-	-	N	N	-	-	N	-	-	-	P
Granpeesh eh 2009[83]	-	N	-	N	-	-	-	-	+	+	+	N	N	+	-	-	-	+	+	+	-	-	N	N	N	-	N	-	-	-	P
Greenberg 2008[84]	-	N	-	N	-	-	-	-	+	-	-	N	N	+	+	-	-	+	+	+	-	-	N	N	N	-	N	+	+	-	P
Grey 2005[85]	-	-	-	N	-	-	-	-	+	-	-	+	N	-	-	-	-	-	+	+	-	+	N	N	-	N	N	-	+	-	P
Gulsrud 2007[86]	+	+	+	-	-	-	+	-	-	+	+	+	+	+	+	-	-	+	+	+	-	-	-	N	-	N	N	-	+	-	P
Gutstein 2007[87]	-	N	-	N	-	-	+	-	-	+	+	N	-	+	-	-	+	+	+	+	-	+	N	N	-	+	+	-	-	+	P
Handen 2009[88]	+	+	+	+	-	+	-	-	-	-	+	+	-	+	N	+	+	+	+	+	+	+	+	+	-	N	N	+	+	-	G
Harris 2000[89]	-	-	-	N	-	-	-	-	+	+	+	+	N	+	-	-	-	+	-	+	-	+	N	N	N	+	+	+	+	+	P

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Hartshorn 2001[90]	+	-	+	N	-	-	-	-	+	-	-	+	N	+	-	-	-	+	+	+	-	+	N	N	-	N	N	-	+	-	P
Heimann 2006[91]	+	+	+	-	-	-	-	-	+	+	-	+	N	+	-	-	-	+	+	+	-	+	+	N	-	N	N	-	-	-	P
Henry 2006[92]	-	-	-	N	-	-	-	+	-	-	+	N	N	+	N	-	-	+	+	+	-	+	N	N	N	N	N	-	-	-	P
Hollander 2005[93]	+	+	+	-	+	-	-	-	-	+	+	+	-	+	N	-	+	+	+	+	+	+	+	N	-	N	N	-	-	-	F
Howard 2005[27]	+	-	+	N	-	-	-	+	-	+	+	+	-	+	-	-	-	+	+	+	-	+	N	N	-	+	+	-	+	-	F
Howlin 2007[94]	+	+	+	+	-	-	-	+	-	-	+	+	-	+	-	-	-	+	+	+	-	+	+	+	-	N	N	-	-	-	P
Itzchak 2008[95]	+	-	-	-	+	-	-	-	-	+	-	+	-	-	-	-	-	+	+	+	-	-	N	N	N	-	N	-	-	-	P
Itzchak 2009[96]	-	N	-	N	+	-	-	-	-	+	-	+	N	+	-	-	-	+	+	+	-	+	N	N	-	+	+	+	+	-	P
Jarusiewicz 2002[97]	+	+	+	N	-	-	-	-	+	-	-	+	-	+	N	-	-	+	+	+	-	+	-	N	-	N	N	-	-	-	P
Jung 2006[98, 99]	+	-	-	N	-	-	-	+	-	+	-	+	N	+	-	-	-	+	+	+	-	-	N	N	-	-	N	-	-	-	P

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Kasari 2006, 2008[100, 101]	+	+	+	-	-	-	+	-	-	+	+	+	-	+	+	+	-	+	+	+	+	-	-	N	-	N	N	+	+	+	P
Keen 2007[102]	-	N	-	N	-	-	-	+	-	-	-	+	N	-	-	-	-	-	+	+	-	+	N	N	-	N	N	-	+	-	P
Kern 2001[103]	+	+	+	-	-	-	-	+	-	+	+	+	-	+	N	-	+	+	+	+	+	-	-	-	-	N	N	+	+	-	F
Kim 2008, 2009[104, 105]	+	+	+	-	-	-	+	-	-	-	-	+	-	+	-	-	-	+	+	+	+	-	-	N	-	N	N	-	-	-	P
King 2001[106]	+	+	+	-	+	-	-	-	-	+	+	+	N	+	N	-	+	+	+	+	+	+	+	N	-	N	N	+	+	-	F
King 2009[107]	+	+	+	+	+	-	-	-	-	+	+	+	-	+	N	+	+	+	+	+	+	+	+	+	-	N	N	+	-	-	G
Kroeger 2007[108]	+	-	+	-	-	-	-	-	+	+	+	+	-	+	-	-	-	+	+	+	+	-	-	N	-	N	N	-	-	-	P
Laud 2009[109]	-	N	-	N	-	-	-	-	+	-	+	+	-	+	-	-	-	+	+	+	-	-	N	N	-	-	N	+	+	+	P
Legoff 2006[110]	+	-	+	N	-	-	-	-	+	+	+	N	N	-	-	-	+	+	+	+	-	+	N	N	-	+	+	+	+	-	P
Levy 2003[111]	+	+	+	+	-	-	-	-	+	+	+	+	+	+	N	+	-	+	+	+	+	-	-	-	-	N	N	-	-	-	F

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Lopata 2006[112, 113]	-	-	-	N	-	-	-	-	+	-	+	+	N	+	+	+	-	+	+	+	-	-	N	N	-	-	N	+	+	-	P
Lopata 2008[112, 113]	+	+	+	-	-	-	-	+	-	+	+	+	N	+	+	-	-	+	+	+	+	+	+	N	-	N	N	+	+	-	F
Ludlow 2006[114]	-	-	-	N	-	-	-	-	+	+	-	+	N	+	-	-	-	+	+	+	-	+	N	N	-	+	+	-	-	-	P
Ludlow 2008[115]	-	N	-	N	-	-	-	-	+	-	-	+	N	+	-	-	-	+	+	+	-	-	N	N	-	-	N	-	+	-	P
Luiselli 2000[116]	-	-	-	N	-	-	-	-	+	-	-		N	+	-	-	-	+	+	+	-	+	N	N	+	+	+	-	+	-	P
Magiati 2003[117]	-	-	-	N	-	-	-	-	+	+	+	-	N	+	-	-	+	+	+	+	-	+	N	N	+	N	N	-	+	-	P
Magiati 2007[23]	+	-	+	N	-	-	-	-	+	+	+	+	N	+	-	-	+	+	+	+	-	+	N	-	-	+	+	-	-	+	F
Mahoney 2005[118]	-	-	-	N	-	-	-	+	-	+	-	+	N	+	-	+	-	+	+	+	-	+	N	N	-	N	N	-	+	-	P
Marcus 2009[119]	+	+	+	+	-	+	-	-	-	-	+	+	-	+	N	+	+	+	+	+	+	+	+	N	-	N	N	+	+	-	G
Masi 2003[120]	-	-	-	N	-	-	+	-	-	+	+	+	-	+	N	-	-	+	+	+	-	+	N	N	+	N	N	-	-	-	P

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
McConachie 2005[121]	+	-	+	N	-	-	+	-	-	+	+	+	N	+	+	+	+	+	+	+	+	+	N	N	-	N	N	-	+	+	F
Meguid 2008[122]	+	-	-	N	-	-	+	-	-	-	+	+	N	+	-	-	+	+	+	+	-	+	N	N	-	N	N	-	-	-	P
Molloy 2002[123]	+	+	+	-	-	-	-	+	-	+	+	+	-	+	N	-	-	+	+	+	+	+	+	+	-	N	N	-	-	-	F
Moore 2000[124]	+	+	+	-	-	-	-	-	+	-	-	+	N	+	+	+	-	+	+	+	-	+	+	N	N	N	N	-	+	-	P
Mousain-Bosc 2006[125]	-	-	-	N	-	-	-	+	-	-	-	+	N	+	N	-	+	+	+	+	-	+	N	N	-	N	N	-	-	-	P
Mudford 2000[126]	+	-	-	N	-	-	+	-	-	+	-	+	-	+	-	-	-	+	+	+	+	+	N	N	-	N	N	+	+	+	F
Mukaddes 2004[127]	-	-	-	N	-	-	-	+	-	-	-	+	N	+	-	-	-	+	+	+	-	+	N	N	-	N	N	-	+	-	P
Nagaraj 2006[128]	+	+	+	+	-	-	-	+	-	+	+	+	-	+	N	-	+	+	+	+	+	-	-	N	-	N	N	-	-	-	F
Nickels 2008[129]	-	N	-	N	-	-	-	+	-	-	+	N	N	+	-	-	-	-	+	+	-	+	N	N	N	+	+	-	-	N	P
Osborne 2008[130]	+	-	+	N	-	-	-	-	+	+	+	+	N	+	-	-	-	+	+	+	+	+	N	N	-	+	+	-	+	-	F

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Owen 2009[131]	+	+	+	+	-	+	-	-	-	-	+	+	-	+	N	+	+	+	+	+	+	+	+	N	-	N	N	+	+	-	G
Owens 2008[132]	+	+	+	-	-	-	-	-	+	+	+	+	-	+	-	-	+	+	+	+	-	-	-	N	-	N	N	-	+	-	P
Owley 2001[133]	+	+	+	+	+	-	-	-	-	+	+	+	N	+	N	+	+	+	+	+	+	+	+	+	-	N	N	+	+	-	G
Owley 2010[134]	-	-	-	N	+	-	-	-	-	+	+	+	-	+	N	-	+	+	+	+	-	+	N	N	N	+	+	+	+	-	F
Panerai 2009[135]	+	-	+	N	-	+	-	-	-	+	+	+	N	+	-	-	-	+	+	+	+	-	N	N	-	-	N	+	+	-	G
Perry 2008[136]	-	N	-	N	-	-	-	+	-	+	+	N	N	+	-	-	-	+	+	+	-	+	N	N	-	+	+	+	+	-	P
Posey 2004[137]	-	-	-	N	-	-	-	+	-	+	+	N	N	+	N	+	+	+	+	+	-	-	N	N	-	-	N	-	-	N	P
Probst 2008[138]	-	-	-	N	-	-	-	+	-	+	+	+	N	+	-	-	-	+	+	+	-	-	N	N	-	-	N	-	+	-	P
Quirmbach 2009[139]	+	+	+	-	-	-	-	+	-	+	+	+	N	+	-	-	-	+	+	+	+	+	+	N	-	N	N	-	-	-	F
Reaven 2009[140]	+	-	+	N	-	-	-	+	-	+	+	+	-	+	+	+	+	+	+	+	-	-	N	N	-	N	N	+	+	-	F

