



Effective Health Care Program

Comparative Effectiveness Review
Number 65

Interventions for Adolescents and Young Adults With Autism Spectrum Disorders



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

Comparative Effectiveness Review

Number 65

Interventions for Adolescents and Young Adults With Autism Spectrum Disorders

Prepared for:

Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
540 Gaither Road
Rockville, MD 20850
www.ahrq.gov

Contract No. 290-2007-10065-I

Prepared by:

Vanderbilt Evidence-based Practice Center
Nashville, TN

Investigators:

Julie Lounds Taylor, Ph.D.
Dwayne Dove, M.D.
Jeremy Veenstra-VanderWeele, M.D.
Nila A. Sathe, M.A., M.L.I.S.
Melissa L. McPheeters, Ph.D., M.P.H.
Rebecca N. Jerome, M.L.I.S., M.P.H.
Zachary Warren, Ph.D.

**AHRQ Publication No. 12-EHC063-EF
August 2012**

This report is based on research conducted by the Vanderbilt Evidence-based Practice Center under contract to the Agency for Healthcare Research and Quality (AHRQ), Rockville, MD (Contract No. 290-2007-10065-I). The findings and conclusions in this document are those of the author(s), who are responsible for its content, and do not necessarily represent the views of AHRQ. No statement in this report should be construed as an official position of AHRQ or of the U.S. Department of Health and Human Services.

The information in this report is intended to help health care decisionmakers—patients and clinicians, health system leaders, and policymakers, among others—make well-informed decisions and thereby improve the quality of health care services. This report is not intended to be a substitute for the application of clinical judgment. Anyone who makes decisions concerning the provision of clinical care should consider this report in the same way as any medical reference and in conjunction with all other pertinent information, i.e., in the context of available resources and circumstances presented by individual patients.

This report may be used, in whole or in part, as the basis for the development of clinical practice guidelines and other quality enhancement tools, or as a basis for reimbursement and coverage policies. AHRQ or U.S. Department of Health and Human Services endorsement of such derivative products or actions may not be stated or implied.

This document is in the public domain and may be used and reprinted without permission except those copyrighted materials that are clearly noted in the document. Further reproduction of those copyrighted materials is prohibited without the specific permission of copyright holders.

Persons using assistive technology may not be able to fully access information in this report. For assistance contact EffectiveHealthCare@ahrq.hhs.gov.

None of the investigators has any affiliations or financial involvement that conflicts with the material presented in this report.
--

Suggested citation: Lounds Taylor J, Dove D, Veenstra-VanderWeele J, Sathe NA, McPheeters ML, Jerome RN, Warren Z. Interventions for Adolescents and Young Adults With Autism Spectrum Disorders. Comparative Effectiveness Review No. 65. (Prepared by the Vanderbilt Evidence-based Practice Center under Contract No. 290-2007-10065-I.) AHRQ Publication No. 12-EHC063-EF. Rockville, MD: Agency for Healthcare Research and Quality. August 2012. www.effectivehealthcare.ahrq.gov/reports/final.cfm.

Preface

The Agency for Healthcare Research and Quality (AHRQ) conducts the Effective Health Care Program as part of its mission to organize knowledge and make it available to inform decisions about health care. As part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Congress directed AHRQ to conduct and support research on the comparative outcomes, clinical effectiveness, and appropriateness of pharmaceuticals, devices and health care services to meet the needs of Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).

AHRQ has an established network of Evidence-based Practice Centers (EPCs) that produce Evidence Reports/Technology Assessments to assist public- and private-sector organizations in their efforts to improve the quality of health care. The EPCs now lend their expertise to the Effective Health Care Program by conducting comparative effectiveness reviews (CERs) of medications, devices, and other relevant interventions, including strategies for how these items and services can best be organized, managed, and delivered.

Systematic reviews are the building blocks underlying evidence-based practice; they focus attention on the strength and limits of evidence from research studies about the effectiveness and safety of a clinical intervention. In the context of developing recommendations for practice, systematic reviews are useful because they define the strengths and limits of the evidence, clarifying whether assertions about the value of the intervention are based on strong evidence from clinical studies. For more information about systematic reviews, see www.effectivehealthcare.ahrq.gov/reference/purpose.cfm

AHRQ expects that CERs will be helpful to health plans, providers, purchasers, government programs, and the health care system as a whole. In addition, AHRQ is committed to presenting information in different formats so that consumers who make decisions about their own and their family's health can benefit from the evidence.

Transparency and stakeholder input from are essential to the Effective Health Care Program. Please visit the Web site (www.effectivehealthcare.ahrq.gov) to see draft research questions and reports or to join an email list to learn about new program products and opportunities for input. Comparative Effectiveness Reviews will be updated regularly.

We welcome comments on this CER. They may be sent by mail to the Task Order Officer named below at: Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850, or by email to epc@ahrq.hhs.gov.

Carolyn M. Clancy, M.D.
Director
Agency for Healthcare Research and Quality

Stephanie Chang, M.D., M.P.H.
Director
Evidence-based Practice Program
Center for Outcomes and Evidence
Agency for Healthcare Research and Quality

Jean Slutsky, P.A., M.S.P.H.
Director, Center for Outcomes and Evidence
Agency for Healthcare Research and Quality

Shilpa Amin, M.D., MBSc, FAAFP
Task Order Officer
Center for Outcomes and Evidence
Agency for Healthcare Research and Quality

Acknowledgments

The authors gratefully acknowledge the following individuals for their contributions to this project:

Dr. Adeola Davis assisted with reviewing abstracts and full-text articles and data extraction. We appreciate her willingness to take on whatever was asked of her.

Dr. Shanthi Krishnaswami lent her keen eye for detail to data extraction and reviews of abstracts and full text articles. We also appreciate her thoughtful input into methodological discussions.

Ms. Kathy Lee provided helpful assistance in locating articles and preparing materials for meetings.

Ms. Sanura Latham and Ms. Leah Vance assisted with formatting tables and appendices and lent their support to logistical elements of the review.

Key Informants

Somer L. Bishop, Ph.D.
Cincinnati Children's Hospital
Cincinnati, OH

Marcia Mailick Seltzer, Ph.D.
Waisman Center
Madison, WI

Edwin H. Cook, Jr., M.D.
University of Illinois, Chicago
Chicago, IL

Fred R. Volkmar, M.D.
Yale Child Study Center
New Haven, CT

Jim Perrin, M.D.
Massachusetts General Hospital
Boston, MA

Technical Expert Panel

Somer L. Bishop, Ph.D.
Cincinnati Children's Hospital
Cincinnati, OH

Patricia Howlin, Ph.D.
Institute of Psychiatry
London, United Kingdom

Daniel Coury, M.D.
Ohio State University
Columbus, OH

Jim Perrin, M.D.
Massachusetts General Hospital
Boston, MA

Edwin H. Cook, Jr., M.D.
University of Illinois, Chicago
Chicago, IL

Peter Szatmari, M.D., M.Sc.
McMaster University
Hamilton, Ontario, Canada

Peer Reviewers

Somer L. Bishop, Ph.D.
Cincinnati Children's Hospital
Cincinnati, OH

Edwin H. Cook, Jr., M.D.
University of Illinois, Chicago
Chicago, IL

Patricia Howlin, Ph.D.
Institute of Psychiatry
London, United Kingdom

Doris Lotz, M.D.
New Hampshire Department of Health and
Human Services
Concord, NH

Gary Mesibov, Ph.D.
University of North Carolina
Chapel Hill, NC

Jim Perrin, M.D.
Massachusetts General Hospital
Boston, MA

Lawrence Scahill, Ph.D.
Yale University
New Haven, CT

Tristram Smith, Ph.D.
University of Rochester
Rochester, NY

Peter Szatmari, M.D., M.Sc.
McMaster University
Hamilton, Ontario, Canada

Interventions for Adolescents and Young Adults With Autism Spectrum Disorders

Structured Abstract

Objectives. We systematically reviewed evidence on therapies for adolescents and young adults (ages 13 to 30) with autism spectrum disorders (ASD). We focused on the outcomes, including harms and adverse effects, of interventions addressing the core symptoms of ASD; common medical and mental health comorbidities occurring with ASD; the attainment of goals toward functional/adult independence; educational and occupational/vocational attainment; quality of life; access to health and other services; and the transitioning process (i.e., process of transitioning to greater independent functioning). We also addressed the effects of interventions on family outcomes including parent distress and satisfaction with interventions.

Data sources. We searched MEDLINE® via PubMed, PsycINFO®, the Educational Resources Information Clearinghouse, and the Cumulative Index of Nursing and Allied Health Literature databases as well as the reference lists of included studies.

Review Methods. We included studies published in English from January 1980 to December 2011. We excluded intervention studies with fewer than 20 adolescents or young adults with ASD or fewer than 20 parents or family members of such individuals and studies lacking relevance to ASD treatment.

Results. We identified 32 unique studies, most of which were poor quality. Five studies, mostly of medical interventions, were fair quality, and none were good. In the behavioral literature, studies of group- and computer-based interventions reported short-term gains in social skills. Two poor-quality studies of educational interventions reported some gains in vocabulary and reading. Four small studies investigated disparate interventions addressing highly specific adaptive/life skills with some positive results in studies typically of short duration. Studies of vocational interventions, all of poor quality, reported that on-the-job supports may promote employment in the community. Little evidence supports the use of medical interventions in adolescents and young adults with ASD; however, antipsychotic medications and serotonin reuptake inhibitors were associated with improvements in specific challenging behaviors. Similarly, little evidence supports the use of allied health interventions including facilitated communication.

Conclusions. Few studies have been conducted to assess treatment approaches for adolescents and young adults with ASD, and as such there is very little evidence available for specific treatment approaches in this population; this is especially the case for evidence-based approaches to support the transition of youth with autism to adulthood. Of the small number of studies available, most were of poor quality, which may reflect the relative recency of the field. Five studies, primarily of medical interventions, had fair quality. Behavioral, educational, and adaptive/life skills studies were typically small and short term and suggested some potential improvements in social skills and functional behavior. Small studies suggested that vocational programs may increase employment success for some individuals. Few data are available to support the use of medical or allied health interventions in the adolescent and young adult

population. The medical studies that have been conducted focused on the use of medications to address specific challenging behaviors, including irritability and aggression, for which effectiveness in this age group is largely unknown and inferred from studies including mostly younger children.

Contents

Executive Summary	ES-1
Introduction	1
Need for Evidence Regarding Treatment of Autism Spectrum Disorders in Adolescents and Young Adults	1
Interventions Used To Treat ASD	2
Behavioral Interventions	2
Educational Interventions	3
Vocational Interventions	3
Adaptive/Life Skills Interventions	3
Medical and Related Interventions	4
Allied Health Interventions	4
Importance of this Review	5
Scope and Key Questions	5
Scope of This Report	5
Key Questions	5
Organization of This Evidence Report	6
Uses of This Report	6
Methods	8
Topic Development and Refinement	8
Role of the AHRQ Task Order Officer	8
Analytic Framework	8
Literature Search Strategy	10
Databases	10
Regulatory Information	10
Search Terms	10
Process for Study Selection	11
Inclusion and Exclusion Criteria	11
Screening of Studies	13
Categorization of Interventions	13
Data Extraction and Data Management	14
Individual Study Quality Assessment	14
Determining Quality Levels	15
Data Synthesis	15
Grading the Body of Evidence for Each Key Question	15
Applicability	17
Peer Review and Public Commentary	17
Results	18
Article Selection	18
Organization of Results	19
Overview of the Literature	19
Studies of Behavioral Interventions	20
Key Points	20
Overview of the Literature	21
Detailed Analysis	21
Studies of Educational Interventions	26

Key Points.....	26
Overview of the Literature.....	26
Detailed Analysis.....	26
Studies of Adaptive/Life Skills Interventions.....	28
Key Points.....	28
Overview of the Literature.....	28
Detailed Analysis.....	29
Studies of Vocational Interventions.....	32
Key Points.....	32
Overview of the Literature.....	32
Detailed Analysis.....	32
Studies of Medical Interventions.....	37
Key Points.....	37
Overview of the Literature.....	37
Detailed Analysis.....	38
Studies of Allied Health Interventions.....	49
Key Points.....	49
Overview of the Literature.....	49
Detailed Analysis.....	49
Discussion.....	54
State of the Literature.....	54
Summary of Outcomes.....	54
Studies of Behavioral Interventions.....	54
Studies of Educational Interventions.....	54
Studies of Adaptive/Life Skills Interventions.....	55
Studies of Vocational Interventions.....	55
Studies of Medical Interventions.....	55
Studies of Allied Health Interventions.....	57
Strength of the Evidence for Effectiveness of Therapies.....	57
Overview.....	57
Applicability.....	61
Applicability of the Evidence.....	61
Gaps in the Evidence.....	64
Methodologic Considerations.....	64
Future Research.....	65
Conclusions.....	67
References.....	68
Acronyms and Abbreviations.....	73
Tables	
Table A. Description of Study Quality Levels.....	ES-6
Table B. Summary of Strength of Evidence and Key Outcomes of Studies.....	ES-11
Table 1. Inclusion and Exclusion Criteria.....	11
Table 2. Description of Study Quality Levels.....	15
Table 3. Domains Used To Assess Strength of Evidence.....	16

Table 4. Overview of the Literature Addressing Interventions for Adolescents and Young Adults with ASD.....	20
Table 5. Key Outcomes of Behavioral Studies Addressing the Core Symptoms of ASD.....	23
Table 6. Key Outcomes of Educational Interventions Addressing Core Symptoms of ASD	27
Table 7. Key Outcomes of Educational Interventions Addressing Independent Functioning.....	28
Table 8. Summary of Outcomes of Adaptive/Life-Skills Interventions	30
Table 9. Key Outcomes of Vocational Studies Addressing Core Symptoms.....	34
Table 10. Key Outcomes of Vocational Studies Addressing Independent Functioning.....	36
Table 11. Key Outcomes of Studies Assessing Antipsychotics	40
Table 12. Key Outcomes of Studies Assessing Opioid Receptor Antagonists.....	42
Table 13. Key Outcomes of Studies Assessing SRIs.....	45
Table 14. Key Outcomes of Studies of Allied Health Interventions Addressing Core Symptoms of ASD	51
Table 15. Summary of Outcomes of Studies of Allied Health Interventions Addressing Independent Functioning	53
Table 16. Intervention, Strength of Evidence Domains, and Strength of Evidence for Outcomes of Behavioral studies.....	58
Table 17. Intervention, Strength of Evidence Domains, and Strength of Evidence for Outcomes of Educational Studies	58
Table 18. Intervention, Strength of Evidence Domains, and Strength of Evidence for Outcomes of Adaptive/Life Skills Studies	59
Table 19. Intervention, Strength of Evidence Domains, and Strength of Evidence for Outcomes of Vocational Studies.....	59
Table 20. Intervention, Strength of Evidence Domains, and Strength of Evidence for Outcomes of Medical Studies	60
Table 21. Intervention, Strength of Evidence Domains, and Strength of Evidence for Outcomes of Allied Health Studies.....	61

Figures

Figure A. Analytic Framework for Interventions for Adolescents and Young Adults With ASD.....	ES-4
Figure B. Disposition of Studies Identified for This Review	ES-7
Figure 1. Analytic Framework for Interventions for Adolescents and Young Adults With ASD.....	9
Figure 2. Disposition of Studies Identified for this Review	18

Appendixes

- Appendix A. Exact Search Strings and Results
- Appendix B. Categorization of Study Designs
- Appendix C. Sample Data Extraction Forms
- Appendix D. Evidence Tables
- Appendix E. Quality Assessment Form
- Appendix F. Excluded Studies
- Appendix G. Quality of the Literature

Executive Summary

Background

Autism Spectrum Disorders (ASD) are among the most common neurodevelopmental disorders, with an estimated prevalence of 1 in 110 children in the United States having an ASD.¹ ASDs are typically diagnosed in early childhood, often at or before preschool age. The diagnosis is fundamentally behaviorally based (i.e., there is no specific genetic test or clinical/laboratory procedure for diagnosis) and rests on documented core impairments related to social interaction, communication, as well as restricted and repetitive behavior.

Diagnoses made by clinical providers, often pediatricians, behavioral providers, child neurologists, child psychiatrists, or child psychologists, are based on documented symptom patterns in these domains. Numerous screening and diagnostic tools are available to help document and measure symptoms of autism, with research investigations increasingly utilizing such measures in combination with clinical diagnoses in order to more accurately describe, measure, and analyze the heterogeneity in presentation associated with ASD. In addition to impairments in core symptom areas, many individuals with ASD also have impaired cognitive skills, atypical sensory behaviors, or other complex medical and psychiatric symptoms and conditions, such as seizure disorders, motor impairments, hyperactivity, anxiety, and self-injury/aggression.

More than 55,000 individuals between the ages of 15 and 17 in the United States likely have an ASD.² For some individuals, core symptoms of ASD (impairments in communication and social interaction and restricted/repetitive behaviors and interests) may improve with intervention and over time³⁻⁵; however, some degree of impairment typically remains throughout the lifespan.⁶ As children transition to adolescence and young adulthood, developmentally appropriate interventions to ameliorate core deficits may continue, but the focus of treatment often shifts toward promoting adaptive behaviors that can facilitate and enhance independent functioning.⁶ Treatments for some must take into account new emergent symptoms as well as engagement with new developmental challenges (e.g., independent living, vocational engagement, postsecondary education).

There is also evidence to suggest that improvements in symptoms and improvements in problem behaviors may slow down or stop after youth with ASD leave high school.⁷ This change in improvement is likely due, at least in part, to the termination of services received through the secondary school system upon high school exit, as well as the lack of adult services and long waiting lists for many services.^{7,8} This issue of the lack of services available to help young adults with ASD transition to greater independence has been noted by researchers for a number of years and is increasingly a topic in the lay media.⁹

Interventions Used To Treat ASD

Individuals with ASD have significant impairments in social interaction, communication, and repetitive behavior. As noted, some people with ASD also have impaired cognitive skills, atypical sensory behaviors, or other complex medical and psychiatric symptoms and conditions. The expression and severity of ASD symptoms differ widely across individuals and over time. Treatments may include a range of behavioral, psychosocial, educational, medical, and

complementary approaches focused on the transitional process and improving outcomes for parents/families of individuals with ASD during adolescence and adulthood.

ASD in Adolescence and Young Adulthood

Current data suggest that attainment of independent living or employment in adulthood for individuals with an ASD is variable, with factors that predict the ability to live and work independently not well elucidated.⁶ Research conducted to date has suggested that most individuals with ASD will require some sort of intervention, often at very intensive levels, throughout adolescence and adulthood, and the estimated costs of medical and nonmedical care (e.g., special education, daycare) are high. One study estimates that the total yearly societal per capita cost of caring for and treating a person with autism in the United States at \$3.2 million and at about \$35 billion for an entire birth cohort of individuals with autism.¹⁰ A study of health care utilization in a large group health plan revealed increased medication costs in older children with an ASD compared with younger children, as well as similarly aged adolescents without an ASD; other care costs were also higher in this population, including a significantly increased rate of hospitalizations.¹¹

Costs of transitional and employment programs are also high for young adults with ASD. In a recent analysis of U.S. Federal- and State-funded vocational rehabilitation programs, enrolled individuals with ASD were among the most costly of nine disability groups, with costs even higher among those with ASD and another concomitant disability. However, those with ASD had a higher rate of employment (40.8%) at the time of case closure compared with those with other disabilities, though with fewer work hours and lower wages than some other disability groups.¹²

There is no cure for ASD and no global consensus regarding which intervention strategies are most effective. Chronic management, often using multiple treatment approaches, may be required to maximize ultimate functional independence and quality of life by minimizing core ASD features, facilitating development and learning, promoting socialization, reducing maladaptive behaviors, and educating and supporting families. Investigators have noted that less data on therapies for adolescents or young adults exist than for younger children,¹³ and such research is increasingly important as the prevalence of ASD continues to grow and as children with ASD diagnoses reach adolescence.

Objectives

The goal of this review is to examine the effects of available interventions on adolescents and young adults with ASD, focusing on the following outcomes: core symptoms of ASD (impairments in social interaction, communication, and repetitive behavior); medical and mental health comorbidities; functional behaviors and independence; the transition to adulthood; and family outcomes.

Population

We focused this review on therapies for adolescents and young adults (ages 13 to 30) with ASD as well as interventions aimed at family members.

Interventions

Studies assessed interventions falling into the broad categories of behavioral, educational, adaptive/life skills, vocational, medical, and allied health approaches.

Comparators

Comparators included no treatment, placebo, and comparative interventions or combinations of interventions.

Outcomes

Intermediate outcomes included changes in core ASD symptoms and in common medical and mental health comorbidities as well as effects on functional behavior, the transition process, and family outcomes. Long-term outcomes included changes in adaptive/functional independence, academic and occupational attainment or engagement, psychological well-being, and psychosocial adaptation. We also assessed the harms of interventions, defined by the Agency for Healthcare Research and Quality (AHRQ) Effective Health Care program as all possible adverse consequences of an intervention, including adverse events (Figure A).¹⁴

Key Questions

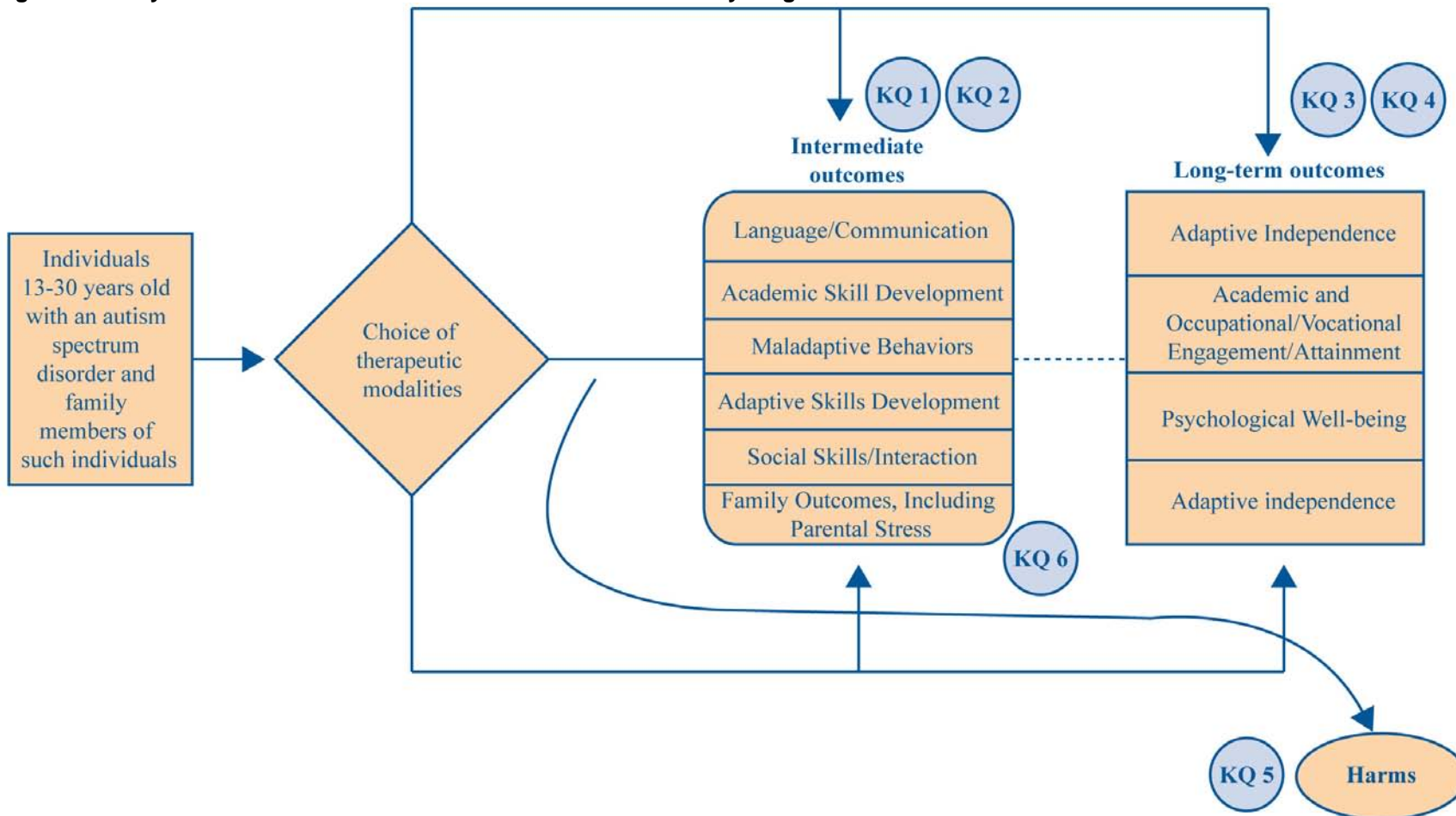
We have synthesized evidence in the published literature to address these Key Questions:

- **Key Question 1:** Among adolescents and young adults with ASD, what are the effects of available interventions on the core symptoms of ASD?
- **Key Question 2:** Among adolescents and young adults with ASD, what are the effects of available interventions on common medical and mental health comorbidities (e.g., epilepsy, sleep disorders, motor impairments, obesity, depression, anxiety, acute and episodic aggression, attention deficit hyperactivity disorder, etc.)?
- **Key Question 3:** Among adolescents and young adults with ASD, what are the effects of available interventions on functional behavior, attainment of goals toward independence, educational attainment, occupational/vocational attainment, life satisfaction, access to health and other services, legal outcomes, and social outcomes?
- **Key Question 4:** Among adolescents and young adults with ASD, what is the effectiveness of interventions designed to support the transitioning process, specifically to affect attainment of goals toward independence, educational attainment, occupational/vocational attainment, life satisfaction, access to health and other services, legal outcomes, and social outcomes?
- **Key Question 5:** Among adolescents and young adults with ASD, what harms are associated with available interventions?
- **Key Question 6:** What are the effects of interventions on family outcomes?

Analytic Framework

The analytic framework summarizes the process by which individuals with ASD and their families/caregivers make and modify treatment choices (Figure A). Treatment choices may target intermediate outcomes including changes in communication skills, academic skill development, or social skills. Interventions lead to long-term outcomes such as adaptive independence and changes in psychosocial well-being. Family outcomes such as parent distress may also be targeted by interventions and may lead in turn to long-term outcomes. Finally, interventions may be associated with harms/adverse effects. Numbers in circles within the diagram indicate the placement of Key Questions in relation to the treatment process.

Figure A. Analytic framework for interventions for adolescents and young adults with ASD



KQ = Key Question

Methods

Input From Stakeholders

The topic was nominated in a public process. With key informant input, we drafted initial Key Questions, which were reviewed by AHRQ and posted to a public Web site for public comment. Using public input, we drafted final Key Questions, which were reviewed by AHRQ. We convened a Technical Expert Panel to provide input during the project on issues such as setting inclusion/exclusion criteria and assessing study quality. In addition, the draft report was peer reviewed and available for public comment.

Data Sources and Selection

Data Sources

We searched four databases: MEDLINE[®] via the PubMed interface, PsycINFO[®] (psychology and psychiatry literature), the Educational Resources Information Clearinghouse, and the Cumulative Index of Nursing and Allied Health Literature database. We used a combination of controlled vocabulary terms appropriate for each database (e.g., MEDLINE vocabulary term autistic disorder) and keywords related to ASD (e.g., Asperger syndrome). Appendix A of the full report details each search strategy. We hand searched reference lists of included articles and recent reviews for additional studies.

Inclusion and Exclusion Criteria

We included all study designs except single case reports provided that studies reported on an intervention aimed at individuals with ASD between the ages of 13 and 30 or family members of such individuals. We excluded studies that:

- Were not original research
- Did not report information pertinent to the Key Questions
- Did not address treatment modalities aimed at core symptoms of ASD, common comorbidities, functional/life skills outcomes, family-related outcomes, or assisting with the transition to adulthood
- Did not include aggregate data (i.e., included only individual data for each participant) or data presented only in graphics/figures
- Were single case reports
- Were not published in English
- Were published before 1980 and the publication of autism diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition.

We also excluded studies that included fewer than 20 total participants in the target age range with ASD or family members of such individuals. Our goal was to identify and review the best evidence for assessing the efficacy and effectiveness of therapies for adolescents and young adults with ASD, with an eye toward utility in the treatment setting.

Interventions to address ASDs are frequently behavioral in nature and highly intensive. They are also frequently adapted to be targeted to specific study participants given the significant heterogeneity of individuals with ASD. In part because this makes behavioral research complex and intensive, study sizes tend to be very small. A cutoff sample size of 20 provides a balance,

allowing us to review and comment on adequate literature for the review but with studies large enough to suggest effects of the interventions.

Screening of Studies

Two reviewers separately evaluated each abstract. If one reviewer concluded that the article could be eligible, we retained it. Two reviewers independently read the full text of each included article to determine eligibility, with disagreements resolved via third-party adjudication.

Data Extraction and Quality Assessment

Data Extraction

All team members entered information into the evidence tables. After initial data extraction, a second team member edited entries for accuracy, completeness, and consistency. In addition to outcomes for treatment effectiveness and family outcomes, we extracted data on harms/adverse effects.

Quality Assessment

Two reviewers independently assessed quality (study design, diagnostic approach, participant ascertainment, intervention characteristics, outcomes measurement, and statistical analysis) using a quality assessment methodology adapted from that used in a prior AHRQ review of therapies for children with ASD.¹⁵ We resolved differences through discussion, review of the publications, and consensus with the team. We rated studies as good, fair, or poor quality and retained poor studies as part of the evidence base discussed in this review. More information about our quality assessment methods is in the full report, and Table A describes the quality ratings.

Table A. Description of study quality levels

Quality Level	Description
Good	Good studies are considered to have the least bias and results are considered valid. A good study has a clear description of the population, setting, interventions, and comparison groups; uses a valid approach to allocate patients to treatments; has a low dropout rate; and uses appropriate means to prevent bias; measure outcomes; analyze and report results.
Fair	Fair studies are susceptible to some bias, but probably not sufficient to invalidate the results. A study may be missing information, making it difficult to assess limitations and potential problems. As the “fair quality” category is broad, studies with this rating vary in their strengths and weaknesses. The results of some fair-quality studies are possibly valid, while others are probably valid.
Poor	Poor studies are subject to significant bias that may invalidate the results. These studies have serious errors in design, analysis, or reporting; have large amounts of missing information; or have discrepancies in reporting. The results of a poor-quality study are at least as likely to reflect flaws in the study design as to indicate true differences between the compared interventions.

Data Synthesis and Analysis

Evidence Synthesis

We used summary tables to synthesize studies and summarized the results qualitatively.

Strength of the Evidence

The degree of confidence that the observed effect of an intervention is unlikely to change is presented as strength of evidence. Strength of evidence can be regarded as insufficient, low,

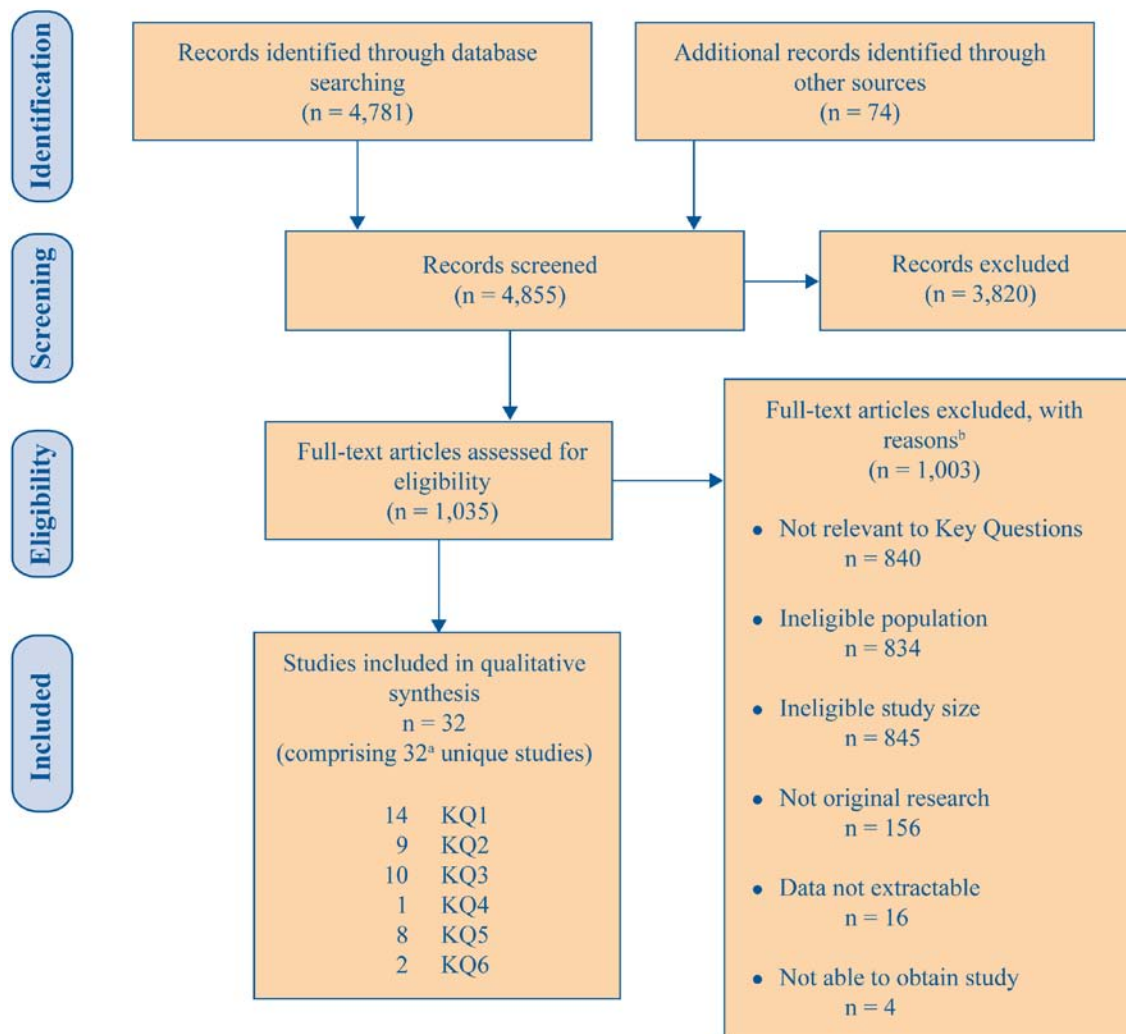
moderate, or high. It describes the adequacy of the current research, in quantity and quality, and the degree to which the entire body of current research provides a consistent and precise estimate of effect. We established methods for assessing the strength of evidence based on the AHRQ Effective Health Care program's Methods Guide for Effectiveness and Comparative Effectiveness Reviews.¹⁶

Results

Article Selection

Of the entire group of 4,855 citations, 1,035 articles required full-text review (Figure B). Of the 1,035 full-text articles reviewed, we retained 32 papers (comprising 32 unique studies) and excluded 1,003 papers.

Figure B. Disposition of studies identified for this review



KQ = Key Question; n = number

^aOne paper¹⁷ reports two unique studies

^bNumbers do not tally, as studies could be excluded for multiple reasons

Organization of Results

As noted, we classified studies by broad category of intervention (behavioral, educational, vocational, adaptive/life skills, medical, and allied health). With the exceptions of studies of behavioral, medical, and vocational interventions, which included at least two studies addressing the same intervention, the other categories of interventions largely comprised single studies of unique interventions. Most studies (n=14) also targeted core symptoms of ASD (Key Question (1) or functional behavior/independent living skills (n=10) (Key Question (3). Nine studies, eight of which addressed medical interventions, examined comorbidities commonly occurring with ASD, which we defined broadly to encompass associated symptoms such as irritability (Key Question (2). Only studies of medical interventions addressed harms (Key Question 5).

One study addressed interventions targeting the transition process (Key Question 4), and two studies assessed effects of an intervention on family outcomes (Key Question 6). Because questions were addressed by a number of small, single studies of a given intervention, we discuss all studies together in the following sections instead of divided by Key Question. This approach allows us to present the findings of this disparate literature more clearly.

Across all categories of interventions, most studies (n=27) were of poor quality, and none was good quality. Five RCTs were fair quality: four that investigated pharmacologic agents¹⁸⁻²¹ and one allied health study that assessed a leisure/recreation program.²² Although positive results may be reported in individual studies, the poor quality of the studies and the lack of replication of the intervention studies mean that the strength of evidence for the body of evidence around any specific intervention is currently insufficient.

More research is needed to determine a measure of effect associated with any of the interventions described in this body of literature. Therefore, although we describe the results of individual studies in the report, the overall strength of evidence that any given intervention has a specific effect on outcomes is insufficient.

Studies of Behavioral Interventions

We identified eight studies^{17, 23-28} of behavioral interventions. One paper¹⁷ reports two unique studies. Studies were conducted in the United States, Europe, and Canada and included a total of 302 participants. Seven studies (with two unique studies reported in one paper¹⁷) examined individual/group- or computer-based social skills interventions^{17, 23-25, 27, 28} and an additional study assessed an intensive behavioral treatment provided at a semi-residential facility.²⁶ All studies were of poor quality. Individual studies assessing heterogeneous social skills approaches reported some benefits in emotion recognition, social functioning, and participation in social activity over the short term.^{17, 23-25, 27, 28} The study of an intensive approach reported modest improvements in adaptive behavior over a 2-year period.²⁶ This study also assessed parental satisfaction with treatment, noting high levels of satisfaction overall.

Studies of Educational Interventions

Two studies, both poor quality, examined educational interventions.^{29, 30} Studies were conducted in the United States and Canada and included fewer than 50 total individuals with ASD. In one study, individuals with ASD and mean mental age scores of 3.3 years received language instruction using two teaching methods, with no significant difference observed between methods.²⁹ In a randomized study assessing strategies to promote reading comprehension,³⁰ scores generally improved overall in the short term.

Studies of Adaptive/Life Skills Interventions

We identified four studies, all of poor quality, of various interventions focused on adaptive behavior.³¹⁻³⁴ Treatment duration varied tremendously from a daylong experiment to a study examining outcomes across a 2-year interval in a residential facility. Overall these studies included a total of 155 individuals with ASD. All studies were conducted in the United States, and at least two explicitly included participants with intellectual disability.^{31, 33} Across studies, participants made very specific short-term gains in learning or successfully executing an adaptive or life skills-focused task, including lacing shoes or using a personal digital assistant to help with remembering activities. In one study of a residential facility employing a Treatment and Education of Autistic and related Communication Handicapped Children (TEACCH)-based model, exploratory analyses showed variable results with few significant changes in skills or negative behaviors over time across individuals in the TEACCH program or in institutions, family homes, or group homes.³¹ Parents were significantly more satisfied with the TEACCH program overall.

A final poor-quality case series addressed the transitioning process by assessing effects related to implementing a classroom process—changing rooms throughout the school day—that individuals would likely encounter as they move to high school or college; the study reported no increase in disruptive behavior after the implementation of classroom rotation.³⁴

Studies of Vocational Interventions

We identified six papers from five unique study populations that addressed the impact of supported employment/vocational interventions.^{8, 35-39} Studies were conducted in the United States and Europe and included more than 1,900 individuals with ASD; roughly 1,700 of these were included in an administrative database study assessing use of vocational rehabilitation services. All studies were considered poor quality. Interventions all involved finding and implementing on-the-job supports (broadly defined as services to promote job placement and job retention) for young adults with ASD. Studies comparing supported employment in the community with sheltered workshops reported that participants in supported employment groups experienced reductions in autism symptoms and improvements in quality of life in one study assessing those outcomes,^{37, 38} and improvements in measures of cognition in another study.³⁵

In long-term studies of a job-finding program in the United Kingdom,^{8, 39} young adults in a supported employment group were significantly more likely to find paid employment than those in the control group (63.3% vs. 25%), with the majority of those employed showing job satisfaction. One final study identified individuals with ASD in a U.S. vocational rehabilitation dataset. These data illustrated that the presence of on-the-job supports was associated with a higher likelihood of employment in the community (competitive or supported).³⁶

Studies of Medical Interventions

Eight studies of pharmacologic agents, four of fair¹⁸⁻²¹ and four of poor quality,⁴⁰⁻⁴³ met our review criteria. The studies included a total of 272 individuals with ASD, and all were conducted in the United States, Canada, or Europe in academic clinics. All studies were funded using institutional and grant sources. Three randomized controlled trials (RCTs), one fair quality²¹ and two poor,^{20, 40} addressed the efficacy of antipsychotic medications including risperidone and haloperidol. One fair-quality RCT investigated the opiate antagonist naltrexone.¹⁹ Of five studies

examining serotonin reuptake inhibitors (SRIs),^{18, 20, 41-43} two RCTs were fair quality,^{18, 20} and three case series were poor.⁴¹⁻⁴³

All studies of medical interventions addressed outcomes related to comorbid conditions such as irritability or harms of treatments. Studies of antipsychotic medications reported some reductions in repetitive behavior, aggression, hyperactivity, and irritability in treatment groups over time periods of 7 to 24 weeks. Brief treatment with naltrexone (4 weeks) was associated with increases in stereotypy (repetitive or ritualistic behavior or movement) in the treated group. Studies of SRIs reported some improvements in treated participants in measures of irritability, repetitive behavior, and aggression over treatment durations of 7 to 12 weeks. One longer term case series reported improvements in general symptom severity and compulsive behavior in individuals receiving fluoxetine for a mean of 6 months.⁴³

All medical studies reported harms of treatment. Harms or adverse effects reported in studies of antipsychotic medications included sedation, gastrointestinal complaints, weight gain, increased appetite, fatigue, dystonia, and depression.^{21, 40, 44} Adverse effects described in the study of naltrexone included nausea, fatigue, sedation, and an increase in self-injurious behavior and stereotypy.¹⁹ Harms noted in studies of SRIs included fatigue, tremor, tachycardia, agitation, gastrointestinal complaints, sedation, anxiety, agitation, and insomnia.^{18, 20, 41-43}

Studies of Allied Health Interventions

We identified five studies of disparate allied health interventions^{22, 45-48} including one fair-quality RCT investigating a leisure/recreation program,²² two poor-quality case series addressing music therapy,^{47, 48} and two poor case series addressing facilitated communication.^{45, 46} Studies included a total of 174 individuals with ASD, and the duration of treatment ranged from 20 hours to 12 months in 4 studies,^{22, 45, 46, 48} one study of music therapy reviewed data from participants who had participated in varying hours of therapy.⁴⁷ Studies of music therapy reported some improvements in social skills using unvalidated measures.^{47, 48} Studies assessing facilitated communication noted little communication improvement associated with facilitation and some evidence of facilitator influence on participants' responses.^{45, 46} The study examining a recreation program reported improvements in stress-related scores for individuals in the intervention group compared with those in the control group ($p < 0.001$). Overall quality of life scores similarly improved for intervention participants compared with the control group.²²

Discussion

Key Findings

Despite a growing population of adolescents and young adults who have diagnoses of an ASD and the need for effective intervention across the lifespan, very little research is available to help understand the impact of specific intervention approaches for adolescents and young adults with ASD. The available research is lacking in scientific rigor. We identified a total of 32 studies (one paper reported two separate studies), of which 10 were randomized controlled trials. Although RCTs are often considered the gold standard for assessing intervention effectiveness, particularly in a complex behavioral field with emerging research such as this, observational designs can be rich sources of information. Nonetheless, most studies were of poor quality; only five were fair quality and none were good quality. The strength of the evidence (degree of confidence that the observed effect of an intervention is unlikely to change) across all

interventions and outcomes was insufficient as studies were typically of poor quality, addressed disparate interventions and outcomes, and lack replication (Table B).

Table B. Summary of strength of evidence and key outcomes of studies

Intervention	Strength of Evidence	Summary/Conclusions/Comments
<i>Behavioral</i>		
Individual or group-based social skills training ^{23, 24, 27, 28}	Insufficient	<ul style="list-style-type: none"> • 4 poor-quality studies, 2 reporting on manualized (i.e., has a published treatment manual) intervention. • Some gains in social skills on largely parent-reported measures in short-term studies. • 2 studies lacked comparison groups; diagnostic approach, participant characteristics, treatment fidelity not clearly reported.
Computer-based social skills training ^{17, 25}	Insufficient	<ul style="list-style-type: none"> • 3 poor-quality, short-term studies (one paper¹⁷ reported 2 separate studies). • Some improvements in emotion recognition in treated participants; no differences in measures of generalization. • Systematic diagnostic approach not reported within studies; concomitant interventions and treatment fidelity not reported.
Intensive behavioral treatment ²⁶	Insufficient	<ul style="list-style-type: none"> • 1 poor-quality case series with diverse participants. • Some gains in adaptive behavior reported. • Intervention not clearly described; treatment fidelity and concomitant interventions not reported; assessors not masked.
<i>Educational</i>		
Vocabulary teaching ²⁹	Insufficient	<ul style="list-style-type: none"> • 1 poor-quality nonrandomized trial. • Neither teaching method significantly more effective in increasing nouns. • Inclusion/exclusion criteria not clearly stated; attrition and differences in concomitant interventions not reported; assessors not masked.
Reading comprehension ³⁰	Insufficient	<ul style="list-style-type: none"> • 1 poor quality RCT; two facilitation methods increased comprehension compared with baseline scores. • Randomization method not clearly reported; assessors not masked and differences in concomitant interventions not reported.
<i>Adaptive/Life Skills</i>		
Specific life/transitional skills ³²⁻³⁴	Insufficient	<ul style="list-style-type: none"> • 3 poor-quality, short-term studies assessing highly specific skills and unique interventions (shoe lacing, digital device use, rotating classroom schedule). • Some gains seen in individual studies but most lacked comparison groups. • Systematic diagnostic approach not reported within studies; participants often not clearly characterized; differences in concomitant interventions and treatment fidelity often not reported.
TEACCH ³¹	Insufficient	<ul style="list-style-type: none"> • 1 poor-quality cohort study; desirability of living situation and use of programming rated more highly for TEACCH than other conditions; group homes rated more desirable than institutions. • Nonrandom assignment to groups; systematic diagnostic approach not reported within study; inclusion/exclusion criteria not clearly stated; interventions not fully described; assessors not masked.
<i>Vocational</i>		
On-the-job supports/supported employment ^{8, 35-39}	Insufficient	<ul style="list-style-type: none"> • 5 poor-quality studies. • Individual studies of different on-the-job supports (broadly defined as services to promote job placement and job retention) reported increased rates of employment in the community relative to those without on-the-job supports. Because the individual studies have not been replicated and are of poor quality, the strength of evidence for the effect seen is insufficient, as more research is needed to quantify the degree to which these interventions are likely to have an effect. • Nonrandom assignment to groups in 3 studies, no comparison group in 2 case series; attrition not always reported and interventions not always fully described; treatment fidelity and differences in concomitant interventions frequently not reported; assessors not masked.

Table B. Summary of strength of evidence and key outcomes of studies (continued)

Intervention	Strength of Evidence	Summary/Conclusions/Comments
Medical		
Antipsychotics ^{20, 21, 40}	Insufficient	2 fair-quality RCTs and 1 poor quality crossover study. Improvements in aggression, irritability/agitation, repetitive behavior, sensory motor behaviors, and overall behavioral symptoms in participants receiving risperidone. Treatment adherence not reported in 2 studies; assessors not masked and participants not clearly characterized in 1 study.
Opioid receptor antagonists ¹⁹	Insufficient	1 poor-quality crossover study. Significant increase in stereotypy in treated participants. Participants not clearly characterized; adherence and differences in concomitant interventions not reported.
Serotonin reuptake inhibitors ^{18, 20, 41-43}	Insufficient	2 fair-quality RCTs, 3 poor quality case series. Studies had inconsistent results: RCT of fluvoxamine reported decreases in repetitive behavior, aggression, autistic symptoms, and language usage. Case series addressing sertraline, fluoxetine, and clomipramine reported some benefits, while a crossover study of clomipramine vs. placebo reported no significant differences in autistic symptoms between groups. Lack of comparison groups in 3 studies; treatment adherence not reported; assessors not masked in some studies.
Allied Health		
Facilitated communication ^{45, 46}	Insufficient	2 poor-quality case series. Facilitated communication did not increase participants' communication or literacy abilities over their independent abilities. No comparison groups; differences in concomitant interventions not reported; assessors not masked.
Music therapy ^{47, 48}	Insufficient	2 poor-quality case series. Some gains in social skills reported using unvalidated and largely subjective measures. No comparison groups or measures of treatment fidelity; participants not clearly characterized; assessors not masked; differences in concomitant interventions not reported.
Leisure/recreation program ²²	Insufficient	1 fair-quality RCT. Positive effects on stress and quality of life in leisure group participants compared with controls. Attrition and treatment fidelity not reported; randomization method not clearly described; differences in concomitant interventions not reported.

RCT = randomized controlled trial; TEACCH = Treatment and Education of Autistic and Communication related Handicapped Children

In the behavioral literature research, social skills interventions utilizing individual/group^{23, 24, 27, 28} and computer-based interventions^{17, 25} suggested improvements across a variety of caregiver-reported social skills and emotion recognition capacities respectively. However, each study employed a different approach and paradigm, making comparison across interventions impossible. Likewise, such social skills interventions have yet to demonstrate consistent generalization of skills across settings and often limit interventions to individuals with average to above average verbal and/or cognitive abilities.

Only a single poor-quality case series examined the effects of a more intensive, comprehensive intervention approach. This study suggested improvement in adaptive skills and high levels of family satisfaction with services for 34 adolescents receiving treatment in a residential treatment setting over the course of 2 years. Given the lack of adequate comparison

group in this setting, there is very little information surrounding the impact of comprehensive behavioral intervention approaches for this population.

Research into educational approaches for adolescents and young adults with ASD is very limited, with only two small crossover studies identified in this population. These studies^{29, 30} focused on the impact of highly specified educational strategies and outcomes (e.g., vocabulary development) and ultimately provide little evidence to support selection of either specific or various broad-based educational strategies.

Studies of adaptive/life skills-focused interventions meeting our criteria were of poor quality, addressed disparate interventions, and typically included few participants. Individual studies documented specified short-term gains in learning or successfully executing an adaptive or life skills-focused tasks, but the applicability and generalization of these findings is limited by the highly specified approaches utilized.³¹⁻³⁴ Additionally, studies were typically uncontrolled and of short duration.

Among five studies of supported employment/vocational interventions,^{8, 35-39} all focused on on-the-job supports as the employment/vocational intervention. No other vocational interventions were reported in the literature meeting our study criteria. Our ability to know the ultimate benefit of supported employment programs is limited given the existing research. No study utilized random assignment, making it difficult to draw conclusions about the effectiveness of the programs, and all studies were poor quality. Three small studies focused on employment as an outcome of interest reported that supported employment interventions increased rates of employment for young adults with ASD.^{8, 36, 39} Additional studies reported that supported employment was associated with improvements in quality of life and core symptoms^{37, 38} and cognitive functioning³⁵ in supported employment participants relative to young adults with ASD in sheltered work settings.

Supported employment interventions remain understudied. For example, only one study examined rates of employment for programs that lasted 3 years or longer.⁸ Further, this longer term study did not include a control group, making it impossible to determine the rates of employment over time for young adults with ASD who were not participating in the supported employment intervention. Finally, none of the studies examined whether increased employment rates or improvements in other outcomes were sustained after the termination of the supported employment intervention.

The use of medical interventions in adolescents and young adults with ASD is common.⁴⁹ However, there is little evidence that supports the use of medical interventions specifically in this population. Overall, most studies focused on the use of medications to address specific challenging behaviors (i.e., aggression or irritability). Four studies were fair quality,¹⁸⁻²¹ and four were poor.⁴⁰⁻⁴³ The most consistent findings were identified for antipsychotic medications. A fair quality RCT studying risperidone found improvements in aggression, repetitive behavior, sensory motor behaviors, and overall behavioral symptoms.²¹ A crossover study of risperidone also showed a significant reduction of irritability/agitation ratings with risperidone treatment, but the control was indirect.⁴⁰ A placebo-controlled crossover study found that haloperidol significantly improved hyperactivity/defiance ratings, but no significant difference was found for irritability/agitation or other symptoms.²⁰ While limited literature supports the use of risperidone in adolescents or young adults with ASD, the efficacy of risperidone in studies including mostly children has moderate strength of evidence⁵⁰ that is consistent with the results of the one fair RCT and one poor crossover study in adults with ASD. There is therefore no evidence to suggest

that the effects of risperidone for irritability/agitation in ASD are specific to a particular age range.