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Reed 2006[141]	+	-	+	N	-	-	-	-	+	+	+	+	N	+	-	-	+	+	+	+	+	-	N	N	-	-	N	-	+	-	F
Reed 2007[142]	+	-	+	N	-	-	-	-	+	+	+	+	-	+	-	-	-	+	+	+	-	+	N	N	-	+	+	+	+	-	F
Reed 2009[143]	-	N	-	N	-	-	-	+	-	+	+	+	-	+	-	-	+	+	+	+	-	-	N	N	-	-	N	+	+	-	P
Remington 2007[144]	+	-	+	N	-	-	-	-	+	+	+	-	N	-	-	-	-	+	+	+	-	-	N	N	-	+	+	-	+	-	P
Rickards 2001[145]	+	+	+	+	+	-	-	-	-	+	+	+	-	+	-	-	-	+	+	+	+	-	-	N	-	N	N	-	-	+	G
Roberts 2001[146]	+	+	+	+	+	-	-	-	-	+	+	+	-	+	N	+	+	+	+	+	+	-	-	-	+	N	N	+	+	-	G
Rossignol 2009[147]	+	+	+	+	+	-	-	-	-	+	+	+	+	+	+	-	+	+	+	+	+	+	+	N	-	N	N	-	-	-	G
RUPP 2002[148-156]	+	+	+	+	-	+	-	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	N	-	N	N	-	-	-	G
RUPP 2005; Posey 2007; Jahromi 2009[157-159]	+	+	+	+	-	+	-	-	-	+	+	+	-	+	N	-	+	+	+	+	+	+	+	N	-	N	N	-	-	-	F

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
RUPP 2005[160]	-	N	-	N	-	+	-	-	-	+	+	+	-	+	+	+	+	+	+	+	+	-	N	N	-	-	N	+	+	-	G
Sallows 2005[21]	+	+	+	+	-	+	-	-	-	+	+	+	-	+	+	+	+	+	+	+	+	-	-	N	-	N	N	-	-	+	G
Salt 2002[161]	+	-	+	N	-	-	-	-	+	+	-	+	-	+	-	+	-	+	+	+	-	-	N	N	-	-	N	+	+	-	P
Sams 2006[162]	+	-	-	N	-	-	-	-	+	-	-	+	N	+	-	-	-	+	+	+	-	-	N	N	N	-	N	-	+	-	P
Shea 2004; Pandina 2007[163, 164]	+	+	+	-	-	-	+	-	-	+	+	+	-	+	N	+	+	+	+	+	+	+	+	N	-	N	N	-	-	-	F
Silva 2007[165]	+	+	+	-	-	-	-	+	-	+	+	+	-	+	-	-	+	+	+	+	+	-	-	N	-	N	N	-	-	-	F
Silva 2008[166]	-	N	-	N	-	-	-	-	+	-	+	+	N	+	+	+	-	+	+	+	-	-	N	N	-	-	N	-	-	-	P
Silva 2009[167]	+	+	+	-	-	-	-	-	+	-	-	+	-	+	+	-	+	+	+	+	-	-	-	N	+	N	N	+	+	+	P
Smith 2000[20]	+	+	+	-	-	-	-	-	+	+	+	+	N	+	+	+	-	+	+	+	+	+	+	N	+	N	N	+	+	-	F

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Sofronoff 2002[168]	+	-	+	N	-	-	-	+	-	-	-	-	N	+	-	-	-	+	+	+	-	-	N	N	+	-	N	+	+	-	P
Sofronoff 2003[169]	+	+	+	-	-	-	-	-	+	-	-	+	N	+	+	-	-	-	+	+	-	+	+	N	N	N	N	+	+	-	P
Sofronoff 2004[170]	+	+	+	-	-	-	-	-	+	-	-	+	N	+	-	-	-	-	+	+	-	+	+	N	-	N	N	-	-	-	P
Sofronoff 2005[171]	+	+	+	-	-	-	+	-	-	+	+	+	+	+	+	-	-	+	+	+	+	-	-	N	+	N	N	-	-	-	F
Sofronoff 2007[172]	+	+	+	-	-	-	+	-	-	+	+	+	N	+	+	+	-	+	+	+	-	+	+	N	-	N	N	-	-	-	F
Solomon 2004[173]	+	+	+	-	+	-	-	-	-	+	+	+	N	+	-	-	-	+	+	+	-	+	+	N	-	N	N	-	-	-	F
Solomon 2007[174]	-	N	-	N	-	-	-	+	-	-	+	+	-	+	+	-	-	+	+	+	+	-	N	N	-	-	N	+	+	-	P
Solomon 2008[175]	+	+	+	-	+	-	-	-	-	+	+	+	N	+	+	+	-	+	+	+	-	+	N	N	-	N	N	+	+	-	F
Stahmer 2001[176]	+	-	+	N	-	-	-	-	+	+	-	+	N	+	-	+	-	+	+	+	+	+	N	N	-	-	N	-	-	-	P
Stahmer 2004[177]	-	N	-	N	-	-	+	-	-	+	+	+	N	+	-	-	+	+	+	+	-	-	N	N	-	-	N	+	+	-	P

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Stigler 2004[178]	-	-	-	N	-	-	-	+	-	-	+	N	N	+	N	-	-	+	+	+	-	+	N	N	-	N	N	-	-	-	P
Tjus 2001[179]	-	-	-	N	-	-	-	-	+	+	-	+	N	+	-	+	-	+	+	+	-	+	N	N	-	+	+	-	+	-	P
Tsang 2006[180]	+	-	-	N	-	-	-	+	-	+	+	+	N	+	-	-	-	-	+	+	-	+	N	N	-	N	N	-	+	-	F
Tyminski 2008[181]	-	-	-	N	-	-	-	+	-	-	+	+	-	+	-	+	-	+	+	+	-	+	N	N	-	+	+	+	+	-	P
Unis 2002[182]	+	+	+	-	-	+	-	-	-	+	+	+	-	+	N	-	-	+	+	+	+	-	-	-	-	N	N	-	-	-	F
Vismara 2009[183]	-	N	-	N	-	+	-	-	-	+	+	+	-	+	+	+	-	+	+	+	-	-	N	N	-	-	N	+	+	-	P
Vorgraft 2007[184]	-	-	-	N	-	-	-	+	-	-	+	N	N	+	-	-	-	+	+	+	-	-	N	N	+	-	N	+	+	-	P
Wetherby 2006[185]	-	N	-	N	-	+	-	-	-	+	+	+	N	+	+	-	-	+	+	+	-	-	N	N	-	-	N	+	+	-	P
Whitaker 2004[186]	-	N	-	N	-	-	-	-	+	+	-	+	N	+	-	-	-	+	+	+	-	-	N	N	N	-	N	-	+	-	P
Whittingham 2009[187, 188]	+	+	+	+	-	-	-	+	-	+	-	+	-	+	-	-	-	+	+	+	-	+	+	N	+	N	N	-	-	+	P

Study	Group design	Random assignment	Appropriate comparison	RCT: Correct randomization	DSM-IV + ADI-R + ADOS	DSM-IV + ADOS or ADI-R	[DSM-IV + other] or [ADOS + other]	Only DSM-IV or only ADOS	Neither DSM-IV nor ADOS	Sample clearly characterized	Inclusion/Exclusion criteria stated	Reported attrition	Drop-out evaluated for differences	Intervention fully described	Treatment fidelity monitored	Reported adherence	Held steady concomitant interventions	Reliability & validity of measures	Prim. & sec. measures specified	Data collected from approp. sources	Coded by blinded individuals	Appropriate statistical analysis	Intent-to-treat analysis	Power calculation provided	Corrected for multiple testing	Confounders & modifiers captured	Confounders & modifiers handled	Outcomes measured outside tx setting	Outcomes measured in natural environ.	Follow-up at least 3 mos post-tx	Final Score
Wong 2007[189]	-	-	-	N	-	-	-	+	-	+	+	+	N	+	+	-	-	+	+	+	-	+	N	N	-	+	+	-	+	-	P
Wood 2009[190, 191]	+	+	+	+	-	-	+	-	-	+	+	+	-	+	-	-	+	+	+	+	+	+	+	N	-	N	N	-	-	+	F
Yoder 2006, 2009[15, 192-194]	+	+	+	+	+	-	-	-	-	+	+	+	N	+	+	+	-	+	+	+	+	+	+	N	-	N	N	-	-	-	G
Zachor 2007[195]	+	-	+	N	-	+	-	-	-	+	-	+	N	+	-	-	-	+	+	+	-	+	N	N	-	+	+	-	-	-	F

+ = Yes, - = No or Not Reported, and N = Not applicable
G = Good, F = Fair, and P = Poor