A number of studies of SRIs were identified but with limited consistency across studies as a whole. An RCT of fluvoxamine showed decreases in repetitive behavior, aggression, autistic symptoms, and language usage.¹⁸ In contrast, no significant differences were observed in a crossover study of clomipramine versus placebo.²⁰ Three case series of SRIs were also identified, including sertraline, fluoxetine, and clomipramine, with each study reporting some benefit to treatment.⁴¹⁻⁴³ A recent study not meeting criteria for this review contributes to the limited data on SRIs: the placebo-controlled RCT⁵¹ of fluoxetine included 37 individuals with ASD with a mean age of 34.31 and reported improvements in repetitive behavior and ASD symptoms in the treatment group and mild harms. This study used a different medication than the one fair quality study in our age range, so it would be unlikely to influence the strength of evidence for a specific medication. It is possible, however, that a systematic review of SRIs in the broader age range of adults with ASD could provide data that might increase our confidence in the effect.

A crossover study of the opioid receptor antagonist naltrexone found no significant improvements in problem behavior and showed worsening of stereotyped behavior with naltrexone treatment compared with placebo.¹⁹

Based upon the published studies in adolescents and adults with ASD, the strength of evidence is insufficient for harms associated with medications tested in this population. As in the case of efficacy, the data on adverse effects associated with risperidone, including sedation and weight gain, are consistent with the high strength of evidence for these adverse effects in children with ASD.⁵⁰ The available evidence therefore appears consistent in supporting our understanding of the risk of these adverse events in ASD without being limited to a specific age range. Of course, this does not mean that other medications tested in ASD are free of adverse effects. It is reasonable to expect that, in contrast to efficacy, which is more likely to be specific to disorder and symptom, adverse effects are more likely to extend across diverse groups of subjects studied. Clinicians evaluating the evidence and sharing information with families routinely take this perspective, as does the Food and Drug Administration in mandating that all adverse events be listed for a drug, rather than just those for a particular indication.

Few studies of allied health interventions met our criteria.⁴⁵⁻⁴⁷ One fair quality RCT assessed a 12-month recreation program²² and reported improved quality of life and lower stress scores in individuals participating in the leisure/recreation program compared with those on a waiting list. Two studies of facilitated communication used approaches designed to assess the effects of facilitation both with and without facilitators' awareness of the word being prompted. Both studies demonstrated some facilitator influence without specific effects on participants' independent ability to communicate. One retrospective study of a music therapy program reported some positive effects on participants' social skills using largely subjective outcome measures.⁴⁷ One poor-quality case series⁴⁸ included 22 young adults engaged in a music therapy intervention. Nearly all participants reported making friends during the program and were generally satisfied with the program. Both studies assessed outcomes shortly after treatment, so longer term effects of the interventions are not known.

Applicability of the Evidence

Study populations across interventions were highly variable. A number of studies included individuals with ASD and significant intellectual disability or language impairment, while studies assessing vocational and social skills-related behavioral interventions typically included

higher functioning individuals. Studies of medical interventions were all conducted in academic clinic settings, which may limit applicability to the general population. Thus there was substantial variability and limited information on developmental, cognitive, and behavioral characteristics of study populations.

Future Research

The period of development representing the transition from adolescence to early adulthood presents numerous challenges for individuals with and without neurodevelopmental challenges. These challenges are compounded for individuals with ASD as they are presented with additional complexities requiring efforts to maximize the possibility of a positive transition and achievement of individual goals for independence. Despite increasing numbers of adolescents facing the transition from adolescence to adulthood, intervention research lags behind. To date, there is not sufficient strength of evidence for documenting the effects of any interventions in this age group on specific outcomes.

Overall, there is a dearth of evidence in all areas of care for adolescents and young adults with autism spectrum disorders and it is urgent that more rigorous studies be developed and conducted. It is unlikely that large scale implementation of interventions will be considered until a stronger evidence base is developed, despite growing numbers of individuals with need, and some small studies demonstrating initial promise. A fruitful area for consideration may be identifying programs/interventions that are appropriate candidates for developing treatment manuals to encourage standardized replication of promising approaches.

Basic understanding of the effects of aging on health, cognitive skills, and other domains of functioning is absent, and evaluations of interventions are rare. The lack of randomized, controlled trials is notable in all categories of intervention, but especially so in medical interventions, where substantial adverse events may be associated with medication use in adolescence. Only three studies^{8, 31, 37, 38} (one reported in two publications) reported more than 12 months of followup; longer term data are needed in all areas of therapy. Furthermore, although early intervention for individuals with ASD is often delivered in the home or at specialized agencies, behavioral and educational interventions for adolescents and adults with ASD are likely to take place in existing community-based settings such as schools and businesses, with nonspecialists having a key role in implementation. Thus, another critical issue is to design interventions for implementation in such settings.

The behavioral literature generally focuses on a subset of individuals with ASD, often those who are higher functioning, and may not be representative of the range of individuals with ASDs. In particular, more attention is warranted to understand the impact of behavioral interventions in the lives of individuals and how these interventions generalize to real-world impact and outcome.

Few studies addressing educational interventions in the adolescent and young adult population have been conducted, and studies focusing on life skills or adaptive behaviors have included few individuals, typically in short-term studies focused on highly specific short-term intermediate outcomes. More research in both areas and over broader timeframes with more clearly defined populations is critical for helping individuals with ASD transition to greater independence.

In vocational research, studies are needed that illuminate which aspects of multifaceted supported employment programs have the greatest impact. Studies that do show evidence of effectiveness in this area should collect longer term data to describe the degree to which findings,

including the duration of employment, continue after the intervention itself is removed. These studies should also broaden the outcomes measured, to include other functional outcomes such as quality of life, educational attainment, residential outcomes, and social outcomes. Similarly, allied health studies are needed to understand best approaches to fostering independent living skills and ways in which improvements in motor skills may affect communication and other domains.

Medical studies conducted in adolescents and young adults have focused largely on problem behaviors, and additional data are needed on medical comorbidities in adolescents with ASD. Clear evidence from earlier studies of antipsychotics, which included mostly younger children, supports the use of risperidone and aripiprazole in children with ASD.⁵⁰ The only fair-quality study of risperidone in adults is consistent with the findings in children, but the strength of evidence based upon the adult literature alone is insufficient to draw firm conclusions. Population studies may be helpful to empirically group ASD patients by age in a way that fosters more effective studies of treatments. Understanding the age-appropriateness of potential medical treatments as based on social, physiological, pharmacological, and functional characteristics of the population would help to prioritize future research, including the ways in which medical comorbidities arise or increase as children with ASD move into adolescence and adulthood. Increased use of such standardized age groupings would facilitate comparisons of effectiveness within medical intervention categories as well as with nonmedical therapies. One way to support accomplishing this is by developing treatment networks with adequate numbers of patients of varying ages to participate in research.

Thus far, medication research in adolescents and young adults with ASD has been limited to compounds that are already approved for other indications. As targeted treatments for ASD emerge, initial studies will need to study adult populations to establish safety before moving into studies of adolescents and finally children. Study of compounds not yet on the market could be facilitated with partnerships between the academic and pharmaceutical communities. It will be critical to consider the appropriate outcome measures and settings in which to study medication response in adults. The heterogeneity in settings for adults with ASD is a significant impediment to assessing symptom response. Ideally, medications would be combined with an educational or psychosocial intervention that would mirror the school and therapeutic settings in which children with ASD show improvements in social, communication, or behavioral function. Without some level of educational or social challenge, it may be quite difficult to assess medication response.

Across all intervention types, research is needed on which outcomes to use in future studies. The Aberrant Behavior Checklist is the best outcome measure for behavioral symptoms in ASD in terms of both validity and reliability, but it does not directly index anxiety, mood, social, or communication function, nor does it capture broader outcomes such as quality of life. More outcome measures are needed to allow assessment of a broader range of symptoms, particularly in individuals who may be higher functioning. No studies provide adequate information on longer term outcomes, and particularly on outcomes related to achieving goals for independence and quality of life. To some degree, this reflects a lack of understanding and consensus about optimal outcomes and how to measure them.

We know little about which outcome measures are most appropriate and valid for this population specifically; nor do we have good, empirical evidence about which outcomes are valued by individuals and their families. Furthermore, it is unclear which outcomes are most likely to change as a result of the very different types of interventions assessed in this population.

Substantial, foundational research should be done to identify and validate outcome measures in the adolescent and young adult population with ASD.

Research is also necessary to understand how individuals' expression of ASD symptoms and the severity of symptoms may affect treatment over the lifespan. Foundational research is necessary to understand the goals of individuals with autism and their families as future research studies are planned. Similarly, little research addressing the effects of family and caregiver interactions and characteristics on the responses of individuals' with ASD to interventions exists.

Finally, for all research in this area, we encourage greater transparency in reporting, particularly as it relates to reporting of randomization approaches, characterization of study participants, description of the intervention and measures of fidelity and adherence. These are all necessary to correctly understand the potential impact of the interventions being reported.

Conclusions

Given the number of individuals affected by ASD, there is a dramatic lack of evidence on best approaches to therapies for adolescents and young adults with these conditions. In particular, families have little in the way of evidence-based approaches to support interventions capable of optimizing the transition of teens with autism into adulthood. Most of the studies identified were of poor quality; while the five fair-quality studies were primarily of medical interventions. Behavioral, educational, and adaptive/life skills studies were typically small and short term and suggested some improvements in social skills and functional behavior.

Individual studies also suggested that vocational programs may increase employment success, but the studies were small. By the same token, few data address the effectiveness and harms of medical or allied health interventions in the adolescent and young adult population. Although the studies that have been conducted focused on the use of medications to address specific challenging behaviors, the effectiveness in managing irritability and aggression in this age group remains largely unknown and can at best be inferred from studies including mostly younger children.

References

1. Prevalence of the Autism Spectrum Disorders (ASDs) in Multiple Areas of the United States, 2004 and 2006 Centers for Disease Control and Prevention. Atlanta: 2009. www.cdc.gov/ncbddd/autism/states/ADDMCommunityReport2009.pdf
2. Fombonne E. Epidemiological surveys of autism and other pervasive developmental disorders: an update. *J Autism Dev Disord*. 2003 Aug;33(4):365-82. PMID: 12959416.
3. Shattuck PT, Seltzer MM, Greenberg JS, et al. Change in autism symptoms and maladaptive behaviors in adolescents and adults with an autism spectrum disorder. *J Autism Dev Disord*. 2007 Oct;37(9):1735-47. PMID: 17146700.
4. McGovern CW, Sigman M. Continuity and change from early childhood to adolescence in autism. *J Child Psychol Psychiatry*. 2005 Apr;46(4):401-8. PMID: 15819649.
5. Fecteau S, Mottron L, Berthiaume C, et al. Developmental changes of autistic symptoms. *Autism*. 2003 Sep;7(3):255-68. PMID: 14516059.
6. Seltzer MM, Shattuck P, Abbeduto L, et al. Trajectory of development in adolescents and adults with autism. *Ment Retard Dev Disabil Res Rev*. 2004;10(4):234-47. PMID: 15666341.
7. Taylor JL, Seltzer MM. Changes in the autism behavioral phenotype during the transition to adulthood. *J Autism Dev Disord*. 2010 Apr 2. PMID: 20361245.
8. Howlin P, Alcock J, 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):533-49. PMID: 16287704.
9. Harmon A. Autistic and seeking a place in an adult world. *New York Times*. New York: New York Times Company. September 17, 2011.
10. Ganz ML. The lifetime distribution of the incremental societal costs of autism. *Arch Pediatr Adolesc Med*. 2007 Apr;161(4):343-9. PMID: 17404130.
11. 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. PMID: 17015508.
12. Cimera RE, Cowan RJ. The costs of services and employment outcomes achieved by adults with autism in the US. *Autism*. 2009 May;13(3):285-302. PMID: 19369389.
13. Schall C, McDonough J. Autism spectrum disorders in adolescence and early adulthood: characteristics and issues. *J Vocat Rehabil*. 2010 2010;32:81-8.
14. Chou R, Aronson N, Atkins D, et al. AHRQ series paper 4: assessing harms when comparing medical interventions: AHRQ and the Effective Health-Care Program. *J Clin Epidemiol*. 2010 May;63(5):502-12. PMID: 18823754.
15. Warren Z, Veenstra-VanderWeele J, Stone W, Bruzek JL, Nahmias AS, Foss-Feig JH, Jerome RN, Krishnaswami S, Sathe NA, Glasser AM, Surawicz T, McPheeters ML. Therapies for Children With Autism Spectrum Disorders. Comparative Effectiveness Review No. 26. (Prepared by the Vanderbilt Evidence-based Practice Center under Contract No. 290-2007-10065-I.) AHRQ Publication No. 11-EHC029-EF. Rockville, MD: Agency for Healthcare Research and Quality. April 2011. www.effectivehealthcare.ahrq.gov/reports/final.cfm. PMID: 21834171.
16. Owens DK, Lohr KN, Atkins D, et al. AHRQ series paper 5: grading the strength of a body of evidence when comparing medical interventions—Agency for Healthcare Research and Quality and the Effective Health-Care Program. *J Clin Epidemiol*. 2010 May;63(5):513-23. PMID: 19595577.
17. Golan O, 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. PMID: 16600069.

18. 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. PMID: 8911223.
19. 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. PMID: 7654128.
20. 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. PMID: 11476129.
21. 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. PMID: 9672054.
22. Garcia-Villamizar DA, Dattilo J. Effects of a leisure programme on quality of life and stress of individuals with ASD. *J Intellect Disabil Res*. 2010 Jul;54(7):611-9. PMID: 20500784.
23. Laugeson EA, Frankel F, Mogil C, et al. Parent-assisted social skills training to improve friendships in teens with autism spectrum disorders. *J Autism Dev Disord*. 2009 Apr;39(4):596-606. PMID: 19015968.
24. 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. PMID: 17216559.
25. Silver M, 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. PMID: 11708589.
26. Valenti M, Cerbo R, Masedu F, et al. Intensive intervention for children and adolescents with autism in a community setting in Italy: A single-group longitudinal study. *Child Adolesc Psychiatry Ment Health*. 2010;4(1).
27. Laugeson EA, Frankel F, Gantman A, et al. Evidence-based social skills training for adolescents with autism spectrum disorders: The UCLA PEERS Program. *J Autism Dev Disord*. 2011 Aug 20; PMID: 21858588.
28. Verhoeven EW, Marijnissen N, Berger HJ, et al. Brief report: Relationship between self-awareness of real-world behavior and treatment outcome in autism spectrum disorders. *J Autism Dev Disord*. 2011 Jun 23. PMID: 21698498.
29. Elliott RO, Jr., Hall K, 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. PMID: 1778959.
30. O'Connor IM, 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. PMID: 15162931.
31. Van Bourgondien ME, Reichle NC, Schopler E. Effects of a model treatment approach on adults with autism. *J Autism Dev Disord*. 2003 Apr;33(2):131-40. PMID: 12757352.
32. Gentry T, Wallace J, Kvarfordt C, et al. Personal digital assistants as cognitive aids for high school students with autism: results of a community-based trial. *J Vocat Rehabil*. 2010;32(2):101-7.
33. Nelson DL, Gergenti E, 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. PMID: 6927657.
34. Jewell JD, Grippi A, Hupp SDA, et al. The effects of a rotating classroom schedule on classroom crisis events in a school for autism. *N Am J Psychol*. 2007;9(1):37-52.
35. Garcia-Villamizar D, Hughes C. Supported employment improves cognitive performance in adults with Autism. *J Intellect Disabil Res*. 2007 Feb;51(Pt 2):142-50. PMID: 17217478.

36. 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. PMID: 18810627.
37. García-Villamizar D, Wehman P, Navarro MD. Changes in the quality of autistic people's life that work in supported and sheltered employment. A 5-year follow-up study. *J Vocat Rehabil*. 2002;17(4):309-12.
38. García-Villamizar D, Ross D, Wehman P. Clinical differential analysis of persons with autism in a work setting: A follow-up study. *J Vocat Rehabil*. 2000;14(3):183-5.
39. Mawhood L, Howlin P. The outcome of a supported employment scheme for high-functioning adults with autism or Asperger syndrome. *Autism*. 1999 Sep;3(3):229-54.
40. 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. PMID: 16596465.
41. McDougle CJ, Brodtkin 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. PMID: 9472844.
42. Brodtkin 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. PMID: 9334896.
43. Cook EH, Rowlett R, Jaselskis C, et al. Fluoxetine treatment of children and adults with autistic disorder and mental retardation. *J Am Acad Child Adolesc Psychiatry*. 1992 Jul;31(4):739-45. PMID: 1993-02622-001.
44. Miller AR, Zwaigenbaum L. New provincial initiatives for childhood disabilities: the imperative for research. *CMAJ*. 2001 Jun 12;164(12):1704-5. PMID: 11450214.
45. Bebko JM, Perry A, 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. PMID: 8819769.
46. 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. PMID: 8226584.
47. Kaplan RS, 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. PMID: 15839730.
48. Greher GR, Hillier A, Dougherty M, et al. SoundScape: An interdisciplinary music intervention for adolescents and young adults on the autism spectrum. *Int J Educ Arts*. 2010;11(9).
49. 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. PMID: 18310165.
50. McPheeters ML, Warren Z, Sathe N, et al. A systematic review of medical treatments for children with autism spectrum disorders. *Pediatrics*. 2011 May;127(5):e1312-21. PMID: 21464191.
51. Hollander E, Soorya L, Chaplin W, et al. A double-blind placebo-controlled trial of fluoxetine for repetitive behaviors and global severity in adult autism spectrum disorders. *Am J Psychiatry*. 2011;A iA:1-8.

Introduction

Need for Evidence Regarding Treatment of Autism Spectrum Disorders in Adolescents and Young Adults

Autism Spectrum Disorders (ASD) are among the most common neurodevelopmental disorders, with an estimated prevalence of one in 110 children in the United States having an ASD.¹ They are typically diagnosed in early childhood, often at or before preschool age. The diagnosis is fundamentally behaviorally based (i.e., there is no specific genetic test or clinical/laboratory procedure for diagnosis) and rests on documented core impairments related to social interaction, communication, as well as restricted and repetitive behavior. Diagnoses made by clinical providers, often pediatricians or behavioral providers, are based on documented symptom patterns in these domains.

Numerous screening and diagnostic tools are available to help document and measure symptoms of autism, with research investigations increasingly utilizing such measures in combination with clinical diagnoses in order to more accurately describe, measure, and analyze the heterogeneity in presentation associated with ASD. In addition to impairments in core symptom areas, many individuals with ASD also have impaired cognitive skills, atypical sensory behaviors, or other complex medical and psychiatric symptoms and conditions, such as seizure disorders, motor impairments, hyperactivity, anxiety, and self-injury/aggression.

More than 55,000 individuals between the ages of 15 and 17 in the United States likely have an ASD.² For some individuals, core symptoms of ASD (impairments in communication and social interaction and restricted/repetitive behaviors and interests) may improve with intervention and over time,³⁻⁵ however, deficits typically remain throughout the lifespan although developmental expression may vary.⁶ As children transition to adolescence and young adulthood, developmentally appropriate interventions to ameliorate core deficits may continue, but the focus of treatment often shifts toward promoting adaptive behaviors that can facilitate and enhance independent functioning.⁶ Treatments for some must take into account that new symptoms may emerge with adolescence as well as engagement with new developmental challenges (e.g., independent living, vocational engagement, postsecondary education). In particular, families and caregivers have to make choices regarding care that cross a broad spectrum of clinical, behavioral and educational areas.

Current data suggest that attainment of independent living or employment in adulthood for individuals with an ASD is variable, with factors that predict the ability to live and work independently not well elucidated.⁶ Furthermore, the limited extant research on outcomes for adolescents and young adults with ASD documents difficulties in achieving markers of functional independence, including employment, for the vast majority of these individuals.⁷ Specifically, most adults with ASD live dependent lives that require considerable supports; fewer than a third have regular employment; most live with their parents or in supported living; and those who are employed are often in jobs that pay below a living wage.⁸⁻¹² In part because of these high levels of dependence, most individuals with ASD will require some sort of supports or intervention, often at intensive levels, throughout adolescence and adulthood.

The estimated costs of medical and non-medical care (e.g., special education, daycare) are prodigiously high. One study estimates that the total yearly societal per capita cost of caring for and treating a person with autism in the United States at \$3.2 million and at about \$35 billion for

an entire birth cohort of individuals with autism.¹³ A study of health care utilization in a large group health plan revealed increased medication costs in older children with an ASD when compared with younger children, as well as similarly aged adolescents without an ASD; other care costs were also higher in this population, including a significantly increased rate of hospitalizations.¹⁴

Costs of transitional and employment programs are also high for young adults with ASD. A recent analysis of U.S. federal- and state-funded vocational rehabilitation programs showed that enrolled individuals with ASD were among the most costly of nine disability groups examined, with costs even higher among those with ASD and another comorbid disability. These data also showed, however, that those with ASD had a higher rate of employment (40.8%) at the time of case closure when compared with those with other disabilities, though with fewer work hours and lower wages than some other disability groups.¹⁵

Although few studies have examined this stage of the lifespan specifically, one study suggests that improvements in symptoms and problem behaviors observed while youth with ASD were in high school slowed down or stopped after they left high school.¹⁶ Many individuals lose access to school- and age-linked services, and many of the services available to adults require waiting lists.^{16, 17} The lack of services available to help young adults with ASD transition to greater independence has been noted by researchers for a number of years,¹⁸ and is increasingly a topic in the lay media.¹⁹ To date, the specific programs and interventions that underlie more positive functional, adaptive, social, and employment outcomes for individuals with ASD during the transition to adulthood and beyond are poorly understood. Further, it is unclear how such outcomes are best assessed in the face of the inherent heterogeneity and wide scope of impairments associated with ASD.^{6, 20} This lack of information potentially limits the ability of individuals, families, practitioners and service systems to provide the appropriate care to optimize quality of life and minimize the costs associated with ASD over the lifespan.

This review examines the effects of available interventions in adolescents and young adults with ASD, focusing on the following outcomes: core symptoms of ASD; medical and mental health comorbidities; functional behaviors and independence; the transition to adulthood, and family outcomes.

Interventions Used To Treat ASD

The expression and severity of symptoms of ASD differs widely across individuals and over time. Treatments may include a range of behavioral, psychosocial, educational, medical, and complementary approaches as well as those focused on transitional process and improving outcomes for parents/families of individuals with ASD.

The following sections briefly describe interventions discussed in the literature meeting our criteria for this review. Additional interventions for adolescents and young adults with ASD that did not meet criteria for our review are described in recent systematic and narrative reviews.²¹⁻²⁷

Behavioral Interventions

Studies of behavioral interventions available for this review are presented in the broad subcategories of social skills interventions and intensive behavioral interventions.

Social Skills Interventions

Difficulty with reciprocal social interaction is considered one of the core impairments of ASD. The social impairment seen in ASD takes many forms and can vary greatly from one

individual to the next. For adolescents and young adults, social skills interventions often focus on enhancing individuals' interactions with peers and other adults by teaching skills necessary for fluid interaction including instruction perspective-taking, social problem-solving, and understanding social and emotional rules. Skill-based approaches have tried to address social vulnerability through direct group instruction as well as interactive computer based instruction.

Intensive Behavioral Interventions

Comprehensive intensive behavioral interventions that focus simultaneously on multiple target areas are quite common for preschool children with ASD (e.g., University of California, Los Angeles/Lovaas model and early intensive behavioral intervention variants, Early Start Denver model, parent training paradigms). Studies that use behavioral approaches in an intensive and comprehensive fashion are uncommon during adolescence and young adulthood, although some programs for older individuals with ASD (not included in this review) may use elements of comprehensive approaches.

Educational Interventions

Most children and adolescents with ASD receive a substantial amount of their treatment in an educational or center-based setting, often beginning early in life (e.g., preschool age). Educational interventions often aim at enhancing specific areas of academic functioning (e.g., reading skills), but also quite frequently attempt to address social, cognitive, and behavioral challenges within an educational setting. In addition to these targets, psychoeducational interventions are also often provided in an attempt to prevent or ameliorate specific areas of behavioral concern (i.e., sleep issues, puberty/sexuality related concerns) and provide family support.

Vocational Interventions

Given the core and associated impairments related to ASD, many young adults exhibit challenges finding and sustaining involvement in appropriate and meaningful vocational activities. A number of interventions related to vocational attainment have focused on developing supportive mechanisms to secure employment. Such approaches often involve an interventionist, such as a job coach, and explicit instruction in the skills necessary to accomplish specific occupational functions. In addition, some approaches have attempted to incorporate instruction in the social and other skills necessary to identify and realize potential employment opportunities (e.g., interviewing).

Adaptive/Life Skills Interventions

While comprehensive behavioral interventions for adolescents and young adults are uncommon, many interventions use applied behavior analysis-based intervention to target and improve important areas of daily functional impairment. These skills, often called adaptive or life skills, vary by specific targets (e.g., feeding, dressing) or more complex tasks (e.g., teaching a sequence of behavior). These interventions may also target reducing challenging behaviors (e.g., self-injury, self-stimulatory behavior, aggression) that interfere with day to day skills and functioning.

Medical and Related Interventions

Medical interventions for symptoms of ASD include pharmacological agents, therapeutic diets, hormonal supplements, hyperbaric oxygen, chelating agents, and many other therapies. Risperidone (age 5 to 16 years) and aripiprazole (age 6 to 17 years), both atypical antipsychotic medications, are the only medical interventions that have U.S. Food and Drug Administration approval for patients with autistic disorder. Other core and related symptoms are treated with medications that are used in an “off-label” fashion. Antipsychotic medications act on the dopamine system and other neurotransmitter systems, such as serotonin.²⁸⁻³¹ Antipsychotic medications are generally divided into typical antipsychotics, which are older and primarily have affinity for dopamine D₂ receptors, and atypical antipsychotics which are newer and show a more diverse receptor profile. Typical antipsychotics studied in ASD include medications like haloperidol. Atypical antipsychotic medications include risperidone and aripiprazole, which are approved to treat irritability in children with autism, and have moderate and high evidence of efficacy based upon an earlier systematic review in children with ASD.³²

Serotonin reuptake inhibitors (SRIs) are effective in treating anxiety, depression, and obsessive-compulsive disorder. There is overlap between the repetitive behaviors of ASD and obsessive compulsive disorder.^{33, 34} Additionally, high blood levels of serotonin are a biomarker seen in 25 to 30 percent of children with autism, pointing to the serotonin system as a potential target for treatment.^{35, 36} Randomized controlled trials and open-label trials with serotonin reuptake inhibitors in children with ASD have shown some promise but considerable variability in treating repetitive behaviors, anxiety, and aggression.^{32, 37} SRIs include tricyclic antidepressants and more selective inhibitors. The newer class of SRIs, selective serotonin reuptake inhibitors, includes fluvoxamine, sertraline, and fluoxetine.

Opioid antagonists have been used in patients with ASD based upon the hypothesis that the opioid system may be involved in maintaining or reinforcing self-injurious behaviors.³⁸ Naltrexone is one opiate antagonist that has been investigated for treatment of self-injury, hyperactivity, or stereotyped movements in children with autism; although without evidence from randomized controlled trials favoring its use.³⁹⁻⁴¹

Allied Health Interventions

Several allied health interventions address core symptoms of ASD as well as associated difficulties and deficits. Social communication vulnerabilities are considered core features of ASD. As such, language difficulties and nonverbal communication challenges are often important targets of treatment. Historically, one communication intervention, facilitated communication, focused on helping individuals with communication and language challenges communicate via an interventionist or facilitator. More recently, interventions have utilized technology and augmentative communication therapies/devices in improving communication skills in individuals with ASD.

Other approaches have focused on teaching specific aspects of speech and language development (i.e., production, pragmatic language interventions). A number of additional interventions include occupational therapy techniques, movement and music therapies, as well as approaches aimed at sensory integration or addressing challenging sensory behaviors.

Importance of this Review

Current data suggest that attainment of independent living or employment in adulthood for individuals with an ASD is variable, with factors that predict the ability to live and work independently not well elucidated.⁶ Available data suggest that individuals with ASD will require some sort of intervention throughout adolescence and adulthood, and the estimated costs of medical and non-medical (e.g., special education, daycare) care are prodigiously high.²⁷ One study estimates that the total yearly societal per capita cost of caring for and treating a person with autism in the United States at \$3.2 million and at about \$35 billion for an entire birth cohort of individuals with autism.¹³ A study of healthcare utilization in a large group health plan revealed increased medication costs in older children with ASD as compared with younger children as well as similarly-aged adolescents without ASD; other care costs were also higher in this population, and the rate of hospitalizations was significantly increased.¹⁴

Costs of transitional and employment programs are also high for young adults with ASD. A recent analysis of U.S. federal and state-funded vocational rehabilitation programs showed that the prevalence of ASD among those in training programs increased from 0.2 percent to 0.6 percent from 2002 to 2006; those with ASD were among the most costly of nine disability groups examined, with costs even higher among those with ASD and another comorbid disability. These data also showed, however, that those with ASD had a higher rate of employment (40.8%) at the time of case closure as compared with those with other disabilities, though with fewer work hours and lower wages than some other disability groups.¹⁵

There is no cure for ASD and no global consensus regarding which intervention strategies are most effective. Chronic management, often using multiple treatment approaches, may be required to maximize ultimate functional independence and quality of life by minimizing the core ASD features, facilitating development and learning, promoting socialization, reducing maladaptive behaviors, and educating and supporting families. Investigators in the area have noted that less research on therapies for adolescents or young adults exists than for younger children,⁴² and such research is increasingly critical as the prevalence of ASD continues to grow and as children with ASD diagnoses reach adolescence.

Scope and Key Questions

Scope of This Report

We focused this review on interventions for adolescents and young adults between the ages of 13 and 30 with ASD (Autistic Disorder, Asperger syndrome, pervasive developmental disorder-not otherwise specified) and addressed questions related to the effectiveness of therapies targeting core symptoms of ASD (impairments in communication, social interaction, and behavior); aimed at common medical or mental health comorbidities, which include associated symptoms such as irritability; addressing the process of transitioning to adulthood; and addressing family outcomes.

Key Questions

We have synthesized evidence in the published literature to address these Key Questions:

Key Question 1: Among adolescents and young adults with ASD, what are the effects of available interventions on the core symptoms of ASD?

Key Question 2: Among adolescents and young adults with ASD, what are the effects of available interventions on common medical and mental health comorbidities (e.g., epilepsy, sleep disorders, motor impairments, obesity, depression, anxiety, acute and episodic aggression, attention deficit hyperactivity disorder, etc.)?

Key Question 3: Among adolescents and young adults with ASD, what are the effects of available interventions on functional behavior, attainment of goals toward independence, educational attainment, occupational/vocational attainment, life satisfaction, access to health and other services, legal outcomes, and social outcomes?

Key Question 4: Among adolescents and young adults with ASD, what is the effectiveness of interventions *designed to support the transitioning process*, specifically to affect attainment of goals toward independence, educational attainment, occupational/vocational attainment, life satisfaction, access to health and other services, legal outcomes, and social outcomes?

Key Question 5: Among adolescents and young adults with ASD, what harms are associated with available interventions? Harms are defined by the Effective Health Care Program as all possible adverse consequences of an intervention, including adverse events.

Key Question 6: What are the effects of interventions on family outcomes?

Organization of This Evidence Report

The Methods section describes our processes including our search strategy, inclusion and exclusion criteria, approach to review of abstracts and full publications, and our method for extraction of data into evidence tables and compiling evidence. We also describe our approach to grading of the quality of the literature and to evaluating the strength of the body of evidence.

The Results section presents the findings of the evidence report, synthesizing them by category of intervention, Key Question, and outcomes reported. We report the number and type of studies identified, and we differentiate between total numbers of publications and unique studies. The final section of the report discusses key findings and expands on methodologic considerations relevant to each Key Question. We also outline the current state of the literature and challenges for future research in ASD in the target age range.

The report includes a number of appendixes to provide further detail on our methods and the studies assessed. The appendixes are as follows—

- Appendix A. Exact Search Strings and Results
- Appendix B. Categorization of Study Designs
- Appendix C. Sample Data Extraction Forms
- Appendix D. Evidence Tables
- Appendix E. Quality Assessment Form
- Appendix F. Excluded Studies
- Appendix G. Quality of the Literature

We also include a list of abbreviations and acronyms at the end of the report.

Uses of This Report

This evidence report addresses the Key Questions outlined previously using methods described in the report to conduct a systematic review of published literature. We anticipate that the report will be of value to clinicians who treat individuals with ASD, including pediatricians, psychologists, psychiatrists, allied health professionals, and other clinicians who provide care for ASD. The report itself is not a guideline. It is a review of evidence that other groups and

individuals can use in developing guidelines or treatment decisions, but we assume that those decisions would be made with other considerations as well, including an individual's diagnosis, severity of ASD symptoms, concomitant conditions, and ability to transition to more independent functioning.

In addition, this review will be of use to the National Institutes of Health, Centers for Medicare & Medicaid Services, and the Health Resources and Services Administration—all of which have offices or bureaus devoted to developmental issues. This report can bring practitioners up to date about the current state of evidence, and it provides an assessment of the quality of studies that aim to determine the outcomes of therapeutic options for the management of ASD. It will be of interest to individuals affected by ASD and their families because of the high prevalence of ASD, significant personal costs associated with it, and the recurring need for individuals with ASD, their families, and their health care providers to make the best possible decisions among numerous options.

Researchers can obtain a concise analysis of the current state of knowledge in this field. They will be poised to pursue further investigations that are needed to understand best approaches to therapies for adolescents and young adults with ASD.

Methods

Topic Development and Refinement

The topic for this report was nominated by Autism Speaks in a public process. We drafted the initial Key Questions and analytic framework and refined them with input from key informants and a focus group of family members of adolescents and young adults with autism spectrum disorders (ASD). After review from the Agency for Healthcare Research and Quality (AHRQ), the questions and framework were posted to a public Web site. The public was invited to comment on these questions.

After reviewing the public commentary, we drafted final Key Questions and submitted them to AHRQ for review. We identified technical experts on the topic of ASD in adolescents and young adults to provide assistance during the project. Technical Expert Panel (TEP) members represented the clinical and research communities from a range of perspectives. They were invited to participate based on our commitment to engaging a range of experts who could help solidify the decisional dilemmas facing individuals and families with ASD. They included both researchers and clinicians with expertise in behavioral, medical, social, psychological and educational issues. The TEP contributed to AHRQ's broader goals of (1) creating and maintaining science partnerships as well as public-private partnerships and (2) meeting the needs of an array of potential customers and users of its products. Thus, the TEP was both an additional resource and a sounding board during the project. The TEP included six members serving as technical or clinical experts. To ensure robust, scientifically relevant work, we called on the TEP to provide reactions to work in progress. TEP members participated in conference calls and discussions through e-mail to:

- Refine the analytic framework and Key Questions at the beginning of the project;
- Discuss the preliminary assessment of the literature, including inclusion/exclusion criteria;
- Provide input on assessing the quality of the literature.

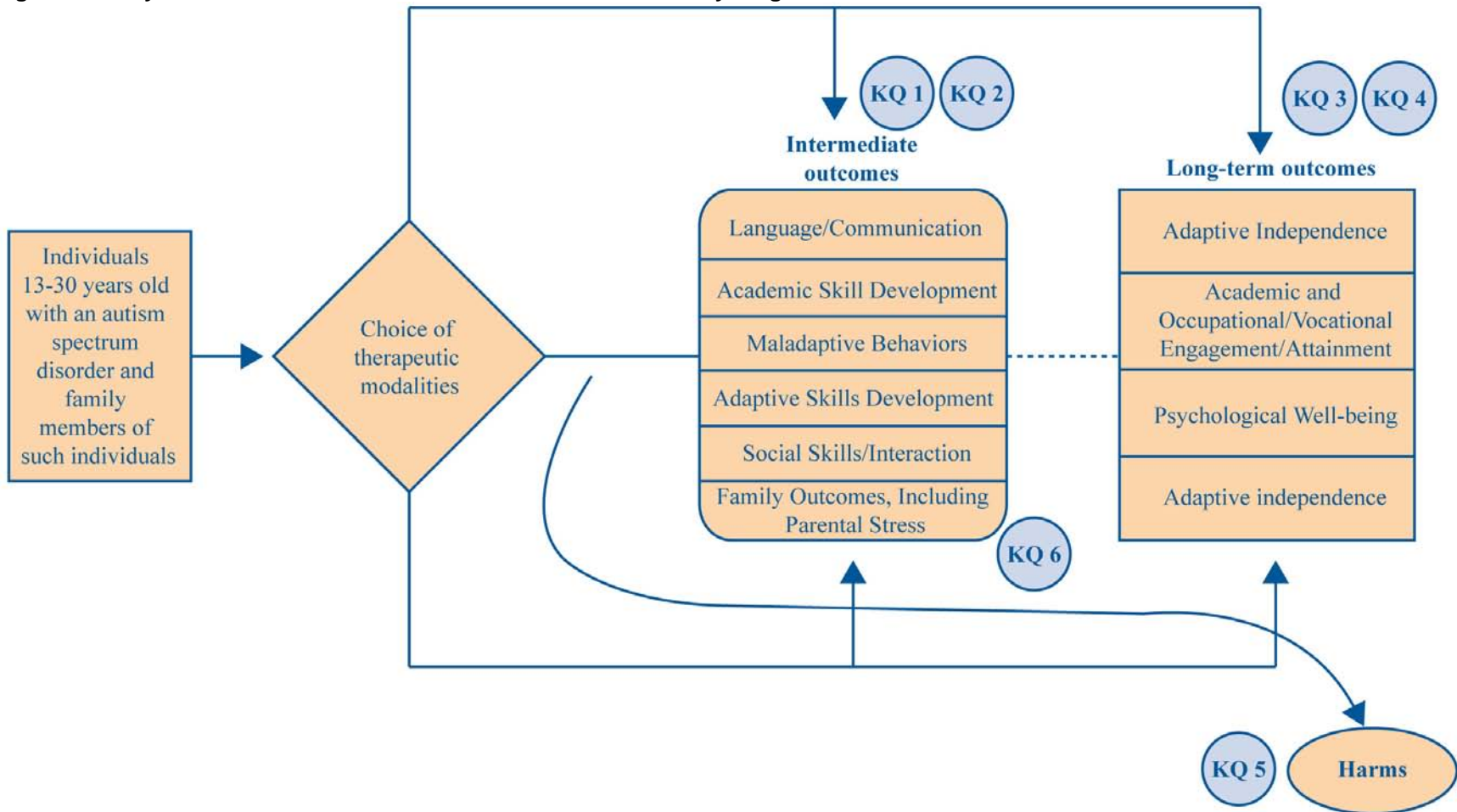
Role of the AHRQ Task Order Officer

The Task Order Officer (TOO) was responsible for overseeing all aspects of this project. The TOO helped to develop a common understanding among all parties involved in the project, resolved questions and ambiguities, and addressed our queries regarding the scope and processes of the project. The TOO reviewed the report for consistency, clarity, and to ensure that it conforms to AHRQ standards.

Analytic Framework

The analytic framework (Figure 1) summarizes the process by which individuals with ASD and their families/caregivers make and modify treatment choices. Treatment choices include surgical or nonsurgical approaches and may lead to intermediate outcomes including changes in communication skills, academic skill development, or social skills. Interventions may also lead to long-term outcomes such as adaptive independence and changes in psychosocial well-being. Interventions may also lead to changes in family outcomes such as parent distress and may be associated with harms/adverse effects. Numbers in circles within the diagram indicate the placement of Key Questions in relation to the treatment process.

Figure 1. Analytic framework for interventions for adolescents and young adults with ASD



KQ = Key Question

Literature Search Strategy

Databases

A librarian employed search strategies provided in Appendix A to retrieve research on therapies for adolescents and young adults with ASD. Our primary literature search employed 4 databases: MEDLINE® via the PubMed interface, PsycINFO® (psychology and psychiatry literature), the Educational Resources Information Clearinghouse, and the Cumulative Index of Nursing and Allied Health Literature database. Our search strategies used a combination of subject heading terms appropriate for each database and key words relevant to ASD (e.g., autism, Asperger). We limited searches to the English language and literature published since 1980 and the publication of standardized diagnostic criteria for ASD (i.e., Diagnostic and Statistical Manual of Mental Disorders III).

We also manually searched the reference lists of included studies and of recent narrative and systematic reviews and meta-analyses addressing ASD. We also invited TEP members to provide additional citations.

Regulatory Information

The AHRQ Scientific Resource Center also searched for information on the following specific medications and interventions used to treat ASD. We requested regulatory information on these drugs and devices as they are either approved by the U.S. Food and Drug Administration to treat irritability in ASD or are beginning to be used in the ASD population and have not yet been well-reported in the published literature (i.e., hyperbaric oxygen):

- Risperidone
- Aripiprazole
- Hyperbaric oxygen chambers.

The Scientific Resource Center sought information in resources including the websites of the Food and Drug Administration and Health Canada and clinical trials registries such as ClinicalTrials.gov. We also gave manufacturers of these medications and devices an opportunity to provide additional information, though none did so.

Search Terms

Controlled vocabulary terms served as the foundation of our search in each database (e.g., MEDLINE vocabulary terms including autistic disorder, child development disorders, pervasive), complemented by additional keyword phrases (e.g., Asperger, autism). We also limited searches to items published in English and from 1980 to the present. Our searches were executed between September 2010 and December 2011. Appendix A provides our search terms and the yield from each database. We imported all citations into an electronic database.

Process for Study Selection

Inclusion and Exclusion Criteria

We developed criteria for inclusion and exclusion based on the patient populations, interventions, outcome measures, and types of evidence specified in the Key Questions and in consultation with the TEP. Table 1 summarizes criteria.

Table 1. Inclusion and exclusion criteria

Category	Criteria
Study population	Adolescents or young adults (ages 13-30) with ASD (autistic disorder, Asperger syndrome, PDD-NOS) or families/caregivers of individuals with ASD between the ages of 13-30
Interventions	Interventions aimed at ameliorating core symptoms of ASD, affecting independent functioning, adaptive behavior, or the transition process, or targeting family outcomes
Comparators	Placebo Other intervention
Outcomes	Social skills/interaction, language and communication, repetitive and other maladaptive behaviors, motor outcomes, psychological distress, adaptive skills development, academic skills development, and family outcomes including family distress and family satisfaction
Time period	Studies published from 1980–present with no limits on timing of outcomes
Setting	Any setting including educational, residential, and clinic
Publication languages	English only
Admissible evidence (study design and other criteria)	<p><u>Admissible designs</u></p> <ul style="list-style-type: none"> Controlled trials, observational studies including prospective and retrospective cohort studies, prospective and retrospective case series <p><u>Study size</u></p> <ul style="list-style-type: none"> N ≥ 20 total individuals between 13-30 years of age with ASD or family members of such individuals <p><u>Other criteria</u></p> <ul style="list-style-type: none"> Original research studies that provide sufficient detail regarding methods and results to enable use and adjustment of the data and results Patient populations must include adolescents or young adults (13-30 years of age) with ASD or families/caregivers of individuals with ASD between the ages of 13-30 Studies must address one or more of the following: <ul style="list-style-type: none"> Treatment modality aimed at modifying ASD core symptoms, common comorbidities, family-related outcomes, or assisting with transitional issues Outcomes (including harms) related to interventions for ASD Studies must include extractable data on relevant outcomes, including data presented in text or tables (vs. solely in figures) Studies must present aggregate data (vs. only data for each individual participant)

ASD = autism spectrum disorders; N = number; PDD-NOS = pervasive developmental disorder-not otherwise specified

Study Population

Studies needed to provide adequate information to ensure that participants fell within the target age range of age 13 to 30. We selected the lower bound of 13 as a previous AHRQ comparative effectiveness review of therapies for children with ASD included studies with individuals ≤ age 12.⁴³ As this review is focused in part on individuals in the period of transitioning to more independent functioning, we used the upper bound of 30 as individuals

with ASD can remain in the secondary school system until age 21. Thus some individuals may not experience the transition to more independent functioning in their twenties as would be expected for typically developing individuals. The upper age of 30 accounted for potential developmental delays in individuals with ASD.

For studies with populations including individuals with ASD either under the age of 13 or over age 30, we retained the study if we could infer that at least 50 percent of the study participants were in the 13 to 30 age range or if the mean age of participants was in the 13 to 30 age range. Similarly, for studies including individuals with ASD and those with other developmental disabilities we retained the study if we could isolate data on those participants with ASD.

We note that if a research study used a comparison group that did not contribute to an estimate of the contrast of interest in our review, we included the one arm of the study that was relevant. For example, an intervention study in which the intervention group is individuals with ASD and the comparison group is a group of individuals with Down Syndrome would not provide an estimate of the effect of the intervention for children with ASD. Rather than exclude this study, we include the group of individuals with ASD as a case series.

Sample Size

We excluded studies that included fewer than 20 total participants in the target age range with ASD or family members of such individuals. Our goal was to identify and review the best evidence for assessing the efficacy and effectiveness of therapies for adolescents and young adults with ASD, with an eye toward utility in the treatment setting. Interventions to address ASDs are frequently behavioral in nature and highly intensive. They are also frequently adapted to be targeted to specific study participants given the significant heterogeneity of individuals with ASD. In part because this makes behavioral research quite complex and intensive, study sizes tend to be very small. A cutoff sample size of 20 provides a balance, allowing us to review and comment on adequate literature for the review but with studies large enough to suggest effects of the interventions.

With the assistance of our technical experts, we selected a minimum sample size of 20 in order to maximize our ability to describe the state of the current literature, while balancing the need to identify studies that could be used to assess treatment effectiveness.

Study Design

We accepted any study designs except individual case reports. Our approach to categorizing study designs is presented in Appendix B.

Outcomes

We assessed outcomes in the broad areas of social skills/interaction, language and communication, repetitive and other maladaptive behaviors, motor outcomes, psychological distress, adaptive skills development, academic skills development, and family outcomes including family distress and family satisfaction related to interventions. We considered intermediate outcomes as those that occur directly as a result of the intervention and that may also have longer term implications for the ultimate, functional outcomes that are the long-term goal of therapies. We also considered changes in long-term functional outcome areas, including adaptive independence/self care, academic/occupational/vocational engagement and attainment, psychological well-being, psychosocial adaptation, residential outcomes, legal outcomes,

social/relationship-focused outcomes (interpersonal relationships, community involvement/societal participation, self-actualization and acceptance, etc.), access to health services (conservatorship, access to day care, access to health care, access to social, financial, and other support systems), and use of public programs.

We also assessed the harms of interventions, defined by the AHRQ Effective Health Care program as the totality of adverse consequences of an intervention.⁴⁴ Harms may include—

- Adverse behavioral or psychosocial reactions to behavioral or other therapies (e.g., increased aggression or anxiety)
- Regression of language, skills, or behaviors
- Increases in or worsening of comorbid symptoms
- Adverse reactions to drug therapies (e.g., somnolence, weight gain)
- Reduction in and negative influences on quality of life.

Language

We focused the review on studies published in English. In the opinion of our content experts, most research on ASD is published in English regardless of the native language of the investigators or country of publication.

Screening of Studies

Once we identified articles through the electronic database searches, review articles, and bibliographies, we examined abstracts of articles to determine whether studies met our criteria. Two reviewers separately evaluated each abstract for inclusion or exclusion, using an Abstract Review Form (Appendix C). If one reviewer concluded that the article could be eligible for the review based on the abstract, we retained it for full text assessment.

Two reviewers independently assessed the full text of each included study using a standardized form (Appendix C) that included questions stemming from our inclusion/exclusion criteria. Disagreements between reviewers were resolved by a third-party adjudicator. The group of abstract and full text reviewers included expert clinicians and researchers and health services researchers.

Categorization of Interventions

Interventions to treat ASD overlap substantially²¹ and cleanly identifying the category into which an intervention should be placed is difficult. We adapted the categorization approach we used in our previous review of therapies for children with ASD,⁴³ and studies fell into the following categories:

- **Behavioral interventions.** We defined behavioral interventions to include intensive behavioral and developmental interventions and social skills interventions employing either peer group- or computer-based approaches.
- **Educational interventions.** Educational interventions are those focusing on improving educational and cognitive skills and intended primarily to be administered in educational settings, or studies for which the educational arm was most clearly categorized.
- **Adaptive/life skills-focused interventions.** We considered those interventions focused on developing skills to assist with independent functioning and independent execution of activities of daily living as falling within this category. Interventions described in this

review include interventions targeting transitioning to a new school routine, self-care, and cognitive aids.

- **Vocational interventions.** We classified interventions targeting job skills, employment supports, or placing individuals into work as vocational interventions. Such interventions included in the literature meeting our criteria for this review comprise sheltered workshops, supported employment, and vocational rehabilitation.
- **Medical and related interventions.** We broadly defined medical and related interventions as those that included the administration of external substances to the body in order to treat symptoms of ASD; medical interventions represented in the literature included in this review comprised prescription medications.
- **Allied health interventions.** Allied health interventions included therapies that may be provided by occupational and physical therapists, including recreational therapies and promoting engagement in physical activity. We also considered therapies such as facilitated communication and music therapy as allied health interventions.

Data Extraction and Data Management

The staff members and clinical experts who conducted this review jointly developed the evidence tables, which were used to extract data from the studies. We designed the tables to provide sufficient information to enable readers to understand the studies, including issues of study design, descriptions of the study populations (for applicability), description of the intervention, and baseline and outcome data on constructs of interest.

The team abstracted several articles into the evidence table and then reconvened as a group to discuss the utility of the table design. We repeated this process through several iterations until we decided that the table included the appropriate categories for gathering the information contained in the articles. All team members shared the task of initially entering information into the evidence table. Another member of the team also independently reviewed the articles and edited all initial table entries for accuracy, completeness, and consistency. The full research team met regularly during the article extraction period and discussed issues related to data extraction (e.g., optimal level of detail in the description of the intervention, what constituted assessment of treatment fidelity). In addition to outcomes related to treatment effectiveness and family outcomes, we extracted all data available on harms. Harms encompass the full range of specific negative effects, including the narrower definition of adverse events.

The final evidence tables are presented in their entirety in Appendix D. Studies are presented in the evidence tables alphabetically by the last name of the first author within each year. When possible to identify, analyses resulting from the same study were grouped into a single evidence table.

Individual Study Quality Assessment

We used a components approach to assessing the quality of individual studies, following methods outlined in the AHRQ Effective Health Care program's Methods Guide for Effectiveness and Comparative Effectiveness Reviews.⁴⁵ Decision rules regarding application of the tools were developed a priori by the research team. In some instances, it was appropriate to apply specific questions only to one body of literature (e.g., treatment fidelity to behavioral studies and medication adherence to medical studies) and we note those cases where appropriate. We assessed each domain individually and combined them for an overall quality level as

described below. Three levels were possible: good, fair, and poor (Table 2). Appendix E includes the questions we used to assess each domain.

Table 2. Description of study quality levels

Quality Level	Description
Good	Good studies are considered to have the least bias and results are considered valid. A good study has a clear description of the population, setting, interventions, and comparison groups; uses a valid approach to allocate patients to treatments; has a low dropout rate; and uses appropriate means to prevent bias; measure outcomes; analyze and report results.
Fair	Fair studies are susceptible to some bias, but probably not sufficient to invalidate the results. A study may be missing information, making it difficult to assess limitations and potential problems. As the “fair quality” category is broad, studies with this rating vary in their strengths and weaknesses. The results of some fair-quality studies are possibly valid, while others are probably valid.
Poor	Poor studies are subject to significant bias that may invalidate the results. These studies have serious errors in design, analysis, or reporting; have large amounts of missing information; or have discrepancies in reporting. The results of a poor-quality study are at least as likely to reflect flaws in the study design as to indicate true differences between the compared interventions.

Determining Quality Levels

We assessed each domain described above individually and considered the individual ratings to determine an overall quality assessment of good, fair, or poor. We required that studies receive positive scores on all questions to receive a rating of good quality. We required that studies receive positive ratings on the following questions for a fair rating:

- Did the study employ a group design?
- Was there an appropriate comparison group?
- Was a systematic diagnostic approach used within the study?
- Were inclusion and exclusion criteria clearly stated?
- Was the intervention fully described?
- Did outcome measures demonstrate adequate reliability and validity?
- Were outcome data collected from sources appropriate to the target outcome?
- Was an appropriate statistical analysis used?

We rated studies without positive scores on these questions as poor quality and retained poor quality studies as part of the evidence base.

Data Synthesis

There was significant heterogeneity among studies reporting therapeutic results of interventions for adolescents and young adults with ASD, including heterogeneity of population characteristics, heterogeneity of interventions, and heterogeneity of outcome measures. Therefore, it was not appropriate to perform any meta-analysis.

Grading the Body of Evidence for Each Key Question

The assessment of the literature is done by considering both the observed effectiveness of interventions and the confidence that we have in the stability of those effects in the face of future research. The degree of confidence that the observed effect of an intervention is unlikely to change is presented as strength of evidence, and it can be regarded as insufficient, low, moderate, or high. Strength of evidence describes the adequacy of the current research, both in terms of quantity and quality, as well as the degree to which the entire body of current research provides a consistent and precise estimate of effect. Interventions that have demonstrated benefit in a small

number of studies but have not yet been replicated using the most rigorous study designs will therefore have insufficient or low strength of evidence to describe the body of research. Future research may find that the intervention is either effective or ineffective.

Methods for applying strength of evidence assessments are established in the AHRQ Effective Health Care Program’s Methods Guide for Effectiveness and Comparative Effectiveness Reviews⁴⁶ and are based on consideration of four domains: risk of bias, consistency in direction of the effect, directness in measuring intended outcomes, and precision of effect (Table 3). Strength of evidence is assessed separately for major intervention-outcome pairs.

Table 3. Domains used to assess strength of evidence^a

Domain	Explanation
Risk of bias	Degree to which the included studies for a given outcome or comparison have a high likelihood of adequate protection against bias (i.e., good internal validity), assessed through two main elements: <ul style="list-style-type: none"> • Study design (e.g., RCTs or observational studies) • Aggregate quality of the studies under consideration. Information for this determination comes from the rating of quality (good/fair/poor) done for individual studies
Consistency	Degree to which reported effect sizes from included studies appear to have the same direction of effect. This can be assessed through two main elements: <ul style="list-style-type: none"> • Effect sizes have the same sign (that is, are on the same side of “no effect”) • The range of effect sizes is narrow
Directness	Relates to whether the evidence links the interventions directly to health outcomes. For a comparison of two treatments, directness implies that head-to-head trials measure the most important health or ultimate outcomes. Evidence is indirect if: <ul style="list-style-type: none"> • It uses intermediate or surrogate outcomes instead of ultimate health outcomes. In this case, one body of evidence links the intervention to intermediate outcomes and another body of evidence links the intermediate to most important (health or ultimate) outcomes • It uses two or more bodies of evidence to compare interventions A and B, e.g., studies of A vs. placebo and B vs. placebo, or studies of A vs. C and B vs. C but not A vs. B. Indirectness always implies that more than one body of evidence is required to link interventions to the most important health outcomes. Directness may be contingent on the outcomes of interest.
Precision	Precision is the degree of certainty surrounding an effect estimate with respect to a given outcome (i.e., for each outcome separately). If a meta-analysis was performed, this will be the confidence interval around the summary effect size.

^aExcerpted from Owens et al., 2010⁴⁶

Based on the approach used in the prior AHRQ review of therapies for children with ASD,⁴³ we required at least three fair quality studies to be available to assign a low strength of evidence rather than considering it to be insufficient. For determining the strength of evidence for effectiveness outcomes, we only assessed the body of literature deriving from studies that included comparison groups. We required at least one good study for moderate strength of evidence and two good studies for high strength of evidence. In addition, to be considered “moderate” or higher, intervention-outcome pairs needed a positive response on two out of the three domains other than risk of bias. For determining the strength of evidence related to harms, we also considered data from case series.

Once we had established the maximum strength of evidence possible based upon these criteria, we assessed the number of studies and range of study designs for a given intervention-outcome pair, and downgraded the rating when the cumulative evidence was not sufficient to justify the higher rating. The possible grades were—

- High: High confidence that the evidence reflects the true effect. Further research is unlikely to change estimates.
- Moderate: Moderate confidence that the evidence reflects the true effect. Further research may change our confidence in the estimate of effect and may change the estimate.
- Low: Low confidence that the evidence reflects the true effect. Further research is likely to change confidence in the estimate of effect and is also likely to change the estimate.
- Insufficient: Evidence is either unavailable or does not permit a conclusion.

Applicability

Finally, it is important to consider the ability of the outcomes observed to apply both to other populations and to other settings (especially for those therapies that take place within a clinical/treatment setting but are hoped to change behavior overall). Our assessment of applicability included determining the population, intervention, comparator, and setting in each study and developing an overview of these elements for each intervention category.

Peer Review and Public Commentary

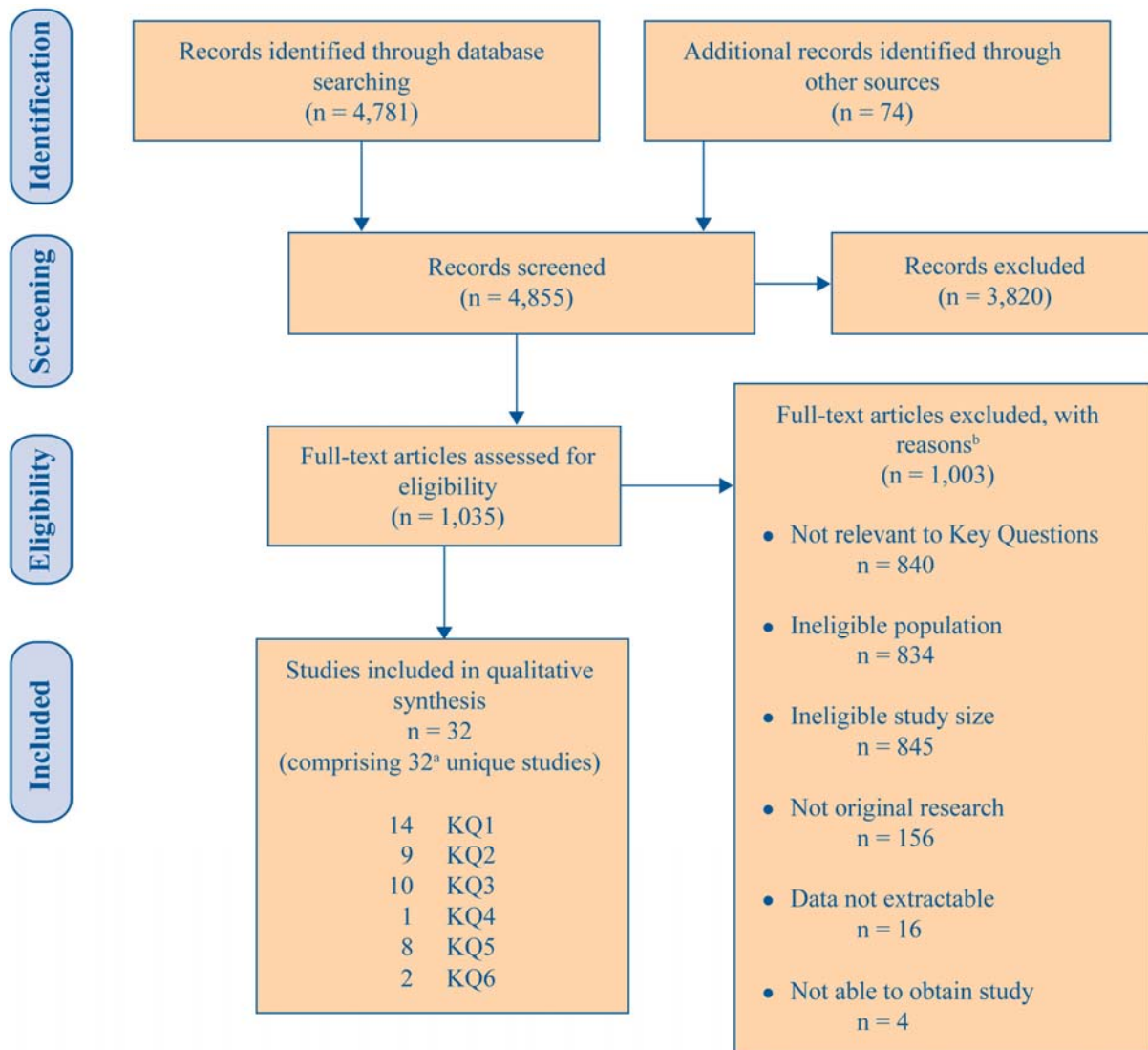
Researchers and clinicians with expertise in behavioral, medical, social, psychological and educational issues and individuals representing stakeholder and user communities were invited to provide external peer review of this report; AHRQ and an associate editor also provided comments. The draft report was posted on the AHRQ Web site for 4 weeks to elicit public comment. We addressed all reviewer comments, revising the text as appropriate, and documented changes and revisions to the report in a disposition of comments report that will be made available 3 months after AHRQ posts the final CER on the AHRQ Web site.

Results

Article Selection

We identified few studies addressing interventions for adolescents and young adults with autism spectrum disorders (ASD). Of the entire group of 4,855 citations identified, 1,035 required full text review (Figure 2). Of these 1,035 full-text articles reviewed, we retained 32 papers (comprising 32 unique studies) and excluded 1,003 papers. Reasons for article exclusion are listed in Appendix F.

Figure 2. Disposition of studies identified for this review



KQ = Key Question; n = number

^aOne paper⁴⁷ reports two unique studies.

^bNumbers do not tally as studies could be excluded for multiple reasons.

Organization of Results

As noted, we classified studies by broad category of intervention (behavioral, educational, vocational, adaptive/life skills, medical, and allied health). With the exceptions of studies of behavioral, medical, and vocational interventions, which included at least two studies addressing the same intervention, the other categories of interventions comprise single studies of unique interventions. Most studies (n=14) also targeted core symptoms of ASD (Key Question 1) or functional behavior/independent living skills (n=10) (Key Question 3). Nine studies, eight of which addressed medical interventions, examined comorbidities commonly occurring with ASD, which we defined broadly to encompass associated symptoms such as irritability (Key Question 2). Only studies of medical interventions addressed harms (Key Question 5).

One study addressed interventions targeting the transition process (Key Question 4), and two assessed effects of an intervention on family outcomes (Key Question 6). Because questions were addressed by a number of small, single studies of any given intervention, we discuss all studies together in the following sections instead of divided by Key Question. This approach allows us to present the findings of this disparate literature more clearly. We use headings to indicate the outcomes (e.g., core symptoms, functional behavior, harms, etc.) targeted in each study. It is nonetheless important to note that the studies in these categories typically assessed different interventions, and therefore could not be combined for an assessment of strength of evidence beyond insufficient for any specific intervention at this time.

We present findings beginning with an overview of the content of the literature as a whole, including the range of study designs used, approaches assessed and participants included. The detailed analysis of the literature provides further discussion and analysis of studies presented by broad category of intervention. Studies also are described in more detailed summary tables in the relevant section of text. For information on studies not included in the summary tables, please see the evidence tables in Appendix D; for information on quality scores for each study, see Appendix G.

Overview of the Literature

The 32 unique studies described in this review included 10 randomized controlled trials (RCTs). Table 4 provides an overview of the characteristics of the literature overall.

Table 4. Overview of the literature addressing interventions for adolescents and young adults with ASD

Characteristic	RCTs	Nonrandomized Trials	Prospective Cohort Studies	Prospective Case Series	Retrospective Case Series	Cross-sectional Studies	Total Literature
Total n:	10	3	5	9	4	1	32
Intervention Category							
Behavioral	2	1	2	3	0	0	8
Educational	1	1	0	0	0	0	2
Adaptive/Life Skills	1	0	1	1	1	0	4
Vocational	0	2	1	0	1	1	5
Medical	5	0	0	2	1	0	8
Allied Health	1	0	0	3	1	0	5
Treatment Duration							
<1 month	3	0	0	2	0	0	5
>1 to ≤3 months	5	1	2	4	0	0	12
>3 to ≤6 months	0	1	0	0	1	0	2
>6 to ≤12 months	2	0	1	2	0	0	5
>12 months	0	1	2	1	2	0	6
Not specified	0	0	0	0	1	1	2
Study Population							
United States	5	1	2	5	3	1	17
Europe	3	2	3	2	1	0	11
Asia	2	0	0	2	0	0	4
Total N participants with ASD	341	114	200	296	233	1707 ^a	2891

ASD = autism spectrum disorders; n = number; RCT = randomized controlled trial

^a1,707 individuals with ASD included in one study reporting data from an administrative database⁴⁸

We did not rate any study as good quality. Five studies were fair quality,⁴⁹⁻⁵³ and most studies were poor quality.^{17, 47, 48, 54-77} Eighteen studies included comparison groups, and ten of these studies were randomized. Most studies were conducted in the United States or Europe, and participant ages across all studies ranged from 2 years to over 45 years. Only studies of medical interventions reported harms data.

Studies of Behavioral Interventions

Key Points

- Eight behavioral studies examined different social skills and intensive behavioral interventions and included individuals with ASD both with and without concomitant intellectual disability or language deficiencies. All studies were of poor quality.

- Most studies reported short-term gains in social skills as reported by parents or within study measures, but the diversity of the interventions precludes drawing a conclusion about effectiveness across the studies for behavioral interventions as a whole.
- Few studies reported evidence of generalization of skills beyond the treatment context.

Overview of the Literature

We identified eight studies^{47, 61-64, 76, 77} of behavioral interventions in seven unique populations (Table 5). Studies included two RCTs conducted in the United States⁶¹ and United Kingdom,⁶³ one nonrandomized controlled trial conducted in the United States,⁷⁶ and three case series conducted in Canada,⁶² the Netherlands,⁷⁷ and Italy.⁶⁴ One paper presented data from two separate studies conducted in the United Kingdom and involving two unique groups of participants.⁴⁷ Individuals in both studies received the same computer-based social skills software intervention, but comparators differed, and participants were randomized to intervention or control groups in only one study.⁴⁷ Five studies examined either individual or group^{61, 62, 76} or computer-based intervention approaches^{47, 63} focused on social skill development, including recognizing emotions, for individuals with ASD. One study conducted in Italy examined the impact of intensive behavioral treatment from a semi-residential rehabilitation center on adaptive behavior⁶⁴ while another examined social and adaptive outcomes from an individualized treatment program in the Netherlands.⁷⁷

Participants ranged in age from 13 to 43 in the studies. One study⁶⁴ did not provide precise age data but notes that 34 participants were categorized as adolescents. Treatment duration ranged from 2 weeks to 2 years. We rated all studies as poor quality. Appendix G provides the quality ratings for each study.

Detailed Analysis

Behavioral Studies Addressing Core Symptoms of ASD

Individual or Group Social Skills Interventions

Most studies of behavioral interventions addressing effects on the core symptoms of ASD were short term and included a small number of individuals (Table 5). Among studies examining group-based social skills programs, one RCT examined the short-term outcome of a trial of a manualized (i.e., has a published treatment manual) outpatient social skills program, the Program for the Education and Enrichment of Relational Skills (PEERS).⁶¹ The study included 33 adolescents (mean age 14.6 years) with average cognitive abilities (mean intelligence quotient [IQ] = 96.0 in treatment group and 88.3 in control group) randomized either to a 12-week program of group social skills intervention or to a delayed treatment control group. A later 14-week, nonrandomized trial of the PEERS program involved a separate group of 28 adolescents (mean age 14.6) diagnosed with high-functioning autism.⁷⁶ In both studies, participants in the treatment groups improved on parent-rated measures of social skills compared with control group participants, but limited teacher-rated measures indicated no differences between groups. The latter study assessed 12 of 14 treated participants 14 weeks after the end of intervention;⁷⁶ gains were maintained on most measures.

One prospective case series examined improvements in 28 hospitalized high-functioning adolescents (mean verbal IQ = 102.98 ± 13.33, mean age = 17.68 ± 3.14) receiving individualized treatment plans focused on psychoeducation.⁷⁷ At followup after 12 months of

treatment, social and daily behavioral functioning improved on parent- and tutor-reported measures as did ASD symptoms on self-reported measures. Participants did not report a change in problems related to daily behavioral functioning. Another prospective case series examined the impact of a 12-week social skills group for adolescents (mean age 14.6 years) with ASD. Adolescents recruited from community clinics with verbal skills sufficient to participate in a group intervention demonstrated parent-reported improvements related to problem behaviors and autism specific social concerns.⁶²

Computer-Based Social Skills Interventions

Among studies examining computer-based approaches, one RCT of a computer-based social skills training for adolescents with ASD randomized 22 children (age 12 to 18) to either training through 10 half-hour sessions with a computer program designed to train emotion recognition or to a control group.⁶³ The intervention group demonstrated fewer errors in recognizing the emotion depicted within the program from pre- to post-training, and relative to controls demonstrated improvement regarding emotion recognition via tasks presented within cartoons and stories.

An additional publication reported on two separate studies, one nonrandomized trial and one cohort study, with unique groups of participants. Both studies assessed emotion recognition abilities following completion of the Mind Reading computer-based training program.⁴⁷ In both studies, adults with ASD completing the program demonstrated improvements in recognizing faces and voices utilized in the training relative to the control group but did not demonstrate such improvements in recognizing improvements outside of the tasks.

Intensive Behavioral Interventions

The one study examining an intensive behavioral approach reported on the impact of intensive behavioral treatment from a semi-residential rehabilitation center on adaptive behavior.⁶⁴ The study included 34 adolescents (age range not provided) receiving intervention from autism specific centers in Italy. Participants were reported to have improved on measures of socialization and adaptive behavior.

Table 5. Key outcomes of behavioral studies addressing the core symptoms of ASD

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Age, Mean/Yrs ± SD IQ, Mean ± SD	Key Outcomes
<i>Individual/Group-Based Social Skills Training</i>		
<p>Laugeson et al.,⁷⁶ 2011 United States</p> <p>G1: Immediate socials skills training, 14/12 (28 week followup) G2: Delayed treatment control, 14/14 (14 week followup)</p> <p>Quality: Poor</p>	<p>G1: 15.0 ± 1.0 G2: 14.3 ± 1.4</p> <p>IQ (KBIT2) G1: 94.1 ± 20.2 G2: 104.5 ± 18.8</p>	<ul style="list-style-type: none"> • 14-week manualized intervention: Program for the Education and Enrichment of Relational Skills with followup 14 weeks postintervention for treatment group participants. • Adolescents with high-functioning ASD (diagnoses not confirmed within study), ranging in age from 12 to 17 (mean = 14.6). • Treatment group showed improvements on parent-reported measures of social skills and interactions compared with control group; limited teacher reports showed no significant differences between groups. • At 14-week followup, most gains maintained for treatment participants; overall social skills continued to improve based on parent-rated measures. Some teacher-rated domains improved also. • Quality considerations: nonrandom assignment to groups; systematic diagnostic approach not reported within study; attrition and treatment fidelity not reported; differences in concomitant interventions not reported; outcomes not coded by masked assessors.
<p>Laugeson et al.,⁶¹ 2009 United States</p> <p>G1: Immediate social skills training, 35 (total)/17 G2: Wait list, 35 (total)/16</p> <p>Quality: Poor</p>	<p>G1: 14.6 ± 1.3 G2: 14.6 ± 1.6</p> <p>IQ (KBIT2): G1: 96 ± 16.1 G2: 88.3 ± 21.1</p>	<ul style="list-style-type: none"> • 12-week manualized intervention: Program for the Education and Enrichment of Relational Skills. • School-aged children of average intelligence. demonstrated short-term improvements in social skills knowledge, parent rated skills, and reported engagement in social activity. • Teacher-rated outcomes were not different for delayed treatment control. • Quality considerations: randomization method not clearly described; systematic diagnostic approach not reported within study; outcomes not coded by masked assessors.
<p>Verhoeven et al.,⁷⁷ 2011 Netherlands</p> <p>G1: Social skills intervention, 28/28</p> <p>Quality: Poor</p>	<p>G1: 17.68 ± 3.14</p> <p>IQ (WAIS/WISC): G1: 102.82 ± 13.33 (verbal) 98.36 ± 12.02 (performance)</p>	<ul style="list-style-type: none"> • 12-month intervention associated with psychiatric hospitals, focusing on fostering development, improving behavioral functioning, well-being, and reducing ASD symptoms and understanding role of self-awareness in influencing treatment. • Social and behavioral functioning improved in teacher - and parent-reported measures. • Participants reported decrease in ASD symptoms, but no change in problems of daily behavioral functioning. • Positive correlation between initial self-awareness and improved social functioning; improved self-awareness associated with parent-reported decrease in problems in daily functioning but self-reported increase in problems. • Quality considerations: no comparison group; intervention not fully described; measure of treatment fidelity not reported; outcomes not coded by masked assessors.

Table 5. Key outcomes of behavioral studies addressing the core symptoms of ASD (continued)

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Age, Mean/Yrs ± SD IQ, Mean ± SD	Key Outcomes
<i>Individual/Group-based social skills training</i>		
<p>Tse et al.,⁶² 2007 Canada</p> <p>G1: Social skills training with emphasis on learning through role play, 46/32</p> <p>Quality: Poor</p>	<p>G1: 14.6 ± 1.7</p> <p>NR</p>	<ul style="list-style-type: none"> • 12-week intervention for adolescents with substantial verbal ability. • Improvement in parent rated skill outcomes. • Nonmanualized intervention, only parent report outcomes noted. • Quality considerations: no comparison group; systematic diagnostic approach not reported within study; participants not clearly characterized (no cognitive or developmental measures); measure of treatment fidelity not reported; differences in concomitant interventions not reported; outcomes not coded by masked assessors.
<i>Computer-based social skills training</i>		
<p>Golan et al.,⁴⁷ 2006 United Kingdom</p> <p>Study 1</p> <p>G1: Home software users, 19/NR (21% drop out rate)</p> <p>G2: Control, 22/NR</p> <p>Quality: Poor</p>	<p>G1: 30.5 ± 10.3</p> <p>G2: 30.9 ± 11.2</p> <p>IQ (WASI, verbal):</p> <p>G1: 108.3 ± 13.3</p> <p>G2: 109.7 ± 10.0</p>	<ul style="list-style-type: none"> • Individuals participating in home-based program demonstrated improvement related to emotion recognition of faces and voices within the study relative to controls. • Individuals did not perform differently on measures assessing generalization of emotion recognition. • Quality considerations: randomization method not clearly described; systematic diagnostic approach not reported within study; measure of treatment fidelity not reported.
<p>Golan et al.,⁴⁷ 2006 United Kingdom</p> <p>Study 2</p> <p>G1: Software and tutor, 18/13</p> <p>G2: Social skills course, 18/13</p> <p>Quality: Poor</p>	<p>G1: 25.5 ± 9.3</p> <p>G2: 24.4 ± 6.4</p> <p>IQ (WASI, verbal):</p> <p>G1: 105.7 ± 16.1</p> <p>G2: 96.5 ± 15.5</p>	<ul style="list-style-type: none"> • Individuals participating in home-based program plus group intervention demonstrated improvement related to emotion recognition of faces and voices within the study relative to controls. • Individuals did not perform differently on measures assessing generalization of emotion recognition. • Verbal IQ was significantly associated with improvement. • Quality considerations: nonrandom assignment to groups; systematic diagnostic approach not reported within study; inclusion/exclusion criteria not clearly stated; measure of treatment fidelity not reported; differences in concomitant interventions not reported.

Table 5. Key outcomes of behavioral studies addressing the core symptoms of ASD (continued)

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Age, Mean/yr ± SD IQ, Mean ± SD	Key Outcomes
Computer-Based Social Skills Training		
Silver et al., ⁶³ 2001 United Kingdom G1: Computer sessions + standard lessons, 12/10 G2: Standard lessons only, 12/11 Quality: Poor	G1: 13.9 ± 0.9 G2: 14.75 ± 2.0 IQ (BPVS): G1: 10.67 ± 2.25 G2: 12.0 ± 3.33	<ul style="list-style-type: none"> • School-aged children and adolescents with substantial verbal abilities demonstrated improvement in emotion recognition after 10 half hour sessions over 2 weeks. • No measures of generalization or outcomes apart from the study session were included. • Quality considerations: randomization method not clearly described; systematic diagnostic approach not reported within study; differences in concomitant interventions not reported; outcomes data not collected from appropriate sources (self-report only).
Intensive Behavioral Treatment		
Valenti et al., ⁶⁴ 2010 Italy G1: ABA-based intensive behavioral therapy, 34/34 Quality: Poor	G1: NR, 34 identified as postpubertal adolescents 25/34 identified as having intellectual disability	<ul style="list-style-type: none"> • Study of treatment received within context of semi-residential facility indexed gains related to adaptive behavior. • No control group was included, the participants were very diverse, and the specific intervention components were not well described. • Parent satisfaction with the treatment program was high on all measures. • Quality considerations: no comparison group; measure of treatment fidelity not reported; differences in concomitant interventions not reported; outcomes not coded by masked assessors

BPVS = British Picture Vocabulary Scale; G = group; IQ = intelligence quotient; KBIT2 = Kaufman Brief Intelligence Test-Second Edition; n = number; NR = not reported; SD = standard deviation; WASI = Wechsler Abbreviated Scale of Intelligence

Behavioral Studies Addressing Comorbidities and Associated Symptoms

Individual/Group Social Skills Interventions

One prospective case series examined social outcomes and daily behavioral functioning in 28 high-functioning adolescents (mean verbal IQ = 102.98 ± 13.33, mean age = 17.68 ± 3.14) undergoing individualized treatment at specialized psychiatric hospitals.⁷⁷ Greater self-awareness was correlated with increased social functioning; however, improvements in self-awareness after treatment were correlated with increases in reports of problems in daily behavioral functioning and psychological problems by self-report.

Behavioral Studies Addressing Independent Functioning

Intensive Behavioral Interventions

In the poor quality case series assessing the impact of intensive behavioral treatment,⁶⁴ participants demonstrated modest improvements in standard measures of adaptive behavior over

a 2-year period. Female participants also had improved daily living and motor skills in this uncontrolled study.

Behavioral Studies Addressing Family Outcomes

Intensive Behavioral Interventions

The same poor quality case series⁶⁴ of intensive behavioral intervention reported family satisfaction. The study included both adolescents and younger children and presented satisfaction data for the two groups combined. Overall, parents were highly satisfied with most elements of the program at year 1 and year 2, with median scores in the 4.5 to 10 range on scales ranging from 1 to 6 or 1 to 10. The overall median score for the domain of “family participation” increased slightly (8.0 to 8.5) as did scores on individual domain elements (“feeling of a having a say in the matter,” 5.0 to 5.5; “involvement in school meetings,” 5.0 to 5.5). Scores in the domain of “intervention outcome” remained stable for elements including “service to help participant in facing daily problems” (5.0), “feeling confident about what to do” (5.0), and “service to help participants’ quality of life” (5.0) but declined slightly on “service to help family in coping with problems” (5.0 to 4.5).

Studies of Educational Interventions

Key Points

- Two poor quality studies evaluated educational approaches; the strength of the evidence for effects of educational approaches is insufficient based on few poor quality studies addressing disparate interventions.
- Strategies to increase reading comprehension were reportedly associated with some improvement in one small, poor quality study.
- Neither of two vocabulary teaching methods was more effective in increasing nouns learned by individuals with ASD and intellectual disability.

Overview of the Literature

Two studies, both of poor quality, examined educational interventions. One nonrandomized controlled trial⁶⁶ in the United States included 23 individuals ranging in age from 17 to 37 years (mean = 26) with mean mental age scores of 3.3 years and mean language scores of 3.0 years. Participants received language instruction using 2 methods of teaching over the course of 8 weeks, and investigators assessed outcomes including the number of nouns learned and retained. One RCT⁶⁵ was conducted in Canada and investigated procedural strategies to promote reading comprehension and included 20 individuals with ASD (mean age = 15.1, mean Stanford-Binet IQ = 88.15 ± 16.06). Appendix G provides the quality ratings for each study.

Detailed Analysis

Educational Studies Addressing Core Symptoms of ASD

One poor quality nonrandomized trial included 23 adults with ASD and intellectual disability living in a residential treatment facility (Table 6).⁶⁶ Participants ranged in age from 17 to 37 (mean = 26) and had mean mental age scores of 3.3 years and mean language scores of 3.0 years.

Investigators matched participants on chronological age, mental age and vocabulary scores, and duration of stays in residential treatment and assigned groups to either analog language teaching for three 15 minute individual sessions/week over 4 weeks or natural language teaching for three 45-minute group sessions/week over 4 weeks. After an assessment, participants crossed over to the alternate training condition.

At the end of this second training phase, investigators assessed vocabulary retention. Neither teaching condition was significantly better at increasing vocabulary (mean number nouns learned in analog condition = 15.7, mean learned in natural language condition = 12.8); as expected, generalization was greater during receptive as compared with expressive testing of noun identification ($p < 0.001$).⁶⁶ Participants in both groups retained an average of 92.2 percent of items learned at the final assessment. Participants' level of intelligence was related to the amount of generalization and to order of teaching. Participants in the upper range for mental age scores learned more nouns with analog teaching first (mean nouns learned = 64.8) than did those in the middle range (mean nouns learned = 10.3). Participants in the lowest mental age range performed more poorly than others regardless of teaching condition order.

Table 6. Key outcomes of educational interventions addressing core symptoms of ASD

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Age, Yrs, Mean \pm SD IQ, Mean \pm SD	Key Outcomes
Elliott et al., ⁶⁶ 1991 United States G1: 23/23 Quality: poor	G1: 26 G1: NR	<ul style="list-style-type: none"> • Analog and natural language teaching styles had similar effects on increasing the number of nouns learned by participants. • Quality considerations: nonrandom assignment to groups; inclusion/exclusion criteria not clearly stated; attrition not reported; differences in concomitant interventions not reported; outcomes not coded by masked assessors.

G = group; NR = not reported; SD = standard deviation

Educational Studies Addressing Independent Functioning

A poor quality randomized study investigating the use of procedural strategies to promote reading comprehension included 20 individuals with high-functioning ASD (mean age = 15.1, mean Stanford-Binet IQ = 88.15 ± 16.06).⁶⁵ Investigators presented participants with five stories written at a roughly sixth grade reading level in various procedural facilitation conditions or two control conditions. Procedural facilitation conditions included prereading, in which investigators asked participants questions designed to elicit common knowledge relevant to the main focus of the story; anaphoric cuing, in which a number of pronouns in each passage were underlined with choices for appropriate or inappropriate referent words appearing below them; and a cloze (fill in the blank) condition, in which blanks in sentences in each story could be completed by referring to information presented in the preceding sentences. Passages were not altered in the control condition. Investigators also asked participants questions about the stories' main idea, facts from the stories, and for their own retelling of the stories to gauge their understanding of the content. Participants read and answered questions about all 5 stories, presented in random order for each participant, in approximately 60 minutes, scored independently by masked assessors on a 1 (low) to 25 (high) point scale. Reading comprehension scores ranged from 12.79 ± 6.33 in a control condition to 15.41 ± 6.28 in the anaphoric cuing condition.

Overall, the study reported a medium size effect for procedural facilitation ($F(4,76) = 2.49$, $\eta^2 = 0.12$, $p = 0.05$). Post hoc analyses also revealed a significant effect of anaphoric cuing on passage comprehension with a medium effect size ($F(1,19) = 5.60$, $\eta^2 = 0.42$, $p = 0.03$). No significant effects of prereading questions or cloze (fill in the blank) were apparent in the results. Correlation analyses showed that anaphoric cuing worked best for individuals with lower grammatical ability while prereading questions were most effective for students with high pre-existing comprehension ability (Table 7).⁶⁵

Table 7. Key outcomes of educational interventions addressing independent functioning

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Age, Yrs, Mean \pm SD IQ, Mean \pm SD	Key Outcomes
O'Connor et al., ⁶⁵ 2004 Canada G1: 20/20 Quality: Poor	G1: 15.11 \pm 0.99 G1: 88.15 \pm 16.06	<ul style="list-style-type: none"> • Medium effect size for procedural facilitation and anaphoric cuing styles as compared with baseline ($p = 0.05$ and $p = 0.03$, respectively) among high functioning individuals with ASD. • No significant effect of prereading questions or cloze style prompting. • Quality considerations: randomization method not clearly described; differences in concomitant interventions not reported; outcomes not coded by masked assessors.

ASD = autism spectrum disorders; G = group; SD = standard deviation

Studies of Adaptive/Life Skills Interventions

Key Points

- Four poor quality studies reported on disparate adaptive/life skills-focused interventions; most assessed outcomes after short-term (<12 weeks) intervention, and at least two included individuals with intellectual disability and ASD.
- Each study examined a different intervention, precluding a conclusion across studies on the overall effectiveness of life skills interventions. Therefore, with four distinct, poor quality studies, our ability to generate an estimate of effect is insufficient
- Nonetheless, each study reported some improvements in very specific life skills (e.g., shoe lacing, digital device use) after specific short-term interventions.

Overview of the Literature

We identified four studies, all of poor quality, of adaptive-focused interventions (Table 8).⁵⁴⁻⁵⁷ Each study examined a different intervention, so the studies could not be combined to assess effectiveness. Appendix G provides the quality ratings for each study. Treatment duration varied from a day-long experiment to roughly 2 years in a residential facility. All studies were conducted in the United States, and at least two included participants with intellectual disability.^{54, 55} One crossover RCT assessed the number of trials needed to learn to lace a color coded shoe versus a non-color coded shoe.⁵⁵

One cohort study assessed an implementation of the TEACCH psychoeducational model emphasizing farming and landscaping as vocational modalities and focused on teaching skills and ameliorating behavioral problems.⁵⁴ Outcomes assessed included measures of participant

skills and behaviors, level of environmental adaption and individualized programming, and family satisfaction with treatment.

One case series⁵⁷ investigated the use of personal digital assistants (PDAs) as memory aids for high school students. Participants were all enrolled in a mainstream high school, had home computers, and could operate a PDA independently. Outcomes measured included self-reported performance of activities of daily living. A final case series addressed the transitioning process by assessing effects related to implementing a classroom process—changing classrooms throughout the school day—that individuals would be likely to encounter as they move to high school or college.⁵⁶

Detailed Analysis

Adaptive/Life Skills Studies Addressing Independent Functioning

A poor quality RCT⁵⁵ demonstrated challenges related to utilizing highly salient, non-criterion-related prompts (i.e., color coded targets) in teaching a specific shoe lacing skill to a group of 20 young adolescents (mean age 12.3) with significant cognitive limitations (average developmental age of 3.05). Participants were randomized to attempt to lace a shoe with color coded laces and eyelets or a shoe with no color coding. Participants typically mastered the shoe lace task more quickly in the color-coded condition but were not able to complete lacing a non-color coded shoe as quickly, suggesting that participants may have concentrated more fully on the color-coded prompt than the mechanics of the task.

One poor quality cohort study compared the effects of an experimental treatment setting, a combined residential and vocational TEACCH-based training program model with three control conditions: group homes, institutions, or family homes.⁵⁴ The farm-based TEACCH program emphasized farming and landscaping as vocational modalities and focused on teaching skills and ameliorating behavioral problems. All participants were applicants to the TEACCH residential program. Investigators used a part-random, part-clinical/administrative assignment procedure to assign participants, matched on cognitive ability, autism and challenging behavior severity, communication skills, and need for supervision, to the TEACCH treatment group (n = 6). The other participants were living in a control setting (group homes, n = 10; institutions, n = 6; family homes, n = 10). Participants were similar at baseline except in the case of individuals in family homes, who were less likely to have experienced residential placement before age 18. The mean age of all participants at baseline was 25 (range = 16 to 48 years). Eighty-five percent had severe to profound intellectual disability (Vineland Adaptive Behavior Composite mean = 25), and most had moderate to severe autism (mean CARS score = 36, range = 21 to 46). A majority of participants (53%) had experienced residential treatment prior to age 18.

Research assistants measured outcomes at baseline and 12 months after treatment/residence began for the TEACCH group. Outcomes assessed included measures of participant skills and behaviors, level of environmental adaption and individualized programming, and family satisfaction with treatment. The TEACCH program was rated as employing more communication adaptations, socialization programming, preventive behavior management approaches, and visual structure (all $p < 0.0004$) than the other settings. TEACCH was also rated more highly in terms of desirability of the living situation and use of programming ($p = 0.0001$ for both). Researchers rated group homes as more desirable settings than institutions. Exploratory analyses of changes in skills and behaviors showed variable results with few significant changes in skills or negative behaviors over time across groups.⁵⁴

One poor quality case series⁵⁷ investigated the use of PDAs as memory aids for high school students with ASD. While investigators do not report measures of IQ or mental age, participants were all enrolled in a mainstream high school, had home computers, and could operate a PDA independently. All 22 participants (age range 14 to 18, mean = 16.5) reported increases in self-assessed performance of activities of daily living and satisfaction with the PDA after 8 weeks of use following a brief training session ($p < 0.001$). The majority reported independent daily use, and examination of the PDAs showed a variable number of reminders entered. Outcome measures were administered by study investigators who had also provided training in PDA use and included one unvalidated tool.

Table 8. Summary of outcomes of adaptive/life-skills interventions

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Age, Mean/Yrs \pm SD IQ, Mean \pm SD	Key Outcomes
<p>Gentry et al.,⁵⁷ 2010 United States</p> <p>G1: PDA use, 22/22</p> <p>Quality: Poor</p>	<p>G1: 16.5 (range 14-18)</p> <p>NR</p>	<ul style="list-style-type: none"> • Self-rated scores on Canadian Occupational Performance Measure increased from baseline • 22/22 participants used PDA daily and reported wanting to continue use; 16/22 could program device independently. • Quality considerations: no comparison group; systematic diagnostic approach not reported within study; participants not clearly characterized (no cognitive or developmental measures); differences in concomitant interventions not reported; outcomes not coded by masked assessors.
<p>Jewell et al.,⁵⁶ 2007 United States</p> <p>G1: Adolescents with rotating classroom schedule, 55/55</p> <p>Quality: Poor</p>	<p>G1: 17.63 (14-22)</p> <p>NR</p>	<ul style="list-style-type: none"> • Rotating classroom schedule (students change classroom throughout the day) had no significant effect on the number of crisis events (baseline mean = 2.44 ± 6.39, followup = 2.22 ± 5.88) or time in crisis (baseline mean minutes = 40.27 ± 102.08, followup = 28.96 ± 65.47). • Quality considerations: no comparison group; no systematic diagnostic approach reported within study; participants not clearly characterized (no cognitive or developmental measures); attrition not reported; outcomes not coded by masked assessors.
<p>Von Bourgondien et al.,⁵⁴ 2003 United States</p> <p>G1: TEACCH-based program, 6/6 G2: Family home, 10/10 G3: Group home, 10/10 G4: Institutions, 6/6</p> <p>Quality: Poor</p>	<p>G1: 23.7 ± 4.4 G2: 26.6 ± 5.1 G3: 27.8 ± 8.5 G4: 21.5 ± 5.0</p> <p>85% of all participants had moderate to severe intellectual disability</p>	<ul style="list-style-type: none"> • Outcomes rated by research assistants. • Desirability of living situation and use of programming rated more highly for TEACCH. than other conditions; group homes rated more desirable than institutions. • Few significant changes in skills or negative behaviors reported in exploratory analyses • Parental satisfaction higher for TEACCH than group homes ($p \leq 0.05$); no difference in parental satisfaction with institutions. • Quality considerations: nonrandom assignment to groups; systematic diagnostic approach not reported within study; inclusion/exclusion criteria not clearly stated; attrition not reported; intervention not fully described; measure of treatment fidelity not reported; differences in concomitant interventions not reported; outcomes not coded by masked assessors.

Table 8. Summary of outcomes of adaptive/life-skills interventions (continued)

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Age, Mean/Yrs ± SD IQ, Mean ± SD	Key Outcomes
<p>Nelson et al.,⁵⁵ 1980 United States</p> <p>G1: Extra prompts/no extra prompts G2: No extra prompts/extra prompts G1+G2: 20/20</p> <p>Quality: Poor</p>	<p>G1: 11.5 ± 3.0 G2: 13.1 ± 4.1</p> <p>IQ (PEP developmental age) G1: 3.0 ± 0.7 G2: 3.1 v 0.9</p>	<ul style="list-style-type: none"> • G1 completed lacing successfully in mean 108.7 trials plus 81.6 trials with the non-color coded shoe. • G2 completed lacing successfully in mean 137.2 trials plus 15.9 trials with the color coded shoe. • Quality considerations: randomization method not clearly described; systematic diagnostic approach not reported within study; attrition not reported; measure of treatment fidelity not reported; differences in concomitant interventions not reported; outcomes not coded by masked assessors.

ASD = autism spectrum disorders; G = group; IQ = intelligence quotient; n = number; NR = not reported; PDA = personal digital assistant; PEP = PsychoEducational Profile; SD = standard deviation; TEACCH = Treatment and Education of Autistic and Communication related Handicapped Children

Adaptive/Life Skills Studies Addressing the Transitioning Process

One poor quality case series⁵⁶ investigated the effect of a rotating classroom schedule (i.e., students change classrooms throughout the day) on behavior warranting crisis intervention among 55 adolescent students at a school for individuals with ASD (mean age = 17.63, range 14 to 22). We considered this study as addressing transitional issues because it was intended to examine the effects of a process (classroom changes) that individuals with ASD are likely to encounter as they transition into high school or higher education settings.

The school used crisis management to handle violent, uncontrollable, self-abusive, or dangerous behaviors. Crisis interventions consisted of progressive behavior management techniques that could include restraint as a last resort. Investigators collected data on the number of crisis interventions and time spent in interventions for 6 months prior to and 6 months following the implementation of a rotating classroom schedule. Twenty-two of 55 adolescent participants had crisis events prior to or after the classroom change. The number of crisis events (mean prerotation = 2.44 ± 6.39, postrotation = 2.22 ± 5.88) and time in crisis were not significantly different across time periods (mean minutes prerotation = 40.27 ± 102.08, postrotation = 28.96 ± 65.47).

Adaptive/Life Skills Studies Addressing Family Outcomes

The cohort study⁵⁴ investigating the TEACCH-based residential center⁵⁴ also assessed family satisfaction with treatment. Parents were significantly more satisfied with the TEACCH program overall and with individuals' level of community involvement compared with group homes (p≤0.05), but there was no difference in satisfaction with institutions and either the TEACCH program or group homes. Parents of individuals in the TEACCH residence were also more satisfied with the impact of the placement on the family than parents of individuals in other groups.⁵⁴

Studies of Vocational Interventions

Key Points

- Five poor quality studies assessed vocational interventions for adolescents and young adults with ASD.
- Individual studies of different on-the-job supports (broadly defined as services to promote job placement and job retention) reported increased rates of employment in the community relative to those without on-the-job supports. Because the individual studies have not been replicated and are of poor quality, the strength of evidence (confidence that future research will not change our understanding of the effect) for the effect seen is insufficient, as more research is needed to quantify the degree to which these interventions are effective, and under what circumstances.
- Despite positive results associated with other outcomes (quality of life, autism symptoms, cognitive development) reported in individual studies, the poor quality of the studies, assessment of unique outcomes in each study, and lack of replication lead to insufficient strength of evidence until further studies are conducted that may confirm the observed effects.

Overview of the Literature

We identified six papers reporting on five unique study populations and addressing the impact of supported employment/vocational interventions on outcomes for adolescents and young adults with ASD (Table 9). One study was a nonrandomized controlled trial conducted in Spain and Germany.^{74, 75} Two prospective cohort studies were conducted in Spain⁷² and the United Kingdom,⁷³ and one case series was conducted in the United Kingdom¹⁷ and one cross-sectional study was conducted in the United States.⁴⁸ All studies were considered poor quality. Appendix G provides the quality ratings for each study.

Interventions addressed in the studies all involved finding and implementing on-the-job supports for young adults with ASD. Three of the studies focused on government-funded supports,^{17, 48, 73} and two studies conducted in Spain and/or Germany focused on privately-funded supports.^{72, 74, 75} Three studies included a comparison or control group that did not receive the employment/vocational intervention,⁷²⁻⁷⁵ and two studies examined the impact of the intervention on employment outcomes without a comparison group.^{17, 48}

Detailed Analysis

Vocational Studies Addressing Core Symptoms

A poor quality nonrandomized trial reported in two papers^{74, 75} examined the impact of supported employment (community-based jobs with no more than two individuals with ASD in the workplace) versus sheltered workshops (defined as “piece work being performed in segregated programs with only disabled coworkers”) on autism symptoms⁷⁵ and quality of life⁷⁴ of young adults with ASD (Table 9). Participants were 55 young adults who had received a clinical diagnosis of autism. The study did not report participant recruitment procedures clearly. Investigators assigned 26 participants to a sheltered workshop group and 21 to a supported work group. It is unclear why the sum of number of participants in each group does not match the total sample size.

The average age of participants was 21 years (mean = 21.07 ± 4.18, sheltered workshop group; mean = 21.64 ± 3.75, supported employment group), and their average IQ scores were in the mid-50s (mean = 55.52 ± 14.43, sheltered workshop group; mean = 57.41 ± 15.01, supported employment group). There appeared to be more males in the supported employment group (84%) than in the sheltered workshop group (69.2%), although the study did not assess group differences in gender. Although individuals were matched by gender, autism symptom scores (using the CARS), and IQ, participants were only eligible for the supported employment group if they had an absence of severe behavior problems and acceptable professional and vocational abilities. All of the jobs for those in the supported group were in the community with no more than two individuals with ASD in the same work place. Youth in the supported group worked between 15 to 30 hours a week, were paid competitive wages, and each had a job coach.

The average length of community employment at followup was 30 months. Differences between the supported and sheltered workshop groups in autism symptoms or quality of life were not significant before intervention. However, at followup, young adults who had participated in the supported work program had reduced autism symptom and higher quality of life scores relative to those who were in a sheltered workshop. Further, the autism symptom differences were due to deterioration in the sheltered group over time, whereas the supported group had no difference in autism symptoms scores from before to after intervention. In contrast, the sheltered workshop group had no difference in quality of life over time, whereas the supported group had quality of life scores that improved from before to after intervention. In sum, this study reports that for young adults with autism, supported work in the community may ameliorate increases in autism symptoms and improve quality of life relative to sheltered workshop work.^{74, 75}

A related poor quality prospective cohort study from the same research group⁷² examined the impact of supported employment in the community (supported work group) versus vocational activities in a sheltered setting (no supported work group) on the cognitive development of young adults with autism (Table 9). Participants included 44 young adults (32 men, 12 women) who were diagnosed according to Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria and who had CARS scores greater than 30. Participants were randomly selected from the Spanish Program of Employment for Autistic People. The mean age of participants was 25.52 years (SD = 3.35) for the supported work group and 24.32 (SD = 4.34) years for the no supported work group. The average years of schooling was 5.31 (range = 3 to 7 years). The study did not present standardized IQ scores for the participants, but all participants were required to score at about the 35th percentile on the Standard Progressive Matrices, a non-verbal IQ test. Similar to earlier studies,^{74, 75} participants were eligible for the supported work group if they had an absence of severe behavior problems and acceptable professional and vocational abilities. All of the jobs for those in the supported work group were in the community, with no more than two individuals with autism in the same work place. Youth in the supported work group averaged 20 hours of work a week, were paid competitive wages, and each had a job coach. The average length of community employment at followup was 30 months.

The “no supported work” group was on a waiting list for supported work and participated in non-competitive vocational activities during the study period. It is unclear how many participants were in each group. At the start of the study, there were no significant differences between the supported work and no supported work groups in vocabulary (British Picture Vocabulary Scale), IQ (Raven’s matrices), or autism symptoms (CARS). There were also no differences between groups at this time on any of the 12 cognitive performance tasks which measured constructs such as psychomotor speed, spatial recognition memory, and executive functioning (many of the tasks

were from the Cambridge Neuropsychological Tests: Automatic Battery). Results suggested that, relative to the control group, the supported employment program was associated with improvements over time in 8 of the 12 measures of cognitive functioning.⁷²

Table 9. Key outcomes of vocational studies addressing core symptoms

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Age, Yrs, Mean ± SD IQ, Mean ± SD	Key Outcomes
Garcia-Villamizar et al., ⁷² 2007 Spain G1: Supported employment G2: Wait list Overall N: 44/44 Quality: Poor	G1: 25.52 ± 3.35 G2: 24.32 ± 4.34 IQ (Raven): G1: 41.14 ± 4.45 G2: 42.23 ± 5.43	<ul style="list-style-type: none"> • Adults with ASD participating in a community work program vs. a waitlisted group who participated in non-competitive (i.e., sheltered) vocational activities. • Followup assessment was approximately 30 months after the start of the intervention. • Relative to the waitlisted group, the supported employment group experienced improvements over time in 8 of the 12 measures of cognitive functioning. • Quality considerations: nonrandom assignment to groups; attrition not reported; intervention not fully described; measure of treatment fidelity not reported; differences in concomitant interventions not reported; outcomes not coded by masked assessors.
Garcia-Villamizar et al., ^{74,75} 2000 Spain, Germany G1: Sheltered work, 26/26 G2: Supported work, 25/21 Quality: Poor	G1: 21.07 ± 4.18 G2: 21.64 ± 3.75 IQ (Leiter): G1: 55.52 ± 14.43 G2: 57.41 ± 15.01	<ul style="list-style-type: none"> • Adults with ASD participating in a community work program had lower autism symptoms and higher quality of life scores relative to those who were in a sheltered workshop. • Followup assessment was approximately 30 months after the start of the intervention. • Quality considerations: nonrandom assignment to groups; inclusion/exclusion criteria not clearly stated; intervention not fully described; measure of treatment fidelity not reported; differences in concomitant interventions not reported; outcomes not coded by masked assessors.

ASD = autism spectrum disorders; G = group; IQ = intelligence quotient; N = number; SD = standard deviation

Vocational Studies Addressing Independent Functioning

We identified two cohort studies^{17,73} and one cross-sectional study⁴⁸ examining the impact of employment/vocational interventions on outcomes for adolescents and young adults with ASD (Table 10). We rated all studies as poor quality.

In one cohort study conducted in the United Kingdom, the authors examined the outcome of a 2-year supported employment scheme for high-functioning adults with autism or Asperger syndrome.⁷³ Participants in the supported employment scheme included 27 males and 3 females. All participants had a formal diagnosis of autism or Asperger syndrome, a performance or verbal IQ score above 70 (as measured by the Wechsler Adult Intelligence Scale), were actively seeking work and able to travel independently, were capable of eventually maintaining employment with minimal support, and had no psychiatric or physical problems that would adversely affect employment. An additional 20 individuals (all male) who met the study criteria were contacted and enrolled into a no-treatment comparison group. There were no significant differences between the supported employment and comparison groups in age (mean = 31.1 years for the

supported employment group and 28.0 years for the comparison group), IQ, or vocabulary (British Picture Vocabulary Test) at the start of the study.

The supported employment scheme included job finding and work preparation, educating potential and existing employers and colleagues about ASD, and on-the-job supports. On-the-job supports included assistance from a support worker with dealing with the social and occupational requirements of a job and education about ASD for employers and work colleagues. The frequency of supports decreased over the study period. Although the total study period covered two years, and average amount of time that individuals were registered with the scheme was 17.03 months (range from 5 to 24 months). Over the 2-year evaluation period, young adults in the supported employment group were significantly more likely to find paid employment than those in the comparison group (63.3% vs. 25%), and they spent a greater amount of the study time employed (27.09% of time employed for the supported employment group and 12.35% of time employed for the comparison group). For those who were employed, the number of hours worked per week did not differ between the supported work versus comparison group, however the supported work group had higher wages per hour on average. There were no significant differences between those who were and were not able to find work in IQ, vocabulary, social understanding, or age. The investigators noted that the most important aspect of their supported work program—and also the most expensive—was the “job finding” aspect, which included many hours of making presentations to, meeting with, and negotiating with potential employers. The authors also noted that funds are rarely available to subsidize the “job finding” component.