Reference List

1. Eldevik S, Hastings RP, Hughes JC, et al. Meta-analysis of Early Intensive Behavioral Intervention for children with autism. J Clin Child Adolesc Psychol. 2009 May;38(3):439-50.
2. Reichow B and Wolery M. Comprehensive Synthesis of Early Intensive Behavioral Interventions for Young Children with Autism Based on the UCLA Young Autism Project Model. Journal of Autism and Developmental Disorders. 2009 Jan;39(1):23-41.
3. Rogers SJ and Vismara LA. Evidence-Based Comprehensive Treatments for Early Autism. Journal of Clinical Child and Adolescent Psychology. 2008 Jan;37(1):8-38.
4. Spreckley M and Boyd R. Efficacy of Applied Behavioral Intervention in Preschool Children with Autism for Improving Cognitive, Language, and Adaptive Behavior: A Systematic Review and Meta-analysis. J Pediatr. 2008 Oct 22.
5. Special report: early intensive behavioral intervention based on applied behavior analysis among children with autism spectrum disorders. Technol Eval Cent Asses Program Exec Summ. 2009 Feb;23(9):1-5.
6. Schlosser RW and Wendt O. Effects of augmentative and alternative communication intervention on speech production in children with autism: a systematic review. Am J Speech Lang Pathol. 2008 Aug;17(3):212-30.
7. Millward C, Ferriter M, Calver S, et al. Gluten- and casein-free diets for autistic spectrum disorder. Cochrane Database Syst Rev. 2008(2):CD003498.
8. Parr J. Autism. Clin Evid (Online). 2008;2008.
9. Mulloy A, Lang R, O'Reilly M, et al. Gluten-Free and Casein-Free Diets in the Treatment of Autism Spectrum Disorders: A Systematic Review. Research in Autism Spectrum Disorders. 2010 Jul-Sep;4(3):328-339.
10. Flippin M, Reszka S and Watson LR. Effectiveness of the Picture Exchange Communication System (PECS) on communication and speech for children with autism spectrum disorders: a meta-analysis. Am J Speech Lang Pathol. 2010 May;19(2):178-95.
11. Knivsberg AM, Reichelt KL, Hoien T, et al. A randomised, controlled study of dietary intervention in autistic syndromes. Nutr Neurosci. 2002 Sep;5(4):251-61.
12. Knivsberg A-M, Reichelt K-L, HÃ¸ien T, et al. Effect of a Dietary Intervention on Autistic Behavior. Focus on Autism and Other Developmental Disabilities. 2003 Win;18(4):247-256.
13. Harrison Elder J, Shankar M, Shuster J, et al. The Gluten-Free, Casein-Free Diet In Autism: Results of A Preliminary Double Blind Clinical Trial. Journal of Autism and Developmental Disorders. 2006 Apr;36(3):413-420.
14. D SRB. Evaluating progreamme impact: levels of uncertainty. In: Mitchell D, editor. Early interventions studies for younf children with special needs. London: Chapman and Hall; 1991. p. 280-296.
15. Yoder P and Stone WL. A randomized comparison of the effect of two prelinguistic communication interventions on the acquisition of spoken communication in preschoolers with ASD. J Speech Lang Hear Res. 2006 Aug;49(4):698-711.
16. Horner RH CE, Halle J, McGee G, Odom S, Wolery M. The use of single subject research to identify evidence-based practice in special education. Except Child. 2005;71:165-179.
17. M W. Social validity: The case for subjective measurement or how applied behavior analysis is finding its heart. Journal of Applied Behavior Analysis. 1978;11:203-214.
18. Gersten R FL, Compton D, Coyne M, Greenwood C, Innocenti MS. Quality indicators for group experimental and quasi-experimental research in special education. Exceptional Children. 2005;71:149-164.
19. Cohen H, Amerine-Dickens M and Smith T. Early intensive behavioral treatment: replication of the UCLA model in a community setting. J Dev Behav Pediatr. 2006 Apr;27(2 Suppl):S145-55.
20. Smith T, Groen AD and Wynn JW. Randomized trial of intensive early intervention for children with pervasive developmental disorder. Am J Ment Retard. 2000 Jul;105(4):269-85.
21. Sallows GO and Graupner TD. Intensive behavioral treatment for children with autism: four-year outcome and predictors. Am J Ment Retard. 2005 Nov;110(6):417-38.
22. Eikeseth S, Smith T, Jahr E, et al. Intensive behavioral treatment at school for 4- to 7-year-old children with autism. A 1-year comparison controlled study. Behav Modif. 2002 Jan;26(1):49-68.
23. Magiati I, Charman T and Howlin P. A two-year prospective follow-up study of community-based early intensive behavioural intervention and specialist nursery provision for children with autism spectrum disorders. J Child Psychol Psychiatry. 2007 Aug;48(8):803-12.
24. Sheinkopf SJ and Siegel B. Home-based behavioral treatment of young children with autism. J Autism Dev Disord. 1998 Feb;28(1):15-23.
25. Bibby P, Eikeseth S, Martin NT, et al. Progress and outcomes for children with autism receiving parent-managed intensive interventions. Res Dev Disabil. 2002 Jan-Feb;23(1):81-104.
26. Eikeseth S, Smith T, Jahr E, et al. Outcome for children with autism who began intensive behavioral treatment between ages 4 and 7: a comparison controlled study. Behav Modif. 2007 May;31(3):264-78.
27. Howard JS, Sparkman CR, Cohen HG, et al. A comparison of intensive behavior analytic and eclectic treatments for young children with autism. Res Dev Disabil. 2005 Jul-Aug;26(4):359-83.
28. JM NPG. A guide to treatments that work. New York: Oxford University Press 2002.
29. DH; CDBDB. Defining empirically supported therapies. Journal of Consulting and Clinical Psychology. 1998;66:7-18.
30. Center NA. National Standards Report Randolph, MA: National Autism Center; 2009 2009Contract No.: Document Number|.
31. Ospina MB, Krebs Seida J, Clark B, et al. Behavioural and developmental interventions for autism spectrum disorder: a clinical systematic review. PLoS One. 2008;3(11):e3755.

32. Seida JK, Ospina MB, Karkhaneh M, et al. Systematic reviews of psychosocial interventions for autism: an umbrella review. Dev Med Child Neurol. 2009 Feb;51(2):95-104.
33. Adams JB, Baral M, Geis E, et al. Safety and efficacy of oral DMSA therapy for children with autism spectrum disorders: part A--medical results. BMC Clin Pharmacol. 2009;9:16.
34. Adams JB, Baral M, Geis E, et al. Safety and efficacy of oral DMSA therapy for children with autism spectrum disorders: part B - behavioral results. BMC Clin Pharmacol. 2009;9:17.
35. Akhondzadeh S, Erfani S, Mohammadi MR, et al. Cyproheptadine in the treatment of autistic disorder: a double-blind placebo-controlled trial. J Clin Pharm Ther. 2004 Apr;29(2):145-50.
36. Akhondzadeh S, Tajdar H, Mohammadi MR, et al. A double-blind placebo controlled trial of piracetam added to risperidone in patients with autistic disorder. Child Psychiatry Hum Dev. 2008 Sep;39(3):237-45.
37. Aldred C, Green J and Adams C. A new social communication intervention for children with autism: pilot randomised controlled treatment study suggesting effectiveness. J Child Psychol Psychiatry. 2004 Nov;45(8):1420-30.
38. Allam H, ElDine NG and Helmy G. Scalp acupuncture effect on language development in children with autism: a pilot study. J Altern Complement Med. 2008 Mar;14(2):109-14.
39. Aman MG, McDougle CJ, Scahill L, et al. Medication and Parent Training in Children With Pervasive Developmental Disorders and Serious Behavior Problems: Results From a Randomized Clinical Trial. J Am Acad Child Adolesc Psychiatry. 2009 Oct 23.
40. Anan RM, Warner LJ, McGillivary JE, et al. Group Intensive Family Training (GIFT) for preschoolers with autism spectrum disorders. Behavioral Interventions. 2008 Jul;23(3):165-180.
41. Andersen IM, Kaczmarska J, McGrew SG, et al. Melatonin for insomnia in children with autism spectrum disorders. J Child Neurol. 2008 May;23(5):482-5.
42. Arick JR, Young HE, Falco RA, et al. Designing an outcome study to monitor the progress of students with autism spectrum disorders. Focus on Autism and Other Developmental Disabilities. 2003 Sum;18(2):75-87.
43. Baker-EriczÃ©n MJ, Stahmer AC and Burns A. Child Demographics Associated With Outcomes in a Community-Based Pivotal Response Training Program. Journal of Positive Behavior Interventions. 2007 Win;9(1):52-60.
44. Bass MM, Duchowny CA and Llabre MM. The effect of therapeutic horseback riding on social functioning in children with autism. J Autism Dev Disord. 2009 Sep;39(9):1261-7.
45. Bauminger N. Brief report: individual social-multi-modal intervention for HFASD. J Autism Dev Disord. 2007 Sep;37(8):1593-604.
46. Bauminger N. Brief report: group social-multimodal intervention for HFASD. J Autism Dev Disord. 2007 Sep;37(8):1605-15.
47. Beaumont R and Sofronoff K. A multi-component social skills intervention for children with Asperger syndrome: the Junior Detective Training Program. J Child Psychol Psychiatry. 2008 Jul;49(7):743-53.
48. Beglinger L and Smith T. Concurrent validity of social subtype and IQ after early intensive behavioral intervention in children with autism: a preliminary investigation. J Autism Dev Disord. 2005 Jun;35(3):295-303.
49. Ben-Itzchak E and Zachor DA. The effects of intellectual functioning and autism severity on outcome of early behavioral intervention for children with autism. Res Dev Disabil. 2007 May-Jun;28(3):287-303.
50. Boyd RD and Corley MJ. Outcome survey of early intensive behavioral intervention for young children with autism in a community setting. Autism. 2001 Dec;5(4):430-41.
51. Carmody DP, Kaplan M and Gaydos AM. Spatial orientation adjustments in children with autism in Hong Kong. Child Psychiatry Hum Dev. 2001 Spring;31(3):233-47.
52. Carr D and Felce J. Teaching picture-to-object relations in picture-based requesting by children with autism: a comparison between error prevention and error correction teaching procedures. J Intellect Disabil Res. 2008 Apr;52(Pt 4):309-17.
53. Carr D and Felce J. The effects of PECS teaching to Phase III on the communicative interactions between children with autism and their teachers. J Autism Dev Disord. 2007 Apr;37(4):724-37.
54. Chalfant AM, Rapee R and Carroll L. Treating anxiety disorders in children with high functioning autism spectrum disorders: a controlled trial. J Autism Dev Disord. 2007 Nov;37(10):1842-57.
55. Chan AS, Cheung MC, Sze SL, et al. Seven-star needle stimulation improves language and social interaction of children with autistic spectrum disorders. Am J Chin Med. 2009;37(3):495-504.
56. Chez MG, Buchanan CP, Bagan BT, et al. Secretin and autism: a two-part clinical investigation. J Autism Dev Disord. 2000 Apr;30(2):87-94.
57. Chez MG, Buchanan CP, Aimonovitch MC, et al. Double-blind, placebo-controlled study of L-carnosine supplementation in children with autistic spectrum disorders. J Child Neurol. 2002 Nov;17(11):833-7.
58. Chez MG, Buchanan TM, Becker M, et al. Donepezil hydrochloride: A double-blind study in autistic children. Journal of Pediatric Neurology. 2003 Oct-Dec;1(2):83-88.
59. Chez MG, Aimonovitch M, Buchanan T, et al. Treating autistic spectrum disorders in children: utility of the cholinesterase inhibitor rivastigmine tartrate. J Child Neurol. 2004 Mar;19(3):165-9.
60. Coben R and Padolsky I. Assessment-guided neurofeedback for autistic spectrum disorder. Journal of Neurotherapy. 2007;11(1):5-23.
61. Coniglio SJ, Lewis JD, Lang C, et al. A randomized, double-blind, placebo-controlled trial of single-dose intravenous secretin as treatment for children with autism. J Pediatr. 2001 May;138(5):649-55.
62. Corbett BA, Shickman K and Ferrer E. Brief report: the effects of Tomatis sound therapy on language in children with autism. J Autism Dev Disord. 2008 Mar;38(3):562-6.