This same research group conducted a longer-term followup of their supported employment scheme, now titled “Prospects.”¹⁷ This prospective cohort study examined whether the gains in employment made during the first two years of the project⁷³ persisted for up to 8 years and with a larger cohort (recruited from three regional sites in the United Kingdom). In addition to the 30 young adults with ASD reported on in the earlier study,⁷³ an additional 117 young adults who began receiving services between 2002 and 2003 were added to the cohort. The mean age of individuals added to the cohort was 31.4 years (standard deviation [SD] = 9.3). All had a clinical diagnosis of autism or Asperger syndrome made by a psychiatrist or psychologist, and this diagnosis was confirmed by using the Autism Diagnostic Interview in 20 percent of cases.

Thirteen of the 19 young adults in the original sample who found employment remained employed 7 to 8 years later. For the young adults who were added since the original cohort, the rate of employment remained high, ranging from 70.5 percent to 54.3 percent (depending on regional site). The majority of employed young adults with ASD (84.7%) were generally happy with their job.

A final cross-sectional study examined the impact of vocational/employment interventions conducted in the United States.⁴⁸ This study examined the effectiveness of vocational rehabilitative services for adults with ASD compared with adults with other developmental disabilities. The investigators identified 1,707 adults with ASD from national data obtained from the U.S. Department of Education’s Office of Special Education and Rehabilitative Services. Participants with ASD were identified using primary impairment causes for the disability in the vocational rehabilitation dataset. Approximately 73 percent of the sample of adults with ASD was 18 to 25 years of age; 15.5 percent was 25 to 34 years; and 11.1 percent was 35 years of age or older. Eighty-four percent of adults were white, 12.8 percent were black, and 4.2 percent were of Hispanic ethnicity. As this was an administrative database, data were not available about autism symptoms or cognitive abilities. The study reported that the presence of on-the-job supports (which could include counseling, on-the-job training, job search assistance, assessment

and diagnosis, and assistive technology) was associated with a higher likelihood of employment in the community (competitive or supported), and that on-the-job supports were just as effective in promoting employment for adults with ASD as for adults with other developmental disabilities.

Table 10. Key outcomes of vocational studies addressing independent functioning

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Age, Yrs, Mean ± SD IQ, Mean ± SD	Key Outcomes
Lawer et al., ⁴⁸ 2009 United States G1: Vocational rehabilitation service users, 1,707/1,707 United States Quality: Poor	Age, range (%): 18-25 (73.4) 25-34 (15.5) 35-44 (8.1) 45-54 (2.5) 55-65 (0.5) IQ: NR	<ul style="list-style-type: none"> • Presence of on-the job supports was associated with a higher likelihood of employment in the community (competitive or supported) for adults with ASD. • On-the job supports were as effective in promoting employment for adults with ASD as for adults with other developmental disabilities. • Quality considerations: no comparison group; systematic diagnostic approach note reported within study; participants not clearly characterized (no cognitive or developmental measures); intervention not fully described; measure of treatment fidelity not reported; differences in concomitant interventions not reported; outcomes not coded by masked assessors.
Howlin et al., ¹⁷ 2005 United Kingdom G1a: Pilot supported employment program participants (1995-1996), 30/30 G1b: Supported employment program participants (2003-2005), 117/89 Quality: Poor	G1a: 31.1 ± 9.1 G1b: 31.4 ± 9.3 IQ (Raven nonverbal): G1a: 110.2 ± 17.6 G1b: 110.7 v 19.5	<ul style="list-style-type: none"> • For adults in the 8-year followup (1995-1996 sample), 13 of 19 (68%) who had been previously employed remained employed. • For adults in the additional sample (2003-2005), employment ranged from 70.5% to 54.3%, depending on regional site. • Quality considerations: no comparison group; attrition not reported; differences in concomitant interventions not reported; outcomes not coded by masked assessors.
Mawhood et al., ⁷³ 1999 United Kingdom G1: Supported employment program, 30/30 G2: Control, 20/20 Quality: Poor	G1: 31.1 ± 9.1 G2: 28.0 ± 6.1 IQ (WAIS full scale): G1: 98.8 ± 16.3 G2: 97.7 ± 20.4	<ul style="list-style-type: none"> • 2-year supported employment scheme for high-functioning adults with autism or Asperger syndrome. • Adults in the supported work group were more likely to find paid employment (63% vs. 25%) and had higher wages per hour on average than a control group. • No differences between groups in number of hours worked per week for those who worked. • Quality considerations: nonrandom assignment to groups; systematic diagnostic approach not reported within study; differences in concomitant interventions not reported; outcomes not coded by masked assessors.

ASD = autism spectrum disorders; G = group; IQ = intelligence quotient; SD = standard deviation; WAIS = Wechsler Adult Intelligence Scale

Studies of Medical Interventions

Key Points

- Eight studies of pharmacologic agents met our review criteria; four of these were RCTs of fair quality. One additional RCT and three case series were poor quality.
- The strength of evidence related to challenging or repetitive behaviors and harms for each of the agents assessed is insufficient based on no good studies and lack of replication.
- Little evidence supports the use of medical interventions in the adolescent and young adult population; most studies focused on the use of medications to address specific challenging behaviors.
- Studies of risperidone reported improvements in aggression, irritability/agitation, repetitive behavior, sensory motor behaviors, and overall behavioral symptoms in participants receiving risperidone.
- A placebo-controlled crossover study reported that haloperidol significantly improved hyperactivity/defiance ratings, but no significant difference was found for irritability/agitation or other symptoms.
- Studies of serotonin reuptake inhibitors (SRIs) had inconsistent results: an RCT of fluvoxamine reported decreases in repetitive behavior, aggression, autistic symptoms, and language usage and case series addressing sertraline, fluoxetine, and clomipramine reported some benefits, while a crossover study of clomipramine versus placebo reported no significant differences in autistic symptoms between groups.
- A crossover study of naltrexone reported no significant improvements in problem behavior and worsening of stereotyped behavior with naltrexone compared with placebo.
- Harms reported across all studies included sedation, weight gain, fatigue, self-injurious behavior, constipation, anxiety, and insomnia.

Overview of the Literature

We identified a total of eight studies of medical interventions.^{50-53, 67-69, 71} All eight of these were studies of pharmacological agents. Overall, no studies were good quality, four were fair quality,⁵⁰⁻⁵³ and four were poor quality.^{67-69, 71} Appendix G provides the quality ratings for each study.

Three RCTs addressed the efficacy of antipsychotic medications (Table 11).^{50, 51, 67} Two were conducted in the United States, and one in Canada. All of these RCTs were conducted in academic clinic settings using institutional and grant funding, and one was fair quality⁵¹ and two poor.^{50, 67}

One fair quality RCT was conducted in an academic clinic in the Netherlands and investigated an opiate antagonist (Table 12).⁵³ Funding for the study came from institutional and grant sources. Five studies investigated SRIs (Table 13).^{50, 52, 68, 69, 71} Two studies were fair quality,^{50, 52} and the balance were poor.^{68, 69, 71} These studies included two RCTs;^{50, 52} one was conducted in the United States and one in Canada. Three poor quality case series were conducted in the United States.^{68, 69, 71} All five of these studies were conducted in academic clinic settings using institutional and grant funding.

Detailed Analysis

Medical Studies Addressing Comorbidities and Associated Symptoms

We summarize results of studies of medical interventions meeting our criteria below. The Introduction section of the report contains a description of the mechanism of action of these drugs.

Antipsychotics

Three studies addressed the efficacy of antipsychotics (Table 11).^{50, 51, 67} One fair quality RCT⁵¹ assessed the efficacy and safety of risperidone in adults with autistic disorder or pervasive developmental disorder-not otherwise specified (PDD-NOS). Inclusion criteria were being an adult, having an Autistic Disorder or PDD-NOS diagnosis based on DSM-IV criteria, and at least “moderate” symptom severity on the Clinical Global Impression of Severity (CGI-S) Scale. Participants had either a Yale-Brown Obsessive Compulsive Scale (Y-BOCS) compulsive subscale score greater than 10, a Self-injurious Behavior Questionnaire (SIB-Q) score of 25 or greater, or a Ritvo-Freeman Real-life Rating Scale overall score of 0.20 or more. Exclusion criteria included a diagnosis of schizophrenia or psychosis, or any significant acute medical condition. The experimental design was a 12-week randomized, double-blind, placebo-controlled phase followed by a 12-week open-label risperidone treatment phase for patients from the placebo group. Subjects were off all psychiatric medications for more than 4 weeks before the trial started.

Risperidone dosing began with 1 milligram (mg) at night and advanced to twice daily dosing, increasing every 3 to 4 days by 1 mg/day, up to a maximal clinical effect or a maximum dose of 10 mg/day. Outcome measures included a modified version of the Y-BOCS, the SIB-Q, the Ritvo-Freeman Real-life Rating Scale, visual analog scales of different mood states, the Clinical Global Impression of Improvement (CGI-I), vital signs, and monitoring for extrapyramidal effects or other adverse effects. Subjects with a CGI-I score of “much improved” or “very much improved” were considered responders. The primary outcomes were global improvement (CGI), repetitive behavior (Y-BOCS), aggression (SIB-Q), and social relatedness (Ritvo-Freeman).

The mean age of the 31 subjects who began the trial was 28.1 years (SD 7.3) and mean full-scale IQ was 54.6 (SD 23.9). Only 24 subjects completed the trial. Fifty seven percent (8 of 14 subjects) were considered responders in the risperidone group, while none (0 of 16 subjects) in the placebo group were responders ($p < 0.002$). Repetitive behavior as measured by Y-BOCS improved over time ($p < 0.001$) for the risperidone group compared with the placebo group at each time point. This result was consistent with improvements over time in the open-label phase ($p < 0.03$). Aggressive behavior as measured by SIB-Q improved over time ($p < 0.001$) for the risperidone group compared with the placebo group. This result was consistent with improvements over time in the open-label phase ($p < 0.05$). Symptomatic improvements as measured by the Ritvo-Freeman for the risperidone group compared with placebo were significant over time for sensory motor ($p < 0.004$), affectual reactions ($p < 0.001$), and overall score ($p < 0.05$); however differences for social relationships, sensory responses, or language were not significant.

These results were consistent with the improvements over time in the open label phase except that sensory responses reached significance in the open label phase. Clinician-rated visual analog scales were significantly decreased in the risperidone group compared with placebo for “anxious or nervous” ($p < 0.02$), “depressed” ($p < 0.03$), and “irritable” ($p < 0.01$); however there were no

significant differences for “calm,” “eye contact,” “happy,” “restless,” “social interaction,” “talkative,” or “tired.” Seven subjects did not complete the trial (3 in the risperidone arm and 4 in the placebo arm), with six subjects dropping out due to lack of improvement or agitation, and one subject in the risperidone arm with abnormal gait.

A poor quality crossover study addressed the safety and efficacy of risperidone in children, adolescents, and adults with intellectual disability.⁶⁷ Inclusion criteria were age 6 to 65 years; a 6-month or longer history of aggression, property destruction, or self-injury; and Aberrant Behavior Checklist-Community (ABC-C) scales above normal range. Exclusion criteria included a history of hypersensitivity to risperidone, neuroleptic malignant syndrome, seizures within the last year, degenerative brain disease, and problematic living/social situation. Subjects were free of all psychiatric medications for at least 2 weeks prior to entering the trial. The placebo-crossover design began with a placebo run-in phase (3 to 5 weeks). The study randomized participants to low dose risperidone (1 mg/day for children and adolescents, 2 mg/day for adults) or high dose risperidone (0.05 mg/kg/day), divided into a twice-daily schedule. The first treatment period started with 2 weeks of titration followed by 4 weeks at a constant dose. For the second treatment period, subjects crossed over to the other dose with 2 weeks of titration followed by 4 weeks at a constant dose. The crossover study design changed to an open-label design after a second placebo period (3 to 5 weeks) followed by 24 weeks of unblinded maintenance at the better risperidone dose.

Outcome measures included the ABC-C, the Dyskinesia Identification System Condensed User Scale, the Neuroleptic Side Effects Checklist, routine laboratory tests, and weight. Prolactin, hemoglobin A1c, and lipid profile were measured in a subset of the study subjects (n = 20). The primary outcome was the ABC-C Irritability subscale score.

Of the forty subjects, all had intellectual disability, 28 (70%) met DSM-IV criteria for autistic disorder, and 8 (20%) met DSM-IV criteria for PDD-NOS. The mean age was 22.0 years (SD 13.1). Twenty-three (57.5%) of subjects responded fully, and 35 (87.5%) had at least a partial response. The study defined a 50 percent reduction in the ABC-C Irritability/Agitation subscale score as a full response and a 25 percent reduction as a partial response. The mean ABC-C Irritability/Agitation subscale score was significantly different for both treatment periods compared with the second placebo period ($p = 0.0002$). There was no significant dose effect for the ABC-C Irritability/Agitation subscale between low- and high-dose risperidone ($p = 0.13$).

A fair quality crossover study⁵⁰ investigated the efficacy of haloperidol for the treatment of autism. Inclusion criteria were a DSM-IV diagnosis of autism; a recommendation for pharmacotherapy based on initial assessments; and never previously having completed an adequate trial of haloperidol or the SRI clomipramine. Exclusion criteria were not reported. The study design was a double-blind, placebo-controlled, crossover with random assignment to 7-week treatment phases of haloperidol, clomipramine, and placebo. Haloperidol dosing started at 0.25 mg at bedtime and increased in 0.25 mg increments every 2 days until the dose was 0.50 mg twice daily, then further 0.25 mg adjustments were made every 3 to 4 days based on clinical assessment. The dose was reduced to the last dose tolerated if adverse effects were experienced. There was a dosage taper during week 7 of each treatment phase. There were one-week placebo washout periods between each treatment phase. No other psychotropic drugs were allowed except benztropine. Outcome measures included the CARS, the Aberrant Behavior Checklist (ABC), the Dosage Treatment Emergent Symptom Scale, and the Extrapyramidal Symptom Rating Scale.

We summarize results for haloperidol and placebo here and address clomipramine results below (see Serotonin Reuptake Inhibitor section). Of the 37 subjects recruited, 36 (mean age = 16.3 years) were included in final analyses. The mean daily dose of haloperidol was 1.3 mg. The mean duration of haloperidol treatment was 5.8 weeks with 23 of 33 (69.7%) subjects completing the 7-week treatment phase. Seven of 10 subjects who discontinued had adverse effects (see Harms section below). The mean duration of placebo treatment was 5.4 weeks with 21 of 32 (65.6%) subjects completing the 7-week phase; 1 of 9 subjects who discontinued had adverse effects which only included nose bleeds (n = 1). The other 8 subjects discontinued due to lack of improvement in symptoms. Haloperidol versus placebo was significant for reductions in ABC Hyperactivity/Defiance scores (p<0.05), but not for the other ABC subscales. The study did not report statistical comparisons of haloperidol versus placebo for the CARS, Extrapyramidal Symptom Rating Scale, or Dosage Treatment Emergent Symptom Scale. The investigators note that carry-over of effects between treatment phases may have affected results in this crossover design, especially with the short one-week washout. Other comparisons between haloperidol and placebo were not discussed.

Table 11. Key outcomes of studies assessing antipsychotics

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Mean Age, Years ± SD	Mean IQ ± SD	Outcome Measure/ Baseline Scores, Mean ± SD	Outcome Measure/Post-Treatment Scores, Mean ± SD Quality Considerations
<p>Hellings et al.,⁶⁷ 2006 United States</p> <p>G1+G2: Placebo phase, then dose risperidone, followed by crossover to the other risperidone dose, then another placebo phase</p> <p>Placebo I phase: 3-5 weeks of placebo, n = 40</p> <p>Acute Dose phase: G1 Low dose (n = 39) or G2 high dose risperidone (n = 36)</p> <p>Placebo II phase: 3-5 weeks of placebo, n = 33</p> <p>Maintenance phase: Optimal dose risperidone, n = 32</p> <p>Quality: Poor</p>	<p>G1+G2: 22 ± 13.1</p>	<p>NR, 40/40 with intellectual disability</p>	<p>ABC-C Irritability: G1+G2, Placebo I phase: 19.16 ± 9.96 G1+G2, Placebo II phase: 18.23 ± 12.36</p>	<p>ABC-C Irritability: G1, Low dose acute phase: 11.15 ± 9.28 G2, High dose acute phase: 13.31 ± 8.92 p = 0.13 G1 vs. G2 p = 0.0002 G1+G2 Acute phase vs. G1+G2 Placebo II</p> <p>Maintenance phase scores only reported graphically</p> <p>Quality considerations: inappropriate comparison group; treatment adherence not reported</p>

Table 11. Key outcomes of studies assessing antipsychotics (continued)

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Mean Age, Years \pm SD	Mean IQ \pm SD	Outcome Measure/ Baseline Scores, Mean \pm SD	Outcome Measure/Post-Treatment Scores, Mean \pm SD Quality Considerations
Remington et al., ⁵⁰ 2001 Canada G1: Clomipramine G2: Haloperidol G3: Placebo Overall N: 37/36 Quality: Fair	Overall: 16.3 (SD NR)	NR	CARS Overall: 41.8 \pm 7.1	CARS: G1: 37.8 \pm 8.7 G2: 36.7 \pm 6.1 G3: 39.4 \pm 7.0 p<0.05, G2 vs. baseline ABC reported only graphically Quality considerations: participants not clearly characterized (no cognitive or developmental measures); outcomes not coded by masked assessors
McDougle et al., ⁵¹ 1998 United States G1: Risperidone, 15/12 G2: Placebo, 16/12 G2a: Open label risperidone following placebo, n = 15 Quality: Fair	G1+G2: 28.1 \pm 7.3	G1+G2: 54.6 \pm 23.9	Y-BOCS, compulsion: G1: 16.5 \pm 3.58 G2: 14.29 \pm 3.50 G2a: 14.27 \pm 2.92 SIB-Q: G1: 47.8 \pm 19.5 G2: 37.7 \pm 11.9 G2a: 32.43 \pm 15.89	Y-BOCS, compulsion: G1: 12.77 \pm 3.63 G2: 14.35 \pm 3.02 p<.001, G1 vs. G2 G2a: 11.47 \pm 3.64 p<0.03, G2a vs. BL SIB-Q: G1: 24.2 \pm 9.5 G2: 32.8 \pm 15.0 p<0.001, G2 vs. G1 G2a: 23.07 \pm 13.45 p<0.05, G2a vs. BL Quality considerations: treatment adherence not reported

ABC = Aberrant Behavior Checklist; ABC-I = Aberrant Behavior Checklist-Community Rating Scale-Irritability; ASD = autism spectrum disorders; CARS = Childhood Autism Rating Scale; G = group; IQ = intelligence quotient; n = number; NR = not reported; SD = standard deviation; SIB-Q = Self-Injurious Behavior Questionnaire; Y-BOCS=Yale-Brown Obsessive Compulsive Scale

Opioid Receptor Antagonists

One study of an opioid receptor antagonist met our review criteria (Table 12).⁵³ This fair quality randomized, double blind crossover study tested the efficacy and safety of naltrexone on self-injurious behavior and other autistic symptoms in intellectually disabled adults. Inclusion criteria included a diagnosis using the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R) criteria that was agreed upon by two clinicians. The study also required that participants' level of social impairment had to go beyond what was expected by the severity of their intellectual disability, although the details of this determination were not reported. The study also included a subgroup with moderate to high levels of self-injurious behaviors, even though they did not meet criteria for autistic disorder. No exclusion criteria were reported.

Concurrent medications, including antipsychotics, were held stable. The study randomized participants to naltrexone or placebo with a 2-week single-blinded placebo period followed by a single dose of naltrexone (100 mg) with placebo for the remainder of that week. This phase was

followed by a 4-week treatment period, a 4-week washout period, and finally a crossover to the second 4-week treatment period. The first cohort received naltrexone 50 mg/day, but the dose for the second cohort was changed to naltrexone 150 mg/day. Outcome measures included the ABC; a clinician-rated checklist individualized to self-injurious behavior, stereotyped, and compulsive behaviors of each subject; the CGI-I scale; direct observation for a subgroup of 11 subjects; and laboratory analyses (liver function tests, plasma beta-endorphin, and plasma cortisol levels). The primary outcome was self-injurious behavior.

Of the 33 subjects that participated, 24 had autistic disorder and 9 did not. Participants mean age was 29 years (SD = 6), and IQ was not reported. Eleven subjects were taking antipsychotics with the dose held steady during the study. The single dose had no effect on the clinician-rated questionnaire, direct observation, self-injurious behavior, or plasma beta-endorphins. Plasma cortisol was significantly increased ($p = 0.006$) for naltrexone compared with placebo.

Longer term treatment (4 weeks) with naltrexone resulted in a significant increase in stereotypy as measured by the ABC stereotypy subscale. No changes in any of the other outcome measures were significant. The study did not report comparative statistics, but the CGI scale indicated that placebo was superior to 50 mg/day naltrexone in 12 of 18 subjects. The CGI scale showed that 50 mg/day of naltrexone was better than placebo in only 4 of 18 subjects, while placebo was superior in 12 of 18 subjects. The CGI scale also showed that 150 mg/day of naltrexone was better than placebo in 5 of 14 subjects, while placebo was superior in an equal number of subjects (5 of 14). There were no significant correlations between behavioral changes after the single dose of 100 mg naltrexone and the 4-week treatments with naltrexone (50 mg or 150 mg). Further analyses with groups divided into subjects with concurrent antipsychotic and subjects without did not yield any significant effect for naltrexone versus placebo.

Table 12. Key outcomes of studies assessing opioid receptor antagonists

Author, Year, Country, Groups, N Enrollment/N Final Study Quality	Mean Age, Years \pm SD	Mean IQ \pm SD	Outcome Measure/Baseline Scores, Mean \pm SD	Outcome Measure/Post-Treatment Scores, Mean \pm SD Quality Considerations
Willemsen-Swinkles et al., ⁵³ 2005 Netherlands G1+G2: 4 week naltrexone phase for cohorts 1 (50mg daily) and 2 (150mg daily) (ASD patients only) G3+G4: 4 week placebo phase for cohorts 1 and 2 (ASD patients only) Overall N: 33/31 Quality: Fair	Overall: 29 \pm 6.0	NR	ABC Stereotypy G1+G2: 9.7 \pm 4.7 G3+G4: 8.3 \pm 5.2	ABC Stereotypy G1+G2: 10.0 \pm 4.7 G3+G4: 9.0 \pm 4.8 $p = 0.018$, G1+G2 vs. G3+G4 Quality considerations: randomization method not clearly described; participants not clearly characterized (no cognitive or developmental measures); treatment adherence not reported; differences in concomitant interventions not reported

ABC = Aberrant Behavior Checklist; ASD = autism spectrum disorders; G = group; IQ = intelligence quotient; mg = milligrams; n = number; NR = not reported; SD = standard deviation

Serotonin Reuptake Inhibitors

Five studies focused on SRIs met our criteria (Table 13).^{50, 52, 68, 69, 71} One fair quality RCT⁵² investigated the efficacy of fluvoxamine in adults with autistic disorder. Inclusion criteria were

adults with a diagnosis of autistic disorder based on the DSM-III-R. Exclusion criteria were a DSM-III-R diagnosis of schizophrenia, psychotic symptoms, illicit substance abuse within the prior 6 months, “notable” medical conditions, seizure disorder, or pregnancy. Participants were not on any psychotropic medications for at least 6 weeks prior to starting the trial. The study randomized participants to placebo or fluvoxamine. Fluvoxamine was initiated at 50 mg daily and increased 50 mg every 3 to 4 days to maximum clinical response or a maximum dose of 300 mg/day. Outcome measures included the Y-BOCS, the maladaptive subscales of the Vineland Adaptive Behavior Scales, the Brown Aggression Scale, the CGI-I, and the Ritvo-Freeman Real-Life Rating Scale.

All 30 participants (15 fluvoxamine, 15 placebo) completed the 12-week trial. The mean age was 30.1 years (SD 7.1) for the fluvoxamine group and 30.1 years (SD 8.4) for the placebo group. The mean daily dose was 276.7 mg/day (SD 41.7) for the fluvoxamine group and 283.3 mg/day (SD 36.2) for the placebo group (difference not significant). Global improvement as measured by CGI-I was higher for fluvoxamine compared with placebo ($p < 0.001$). Subjects were classified as responders if the CGI-I scores were “very much improved” or “much improved.” There were significantly more responders ($p < 0.001$) in the fluvoxamine group (8 of 15 subjects) compared with the placebo group (0 of 15). Scores for the fluvoxamine group improved more than those for the placebo group for the Y-BOCS ($p < 0.001$), Vineland maladaptive subscales ($p < 0.001$), Brown Aggression Scale ($p < 0.03$), overall Ritvo-Freeman Scale ($p < 0.04$), and Ritvo-Freeman Scale language usage subscale ($p < 0.008$).

Another fair quality study⁵⁰ used a double-blind, placebo-controlled crossover design to investigate the efficacy of clomipramine and haloperidol for the treatment of autism. Inclusion criteria were a DSM-IV diagnosis of autism; a recommendation for pharmacotherapy based on initial assessments; never previously having completed an adequate trial of haloperidol or clomipramine. Exclusion criteria were not reported. Investigators randomized participants to 7-week treatment phases of haloperidol, clomipramine, and placebo. Clomipramine dosing started at 25 mg at bedtime and increased in 25 mg increments every 2 days until the dose was 50 mg twice daily, then further 25 mg adjustments were made every 3 to 4 days based on clinical assessment. The dose was reduced to the last dose tolerated if adverse effects were experienced. There was a dosage taper during week 7 of each treatment phase and 1-week placebo washout periods between each treatment phase. No other psychotropic drugs were allowed except benzotropine. Outcome measures included the CARS, the ABC, the Dosage Treatment Emergent Symptom Scale, and the Extrapyramidal Symptom Rating Scale. Adverse effect outcomes were changes in stereotypy as measured by the Extrapyramidal Symptom Rating Scale and toleration of adverse effects which was measured by continuation of each treatment phase.

We summarize results for clomipramine and placebo here and haloperidol results above (see Antipsychotic section). Of the 37 subjects recruited, 36 (mean age = 16.3 years) were included in final analyses. The mean daily dose of clomipramine was 128.4 mg. The mean duration of clomipramine treatment was 4.5 weeks with 12 of 32 (37.5%) subjects completing the 7-week treatment phase; 12 of 20 subjects who discontinued did so at least partially because of adverse effects (see Harms section below).

The mean duration of placebo treatment was 5.4 weeks with 21 of 32 (65.6%) subjects completing the 7-week treatment phase. One of 9 subjects who discontinued had adverse effects which only included nose bleeds ($n = 1$). The study did not report statistical comparisons for clomipramine versus placebo for the CARS, Extrapyramidal Symptom Rating Scale, or Dosage Treatment Emergent Symptom Scale. The study did not report on the effects of clomipramine

compared with placebo for ABC subscales. The investigators note that carry-over of effects between treatment phases may have affected results in this crossover design, especially with the short 1 week washout.

One poor quality study⁶⁹ assessed the efficacy and tolerability of clomipramine using a prospective open-label case series design over 12 weeks. The inclusion criterion was a DSM-IV diagnosis of a pervasive developmental disorder (autistic disorder, Asperger disorder, and PDD-NOS). Subjects were excluded if they had any additional DSM-IV diagnosis other than intellectual disability, had abused illicit drugs within 6 months, were pregnant, or had an acute medical illness. Clomipramine was initially dosed at 50 mg daily, and then increased by 50 mg every 3 to 4 days up to the maximum clinical response or a maximum dose of 250 mg daily. No psychotropic medications were allowed except antiepileptic medication which were held stable and chloral hydrate as needed for agitation. Outcome measures included the Y-BOCS, Brown Aggression Scale, Ritvo-Freeman Real-Life Rating Scale (sensory motor behaviors, social relationship, affectual reactions, sensory responses, and language subscales), and CGI-I. Of the 35 subjects, 33 completed the study and were taking a mean dose of 139 mg (SD 50). There was a significant improvement ($p < 0.001$) in CGI-I global symptoms over time with clomipramine treatment. Of the 33 subjects completing the trial, 18 (55%) were responders as determined by CGI score of “very much improved” or “much improved.” Clomipramine treatment significantly reduced ($p < 0.001$) repetitive thoughts and behaviors as measured by Y-BOCS. Aggression as measured by the Brown Aggression Scale significantly decreased ($p < 0.001$) over time with clomipramine treatment. Clomipramine treatment significantly improved ($p < 0.001$) autistic symptoms as measured by the Ritvo-Freeman Scale overall score, as well as all each subscale. The two subjects not completing the trial withdrew due to agitation in one individual and abdominal cramping in the second participant. There was no placebo control group to compare with the clomipramine treatment group in this open-label trial.

Another poor quality, 12 week open-label prospective case series⁶⁸ investigated the efficacy and tolerability of sertraline. Inclusion criteria were a DSM-IV diagnosis of autistic disorder, Asperger disorder, or PDD-NOS; a minimum Y-BOCS score (> 15 for verbal subjects, > 7 for nonverbal subjects); minimum of score of 0.20 on the Ritvo-Freeman scale, minimum score of 25 on the SIB-Q; and a minimum of 5 on the Vineland Maladaptive Behavior Scale, part 2. Sertraline was initially dosed at 50 mg daily, and then increased by 50 mg every week to a maximum clinical response, maximal dose tolerated, or maximum dose of 200 mg daily. The study allowed no psychotropic medications except chloral hydrate as needed for agitation. Outcome measures included the Y-BOCS, SIB-Q, Ritvo-Freeman Real-Life Rating Scale, and CGI-I. Of the 42 subjects, 37 completed the trial. The mean sertraline dose was 122.0 mg (SD 60.5). Of the 42 subjects starting the trial, 24 (57%) were considered responders based on CGI-I score of “very much improved” or “much improved.” Five subjects withdrew from the study: three due to anxiety/agitation, one due to syncope, one due to noncompliance. There was no placebo control group for comparison of possible therapeutic effects or adverse events.

Finally, a poor quality retrospective case series⁷¹ studied the therapeutic effects and tolerability of fluoxetine and included 23 individuals with ASD (mean age 15.9 ± 6.2). Most participants (21/23) had concomitant intellectual disability. Participants received up to 80 mg/day of fluoxetine for a mean of 189 ± 153 days. CGI ratings of overall clinical severity improved in 15 participants as did ratings of perseverative or compulsive behavior.

Table 13. Key outcomes of studies assessing SRIs

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Mean Age, Years \pm SD	Mean IQ \pm SD	Outcome Measure/ Baseline Scores, Mean \pm SD	Outcome Measure/Post-Treatment Scores, Mean \pm SD Quality Considerations
<p>Remington et al.,⁵⁰ 2001 Canada</p> <p>G1: Clomipramine G2: Haloperidol G3: Placebo Overall N: 37/36</p> <p>Quality: Fair</p>	<p>Overall: 16.3 (SD NR)</p>	<p>NR</p>	<p>CARS Overall: 41.8 \pm 7.1</p>	<p>CARS: G1: 37.8 \pm 8.7 G2: 36.7 \pm 6.1 G3: 39.4 \pm 7.0 p<0.05, G2 vs. baseline</p> <p>ABC reported only graphically</p> <p>Quality considerations: participants not clearly characterized (no cognitive or developmental measures); treatment adherence not reported; outcomes not coded by masked assessors</p>
<p>McDougle et al.,⁶⁸ 1998 United States</p> <p>G1: Sertraline, n = 42/37 G1a: AD G1b: AS G1c: PDD NOS</p> <p>Quality: Poor</p>	<p>26.1 \pm 5.8</p>	<p>60.5 \pm 22.7 (28 with intellectual disability)</p>	<p>Y-BOCS, total score: G1a: 16.5 \pm 6.7 G1b: 25.7 \pm 4.1 G1c: 18.2 \pm 4.8</p> <p>Vineland maladaptive behavior: G1a: 27.0 \pm 9.4 G1b: 19.8 \pm 8.6 G1c: 28.3 \pm 10.8</p> <p>SIB-Q: G1a: 32.7 \pm 16.5 G1b: 17.5 \pm 7.7 G1c: 36.2 \pm 16.4</p>	<p>Y-BOCS, total score: G1a: 11.5 \pm 5.8 G1b: 27.8 \pm 5.3 G1c: 14.8 \pm 5.7 p = 0.005, G1 vs. baseline</p> <p>Vineland maladaptive behavior: G1a: 13.8 \pm 6.0 G1b: 20.2 \pm 8.2 G1c: 19.5 \pm 9.1 p = 0.0001, G1 vs. baseline</p> <p>SIB-Q: G1a: 15.5 \pm 9.5 G1b: 18.8 \pm 7.7 G1c: 20.2 \pm 12.8 p = 0.0001, G1 vs. baseline</p> <p>Quality considerations: no comparison group; treatment adherence not reported; outcomes not coded by masked assessors; differences in concomitant interventions not reported</p>

Table 13. Key outcomes of studies assessing SRIs (continued)

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Mean Age, Years \pm SD	Mean IQ \pm SD	Outcome Measure/ Baseline Scores, Mean \pm SD	Outcome Measure/Post-Treatment Scores, Mean \pm SD Quality Considerations
<p>Brodkin et al.,⁶⁹ 1997 United States</p> <p>G1: Clomipramine, 35/33 G1a: Responders, n = 18 G1b: Nonresponders, n = 15</p> <p>Quality: Poor</p>	<p>G1: 30.2 \pm 7.0</p>	<p>G1: 64.6 \pm 27.2</p>	<p>Y-BOCS, total score: G1a: 18.7 \pm 6.8 G1b: 17.9 \pm 6.2</p> <p>Y-BOCS, compulsion subscale: G1a: 13.7 \pm 3.3 G1b: 13.9 \pm 2.5</p> <p>Y-BOCS, obsession subscale: G1a: 10 \pm 6.8 G1b: 6.7 \pm 6.2</p> <p>Brown Aggression Scale: G1a: 10.6 \pm 7.4 G1b: 6.5 \pm 4.1</p>	<p>Y-BOCS, total score: G1a: 9.1 \pm 3.0 G1b: 17.3 \pm 7.8 p<0.001, G1 vs. baseline p<0.001, G1a vs. G1b</p> <p>Y-BOCS, compulsion subscale: G1a: 6.9 \pm 2.1 G1b: 12.5 \pm 3.3 p<0.001, G1 vs. baseline p<0.001, G1a vs. G1b</p> <p>Y-BOCS, obsession subscale: G1a: 4.4 \pm 2.8 G1b: 8 \pm 6.6 p<0.001, G1 vs. baseline p<0.001, G1a vs. G1b</p> <p>Brown Aggression Scale: G1a: 3.7 \pm 3.6 G1b: 6.4 \pm 4.6 p<0.001, G1 vs. baseline p<0.001, G1a vs. G1b</p> <p>Quality considerations: no comparison group; treatment adherence not reported; outcomes not coded by masked assessors</p>
<p>McDougle et al.,⁵² 1996 United States</p> <p>G1: Fluvoxamine, 15/15 G2: Placebo, 15/15</p> <p>Quality: Fair</p>	<p>G1: 30.1 \pm 7.1 G2: 30.1 \pm 8.4</p>	<p>G1: 82.5 \pm 26.8 G2: 77.3 \pm 33.1</p>	<p>Y-BOCS, total score: G1: 21.4 \pm 7.3 G2: 21.5 \pm 6.8</p>	<p>Y-BOCS, total score: G1: 13.7 \pm 9.1 G2: 21.9 \pm 6.7 p<.003, G1 vs. G2</p> <p>Data for Vineland Maladaptive Behavior and Brown Aggression Scale were not reported, although statistically significant improvements were noted.</p> <p>Quality considerations: randomization method not clearly described; treatment adherence not reported</p>

Table 13. Key outcomes of studies assessing SRIs (continued)

Author, Year, Country, Groups, N Enrollment/N Final Study Quality	Mean Age, Years \pm SD	Mean IQ \pm SD	Outcome Measure/Baseline Scores, Mean \pm SD	Outcome Measure/Post-Treatment Scores, Mean \pm SD Quality Considerations
Cook et al., ⁷¹ 1992 United States G1: Fluoxetine, 23/23 Quality: Poor	15.9 \pm 6.2	NR, 19 with intellectual disability	CGI-S, total: 5.7 \pm 0.8 CGI-S, compulsion: 5.5 \pm 1.5	CGI-S, total: 4.9 \pm 1.1 p<0.002, G1 vs. baseline CGI-S, compulsion: 4.7 \pm 1.6 p<0.005, G1 vs. baseline Quality considerations: no comparison group; inclusion and exclusion criteria not clearly stated; treatment adherence not reported; outcomes not coded by masked assessors

ABC = Aberrant Behavior Checklist; ABC-I = Aberrant Behavior Checklist-Community Rating Scale-Irritability; CARS = Childhood Autism Rating Scale; CGI-S = Clinical Global Impression-Severity; G = group; n = number; NR = not reported; PDD-NOS = pervasive developmental disorder-not otherwise specified; SD = standard deviation; SIB-Q = Self-Injurious Behavior Questionnaire; SRIs = serotonin reuptake inhibitors; Y-BOCS = Yale-Brown Obsessive Compulsive Scale

Medical Studies Reporting Harms

In one study of risperidone⁵¹ the authors describe sedation as the most prominent adverse effect. Seven subjects did not complete the trial (three in the risperidone arm and four in the placebo arm), with six subjects dropping out due to lack of improvement or agitation, and one subject in the risperidone arm with abnormal gait. In another study of risperidone⁶⁷ the most common adverse effects during the risperidone periods of the crossover phase were sedation and gastrointestinal complaints. In 13 subjects these adverse effects triggered automatic 50 percent dose reductions per the study protocol. The Dyskinesia Identification System Condensed User Scale scores from the treatment phases were not statistically different when compared either with the first placebo period (p = 0.052) or the second placebo period (p = 0.482). Symptoms on the Neuroleptic Side Effects Checklist that were the most significant (p<0.001) with treatment included drowsiness, weight gain, and increased appetite. Other symptoms were also significant (p<0.05) including “too quiet,” “not themselves,” tremor, “lack of spontaneity,” and nasal congestion. Mean weight gain during the entire study was 8.3 kg for adolescents and 6.0 kg for adults. There were no abnormal laboratory tests.

In a study of haloperidol⁵⁰ the mean duration of haloperidol treatment was 5.8 weeks with 23 of 33 (69.7%) subjects completing the 7-week treatment phase; seven of 10 subjects who discontinued had adverse effects, including fatigue (n = 5), dystonia (n = 1), and depression (n = 1). The mean duration of placebo treatment was 5.4 weeks with 21 of 32 subjects (65.6%) completing the 7-week phase; one of nine subjects who discontinued had adverse effects which only included nose bleeds. The other eight subjects discontinued due to lack of improvement in symptoms. There were no significant changes in 12-lead electrocardiogram variables, either in the haloperidol or placebo phases.

In one study of opioid receptor antagonist identified,⁵³ 11 subjects were taking antipsychotics with the dose held steady during the study. Possible adverse events included one subject with an acute increase in self-injurious behavior, one subject with nausea and tiredness, and three subjects with sedation. Liver function tests remained within normal ranges. The single dose had no effect on the clinician-rated questionnaire, direct observation, self-injurious behavior, or plasma beta-endorphins. Plasma cortisol was significantly increased ($p = 0.006$) for naltrexone compared with placebo. Long-term treatment (4 weeks) with naltrexone resulted in a significant increase in stereotypy as measured by the ABC stereotypy subscale.

One study of clomipramine⁵⁰ used a crossover design with a mean duration of clomipramine treatment of 4.5 weeks with 12 of 32 (37.5%) subjects completing the 7-week treatment phase; 12 of 12 subjects that discontinued had adverse effects which included fatigue or lethargy ($n = 4$), tremor ($n = 2$), tachycardia ($n = 1$), insomnia ($n = 1$), diaphoresis ($n = 1$), nausea or vomiting ($n = 1$), decreased appetite ($n = 1$), and preexisting right bundle branch block ($n = 1$). The mean duration of placebo treatment was 5.4 weeks with 21 of 32 (65.6%) subjects completing the 7-week treatment phase; 1 of 9 subjects that discontinued had adverse effects which only included nose bleeds ($n = 1$). There were no significant changes in 12-lead electrocardiogram variables, either in the clomipramine or placebo arms. Statistical comparisons were not reported for the clomipramine versus placebo for the CARS, Extrapyramidal Symptom Rating Scale, or Dosage Treatment Emergent Symptom Scale.

Another study assessing the efficacy and tolerability of clomipramine reported adverse effects in 13 individuals, 3 of whom had seizures during clomipramine treatment.⁶⁹ Two of the three participants with seizures had previously diagnosed seizure disorders and were concurrently medicated with antiepileptic medication. The two participants not completing the trial withdrew due to agitation in one individual and abdominal cramping in the second. Other participants who completed the trial experienced constipation ($n = 3$), weight gain ($n = 3$), anorgasmia ($n = 1$), and sedation ($n = 2$). There were no cardiovascular or extrapyramidal adverse effects. There was no placebo control group to compare with the clomipramine treatment group in this open-label trial.

One RCT⁵² investigated the efficacy of fluvoxamine in adults with autistic disorder. Adverse effects in the fluvoxamine group included mild sedation ($n = 2$) and nausea ($n = 3$). There were no significant changes in anticholinergic effects, vital signs, routine lab analyses, or electrocardiogram.

In a case series⁶⁸ assessing the efficacy and tolerability of sertraline, five subjects withdrew from the study: three due to anxiety/agitation, one due to syncope, one due to noncompliance. There were no cardiovascular, extrapyramidal, or seizure adverse effects. There was no placebo control group for comparison of possible therapeutic effects or adverse events. Finally, another case series⁷¹ examined fluoxetine and reported that six of 23 participants experienced side effects that “significantly” interfered with function or outweighed therapeutic benefits. Harms reported overall included agitation ($n = 5$), insomnia ($n = 4$), elated affect ($n = 4$), decreased appetite ($n = 4$), and increased screaming ($n = 2$). Additional harms were reported in at least one individual (inappropriate behavior, crying, yawning, rash).

Studies of Allied Health Interventions

Key Points

- Five studies, one fair and four poor quality, investigated disparate allied health approaches. Three studies included individuals with ASD and intellectual disability.
- A leisure/recreation program reported positive effects on stress and quality of life in a fair quality RCT.
- Facilitated communication did not increase participants' communication or literacy abilities over their independent abilities.
- Some positive effects on social skills were reported in studies of music therapy, but outcome measures were unvalidated and largely subjective.
- No two studies assessed the same intervention; therefore, although individual studies report promising results, without replication, and with no studies of good quality, the strength of evidence for the body of literature is insufficient that any allied health approach is associated with positive outcomes.

Overview of the Literature

We identified five studies of allied health interventions^{49, 58-60, 70} including one fair quality RCT investigating a leisure/recreation program.⁴⁹ Appendix G provides the quality ratings for each study. The RCT, conducted in Spain, included 71 individuals ranging from 17 to 49 years of age with mean Leiter mental age scores of 64.36 ± 21.33 months in the intervention group and 61.44 ± 9.37 months in the control group. Assessments included measures of quality of life and stress. Two poor quality prospective case series addressed facilitated communication,^{59, 70} and two poor quality retrospective case series addressed music therapy.^{58, 60} Studies were conducted in the United States⁵⁸⁻⁶⁰ and Canada⁷⁰ and included participants ranging in age from 2 to 40 across the studies. The duration of treatment ranged from 20 hours to 7 months in three studies;^{59, 60, 70} one study of music therapy reviewed data from participants who had participated in varying hours of therapy.⁵⁸ Studies of facilitated communication^{59, 70} employed outcome measures gauging the number of correct responses to a given task with and without the aid of a facilitator. Facilitators helped to steady or physically support the hand of an individual with ASD either typing responses on a keyboard or pointing to images. Study evaluating a music therapy program^{58, 60} reported on the number of goals met and social outcomes or social outcomes using largely subjective measures. Tables 14 and 15 summarize key study outcomes.

Detailed Analysis

Allied Health Studies Addressing Core Symptoms of ASD

Music Therapy

A poor quality case series addressing music therapy⁵⁸ used 2 years of therapist database records to assess the number of goals met and types of music therapy employed with 40 clients. Participants ages ranged from 2 to 49 years (mean age = 13.9) and all had diagnoses on the autism spectrum. Diagnoses were not reported as confirmed within the study. Music therapy involved individual or small or large group sessions and occurred in settings including a community music school or group home. The number of sessions varied for each client.

Therapists assessed each client's "level of difficulty" related to aggression, property destruction, on-task behavior, and other domains on a scale with a maximum value of 14 points (highest level of difficulty); participants' level of difficulty ratings averaged 2.5. Therapists also set and tracked goals met in areas including behavioral/psychosocial skills, language/communication skills, perceptual/motor skills, and cognitive skills. Therapists defined meeting a goal as an increase or decrease of 25 percent from a client's baseline level of performance. Parents also completed annual questionnaires to assess generalizations of skills to other settings. All participants achieved their initial goal within 1 year as well as achieved 77 percent of intermediate goals. Attainment of goals was not affected by client level of difficulty or session type. Thirty caregivers returned generalization surveys, which reported that all participants used skills practiced in music therapy in nontherapy settings occasionally or frequently.

Facilitated Communication

Two poor quality case series addressed facilitated communication,^{59, 70} and included 41 individuals with ASD ranging in age from 8 to 21. Both studies included individuals with limited literacy, and one assessed the effects of facilitated communication via a series of picture recognition tasks performed with and without a facilitator and with the facilitator informed and uninformed of the object presented.⁷⁰ Facilitators, staff members of a school for individuals with autism, all received 2 days of facilitated communication training. In one task involving participants' pointing to the picture of a word displayed previously, the number of correct responses was greatest when facilitators were aware of the word displayed. Facilitated communication did not enhance participant performance beyond participants' independent communication abilities, and facilitator influence was evident for at least 12 of 20 participants. In a second task using headphones and requiring responses to auditory cues, facilitators heard the same message as participants, a different message, or white noise. Responses across all 3 trials were not significantly different, and facilitator influence was evident for 14/20 participants.

In a third task participants completed segments of the Peabody Picture Vocabulary Test with and without facilitated communication. Scores on the test did not differ significantly between conditions; all 12 participants completing the test showed receptive language difficulties, and there were no clear patterns of facilitator influence. The investigators also collected followup data for seven participants after 5 to 7 additional months of facilitated communication use. Additional time with facilitated communication did not increase participants' accuracy of responding and was associated with increased facilitator influence in one task ($p < 0.03$).

A second case series addressing facilitated communication included 21 participants (mean age = 15.5) with ASD and mild to profound intellectual disability and language development age equivalent ranging from 1.6 to 5.1 years.⁵⁹ Study tasks involved both facilitated and non-facilitated communication. In the non-facilitated condition, facilitators were screened from stimuli or investigator cues visible or audible to participants. Facilitators were trained in the history and principles of facilitated communication for roughly 4 hours before participating in the study, and facilitators unfamiliar to participants spent at least 2 weeks prior to the study helping participants acclimate. Participants completed baseline measures without facilitation and pretest measures with the assistance of screened facilitators. These tests were followed by 20 hours of facilitated communication exposure and training prior to completing post-test outcome measures.

Investigators scored participant responses liberally, counting as correct partial words, misspellings, and recognizable character strings embedded in other text (e.g., the characters “OSY” were scored correctly for “yes”). Performance on initial test measures declined from baseline (14/21 participants able to answer some questions correctly) to pretest (2/21 participants able to answer some questions correctly). At post-test, conducted after facilitated communication training and with screened facilitation, 2 of 21 participants were able to answer some questions correctly. Scores for a test session during which facilitators were not screened were higher, with 6 out of 21 participants able to answer some questions correctly. No participants demonstrated improved communication abilities or literacy.

Table 14. Key outcomes of studies of allied health interventions addressing core symptoms of ASD

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Age, Yrs, Mean ± SD IQ, Mean ± SD	Key Outcomes
Music Therapy		
Kaplan et al., ⁵⁸ 2005 United States G1: Music therapy, 40/40 Quality: Poor	G1: 13.9 (range 2-49) NR	<ul style="list-style-type: none"> • Retrospective review of client database records; music therapists set goals and determined percentage increase/decrease in skills/behavior relevant to goal. • 40/40 participants with ASD met initial goals within 12 months of therapy; over 70% of participants met intermediate goals. • All caregivers returning generalization surveys (n = 30) reported use of skills practiced in therapy sessions in non-therapy sessions occasionally or frequently. • Quality considerations: no comparison group; systematic diagnostic approach not reported within study; participants not clearly characterized (no cognitive or developmental measures); attrition not reported; intervention not fully described; measure of treatment fidelity not reported; outcome measures not valid/reliable; outcomes not coded by masked assessors.
Facilitated Communication		
Bebko et al., ⁷⁰ 1996 Canada G1: Facilitated communication Quality: Poor	G1: 13 (range 6-21) G1: 1.3 years - 4 years (mental age range)	<ul style="list-style-type: none"> • 6 weeks of FC training and practice with up to 7months followup data for 7 participants. • Scores on visual stimulus experiment increased from baseline when FC used and facilitator aware of word being prompted (56.86% correct responses vs. 75%); scores decreased from baseline when FC used and facilitator not informed of word prompted (30% correct responses vs.25.57%). • Visual stimulus scores increased from baseline when no FC used and facilitator was informed of word being prompted (36.71% correct responses vs. 53.57%) and decreased when no FC used and facilitator not informed of word (35.71% correct vs. 32.57%). • FC did not enhance communication beyond participants' independent abilities. • Quality considerations: no comparison group; inclusion and exclusion criteria not clearly stated; measure of treatment fidelity not reported; differences in concomitant interventions not reported; outcomes not coded by masked assessors.

Table 14. Key outcomes of studies of allied health interventions addressing core symptoms of ASD (continued)

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Age, Yrs, Mean ± SD IQ, Mean ± SD	Key Outcomes
Facilitated Communication (continued)		
Eberlin et al., ⁵⁹ 1993 United States G1: Facilitated communication, 21/21 Quality: Poor	G1: 15.5 (range 11.3-20.2) G1: Mild to moderate intellectual disability, n = 2 Moderate to severe intellectual disability, n = 11 Severe to profound intellectual disability, n = 8	<ul style="list-style-type: none"> • 20 total hours FC training. • Median correct answers declined from baseline (no FC) after testing using FC with facilitator not informed of words prompted (8 correct answers vs. 0); median score at testing with FC and facilitator informed of word prompted = 1. • Communication ability or literacy did not improve for any participants. • Quality considerations: no comparison group; differences in concomitant interventions not reported; outcomes not coded by masked assessors.

ASD = autism spectrum disorders; FC = facilitated communication; G = group; IQ = intelligence quotient; N = number; SD = standard deviation

Allied Health Studies Addressing Independent Functioning

One fair quality RCT investigating a leisure/recreation program randomized individuals with ASD to either a waiting list control group (n = 34) or a 12-month leisure program emphasizing engagement in exercise, playing games and completing crafts, interacting with media, and attending social events (n = 37) (Table 15).⁴⁹ ASD diagnoses were confirmed within the study. Participants ranged in age from 17 to 49 years and had mean Leiter mental age scores of 64.36 ± 21.33 months in the intervention group and 61.44 ± 9.37 months in the control group. Assessments included measures of quality of life and stress completed at baseline and after 12 months by participants with adequate verbal skills or by individuals familiar with the participant.

Scores on the stress assessment improved for individuals in the intervention group compared with those in the control group (p<0.001). Overall quality of life scores similarly improved for intervention participants compared with the waiting list group; however, scores on empowerment/independence and social/integration subscales did not improve significantly between groups.

One poor quality case series investigated music therapy interventions using largely subjective measures. One study addressed a university-based program aimed at assessing the feasibility of a music program in promoting social skills in adolescents and young adults with ASD.⁶⁰ The 22 participants ranged from age 13 to 29 (mean = 18), and diagnoses were not reported as confirmed within the study. The program's curriculum included sessions in learning about music, music appreciation, video production, and storytelling with music over 8 weeks. Investigators assessed participants' and parents' impressions of social benefits gained via a 1 (low) to 10 (high) scale and open-ended questions. Both parents and participants rated the program highly with mean scores of nearly 7. Nineteen participants indicated that they had made friends during the program, and 11 parents noted that their children had made friends.

Table 15. Summary of outcomes of studies of allied health interventions addressing independent functioning

Author, Year, Country Groups, N Enrollment/N Final Study Quality	Age, Yrs, Mean ± SD IQ, Mean ± SD	Key Outcomes
<p>Garcia-Villamizar et al.,⁴⁹ 2010 Spain</p> <p>G1: Leisure/recreation program, 37/37 G2: Wait list control, 34/34</p> <p>Quality: Fair</p>	<p>G1: 31.49 ± 4.83 G2: 30.06 ± 3.44</p> <p>IQ (Leiter) G1: 63.46 ± 21.33 G2: 61.44 ± 9.37</p>	<ul style="list-style-type: none"> • Participants randomized to 12-month recreation/leisure program or waiting list. • Stress and total quality of life scores improved for treatment group compared with wait list group (p<0.001). • Scores on empowerment/independence and social/integration subscale improved for treatment group vs. control but not significantly. • Quality considerations: randomization method not clearly described; attrition not reported; measure of treatment fidelity not reported; differences in concomitant interventions not reported.
<p>Greher et al.,⁶⁰ 2010 United States</p> <p>G1: Music therapy (SoundScape), 22/22</p> <p>Quality: Poor</p>	<p>G1: 18 (range: 13-29)</p> <p>NR</p>	<ul style="list-style-type: none"> • 8-week program emphasizing understanding elements of music and recording music. • Participants and parents rated social benefits of program highly. • 11 participants and 19 parents reported that they/their child had developed friendships through the program. • Quality considerations: no comparison group; systematic diagnostic approach not reported within study; participants not clearly characterized (no cognitive or developmental measures); measure of treatment fidelity not reported; differences in concomitant interventions not reported; outcomes not coded by masked assessors.

G = group; IQ = intelligence quotient; N = number; NR = not reported; SD = standard deviation

Discussion

State of the Literature

Despite a growing population of adolescents and young adults who have diagnoses of an autism spectrum disorder (ASD) and the need for effective intervention across the lifespan, very little research is available to guide therapy in adolescents and young adults with ASD. The available research is lacking in scientific rigor. We identified 32 studies (one paper reported two separate studies), of which 10 were randomized controlled trials (RCTs). Nonetheless, most studies were of poor quality; only five were fair quality and none was good quality.

Studies typically addressed the core symptoms (impairments in communication, social interaction, or behavior) of ASD (Key Question 1) and the effects of interventions on functional and adaptive behavior (Key Question 3). One study addressed the transition process (Key Question 4), and two addressed family outcomes (Key Question 6). Harms of interventions (Key question 5) were only discussed in studies of medical approaches. Eight studies of medical approaches and one behavioral study addressed Key Question 2, which examined the effects of interventions on comorbid medical or mental health conditions (e.g., epilepsy, sleep disorders, motor impairments, obesity, depression, anxiety, acute and episodic aggression, attention deficit hyperactivity disorder, etc.).

Summary of Outcomes

Studies of Behavioral Interventions

Six poor quality studies of targeted social skills interventions representing different individual/group- and computer-based paradigms met our inclusion criteria.^{47, 61-63, 76, 77} Research involving individual or group-based interventions^{61, 62, 76, 77} reported improvements across a variety of social skills as rated by parents. Research on computer assisted interventions suggested improvements associated with emotion recognition.^{47, 63} However, each study employed a different approach and paradigm, making synthesis of the results into one estimate of effect impossible. Likewise, such social skills interventions have yet to demonstrate consistent generalization of skills across settings and often circumscribe interventions to individuals with average to above average verbal and/or cognitive abilities. As such, the strength of evidence for social skills interventions is insufficient, meaning that future research is needed to establish one effect.

A single poor quality case series of a semi-residential, intensive behavior-based intervention included 34 adolescents and focused on changes in adaptive behavior after 2 years of program attendance.⁶⁴ Overall, both male and female participants improved on measures of socialization, and females also improved in daily living and motor skills. While the authors reported that there was a positive impact across a fairly heterogeneous group, the study did not involve a control group and did not clearly define an intervention; parental satisfaction data reported were positive.

Studies of Educational Interventions

Research into language and communication strategies for adolescents and young adults with ASD is very limited, with only two small crossover studies identified in this population. There is little evidence to support selection among various educational strategies, with one study finding

similar vocabulary acquisition between analog and natural language approaches.⁶⁶ Procedural facilitation and anaphoric cuing showed some promise for increasing vocabulary in high-functioning ASD but were addressed in only one small, short term study.⁶⁵

Studies of Adaptive/Life Skills Interventions

Studies of adaptive-focused interventions meeting our criteria were of poor quality, addressed disparate interventions, and included few participants. No study included more than 81 individuals with ASD, and at least two studies included individuals with concomitant intellectual disability. Interventions addressing teaching self-care skills (shoe lacing),⁵⁵ digital memory aids,⁵⁷ and a residential, Treatment and Education of Autistic and Communication related handicapped Children (TEACCH)-based program⁵⁴ reported some positive effects. Studies were typically uncontrolled and of short duration, however.

One poor quality study assessed the effects of a classroom rotation schedule on crisis events in a residential school⁵⁶ and reported no significant increase in events after the implementation of classroom rotation. The few studies addressing family-focused outcomes reported parent or family satisfaction with treatment approaches. One study of a TEACCH-based residential program compared with group homes and institutions reported greater satisfaction with treatment and program participants' community involvement among parents of individuals in the TEACCH-based facility compared with group homes.⁵⁴ Parents of individuals in the TEACCH residence were also more satisfied with the impact of the placement on the family than parents of individuals in other groups. Assignment to the TEACCH program, however, was not random; thus individuals in the group may have differed meaningfully from individuals in group homes, family homes, or institutions.

Studies of Vocational Interventions

Our search identified five studies focused on supported employment/vocational interventions.^{17, 48, 72-75} It is important to note that all of the identified studies focused on on-the-job supports as the employment/vocational intervention; no other vocational interventions were reported in the literature meeting our study criteria. Our ability to assess the benefit of supported employment programs is limited, given the existing research. No study utilized random assignment, making it difficult to draw conclusions about the effectiveness of the programs. The majority of the studies were small, and all were poor quality thus the strength of the evidence is insufficient at this time.

Supported employment interventions are particularly understudied. For example, only one study examined rates of employment for programs that lasted 3 years or longer.¹⁷ Further, this longer-term study did not include a control group, making it impossible to determine the rates of employment over time for young adults with ASD who were not participating in the supported employment intervention. Finally, none of the studies examined whether increased employment rates or improvements in other outcomes were sustained after the termination of the supported employment intervention.

Studies of Medical Interventions

The use of medical interventions in adolescents and young adults with ASD is common.⁷⁸ However, there is little evidence that supports the use of medical interventions specifically in this population. We identified three studies of antipsychotic medications,^{50, 51, 67} five studies of

serotonin reuptake inhibitors (SRIs),^{50, 52, 68, 69, 71} and one study of an opiate antagonist.⁵³ Overall, most of these studies focused on the use of medications to address specific challenging behaviors (i.e., aggression or irritability). Four studies were fair quality,⁵⁰⁻⁵³ and four were poor.^{67-69, 71}

The most consistent findings were identified for antipsychotic medications. An RCT studying risperidone found improvements in aggression, repetitive behavior, sensory motor behaviors, and overall behavioral symptoms.⁵¹ A crossover study of risperidone also showed a significant reduction of irritability/agitation ratings with risperidone treatment, but the control was indirect.⁶⁷ A placebo-controlled crossover study found that haloperidol significantly improved hyperactivity/defiance ratings, but no significant difference was found for irritability/agitation or other symptoms.⁵⁰ While limited literature supports the use of risperidone in adolescents or young adults with ASD, the efficacy of risperidone in studies including mostly children has moderate strength of evidence³² that is consistent with the results of the one fair RCT and one poor crossover study in adults with ASD. There is therefore no evidence to suggest that the effects of risperidone for irritability/agitation in ASD is specific to a particular age range.

A number of studies of SRIs were identified but with limited consistency across studies as a whole. An RCT of fluvoxamine showed decreases in repetitive behavior, aggression, autistic symptoms, and language usage.⁵² In contrast, no significant differences were observed in a crossover study of clomipramine versus placebo.⁵⁰ Three case series of SRIs were also identified, including sertraline, fluoxetine, and clomipramine, with each study reporting some benefit to treatment.^{68, 69, 71} A recent study not meeting criteria for this review contributes to the limited data on SRIs: the placebo-controlled RCT⁷⁹ of fluoxetine included 37 individuals with ASD with a mean age of 34.31 and reported improvements in repetitive behavior and ASD symptoms in the treatment group and mild harms. This study used a different medication than the one fair quality study in our age range, so it would be unlikely to influence the strength of evidence for a specific medication. It is possible, however, that a systematic review of SRIs in the broader age range of adults with ASD could provide data that might increase our confidence in the effect.

A crossover study of the opioid receptor antagonist naltrexone found no significant improvements in problem behavior and showed worsening of stereotyped behavior with naltrexone treatment compared with placebo.⁵³

Based upon the published studies in adolescents and adults with ASD, the strength of evidence is insufficient regarding harms associated with medications tested in this population. As in the case of efficacy, the data on adverse effects associated with risperidone, including sedation and weight gain, are consistent with the high strength of evidence for the association of treatment with these adverse effects in children with ASD.³² The available evidence therefore appears consistent in supporting our understanding of the risk of these adverse events in ASD without being limited to a specific age range. Of course, this does not mean that other medications tested in ASD are free of adverse effects. It is reasonable to expect that, in contrast to efficacy, which is more likely to be specific to disorder and symptom, adverse effects are more likely to extend across diverse groups of subjects studied. Clinicians evaluating the evidence and sharing information with families routinely take this perspective, as does the Food and Drug Administration in mandating that all adverse events be listed for a drug, rather than just those for a particular indication.

As one example, the limited studies of adults with ASD treated with risperidone indicate weight gain as an adverse effect but in too few studies to draw a clear conclusion about the strength of evidence. There is, however, high strength of evidence for weight gain in children with ASD treated with risperidone, as noted in a previous comparative effectiveness review.³²

Similarly, recent Cochrane reviews found substantial evidence for weight gain in adults with schizophrenia or bipolar disorder treated with risperidone.^{80,81} When the broader evidence base is considered, the consistency of these findings supports an association of weight gain with risperidone in adults with ASD, just as is true in children with ASD and adults with other disorders. This approach to assessing the evidence for harms is outside of the scope of this review, but similar conclusions could be drawn with respect to sedation and extrapyramidal symptoms with risperidone or haloperidol.

Studies of Allied Health Interventions

Few studies of allied health interventions met our criteria.^{49, 58-60, 70} One fair quality RCT assessed a 12-month recreation program⁴⁹ and reported improved quality of life and lower stress scores in individuals participating in the leisure/recreation program compared with those on a waiting list. One poor quality case series⁶⁰ included 22 young adults engaged in a music therapy intervention. Nearly all participants reported making friends during the program and were generally satisfied with the program. Both studies assessed outcomes shortly after treatment, so longer-term effects of the interventions are not known.

Two studies of facilitated communication^{59,70} used approaches designed to assess the effects of facilitation both with and without facilitators' awareness of the word being prompted. Both studies demonstrated some facilitator influence and limited effects on participants' independent ability to communicate. One retrospective study of a music therapy program reported some positive effects on participants' social skills using largely subjective outcome measures.⁵⁸

Strength of the Evidence for Effectiveness of Therapies

Overview

We assessed the literature by considering both the observed effectiveness of interventions and the confidence that we have in the stability of those effects in the face of future research. The degree of confidence that the observed effect of an intervention is unlikely to change is presented as strength of evidence and can be insufficient, low, moderate or high. Strength of evidence describes the adequacy of the current research, both quantity and quality, and whether the entire body of current research provides a consistent and precise estimate of effect. Interventions that have shown significant benefit in a small number of studies but have not yet been replicated using rigorous study designs will have insufficient or low strength of evidence, despite potentially offering clinically important benefits. Future research may find that the intervention is either effective or ineffective.

Methods for applying strength of evidence assessments are established in the Effective Health Care Program's Methods Guide for Effectiveness and Comparative Effectiveness Reviews⁴⁶ and are based on consideration of four domains: risk of bias, consistency in direction of the effect, directness in measuring intended outcomes, and precision of effect. Table 3 in the Methods section of the report includes a description of these domains.

We determined the strength of evidence for outcomes including social skills, adaptive behavior, autism symptom, challenging and repetitive behavior, harms of treatment, employment, and parent satisfaction. Tables 16 through 21 document the strength of evidence for each domain of the major intervention-outcome combinations.

Strength of the Evidence

Behavioral Interventions

All studies assessing behavioral interventions were poor quality. The strength of the evidence for all interventions targeting social skills is insufficient as it is for an intensive behavioral intervention (Table 16).

Table 16. Intervention, strength of evidence domains, and strength of evidence for outcomes of behavioral studies

Outcome/Intervention	Study Type (N Studies of Type Reporting Outcome)	Domains Pertaining to Strength of Evidence (SOE)				SOE
		Risk of Bias	Consistency	Directness	Precision	
Adaptive Behavior						
Intensive behavioral treatment	Case series (1) ⁶⁴	High	Unknown	Direct	Imprecise	Insufficient
Problem Behavior						
Social skills individual/group training	Case series (1) ⁷⁷	High	Unknown	Direct	Imprecise	Insufficient
Social Skills/Social Behaviors						
Social Skills groups	RCT (1) ⁶¹ Case series (1) ⁶²	High	Consistent	Direct	Imprecise	Insufficient
Computer-based social skills intervention ^a	RCT (3) ^{47, 63} nRCT (1) ⁴⁷	Medium	Inconsistent	Indirect	Imprecise	Insufficient
Parent Satisfaction						
Intensive behavioral treatment	Case series (1) ⁶⁴	High	Unknown	Direct	Imprecise	Insufficient

N = number; RCT = randomized controlled trial; SOE = strength of evidence

^aPaper includes two unique studies reported in one publication.

Educational Interventions

Only two poor quality studies investigated educational interventions targeting communication skills thus we assessed the strength of the evidence as insufficient (Table 17).

Table 17. Intervention, strength of evidence domains, and strength of evidence for key outcomes of educational studies

Outcome/Intervention	Study Type (N Studies of Type Reporting Outcome)	Domains Pertaining to Strength of Evidence (SOE)				SOE
		Risk of Bias	Consistency	Directness	Precision	
Language/Communication						
Teaching strategies	RCT (1) ⁶⁵ nRCT (1) ⁶⁶	High	Inconsistent	Direct	Imprecise	Insufficient

N = number; nRCT = nonrandomized controlled trial; RCT = randomized controlled trial; SOE = strength of evidence

Adaptive/Life Skills Interventions

With four poor quality studies targeting disparate outcomes using disparate adaptive/life skills-focused interventions focused on highly specific tasks/skills, we rated the strength of the evidence overall as insufficient (Table 18).

Table 18. Intervention, strength of evidence domains, and strength of evidence for outcomes of adaptive/life skills studies

Outcome/Intervention	Study Type (N Studies of Type Reporting Outcome)	Domains Pertaining to Strength of Evidence (SOE)				SOE
		Risk of Bias	Consistency	Directness	Precision	
Adaptive/Functional Behavior						
Self-care/ADL training	RCT (1) ⁵⁵ Prospective cohort (1) ⁵⁴ Case series (2) ^{56, 57}	High	Consistent	Direct	Imprecise	Insufficient
Parent Satisfaction						
TEACCH-based program	Prospective cohort (1) ⁵⁴	High	Unknown	Direct	Imprecise	Insufficient

ADL = activities of daily living; N = number; RCT = randomized controlled trial; SOE = strength of evidence; TEACCH = Treatment and Education of Autistic and Communication related Handicapped Children

Vocational Interventions

Five studies assessed employment-related outcomes as well as outcomes related to cognition and autism symptoms. All studies were poor quality, and we assessed the strength of the evidence as insufficient for all outcomes (Table 19).

Table 19. Intervention, strength of evidence domains, and strength of evidence for supported employment/vocational interventions

Outcome/Intervention	Study Type (N Studies of Type Reporting Outcome)	Domains Pertaining to Strength of Evidence (SOE)				SOE
		Risk of Bias	Consistency	Directness	Precision	
Employment						
Supported employment/vocational	Prospective cohort (1) ⁷³ Case series (1) ¹⁷ Cross-sectional (1) ⁴⁸	High	Consistent	Direct	Imprecise	Insufficient
Autism Symptoms						
Supported employment/vocational	nRCT (1) ^{74, 75}	High	Unknown	Direct	Imprecise	Insufficient
Quality of Life						
Supported employment/vocational	nRCT (1) ^{74, 75}	High	Unknown	Direct	Imprecise	Insufficient
Cognitive Development						
Supported employment/vocational	nRCT (1) ⁷² Prospective cohort	High	Unknown	Direct	Imprecise	Insufficient

N = number; nRCT = nonrandomized controlled trial; SOE = strength of evidence

Medical Interventions

There were no good studies identified for antipsychotics, serotonin reuptake inhibitors, or opioid receptor antagonists in adolescents or young adults with ASD. The strength of evidence

for each of these medication classes is insufficient. Similarly the strength of evidence for adverse effects is also insufficient (Table 20).

The strength of evidence for the use of risperidone to treat irritability and repetitive behaviors in ASD is insufficient based on a single fair RCT⁵¹ and a single poor crossover study.⁶⁷ The strength of evidence for the use of haloperidol to treat hyperactivity/defiance in ASD is insufficient based on a single fair study.⁵⁰ The strength of evidence for the use of naltrexone for the treatment of either problem behaviors or core ASD symptoms is insufficient based on a single fair crossover trial. The strength of evidence for the use of clomipramine for the treatment of ASD symptoms is insufficient based on a single fair study,⁵⁰ and a single poor case series study.⁶⁹ The strength of evidence for the use of fluvoxamine for repetitive behaviors, aggression, or other ASD symptoms is insufficient based on a single fair RCT.⁵²

Table 20. Intervention, strength of evidence domains, and strength of evidence for outcomes of medical studies

Outcome/Intervention	Study Type (N Studies of Type Reporting Outcome)	Domains Pertaining to Strength of Evidence (SOE)				SOE
		Risk of Bias	Consistency	Directness	Precision	
Challenging Behavior						
Risperidone	RCT (2) ^{51, 67}	Medium	Consistent	Direct	Imprecise	Insufficient
Haloperidol	RCT (1) ⁵⁰	Medium	Unknown	Direct	Imprecise	Insufficient
Clomipramine	RCT (1) ⁵⁰ Case series (1) ⁶⁹	Medium	Inconsistent	Direct	Imprecise	Insufficient
Fluvoxamine	RCT (1) ⁵²	Medium	Unknown	Direct	Imprecise	Insufficient
Sertraline	Case series (1) ⁶⁸	High	Unknown	Direct	Imprecise	Insufficient
Repetitive Behavior						
Risperidone	RCT (1) ⁵¹	Medium	Consistent	Direct	Imprecise	Insufficient
Naltrexone	RCT (1) ⁵³	Medium	Unknown	Direct	Imprecise	Insufficient
Haloperidol	RCT (1) ⁵⁰	Medium	Unknown	Direct	Imprecise	Insufficient
Clomipramine	RCT (1) ⁵⁰ Case series (1) ⁶⁹	Medium	Inconsistent	Direct	Imprecise	Insufficient
Sertraline	Case series (1) ⁶⁸	High	Unknown	Direct	Imprecise	Insufficient
Fluoxetine	Case series (1) ⁷¹	High	Unknown	Indirect	Imprecise	Insufficient
Harms						
Risperidone	RCT (2) ^{51, 67}	Medium	Consistent	Direct	Imprecise	Insufficient
Naltrexone	RCT (1) ⁵³	Medium	Unknown	Direct	Imprecise	Insufficient
Haloperidol	Case series (1) ⁶⁸	Medium	Unknown	Direct	Imprecise	Insufficient
Clomipramine	RCT (1) ⁵⁰ Case series (1) ⁶⁹	Medium	Inconsistent	Direct	Imprecise	Insufficient
Sertraline	Case series (1) ⁶⁸	High	Unknown	Direct	Imprecise	Insufficient
Fluoxetine	Case series (1) ⁷¹	High	Unknown	Indirect	Imprecise	Insufficient
Fluvoxamine	RCT (1) ⁵²	Medium	Unknown	Direct	Imprecise	Insufficient

N = number; RCT = randomized controlled trial; SOE = strength of evidence

Allied Health Interventions

With only one fair quality RCT of a leisure program addressing quality of life outcomes, we rated the strength of the evidence as insufficient for this outcome. Similarly, the strength of the evidence was insufficient for other allied health interventions and outcomes (Table 21).

Table 21. Intervention, strength of evidence domains, and strength of evidence for outcomes of allied health studies

Outcome/Intervention	Study Type (N Studies of Type Reporting Outcome)	Domains Pertaining to Strength of Evidence (SOE)				SOE
		Risk of Bias	Consistency	Directness	Precision	
Quality of Life						
Recreation program	RCT (1) ⁴⁹	High	Unknown	Direct	Imprecise	Insufficient
Social Skills/Social Behaviors						
Music therapy	Case series (1) ⁶⁰	High	Unknown	Indirect	Imprecise	Insufficient
Language						
Music therapy	Case series (1) ⁵⁸	High	Unknown	Indirect	Imprecise	Insufficient
Facilitated communication	Case series (2) ^{59, 70}	High	Consistent	Direct	Imprecise	Insufficient

N = number; RCT = randomized controlled trial; SOE = strength of evidence

Applicability

Applicability of the Evidence

By definition, ASDs are heterogeneous. Characterizing a “typical” individual with an ASD is not possible, although certain symptoms are central to the range of individuals within the autism spectrum. Individual therapies are developed and tested to ameliorate specific symptoms or groups of symptoms, often in a fairly circumscribed subset of children. We describe the applicability of the evidence for interventions represented in this review below.

Behavioral Interventions

Studies of behavioral interventions to date have been limited in scope. The single investigation of an intensive, comprehensive behavioral intervention was conducted across a broad age range of individuals (4 to 18) within a residential rehabilitation center. While numerous studies of younger children have focused on intensive behavioral and developmental interventions, quite often behavioral interventions for adolescents and young adults with ASD have been limited to social skills interventions. Social skills interventions in turn have been limited to investigations conducted with individuals with substantial cognitive and verbal abilities, often individuals with high-functioning autism or Asperger syndrome. Therefore the evidence of social skills interventions is likely applicable only to older, higher functioning individuals. The range of approaches studied also does not always match what is available in practice—that is, either the studies were conducted in highly controlled environments (e.g., university-supported manualized intervention trials), the actual methodology was not well described (i.e., approaches lacking treatment manuals), or the computer based intervention is not widely available. Thus, individuals wishing to infer the potential results of clinical practice based on the available research need to assess carefully the degree to which the study methods matched

those available and used in practice. Ultimately, the effectiveness of social skills interventions within and outside of these limited samples and setting is currently unknown.

Educational Interventions

The two studies of educational interventions included in this review were conducted in the United States and Canada in the home and educational environments. Characteristics of participants in the studies (intelligence quotient [IQ], language skills) likely represented a wide spectrum and were not categorized well enough to assess their applicability to the larger population. Educational approaches targeted acquisition of vocabulary and included individual- and group-based strategies; the intensity of interventions varied from a single session to multiple sessions across several weeks. Outcomes examined in this literature primarily focused on reading comprehension and acquisition of vocabulary among individuals exposed to various teaching approaches.

Adaptive/Life Skills Interventions

Two adaptive/life skills studies explicitly included individuals with ASD and intellectual disability,^{54, 55} however specific measures of developmental and behavioral profiles of included individuals were quite variable and often lacked adequate description across studies. One study explicitly included high school students able to use a computer and program a digital device,⁵⁷ but specific cognitive and behavioral characteristics of this group were not well described. The remaining study included individuals attending a special school and likewise did not report explicit standardized measurements of the developmental and behavioral characteristics of the group apart from ASD diagnosis.⁵⁶

Studies of certain adaptive/life skills interventions based on intensive application of highly specified programs focused on individuals with ASD with profound cognitive impairments, while specific technological and educational structure-related interventions targeted individuals with cognitive abilities closer to developmental expectations. However, given the variability and limited information concerning developmental, cognitive, and behavioral characteristics of study populations in this category, it is unclear how findings from these studies might apply across varying individuals with ASD. Furthermore, given methodological limitations in study design and time frame, it is not only unclear how adaptive/life skills interventions apply to varying groups of individuals, but it is unclear whether they represent intervention enhancements with meaningful effect over time.

Vocational Interventions

Although often not well characterized, the populations from studies examining the efficacy of supported employment/vocational interventions likely represent higher-functioning adults with ASD. Studies were conducted in the United States, United Kingdom, Spain, and Germany, and two specifically targeted adults with high-functioning autism or Asperger syndrome. One study included those who had nonverbal IQ scores above the 35th percentile. Although a fourth study included adults with a range of intellectual functioning, all adults were required to have “acceptable professional and vocational abilities.” The final study did not report on the intellectual functioning of the sample.

Supported work interventions ranged in duration from 2 years to 8 years, and included job finding services and job coaches who accompanied adults with ASD to the worksite. Comparators included adults in a sheltered work setting (i.e., sheltered workshop) as well as

adults who were receiving no supported employment services. The most common outcome assessed was the presence/absence of a job in the community. Other aspects of employment that were sometimes examined included the length of time employed, number of hours working per week, and wages. One study each assessed autism symptoms, quality of life, and cognitive functioning. Overall, participants in these studies were drawn from the community and thus reflect characteristics of the larger population of higher functioning individuals. Interventions also took place within the larger community. Jobs located were typically support or service positions and do not reflect the scope of employment possibilities potentially available for individuals with ASD with more developed cognitive abilities or social and communication skills.

Medical Interventions

Studies of Antipsychotics

Three RCTs, including mostly adolescents and young adults (age 13 to 30 years) but not limited to this range, examined antipsychotics. Although the mean age was within this range the populations include younger children and older adults. All of the studies used Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria-based diagnoses of autistic disorder as an inclusion criterion. One risperidone study also included individuals with pervasive developmental disorder-not otherwise specified (PDD-NOS). Inclusion criteria for the two risperidone studies also included a minimum level of problem behaviors. The mean IQ of the patients was in the range of intellectual disability in the two risperidone studies, while the haloperidol study did not report IQ. Doses of risperidone or haloperidol in all three RCTs were within the range of doses used clinically for some adolescents and young adults with ASD.

All three RCTs assessed aggressive behavior, repetitive behaviors, and general autism symptoms. All of the studies monitored for adverse effects (extrapyramidal and others) either clinically or with specific assessments. Some, but not all, of the studies specifically assessed repetitive behaviors, self-injurious behavior, social relationships, or language. All three of these RCTs were conducted in academic clinic settings in the United States and Canada. The characteristics of these settings may limit applicability.

Studies of Opioid Receptor Antagonists

One placebo-controlled RCT assessed naltrexone and included adult subjects with Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R) criteria-based diagnoses of autistic disorder. Participants also reportedly had intellectual disabilities. Naltrexone dose in one cohort was 50 mg/day but in the second cohort was increased to 150 mg/day. The increased dose was slightly higher than other studies cited, and the clinical applicability of these doses to patients with ASD has not been established.

The primary outcome was self-injurious behavior. Additional outcomes included irritability, stereotypy, hyperactivity, inappropriate speech, social withdrawal, and global clinical improvement. This RCT was conducted in an academic clinic setting in the Netherlands, and the applicability may be limited by this setting.

Studies of SRIs

Five studies (two placebo-controlled RCTs and four case series) investigated SRIs including clomipramine, fluvoxamine, sertraline, and fluoxetine. All participants had DSM-IV or DSM-III-

R criteria-based diagnoses of autistic disorder. Two of studies also included other types of ASD (e.g., PDD-NOS and Asperger syndrome). Most of the subjects in these studies were adolescents and young adults (ages 13 to 30 years). The mean age was within this range, although some younger children and older adults were included. Drug dosages used in these studies were consistent with doses used clinically for some adolescents and young adults; however, the clinical applicability of these doses to patients with ASD has not been established.

Most of the studies assessed repetitive behaviors, aggressive behavior, and general autism symptoms. Some, but not all of the studies specifically assessed self-injurious behavior, social relationships, or language. All studies were conducted in academic clinic settings in the United States and Canada. The applicability of these studies may be limited by these settings.

Allied Health Interventions

The five studies^{49, 58-60, 70} of allied health interventions meeting our criteria included disparate groups of individuals and interventions. Three of the studies explicitly included individuals with intellectual disability,^{49, 59, 70} and participant ages ranged widely, though most were in the adolescent range. With the exception of an RCT of a recreation program⁴⁹ employing a waiting list control condition, studies were case series and thus lacked comparison groups. In studies of facilitated communication, all participants engaged in communication trials in which the facilitator was either aware or not aware of the word or image being prompted. Outcomes included quality of life and stress level in the recreation program RCT, social skills-related outcomes in studies of music therapy, and language/vocabulary in studies of facilitated communication. Interventions occurred in university-based or specialized developmental disabilities treatment centers and may not be widely available to the larger community with ASD. Studies were short term with the exception of the recreation program RCT,⁴⁹ which assessed individuals after 12 months of participation.

Gaps in the Evidence

Methodologic Considerations

A number of methodologic considerations may be helpful for understanding the current state of the literature and for guiding future research. Of the 32 studies included in the report, 18 used a comparison group. Of those, 11 applied random assignment, and of those 11, 3 were assessed to have randomized appropriately. The rest of the studies were case series or cross-sectional. Few studies in this area are prospective trials, most being retrospective program evaluations, which have substantial risks of bias.

Growth in the number of studies with greater attention to rigorous design for the purpose of studying effectiveness will provide additional information for those making decisions about care in the future. Over half (18 of 32) of the studies reported use of an adequate diagnostic approach, and we suggest that future research attend to improved reporting about the basis for diagnosis of individuals included in the studies. Most, but not all (26 of 32) fully described inclusion and exclusion criteria, which is helpful for characterizing the population and assessing the applicability of the evidence. Reporting of either fidelity (for behavioral studies) or treatment adherence was low, with eight studies reporting fidelity and five studies reporting adherence. Again, this information is important to end users of the research for assessing applicability and understanding the implications of the results.

Methodologic strengths in this literature included the use of valid outcomes measures (29 of 32 studies), appropriate sources (e.g., teacher or parent report) of outcome data (31 of 32 studies), and appropriate statistical analysis (26 of 32) for the study design.

Future Research

The period of development representing the transition from adolescence to early adulthood presents numerous challenges for individuals with and without neurodevelopmental challenges. During this same interval individuals with ASD are presented with additional complexities that require efforts to maximize the possibility of a positive transition and achievement of individual goals for independence. Nonetheless, and despite increasing numbers of adolescents facing this transition, no area of research provides sufficient strength of evidence for the impact of specific intervention strategies in terms of improving important outcomes for specific groups of individuals with ASD.

Overall, there is a dearth of evidence in all areas of care for adolescents and young adults with ASD, and it is urgent that more rigorous studies be developed and conducted. It is unlikely that large scale implementation of interventions will be considered until a stronger evidence base is developed, despite growing numbers of individuals with need, and some small studies demonstrating initial promise. A fruitful area for consideration may be identifying programs/interventions that are appropriate candidates for developing treatment manuals to encourage standardized replication of promising approaches.

Basic understanding of the effects of aging on health, cognitive skills and other domains of functioning is absent, and evaluations of interventions are rare. The lack of randomized, controlled trials is notable in all categories of intervention, but especially so in medical interventions, where substantial adverse events may be associated with medication use in adolescence. Only three studies reported more than 12 months of followup^{17, 54, 74}; longer term data are needed in all areas of therapy. Furthermore, although early intervention for individuals with ASD is often delivered in the home or at specialized agencies, behavioral and educational interventions for adolescents and adults with ASD are likely to take place in existing community-based settings such as schools and businesses, with non-specialists having a key role in implementation. Thus, another critical issue is to design interventions for implementation in such settings.

The behavioral literature generally focuses on subsets of individuals with ASD, often those who are higher functioning, and may not be representative of the range of individuals with ASD. In particular, more attention is warranted to understanding the impact of behavioral interventions in the lives of individuals and how these interventions generalize to real-world impact and outcome. Few studies addressing educational interventions in the adolescent and young adult population have been conducted, and studies focusing on life skills or adaptive behaviors have included few individuals in typically short-term studies focused on very specific short-term intermediate outcomes. More research in both areas over a broader time frame with more clearly defined populations is critical for helping individuals with ASD transition to greater independence.

In vocational research, studies are needed that illuminate which aspects of multifaceted supported employment programs have the greatest impact. Studies that do show evidence of effectiveness in this area should collect longer-term data to describe the degree to which findings, including the duration of employment, continue after the intervention itself is removed. These studies should also broaden the outcomes measured, to include other functional outcomes

such as quality of life, educational attainment, residential outcomes and social outcomes. Similarly, allied health studies are needed to understand best approaches to fostering independent living skills and ways in which improvements in motor skills may affect communication and other domains.

Medical studies conducted in adolescents and young adults have focused largely on problem behaviors, and additional data are needed on medical comorbidities in adolescents with ASD. Clear evidence from earlier studies of antipsychotics, which included mostly younger children, supports the use of risperidone and aripiprazole in children with ASD. The only fair quality study of risperidone in adults is consistent with the findings in children, but the strength of evidence based upon the adult literature alone is insufficient to draw firm conclusions. Population studies may be helpful to empirically group ASD patients by age in a way that fosters more effective studies of treatments. Understanding the age-appropriateness of potential medical treatments as based on social, physiological, pharmacological, and functional characteristics of the population would help to prioritize future research, including the ways in which medical comorbidities arise or increase as children with ASD move into adolescence and adulthood. Increased use of standardized age groupings would facilitate comparisons of effectiveness within medical intervention categories as well as with non-medical therapies. One way to support accomplishing this is by developing treatment networks with adequate numbers of patients of varying ages to participate in research.

Thus far, medication research in adolescents and young adults with ASD has been limited to compounds that are already approved for other indications. As targeted treatments for ASD emerge, initial studies will need to study adult populations to establish safety before moving into studies of adolescents and finally children. Study of compounds not yet on the market could be facilitated with partnerships between the academic and pharmaceutical communities. It will be critical to consider the appropriate outcome measures and settings in which to study medication response in adults. The heterogeneity in settings for adults with ASD is a significant impediment to assessing symptom response. Ideally, medications would be combined with an educational or psychosocial intervention that would mirror the school and therapeutic settings in which children with ASD show improvements in social, communication, or behavioral function. Without some level of educational or social challenge, it may be quite difficult to assess medication response.

Across all intervention types, research is needed on which outcomes to use in future studies. The Aberrant Behavior Checklist is a widely used, easily repeatable, and highly sensitive outcome measure for behavioral symptoms in ASD, but it does not directly index anxiety, mood, social, or communication function, nor does it capture broader outcomes such as quality of life. More outcome measures are needed to allow assessment of a broader range of symptoms, particularly in individuals who may be higher functioning. No studies provide adequate information on longer-term outcomes, and particularly on outcomes related to achieving goals for independence and quality of life. To some degree, this reflects a lack of understanding and consensus about optimal outcomes and how to measure them. We know little about which outcome measures are most appropriate and valid for this population specifically; nor do we have good, empirical evidence about which outcomes are valued by individuals and their families. Furthermore, it is unclear which outcomes are most likely to change as a result of the very different types of interventions assessed in this population. Substantial, foundational research should be done to identify and validate outcome measures in the adolescent and young adult population with ASD.

Research is also necessary to understand how individuals' expression of ASD symptoms and the severity of symptoms may affect treatment over the lifespan. Foundational research is necessary to understand the goals of individuals with autism and their families as future research studies are planned. Similarly, little research addressing the effects of family and caregiver interactions and characteristics on the responses of individuals' with ASD to interventions exists. Finally, for all research in this area, we encourage greater transparency in reporting, particularly as it relates to reporting of randomization approaches, characterization of study participants, description of the intervention and measures of fidelity and adherence. These are all necessary to understand correctly the potential impact of the interventions being reported.

Conclusions

Given the number of individuals affected by ASD, there is a dramatic lack of evidence on best approaches to therapies for adolescents and young adults with these conditions. In particular, families have little in the way of evidence-based approaches to support interventions capable of optimizing the transition of teens with autism into adulthood. Most of the studies identified were poor quality; while the five fair quality studies were primarily of medical interventions. Behavioral, educational, and adaptive/life skills studies were typically small and short term and suggested some improvements in social skills and functional behavior.

Individual studies also suggested that vocational programs may increase employment success, but the studies were small. By the same token, few data address the effectiveness and harms of medical or allied health interventions in the adolescent and young adult population. Although the studies that have been conducted focused on the use of medications to address specific challenging behaviors, the effectiveness in managing irritability and aggression in this age group remains largely unknown and can at best be inferred from studies including mostly younger children.

References

1. Prevalence of the Autism Spectrum Disorders (ASDs) in Multiple Areas of the United States, 2004 and 2006 Centers for Disease Control and Prevention. Atlanta: 2009. www.cdc.gov/ncbddd/autism/states/ADDMCommunityReport2009.pdf
2. Fombonne E. Epidemiological surveys of autism and other pervasive developmental disorders: an update. *J Autism Dev Disord.* 2003 Aug;33(4):365-82. PMID: 12959416.
3. Shattuck PT, Seltzer MM, Greenberg JS, et al. Change in autism symptoms and maladaptive behaviors in adolescents and adults with an autism spectrum disorder. *J Autism Dev Disord.* 2007 Oct;37(9):1735-47. PMID: 17146700.
4. McGovern CW, Sigman M. Continuity and change from early childhood to adolescence in autism. *J Child Psychol Psychiatry.* 2005 Apr;46(4):401-8. PMID: 15819649.
5. Fecteau S, Mottron L, Berthiaume C, et al. Developmental changes of autistic symptoms. *Autism.* 2003 Sep;7(3):255-68. PMID: 14516059.
6. Seltzer MM, Shattuck P, Abbeduto L, et al. Trajectory of development in adolescents and adults with autism. *Ment Retard Dev Disabil Res Rev.* 2004;10(4):234-47. PMID: 15666341.
7. Seltzer MM GJ, Taylor JL, Smith L, Orsmond GI, Esbensen A, Hong J. Adolescents and adults with autism spectrum disorders. In: Amaral D DG, Geschwind D, ed *Autism Spectrum Disorders.* New York: Oxford; 2011:241-52.
8. 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. PMID: 8916159.
9. Billstedt E, Gillberg IC, Gillberg C. Autism after adolescence: population-based 13- to 22-year follow-up study of 120 individuals with autism diagnosed in childhood. *J Autism Dev Disord.* 2005 Jun;35(3):351-60. PMID: 16119476.
10. Eaves LC, Ho HH. Young adult outcome of autism spectrum disorders. *J Autism and Dev Disord.* 2008 Apr;38(4):739-47.
11. Howlin P, Goode S, Hutton J, et al. Adult outcome for children with autism. *J Child Psychol Psychiatry.* 2004 Feb;45(2):212-29. PMID: 14982237.
12. Taylor JL, Seltzer MM. Employment and post-secondary educational activities for young adults with autism spectrum disorders during the transition to adulthood. *J Autism Dev Disord.* 2011 May;41(5):566-74. PMID: 20640591.
13. Ganz ML. The lifetime distribution of the incremental societal costs of autism. *Arch Pediatr Adolesc Med.* 2007 Apr;161(4):343-9. PMID: 17404130.
14. 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. PMID: 17015508.
15. Cimera RE, Cowan RJ. The costs of services and employment outcomes achieved by adults with autism in the US. *Autism.* 2009 May;13(3):285-302. PMID: 19369389.
16. Taylor JL, Seltzer MM. Changes in the autism behavioral phenotype during the transition to adulthood. *J Autism Dev Disord.* 2010 Apr 2. PMID: 20361245.
17. Howlin P, Alcock J, 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):533-49. PMID: 16287704.
18. Howlin P. Outcomes in autism spectrum disorders. In: Volkmar FR, ed *Handbook of autism and pervasive developmental disorders.* 3rd ed. Hoboken, NJ: John Wiley and Sons; 2005:201-20.

19. Harmon A. Autistic and Seeking a Place in an Adult World. *New York Times*. New York Times Company: New York. September 17, 2011.
20. Taylor JL. The transition out of high school and into adulthood for individuals with autism and their families. In: Hodapp R, ed. *International Review of Research in Mental Retardation*. Vol. 38. Waltham, MA: Academic Press; 2009:2-28.
21. National Autism Center. *National Standards Report*. National Autism Center. Randolph, MA; 2009.
22. Nazeer A. Psychopharmacology of autistic spectrum disorders in children and adolescents. *Pediatr Clin North Am*. 2011 Feb;58(1):85-97, x. PMID: 21281850.
23. Huffman LC, Sutcliffe TL, Tanner IS, et al. Management of symptoms in children with autism spectrum disorders: a comprehensive review of pharmacologic and complementary-alternative medicine treatments. *J Dev Behav Pediatr*. 2011 Jan;32(1):56-68. PMID: 21160435.
24. Robb AS. Managing Irritability and Aggression in Autism Spectrum Disorders in Children and Adolescents. *Dev Disabil Res Rev*. 2010;16(3):258-64.
25. Williams K, Wheeler DM, Silove N, et al. Selective serotonin reuptake inhibitors (SSRIs) for autism spectrum disorders (ASD). *Cochrane Database Syst Rev*. 2010(8):CD004677. PMID: 20687077.
26. 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. PMID: 16887860.
27. IMPAQ International. *Autism Spectrum Disorders (ASDs) Services Final Report on Environmental Scan*. IMPAQ International Columbia, MD: March 9, 2010. www.impaqint.com/files/4-content/1-6-publications/1-6-2-project-reports/finalasdreport.pdf
28. Carpenter WT, Koenig JI. The evolution of drug development in schizophrenia: past issues and future opportunities. *Neuropsychopharmacology*. 2008 Aug;33(9):2061-79. PMID: 18046305.
29. Akam E, Strange PG. Inverse agonist properties of atypical antipsychotic drugs. *Biochem Pharmacol*. 2004 Jun 1;67(11):2039-45. PMID: 15135301.
30. Meltzer HY, Huang M. In vivo actions of atypical antipsychotic drug on serotonergic and dopaminergic systems. *Prog Brain Res*. 2008;172:177-97. PMID: 18772033.
31. Kuroki T, Nagao N, Nakahara T. Neuropharmacology of second-generation antipsychotic drugs: a validity of the serotonin-dopamine hypothesis. *Prog Brain Res*. 2008;172:199-212. PMID: 18772034.
32. McPheeters ML, Warren Z, Sathe N, et al. A systematic review of medical treatments for children with autism spectrum disorders. *Pediatrics*. 2011 May;127(5):e1312-21. PMID: 21464191.
33. Cath DC, Ran N, Smit JH, et al. Symptom overlap between autism spectrum disorder, generalized social anxiety disorder and obsessive-compulsive disorder in adults: a preliminary case-controlled study. *Psychopathology*. 2008;41(2):101-10. PMID: 18033980.
34. Jacob S, Landeros-Weisenberger A, Leckman JF. Autism spectrum and obsessive-compulsive disorders: OC behaviors, phenotypes and genetics. *Autism Res*. 2009 Dec;2(6):293-311. PMID: 20029829.
35. Mulder EJ, Anderson GM, Kema IP, et al. Platelet serotonin levels in pervasive developmental disorders and mental retardation: diagnostic group differences, within-group distribution, and behavioral correlates. *J Am Acad Child Adolesc Psychiatry*. 2004 Apr;43(4):491-9. PMID: 15187810.
36. 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. PMID: 1536276.
37. Kolevzon A, Mathewson KA, Hollander E. Selective serotonin reuptake inhibitors in autism: a review of efficacy and tolerability. *J Clin Psychiatry*. 2006 Mar;67(3):407-14. PMID: 16649827.

38. Deutsch SI. Rationale for the administration of opiate antagonists in treating infantile autism. *Am J Ment Defic.* 1986 May;90(6):631-5. PMID: 2872816.
39. Chabane N, Leboyer M, Mouren-Simeoni MC. Opiate antagonists in children and adolescents. *Eur Child Adolesc Psychiatry.* 2000;9 Suppl 1:144-50. PMID: 11140779.
40. Feldman HM, Kolmen BK, Gonzaga AM. Naltrexone and communication skills in young children with autism. *J Am Acad Child Adolesc Psychiatry.* 1999 May;38(5):587-93. PMID: 10230191.
41. 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. PMID: 7890130.
42. Schall C, McDonough J. Autism spectrum disorders in adolescence and early adulthood: characteristics and issues. *J Vocat Rehabil.* 2010;32:81-8.
43. Warren Z, Veenstra-VanderWeele J, Stone W, Bruzek JL, Nahmias AS, Foss-Feig JH, Jerome RN, Krishnaswami S, Sathe NA, Glasser AM, Surawicz T, McPheeters ML. Therapies for Children With Autism Spectrum Disorders. Comparative Effectiveness Review No. 26. (Prepared by the Vanderbilt Evidence-based Practice Center under Contract No. 290-2007-10065-I.) AHRQ Publication No. 11-EHC029-EF. Rockville, MD: Agency for Healthcare Research and Quality. April 2011. www.effectivehealthcare.ahrq.gov/reports/final.cfm. PMID: 21834171.
44. Chou R, Aronson N, Atkins D, et al. AHRQ series paper 4: assessing harms when comparing medical interventions: AHRQ and the Effective Health-Care Program. *J Clin Epidemiol.* 2010 May;63(5):502-12. PMID: 18823754.
45. Agency for Healthcare Research and Quality. *Methods Guide for Effectiveness and Comparative Effectiveness Reviews.* Agency for Healthcare Research and Quality Rockville, MD: 2008. www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=21433403
46. Owens DK, Lohr KN, Atkins D, et al. AHRQ series paper 5: grading the strength of a body of evidence when comparing medical interventions—Agency for Healthcare Research and Quality and the Effective Health-Care Program. *J Clin Epidemiol.* 2010 May;63(5):513-23. PMID: 19595577.
47. Golan O, 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. PMID: 16600069.
48. 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. PMID: 18810627.
49. Garcia-Villamisar DA, Dattilo J. Effects of a leisure programme on quality of life and stress of individuals with ASD. *J Intellect Disabil Res.* 2010 Jul;54(7):611-9. PMID: 20500784.
50. 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. PMID: 11476129.
51. 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. PMID: 9672054.
52. 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. PMID: 8911223.
53. 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. PMID: 7654128.

54. Van Bourgondien ME, Reichle NC, Schopler E. Effects of a model treatment approach on adults with autism. *J Autism Dev Disord.* 2003 Apr;33(2):131-40. PMID: 12757352.
55. Nelson DL, Gergenti E, 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. PMID: 6927657.
56. Jewell JD, Grippi A, Hupp SDA, et al. The effects of a rotating classroom schedule on classroom crisis events in a school for autism. *N Am J Psychol.* 2007;9(1):37-52. PMID: 2007-05078-003.
57. Gentry T, Wallace J, Kvarfordt C, et al. Personal digital assistants as cognitive aids for high school students with autism: results of a community-based trial. *J Vocat Rehabil.* 2010;32(2):101-7.
58. Kaplan RS, 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. PMID: 15839730.
59. 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. PMID: 8226584.
60. Greher GR, Hillier A, Dougherty M, et al. SoundScape: An interdisciplinary music intervention for adolescents and young adults on the autism spectrum. *Int J Educ Arts.* 2010;11(9).
61. Laugeson EA, Frankel F, Mogil C, et al. Parent-assisted social skills training to improve friendships in teens with autism spectrum disorders. *J Autism Dev Disord.* 2009 Apr;39(4):596-606. PMID: 19015968.
62. 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. PMID: 17216559.
63. Silver M, 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. PMID: 11708589.
64. Valenti M, Cerbo R, Masedu F, et al. Intensive intervention for children and adolescents with autism in a community setting in Italy: A single-group longitudinal study. *Child Adolesc Psychiatry Ment Health.* 2010;4(1).
65. O'Connor IM, 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. PMID: 15162931.
66. Elliott RO, Jr., Hall K, 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. PMID: 1778959.
67. 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. PMID: 16596465.
68. McDougle CJ, Brodtkin 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. PMID: 9472844.
69. Brodtkin 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. PMID: 9334896.
70. Bebko JM, Perry A, 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. PMID: 8819769.
71. Cook EH, Rowlett R, Jaselskis C, et al. Fluoxetine treatment of children and adults with autistic disorder and mental retardation. *J Am Acad Child Adolesc Psychiatry.* 1992 Jul;31(4):739-45.
72. Garcia-Villamisar D, Hughes C. Supported employment improves cognitive performance in adults with Autism. *J Intellect Disabil Res.* 2007 Feb;51(Pt 2):142-50. PMID: 17217478.

73. Mawhood L, Howlin P. The outcome of a supported employment scheme for high-functioning adults with autism or Asperger syndrome. *Autism*. 1999 Sep;3(3):229-54.
74. García-Villamizar D, Wehman P, Navarro MD. Changes in the quality of autistic people's life that work in supported and sheltered employment. A 5-year follow-up study. *J Vocat Rehabil*. 2002;17(4):309-12.
75. García-Villamizar D, Ross D, Wehman P. Clinical differential analysis of persons with autism in a work setting: A follow-up study. *J Vocat Rehabil*. 2000;14(3):183-5.
76. Laugeson EA, Frankel F, Gantman A, et al. Evidence-based social skills training for adolescents with autism spectrum disorders: The UCLA PEERS Program. *J Autism Dev Disord*. 2011 Aug 20. PMID: 21858588.
77. Verhoeven EW, Marijnissen N, Berger HJ, et al. Brief report: Relationship between self-awareness of real-world behavior and treatment outcome in autism spectrum disorders. *J Autism Dev Disord*. 2011 Jun 23; PMID: 21698498.
78. 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. PMID: 18310165.
79. Hollander E, Soorya L, Chaplin W, et al. A double-blind placebo-controlled trial of fluoxetine for repetitive behaviors and global severity in adult autism spectrum disorders. *Am J Psychiatry*. 2011;A 1A:1-8.
80. Rendell JM, Gijsman HJ, Bauer MS, et al. Risperidone alone or in combination for acute mania. *Cochrane Database Syst Rev*. 2006(1):CD004043. PMID: 16437472.
81. Komossa K, Rummel-Kluge C, Schwarz S, et al. Risperidone versus other atypical antipsychotics for schizophrenia. *Cochrane Database Syst Rev*. 2011(1):CD006626. PMID: 21249678.