63. Cotugno AJ. Social competence and social skills training and intervention for children with Autism Spectrum Disorders. J Autism Dev Disord. 2009 Sep;39(9):1268-77.
64. Dawson G, Rogers S, Munson J, et al. Randomized, Controlled Trial of an Intervention for Toddlers With Autism: The Early Start Denver Model. Pediatrics. 2009 Nov 30.
65. DeLong GR, Ritch CR and Burch S. Fluoxetine response in children with autistic spectrum disorders: correlation with familial major affective disorder and intellectual achievement. Dev Med Child Neurol. 2002 Oct;44(10):652-9.
66. Dillenburger K, Keenan M, Gallagher S, et al. Parent education and home-based behaviour analytic intervention: An examination of parents' perceptions of outcome. Journal of Intellectual & Developmental Disability. 2004 Jun;29(2):119-130.
67. Dosman CF, Brian JA, Drmic IE, et al. Children with autism: effect of iron supplementation on sleep and ferritin. Pediatr Neurol. 2007 Mar;36(3):152-8.
68. Drew A, Baird G, Baron-Cohen S, et al. A pilot randomised control trial of a parent training intervention for pre-school children with autism. Preliminary findings and methodological challenges. Eur Child Adolesc Psychiatry. 2002 Dec;11(6):266-72.
69. Dunn-Geier J, Ho HH, Auersperg E, et al. Effect of secretin on children with autism: a randomized controlled trial. Dev Med Child Neurol. 2000 Dec;42(12):796-802.
70. Hayward D, Eikeseth S, Gale C, et al. Assessing progress during treatment for young children with autism receiving intensive behavioural interventions. Autism. 2009 Nov;13(6):613-33.
71. Eikeseth S, Hayward D, Gale C, et al. Intensity of Supervision and Outcome for Preschool Aged Children Receiving Early and Intensive Behavioral Interventions: A Preliminary Study. Research in Autism Spectrum Disorders. 2009 Jan;3(1):67-73.
72. Eldevik S, Eikeseth S, Jahr E, et al. Effects of low-intensity behavioral treatment for children with autism and mental retardation. J Autism Dev Disord. 2006 Feb;36(2):211-24.
73. Escalona A, Field T, Singer-Strunck R, et al. Brief report: improvements in the behavior of children with autism following massage therapy. J Autism Dev Disord. 2001 Oct;31(5):513-6.
74. Escalona A, Field T, Nadel J, et al. Brief report: Imitation effects on children with autism. Journal of Autism and Developmental Disorders. 2002 Apr;32(2):141-144.
75. Evangeliou A, Vlachonikolis I, Mihailidou H, et al. Application of a ketogenic diet in children with autistic behavior: pilot study. J Child Neurol. 2003 Feb;18(2):113-8.
76. Farrell P, Trigonaki N and Webster D. An exploratory evaluation of two early intervention programmes for young children with autism. Educational and Child Psychology. 2005;22(4):29-40.
77. Fazlioglu Y and Baran G. A sensory integration therapy program on sensory problems for children with autism. Percept Mot Skills. 2008 Apr;106(2):415-22.
78. Field T, Sanders C and Nadel J. Children with autism display more social behaviors after repeated imitation sessions. Autism. 2001 Sep;5(3):317-23.
79. Frankel F, Myatt R, Sugar C, et al. A Randomized Controlled Study of Parent-assisted Children's Friendship Training with Children having Autism Spectrum Disorders. J Autism Dev Disord. 2010 Jan 8.
80. Gabriels RL, Hill DE, Pierce RA, et al. Predictors of treatment outcome in young children with autism: a retrospective study. Autism. 2001 Dec;5(4):407-29.
81. Gabriels RL, Ivers BJ, Hill DE, et al. Stability of Adaptive Behaviors in Middle-School Children with Autism Spectrum Disorders. Research in Autism Spectrum Disorders. 2007 Oct-Dec;1(4):291-303.
82. Gevers C, Clifford P, Mager M, et al. Brief report: A theory-of-mind-based social-cognition training program for school-aged children with pervasive developmental disorders: an open study of its effectiveness. J Autism Dev Disord. 2006 May;36(4):567-71.
83. Granpeesheh D, Tarbox J, Dixon DR, et al. Retrospective analysis of clinical records in 38 cases of recovery from autism. Ann Clin Psychiatry. 2009 Oct-Dec;21(4):195-204.
84. Greenberg JH and Martinez RC. Starting Off on the Right Foot: One Year of Behavior Analysis in Practice and Relative Cost. International Journal of Behavioral Consultation and Therapy. 2008;4(2):212-226.
85. Grey IM, Honan R, McClean B, et al. Evaluating the effectiveness of teacher training in Applied Behaviour Analysis. J Intellect Disabil. 2005 Sep;9(3):209-27.
86. Gulsrud AC, Kasari C, Freeman S, et al. Children with autism's response to novel stimuli while participating in interventions targeting joint attention or symbolic play skills. Autism. 2007 Nov;11(6):535-546.
87. Gutstein SE, Burgess AF and Montfort K. Evaluation of the relationship development intervention program. Autism. 2007 Sep;11(5):397-411.
88. Handen BL, Melmed RD, Hansen RL, et al. A double-blind, placebo-controlled trial of oral human immunoglobulin for gastrointestinal dysfunction in children with autistic disorder. J Autism Dev Disord. 2009 May;39(5):796-805.
89. Harris SL and Handleman JS. Age and IQ at intake as predictors of placement for young children with autism: a four- to six-year follow-up. J Autism Dev Disord. 2000 Apr;30(2):137-42.
90. Hartshorn K, Olds L, Field T, et al. Creative movement therapy benefits children with autism. Early Child Development and Care. 2001;166:1-5.
91. Heimann M, Laberg KE and Nordoen B. Imitative Interaction Increases Social Interest and Elicited Imitation in Non-verbal Children with Autism. Infant and Child Development. Special Issue: Imitation and Socio-Emotional Processes: Implications for Communicative Development and Interventions. 2006 May-Jun;15(3):297-309.
92. Henry CA, Steingard R, Venter J, et al. Treatment outcome and outcome associations in children with pervasive developmental disorders treated with selective serotonin reuptake inhibitors: a chart review. J Child Adolesc Psychopharmacol. 2006 Feb-Apr;16(1-2):187-95.

93. Hollander E, Phillips A, Chaplin W, et al. A placebo controlled crossover trial of liquid fluoxetine on repetitive behaviors in childhood and adolescent autism. Neuropsychopharmacology. 2005 Mar;30(3):582-9.
94. Howlin P, Gordon RK, Pasco G, et al. The effectiveness of Picture Exchange Communication System (PECS) training for teachers of children with autism: a pragmatic, group randomised controlled trial. J Child Psychol Psychiatry. 2007 May;48(5):473-81.
95. Ben Itzchak E, Lahat E, Burgin R, et al. Cognitive, behavior and intervention outcome in young children with autism. Res Dev Disabil. 2008 Sep-Oct;29(5):447-58.
96. Zachor DA, Ben-Itzchak E, Rabinovich A-L, et al. Change in Autism Core Symptoms with Early Intervention: predictors and outcomes. Research in Autism Spectrum Disorders. 2009;3:967-976.
97. Jarusiewicz B. Efficacy of Neurofeedback for Children in the Autistic Spectrum: A Pilot Study. Journal of Neurotherapy. 2002;6(4):39-49.
98. Jung KE, Lee HJ, Lee YS, et al. Efficacy of sensory integration treatment based on virtual reality - Tangible interaction for children with autism. Annual Review of CyberTherapy and Telemedicine. 2006;4:45-49.
99. Jung K-E, Lee H-J, Lee Y-S, et al. The Application of a Sensory Integration Treatment Based on Virtual Reality-Tangible Interaction for Children with Autistic Spectrum Disorder. PsychNology Journal. Special Issue: Emerging Trends in Cybertherapy. 2006;4(2):145-159.
100. Kasari C, Freeman S and Paparella T. Joint attention and symbolic play in young children with autism: a randomized controlled intervention study. J Child Psychol Psychiatry. 2006 Jun;47(6):611-20.
101. Kasari C, Paparella T, Freeman S, et al. Language outcome in autism: randomized comparison of joint attention and play interventions. J Consult Clin Psychol. 2008 Feb;76(1):125-37.
102. Keen D, Rodger S, Doussin K, et al. A pilot study of the effects of a social-pragmatic intervention on the communication and symbolic play of children with autism. Autism. 2007 Jan;11(1):63-71.
103. Kern JK, Miller VS, Cauller PL, et al. Effectiveness of N,N-dimethylglycine in autism and pervasive developmental disorder. J Child Neurol. 2001 Mar;16(3):169-73.
104. Kim J, Wigram T and Gold C. The effects of improvisational music therapy on joint attention behaviors in autistic children: a randomized controlled study. J Autism Dev Disord. 2008 Oct;38(9):1758-66.
105. Kim J, Wigram T and Gold C. Emotional, motivational and interpersonal responsiveness of children with autism in improvisational music therapy. Autism. 2009 Jul;13(4):389-409.
106. King BH, Wright DM, Handen BL, et al. Double-blind, placebo-controlled study of amantadine hydrochloride in the treatment of children with autistic disorder. J Am Acad Child Adolesc Psychiatry. 2001 Jun;40(6):658-65.
107. King BH, Hollander E, Sikich L, et al. Lack of efficacy of citalopram in children with autism spectrum disorders and high levels of repetitive behavior: citalopram ineffective in children with autism. Arch Gen Psychiatry. 2009 Jun;66(6):583-90.
108. Kroeger KA, Schultz JR and Newsom C. A Comparison of Two Group-Delivered Social Skills Programs for Young Children with Autism. Journal of Autism and Developmental Disorders. 2007 May;37(5):808-817.
109. Laud RB, Girolami PA, Boscoe JH, et al. Treatment outcomes for severe feeding problems in children with autism spectrum disorder. Behav Modif. 2009 Sep;33(5):520-36.
110. Legoff DB and Sherman M. Long-Term Outcome of Social Skills Intervention Based on Interactive LEGO[C] Play. Autism: The International Journal of Research & Practice. 2006;10(4):317-329.
111. Levy SE, Souders MC, Wray J, et al. Children with autistic spectrum disorders. I: comparison of placebo and single dose of human synthetic secretin. Arch Dis Child. 2003 Aug;88(8):731-6.
112. Lopata C, Thomeer ML, Volker MA, et al. Effectiveness of a Cognitive-Behavioral Treatment on the Social Behaviors of Children With Asperger Disorder. Focus on Autism and Other Developmental Disabilities. 2006 Win;21(4):237-244.
113. Lopata C, Thomeer ML, Volker MA, et al. Effectiveness of a manualized summer social treatment program for high-functioning children with autism spectrum disorders. J Autism Dev Disord. 2008 May;38(5):890-904.
114. Ludlow AK, Wilkins AJ and Heaton P. The effect of coloured overlays on reading ability in children with autism. J Autism Dev Disord. 2006 May;36(4):507-16.
115. Ludlow AK, Wilkins AJ and Heaton P. Colored Overlays Enhance Visual Perceptual Performance in Children with Autism Spectrum Disorders. Research in Autism Spectrum Disorders. 2008 Jul-Sep;2(3):498-515.
116. Luiselli JK, Cannon BOM, Ellis JT, et al. Home-based behavioral interventions for young children with autism/pervasive developmental disorder: A preliminary evaluation of outcome in relation to child age and intensity of service delivery. Autism. 2000 Dec;4(4):426-438.
117. Magiati I and Howlin P. A pilot evaluation study of the Picture Exchange Communication System (PECS) for children with autistic spectrum disorders. Autism. 2003 Sep;7(3):297-320.
118. Mahoney G and Perales F. Relationship-focused early intervention with children with pervasive developmental disorders and other disabilities: a comparative study. J Dev Behav Pediatr. 2005 Apr;26(2):77-85.
119. Marcus RN, Owen R, Kamen L, et al. A placebo-controlled, fixed-dose study of aripiprazole in children and adolescents with irritability associated with autistic disorder. J Am Acad Child Adolesc Psychiatry. 2009 Nov;48(11):1110-9.
120. Masi G, Cosenza A, Mucci M, et al. A 3-year naturalistic study of 53 preschool children with pervasive developmental disorders treated with risperidone. J Clin Psychiatry. 2003 Sep;64(9):1039-47.
121. McConachie H, Randle V, Hammal D, et al. A controlled trial of a training course for parents of children with suspected autism spectrum disorder. J Pediatr. 2005 Sep;147(3):335-40.

122. Meguid NA, Atta HM, Gouda AS, et al. Role of polyunsaturated fatty acids in the management of Egyptian children with autism. Clin Biochem. 2008 Sep;41(13):1044-8.
123. Molloy CA, Manning-Courtney P, Swayne S, et al. Lack of benefit of intravenous synthetic human secretin in the treatment of autism. J Autism Dev Disord. 2002 Dec;32(6):545-51.
124. Moore M and Calvert S. Brief report: vocabulary acquisition for children with autism: teacher or computer instruction. J Autism Dev Disord. 2000 Aug;30(4):359-62.
125. Mousain-Bosc M, Roche M, Polge A, et al. Improvement of neurobehavioral disorders in children supplemented with magnesium-vitamin B6. II. Pervasive developmental disorder-autism. Magnes Res. 2006 Mar;19(1):53-62.
126. Mudford OC, Cross BA, Breen S, et al. Auditory integration training for children with autism: no behavioral benefits detected. Am J Ment Retard. 2000 Mar;105(2):118-29.
127. Mukaddes NM, Kaynak FN, Kinali G, et al. Psychoeducational treatment of children with autism and reactive attachment disorder. Autism. 2004 Mar;8(1):101-9.
128. Nagaraj R, Singhi P and Malhi P. Risperidone in children with autism: randomized, placebo-controlled, double-blind study. J Child Neurol. 2006 Jun;21(6):450-5.
129. Nickels K, Katusic SK, Colligan RC, et al. Stimulant medication treatment of target behaviors in children with autism: a population-based study. J Dev Behav Pediatr. 2008 Apr;29(2):75-81.
130. Osborne LA, McHugh L, Saunders J, et al. Parenting stress reduces the effectiveness of early teaching interventions for autistic spectrum disorders. J Autism Dev Disord. 2008 Jul;38(6):1092-103.
131. Owen R, Sikich L, Marcus RN, et al. Aripiprazole in the treatment of irritability in children and adolescents with autistic disorder. Pediatrics. 2009 Dec;124(6):1533-40.
132. Owens G, Granader Y, Humphrey A, et al. LEGO therapy and the social use of language programme: an evaluation of two social skills interventions for children with high functioning autism and Asperger Syndrome. J Autism Dev Disord. 2008 Nov;38(10):1944-57.
133. Owley T, McMahon W, Cook EH, et al. Multisite, double-blind, placebo-controlled trial of porcine secretin in autism. J Am Acad Child Adolesc Psychiatry. 2001 Nov;40(11):1293-9.
134. Owley T, Brune CW, Salt J, et al. A pharmacogenetic study of escitalopram in autism spectrum disorders. Autism Res. 2010 Feb;3(1):1-7.
135. Panerai S, Zingale M, Trubia G, et al. Special education versus inclusive education: the role of the TEACCH program. J Autism Dev Disord. 2009 Jun;39(6):874-82.
136. Perry A, Cummings A, Geier JD, et al. Effectiveness of Intensive Behavioral Intervention in a Large, Community-Based Program. Research in Autism Spectrum Disorders. 2008 Oct;2(4):621-642.
137. Posey DJ, Puntney JI, Sasher TM, et al. Guanfacine treatment of hyperactivity and inattention in pervasive developmental disorders: a retrospective analysis of 80 cases. J Child Adolesc Psychopharmacol. 2004 Summer;14(2):233-41.
138. Probst P and Leppert T. Brief report: outcomes of a teacher training program for autism spectrum disorders. J Autism Dev Disord. 2008 Oct;38(9):1791-6.
139. Quirmbach LM, Lincoln AJ, Feinberg-Gizzo MJ, et al. Social stories: mechanisms of effectiveness in increasing game play skills in children diagnosed with autism spectrum disorder using a pretest posttest repeated measures randomized control group design. J Autism Dev Disord. 2009 Feb;39(2):299-321.
140. Reaven JA, Blakeley-Smith A, Nichols S, et al. Cognitive-Behavioral Group Treatment for Anxiety Symptoms in Children with High-Functioning Autism Spectrum Disorders: A Pilot Study. Focus on Autism and Other Developmental Disabilities. 2009;24(1):27-37.
141. Reed P, Osborne LA and Corness M. Brief report: relative effectiveness of different home-based behavioral approaches to early teaching intervention. J Autism Dev Disord. 2007 Oct;37(9):1815-21.
142. Reed P, Osborne LA and Corness M. The Real-World Effectiveness of Early Teaching Interventions for Children with Autism Spectrum Disorder. Exceptional Children. 2007 Sum;73(4):417-433.
143. Reed HE, McGrew SG, Artibee K, et al. Parent-based sleep education workshops in autism. J Child Neurol. 2009 Aug;24(8):936-45.
144. Remington B, Hastings RP, Kovshoff H, et al. Early intensive behavioral intervention: outcomes for children with autism and their parents after two years. Am J Ment Retard. 2007 Nov;112(6):418-38.
145. Rickards AL, Walstab JE, Wright-Rossi RA, et al. A randomized, controlled trial of a home-based intervention program for children with autism and developmental delay. J Dev Behav Pediatr. 2007 Aug;28(4):308-16.
146. Roberts W, Weaver L, Brian J, et al. Repeated doses of porcine secretin in the treatment of autism: a randomized, placebo-controlled trial. Pediatrics. 2001 May;107(5):E71.
147. Rossignol DA, Rossignol LW, Smith S, et al. Hyperbaric treatment for children with autism: a multicenter, randomized, double-blind, controlled trial. BMC Pediatr. 2009;9:21.
148. McCracken JT, McGough J, Shah B, et al. Risperidone in children with autism and serious behavioral problems. N Engl J Med. 2002 Aug 1;347(5):314-21.
149. Aman MG, Arnold LE, McDougle CJ, et al. Acute and long-term safety and tolerability of risperidone in children with autism. J Child Adolesc Psychopharmacol. 2005 Dec;15(6):869-84.
150. McDougle CJ, Scahill L, Aman MG, et al. Risperidone for the core symptom domains of autism: results from the study by the autism network of the research units on pediatric psychopharmacology. Am J Psychiatry. 2005 Jun;162(6):1142-8.
151. Arnold LE, Vitiello B, McDougle C, et al. Parent-defined target symptoms respond to risperidone in RUPP autism study: customer approach to clinical trials. J Am Acad Child Adolesc Psychiatry. 2003 Dec;42(12):1443-50.
152. Williams SK, Scahill L, Vitiello B, et al. Risperidone and adaptive behavior in children with autism. J Am Acad Child Adolesc Psychiatry. 2006 Apr;45(4):431-9.