Acronyms and Abbreviations

ABC	Aberrant Behavior Checklist
ABC-C	Aberrant Behavior Checklist-Community Rating Scale
ABC-I	Aberrant Behavior Checklist-Community Rating Scale-Irritability
AHRQ	Agency for Healthcare Research and Quality
ASD	Autism spectrum disorders
BPVS	British Picture Vocabulary Scale
CARS	Childhood Autism Rating Scale
CGI-I	Clinical Global Impressions-Improvement
CGI-S	Clinical Global Impressions-Severity
DSM-III-R	Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
FC	Facilitated communication
G	Group
IQ	Intelligence quotient
KBIT2	Kaufman Brief Intelligence Test-Second Edition
KQ	Key Question
mg	Milligram
N, n	Number
NA	Not applicable
NR	Not reported
nRCT	Nonrandomized controlled trial
PDA	Personal digital assistant
PDD-NOS	Pervasive developmental disorder-not otherwise specified
PEP	PsychoEducational Profile
RCT	Randomized controlled trial
SD	Standard deviation
SIB-Q	Self-Injurious Behavior Questionnaire
SRI	Serotonin reuptake inhibitor
TEACCH	Treatment and Education of Autistic and Communication related Handicapped Children
TEP	Technical Expert Panel
TOO	Task Order Officer
U.K.	United Kingdom
U.S.	United States
WAIS	Wechsler Adult Intelligence Scale
WASI	Wechsler Abbreviated Scale of Intelligence
Y-BOCS	Yale Brown Obsessive Compulsive Scale

Appendix A. Exact Search Strings and Results

Table A-1. PubMed search strategies (all searches last updated December 13, 2011)

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]	20485
#2 therapy[sh] OR therapeutics[mh] OR teaching[mh] OR psychotherapy[mh] OR treatment outcome[mh] OR vocational education[mh] OR vocational guidance[mh] OR rehabilitation, vocational[mh] OR vocational[tiab] OR transition[tiab] OR transitional[tiab] OR transitioning[tiab] OR transitions[tiab] OR occupational[tiab] OR employment, supported[mh]	6387748
#3 #1 AND #2 AND eng[la] AND humans[mh]	5206
#4 #3 AND newspaper article[pt]	1
#5 #3 AND letter[pt]	301
#6 #3 AND comment[pt]	184
#7 #3 AND case reports[pt]	891
#8 #3 AND review[pt]	962
#9 #3 AND practice guideline[pt]	7
#10 #3 AND news[pt]	53
#11 #3 AND editorial[pt]	96
#12 #3 AND historical article[pt]	33
#13 #3 AND meta-analysis[pt]	33
#14 #3 AND legal cases[pt]	7
#15 #3 AND jsubsetk	29
#16 #3 NOT (#4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15)	2961
#17 #16 AND 1980:2012[dp]	2574

Key: [mh] = Medical Subject Heading; [tiab] = title/abstract word; [pt] = publication type; [sh] = subheading; [dp] = publication date

*Note: numbers do not tally as some articles are excluded in more than one category.

Table A-2. PsycINFO search strategies (CSA interface)

Search Terms	Search Results
#1	DE=("pervasive developmental disorders" or "aspergers syndrome" or "autism") 20109
#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 "supportive psychotherapy" or "transactional analysis" or "rehabilitation" or "cognitive rehabilitation" 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 "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" or "vocational education" or "occupational guidance" or "school to work transition" or "group homes" or "residential care institutions" or "independent living programs" or "institutional schools" or "assisted living" or "therapeutic camps" or

	"mainstreaming" or "mainstreaming (educational)" or "special education")	
#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 human and peer-reviewed journals, citations from 1980 to present	1738

Key: DE = subject descriptor; PT = publication type; ME = methodology

Table A-3. ERIC search strategies (CSA interface)

Search Terms	Search Results	
#1	("pervasive developmental disorders") or autism or ("asperger syndrome")	8044
#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 "vocational education" or "adult vocational education" or "prevocational education" or "individualized transition plans" or "vocational rehabilitation" or "vocational schools" or "vocational training centers" or "transitional programs" or "education work relationship" or "supported employment" or "residential care" or "residential schools" or "residential programs" or "residential institutions" or "boarding schools" or "resident camp programs" or "group homes")	138853
#3	#1 and #2, limited to peer reviewed journals, English only, and citations from 1980 to present	977

Key: DE = subject descriptor

Table A-4. CINAHL search strategies (EBSCO interface)

Search Terms	Search Results
#1 (MH "Child Development Disorders, Pervasive") OR (MH "Asperger Syndrome") OR (MH "Autistic Disorder"), limited to English language, human, research studies, and peer-reviewed journals, excluding MEDLINE records	398
#2 #1 AND PT systematic review	16
#3 #1 AND PT review	1
#4 #1 AND PT case study	49
#5 #1 NOT (#2 OR #3 OR #4)	332

Key: MH = subject term

Note: CINAHL includes citations from 1981 to present so date limiting unnecessary for this search

Appendix B. Categorization of 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 with 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. These types of studies can also be described as employing a nonrandomized pre-post group comparison design.
- 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 nontreatment 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 with 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. Followup 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 C. Sample Data Extraction Forms

Interventions for Adolescents and Young Adults with Autism Comparative Effectiveness 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) between the ages of 13-30 ___ caregivers/family members of individuals ages 13-30 with ASDs	Yes (if at least 1 marked, circle Yes)	No	Cannot Determine
2. Original research (exclude editorials, commentaries, letters, reviews, etc.)	Yes	No	Cannot Determine
3. Eligible study size (≥ 20 individuals with ASDs between ages 13-30) N ages 13-30= _____	Yes	No	Cannot Determine
4. Addresses any of the following in individuals with ASD between the ages of 13-30: a. ___ treatment modality intended to modify core symptoms of ASD b. ___ treatment modality intended to modify medical or mental health comorbidities (e.g., epilepsy, sleep disorders, depression, anxiety, acute and episodic aggression, motor skills, etc.) c. ___ treatment modality intended to affect functional behavior, attainment of goals toward independence, educational attainment, occupational attainment, life satisfaction, residential outcomes, social outcomes, and relationship-focused outcomes d. ___ treatment modality intended to assist with transitional issues (e.g., attainment of goals toward independence, educational attainment, occupational attainment, life satisfaction, access to services, legal outcomes, and social outcomes) e. ___ treatment modality intended to affect family adaptation or family outcomes f. ___ harms/adverse effects associated with treatment	Yes (if at least 1 element marked, circle Yes)	No	Cannot Determine

Retain for: _____ BACKGROUND/DISCUSSION _____ REVIEW OF REFERENCES
 _____ Other _____

COMMENTS:

**Interventions for Adolescents and Young Adults with Autism Comparative Effectiveness Review --
Full Text Review Form**

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

1. Includes one of the following: 1a. Only individuals between the ages 13 and 30 with ASD	Yes	No
1b. Mean age of participants with ASD is within range of 13-30	Yes	No
1c. At least 50% of participants with ASD in age range 13-30	Yes	No
1d. Family members of individuals in the target population	Yes	No
2. Original research (exclude editorials, commentaries, letters, reviews, systematic reviews, meta analyses, etc.)	Yes	No
3. Eligible study size $N \geq 20$ TOTAL in target age range	Yes	No
4. Study addresses one or more of the following questions (check applicable KQ below):	Yes	No
<p>__KQ1: Among adolescents and young adults with autism spectrum disorders (ASDs), what are the effects of available interventions* on the core symptoms of ASD?</p> <p>__KQ2: Among adolescents and young adults with ASD, what are the effects of available interventions (see KQ1*) on common medical and mental health comorbidities (e.g., epilepsy, sleep disorders, obesity, motor impairments, depression, anxiety, acute and episodic aggression, ADHD etc.)?</p> <p>__KQ3: Among adolescents and young adults with ASD, what are the effects of available interventions (see KQ1*) on functional behavior, attainment of goals toward independence, educational attainment, occupational/vocational attainment, life satisfaction, access to health and other services, legal outcomes, and social outcomes?</p> <p>__KQ4: Among adolescents and young adults with ASD, what is the effectiveness of interventions designed to support the transitioning process, specifically to affect attainment of goals toward independence, educational attainment, occupational/vocational attainment, life satisfaction, access to health and other services, legal outcomes, and social outcomes?</p> <p>__KQ5: Among adolescents and young adults with ASD, what harms are associated with available interventions (see KQ1*)?</p> <p>__KQ6: What are the effects of interventions on family outcomes?</p>		
<p>Treatment area studied (circle applicable): behavioral, educational, medical, allied health,</p>		

CAM, transitional support, family-focused, vocational, crisis management, sex education, exercise/recreational, residential supports, other:_____)

5. Study published in English

Yes

No

EXCLUDE IF AN ITEM IN A GRAY BOX IS SELECTED

6. If excluded, retain for ___Background/Discussion ___Review of references ___Other:

Comments:

* Available interventions may include the following broad categories: social skills, psychopharmacology, functional behavioral interventions, psychoeducational interventions, vocational and independent living skills training, targeted educational interventions, transition support, complementary and alternative medicine (CAM), diet/nutrition therapies, crisis management, sexual education, case management, family-focused interventions, exercise/recreational interventions, applied behavior analysis, allied health (e.g., speech/language, physical, and occupational therapies), and residential supports.

Appendix D. Evidence Tables

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

Table D-1. Interventions for adolescents and young adults with autism evidence table

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Garcia-Villamizar et al., 2010</p> <p>Country: Spain</p> <p>Enrollment period: NR</p> <p>Funding: NR</p> <p>Author industry relationship disclosures: NR</p> <p>Design: RCT</p>	<p>Intervention: Leisure/recreation program including interaction with media, exercise, game playing, and other recreational activities for 2 hrs/day</p> <p>Intervention target: Quality of life and stress</p> <p>Primary outcome: NR</p> <p>Groups: G1: leisure program G2: wait list control</p> <p>Treatment duration: 12 months</p> <p>Frequency of contact during study: Baseline and after 12 months</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1: 37 G2: 34</p> <p>N at followup: G1: 37 G2: 34</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • Attendance at day program for adults with special needs • Consent to participate in study <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • See inclusion criteria <p>Age, yrs, mean ± SD, (range): G1: 31.49 ± 4.83 (17-39) G2: 30.06 ± 3.44 (24-38)</p> <p>Mental age (Leiter), months, mean ± SD: G1: 63.46 ± 21.33 G2: 61.44 ± 9.37</p> <p>Gender, n: Male: G1: 22 G2: 19 Female: G1: 15 G2: 15</p> <p>DSM-based diagnostic approach reported: No</p>	<p>Leiter test, mean ± SD: G1: 63.46 ± 21.33 G2: 61.44 ± 9.37</p> <p>Stress Survey Schedule, mean ± SD: G1: 114.03 ± 19.90 G2: 116.94 ± 18.61</p> <p>Quality of Life Questionnaire, mean ± SD: Total score: G1: 50.59 ± 2.93 G2: 54.17 ± 2.90</p> <p>Empower/independence: G1: 12.13 ± 1.18 G2: 13.06 ± 1.81</p> <p>Satisfaction: G1: 15.29 ± 2.32 G2: 16.23 ± 1.21</p> <p>Competence/productivity: G1: 7.62 ± 1.08 G2: 7.64 ± .73</p> <p>Social/integration: G1: 15.54 ± 2.06 G2: 17.23 ± 2.04</p>	<p>Leiter test, mean ± SD: G1: 62.16 ± 18.84 G2: 61.79 ± 14.87</p> <p>Stress Survey Schedule, mean ± SD: G1: 103.19 ± 19.27 G2: 117.67 ± 16.25 G1/G2: <i>P</i> < 0.001</p> <p>Quality of Life Questionnaire, mean ± SD: Total score: G1: 63.62 ± 8.99 G2: 55.29 ± 3.45 G1/G2: <i>P</i> < 0.001</p> <p>Empower/independence: G1: 13.24 ± 1.88 G2: 14.26 ± 1.60 G1/G2: <i>P</i> = NS</p> <p>Satisfaction: G1: 22.03 ± 2.92 G2: 15.03 ± 0.93 G1/G2: <i>P</i> < 0.001</p> <p>Competence/productivity: G1: 11.35 ± 4.08 G2: 7.82 ± 7.33 G1/G2: <i>P</i> < 0.001</p> <p>Social/integration: G1: 17.00 ± 2.40 G2: 18.17 ± 2.11 G1/G2: <i>P</i> = NS</p> <p>Harms: NR</p>

Interventions for adolescents and young adults with autism evidence table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Gentry et al., 2010</p> <p>Country: US</p> <p>Enrollment period: NR</p> <p>Funding: Commonwealth Neurotrauma Initiative</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Prospective case series</p>	<p>Intervention: Four home-based training visits on the use of a personal digital assistant as a cognitive aid.</p> <p>Intervention target: Executive function-related tasks (memory, organization, planning, and goal-direction).</p> <p>Primary outcome: Occupational performance and satisfaction (COPM); satisfaction, usage, and retention (FATCAT).</p> <p>Groups: G1: PDA training</p> <p>Treatment duration: 10-14 days</p> <p>Frequency of contact during study: As needed via phone or email (only initiated by participants)</p> <p>Last followup post-treatment: 8 weeks</p> <p>Measure of treatment fidelity/adherence reported: Yes</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1: 22</p> <p>N at followup: G1: 22</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • Autism diagnosis and current IEP • At least 14 years old • Attending public school in Virginia • Demonstrate sufficient dexterity • Functional vision and hearing • Caregiver willing to participate in assessment • Home personal computer <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • See inclusion criteria <p>Age, yrs, mean (range): G1: 16.5 (14-18)</p> <p>Mental age: NR</p> <p>Gender, n (%): Male: G1: 18 (82) Female: G1: 4 (18)</p> <p>DSM-based diagnostic approach reported: No</p>	<p>COPM score, mean: Performance: G1: 2.82</p> <p>Satisfaction: G1: 2.05</p>	<p>COPM score, mean: Performance: G1: 6.64 G1/BL: $P < 0.001$</p> <p>Satisfaction: G1: 6.32 G1/BL: $P < 0.001$</p> <p>FATCAT, n (%): Used PDA daily: G1: 22 (100)</p> <p>Want to continue using: G1: 22 (100)</p> <p>Can program without help: G1: 16 (73)</p> <p>Device is a waste of time: G1: 0 (0)</p> <p>Harms: NR</p>

Interventions for adolescents and young adults with autism evidence table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Greher et al., 2010</p> <p>Country: US</p> <p>Enrollment period: NR</p> <p>Funding: NR</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Prospective case series</p>	<p>Intervention: SoundScape music intervention, 90 minutes per week</p> <p>Intervention target: NR</p> <p>Primary outcome: NR</p> <p>Groups: G1: music intervention G2: parental evaluations</p> <p>Treatment duration: 8 weeks</p> <p>Frequency of contact during study: Weekly</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1: 22</p> <p>N at followup: G1: 22</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> Autism spectrum diagnosis Aged between 13-30 No severe behavioral challenges <p>Exclusion criteria:</p> <ul style="list-style-type: none"> See inclusion criteria <p>Age, yrs, mean (range): G1: 18 (13-29)</p> <p>Mental age: NR</p> <p>Gender: NR</p> <p>DSM-based diagnostic approach reported: No</p>	NR	<p>Feedback questionnaire ratings (scale 1-10), mean: How enjoyable have you [your child] found the music program? G1: 7.86 G2: 7.91</p> <p>How interesting have you [your child] found the music program? G1: 7.82 G2: 7.95</p> <p>How much do you believe you [your child] have benefited socially from the music program? G1: 6.95 G2: 6.86</p> <p>Feedback questionnaire, n: Have you [your child] made any friends in the music program? Yes: G1: 19 G2: 11 Kind of/not sure: G1: 1 G2: 4 No: G1: 2 G2: 6</p> <p>Harms: NR</p>

Interventions for adolescents and young adults with autism evidence table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Valenti et al., 2010</p> <p>Country: Italy</p> <p>Enrollment period: April 2007 to March 2009</p> <p>Funding: Italian National Health System</p> <p>Author industry relationship disclosures: None</p> <p>Design: Prospective case series</p>	<p>Intervention: Intensive behavioral treatment at a semi-residential rehabilitation center for autism.</p> <p>Intervention target: Adaptive functioning</p> <p>Primary outcome: Adaptive functioning (VABS)</p> <p>Groups: G1: intensive behavioral treatment G1a: female adolescents G1b: male adolescents</p> <p>Treatment duration: 2 years</p> <p>Frequency of contact during study: Yearly</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: Yes</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies, n (%): Psychoactive drugs: G1: 12 (35.3)</p> <p>N at enrollment:* G1: 34</p> <p>N at followup:* G1: 34</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • Diagnosis of ASD • Regular public school attendance • Consent of parent or tutor <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • See inclusion criteria <p>Age, range: G1: post-pubescent adolescents up to 18 yrs</p> <p>Mental age: NR</p> <p>Gender, n (%): Male: G1: 23 (68) Female: G1: 11 (32)</p> <p>DSM-based diagnostic approach reported: Yes</p>	<p>VABS score, mean ± SD:</p> <p>Communication: G1a: 72.59 ± 9.78 G1b: 84.18 ± 7.20</p> <p>Daily living G1a: 80.77 ± 8.64 G1b: 80.66 ± 8.66</p> <p>Socialization: G1a: 68.18 ± 8.82 G1b: 75.84 ± 6.53</p> <p>Motor skills: G1a: 74.88 ± 8.39 G1b: 94.93 ± 9.57</p>	<p>VABS score, year 1, mean ± SD:</p> <p>Communication: G1a: 70.40 ± 7.97 G1b: 84.31 ± 7.75</p> <p>Daily living: G1a: 78.21 ± 9.27 G1b: 86.57 ± 8.26</p> <p>Socialization: G1a: 73.04 ± 8.99 G1b: 77.60 ± 8.20</p> <p>Motor skills: G1a: 84.07 ± 7.80 G1b: 99.41 ± 8.80</p> <p>VABS score, year 2, mean ± SD:</p> <p>Communication: G1a: 73.23 ± 8.64 G1b: 87.93 ± 7.44 G1a/BL: ES = 0.02 G1b/BL: ES = 0.11</p> <p>Daily Living: G1a: 87.08 ± 8.38 G1b: 88.67 ± 8.87 G1a/BL: ES = 0.22 G1b/BL: ES = 0.19</p> <p>Socialization: G1a: 75.60 ± 8.02 G1b: 83.20 ± 8.92 G1a/BL: ES = 0.26 G1b/BL: ES = 0.23</p> <p>Motor Skills: G1a: 85.16 ± 6.37 G1b: 102.42 ± 8.39 G1a/BL: ES = 0.20 G1b/BL: ES = 0.16</p> <p>Harms: NR</p>

Interventions for adolescents and young adults with autism evidence table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Laugeson et al., 2009</p> <p>Country: US</p> <p>Enrollment period: NR</p> <p>Funding: NIH, NIMH</p> <p>Author industry relationship disclosures: NR</p> <p>Design: RCT</p>	<p>Intervention: Program for the Education and Enrichment of Relational Skills (PEERS) outpatient social skills program; weekly 90 minute sessions</p> <p>Groups: G1: PEERS G2: delayed treatment control</p> <p>Intervention target: Improve friendship quality and social skills in teens</p> <p>Primary outcome: NR</p> <p>Treatment duration: 12 weeks</p> <p>Frequency of contact during study: Weekly visits</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: Yes</p> <p>Co-interventions held stable during treatment: Yes</p> <p>Concomitant therapies, n: Lithium carbonate, quetiapine G1: 1 G2: 0 Dexamethylphenidate, bupropion: G1: 1 G2: 0 Methylphenidate: G1: 1 G2: 0 Fluoxetine: G1: 0 G2: 1 Atomoxetine, aripiprazole, oxycarbazepine: G1: 0 G2: 1</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • Chronological age 13-17 years • Social problems as reported by the parent • Previous diagnosis of either high functioning Autism, Asperger's Disorder, or PDD-NOS • English fluency of the teen • Parent or family member who was a fluent English speaker and who was willing to participate in the study • Verbal IQ ≥ 70 on the K-BIT-2 • No history of major mental illness (e.g., bipolar disorder, schizophrenia, psychosis) • Absence of hearing, visual, or physical impairments which precluded teen from participating in outdoor sports activities • Teens who verbally expressed an interest in participating in the intervention during the eligibility appointment <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • See inclusion criteria <p>Age, yrs, mean \pm SD: G1: 14.6 \pm 1.3 G2: 14.6 \pm 1.6</p> <p>IQ, mean \pm SD: G1: 96 \pm 16.1 G2: 88.3 \pm 21.1</p> <p>Gender, %: Male: G1: 88.2 G2: 81.2 Female: G1: 11.8 G2: 18.8</p>	<p>VABS score, mean \pm SD: Communication: G1: 72.2 \pm 6.2 G2: 70.6 \pm 6.6 Socialization: G1: 65.8 \pm 8.5 G2: 65.9 \pm 7.0 Composite: G1: 70.3 \pm 8.5 G2: 68.6 \pm 6.2</p> <p>TASSK score, teen report, mean \pm SD: G1: 13.3 \pm 2.4 G2: 12.6 \pm 3.6</p> <p>QPQ score, teen report, mean \pm SD: Host: G1: 1.1 \pm 1.4 G2: 0.6 \pm 0.9 Guest: G1: 0.9 \pm 1.3 G2: 1.3 \pm 2.3 Conflict: G1: 4.1 \pm 5.2 G2: 4.3 \pm 4.5</p> <p>FQS score, teen report, mean \pm SD: G1: 16.8 \pm 3.4 G2: 18.1 \pm 3.9</p> <p>QPQ score, parent report, mean \pm SD: Host: G1: 1.5 \pm 2.7 G2: 0.6 \pm 0.9 Guest: G1: 0.9 \pm 1.3 G2: 1.3 \pm 2.5 Conflict: G1: 6.5 \pm 5.0 G2: 6.9 \pm 5.6</p> <p>SSRS score, parent report, mean \pm SD: Social skills: G1: 80.2 \pm 8.8 G2: 77.9 \pm 12.1 Problem behaviors: G1: 114.9 \pm 14.2 G2: 120.7 \pm 13.6</p>	<p>TASSK score, teen report, mean \pm SD: G1: 19.6 \pm 1.4 G2: 13.3 \pm 3.8 G1/G2: $P < 0.0001$ G1/BL: $P < 0.01$ G2/BL: $P = NS$</p> <p>QPQ score, teen report, mean \pm SD: Host: G1: 3.2 \pm 2.2 G2: 1.1 \pm 1.3 G1/G2: $P < 0.025$ G1/BL: $P < 0.01$ G2/BL: $P = NS$</p> <p>FQS score, teen report, mean \pm SD: G1: 17.2 \pm 4.0 G2: 16.6 \pm 4.6 G1/G2: $P < 0.05$ G1/BL: $P = NS$ G2/BL: $P < 0.05$</p> <p>SSRS score, parent report, mean \pm SD: Social skills: G1: 89.7 \pm 12.1 G2: 79.8 \pm 11.7 G1/G2: $P < 0.05$ G1/BL: $P < 0.01$ G2/BL: $P = NS$</p> <p>Harms: NR</p>

Interventions for adolescents and young adults with autism evidence table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Laugeson et al., 2009 (continued)	Paroxetine: G1: 0 G2: 1 N at enrollment: Total: 35* N at followup: G1: 17 G2: 16	DSM-based diagnostic approach reported: NR (diagnosis by community/university/school psychologists)	SSRS score, teacher report, mean ± SD: Social skills: G1: 83.6 ± 7.3 (n=8) G2: 86.6 ± 14.8 (n=5) Problem behavior: G1: 96.5 ± 16.7 (n=8) G2: 85.4 ± 21.3 (n=5)	

Interventions for adolescents and young adults with autism evidence table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Lawer et al., 2009</p> <p>Country: US</p> <p>Enrollment period: NR</p> <p>Funding: NR</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Cross-sectional study</p>	<p>Intervention: NA</p> <p>Intervention target: NR</p> <p>Primary outcome: NR</p> <p>Groups: G1: Individuals with ASD in US Vocational Rehabilitation System</p> <p>Treatment duration: NA</p> <p>Frequency of contact during study: NA</p> <p>Last followup post-treatment: NA</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1: 1,707</p> <p>N at followup: G1: 1,707</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> Age 18-65 Individuals receiving vocational rehabilitation services from the US Rehabilitation Services Administration whose cases were closed in 2005 for reasons other than death or lack of need for services <p>Exclusion criteria:</p> <ul style="list-style-type: none"> See inclusion criteria <p>Age, yrs, n (%): 18-25: G1: 1,253 (73.4) 25-34: G1: 265 (15.5) 35-44: G1: 138 (8.1) 45-54: G1: 43 (2.5) 55-65: G1: 8 (0.5)</p> <p>Mental age: NR</p> <p>Gender, n (%): Male: G1: 1,434 (84)</p> <p>DSM-based diagnostic approach reported: No</p>	<p>NR</p>	<p>Case deemed too severe to benefit from services, n (%): G1: 74 (4.3)</p> <p>Vocational outcomes at closure, n (%): Not employed: G1: 909 (55.7) Employed in sheltered setting: G1: 35 (2.1) Competitive employment: G1: 689 (42.2)</p> <p>Received on-the-job supports at any time, by vocational outcome, n (%): Not employed: G1: 115 (12.7) Employed in sheltered setting: G1: 23 (65.7) Competitive employment: G1: 391 (56.8)</p> <p>Education at closure, n (%): < high school: G1: 739 (43.7) High school or GED: G1: 642 (38.0) > high school: G1: 309 (18.3)</p> <p>Cost of services among those with any expenditures, median: G1: \$2,380 (n=1,229)</p> <p>Average expenditure for purchased services, mean ± SD: G1: \$3,324 ± \$5,662</p> <p>Harms: NR</p>

Interventions for adolescents and young adults with autism evidence table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Jewell et al., 2007</p> <p>Country: US</p> <p>Enrollment period: NA</p> <p>Funding: NR</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Retrospective case series</p>	<p>Intervention: Rotating classroom schedule in a not-for-profit school for children with autism.</p> <p>Intervention target: NR</p> <p>Primary outcome: Number of crisis interventions and the time spent in crisis intervention</p> <p>Groups: G1: Adolescent students with rotating classroom schedule</p> <p>Treatment duration: NR</p> <p>Frequency of contact during study: Daily</p> <p>Last followup post-treatment: NA</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1: 55</p> <p>N at followup: G1: 55</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> Enrolled at the study school Primary diagnosis of autism Diagnosed by a psychologist from the student's home school <p>Exclusion criteria:</p> <ul style="list-style-type: none"> Other primary diagnosis (e.g. behavior disorder or Rhett's) <p>Age, yrs, mean (range): G1: 17.63 (14-22)</p> <p>Mental age: NR</p> <p>Gender, n (%): Male: G1: 44 (80) Female: G1: 11 (20)</p> <p>DSM-based diagnostic approach reported: No</p>	<p>Number of crisis events, mean ± SD: G1: 2.44 ± 6.39</p> <p>Time in crisis, min, mean ± SD: G1: 40.27 ± 102.08</p>	<p>Number of crisis events, mean ± SD: G1: 2.22 ± 5.88 G1/BL: <i>P</i> = 0.84</p> <p>Time in crisis, min, mean ± SD: G1: 28.96 ± 65.47 G1/BL: <i>P</i> = 0.83</p> <p>Harms: NR</p>

Interventions for adolescents and young adults with autism evidence table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Tse et al., 2007</p> <p>Country: Canada</p> <p>Enrollment period: NR</p> <p>Funding: NR</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Prospective case series</p>	<p>Intervention: Social skills training for adolescents with Asperger's syndrome and high-functioning autism in psychiatry clinic. Psycho-educational and experiential methods of teaching social skills, with emphasis on learning through role play. Each group enrolled 7-8 adolescents.</p> <p>Intervention target: Social competence and problem behaviors</p> <p>Primary outcome: NR</p> <p>Groups: G1: Social skills group</p> <p>Treatment duration: 12 weeks</p> <p>Frequency of contact during study: Weekly</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies, n (%): Psychotropic medication: 17 (37) Atypical antipsychotics: 6 (NR) Selective serotonin reuptake inhibitors: 5 (NR) Methylphenidate: 5 (NR)</p> <p>N at enrollment: G1: 46</p> <p>N at followup: G1: 32</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • Diagnosis of an autism spectrum disorder by a child psychiatrist • Adequate language skills for participation in activities; being able to talk about their interests and to verbalize some goals for participation and willingness to attend <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • See inclusion criteria <p>Age, yrs, mean ± SD (range): G1: 14.6 ± 1.7 (13-18)</p> <p>Mental age: NR</p> <p>Gender, %: Male: G1: 61 Female: G1: 39</p> <p>DSM-based diagnostic approach reported: NR</p>	<p>SRS score, mean ± SD (n = 32): Total: G1: 95.9 ± 27.9</p> <p>Social awareness: G1: 12.0 ± 4.0</p> <p>Social cognition: G1: 16.9 ± 5.8</p> <p>Social communication: G1: 32.9 ± 9.8</p> <p>Social motivation: G1: 15.8 ± 5.7</p> <p>Autistic mannerisms: G1: 18.2 ± 7.3</p> <p>DSM social aspects: G1: 69.1 ± 19.4</p> <p>DSM language aspects: G1: 8.5 ± 3.4</p> <p>DSM preoccupations/mannerisms: G1: 18.2 ± 7.3</p> <p>N-CBRF Positive Social score, mean ± SD (n = 30): Total: G1: 13.9 ± 4.4</p> <p>Compliant/calm: G1: 8.6 ± 3.1</p> <p>Adaptive social: G1: 5.3 ± 2.0</p> <p>ABC score, mean ± SD (n = 30): Total: G1: 41.9 ± 22.1</p> <p>Irritability: G1: 8.9 ± 6.8</p> <p>Lethargy/withdrawal: G1: 12.8 ± 7.5</p> <p>Stereotypic behavior: G1: 4.7 ± 3.8</p>	<p>SRS score, mean ± SD (n = 32): Total: G1: 84.9 ± 28.3 G1/BL: P = 0.003, ES = 0.39</p> <p>Social awareness: G1: 11.5 ± 4.1 G1/BL: P = 0.321, ES = 0.12</p> <p>Social cognition: G1: 15.0 ± 5.4 G1/BL: P = 0.009, ES = 0.34</p> <p>Social communication: G1: 28.3 ± 10.1 G1/BL: P = 0.002, ES = 0.46</p> <p>Social motivation: G1: 13.6 ± 5.8 G1/BL: P = 0.013, ES = 0.38</p> <p>Autistic mannerisms: G1: 16.5 ± 6.8 G1/BL: P = 0.058, ES = 0.24</p> <p>DSM social aspects: G1: 60.7 ± 19.8 G1/BL: P = 0.001, ES = 0.43</p> <p>DSM language aspects: G1: 7.7 ± 3.5 G1/BL: P = 0.107, ES = 0.23</p> <p>DSM preoccupations/mannerisms: G1: 16.5 ± 6.8 G1/BL: P = 0.058, ES = 0.24</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Tse et al., 2007 (continued)			<p>Hyperactivity: G1: 12.1 ± 8.9</p> <p>Inappropriate speech: G1: 3.5 ± 2.6</p> <p>N-CBRF Problem Behavior score, mean ± SD (n = 30): Total: G1: 51.3 ± 24.7</p> <p>Conduct problems: G1: 10.2 ± 7.8</p> <p>Insecure/anxious: G1: 13.0 ± 6.2</p> <p>Hyperactive: G1: 8.3 ± 5.4</p> <p>Self-injure/ stereotypic: G1: 1.3 ± 1.8</p> <p>Self-isolated/ ritualistic: G1: 7.9 ± 5.2</p>	<p>N-CBRF Positive Social score, mean ± SD (n = 30): Total: G1: 16.0 ± 5.5 G1/BL: <i>P</i> = 0.024, <i>ES</i> = 0.42 Compliant/calm: G1: 10.0 ± 3.8 G1/BL: <i>P</i> = 0.052, <i>ES</i> = 0.40</p> <p>Adaptive social: G1: 6.0 ± 2.3 G1/BL: <i>P</i> = 0.060, <i>ES</i> = 0.32</p> <p>ABC score, mean ± SD (n = 30): Total, G1: 27.9 ± 16.5 G1/BL: <i>P</i> = 0.001, <i>ES</i> = 0.72</p> <p>Irritability: G1: 4.9 ± 4.0 G1/BL: <i>P</i> = 0.002, <i>ES</i> = 0.72</p> <p>Lethargy/ withdrawal: G1: 9.0 ± 7.5 G1/BL: <i>P</i> = 0.008, <i>ES</i> = 0.51</p> <p>Stereotypic behavior: G1: 2.8 ± 2.9 G1/BL: <i>P</i> = 0.005, <i>ES</i> = 0.56</p> <p>Hyperactivity: G1: 9.0 ± 7.4 G1/BL: <i>P</i> = 0.029, <i>ES</i> = 0.38</p> <p>Inappropriate speech: G1: 2.2 ± 1.8 G1/BL: <i>P</i> = 0.003, <i>ES</i> = 0.58</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Tse et al., 2007 (continued)				<p>N-CBRF Problem Behavior score, mean ± SD (n = 30): Total: G1: 38.6 ± 19.7 G1/BL: P = 0.005, ES = 0.57</p> <p>Conduct problems: G1: 7.7 ± 6.7 G1/BL: P = 0.046, ES = 0.34</p> <p>Insecure/ anxious: G1: 10.5 ± 5.6: G1/BL: P = 0.040, ES = 0.42</p> <p>Hyperactive: G1: 7.0 ± 4.9 G1/BL: P = 0.257, ES = 0.25</p> <p>Self-injure/ stereotypic: G1: 0.7 ± 1.1 G1/BL: P = 0.022, ES = 0.40</p> <p>Self-isolated/ ritualistic: G1: 5.5 ± 3.7 G1/BL: P = 0.003, ES = 0.53</p> <p>Feedback surveys, teen report, n: Liking the group: 10/13 Liked it a lot: 5/13 Disliking the group: 1/13</p> <p>Improvement in "having a conversation": A lot: 7/13 Some: 5/13</p> <p>Made friends in the group: 12/13</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Tse et al., 2007 (continued)				Feedback surveys, parent report, n: Child seemed happy to attend the group: 15/17 Overall improvement in their child's social behavior: A little: 10 The same: 3 Much better or very much better: 3 Harms: NR

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Garcia-Villamizar et al., 2006</p> <p>Country: Spain</p> <p>Enrollment period: NR</p> <p>Funding: Fondo Social Europeo, Cosejería de Asuntos Sociales de la Comunidad Autónoma de Madrid (Spain)</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Prospective cohort</p>	<p>Intervention: Sheltered and supported community-based work environments</p> <p>Intervention target: Cognitive performance</p> <p>Groups: G1: Supported employment G2: Unemployed</p> <p>Primary outcome: NR</p> <p>Treatment duration: Average length of community employment: 30 months for an average of 20 hours/week</p> <p>Frequency of contact during study: Beginning and end of program</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: Yes</p> <p>Co-interventions held stable during treatment: NR with exception of medication free at testing</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1+G2: 44</p> <p>N at followup: G1+G2: 44</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • Diagnosis of autism • For G2, sheltered workshops enrollment prior to participation in supported work program • No severe behavior problems • Acceptable professional and vocational abilities • Medication free at the time of testing • Score above 35th percentile point on the Standard Progressive Matrices (SPM) <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • History of psychiatric disorder, neurological disorder or head injury <p>Age, yrs, mean ± SD: G1: 25.52 ± 3.35 G2: 24.32 ± 4.34</p> <p>IQ, Leiter (total score), mean ± SD: NR</p> <p>Gender, n: Male: G1+G2: 32 Female: G1+G2: 12</p> <p>DSM-based diagnostic approach reported: Yes (DSM-IV & CARS)</p>	<p>Big Circle/Little Circle score, mean ± SD: G1: 39.38 ± 0.97 G2: 39.52 ± 0.73 G1/G2: <i>P</i> = NS</p> <p>Spatial Span Task score, mean ± SD: G1: 3.90 ± 0.14 G2: 3.78 ± 1.17 G3: <i>P</i> = NS</p> <p>Spatial Working Memory Task score, mean ± SD: Between errors: G1: 68.14 ± 14.55 G2: 67.91 ± 13.2 G1/G2: <i>P</i> = NS</p> <p>Strategy: G1: 38.19 ± 2.11 G2: 39.26 ± 2.84 G1/G2: <i>P</i> = NS</p> <p>Intradimensional/ Extradimensional score, mean ± SD: Stages completed: G1: 7.48 ± 5.11 G2: 7.39 ± 0.94 G1/G2: <i>P</i> = NS</p> <p>Errors: G1: 16.90 ± 10.94 G2: 19.69 ± 10.75 G1/G2: <i>P</i> = NS</p> <p>Planning task ‘Stockings of Cambridge’ score, mean ± SD: Problems solved in minimum moves: G1: 5.10 ± 2.47 G2: 5.91 ± 2.45 G1/G2: <i>P</i> = NS</p> <p>Average planning time: G1: 6.71 ± 3.02 G2: 6.91 ± 3.38 G1/G2: <i>P</i> = NS</p>	<p>Big Circle/Little Circle score, mean ± SD: G1: 39.48 ± 0.87 G2: 39.25 ± 0.96 G1/G2: <i>P</i> = NS</p> <p>Spatial Span Task score, mean ± SD: G1: 4.85 ± 0.79 G2: 3.96 ± 0.93 G1/G2: <i>P</i> < 0.05</p> <p>Spatial Working Memory Task score, mean ± SD: Between errors: G1: 61.91 ± 12.38 G2: 66.13 ± 13.19 G1/G2: <i>P</i> < 0.001</p> <p>Strategy: G1: 34.00 ± 2.19 G2: 37.43 ± 2.92 G1/G2: <i>P</i> < 0.001</p> <p>Intradimensional/ Extradimensional score, mean ± SD: Stages completed: G1: 7.43 ± 0.51 G2: 7.30 ± 0.47 G1/G2: <i>P</i> = 0.02</p> <p>Errors: G1: 12.71 ± 6.71 G2: 17.13 ± 9.15 G1/G2: <i>P</i> = NS</p> <p>Planning task ‘Stockings of Cambridge’ score, mean ± SD: Problems solved in minimum moves: G1: 7.38 ± 1.80 G2: 5.57 ± 1.88 G1/G2: <i>P</i> < 0.01</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Garcia-Villamizar et al., 2006 (continued)			<p>Trail Making Test – part B score, mean ± SD: G1: 55.48 ± 18.27 G2: 66.22 ± 23.75 G1/G2: <i>P</i> = NS</p> <p>Matching Familiar Figures Test score, mean ± SD: Time of 1st answer: G1: 16.33 ± 4.86 G2: 17.43 ± 3.91 G1/G2: <i>P</i> = NS</p> <p>Errors: G1: 7.76 ± 2.84 G2: 7.96 ± 3.62 G1/G2: <i>P</i> = NS</p> <p>Word fluency test score, mean ± SD: G1: 39.38 ± 0.97 G2: 39.52 ± 0.73 G1/G2: <i>P</i> = NS</p> <p>CARS score, mean ± SD:† G1: 34.81 ± 5.19 G2: 33.19 ± 6.65</p>	<p>Average planning time: G1: 4.86 ± 2.54 G2: 7.61 ± 3.04 G1/G2: <i>P</i> < 0.001</p> <p>Trail Making Test – part B score, mean ± SD: G1: 51.14 ± 15.19 G2: 66.43 ± 23.03 G1/G2: <i>P</i> < 0.001</p> <p>Matching Familiar Figures Test score, mean ± SD: Time of 1st answer: G1: 10.76 ± 4.30 G2: 15.96 ± 4.14 G1/G2: <i>P</i> < 0.001</p> <p>Errors: G1: 5.05 ± 1.47 G2: 8.04 ± 2.88 G1/G2: <i>P</i> < 0.001</p> <p>Word fluency test score, mean ± SD: G1: 39.48 ± 0.87 G2: 39.26 ± 0.96 G1/G2: <i>P</i> = NS</p> <p>Harms: NR</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Golan et al., 2006 Study 1</p> <p>Country: UK</p> <p>Enrollment period: NR</p> <p>Funding: National Alliance for Autism Research, Corob Charitable Trust, Cambridge Overseas Trust, B'nai B'rith Leo Baeck, Shirley Foundation, Medical Research Council, Three Guineas Trust</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Controlled study</p>	<p>Intervention: Mind Reading computer program used at home for 2 hr/wk over 10 weeks</p> <p>Intervention target: Emotion recognition skills</p> <p>Primary outcome: Emotion recognition</p> <p>Groups: G1: computer program G2: no computer program</p> <p>Treatment duration: 10-15 weeks</p> <p>Frequency of contact during study: Beginning and end of study, with 1 followup phone call during the study</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: Yes</p> <p>Co-interventions held stable during treatment: Yes</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1: 24 G2: 22</p> <p>N at followup: G1: 19 G2: 22</p>	<p>Inclusion criteria: Diagnosed with AS/HFA in specialist centers using established criteria</p> <p>No participation in any related intervention during the last 3 months</p> <p>No plans for engaging in another intervention while the study was ongoing</p> <p>Exclusion criteria: See inclusion criteria</p> <p>Age, yrs, mean ± SD: G1: 30.5 ± 10.3 G2: 30.9 ± 11.2</p> <p>Mental age: NR</p> <p>Verbal IQ, mean ± SD: G1: 108.3 ± 13.3 G2: 109.7 ± 10.0</p> <p>Performance IQ, mean ± SD: G1: 112.0 ± 12.6 G2: 115.3 ± 12.3</p> <p>Gender, n (%): Male: G1: 14 (74) G2: 17 (73) Female: G1: 5 (26) G2: 5 (23)</p> <p>DSM-based diagnostic approach reported: No</p> <p>AQ, mean ± SD G1: 37.2 ± 8.4 G2: 38.2 ± 7.5</p>	<p>CAM score, mean ± SD: Face mask: G1: 31.3 ± 8.8 G2: 32.5 ± 8.4 Voice task: G1: 33.8 ± 6.6 G2: 35.2 ± 7.4 Number of concepts recognized: G1: 9.8 ± 5.2 G2: 10.5 ± 5.2</p> <p>Reading the Mind in the Eyes, mean ± SD: G1: 23.1 ± 6.7 G2: 23.9 ± 6.7</p> <p>Reading the Mind in the Voice, mean ± SD: G1: 16.1 ± 2.9 G2: 16.1 ± 3.9</p> <p>Reading the Mind in Films: NR</p>	<p>CAM score, mean ± SD:* Face mask: G1: 37.5 ± 7.8 G2: 36.6 ± 7.9 G1/G2: <i>P</i> < 0.002</p> <p>Voice task: G1: 38.9 ± 6.2 G2: 36.6 ± 7.9 G1/G2: <i>P</i> < 0.01</p> <p>Number of concepts recognized:** G1: 13.6 ± 4.8 G2: 11.3 ± 5.4 G1/G2: <i>P</i> < 0.01</p> <p>Reading the Mind in the Eyes, mean ± SD:* G1: 23.8 ± 4.7 G2: 23.0 ± 7.3 G1/G2: <i>P</i> = NS</p> <p>Reading the Mind in the Voice, mean ± SD:* G1: 16.7 ± 3.9 G2: 17.4 ± 3.5 G1/G2: <i>P</i> = NS</p> <p>Reading the Mind in Films, mean ± SD:* G1: 11.8 ± 3.8 G2: 12.8 ± 3.4 G1/G2: <i>P</i> = NS</p> <p>Harms: NR</p>

Comments:

Typical controls included in study as well but data not extracted.

* Significance is time X group interaction from a MANCOVA with covariates age, verbal, and performance IQ.

** ANOVA for CAM concepts showed significant individual between group effects for the following concepts: grave (*P* < 0.05), lured (*P* < 0.05), uneasy (*P* < 0.05), intimate (*P* < 0.05), and nostalgic (*P* < 0.001) (data NR).

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Golan et al., 2006 Study 2</p> <p>Country: UK</p> <p>Enrollment period: NR</p> <p>Funding: National Alliance for Autism Research, Corob Charitable Trust, Cambridge Overseas Trust, B'nai B'rith Leo Baeck, Shirley Foundation, Medical Research Council, Three Guineas Trust</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Prospective cohort study</p>	<p>Intervention: Computer program group: Mind Reading computer program 2 hr/wk for 10 weeks and 10 weekly small group sessions with a tutor</p> <p>Social skills training: 10 weekly sessions of small group social skills training facilitated by a clinical psychologist</p> <p>Intervention target: Emotion recognition skills</p> <p>Primary outcome: Emotion recognition</p> <p>Groups: G1: computer program and tutor G2: social skills training</p> <p>Treatment duration: 10 weeks</p> <p>Frequency of contact during study: Weekly</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: Yes</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1: 18 G2: 18</p> <p>N at followup: G1: 13 G2: 13</p>	<p>Inclusion criteria: Diagnosed with AS/HFA in specialist centers using established criteria No participation in any related intervention during the last 3 months Had no plans for engaging in another intervention while the study was ongoing</p> <p>Exclusion criteria: See inclusion criteria</p> <p>Age, yrs, mean ± SD: G1: 25.5 ± 9.3 G2: 24.4 ± 6.4</p> <p>Mental age: NR</p> <p>Verbal IQ, mean ± SD: G1: 105.7 ± 16.1 G2: 96.5 ± 15.5</p> <p>Performance IQ, mean ± SD: G1: 103.9 ± 19.8 G2: 95.5 ± 6.0</p> <p>Gender, n (%): Male: G1: 12 (92) G2: 10 (77) Female: G1: 1 (8) G2: 3 (23)</p> <p>DSM-based diagnostic approach reported: No</p>	<p>CAM scores, mean ± SD: Face mask: G1: 32.3 ± 8.1 G2: 26.8 ± 9.7 Voice task: G1: 33.2 ± 9.1 G2: 31.1 ± 9.1 Number of concepts recognized: G1: 10.2 ± 4.9 G2: 7.7 ± 5.8</p> <p>Reading the Mind in the Eyes, mean ± SD: G1: 21.6 ± 6.3 G2: 21.5 ± 5.6</p> <p>Reading the Mind in the Voice, mean ± SD: G1: 15.1 ± 2.8 G2: 13.9 ± 4.5</p> <p>Reading the Mind in Films: NR</p>	<p>CAM scores, mean ± SD:* Face mask: G1: 36.2 ± 8.9 G2: 29.3 ± 9.5 G1/G2: <i>P</i> = NS Voice task: G1: 38.9 ± 7.6 G2: 31.8 ± 10.9 G1/G2: <i>P</i> < 0.012 Number of concepts recognized:** G1: 13.5 ± 5.2 G2: 8.5 ± 6.3 G1/G2: <i>P</i> < 0.016 Reading the Mind in the Eyes, mean ± SD:* G1: 23.8 ± 4.2 G2: 19.2 ± 6.8 G1/G2: <i>P</i> < 0.01 Reading the Mind in the Voice, mean ± SD:* G1: 16.2 ± 3.5 G2: 14.7 ± 4.6 G1/G2: <i>P</i> = NS Reading the Mind in Films, mean ± SD: G1: 11.9 ± 3.7 G2: 10.5 ± 3.2 Harms: NR</p>

Comments:

* Significance is time X group interaction from a MANCOVA with covariate verbal IQ.

** ANOVA for CAM concepts showed significant individual between group effects for the following concepts: vibrant (*P* < 0.05) and mortified (*P* < 0.01) (data NR).

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Hellings et al., 2006</p> <p>Country: US</p> <p>Enrollment period: NR</p> <p>Funding: NIH</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Randomized crossover study</p>	<p>Intervention: Blinded phase: Randomized subjects to 3, 4 or 5 weeks placebo; then randomized to low or high dose risperidone phase; risperidone gradually increased to target dose over 2 weeks then maintained for 4 weeks, then crossover to other study arm; dose then gradually tapered down for 2 weeks, followed by 3, 4 or 5 week phase of placebo, then open label phase for 24 weeks.</p> <p>Low dose risperidone: children and adolescents 1 mg/day; adults 2 mg/day</p> <p>High dose risperidone: children and adolescents 2.0 mg/day (range 1.2-2.9 mg/day); adults 3.6 mg/day (range 2.4-5.2 mg/day)</p> <p>Open label phase: optimal dose of risperidone, adjusted monthly as needed</p> <p>Intervention target: Persistent aggression, property destruction and self-injury</p> <p>Primary outcome: ABC-C Irritability subscale score</p> <p>Groups: G1: all participants</p> <p>Treatment duration: 46 weeks</p> <p>Frequency of contact during study: Every second week and at the end of each sub-phase during the acute phase; monthly during the maintenance phase</p>	<p>Inclusion criteria: Age 6-65 years Mental retardation (IQ < 70) History of aggression, property destruction or self-injury ≥ 6 months by caregiver report Baseline Irritability subscale scores above norms for age, gender and setting as rated by the primary caregiver Drug-free period lasting ≥ 2 weeks</p> <p>Exclusion criteria: Previous risperidone hypersensitivity History of neuroleptic malignant syndrome Seizures in past year Degenerative brain disease as assessed by history Problematic living situation such as lack of reliable caregiving</p> <p>Age, yrs, mean ± SD: G1: 22 ± 13.1</p> <p>Age, years, n: 8-12 (children): G1: 13 13-18 (adolescents): G1: 8 22-56 (adults): G1: 19</p> <p>Mental age: NR</p> <p>Gender, n (%): Male: G1: 23 (58) Female: G1: 17 (42)</p> <p>DSM-based diagnostic approach reported: Yes</p>	<p>ABC-C subscale scores, 1st placebo period, mean ± SD: Irritability: G1: 19.16 ± 9.96 Lethargy: G1: 7.61 ± 6.85 Stereotypy: G1: 5.72 ± 5.63 Hyperactivity: G1: 19.51 ± 11.10 Excessive speech: G1: 4.42 ± 3.25</p> <p>ABC-C subscale scores, 2nd placebo period, mean ± SD: Irritability: G1: 18.22 ± 12.35 Lethargy: G1: 7.04 ± 7.62 Stereotypy: G1: 6.47 ± 6.84 Hyperactivity: G1: 19.95 ± 15.05 Excessive speech: G1: 3.97 ± 15.05</p>	<p>ABC-C Subscale scores, low dose phase, mean ± SD: Irritability:* G1: 11.15 ± 9.28 Lethargy: G1: 5.06 ± 5.96 Stereotypy: G1: 4.07 ± 4.86 Hyperactivity: G1: 12.79 ± 11.38 Excessive speech: G1: 3.11 ± 3.15</p> <p>ABC-C Subscale scores, high dose phase, mean ± SD: Irritability:* G1: 13.31 ± 8.91 Lethargy: G1: 6.98 ± 6.36 Stereotypy: G1: 5.14 ± 5.51 Hyperactivity: G1: 14.59 ± 12.44 Excessive speech: G1: 3.35 ± 3.50</p> <p>Harms, n: Weight gain > 3.0 kg: G1: 28/40 Sedation and gastrointestinal side effects:** G1: 13/40 Seizure (maintenance phase): G1: 1</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Hellings et al., 2006 (continued)	<p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: All: 40</p> <p>N at followup: All: 33</p>			

Comments:

* ABC-C irritability scores across both acute drug phases were significantly different than placebo ($P = 0.0002$). The pattern of results for the children and adolescents was similar (data only available in figures).

The linear decreasing trend in irritability scores across the maintenance phase approached significance ($P = 0.09$).

Age group was a significant predictor of mean irritability scores across the maintenance phase ($P < 0.0001$).

DISCUS scores in the acute drug phase was more significant versus the 1st placebo period ($P = 0.052$) than versus the 2nd placebo period ($P = 0.482$).

NSEC side effects significant at the 0.05 level were: drowsiness, increased weight gain, appetite, too quiet, not themselves, tremor, lack of spontaneity and nasal congestion.