153. Anderson GM, Scahill L, McCracken JT, et al. Effects of short- and long-term risperidone treatment on prolactin levels in children with autism. Biol Psychiatry. 2007 Feb 15;61(4):545-50.
154. Aman MG, Hollway JA, McDougle CJ, et al. Cognitive effects of risperidone in children with autism and irritable behavior. J Child Adolesc Psychopharmacol. 2008 Jun;18(3):227-36.
155. Martin A, Scahill L, Anderson GM, et al. Weight and leptin changes among risperidone-treated youths with autism: 6-month prospective data. Am J Psychiatry. 2004 Jun;161(6):1125-7.
156. Risperidone treatment of autistic disorder: longer-term benefits and blinded discontinuation after 6 months. Am J Psychiatry. 2005 Jul;162(7):1361-9.
157. Randomized, controlled, crossover trial of methylphenidate in pervasive developmental disorders with hyperactivity. Arch Gen Psychiatry. 2005 Nov;62(11):1266-74.
158. Posey DJ, Aman MG, McCracken JT, et al. Positive effects of methylphenidate on inattention and hyperactivity in pervasive developmental disorders: an analysis of secondary measures. Biol Psychiatry. 2007 Feb 15;61(4):538-44.
159. Jahromi LB, Kasari CL, McCracken JT, et al. Positive Effects of Methylphenidate on Social Communication and Self-Regulation in Children with Pervasive Developmental Disorders and Hyperactivity. Journal of Autism and Developmental Disorders. 2009 Mar;39(3):395-404.
160. Parent training for children with pervasive developmental disorders: A multi-site feasibility trial. Behavioral Interventions. 2007 Jul;22(3):179-199.
161. Salt J, Shemilt J, Sellars V, et al. The Scottish Centre for autism preschool treatment programme. II: The results of a controlled treatment outcome study. Autism. 2002 Mar;6(1):33-46.
162. Sams MJ, Fortney EV and Willenbring S. Occupational therapy incorporating animals for children with autism: A pilot investigation. Am J Occup Ther. 2006 May-Jun;60(3):268-74.
163. Shea S, Turgay A, Carroll A, et al. Risperidone in the treatment of disruptive behavioral symptoms in children with autistic and other pervasive developmental disorders. Pediatrics. 2004 Nov;114(5):e634-41.
164. Pandina GJ, Bossie CA, Youssef E, et al. Risperidone improves behavioral symptoms in children with autism in a randomized, double-blind, placebo-controlled trial. J Autism Dev Disord. 2007 Feb;37(2):367-73.
165. Silva LM, Cignolini A, Warren R, et al. Improvement in sensory impairment and social interaction in young children with autism following treatment with an original Qigong massage methodology. Am J Chin Med. 2007;35(3):393-406.
166. Silva LM, Ayres R and Schalock M. Outcomes of a pilot training program in a qigong massage intervention for young children with autism. Am J Occup Ther. 2008 Sep-Oct;62(5):538-46.
167. Silva LM, Schalock M, Ayres R, et al. Qigong massage treatment for sensory and self-regulation problems in young children with autism: a randomized controlled trial. Am J Occup Ther. 2009 Jul-Aug;63(4):423-32.
168. Sofronoff K and Farbotko M. The effectiveness of parent management training to increase self-efficacy in parents of children with Asperger syndrome. Autism. 2002 Sep;6(3):271-86.
169. Sofronoff K. A Cognitive Behaviour Therapy intervention for anxiety in children with Asperger's syndrome. Good Autism Practice. 2003;4:2-8.
170. Sofronoff K, Leslie A and Brown W. Parent management training and Asperger syndrome: a randomized controlled trial to evaluate a parent based intervention. Autism. 2004 Sep;8(3):301-17.
171. Sofronoff K, Attwood T and Hinton S. A randomised controlled trial of a CBT intervention for anxiety in children with Asperger syndrome. J Child Psychol Psychiatry. 2005 Nov;46(11):1152-60.
172. Sofronoff K, Attwood T, Hinton S, et al. A randomized controlled trial of a cognitive behavioural intervention for anger management in children diagnosed with Asperger syndrome. J Autism Dev Disord. 2007 Aug;37(7):1203-14.
173. Solomon M, Goodlin-Jones BL and Anders TF. A social adjustment enhancement intervention for high functioning autism, Asperger's syndrome, and pervasive developmental disorder NOS. J Autism Dev Disord. 2004 Dec;34(6):649-68.
174. Solomon R, Necheles J, Ferch C, et al. Pilot Study of a Parent Training Program for Young Children with Autism: The PLAY Project Home Consultation Program. Autism: The International Journal of Research and Practice. 2007;11(3):205-224.
175. Solomon M, Ono M, Timmer S, et al. The effectiveness of parent-child interaction therapy for families of children on the autism spectrum. J Autism Dev Disord. 2008 Oct;38(9):1767-76.
176. Stahmer AC and Gist K. The effects of an accelerated parent education program on technique mastery and child outcome. Journal of Positive Behavior Interventions. 2001 Spr;3(2):75-82.
177. Stahmer AC and Ingersoll B. Inclusive Programming for Toddlers with Autism Spectrum Disorders: Outcomes from the Children's Toddler School. Journal of Positive Behavior Interventions. 2004;6(2):67-82.
178. Stigler KA, Desmond LA, Posey DJ, et al. A naturalistic retrospective analysis of psychostimulants in pervasive developmental disorders. J Child Adolesc Psychopharmacol. 2004 Spring;14(1):49-56.
179. Tjus T, Heimann M and Nelson KE. Interaction patterns between children and their teachers when using a specific multimedia and communication strategy: observations from children with autism and mixed intellectual disabilities. Autism. 2001 Jun;5(2):175-87.
180. Tsang SK, Shek DT, Lam LL, et al. Brief report: application of the TEACCH program on Chinese pre-school children with autism--Does culture make a difference? J Autism Dev Disord. 2007 Feb;37(2):390-6.
181. Tyminski RF and Moore PJ. The impact of group psychotherapy on social development in children with pervasive development disorders. International Journal of Group Psychotherapy. 2008 Jul;58(3):363-379.