** These side effects lead to study withdrawal for 6/13 subjects.

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Howlin et al., 2005</p> <p>Country: UK</p> <p>Enrollment period: NA</p> <p>Funding: The National Autistic Society, UK Department for Work and Pensions, New Deal for Disabled People, Student Support Service, British Telecom</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Retrospective case series</p> <p>See related study Mawhood et al., 1999</p>	<p>Intervention: Supported employment program</p> <p>Intervention target: Preparation for work and obtaining employment</p> <p>Primary outcome: NR</p> <p>Groups: G1: Supported employment program participants Ga: 1995-1996 (pilot) Gb: 2003-2005</p> <p>Treatment duration: NR</p> <p>Frequency of contact during study: NR</p> <p>Last followup post-treatment: NR</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1a: 30 G1b: 117</p> <p>N at followup: G1a: 30 G1b: 89</p>	<p>Inclusion criteria: Participation in supported employment program from 1995-2003</p> <p>Exclusion criteria: See inclusion criteria</p> <p>Age, yrs, mean ± SD (range): G1a: 31.1 ± 9.1 G1b: 31.4 ± 9.3</p> <p>Mental age, Raven nonverbal IQ, mean ± SD (range): G1a: 110.2 ± 17.6 (70-135) G1b: 110.7 ± 19.5 (60-139)</p> <p>Gender, male:female ratio: G1a: 9.0:1 G1b: 4.2:1</p> <p>DSM-based diagnostic approach reported: Yes (20% of client diagnoses confirmed with ADI or ADI-R)</p>	<p>BPVS score, mean ± SD (range): G1a: 94.7 ± 21.2 (41-127) G1b: 121.6 ± 32.3 (48-160)</p> <p>EOWPVT score, mean ± SD (range): G1a: 99.3 ± 19.1 (59-132) G1b: 91.2 ± 16.1 (50-122)</p> <p>Benefits received, n: Severe disability allowance: G1: 6 Income support: G1: 26 Housing benefit: G1: 37 Job seekers allowance: G1: 36 Incapacity benefit: G1: 16 Council tax: G1: 19 Tax credit: G1: 1 Other: G1: 6 Disability allowance: G1: 37</p> <p>Employed, n (%): G1b: 31/89 (39)</p> <p>Living independently, n: G1b: 25</p>	<p>Benefits received, n: Severe disability allowance: G1: 1 Income support: G1: 7 Housing benefit: G1: 11 Job seekers allowance: G1: 0 Incapacity benefit: G1: 5 Council tax: G1: 8 Tax credit: G1: 9 Other: G1: 2 Disability allowance: G1: 44</p> <p>Employed, n (%): G1b: 59/89 (66) G1b/BL: <i>P</i> < 0.001</p> <p>Living independently, n: G1b: 34</p> <p>Job satisfaction and social outcomes among those employed, n: Generally satisfied with job: G1b: 50/59 Job lives up to expectations: G1b: 45/59 Satisfied with work hours: G1b: 47/59 Satisfied with pay: G1b: 38/59 Liked boss: G1b: 49/59</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Howlin et al., 2005 (continued)				<p>Considered supported employment program helpful: G1b: 58/59</p> <p>Could not have managed without supported employment program help: G1b: 44/59</p> <p>Get along with colleagues: G1b: 52/59</p> <p>Made friendships as a result of jobs: G1b: 32/59</p> <p>Meet with colleagues outside of work: G1b: 7/59</p> <p>Jobs found meeting criteria of 16+ hrs/week for ≥ 13 weeks, n (%): G1: 134/192 (70)</p> <p>Classification of jobs found, n (%):*</p> <p>Permanent contracts: G1: 107/185 (58)</p> <p>Short-term contracts: G1: 12/185 (6)</p> <p>Temporary: G1: 66/185 (36)</p> <p>Line managers satisfaction with supported employment program, n:</p> <p>Satisfied with service offered: G1b: 50/63</p> <p>No problems with participants' work performance: G1b: 26/63</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Howlin et al., 2005 (continued)				<p>Experienced some difficulties with participants' work performance: G1b: 37/63</p> <p>Program helped to address performance difficulties: G1b: 61/63</p> <p>Personally gained from working with supported employment program: G1b: 51/63</p> <p>Senior manager or employers' satisfaction with supported employment program: Very satisfied: G1b: 47/61 Satisfied: G1b: 13/61</p> <p>Harms: NR</p>

Comments:

Data were collected on clients enrolled from April 1995 to March 2003; new data were collected for clients registered between 2002 and 2003 and for area 3 were available for the years 2000-2003.

* Data missing for 7 of the 192 jobs found.

Among 19/30 participants in 1995-1996 who found jobs, 13 remained in permanent jobs in 2002-2003, and 2 had re-enrolled with the supported employment program. Of the 11/30 not finding jobs in 1995-1996, 2 located employment by 2002-2003, 1 acted as a volunteer, and 1 had re-enrolled with the supported employment program.

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Kaplan et al., 2005</p> <p>Country: US</p> <p>Enrollment period: 2002 to 2003</p> <p>Funding: NR</p> <p>Author industry relationship disclosures: NA</p> <p>Design: Retrospective case series</p>	<p>Intervention: Music therapy in varying group sizes; sessions occurred in community music school, suburban satellite, group home settings</p> <p>Intervention target: Behavioral/psychosocial skills; language/communication skills; perceptual/motor skills; cognitive skills; musical skills; modifying physiological responses</p> <p>Primary outcome: Specific to client</p> <p>Groups: G1: Music therapy</p> <p>Treatment duration: 2 program years</p> <p>Frequency of contact during study: NR</p> <p>Last followup post-treatment: NR</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1: 40*</p> <p>N at followup: G1: 40</p>	<p>Inclusion criteria: Children and adults with ASD diagnosis receiving music therapy</p> <p>Exclusion criteria: See inclusion criteria</p> <p>Age, yrs, mean (range): G1: 13.9 (2-49)</p> <p>Mental age: NR</p> <p>Gender, n (%): Male: G1: 28 (70) Female: G1: 12 (30)</p> <p>DSM-based diagnostic approach reported: No</p>	NR	<p>Met initial objectives, %: G1: 100</p> <p>Met intermediate objectives, %: G1: 77</p> <p>Met Intermediate objectives, by category, %: Behavioral/psychosocial skills: G1: 74</p> <p>Language/communication skills: G1: 74</p> <p>Perceptual/motor skills: G1: 80</p> <p>Cognitive skills: G1: 100</p> <p>Musical skills: G1: 100</p> <p>Generalization of skills learned in primary goal areas to nonmusic therapy settings, by category, %: Behavioral/psychosocial: G1: 14/16 (88)</p> <p>Language/communication: G1: 9/9 (100)</p> <p>Perceptual/motor: G1: 1/2 (50)</p> <p>Cognitive: G1: 2/2 (100)</p> <p>Musical: G1: 1/1 (100)</p> <p>Harms: NR</p>

Comments:

* If a client was served both years, each year with that client was treated separately in the data.

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: O'Connor et al., 2004</p> <p>Country: Canada</p> <p>Enrollment period: NR</p> <p>Funding: NR</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Randomized trial with crossover design</p>	<p>Intervention: In one session, students read 5 passages written in 3 different procedural facilitation styles (pre-reading questions, anaphoric cuing, and cloze task) and one control style.</p> <p>Order and style randomly varied (approximately 10 min/passage, including 1 passage in each facilitation style and 2 control passages); experiments took place at home (n=14) or school (n=6).</p> <p>Intervention target: Comprehension of text</p> <p>Primary outcome: Comprehension of text</p> <p>Groups: G1: all participants</p> <p>Treatment duration: Single session</p> <p>Frequency of contact during study: NA</p> <p>Last followup post-treatment: Immediately post treatment</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1: 20</p> <p>N at followup: G1: 20</p>	<p>Inclusion criteria: Moderate to high levels of decoding Lower levels of reading comprehension</p> <p>Exclusion criteria: See inclusion criteria</p> <p>Age, yrs, mean ± SD: G1: 15.11 ± 0.99</p> <p>Mental age, Stanford-Binet Intelligence, mean ± SD: G1: 88.15 ± 16.06</p> <p>Gender, n (%): Male: G1: 19 (95) Female: G1: 1 (5)</p> <p>DSM-based diagnostic approach reported: Yes</p>	<p>Total Reading Comprehension score, mean ± SD; Control passage 1: G1: 12.79 ± 6.33 Control passage 2: G1: 12.86 ± 6.27</p>	<p>Total Reading Comprehension score, mean ± SD; Anaphoric cuing passage: G1: 15.41 ± 6.28 G1/BL: P = 0.03</p> <p>Prereading questions passage: G1: 13.88 ± 5.47 G1/BL: P = 0.29</p> <p>Cloze passage: G1: 13.83 ± 5.14 G1/BL: P = 0.32</p> <p>Improvement of ≥ 0.50 SD, score vs. control, n: Anaphoric cuing passage: G1:11</p> <p>Prereading questions passage: G1: 7</p> <p>Cloze passage: G1: 7</p> <p>Harms: NR</p>

Comments:

Repeated measures ANOVA showed a significant effect of procedural facilitation (combined) vs. control (P = 0.05).

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Van Bourgondien et al., 2003</p> <p>Country: US</p> <p>Enrollment period: NR</p> <p>Funding: NIMH</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Prospective Cohort</p>	<p>Intervention: Experimental treatment program (combined residential & vocational training program) using TEACCH psychoeducational model</p> <p>Part-random, part-clinical/administrative assignment of subjects to the treatment group; the remaining participants were living in one of three control conditions: group homes institutions or family home</p> <p>Intervention target: Family satisfaction, measures of participant skills & behaviors</p> <p>Primary outcome: NR</p> <p>Groups: G1: TEACCH-based program G2: Family home G3: Group homes G4: Institutions</p> <p>Treatment duration: 24 hour programs assessed 6 and 12 months after participants' entry into TEACCH program</p> <p>Frequency of contact during study: 4 time periods of 6 month intervals</p> <p>Last followup post-treatment: 12 months after moving into G1</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: No</p>	<p>Inclusion criteria: • Adolescents and adults with autism selected from applicants to the TEACCH-based program*</p> <p>Exclusion criteria: • See inclusion criteria</p> <p>Age, yrs, mean ± SD: G1: 23.7 ± 4.4 G2: 26.6 ± 5.1 G3: 27.8 ± 8.5 G4: 21.5 ± 5.0</p> <p>Mental age, functioning in the moderate to severe/profound ranges of mental retardation, %: Total: 85</p> <p>Gender, n: Male: G1: 6 G2: 8 G3: 8 G4: 4 Female: G1: 0 G2: 2 G3: 2 G4: 2</p> <p>DSM-based diagnostic approach reported: Yes (CARS)</p>	<p>CARS score, mean ± SD: G1: 37.3 ± 5.3 G2: 35.6 ± 6.9 G3: 34.7 ± 3.9 G4: 37.2 ± 2.9</p> <p>ERS score, mean ± SD: Communication: G1: 3.0 ± 0.65 Structure: G1: 2.58 ± 0.62 Socialization: G1: 2.81 ± 0.76 Developmental: G1: 3.00 ± 0.63 Behavior: G1: 3.31 ± 0.38 Total: G1: 3.09 ± 0.43</p> <p>Aggression and/or self-injury, n: G1: 3/6 G2: 2/10 G3: 5/10 G4: 4/6</p>	<p>ERS score, time 4, mean ± SD: Communication: G1: 4.10 ± 0.37 G2: 2.57 ± 0.58 G3: 2.74 ± 0.76 G4: 2.20 ± 0.72 G1/G2/G3/G4: <i>P</i> = 0.0003 G1/G2: <i>P</i> < 0.05 G1/G3: <i>P</i> < 0.05 G1/G4: <i>P</i> < 0.05 G1/BL: <i>P</i> = 0.0003 Structure: G1: 4.14 ± 0.29 G2: 2.20 ± 0.57 G3: 2.69 ± 0.41 G4: 2.28 ± 0.10 G1/G2/G3/G4: <i>P</i> = 0.0001 G1/G2: <i>P</i> < 0.05 G1/G3: <i>P</i> < 0.05 G1/G4: <i>P</i> < 0.05 G1/BL: <i>P</i> = 0.0002 Socialization: G1: 3.78 ± 0.53 G2: 2.40 ± 0.80 G3: 2.76 ± 0.69 G4: 2.33 ± 0.73 G1/G2/G3/G4: <i>P</i> = 0.0057 G1/G2: <i>P</i> < 0.05 G1/G3: <i>P</i> < 0.05 G1/G4: <i>P</i> < 0.05 G1/BL: <i>P</i> = 0.0014 Developmental: G1: 4.12 ± 0.24 G2: 2.68 ± 0.84 G3: 3.20 ± 0.48 G4: 2.50 ± 0.33 G1/G2/G3/G4: <i>P</i> = 0.0025 G1/G2: <i>P</i> < 0.05 G1/G3: <i>P</i> = NS G1/G4: <i>P</i> < 0.05 G1/BL: <i>P</i> = 0.0006</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Van Bourgondien et al., 2003 (continued)	<p>Concomitant therapies: Receiving at-least one medication for behavioral control, %: Total: 53</p> <p>Behavior control medications, mean \pm SD: G1: 1.5 \pm 1.4 G2: 0.3 \pm 0.5 G3: 1.4 \pm 2.0 G4: 1.7 \pm 2.0</p> <p>N at enrollment: G1: 6 G2: 10 G3: 10 G4: 6</p> <p>N at followup: G1: 6 G2: 10 G3: 10 G4: 6</p>			<p>Behavior: G1: 4.43 \pm 0.37 G2: 2.29 \pm 0.76 G3: 2.8 \pm 0.32 G4: 2.71 \pm 0.38 G1/G2/G3/G4: P = 0.0001 G1/G2: P < 0.05 G1/G3: P < 0.05 G1/G4: P < 0.05 G1/BL: P = 0.0001</p> <p>Total: G1: 4.11 \pm 0.31 G2: 2.67 \pm 0.60 G3: 3.04 \pm 0.34 G4: 2.85 \pm 0.35 G1/G2/G3/G4: P = 0.0001 G1/G2: P < 0.05 G1/G3: P < 0.05 G1/G4: P < 0.05 G1/BL: P = 0.0001</p> <p>Global ratings, mean \pm SD: Programming: G1: 5.00 \pm 0.00 G2: 2.25 \pm 0.89 G3: 3.00 \pm 1.10 G4: 2.60 \pm 0.89 G1/G2/G3/G4: P = 0.0001 G1/G2: P < 0.05 G1/G3: P < 0.05 G1/G4: P < 0.05</p> <p>Desirability: G1: 135.83 \pm 4.02 G2: 69.13 \pm 25.89 G3: 75.36 \pm 35.28 G4: 33.6 \pm 24.2 G1/G2/G3/G4: P = 0.0001 G1/G2: P < 0.05 G1/G3: P < 0.05 G1/G4: P < 0.05 G2/G3: P = NS G2/G4: P < 0.05 G3/G4: P < 0.05</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Van Bourgondien et al., 2003 (continued)				<p>Family satisfaction survey, community involvement, mean \pm SD: G1: 5.0 \pm 0.0 (n=5) G3: 3.10 \pm 1.44 (n=3) G4: 3.33 \pm 0.58 (n=10) G1/G3: P < 0.05 G1/G4: P = 0.13</p> <p>Skills index, mean \pm SD: G1: 3.5 \pm 1.5 G2: 3.3 \pm 2.1 G3: 3.1 \pm 2.1 G4: 2.6 \pm 1.8</p> <p>Index of negative behaviors, mean \pm SD: G1: 1.8 \pm 0.3 G2: 1.4 \pm 0.6 G3: 1.6 \pm 0.5 G4: 1.6 \pm 0.6 G1/G2: P = 0.05</p> <p>Negative behavior observations, mean \pm SD: G1: 16.8 \pm 6.8 G2: 20.4 \pm 11.7 G3: 16.0 \pm 12.8 G4: 24.2 \pm 12.5</p> <p>Negative behavior observations without stereotypes, mean \pm SD: G1: 0.7 \pm 0.6 G2: 4.2 \pm 5.8 G3: 2.0 \pm 2.3 G4: 6.5 \pm 9.0</p> <p>Harms: NR</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Garcia-Villamizar et al., 2000†, 2002*</p> <p>Country: Spain, Germany</p> <p>Enrollment period: 1996-2000†*</p> <p>Funding: Horizon Program of European Union, Cosejería de Asuntos Sociales de la Comunidad Autónoma de Madrid (Spain)</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Nonrandomized controlled trial</p>	<p>Intervention: Sheltered and supported community-based work environments*</p> <p>Intervention target: To analyze the differential impact of two modalities of work on clinical symptom evolution between 1996 & 1999†</p> <p>Groups: G1: Sheltered work group (SHW)†* G2: Supported work group (SPW)†*</p> <p>Primary outcome: NR</p> <p>Treatment duration: Average length of community employment: 30 months for an average of 20 hours/week</p> <p>Frequency of contact during study: Beginning and end of program</p> <p>Last followup post-treatment: Immediately post-treatment† 5 years from start of program*</p> <p>Measure of treatment fidelity/adherence reported:</p> <p>Co-interventions held stable during treatment:</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1: 26 G2: 25</p> <p>N at followup: G1: 26 G2: 21</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • Diagnosis of autism • Provision of informed consent • For G2, sheltered workshop enrollment prior to participation in supported work, no severe behavior problems, acceptable professional and vocational abilities <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • See inclusion <p>Age, yrs, mean ± SD: G1: 21.07 ± 4.18 G2: 21.64 ± 3.75</p> <p>IQ, Leiter (total score), mean ± SD: G1: 55.52 ± 14.43 G2: 57.41 ± 15.01</p> <p>Gender, n: Male: G1: 18 G2: 21</p> <p>Female: G1: 8 G2: 4</p> <p>DSM-based diagnostic approach reported:</p> <ul style="list-style-type: none"> • Yes (DSM-IV & CARS) 	<p>QoL QNR score, mean ± SD:* Environmental control: G1: 10.00 ± 2.23 G2: 10.80 ± 2.50 G1/G2: <i>P</i> = NS</p> <p>Community involvement: G1: 11.88 ± 3.01 G2: 13.28 ± 3.22 G1/G2: <i>P</i> = NS</p> <p>Perception of personal change: G1: 7.50 ± 1.03 G2: 8.00 ± 0.93 G1/G2: <i>P</i> = NS</p> <p>Total Score: G1: 29.53 ± 5.26 G2: 31.40 ± 6.94 G1/G2: <i>P</i> = NS</p> <p>CARS score, mean ± SD:† G1: 35.26 ± 6.51 G2: 32.23 ± 8.59</p>	<p>QoL QNR score, mean ± SD:* Environmental control: G1: 10.82 ± 2.26 G2: 13.04 ± 2.03 G1/G2: <i>P</i> < 0.002 G2/BL: <i>P</i> < 0.001</p> <p>Community Involvement : G1: 12.35 ± 3.01 G2: 14.04 ± 1.71 G1/G2: <i>P</i> < 0.01 G2/BL: <i>P</i> = 0.187</p> <p>Perception of Personal Change: G1: 7.62 ± 1.62 G2: 8.95 ± 1.30 G1/G2: <i>P</i> < 0.008 G2/BL: <i>P</i> < 0.007</p> <p>Total score: G1: 30.76 ± 5.51 G2: 35.96 ± 3.43 G1/G2: <i>P</i> < 0.0001 G2/BL: <i>P</i> < 0.001</p> <p>CARS score, mean ± SD:† G1: 38.26 ± 7.40 G2: 32.19 ± 7.26 G1/BL: <i>P</i> < 0.006 G2/BL: <i>P</i> = 0.71</p> <p>Harms: NR</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Remington et al., 2001</p> <p>Country: Canada</p> <p>Enrollment period: NR</p> <p>Funding: Ontario Mental Health Foundation</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Double blind, placebo controlled randomized crossover design</p>	<p>Intervention: Clomipramine: 25 mg at bedtime for 2 days, 25 mg 2 times/day for 2 days, 25 mg 3 times/day for 2 days, and 50 mg twice a day; doses then increased in 25 mg increments every 3-4 days as clinically indicated; planned treatment period: 7 weeks (actual mean 4.5 weeks)</p> <p>Haloperidol: 0.25 mg at bedtime for 2 days, 0.25 mg 2 times/day for 2 days, 0.25 mg 3 times/day for 2 days, and 0.5 mg twice a day; doses then increased in 0.5 mg increments every 3-4 days as clinically indicated; planned treatment period: 7 weeks (actual mean 5.8 weeks)</p> <p>Placebo: planned treatment period: 7 weeks (actual mean 5.4 weeks); placebo also administered for 1 week before first phase and between each treatment phase</p> <p>Intervention target: Treatment of autistic disorder</p> <p>Primary outcome: NR</p> <p>Groups: G1: study participants G1a: clomipramine phase G1b: haloperidol phase G1c: placebo phase</p> <p>Treatment duration: Each phase 7 weeks (total 21 weeks)</p> <p>Frequency of contact during study: Every two weeks</p> <p>Last followup post-treatment: Immediately post-treatment</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • DSM-IV diagnosis of autism confirmed independently by two investigators • A recommendation based on initial assessment of pharmacotherapy • Evidence haloperidol or clomipramine had not been used previously • If haloperidol or clomipramine had been used previously, an adequate therapeutic trial was not completed <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • See inclusion criteria <p>Age, yrs, mean (range): G1: 16.3 (10-36)</p> <p>Mental age: NR</p> <p>Gender, n (%): Male: G1: 30 (83.3) Female: G1: 6 (16.7)</p> <p>DSM-based diagnostic approach reported: Yes</p>	<p>CARS score, mean ± SD: G1: 41.8 ± 7.1</p> <p>DOTES score, mean ± SD: G1: 0.6 ± 2.2</p> <p>ESRS score, mean ± SD: G1: 6.6 ± 6.7</p> <p>ABC score, mean: Irritability: G1: NR*</p> <p>Lethargy: G1: NR*</p> <p>Stereotypy: G1: NR*</p> <p>Hyperactivity: G1: NR*</p> <p>Inappropriate speech: G1: NR*</p>	<p>CARS score, mean ± SD: G1a: 37.8 ± 8.7 G1b: 36.7 ± 6.1 G1c: 39.4 ± 7.0 G1a/G1b/G1c: <i>P</i> = 0.05</p> <p>G1a/BL: <i>P</i> = NS G1b/BL: <i>P</i> < 0.05 G1c/BL: <i>P</i> = NS</p> <p>DOTES score, mean ± SD: G1a: 2.0 ± 2.9 G1b: 2.3 ± 3.3 G1c: 0.8 ± 1.7 G1a/G1b/G1c: <i>P</i> = NS</p> <p>ESRS score, mean ± SD: G1a: 10.3 ± 7.3 G1b: 7.8 ± 5.8 G1c: 7.9 ± 7.1 G1a/G1b/G1c: <i>P</i> = NS</p> <p>ABC score, mean: Irritability: G1a: NR* G1b: NR* G1c: NR* G1a/G1b/G1c: <i>P</i> = 0.03 G1a/BL: <i>P</i> = NS G1b/BL: <i>P</i> < 0.05 G1c/BL: <i>P</i> = NS</p> <p>Lethargy: G1a: NR* G1b: NR* G1c: NR* G1a/G1b/G1c: <i>P</i> = NS</p> <p>Stereotypy: G1a: NR* G1b: NR* G1c: NR* G1a/G1b/G1c: <i>P</i> = NS</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Remington et al., 2001 (continued)	<p>Measure of treatment fidelity/adherence reported: Yes</p> <p>Co-interventions held stable during treatment: Yes</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1a: 32 G1b: 33 G1c: 32</p> <p>N at followup: G1a: 12 G1b: 23 G1c: 21</p> <p>G1a/G1b/G1c: $P < 0.001$</p>			<p>Hyperactivity: G1a: NR* G1b: NR* G1c: NR* G1a/G1b/G1c: $P = 0.01$ G1a/BL: $P = NS$ G1b/BL: $P < 0.05$ G1c/BL: $P = NS$</p> <p>Inappropriate speech: G1a: NR* G1b: NR* G1c: NR* G1a/G1b/G1c: $P = NS$</p> <p>Harms: Discontinued early due to behavioral problems only: G1a: 8 G1b: 3 G1c: 10</p> <p>Discontinued early due to physiologic effects and behavioral problems: G1a: 4 G1b: 1 G1c: 0</p> <p>Discontinued early due to physiologic effects only: G1a: 8 G1b: 6 G1c: 1</p> <p>Fatigue or lethargy: G1a: 4 G1b: 5 G1c: 0</p> <p>Tremors: G1a: 2 G1b: 0 G1c: 0</p> <p>Tachycardia: G1a: 1 G1b: 0 G1c: 0</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Remington et al., 2001 (continued)				<p>Insomnia: G1a: 1 G1b: 0 G1c: 0</p> <p>Diaphoresis: G1a: 1 G1b: 0 G1c: 0</p> <p>Nausea or vomiting: G1a: 1 G1b: 0 G1c: 0</p> <p>Decreased appetite: G1a: 1 G1b: 0 G1c: 0</p> <p>Preexisting right bundle branch block: G1a: 1 G1b: 0 G1c: 0</p> <p>Dystonia: G1a: 0 G1b: 1 G1c: 0</p> <p>Depression: G1a: 0 G1b: 1 G1c: 1</p> <p>Persistent nosebleeds: G1a: 0 G1b: 0 G1c: 1</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Silver et al., 2001</p> <p>Country: UK</p> <p>Enrollment period: NR</p> <p>Funding: NR</p> <p>Author industry relationship disclosures: NA</p> <p>Design: RCT</p>	<p>Intervention: School-based Emotion Trainer computer intervention, 10 daily half hour computer sessions (used mean 8.4 times, range 2-15 times)</p> <p>Intervention target: Better recognition and prediction of emotional responses in others</p> <p>Primary outcome: NR</p> <p>Groups: G1: computer sessions and standard lessons G2: standard lessons only</p> <p>Treatment duration: 2-3 weeks</p> <p>Frequency of contact during study: Daily during school</p> <p>Last followup post-treatment: End of treatment</p> <p>Measure of treatment fidelity/adherence reported: Yes</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1: 12 G2: 12</p> <p>N at followup: G1: 10 G2: 11</p>	<p>Inclusion criteria: Clear diagnosis of autistic spectrum disorder Age equivalent ≥ 7 years on the British Picture Vocabulary Scale Chronological age 10-18</p> <p>Exclusion criteria: See inclusion criteria</p> <p>Age, yrs, mean \pm SD:* G1: 13.9 \pm 0.9 G2: 14.75 \pm 2.0</p> <p>Mental age, BPVS age equivalent, yrs, mean \pm SD: G1: 10.67 \pm 2.25 G2: 12.0 \pm 3.33</p> <p>Gender: NR</p> <p>DSM-based diagnostic approach reported: No</p>	<p>Facial Expression Photographs, total error score, mean \pm SD: G1: 4.27 \pm 1.85 G2: 4.45 \pm 2.34</p> <p>Emotion Recognition Cartoons, total error score, mean \pm SD: G1: 4.36 \pm 3.35 G2: 3.27 \pm 1.79</p> <p>Strange Stories, compound Likert score, mean \pm SD: G1: 18.3 \pm 16.4 G2: 20.8 \pm 22.9</p>	<p>Facial Expression Photographs, total error score, mean: G1: NR** G2: NR**</p> <p>ANOVA: group X time $P = NS$; time $P = 0.029$</p> <p>Emotion Recognition Cartoons, total error score, mean: G1: NR** G2: NR**</p> <p>ANOVA: group X time $P = 0.041$</p> <p>Strange Stories, compound Likert score, mean: G1: NR** G2: NR**</p> <p>ANOVA: group X time $P = 0.016$</p> <p>Harms: NR</p>

Comments:

* Chronological age means and SD converted from years/months to years

** Values are only represented graphically.

The teaching tasks were computer based and the assessment tasks were paper based.

The number of times a child used the computer program significantly correlated with an improvement in score on the Emotion Recognition Cartoons and the Strange Stories but not with improvement on the Facial Expression Photographs.

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Mawhood et al., 1999</p> <p>Country: UK</p> <p>Enrollment period: NR</p> <p>Funding: Nuffield Foundation, Department of Employment, National Autistic Society</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Prospective cohort study</p>	<p>Intervention: Supported employment scheme: upon suitable job identification, full time support worker provided for 1st 2-4 weeks; support decreased to 1-2 times/week during the 2nd month; further reduction in support so by the 4th month, occasional planned meetings (a support worker could be contacted anytime during an emergency)</p> <p>Intervention target: Employment</p> <p>Primary outcome: Employment</p> <p>Groups: G1: supported employment scheme G2: no employment support</p> <p>Treatment duration: 2 years (mean \pm SD 17.03 \pm 6.64 months)</p> <p>Frequency of contact during study: Daily for 2-4 weeks, then 1-2 times/week during 2nd month, then occasional meetings during 4th month</p> <p>Last followup post-treatment: Immediately post treatment</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p>	<p>Inclusion criteria: Formal diagnosis of autism or Asperger syndrome IQ \geq 70 on either WAIS performance or verbal scale Actively seeking work Able to travel independently and prepared to work within the greater London area (G1) or outside greater London area (G2) Capable of eventually maintaining employment with minimal support No additional psychiatric or physical problems that would adversely affect employability</p> <p>Exclusion criteria: See inclusion criteria</p> <p>Age, yrs, mean \pm SD: G1: 31.1 \pm 9.1 G2: 28.0 \pm 6.1</p> <p>Mental age, mean \pm SD: WORD reading accuracy test: G1: 16.6 \pm 1.5 G2: NR</p> <p>WORD comprehension test: G1: 13.8 \pm 3.6 G2: NR</p> <p>WORD spelling test: G1: 16.2 \pm 2.1 G2: NR</p> <p>British Ability Scales Number subtest G1: 12.9 \pm 1.8 G2: NR</p> <p>IQ, mean \pm SD: WAIS verbal IQ: G1: 104.1 \pm 17.3 G2: 101.6 \pm 0.50</p> <p>WAIS performance IQ: G1: 91.6 \pm 15.7 G2: 92.2 \pm 0.12</p>	<p>Employed, n: G1: 8 G2: 3</p> <p>Time in work, % (range): G1: 18.58 (0-100) G2: 10.79 (0-100) G1/G2: <i>P</i> = 0.35</p> <p>Rosenberg Self-Esteem Inventory score, mean \pm SD: G1: 21.79 \pm 4.78 G2: 21.50 \pm 4.43</p>	<p>Employed, n (%): G1: 19 (63.3) G2: 5 (25) G1/BL: <i>P</i> = 0.009 G2/BL: <i>P</i> = 0.69 G1+G2/BL: <i>P</i> = 0.01</p> <p>Employment, n: Permanent jobs: G1: 9 G2: 3</p> <p>Temporary/seasonal jobs: G1: 10 G2: 2</p> <p>Time to find employment, months, mean (range): G1: 8.7 (6-23) G2: 8.4 (3-16)</p> <p>Hours worked/week, mean (range): G1: 31.3 (16-38.75) G2: 36.5 (35-40) G1/G2: <i>P</i> = 0.506</p> <p>Wages/hour, £, mean (range): G1: 5.71 (3.71-9.49) G2: 4.14 (3.83-4.5) G1/G2: <i>P</i> = 0.024</p> <p>Type of jobs found, n: Administrative/clerical: G1: 16 G2: 1</p> <p>Computing: G1: 2 G2: 0</p> <p>Photography laboratory: G1: 1 G2: 0</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Mawhood et al., 1999 (continued)	<p>N at enrollment: G1: 30 G2: 20</p> <p>N at followup: G1: 30 G2: 17</p>	<p>WAIS full-scale IQ: G1: 98.8 ± 16.3 G2: 97.7 ± 0.22</p> <p>BPVS: G1: 94.7 ± 21.2 G2: 91.8 ± 0.46</p> <p>EOWPVT: G1: 99.3 ± 19.1 G2: 98.6 ± 0.13</p> <p>Gender, n: Male: G1: 27 G2: 20 Female: G1: 3 G2: 0</p> <p>DSM-based diagnostic approach reported: No</p>		<p>Sales support: G1: 1 G2: 0</p> <p>Warehouse/factory: G1: 2 G2: 1</p> <p>Postman/messenger/outdoor: G1: 0 G2: 3</p> <p>Time in work, % (range): G1: 26.81 (0-87.5) (n=26) G2: 7.61 (0-82.3) (n=17) G1/BL: <i>P</i> = 0.22 G2/BL: <i>P</i> = 0.91 G1+G2/BL: <i>P</i> = 0.02</p> <p>Rosenberg Self-Esteem Inventory score, mean ± SD: G1: 22.08 ± 4.00 G2: 22.25 ± 5.12</p> <p>Harms: NR</p>

Comments:

More individuals in the control group (10% vs. 3%) had attended special needs courses (*P* = NS).

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes**
<p>Author: McDougle et al., 1998</p> <p>Country: US</p> <p>Enrollment period: June 1994 to February 1997</p> <p>Funding: Public Health Service, National Alliance for Research in Schizophrenia and Depression, Theodore and Vada Stanley Foundation, Connecticut Department of Mental Health and Addiction Services, Research Unit on Pediatric Psychopharmacology (RUPP), NIMH</p> <p>Author industry relationship disclosures: NR</p> <p>Design: RCT, double blind; subsequent open label trial</p>	<p>Intervention: Risperidone starting at 1 mg/day, gradually increasing by 1 mg daily every 3-4 days to a maximum dosage of 10 mg/day, twice daily as tolerated for at least 7 weeks. Those treated with placebo subsequently given a 12 week open label trial of risperidone.</p> <p>Intervention target: CGI global Improvement, repetitive behavior, aggression, sensory motor behaviors, social relationship to people, affectual reactions, sensory responses, language, overall behavioral symptoms of autism and mood states</p> <p>Primary outcome: NR</p> <p>Groups: G1: risperidone G2: placebo G2a: open label trial of risperidone</p> <p>Daily dose, mean ± SD: G1: 2.9 ± 1.4 G2: 3.9 ± 1.5</p> <p>Treatment duration: 12 weeks</p> <p>Frequency of contact during study: Baseline, end of weeks 4, 8, and 12</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: NA</p> <p>Co-interventions held stable during treatment: Yes</p>	<p>Inclusion criteria: Diagnosis of autism or PDD-NOS Moderate CGI scores Y-BOCS compulsion (repetitive behavior) subscale score > 10 SIB-Q score ≥ 25 Ritvo-Freeman Real-life Rating Scale overall score ≥ 0.20</p> <p>Exclusion criteria: Met DSM-IV criteria for schizophrenia or had psychotic symptoms Significant acute medical condition</p> <p>Age, yrs, mean ± SD: G1: 26.0 ± 6.7 G2: 29.7 ± 7.8</p> <p>Mental age, full scale IQ, mean ± SD: G1: 55.5 ± 26.8 G2: 52.9 ± 22.1</p> <p>Gender, n: Male: G1: 13 G2: 9 Female: G1: 2 G2: 7</p> <p>DSM-based diagnostic approach reported: Yes (DSM-IV, ADOS, ADI)</p>	<p>CGI scale score, mean (SE): G1: 4 (0) G2: 4 (0) G2a: 4 (0)</p> <p>Modified Y-BOCS score, mean (SE): G1: 16.15 (3.58) G2: 14.29 (3.50) G2a: 14.27 (2.92)</p> <p>SIB-Q total score, mean (SE): G1: 47.8 (19.5) G2: 37.7 (11.9) G2a: 32.43 (15.89)</p> <p>Ritvo-Freeman subscale score, mean (SE): Sensory motor behaviors: G1: 0.79 (0.65) G2: 0.71 (0.58) G2a: 0.68 (0.48)</p> <p>Social relationship to people: G1: NR G2: NR G2a: NR</p> <p>Affectual reactions: G1: 1.02 (0.39) G2: 0.78 (0.49) G2a: 0.75 (0.53)</p> <p>Sensory responses: G1: NR G2: NR G2a: 0.70 (0.38)</p> <p>Language: G1: NR G2: NR G2a: NR</p> <p>Ritvo-Freeman overall behavioral symptom score, mean (SE): G1: 0.60 (0.44) G2: 0.53 (0.41) G2a: 0.50 (0.38)</p>	<p>CGI scale score, 12 weeks, mean (SE): G1: 2.54 (1.27) G2: 4 (0.79) G2a: 2.47 (1.06) G1/G2: <i>P</i> < 0.001 G2a/BL: <i>P</i> < 0.001</p> <p>Responders (CGI much improved or very much improved), n (%): G1: 8/14 (57) G2: 0 G2a: 9/15 (60)</p> <p>Modified Y-BOCS score, 12 weeks, mean (SE): G1: 12.77 (3.63) G2: 14.35 (3.02) G2a: 11.47 (3.64) G1/G2: <i>P</i> < 0.02 G2a/BL: <i>P</i> < 0.03</p> <p>SIB-Q total score, 12 weeks, mean (SE): G1: 24.2 (9.5) G2: 32.8 (15.0) G2a: 23.07 (13.45) G1/G2: <i>P</i> < 0.01 G2a/BL: <i>P</i> < 0.05</p> <p>Ritvo-Freeman subscale score, 12 weeks, mean (SE): Sensory motor behaviors: G1: 0.38 (0.38) G2: 0.64 (0.49) G2a: 0.44 (0.31) G1/G2: <i>P</i> < 0.007 G2a/BL: <i>P</i> < 0.04</p> <p>Social relationship to people: G1: NR G2: NR G2a: NR G1/G2: <i>P</i> = NS G2a/BL: <i>P</i> = NS</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes**
McDougle et al., 1998 (continued)	<p>Concomitant therapies, n: Chloral hydrate (2 g/day) for agitation: NR</p> <p>N at enrollment: G1:15 G2: 16 G2a: 16</p> <p>N at followup:* G1: 12 G2: 12 G2a: 15</p>		<p>VAS mood scores, clinician rated, mean (SE): Anxious or nervous: G1: 70.4 (16.4) G2: 66.6 (22.1) G2a: 62.67 (26.04)</p> <p>Depressed: G1: 23.8 (17.6) G2: 23.1 (28.1) G2a: NR</p> <p>Irritable: G1: 51.8 (23.2) G2: 31.5 (24.4) G2a: 27.33 (23.75)</p> <p>Calm: G1: NR G2: NR G2a: 26.67 (22.25)</p> <p>Restless: G1: NR G2: NR G2a: 54.67 (28.25)</p>	<p>Affectual reactions: G1: 0.35 (0.37) G2: 0.82 (0.57) G2a: 0.33 (0.28) G1/G2: <i>P</i> < 0.003 G2a/BL: <i>P</i> < 0.007</p> <p>Sensory responses: G1: NR G2: NR G2a: 0.44 (0.36) G1/G2: <i>P</i> = NS (<i>P</i> < 0.02; n=24) G2a/BL: <i>P</i> < 0.004</p> <p>Language: G1: NR G2: NR G2a: NR G1/G2: <i>P</i> = NS G2a/BL: <i>P</i> = NS</p> <p>Ritvo-Freeman overall behavioral symptom score, 12 months, mean (SE): G1: 0.32 (0.27) G2: 0.45 (0.41) G2a: 0.27 (0.33) G1/G2: <i>P</i> < 0.05 G2a/BL: <i>P</i> < 0.003</p> <p>VAS mood scores, 12 months, clinician rated, mean (SE).*** Anxious or nervous: G1: 42.3 (28.0) G2: 60.0 (28.5) G1/G2: <i>P</i> < 0.02 (<i>P</i> < 0.03; n=24) G2a: 37.93 (29.95) G2a/BL: <i>P</i> < 0.02</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes**
McDougle et al., 1998 (continued)				<p>Depressed: G1: 8.5 (11.4) G2: 19.4 (25.4) G2a: NR G1/G2: $P < 0.03$ ($P < 0.08$; n=24) G2a/BL: $P = NS$</p> <p>Irritable: G1: 21.8 (20.4) G2: 22.3 (24.9) G1/G2: $P < 0.01$ G2a: 14.13 (16.27) G2a/BL: $P < 0.05$</p> <p>Calm: G1: NR G2: NR G2a: 46.60 (24.01) G1/G2: $P = NS$ G2a/BL: $P < 0.01$</p> <p>Restless: G1: NR G2: NR G2a: 27.00 (22.82) G1/G2: $P = NS$ G2a/BL: $P < 0.03$</p> <p>Harms: At least one adverse event, n (%): G1: 13/15 (87) G2: 5/16 (31)</p> <p>Sedation: G1: 9 G2: 0</p> <p>Agitation: G1: 2 G2: 5</p> <p>Enuresis: G1: 2 G2: 0</p> <p>Weight gain: G1: 2 G2: 0</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes**
McDougle et al., 1998 (continued)				Dyspepsia, diarrhea, constipation: G1: 1 G2: 0 Abnormal gait, G1: 1 G2: 0

Comments:

* 24/31 completed the entire 12 week study; of these 14/24 were 13-30 years old (**G1: 8; G2: 6**). 7/31 completed only 1-4 weeks of treatment; of these 5/7 were 13-30 years old (**G1: 2; G2: 3**).

** Where available, P-values reported for drug X time interaction are from ANCOVAs using baseline and 12-week values; P-values reported for VAS are from 2-way ANOVAs with repeated measures for all patients that completed at least 4 weeks (n=30; ITT analysis) and for completers (n=24). The latter value was also included if only one of the tests was significant. P-values reported for the open label trial from 1-way ANOVA with repeated measures.

*** No other significant difference over time reported for any of the other mood measures.

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: McDougle et al., 1998</p> <p>Country: US</p> <p>Enrollment period: NR</p> <p>Funding: Pfizer, NIH, National Alliance for Research on Schizophrenia and Depression, Theodore and Vada Stanley Research Foundation, Connecticut Department of Mental Health and Addiction Services</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Prospective case series</p>	<p>Intervention: Sertraline, started at 50 mg/day with further increases of 50 mg/day every week (maximum 200 mg/day as tolerated, attained within 3 weeks). Actual dose, mg, mean ± SD (range): 122.0 ± 60.5 (50-200)</p> <p>Intervention target: Reduced repetitive thoughts/behavior and aggression; enhancement of social relatedness</p> <p>Primary outcome: NR</p> <p>Groups: G1: sertraline Ga: autistic disorder Gb: Asperger's disorder Gc: PPD NOS</p> <p>Treatment duration: 12 weeks</p> <p>Frequency of contact during study: 0, 4, 8 and 12 weeks</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies, n:* 1000-3000 mg chloral hydrate: 4</p> <p>N at enrollment: G1: 42 G1a: 22 G1b: 6 G1c: 14</p> <p>N at followup: G1: 37</p>	<p>Inclusion criteria: DSM-IV diagnosis of ASD Y-BOCS score > 15 (verbal patients) or > 7 (nonverbal patients) S-IBQ score ≥ 25 Ritvo-Freeman Real-Life rating scale overall score ≥ 0.20 or VABS Maladaptive Behavior subscale part 1 score ≥ 14 or VABS Maladaptive Behavior subscale part 2 score ≥ 5 Psychotropic drug-free for ≥ 4 weeks before start of trial</p> <p>Exclusion criteria: DSM-IV diagnosis of psychotic or bipolar disorder Significant medical problem (e.g., seizure)</p> <p>Age, yrs, mean ± SD: G1: 26.1 ± 5.8</p> <p>Mental age: NR</p> <p>IQ, mean ± SD: G1: 60.5 ± 22.7</p> <p>Gender, n (%): Male: G1: 27 (64) Female: G1: 15 (36)</p> <p>DSM-based diagnostic approach reported: Yes</p>	<p>CGI scale score, mean ± SD: G1a: NA G1b: NA G1c: NA</p> <p>Y-BOCS score, mean ± SD: Total: G1a: 16.5 ± 6.7 G1b: 25.7 ± 41.1 G1c: 18.2 ± 4.8</p> <p>Obsession subscale: G1a: 2.6 ± 5.1 G1b: 12.5 ± 2.7 G1c: 4.2 ± 5.7</p> <p>Compulsion subscale: G1a: 13.9 ± 4.1 G1b: 13.2 ± 2.7 G1c: 14.0 ± 3.6</p> <p>SIB-Q total score, mean ± SD: G1a: 32.7 ± 16.5 G1b: 17.5 ± 7.7 G1c: 36.2 ± 16.4</p> <p>Ritvo-Freeman behavioral symptom score, mean ± SD: Overall: G1a: 0.48 ± 0.49 G1b: 0.26 ± 0.38 G1c: 0.77 ± 0.53</p> <p>Subscale I: G1a: 0.71 ± 0.59 G1b: 0.33 ± 0.20 G1c: 0.71 ± 0.52</p> <p>Subscale II: G1a: 0.21 ± 0.72 G1b: -0.17 ± 0.45 G1c: 0.42 ± 0.57</p> <p>Subscale III: G1a: 0.81 ± 0.52 G1b: 0.40 ± 0.28 G1c: 1.12 ± 0.56</p> <p>Subscale IV: G1a: 0.71 ± 0.52 G1b: 0.66 ± 0.59 G1c: 0.88 ± 0.53</p>	<p>CGI scale score, 12 weeks, mean ± SD: G1a: 2.1 ± 1.0 G1b: 4.0 ± 0.0 G1c: 2.3 ± 0.9 G1/BL: P = 0.0001</p> <p>Responders (CGI much improved or very much improved), n (%): G1: 24 (57) G1a: 15 (68) G1b: 0 G1c: 9 (64)</p> <p>Y-BOCS score, 12 weeks, mean ± SD: Total: G1a: 11.5 ± 5.8 G1b: 27.8 ± 5.3 G1c: 14.8 ± 5.7 G1/BL: P = 0.005</p> <p>Obsession subscale: G1a: 2.2 ± 4.2 G1b: 13.8 ± 3.0 G1c: 3.8 ± 5.2 G1/BL: P = NS</p> <p>Compulsion subscale: G1a: 9.3 ± 3.8 G1b: 14.0 ± 3.6 G1c: 11.0 ± 3.3 G1/BL: P = 0.0001</p> <p>SIB-Q total score, 12 weeks, mean ± SD: G1a: 15.5 ± 9.5 G1b: 18.8 ± 7.7 G1c: 20.2 ± 12.8 G1/BL: P = 0.0001</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
McDougle et al., 1998 (continued)			Subscale V: G1a: -0.02 ± 0.53 G1b: -0.50 ± 0.30 G1c: 0.15 ± 0.51 VABS Maladaptive Behavior subscales score, mean \pm SD: G1a: 27.0 ± 9.4 G1b: 19.8 ± 8.6 G1c: 28.3 ± 10.8	Ritvo-Freeman behavioral symptom score, 12 weeks, mean \pm SD: Overall: G1a: 0.17 ± 0.29 G1b: 0.29 ± 0.36 G1c: 0.33 ± 0.33 G1/BL: $P = 0.0001$ Subscale I: G1a: 0.40 ± 0.33 G1b: 0.33 ± 0.20 G1c: 0.37 ± 0.33 G1/BL: $P = 0.001$ Subscale II: G1a: -0.10 ± 0.53 G1b: 0.02 ± 0.26 G1c: 0.15 ± 0.49 G1/BL: $P = NS$ Subscale III: G1a: 0.38 ± 0.25 G1b: 0.37 ± 0.32 G1c: 0.61 ± 0.49 G1/BL: $P = 0.001$ Subscale IV: G1a: 0.32 ± 0.36 G1b: 0.57 ± 0.54 G1c: 0.46 ± 0.47 G1/BL: $P = 0.0001$ Subscale V: G1a: -0.11 ± 0.45 G1b: -0.42 ± 0.23 G1c: -0.09 ± 0.46 G1/BL: $P = NS$ VABS Maladaptive Behavior subscales score, 12 weeks, mean \pm SD: G1a: 13.8 ± 6.0 G1b: 20.2 ± 8.2 G1c: 19.5 ± 9.1 G1/BL: $P = 0.000$

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
McDougle et al., 1998 (continued)				<p>Harms: Withdrew due to persistent agitation despite chloral hydrate: 3</p> <p>Adverse effects, completers, n: Anorexia: G1: 1 Headache: G1: 1 Tinnitus: G1: 1 Alopecia: G1: 1 Weight gain: G1: 3 Sedation: G1: 1 Anxiety/agitation: G1: 2</p>

Comments:

* Chloral hydrate 500 to 1000 mg could be administered to any patient up to four times in 24 hours for agitation, as needed. No other psychotropic drugs were administered to the patients during the study.

CGI was assigned by the research nurse with input from the patient (when possible) and the patient's treatment team.

No adverse cardiovascular, extrapyramidal, or proconvulsant effects were identified.

Statistical analyses: ANOVA of time effects; ANOVA by ASD subtype also available in Table 1 for all scales and subscales

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Brodkin et al., 1997</p> <p>Country: US</p> <p>Enrollment period: NR</p> <p>Funding: National Alliance for Research on Schizophrenia and Depression, Connecticut Department of Mental Health and Addiction Services, NIH, CoCensys Pharmaceuticals</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Case series (open label)</p>	<p>Intervention: Open label treatment with Clomipramine. Initial dose 50 mg daily, increased by 50 mg every 3 or 4 days to a maximum dosage of 250 mg daily, as tolerated, if maximal clinical response was not obtained. The maximum dosage of clomipramine was attained within 3 weeks, and patients received this dose for a minimum of 9 weeks.</p> <p>Average daily dose (mg): 139.4 ± 50.4</p> <p>Intervention target: Total repetitive thoughts and behavior, aggression, aspects of social relatedness, such as eye contact and verbal responsiveness, change in these specific symptom clusters over time, autistic behavior, full-scale IQ, CGI, and adverse effects</p> <p>Primary outcome: CGI</p> <p>Groups: G1: clomipramine Ga: responders (CGI scores of 1 = "very much improved" or 2 = "much improved" at the end of week 12) Gb: nonresponders</p> <p>Treatment duration: 12 weeks</p> <p>Frequency of contact during study: Every 4 weeks</p> <p>Last followup post-treatment: End of 12 weeks</p> <p>Measure of treatment fidelity/adherence reported: Yes</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> Principal diagnosis of PDD Did not meet criteria for any other DSM-IV Axis I or Axis II disorder other than mental retardation <p>Exclusion criteria:</p> <ul style="list-style-type: none"> DSM-IV criteria for a psychotic disorder Abused illicit substances within the previous 6 months Serum pregnancy test positive (females) Significant acute medical condition <p>Age, yrs, mean ± SD: G1: 30.2 ± 7.0 (n=35) G1a: 30.7 ± 7.0 G1b: 29.6 ± 6.4</p> <p>Mental age: NR</p> <p>Gender, n : Male: G1: 24 Female: G1: 11</p> <p>DSM-based diagnostic approach reported: Yes (DSM-IV, ADI, ADOS)</p>	<p>IQ (full scale), mean ± SD: G1: 64.6 ± 27.2 G1a: 62.7 ± 28.4 G1b: 67.0 ± 26.5 G1a/G1b: <i>P</i> = NS**</p> <p>ABC score, mean ± SD: G1: 101.4 ± 17.5 G1a: 107.3 ± 17.2 G1b: 94.2 ± 15.4 G1a/G1b: <i>P</i> = NS**</p> <p>Y-BOCS score, mean ± SD: Total: G1a: 18.7 ± 6.8 G1b: 17.9 ± 6.2</p> <p>Obsession subscale, verbal patients (n=18): G1a: 10 ± 6.8 G1b: 6.7 ± 6.2</p> <p>Compulsion subscale: G1a: 13.7 ± 3.3 G1b: 13.9 ± 2.5</p> <p>Brown Aggression scale total score, mean ± SD: G1a: 10.6 ± 7.4 G1b: 6.5 ± 4.1</p> <p>Ritvo-Freeman Real-life rating overall score, mean ± SD: G1a: 0.72 ± 0.54 G1b: 0.45 ± 0.43</p>	<p>CGI score, mean ± SD: G1a: 1.89 ± 0.32 G1b: 3.8 ± 0.86 G1/BL: <i>P</i> < 0.001 G1a/G1b: <i>P</i> < 0.001</p> <p>Y-BOCS score, mean ± SD: Total: G1a: 9.1 ± 3 G1b: 17.3 ± 7.8 G1/BL: <i>P</i> < 0.001 G1a/G1b: <i>P</i> < 0.001</p> <p>Obsession subscale, verbal patients (n=18): G1a: 4.4 ± 2.8 G1b: 8 ± 6.6 G1/BL: <i>P</i> = NS G1a/G1b: <i>P</i> < 0.001</p> <p>Compulsion subscale: G1a: 6.9 ± 2.1 G1b: 12.5 ± 3.3 G1/BL: <i>P</i> < 0.001 G1a/G1b: <i>P</i> < 0.001</p> <p>Brown Aggression scale total score, mean ± SD: G1a: 3.7 ± 3.6 G1b: 6.4 ± 4.6 G1/BL: <i>P</i> < 0.001 G1a/G1b: <i>P</i> < 0.001</p> <p>Ritvo-Freeman Real-life rating overall score, mean ± SD: G1a: 0.18 ± 0.24 G1b: 0.44 ± 0.40 G1/BL: <i>P</i> < 0.001 G1a/G1b: <i>P</i> < 0.001</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Brodkin et al., 1997 (continued)	<p>Co-interventions held stable during treatment: Yes</p> <p>Concomitant therapies, n:* Carbamazepine (800mg): G1: 2 Phenobarbitol: G1: 1</p> <p>N at enrollment: G1: 35</p> <p>N at followup: G1: 33 G1a: 18 G1b: 15</p>			<p>Harms, n: Clinically significant side effects: G1: 13/33</p> <p>Dropped out due to AE (agitation and cramping, respectively): G1: 2</p> <p>Weight gain: G1a: 3 G1b: 0</p> <p>Constipation: G1a: 2 G1b: 1</p> <p>Seizure:*** G1a: 1 G1b: 2</p> <p>Sedation: G1a: 1 G1b: 1</p> <p>Agitation: G1a: 0 G1b: 1</p> <p>Anorgasmia: G1a: 1 G1b: 0</p>

Comments:

* Chloral hydrate (500-1000 mg) could be administered up to 4 times a day for agitation, as needed.