182. Unis AS, Munson JA, Rogers SJ, et al. A randomized, double-blind, placebo-controlled trial of porcine versus synthetic secretin for reducing symptoms of autism. J Am Acad Child Adolesc Psychiatry. 2002 Nov;41(11):1315-21.
183. Vismara LA, Young GS, Stahmer AC, et al. Dissemination of Evidence-Based Practice: Can We Train Therapists from a Distance? Journal of Autism and Developmental Disorders. 2009 Dec;39(12):1636-1651.
184. Vorgraft Y, Farbstein I, Spiegel R, et al. Retrospective evaluation of an intensive method of treatment for children with pervasive developmental disorder. Autism. 2007 Sep;11(5):413-24.
185. Wetherby AM and Woods JJ. Early Social Interaction Project for Children with Autism Spectrum Disorders Beginning in the Second Year of Life: A Preliminary Study. Topics in Early Childhood Special Education. 2006 Sum;26(2):67-82.
186. Whitaker P. Fostering Communication and Shared Play between Mainstream Peers and Children with Autism: Approaches, Outcomes and Experiences. British Journal of Special Education. 2004 Dec;31(4):215-222.
187. Whittingham K, Sofronoff K, Sheffield J, et al. Stepping Stones Triple P: An RCT of a Parenting Program with Parents of a Child Diagnosed with an Autism Spectrum Disorder. Journal of Abnormal Child Psychology. 2009 May;37(4):469-480.
188. Whittingham K, Sofronoff K, Sheffield J, et al. Do Parental Attributions Affect Treatment Outcome in a Parenting Program? An Exploration of the Effects of Parental Attributions in an RCT of Stepping Stones Triple P for the ASD Population. Research in Autism Spectrum Disorders. 2009 Jan;3(1):129-144.
189. Wong CS, Kasari C, Freeman S, et al. The Acquisition and Generalization of Joint Attention and Symbolic Play Skills in Young Children with Autism. Research and Practice for Persons with Severe Disabilities (RPSD). 2007 Sum;32(2):101-109.
190. Wood JJ, Drahota A, Sze K, et al. Cognitive Behavioral Therapy for Anxiety in Children with Autism Spectrum Disorders: A Randomized, Controlled Trial. Journal of Child Psychology and Psychiatry. 2009 Mar;50(3):224-234.
191. Wood JJ, Drahota A, Sze K, et al. Brief Report: Effects of Cognitive Behavioral Therapy on Parent-Reported Autism Symptoms in School-Age Children with High-Functioning Autism. Journal of Autism and Developmental Disorders. 2009 Nov;39(11):1608-1612.
192. Yoder P and Stone WL. Randomized comparison of two communication interventions for preschoolers with autism spectrum disorders. J Consult Clin Psychol. 2006 Jun;74(3):426-35.
193. Yoder PJ and Lieberman RG. Brief Report: Randomized Test of the Efficacy of Picture Exchange Communication System on Highly Generalized Picture Exchanges in Children with ASD. J Autism Dev Disord. 2009 Nov 11.
194. Yoder PJ. Predicting lexical density growth rate in young children with autism spectrum disorders. Am J Speech Lang Pathol. 2006 Nov;15(4):378-88.

195. Zachor DA, Ben-Itzchak E, Rabinovich A-L, et al. Change in autism core symptoms with intervention. Research in Autism Spectrum Disorders. [doi: DOI: 10.1016/j.rasd.2006.12.001].1(4):304-317.

APPENDIX I. Applicability Summary Tables

Medical

Antipsychotics

Domain	Description of applicability of evidence compared to question
Population	Studies typically included participants recruited from non-primary care populations (university/academic-affiliated clinics, research centers), which may limit applicability to the wider population; participants in randomized controlled trials (RCT)s had an average age of 9.0 and 8.7 years in the treatment and comparison groups, respectively and included more male subjects (83.9% in treatment groups and 83.2% in control). Three RCTs provided IQ data, with the majority of subjects with IQs in the intellectual disability range.
Intervention	Antipsychotics evaluated included risperidone, aripiprazole, and haloperidol+cyproheptadine in dose ranges used in some children with autism spectrum disorder (ASD).
Comparators	RCTs compared treatment to placebo; the halpoperidol study compared haloperidol+cyproheptadine to haloperidol alone; cyproheptadine may augment antipsychotic efficacy and haloperidol alone is an appropriate comparator.
Outcomes	Studies primarily targeted outcomes related to problem behavior (irritability, hyperactivity) and repetitive behavior, which are significant concerns in the ASD population. Outcome measures used to assess change were appropriate; although the duration of studies was typically less than 6 months, and evaluation was typically immediately post-treatment. Studies reported adverse effects including sedation, weight gain, and extrapyramidal symptoms. It is unclear whether these short term harms and outcomes reflect longer-term outcomes.
Setting	Studies were conducted in the US, Italy, Canada, Iran, and India, primarily in academic clinics or research centers which may have yielded more selected populations.

SRIs

Domain	Description of applicability of evidence compared to question
Population	Studies typically included participants recruited from non-primary care populations (university/academic-affiliated clinics), which may limit applicability to the wider population; RCTs included a total of 112 participants in treatment arms, and 115 participants in comparison arms with an average age of 8.8 and 9.1, in the treatment and comparison groups, respectively. Both treatment and comparison groups had more male subjects (83.7 percent and 81.7 percent, respectively).
Intervention	Serotonin reuptake inhibitors (SRI)s evaluated include fluoxetine, citalopram, and escitalopram in dose ranges used in some children with ASD.
Comparators	RCTs compared treatment to placebo.
Outcomes	Studies primarily targeted outcomes related to repetitive behavior and problem behavior (irritability), significant concerns in the ASD population. Outcome measures used to assess change were appropriate; although evaluation typically occurred immediately after ≤3 months of treatment. Studies reported harms including agitation, hyperactivity, inattention, decreased sleep, and diarrhea; it is unclear whether these short term harms and outcomes reflect longer-term outcomes.
Setting	All studies took place in the US in clinics affiliated with academic medical centers.

Secretin

Domain	Description of applicability of evidence
Population	Studies included children with pervasive development disorders (PDD)s between the ages of 2 and15 years, over 70% of participants in each study were male. Participants were generally lower functioning and non-verbal with IQs ≥35. Most participants had gastrointestinal symptoms and indicated frequent use of concomitant medication. The heterogeneity of study populations may not be representative of the population of children with autism.
Intervention	Studies assessed different types of secretin (human vs. porcine) and different doses (single vs. repeated dose) of secretin. Effects of single infusion studies cannot be generalized to the effects of multiple infusion studies.
Comparators	Secretin RCTs appropriately included a placebo controlled comparison group; case series did not include comparison groups.
Outcomes	All the studies evaluated behavioral and language outcomes in the short term (3-12 weeks). Though studies used different definitions of positive response and varied evaluation tools, all studies uniformly found no significant improvement of symptoms attributable to secretin.
Setting	Studies were conducted in US and Canadian clinics with most families self-referred for trials; hence the sample may not be representative of all children with PDDs.

Stimulants

Domain	Description of applicability of evidence
Population	Studies included children ≤ 21 years old with PDDs ; 77%-89% male. Studies typically included children with cognitive impairment (IQ or DQ ≤ 70) and comorbidities including mental retardation (48-61%),seizures (14%), and speech /language disorder (77%). Use of concomitant medications ranged from none to 66%
Intervention	The methylphenidate (MPH) trial may not be generalized to the use of other stimulants in the treatment of PDD as the study neither evaluated high doses of MPH nor the effect of co-interventions, which may limit the applicability of the study. In a case series, more children with autism began taking more than one stimulant than previously reported in literature. The types of stimulants used were MPH, dextroamphetamine, mixed amphetamine salts, pemoline, methamphetamine, though MPH was the most frequently used stimulant (80%). Though the dose and type of stimulant were similar to reports in the literature, the duration of treatment was longer. Treatment episodes were associated with at least 1 side effect.
Comparators	The MPH trial included a placebo controlled comparison group, which was an appropriate comparison; case series did not include comparison groups.
Outcomes	The MPH trial assessed outcomes in the short-term (8 weeks) including hyperactivity/inattention and social behaviors. MPH was superior to placebo on the targeted areas of outcome in 49% of participants. Study found no benefit of treatment on hyperactivity subscale scores in subgroup (age, IQ, diagnosis type or weight) analyses. One case series evaluated the effects of psychostimulants on hyperactivity, impulsivity, disinhibition and inattention in children with autism and another evaluated global improvement in children with PDD; results were mixed with one series reporting improvements in hyperactivity and impulsivity in 69% of participants while the other reported no significant effects. Stimulants were not well-tolerated. Longer duration of follow up (mean=4 years) likely reflects longer-term outcomes in children with autism and PDD-NOS (not otherwise specified), though improvements in outcomes are variable.

Stimulants (continued)

Domain	Description of applicability of evidence

Domain	Description of applicability of evidence
Setting	The MPH trial included drug-free children in 5 academic outpatient clinics in the US, likely representing a highly selected population. While one of the case series is a population-based study of children with autism and hence representative of all children with autism, the other case series consisted of children with PDDs from an outpatient treatment center and may not be representative.

Behavioral

ABA-based interventions

Domain	Description of applicability of evidence
Population	Studies typically included preschool children (i.e. children from 2-7), baseline cognitive/language and adaptive behavior scores typically falling within the impaired range, but often included children with more intact early cognitive/language skills. Populations generally reflect IQ, language, and adaptive behavior characteristics of preschool children with ASD in the community.
Intervention	Early intensive behavioral intervention (EIBI) approaches ranged in terms scope [i.e., applied behavioral analysis-based (ABA) methods/techniques included] as well as intensity (i.e., from 10-40 hours).
Comparators	Comparators included eclectic interventions, parent-directed EIBI, and varying levels of intensity (e.g. hours of treatment, intensity of supervision of treatment given by parents or treatment given in clinic); comparative interventions were often heterogeneous and may not have employed standardized manuals/protocols.
Outcomes	Studies commonly assessed IQ, language, and adaptive behavior outcomes after approximately 9-months to three years of intervention. Follow-up over the course of years and inclusion of broader adaptive indices for evaluation (i.e., school functioning/placement) suggests that certain cognitive/language and educational gains may be durable. It is less clear that adaptive behavior skills see similar patterns of improvement. Participant groups in many studies included children with ranges of skills which makes group based differences difficult to interpret, particularly as early IQ was found to potentially be a greater predictor of response to intervention.
Setting	Studies were conducted in the US, UK, Norway, and Israel in clinic, school/community, and home settings. Participants were often allocated to early intervention treatment vs. eclectic/community-available treatments based on geography (i.e. location relative to clinic), availability of service, or combined parent and educational system choice.

Parent training in social communication

Domain	Description of applicability of evidence compared to question
Population	Studies included preschool-aged children.
Intervention	Parent training interventions included components aimed at social communication including joint attention behaviors, play-based interactions, and pragmatic language approaches; interventions were conducted for approximately 1-4 hours/week with parents asked to introduce learned techniques within natural settings. This approach aligns with several current approaches to ASD treatment.
Comparators	Comparative interventions included eclectic/community-available approaches which may not have employed standardized manuals/protocols.

Parent training in social communication (continued)

Domain	Description of applicability of evidence compared to question

Outcomes	Studies assessed language and social outcomes after 12 months of intervention. While some language/communication skills improved with intervention, with lower functioning children at baseline generally showing greater improvement.
Setting	Studies were conducted in clinics in the UK. Participants were recruited from the community and randomly allocated to parent training or locally/community-available treatment.

ESDM

Domain	Description of applicability of evidence
Population	Limited studies of Early Start Denver Model (ESDM) have been published to date (i.e., one RCT, one case series). These studies have focused on younger preschool aged children (i.e. mean of 2 years of age), Baseline cognitive/language and adaptive behavior scores fell within the impaired range and are generally reflective of characteristics of preschool children with ASD in the community.
Intervention	The ESDM approach focused on delivering approximately 15 hours of service per week with parents providing substantial intervention at other times. The intervention involves supplying ABA-based intervention within developmentally appropriate patterns of activity for young children.
Comparators	Comparators included eclectic community intervention and intensity/type of supervision provided.
Outcomes	Children demonstrated cognitive, language, and adaptive behavior improvements relative to comparison group over two-years, although adaptive behavior skill improvement appears less robust. The impact of such intervention on core autism symptoms also appears unclear.
Setting	Studies were conducted in the US in home and center/school settings.

Social skills

Domain	Description of applicability of evidence
Population	Most studies of social skills interventions targeted elementary school aged children (between 6 and 13 years old). Only one study targeted younger children (4 to 6 years old). Most of the studies of social skills interventions also excluded children with IQs below 60 (reported mean IQs for these studies ranged from 95 to 119), and 6 of the studies targeted children with high functioning ASD or who were diagnosed with Asperger disorder. Therefore this evidence may not be applicable to children below 6 years old or children with very low cognitive functioning.
Intervention	Interventions in this category were mostly implemented in a small group format. 4 studies looked at interventions that ran concurrent parent training in addition to the small groups for the children. Only 3 studies assessed interventions implemented at an individual level. Very few studies followed a manualized intervention or reported fidelity data.
Comparators	The most common comparison group used was a wait-list control group, however almost half the studies in this category did not have a comparison group.
Outcomes	The most common outcomes used were parental reports of children's social behaviors. Few studies included direct observation measures of peer interactions in naturalistic settings.

Social skills (continued)

Domain	Description of applicability of evidence
Setting	Most of the social skills interventions were implemented in a clinic setting. Three

	studies were conducted with interventions in school setting.

Interventions targeting commonly associated conditions

Domain	Description of applicability of evidence
Population	As a whole, studies of interventions targeting commonly associated conditions typically targeted older and higher functioning children, with mean ages ranging from 7-9 in studies of parent training and from 9-11 in studies of cognitive behavioral therapy-based (CBT) interventions; several studies only accepted children with Asperger Disorder and/or excluded for intellectual disabilities.
Intervention	Interventions in this category included individual-based and group-based cognitive behavioral therapy, parent trainings, and teacher trainings, targeting commonly associated conditions including anxiety, anger management, and problem behaviors.
Comparators	Comparison groups in studies of interventions targeting commonly associated conditions most often were waiting list control groups; in the case of parent trainings, several studies compared the same training material presented in multiple formats to each other, as well as to a waiting list control.
Outcomes	Studies of interventions targeting commonly associated conditions measured outcomes including anxiety symptoms, problem behaviors, and anger management, most often using parent and/or teacher report rather than direct assessment or observation.
Setting	Most interventions took place in the clinic setting, with two in the school setting; no studies took place in the home.

Play-/interaction-based - Joint Attention

Domain	Description of applicability of evidence
Population	The majority of the children in these studies was 3-4 years old and diagnosed with autism.
Intervention	The majority of these interventions consisted of a combination of adult-directed behavioral drill (i.e., discrete trial training) and child-directed milieu teaching approach. The child-directed training incorporated ABA and developmental procedures of responsive and interactive methods in a tabletop structured context. One study also included a generalization test of joint attention skills to novel stimuli. These approaches align with several current approaches to ASD treatment.
Comparators	All of these studies compared joint attention interventions to symbolic play interventions, and one included a control group.
Outcomes	The most frequently reported outcomes were those related to joint attention and symbolic play skills. These were most often assessed pre- and post-intervention but one study also included a 6- and 12-month follow up.
Setting	These studies all took place in center-based early intervention programs in the US and likely reflect

Play-/interaction-based - Imitation

Domain	Description of applicability of evidence
Population	The majority of the children included were ages 3 through 6, all of whom were nonverbal and diagnosed with autism or ASD.
Intervention	The primary intervention was adult imitation of the child's behavior. This approach aligns with current approaches to ASD treatment.

Play-/interaction-based – Imitation (continued)

Domain	Description of applicability of evidence

Comparators	All of these studies used contingent responsiveness as the comparison treatment. Contingently responsive behavior refers to the adult responding to the child's initiations by either commenting back or gesturing within the play context.
Outcomes	The outcomes most frequently assessed were social behaviors (e.g, proximity to adult, looking at adult, touching adult). These outcomes were assessed pre- and post-intervention only.
Setting	These studies were conducted in clinics located in the US and Norway.

Play-/interaction-based - Parent-focused

Domain	Description of applicability of evidence
Population	Children in these studies were diagnosed with ASD and had behavior problems; participants were between the ages of 2 and 12.
Intervention	These interventions generally consisted of ABA-based behavior management strategies taught to and led by parents; these approaches align with several approaches currently used to treat ASD in children.
Comparators	The comparison group was a wait-list control group for both studies.
Outcomes	The most frequent outcome assessed was problem behavior. Both studies included a pre- and post-intervention assessment, and one also conducted a 6-month follow-up.
Setting	These interventions were conducted in clinics in the US and Australia.

Allied Health

Sensory integration

Domain	Description of applicability of evidence
Population	Studies of sensory integration included children over age six years who had a diagnosis of autistic disorder.
Intervention	One study evaluated sensory integration based on sensory diet protocols, while a second used virtual-related based computer programs with auditory and visual components.
Comparators	The study of sensory-diet based sensory integration therapy used a control group of children with autism who did not receive intervention, while the virtual-reality based sensory integration training compared children with autism to typically developing control children also receiving the intervention.
Outcomes	The study of sensory-diet based sensory integration therapy measured clinician-rated sensory symptoms.
Setting	Studies of sensory integration therapy took place in a clinic setting.

Music therapy

Domain	Description of applicability of evidence
Population	The study of music therapy involved children with autism between the ages of three and five years.
Intervention	Music therapy.
Comparators	Music therapy was compared to play-based therapy in a crossover study design.
Outcomes	Outcomes assessed included autism symptoms and social communication abilities, as well as several aspects of in-session engagement.
Setting	The study of music therapy took place in a clinic setting.

Auditory integration

Domain	Description of applicability of evidence
Population	Across studies, children ages 3 to 13 years were studied, though one targeted primarily preschool-age children while the other targeted school-age children. Children all had a diagnosis of autism and were low-functioning, having significant cognitive and/or language delays.
Intervention	Studies of auditory integration evaluated either the Tomatis method specifically, or a more generalized auditory integration training protocol.
Comparators	Both studies used a crossover study design, comparing auditory integration to placebo within individual participants.
Outcomes	Outcome measures included well-established direct assessment and parent report of language, cognitive, and behavioral skills.
Setting	Studies of auditory integration training took place in a clinic setting.

Language interventions (PECS, RPMT)

Domain	Description of applicability of evidence
Population	Studies included preschool (~3 years old) and elementary school (4-11 years old) children with autism and PDD-NOS. Children across studies were non verbal or used few words, which generally reflects language abilities in the population of children with ASD using Picture Exchange Communication Systems (PECS) in the community.
Intervention	Language interventions included PECS and Responsive Education & Prelinguistic Milieu Teaching (RPMT); studies assessed direct PECS or RPMT training with children, including a parent training component and the effects of teacher training on children's PECS use; such approaches align with PECS use in ASD in the community.
Comparators	Comparators included PECS compared with RPMT; teacher training in PECS compared with untrained teachers; and PECS training for children in a special education classroom compared with a control group in special education classrooms not receiving PECS. Comparators reflect reasonable alternative approaches.
Outcomes	Studies assessed the number of non-imitative words and spontaneous communications/initiations of communication. Two studies assessed long term effects, noting immediate increases in communication after intervention but limited maintenance of gains ≥10 months after treatment.
Setting	Studies were conducted in schools in the UK and a university clinic in the US. Allocation to PECS training groups in one UK study was based on geography. PECS and language interventions are frequently used in schools in the community, and one study included parent training to promote PECS/RPMT use in the home.