** No significant relationship between treatment response (**G1a** vs. **G1b**) as defined by either ABC score (<78 vs. ≥78) or IQ (≤70 vs. >70)

*** Two patients had a prior history of seizures.

Results by disease diagnosis type not included here, as there were no significant differences among diagnostic subtypes in the change any outcomes over the course of treatment.

No significant difference in clomipramine dosage between **G1a** (131 ± 53 mg daily) and **G1b** (150 ± 47 mg daily).

Significant improvement over time was identified for each subscale of the Ritvo-Freeman Real-Life Rating Scale (n=33), including Sensory Motor Behaviors ($P < 0.001$), Social Relationship to People ($P < 0.001$), Affectual Reactions ($P < 0.01$), Sensory Responses ($P < 0.001$), and Language ($P < 0.02$).

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Bebko et al., 1996</p> <p>Country: Canada</p> <p>Enrollment period: 1993</p> <p>Funding: Sharp Canada</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Prospective case series</p>	<p>Intervention: Facilitated communication (FC) using multiple methods for 6 weeks with up to 7 months of follow up data</p> <p>Intervention target: Communication</p> <p>Primary outcome: Percentage of correct responses on three designs: setwork (visual stimulus with picture cards and words), headphones (audio stimulus with separate audio channels for student and facilitator), and receptive vocabulary (tasks from PPVT-R). The experimental conditions for the setwork design were combinations of intervention with FC vs. no FC and facilitators that were informed vs. not informed. The experimental conditions for the headphones design were the facilitator receiving the same word as the student, a different word, or a neutral word.</p> <p>Groups: G1: All participants all receiving facilitated communication G2: All participants none receiving facilitated communication Ga: facilitator informed Gb: facilitator not informed</p> <p>Treatment duration: 6 weeks; follow up 5 to 7 months (with additional FC use)</p> <p>Frequency of contact during study: NR</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> From one of four classrooms of a regional program specializing in autism Consent obtained <p>Exclusion criteria:</p> <ul style="list-style-type: none"> See inclusion criteria <p>Age, yrs, mean (range): G1&G2: 13 (6-21)</p> <p>Mental age, range: G1: 1 year 3 months to 4 years 0 months</p> <p>Gender, n (%): Male: G1&G2: 15 (75) Female: G1&G2: 5 (25)</p> <p>DSM-based diagnostic approach reported: Yes</p>	<p>Setwork design, % correct responses: G1a: 56.86 G1b: 30.00 G2a: 36.71 G2b: 35.71 G1a/G1b/G2a/G2b: <i>P</i> = 0.0138</p> <p>Headphones design, % correct responses:* G1a: NR G1b: NR G2a: NR G2b: NR G1a/G1b/G2a/G2b: <i>P</i> = NS</p> <p>Receptive vocabulary design, % correct responses:* G1a: NR G1b: NR G2a: NR G2b: NR G1a/G1b/G2a/G2b: <i>P</i> = NS</p>	<p>Setwork design, follow up, % correct responses: G1a: 75.00 G1b: 25.57 G2a: 53.57 G2b: 32.57 G1a/BL: <i>P</i> = 0.345 Ga/Gb: <i>P</i> < 0.01 Ga/BL: <i>P</i> < 0.03</p> <p>Headphones design, % correct responses: G1a: NR G1b: NR G2a: NR G2b: NR G1/BL: <i>P</i> > 0.30</p> <p>Harms: NR</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Bebko et al., 1996 (continued)	Last followup post-treatment: Immediately post-treatment Measure of treatment fidelity/adherence reported: No Co-interventions held stable during treatment: NR Concomitant therapies: NR N at enrollment: G1&G2: 20 N at 5-7 month followup: G1&G2: 7			

Comments:

* Data reported graphically

Baseline results taken over initial 6 weeks

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: McDougle et al., 1996</p> <p>Country: US</p> <p>Enrollment period: NR</p> <p>Funding: NIH, Connecticut Dept. of Mental Health and Addiction Services, Korczak Foundation for Autism and Related Disorders</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Double-blind, placebo-controlled randomized crossover trial</p>	<p>Intervention: Acute tryptophan depletion. 24 hours of a low tryptophan diet followed by tryptophan-free amino acid drink or sham (amino acid drink with tryptophan added). Behavior measurements were taken at baseline, 180, 300, and 420 minutes after the amino acid drink. Patients resumed normal diet until crossover experiment occurred 7 days later.</p> <p>Intervention target: Autistic behaviors</p> <p>Primary outcome: Biochemical measures (plasma free and total tryptophan) and behavioral measures including change in global severity, symptoms of autism (RFRLRS), repetitive thoughts and behaviors, and 18 other behavioral parameters scored by VAS.</p> <p>Groups: G1: acute tryptophan depletion G2: sham</p> <p>Treatment duration: 2 days; 7 days between treatment and sham</p> <p>Frequency of contact during study: 1 week</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: NR</p> <p>Co-interventions held stable during treatment: NR</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • Adults with autistic disorder • No psychotropic drugs for at least 5 weeks <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • Identifiable cause of autism • Seizures • Positive pregnancy test <p>Age, yrs, mean ± SD (range): G1+G2: 30.5 ± 8.5 (20-53)</p> <p>Mental age (WAIS-R IQ) mean ± SD: G1+G2: 90.8 ± 23.5</p> <p>Gender, n (%): Male: G1+G2: 16 (80) Female: G1+G2: 4 (20)</p> <p>DSM-based diagnostic approach reported: Yes</p>	<p>Plasma tryptophan, micromol/L, mean ± SD: Free: G1: 16.0 ± 2.1 G2: 18.2 ± 10.7 Total: G1: 105.1 ± 43.7 G2: 115 ± 29.9</p> <p>RFRLRS subscale 1-5 scores: G1: NR G2: NR G1/G2: <i>P</i> = NS</p> <p>Repetitive thoughts severity scale score: G1: NR G2: NR G1/G2: <i>P</i> = NS</p> <p>Repetitive behaviors severity scale score: G1: NR G2: NR G1/G2: <i>P</i> = NS</p> <p>Behavioral VAS scores: G1: NR G2: NR G1/G2: <i>P</i> = NS</p>	<p>Plasma tryptophan, micromol/L, mean ± SD: Free: G1: 5.0 ± 4.4 G2: 33.6 ± 7.0 G1/BL: <i>P</i> < 0.001 G2/BL: <i>P</i> < 0.003</p> <p>Total: G1: 14.7 ± 4.5 G2: 199.0 ± 53.5 G1/BL: <i>P</i> < 0.001 G2/BL: <i>P</i> < 0.001</p> <p>Significant global worsening of behavior symptoms, n (%): G1: 11/17 (65) G2: 0/17 (0) G1/G2: <i>P</i> = 0.001</p> <p>RFRLRS sensory motor behaviors subscale score:** G1: NR G2: NR G1/G2: <i>P</i> < 0.05</p> <p>RFRLRS subscale 2-5 scores: G1: NR G2: NR G1/G2: <i>P</i> = NS</p> <p>Repetitive thoughts severity scale score:** G1: NR G2: NR G1/G2: <i>P</i> = NS</p> <p>Repetitive behaviors severity scale score:** G1: NR G2: NR G1/G2: <i>P</i> = NS</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
McDougle et al., 1996 (continued)	<p>Concomitant therapies: NR*</p> <p>N at enrollment: G1=G2: 20</p> <p>N at followup: G1=G2: 17</p>			<p>Behavioral VAS scores:</p> <p>Calm: G1: NR G2: NR G1/G2: $P < 0.01$</p> <p>Happy: G1: NR G2: NR G1/G2: $P < 0.03$</p> <p>Other behaviors: G1: NR G2: NR G1/G2: $P = NS$</p> <p>Harms: Nausea and vomiting: G1: 1 G2: 2</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: McDougle et al., 1996</p> <p>Country: US</p> <p>Enrollment period: September 1990 to December 1993</p> <p>Funding: NIH, Connecticut Dept. of Mental Health and Addiction Services, Korczak Foundation for Autism and Related Disorders, Solvay Pharmaceuticals</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Double-blind placebo-controlled RCT</p>	<p>Intervention: Fluvoxamine maleate, 12 weeks, started at 50 mg daily and titrated up by 50 mg every 3-4 days to a maximum of 300 mg/day, in the inpatient and outpatient settings.</p> <p>Intervention target: Symptoms of autism</p> <p>Primary outcome: Repetitive thoughts and behaviors (Y-BOCS), maladaptive behavior (VMBS), aggression (BAS), global improvement (CGI), symptoms of autism (RFRLRS)</p> <p>Groups: G1: fluvoxamine G2: placebo</p> <p>Treatment duration: 12 weeks</p> <p>Frequency of contact during study: 4 weeks</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR*</p> <p>N at enrollment: G1: 15 G2: 15</p> <p>N at followup: G1: 15 G2: 15</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> Adults with autistic disorder No psychotropic drugs for at least 6 weeks <p>Exclusion criteria:</p> <ul style="list-style-type: none"> Met criteria for schizophrenia or had psychotic symptoms Substance abuse in the last 6 months Notable medical illness including seizures Pregnancy test positive <p>Age, yrs, mean ± SD: G1: 30.1 ± 7.1 G2: 30.1 ± 8.4</p> <p>Mental age (IQ), mean ± SD: G1: 82.5 ± 26.8 G2: 77.3 ± 33.1</p> <p>Gender, n: Male: G1: 13 G2: 14 Female: G1: 2 G2: 1</p> <p>DSM-based diagnostic approach reported: Yes</p>	<p>Y-BOCS score, mean ± SD: G1: 21.4 ± 7.3 G2: 21.5 ± 6.8</p> <p>VMBS score, mean ± SD: G1: 19.5 ± 6.8 G2: 22.3 ± 8.1</p> <p>BAS score, mean ± SD: G1: 9.3 ± 10.8 G2: 12.3 ± 12.3</p> <p>CGI score:** G1+G2: moderate severity</p> <p>RFRLRS overall score, mean ± SD: G1: NR G2: NR</p>	<p>Y-BOCS score, 12 weeks, mean ± SD: G1: 13.7 ± 9.1 G2: 21.9 ± 6.7 G1/BL: <i>P</i> < 0.003 G2/BL: <i>P</i> = NS G1/G2: <i>P</i> < 0.001</p> <p>VMBS score, 12 weeks, mean ± SD: G1: NR G2: NR G1/G2: <i>P</i> < 0.001</p> <p>BAS score, 12 weeks, mean ± SD:** G1: NR G2: NR G1/G2: <i>P</i> < 0.001</p> <p>CGI score, 12 weeks, mean ± SD:** G1: NR G2: NR G1/G2: <i>P</i> < 0.001</p> <p>Responders, CGI much improved or very much improved, n (%): G1: 8/15 (53) G2: 0/15 (0) G1/G2: <i>P</i> = 0.001</p> <p>RFRLRS overall score, mean ± SD:** G1: NR G2: NR G1/G2: <i>P</i> < 0.03</p> <p>Harms: Mild sedation: G1: 2 G2: 1</p> <p>Nausea: G1: 3 G2: 1</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Willemssen-Swinkels et al., 1995</p> <p>Country: Netherlands</p> <p>Enrollment period: NR</p> <p>Funding: Janusz Korczak Foundation, DuPont Pharma</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Placebo controlled crossover study</p>	<p>Intervention: 2 week single blind placebo period; 3rd week, 1 dose of naltrexone-hydrochloride (100 mg) or placebo followed by 6 days placebo;* 4 weeks naltrexone or placebo; 4 week wash out; then crossover to alternate treatment</p> <p>1 dose 100 mg (1.61 ± 0.24 mg/kg), then: 1st cohort: 50 mg daily (0.80 ± 0.13 mg/kg) 2nd cohort: 150 mg daily (2.45 ± 0.33 mg/kg)</p> <p>Intervention target: Self-injurious behavior</p> <p>Primary outcome: Self-injurious behavior</p> <p>Groups: G1: 1st cohort, 50 mg naltrexone hydrochloride G2: 2nd cohort, 150 mg naltrexone hydrochloride G3: 1st cohort, placebo G4: 2nd cohort, placebo Ga: autism</p> <p>Treatment duration: 4 weeks</p> <p>Frequency of contact during study: Daily</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: Yes</p> <p>Concomitant therapies, n: Antiepileptics: 5; Neuroleptics: 11</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> Two clinicians agreed that the subject had fulfilled the set of DSM-III-R criteria for autistic disorder as a child and still fulfilled when current behavior was considered Social impairment had to be more serious than could be expected on the basis of the level of mental retardation only <p>Exclusion criteria:</p> <ul style="list-style-type: none"> See inclusion criteria <p>Age, yrs, mean ± SD: Total: 29 ± 6.0</p> <p>Mental age: NR</p> <p>Gender, n (%): Male: Total: 27 Female: Total: 6</p> <p>DSM-based diagnostic approach reported: Yes</p> <p>Diagnosis, n: ASD: 24 SIB: 26 Down syndrome: 1 Hunter's syndrome: 1 Congenital anomalies of unknown origin: 6 Congenital hydrocephalus: 1</p>	<p>ABC stereotypy factor, mean ± SD: G1a+G2a: 9.7 ± 4.7 G3a+G4a: 8.3 ± 5.2</p>	<p>ABC stereotypy factor, mean ± SD:</p> <p>2 weeks: G1a+G2a: 10.2 ± 4.6 G3a+G4a: 8.8 ± 5.0</p> <p>4 weeks: G1a+G2a: 10.0 ± 4.7 G3a+G4a: 9.0 ± 4.8 G1+G2/G3+G4: <i>P</i> = 0.018 G1+G3/G2+G4: <i>P</i> = NS</p> <p>CGIS rating score, mean ± SD:</p> <p>4 weeks: G1: NR** G2: NR** G3: NR** G4: NR** G1+G2/G3+G4: <i>P</i> = 0.03 G1+G3/G2+G4: <i>P</i> = NS</p> <p>Harms, n: Withdrew due to adverse effect: G1: 1 G2: 0</p> <p>Sedation: G1: 0 G2: 3</p> <p>Increase in SIB and acting out behavior: G1: 1 G2: 0</p> <p>Nausea and tiredness: G1: 1 G2: 0</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Willemsen-Swinkels et al., 1995 (continued)	<p>N at enrollment: G1=G3: 19 G2=G4: 14 G1a: 13 G2a: 11</p> <p>N at followup: G1=G3: 18 G2=G4: 14 G1a: 12 G2a: 11</p>			

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria / Population	Baseline Measures	Outcomes
<p>Author: Eberlin et al., 1993</p> <p>Country: US</p> <p>Enrollment period: NR</p> <p>Funding: NR</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Prospective case series</p>	<p>Intervention: Facilitated communication</p> <p>Intervention target: Communication</p> <p>Primary outcome: Number of correct answers with screened facilitation (the facilitator is blind to what the subject sees). Questions were vocabulary (Stanford-Binet: Fourth Edition) and knowledge of personal information (Personal Interview Questionnaire).</p> <p>Groups: G1: facilitated communication</p> <p>Treatment duration: 20 hours total (40 half-hour sessions, 1-2 sessions per day, 3-5 days/week)</p> <p>Frequency of contact during study: 3-5 days/week over course of study</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1: 21</p> <p>N at followup: G1: 21</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • Diagnosis of autism • Subjective impression by a speech therapist that FC may be successful • No history of property destruction • Available to participate <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • See inclusion criteria <p>Age, yrs, mean (range): G1: 15.5 (11.3-20.2)</p> <p>Mental age, years, range: Social-communicative skills: G1: 0.3-3.2 Adaptive skills composite score: G1: 1.5-5.8 Receptive language: G1: 1.4-5.3 Expressive language: G1: 0.7-6.3 Verbal language development scale: G1: 1.6-5.1</p> <p>Mild to moderate mental retardation: G1: 2</p> <p>Moderate to severe mental retardation G1: 11</p> <p>Severe to profound mental retardation: G1: 8</p> <p>Gender, n (%): Male: G1: 20 (95) Female: G1: 1 (5)</p> <p>DSM-based diagnostic approach reported: Yes</p>	<p>Stanford-Binet vocabulary, no facilitation, correct answers, median (range): G1: 7 (0-14)</p> <p>Stanford-Binet vocabulary, initial screened facilitation, correct answers, median (range): G1: 0 (0-14)</p> <p>Personal interview, no facilitation, correct answers, median (range): G1: 1 (0-13)</p> <p>Personal interview, initial screened facilitation, correct answers, median (range): G1: 0 (0-2)</p> <p>Combined score, no facilitation, correct answers, median: G1: 8</p> <p>Combined score, no facilitation, correct answers: 0: G1: 5 1: G1: 2 2 or more: G1: 14</p> <p>Combined Score, initial screened facilitation, correct answers, median: G1: 0</p> <p>Combined score, no facilitation, correct answers, median: 0: G1: 15 1: G1: 4 2 or more: G1: 2</p> <p>Combined score, no facilitation, correct answers: 0: G1: 19 1: G1: 0 2 or more: G1: 2</p>	<p>Stanford-Binet vocabulary, screened facilitation, correct answers, median (range): G1: 0 (0-14)</p> <p>Stanford-Binet vocabulary, unscreened facilitation, correct answers, median (range): G1: NR</p> <p>Personal Interview, screened facilitation, correct answers, median (range): G1: 0 (0-10)</p> <p>Personal Interview, unscreened facilitation, correct answers, median (range): G1: NR</p> <p>Combined Score, screened facilitation, correct answers, median: G1: 0</p> <p>Combined score, screened facilitation, correct answers: 0: G1: 15 1: G1: 4 2 or more: G1: 2</p> <p>Answered more questions correctly with screened FC than with pre-FC communication skills: G1: 1</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Eberlin et al., 1993 (continued)			<p>Answered more questions correctly with screened FC than with pre-FC communication skills:</p> <p>G1: 0</p>	<p>Combined Score, unscreened facilitation, correct answers, median:</p> <p>G1: 1</p> <p>Combined score, screened facilitation, correct answers:</p> <p>0: G1: 10</p> <p>1: G1: 9</p> <p>2 or more: G1: 2</p> <p>Answered more questions correctly with unscreened FC than with pre-FC communication skills:</p> <p>G1: 2</p> <p>Harms:</p> <p>NR</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Cook et al., 1992</p> <p>Country: US</p> <p>Enrollment period: 1988 to 1990</p> <p>Funding: Harris Center for Developmental Studies, NIH, Adolescent Mental Health Academic Award, Autism Society of America in Indiana and Illinois</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Retrospective case series</p>	<p>Intervention: Fluoxetine administered to treat perseverative behavior; dose range: 20 mg every other day - 80 mg daily</p> <p>Intervention target: Improvement of Clinical Global Impression ratings</p> <p>Primary outcome: CGI</p> <p>Groups: G1: fluoxetine</p> <p>Treatment duration: Actual days taking drug: mean days \pm SD (range): 189 \pm 153 (11-426)</p> <p>Frequency of contact during study: Monthly clinic visit</p> <p>Last followup post-treatment: Immediately post-treatment</p> <p>Measure of treatment fidelity/adherence reported: No</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies, n (%): Neuroleptics: G1: 8 (35) Carbamazepine: G1: 1 (4) Lithium carbonate: G1: 2 (9) Clonidine and alprazolam: G1: 1 (4) Methylphenidate: G1: 1 (4)</p> <p>N at enrollment: G1: 23</p> <p>N at followup: G1: 23</p>	<p>Inclusion criteria: ASD Clinician assessment and diagnosis of perseverative behavior ranging from self-injurious behavior to complex rituals</p> <p>Exclusion criteria: See inclusion criteria</p> <p>Age, yrs, mean \pm SD: G1: 15.9 \pm 6.2</p> <p>Mental age: NR</p> <p>Gender, n (%): Male: G1: 18 (78) Female: G1: 5 (22)</p> <p>DSM-based diagnostic approach reported: Yes</p>	<p>CGI, overall clinical severity, mean \pm SD: G1: 5.7 \pm 0.8</p> <p>CGI, severity of perseverative or compulsive behavior, mean \pm SD: G1: 5.5 \pm 1.5</p>	<p>CGI, overall clinical severity, mean \pm SD: G1: 4.9 \pm 1.1 G1/BL: $P < 0.002$</p> <p>CGI, overall clinical severity, improvement, n: G1: 15/23</p> <p>CGI, severity of perseverative or compulsive behavior, mean \pm SD: G1: 4.7 \pm 1.6 G1/BL: $P < 0.005$</p> <p>Harms, n (%): Hyperactivity/restlessness/agitation: G1: 5 (22)</p> <p>Insomnia: G1: 4 (17)</p> <p>Elated affect: G1: 4 (17)</p> <p>Decreased appetite: G1: 4 (17)</p> <p>Increased rate of screaming: G1: 2 (9)</p> <p>Increased socially inappropriate behavior: G1: 1 (4)</p> <p>Crying spells: G1: 1 (4)</p> <p>Yawning: G1: 1 (4)</p> <p>Maculopapular rash: G1: 1 (4)</p> <p>CGI side effects, n (%): None: G1: 10 (43)</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Cook et al., 1992 (continued)				Do not significantly interfere with functioning: G1: 8 (35) Significantly interferes with functioning: G1: 4 (17) Outweighs therapeutic effect: G1: 1 (4)

Comments:

Data on 16 additional patients with mental retardation available in paper.

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Elliott et al., 1991</p> <p>Country: US</p> <p>Enrollment period: NR</p> <p>Funding: NR</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Nonrandomized trial with crossover design</p>	<p>Intervention: Analog language teaching sessions: conducted individually in clinical setting, three 15-minute sessions/week</p> <p>Natural language teaching sessions: 3 participants in different training settings (garden, kitchen, shower room); three 45-minute sessions/week</p> <p>Intervention target: Language</p> <p>Primary outcome: NR</p> <p>Groups: G1: analog language teaching phase G2: natural language teaching phase</p> <p>Treatment duration: 1 month each phase</p> <p>Frequency of contact during study: Weekly</p> <p>Last followup post-treatment: 8 weeks post-intervention</p> <p>Measure of treatment fidelity/adherence reported: Yes</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p> <p>N at enrollment: G1: 23 G2: 23</p> <p>N at followup: G1: 23 G2: 23</p>	<p>Inclusion criteria: DSM-III-R criteria for autism; severe mental retardation Residential treatment program</p> <p>Exclusion criteria: See inclusion criteria</p> <p>Age, yrs, mean (range): G1=G2: 26 (17-37)</p> <p>Mental age (Slosson Intelligence test and/or Bayley Scales of Infant Development), yrs, mean (range): G1=G2: 3.2 (1.7-5.1)</p> <p>Gender, n (%): Male: G1=G2: 19 (83) Female: G1=G2: 4 (17)</p> <p>DSM-based diagnostic approach reported: Yes</p>	<p>Three dimensional objects identified, n: G1: NR G2: NR</p> <p>Two dimensional representations identified, n: G1: NR G2: NR</p>	<p>Nouns generalized, post training, mean: G1: 15.7 G2: 12.8 G1/G2: <i>P</i> = NS</p> <p>Items retrained, 8 weeks, mean %: G1=G2: 92.2</p> <p>Harms: NR</p>

Comments:

The natural language teachings were longer than the analogue language teaching in recognition of a natural advantage of group versus individual instruction.

Paper also includes analysis of possible effect modification by sequence of training, intellectual level, and communicative modality.

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
<p>Author: Nelson et al., 1980</p> <p>Country: US</p> <p>Enrollment period: NR</p> <p>Funding: Boston Univ.</p> <p>Author industry relationship disclosures: NR</p> <p>Design: Randomized crossover trial, unspecified randomization method</p>	<p>Intervention: Four-step procedure to teach the shoe-lacing task in a clinical setting. Crossover between two treatment conditions (color-coded shoelace/eyelet prompt and no prompt).</p> <p>Followup experiment: assessment of preference for color-coded prompt versus position cues.</p> <p>Initial training phase (10 trials) followed by a color-reversal phase (10 trials) that required a binary choice between color or position cues.</p> <p>Intervention target: Acquisition of an adaptive skill (a shoe lacing task).</p> <p>Primary outcome: NR</p> <p>Groups: G1: extra prompt first G2: no extra prompt first</p> <p>Treatment duration: Until completion of the task (approximately 30 trials/session, one session/day)</p> <p>Frequency of contact during study: NA</p> <p>Last followup post-treatment: One followup session post-treatment but timing not specified</p> <p>Measure of treatment fidelity/adherence reported: NR</p> <p>Co-interventions held stable during treatment: NR</p> <p>Concomitant therapies: NR</p>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> Autism diagnosis Onset prior to 30 months of age Five behavioral disturbances “characteristic of autism” (disturbances of perception, developmental rate, relating, speech and language, and mobility) Inability to lace shoes <p>Exclusion criteria:</p> <ul style="list-style-type: none"> See inclusion criteria <p>Age, yrs, mean ± SD: G1: 11.5 ± 3.0 G2: 13.1 ± 4.1</p> <p>Mental age, mean ± SD: G1: 3.0 ± 4.1 G2: 3.1 ± 0.9</p> <p>Gender, n: Male: Total: 13 Female: Total: 7</p> <p>DSM-based diagnostic approach reported: NR (study pre-dates DSM-III)</p>	<p>Number of trials to complete task, initial treatment condition, mean ± SD: G1: 108.7 ± 87.1 G2: 137.2 ± 110.7 G1/G2: <i>P</i> = NS</p>	<p>Number of trials to complete task, cross-over treatment condition, mean ± SD: G1: 81.6 ± 80.7 G2: 15.9 ± 9.9 G1/G2: <i>P</i> < 0.05 ANOVA: intervention order effect (<i>P</i> < 0.01).</p> <p>Harms: NR</p>

Interventions for Adolescents and Young Adults with Autism Evidence Table (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria/Population	Baseline Measures	Outcomes
Nelson et al., 1980 (continued)	N at enrollment: G1: 10 G2: 10 N at followup: G1: 10 G2: 10			

Abbreviations

ABC	Aberrant Behavior Checklist
ADI	Autism Diagnostic Interview
ADOS	Autism Diagnostic Observation Schedule
AQ	Autism Spectrum Quotient
AS	Asperger syndrome
ASD	Autism Spectrum Disorders
BAS	Brown Aggression Scale
BL	Baseline
BPVS	British Picture Vocabulary Scale
CAM	Cambridge Mindreading
CARS	Childhood Autism Rating Scale
CGI	Clinical Global Improvement
COPM	Canadian Occupational Performance Measure
DISCUS	Dyskinesia Identification System Condensed User Scale
DSM	Diagnostic and Statistical Manual of Mental Disorders
EOWVPT	Expressive One Word Picture Vocabulary Test
ERS	Environmental Rating Scale
ES	Effect size
FATCAT	Functional Assessment Tool for Cognitive Assistive Technology
FC	Facilitated communication
FQS	Friendship Quality Scale
G	Group
HFA	High functioning autism
IEP	Individualized Education Plan
IQ	Intelligence quotient
mg	milligrams
N, n	Number
NA	Not applicable
N-CBRF	Nisonger Child Behavior Rating Form
NIH	National Institutes of Health
NR	Not reported
NS	Not significant
NSEC	Neuroleptic Side Effects Checklist
PPVT-R	Peabody Picture Vocabulary Test – Revised
QPQ	quality of play questionnaire
RFRLRS	Ritvo-Freeman Real-Life Rating Scale
SD	Standard deviation
SE	Standard error
SHW	Sheltered workgroup
SIB	Self-injurious Behavior
SIB-Q	Self-injurious Behavior Questionnaire
SPW	Supported workgroup
SRS	Social Responsiveness Scale
SSRS	Social Skills Rating Scale
TASSK	Test of Adolescent Social Skills Knowledge
VABS	Vineland Adaptive Behavior Scales
VAS	Visual analog scale
VMBS	Vineland Maladaptive Behavior Subscales
Y-BOCS	Yale-Brown Obsessive Compulsive Scale
Yrs	Years

Appendix E. Quality Assessment Form

Study Design

1. Did the study employ a group design?

Group designs may include randomized controlled trials, prospective or retrospective cohorts, case-control studies.

NOTE: Assess studies that include 2 groups but which we will report on as case series as group design studies.

+ = **yes**

- = **no**

2. Were the groups randomly assigned?

+ = **yes**

- = **no**

3. Was there an appropriate comparison group?

The comparison group should accurately represent the characteristics of the intervention group in the absence of the intervention. Specifically, factors that are likely to be associated with the intervention selected and with outcomes observed should be evenly distributed between groups, if possible. These factors may include, for example, age, IQ, severity, etc.

+ = **yes**

- = **no or not reported (NR)**

NA

4. If an RCT, was randomization done correctly?

+ = **yes**

- = **no or not reported (NR)**

NA for all non-RCTs

Considerations:

Was the approach to randomization described? Were random techniques like computer-generated, sequentially numbered opaque envelope used?

Were technically nonrandom techniques, like alternate days of the week used?

Participant Ascertainment/Inclusion

1. Was a systematic diagnostic confirmation approach used within the study?

+ = **yes**

- = **no or not reported (NR)**

Considerations: Does the study indicate confirmation of an ASD diagnosis (e.g. reports diagnosis within study [not necessary to indicate specific tool used], review of medical records to confirm diagnosis, etc.)

2. Was the sample clearly characterized (e.g., information provided to characterize participants in terms of impairments associated with their ASD, including cognitive or language levels)?

+ = **yes**

- = **no or not reported (NR)**

Considerations:

Study must report at minimum a measure of language, cognition, or intellectual disability.

How reproducible is the study in terms of the sample participants? Do the authors provide enough information that you could recreate the study population in a new study?

3. Were inclusion and exclusion criteria clearly stated?

+ = **yes**

- = **no or not reported (NR)**

Considerations:

Did the authors report this information?

4. Do the authors report attrition?

+ = **yes**

- = **no**

NA

Considerations:

Do they report loss to follow-up and/or drop-out?

Intervention

1. Was the intervention fully described?

+ = **yes**

- = **no or not reported (NR)**

Considerations:

Is there sufficient detail to allow replication of the intervention?

Does the study describe the dosage, formulation, timing, duration, intensity, etc. of the intervention?

2. For behavioral studies, was treatment fidelity monitored in a systematic way?

+ = **yes**

- = **no or not reported (NR)**

NA

3. Did the authors measure and report adherence to the intended treatment process?

+ = **yes**

- = **no or not reported (NR)**

NA

Considerations:

Does the study report number of hours of treatment or treatment sessions or time period receiving therapy (planned vs. actually received)? Do they provide pill count data for pharmacologic interventions?

4. Did the authors report differences in OR hold steady all concomitant interventions?

+ = **yes**

- = **no or not reported (NR)**

Outcome Measurement

1. Did outcome measures demonstrate adequate reliability and validity (including interobserver reliability for behavior observation coding)?

+ = **yes**

- = **no or not reported (NR)**

Considerations:

If the study used an established measure, has validity been established previously and do the authors provide a reference?

If the study used a new measure, was validity established?

For interobserver coding, was reliability and /or validity tested?

2. Were the primary & secondary outcomes clearly specified a priori?

+ = **yes**

- = **no or not reported (NR)**

Considerations:

Was there a “called shot?”

3. Were outcome data collected from sources appropriate to the target outcome (e.g. parent report, teacher report, direct behavior observation)?

+ = **yes**

- = **no or not reported (NR)**

Considerations:

Ex: Parent report for home-focused outcomes, teacher report for academic/school-focused, etc.

4. Were outcomes coded by individuals blinded to the intervention status of the participants?

+ = **yes**

- = **no or not reported (NR)**

Analysis

1. Was an appropriate statistical analysis used?

+ = **yes**

- = **no**

1a. For RCT’s, was there an intent-to treat analysis?

+ = **yes**

- = **no**

NA

Considerations:

Does the study report ITT analyses or last observation carried forward or note that all subjects were included in the final analyses?

1b. Did the study correct for multiple testing?

+ = **yes**

- = **no**

NA

1c. For observational studies, were potential confounders and effect measure modifiers captured?

+ = **yes**

- = **no**

NA

1d. For observational studies, were potential confounders and effect measure modifiers handled appropriately?

+ = **appropriate analysis**

- = **inappropriate analysis**

NA

Considerations:

Confounders are variables that are associated both with the intervention and the outcome and that change the relationship of the intervention to the outcome. These are variables that we would control for in analysis.

Effect measure modifiers are variables that we think of as stratifying, in that the relationship between the intervention and outcome is fundamentally different in different strata of the effect modifier. Observational research should include an assessment of potential confounders and modifiers, and if they are observed, analysis should control for or stratify on them.

Was the candidate variable selection discussed/noted? Was the model-building approach described?

Were any variables unrelated to the studied variables that could have altered the outcome handled appropriately?

Were any variables not under study that affected the causal factors handled appropriately?

Appendix F. Excluded Studies

Reasons for exclusion

X-1 Ineligible population

X-2 Not original research

X-3 Ineligible study size

X-4 Does not address key questions/Not an intervention study

X-5 Not published in English

X-6 Does not contain extractable data

X-7 Unable to obtain full text

1. What is a reasonable cost of appropriate education? J Autism Dev Disord. 1980 Dec;10(4):459-72. PMID: 6821494. X-1, X-2, X-3, X-4
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. PMID: 3997748. X-, X-2, X-3, X-4
3. Treatment of destructive behaviors in persons with developmental disabilities. J Autism Dev Disord. 1990 Sep;20(3):403-29. X-2, X-3
4. Community care: suffering acts of omission. Nurs Stand. 1992 Jun 17-23;6(39):50-1. PMID: 1642990. X-4
5. 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. PMID: 1374088. X-1, X-2, X-3, X-4
6. Three perspectives of facilitated communication: unexpected literacy, clever Hans, or enigma? Top Lang Disord. 1992 Aug;12(4):60-8. X-1, X-2, X-3, X-4
7. Auditory integration training. ASHA. 1994 Nov;36(11):55-8. PMID: 7529024. X-1, X-2, X-3, X-4
8. 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. PMID: 9685446. X-2, X-4
9. MMR vaccine coverage shows signs of recovery. Commun Dis Rep CDR Wkly. 1999 Sep 24;9(39):345. PMID: 10510563. X-2, X-4
10. Significant achievement award. A comprehensive program for treating profoundly autistic children--Center for Autistic Children, Philadelphia. Psychiatr Serv. 2000 Nov;51(11):1439-40. PMID: 11058194. X-2
11. 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. PMID: 11230608. X-2, X-4
12. Autism and Lovaas treatment: a systematic review of effectiveness evidence. Int J Technol Assess Health Care. 2001 Spring;17(2):252. PMID: 11446138. X-2, X-4
13. JAMA patient page. Autistic disorder. JAMA. 2001 Apr 4;285(13):1798. PMID: 11302153. X-2
14. Technical report: the pediatrician's role in the diagnosis and management of autistic spectrum disorder in children. Pediatrics. 2001 May;107(5):E85. PMID: 11331735. X-2, X-4
15. Science finds no link between MMR vaccine and autism. Mich Med. 2002 Sep-Oct;101(5):37. PMID: 12645252. X-2, X-4
16. Autism: neural basis and treatment possibilities. Symposium proceedings. London, United Kingdom, 18-20 June 2002. Novartis Found Symp. 2003;251:1-310. PMID: 14986681. X-2, X-4
17. MMR vaccine--how effective and how safe? Drug Ther Bull. 2003 Apr;41(4):25-9. PMID: 12724845. X-2, X-4
18. Ziprasidone may help treat behavior problems associated with autism. Brown University Child Adolesc Psychopharmacology Update. 2003;5(1):1. X-1, X-3, X-4
19. This is slow advocacy—not like the advocacy where our partners are able to tell us what they want. Ment Health Today. 2004 Dec-2005 Jan;22. PMID: 15657999. X-1, X-3, X-4
20. Global Advisory Committee on Vaccine Safety, 2-3 December 2004. Wkly Epidemiol Rec. 2005 Jan 7;80(1):3-7. PMID: 15673064. X-2, X-4

21. Randomized, controlled, crossover trial of methylphenidate in pervasive developmental disorders with hyperactivity. *Arch Gen Psychiatry*. 2005 Nov;62(11):1266-74. PMID: 16275814. X-1, X-3
22. Risperidone treatment of autistic disorder: longer-term benefits and blinded discontinuation after 6 months. *Am J Psychiatry*. 2005 Jul;162(7):1361-9. PMID: 15994720. X-1, X-3
23. Background and methodological approach. *Monographs of the Society for Research in Child Development*. 2006;71(2):29-47. X-1, X-2, X-3, X-4
24. Parent interviews. *Monogr Soc Res Child Dev*. 2006;71(2):48-74. X-1, X-2, X-3, X-4
25. Describing pride and guilt. *Monogr Soc Res Child Dev*. 2006;71(2):75-93. X-1, X-3, X-4
26. Risperidone: new indication. Behavioural disorders in children with autism or mental disabilities: no progress. *Prescrire Int*. 2006 Apr;15(82):43-5. PMID: 16602211. X-2, X-4
27. Manifesting pride, guilt, and embarrassment/coyness. *Monogr Soc Res Child Dev*. 2006;71(2):94-112. X-1, X-3, X-4
28. Self-consciousness revisited. *Monogr Soc Res Child Dev*. 2006;71(2):113-27. X-1, X-2, X-3, X-4
29. PeDIATRICES electronic pages. *Pediatrics*. 2007;119(1):129-49. X-1, X-2, X-3, X-4
30. Bibliography. Current world literature. *Developmental disorders*. *Curr Opin Neurol*. 2008 Apr;21(2):202-13. PMID: 18317281. X-2, X-4
31. The right stuff: sometimes you find the perfect job and sometimes it finds you. *Technology & Learning*. 2008 Oct;29(3):50. X-1, X-2, X-3, X-4
32. Inter-agency working. Unlock the full spectrum of care. *Health Serv J*. 2009 Feb 5;119(6142):24-5. PMID: 19326517. X-2
33. 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. PMID: 19824216. X-1, X-2, X-3, X-4
34. 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. PMID: 19297806. X-2, X-4
35. What is Asperger syndrome? *J Pract Nurs*. 2009 Summer;59(2):25. PMID: 19719004. X-2, X-4
36. What is autism? *J Pract Nurs*. 2009 Summer;59(2):22-4. PMID: 19719002. X-2, X-4
37. Current world literature. *Curr Opin Neurol*. 2010 Apr;23(2):194-201. PMID: 20216346. X-1, X-2, X-3, X-4
38. Effectiveness of group cognitive-behavioural treatment for men with intellectual disabilities at risk of sexual offending. *J Appl Res Intellect Disabil*. 2010 Nov;23(6):537-51. X-1, X-3, X-4
39. Massachusetts & New Hampshire. Insurance; autism spectrum disorders. *Ment Phys Disabil Law Rep*. 2010 Sep-Oct;34(5):812. PMID: 21197720. X-1, X-2, X-3, X-4
40. Fear and its consequences. *Sci Am*. 2011 Feb;304(2):14. PMID: 21319529. X-2, X-3
41. 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. PMID: 19614829. X-2, X-4
42. Abelson AG. The development of gender identity in the autistic child. *Child Care Health Dev*. 1981 Nov-Dec;7(6):347-56. PMID: 7326841. X-1, X-3, X-4
43. Able-Boone H, Crais ER, Downing K. Preparation of early intervention practitioners for working with young children with low incidence disabilities. *Teach Educ Spec Educ*. 2003 Win;26(1):79-82. X-1, X-4
44. Ackland MJ, Wade RW. Health status of Victorian special school children. *J Paediatr Child Health*. 1995 Oct;31(5):423-7. PMID: 8554863. X-4
45. Acuda SW. Practical therapeutics the management of child psychiatric disorders. *East Afr Med J*. 1982 Jan;59(1):6-10. PMID: 7117180. X-1, X-2, X-3, X-4
46. Adamek L, Nichols S, Tetenbaum SP, et al. Individual temperament and problem behavior in children with autism spectrum disorders. *Focus Autism Other Dev Disabil*. 2011 Sep;26(3):173-83. X-1, X-3, X-4
47. Adamo SMG. An adolescent and his imaginary companions: From quasi-delusional constructs to creative imagination. *J Child Psychother*. 2004 Nov;30(3):275-95. X-3
48. Adamo SMG. On not being able to enter Noah's Ark. *J Child Psychother*. 2010 Apr;36(1):48-60. X-3
49. 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. PMID: 16272002. X-1, X-3, X-4
50. 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. PMID: 19852789. X-1, X-2, X-3, X-4

51. 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. PMID: 19852790. X-1, X-2, X-3, X-4
52. Adams JB, George F, 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. PMID: 16494569. X-1, X-3, X-4
53. Adams JB, Holloway C. Pilot study of a moderate dose multivitamin/mineral supplement for children with autistic spectrum disorder. *J Altern Complement Med*. 2004;10(6):1033-9. PMID: 15673999. X-1, X-3, X-4
54. Adams JB, Johansen LJ, Powell LD, et al. Gastrointestinal flora and gastrointestinal status in children with autism—comparisons to typical children and correlation with autism severity. *BMC Gastroenterol*. 2011;11:22. PMID: 21410934. X-1, X-3, X-4
55. 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. PMID: 17497416. X-4
56. Adams L, Conn S. Nutrition and its relationship to autism. *Focus Autism Other Dev Disabil*. 1997 Spr;12(1):53-8. X-2, X-4
57. Adams L, Gouvousis A, VanLue M, et al. Social story intervention: improving communication skills in a child with an autism spectrum disorder. *Focus Autism Other Dev Disabil*. 2004 Jun;19(2):87-94. X-1, X-2, X-3, X-4
58. Adams SJ, Burton N, Cutress A, et al. Development of double blind gluten and casein free test foods for use in an autism dietary trial... Selected abstracts from the British Dietetic Association Conference 2008. *J Hum Nutr Diet*. 2008;21(4):374-. X-1, X-2, X-3, X-4
59. Adamson A, O'Hare A, Graham C. Impairments in sensory modulation in children with autistic spectrum disorder. *Br J Occup Ther*. 2006 Aug;69(8):357-64. X-4
60. 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. PMID: 18581223. X-1, X-3, X-4
61. Adcock J, Cuvo AJ. Enhancing learning for children with autism spectrum disorders in regular education by instructional modifications. *Res Autism Spectr Disord*. 2009 Apr-Jun;3(2):319-28. X-1, X-3, X-4
62. Addison L, Lerman DC. Descriptive analysis of teachers' responses to problem behavior following training. *J Appl Behav Anal*. 2009 Sum;42(2):485-90. X-4
63. Adelinis JD, Hagopian LP. The use of symmetrical "do" and "don't" requests to interrupt ongoing activities. *J Appl Behav Anal*. 1999 Win;32(4):519-23. X-3
64. Adelinis JD, Piazza CC, Goh H-L. Treatment of multiply controlled destructive behavior with food reinforcement. *J Appl Behav Anal*. 2001 Spr;34(1):97-100. X-3
65. Adreon D, Stella J. Transition to middle and high school: increasing the success of students with Asperger syndrome. *Interv School Clinic*. 2001 May;36(5):266-71. X-1, X-2, X-3, X-4
66. 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. PMID: 2037548. X-4
67. 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. PMID: 7559291. X-4
68. 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. PMID: 11568882. X-4
69. 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. PMID: 16555271. X-4
70. Agam Y, Joseph RM, Barton JJ, et al. Reduced cognitive control of response inhibition by the anterior cingulate cortex in autism spectrum disorders. *Neuroimage*. 2010 Aug 1;52(1):336-47. PMID: 20394829. X-4
71. Agosta E, Graetz JE, Mastropieri MA, et al. Teacher-researcher partnerships to improve social behavior through social stories. *Interv School Clinic*. 2004 May;39(5):276-87. X-1, X-3, X-4
72. Aguilera Jimenez A, Moreno Perez FJ, Rodriguez Ortiz IR. Prevalence estimates of autism spectrum disorder in the school population of Seville, Spain. *Br J Dev Disabil*. 2007;53 part 2(105):97-109. X-4
73. Agyapong V, Migone M, Crosson C, et al. Recognition and management of Asperger's syndrome: perceptions of primary school teachers. *Ir J Psychol Med*. 2010 Mar;27(1):6-10. X-1, X-3, X-4
74. Ahearn WH. Using simultaneous presentation to increase vegetables consumption in a mildly selective child with autism. *J Appl Behav Anal*. 2003 Fal;36(3):361-5. X-3
75. Ahearn WH, Clark KM, DeBar R, et al. On the role of preference in response competition. *J Appl Behav Anal*. 2005 Sum;38(2):247-50. X-1, X-3

76. 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. PMID: 14768664. X-3
77. 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. PMID: 17624067. X-3
78. Ahrens EN, Lerman DC, Kodak T, et al. Further evaluation of response interruption and redirection as treatment for stereotypy. *J Appl Behav Anal.* 2011;44(1):95-108. X-3
79. Ahumada JL. What is a clinical fact? Clinical psychoanalysis as inductive method. *Int J Psychoanal.* 1994 Dec;75(5-6):949-62. X-2, X-4
80. Aiken JM, Salzberg CL. The effects of a sensory extinction procedure on stereotypic sounds of two autistic children. *J Autism Dev Disord.* 1984 Sep;14(3):291-9. X-1, X-3, X-4
81. Akande A. Autism—A case in early childhood: a South African investigation. *Early Child Dev Care.* 1999 Aug;155:71-8. X-3
82. 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. PMID: 15068403. X-1, X-3, X-4
83. Akhondzadeh S, Fallah J, Mohammadi MR, et al. Double-blind placebo-controlled trial of pentoxifylline added to risperidone: effects on aberrant behavior in children with autism. *Prog Neuropsychopharmacol Biol Psychiatry.* 2010 Feb 1;34(1):32-6. PMID: 19772883. X-1, X-3, X-4
84. 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. PMID: 17929164. X-1, X-3, X-4
85. Akmanoglu N, Tekin-Iftar E. Teaching children with autism how to respond to the lures of strangers. *Autism.* 2011 Mar;15(2):205-22. PMID: 21339247. X-1, X-3, X-4
86. Akmanoglu-Uludag N, Batu S. Teaching naming relatives to individuals with autism using simultaneous prompting. *Educ Train Dev Disabil.* 2005 Dec;40(4):401-10. X-1, X-3, X-4
87. Akshoomoff N, Stahmer AC, Corsello C, et al. What happens next? Follow-up from the children's toddler school program. *J Posit Behav Interv.* 2010 Oct;12(4):245-53. X-1, X-3, X-4
88. Al Anbar NN, Dardennes RM, Prado-Netto A, et al. Treatment choices in autism spectrum disorder: the role of parental illness perceptions. *Res Dev Disabil.* 2010 May-Jun;31(3):817-28. PMID: 20299185. X-4
89. Alamy SS, Jarskog LF, Sheitman BB, et al. Secretin in a patient with treatment-resistant schizophrenia and prominent autistic features. *Schizophr Res.* 2004 Feb;66(2-3):183-6. X-3
90. 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. PMID: 17217479. X-4
91. 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. PMID: 10435209. X-4
92. Alcantara J, Alcantara JD. A systematic review of the literature on the chiropractic care of patients with autism spectrum disorder. *Explore (NY).* 2011 Nov;7(6):384-90. PMID: 22051563. X-1, X-2, X-3, X-4
93. Alcantara PR. Effects of videotape instructional package on purchasing skills of children with autism. *Except Child.* 1994 Sep;61(1):40-55. X-1, X-3, X-4
94. 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. PMID: 14726747. X-2
95. Alderman C. Community care: integration is beautiful. *Nurs Stand.* 1992 Feb 12-18;6(21):20-1. PMID: 1547111. X-1, X-2, X-3, X-4
96. Alderman C. Inclusion zone. *Nurs Stand.* 1999 Nov 24-30;14(10):16-7. PMID: 11209321. X-1, X-2, X-3, X-4
97. Aldred C, Green J, 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. PMID: 15482502. X-1, X-3, X-4
98. Aldred C, Pollard C, Adams C. Child'sTalk: for children with autism and pervasive developmental disorder. *Int J Lang Commun Disord.* 2001;36(Suppl):469-74. X-2
99. 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. *Educ Child Psychol.* 2001;18(2):76-87. X-1, X-2, X-3, X-4
100. Aldred CR, Green J. Early social communication interventions for autism. *Br J Hosp Med (Lond).* 2009 Mar;70(3):143-5. PMID: 19274002. X-2
101. Alexander RT, Green FN, O'Mahony B, et al. Personality disorders in offenders with intellectual disability: a comparison of clinical, forensic and outcome

- variables and implications for service provision. *J Intellect Disabil Res.* 2010 Jul;54(7):650-8. PMID: 20136682. X-1, X-3, X-4
102. Alexander RT, Michael DM, Gangadharan SK. The use of risperidone in adults with Asperger syndrome. *Br J Dev Disabil.* 2004;50(99,Pt2):109-15. X-3
103. Alfredsson G, Hamryd C, Wiesel FA. Effects of sulphiride and chlorpromazine on autistic and positive psychotic symptoms in schizophrenic patients—relationship to drug concentrations. *Psychopharmacology (Berl).* 1985;85(1):8-13. PMID: 3920702. X-1, X-3, X-4
104. Ali S, Frederickson N. Investigating the evidence base of social stories. *Educ Psychol Pract.* 2006 Dec;22(4):355-77. X-1, X-2, X-3, X-4
105. Aljunied M, Frederickson N. Cognitive indicators of different levels of special educational support needs in autism. *Res Autism Spectr Disord.* 2011 Jan-Mar;5(1):368-76. X-4
106. Allam H, ElDine NG, 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. PMID: 18315511. X-1, X-3, X-4
107. Allen D, Evans C, Hider A, et al. Offending behaviour in adults with Asperger syndrome. *J Autism Dev Disord.* 2008 Apr;38(4):748-58. X-1, X-3, X-4
108. 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. PMID: 7144556. X-1, X-3, X-4
109. Allen DA, Mendelson L. Parent, child, and professional: meeting the needs of young autistic children and their families in a multidisciplinary therapeutic nursery model. *Psychoanal Inq. Special Issue: Autistic spectrum disorders and psychoanalytic ideas: Reassessing the fit.* 2000;20(5):704-31. X-1, X-3, X-4
110. 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. PMID: 17493024. X-1, X-3, X-4
111. Allen K. Managing Prader-Willi syndrome in families: an embodied exploration. *Soc Sci Med.* 2011 Feb;72(4):460-8. PMID: 21216515. X-1, X-2, X-3, X-4
112. Allen KD, Wallace DP, Greene DJ, et al. Community-based vocational instruction using videotaped modeling for young adults with Autism Spectrum Disorders performing in air-inflated mascots. *Focus Autism Other Dev Disabil.* 2010 Sep;25(3):186-92. X-3, X-4
113. Allen KD, Wallace DP, Renes D, et al. Use of video modeling to teach vocational skills to adolescents and young adults with autism spectrum disorders. *Educ Treat Children. Special Issue: Using video-based interventions with individuals with autism spectrum disorders.* 2010 Aug;33(3):339-49. X-3
114. Allgood N. Parents' perceptions of family-based group music therapy for children with autism spectrum disorders. *Music Ther Perspect.* 2005;23(2):92-9. X-2
115. Allik H, Larsson JO, Smedje H. Insomnia in school-age children with Asperger syndrome or high-functioning autism. *BMC Psychiatry.* 2006;6:18. PMID: 16646974. X-1, X-3, X-4
116. Allison DB, Basile VC, 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. PMID: 2037553. X-3
117. Alonim H. The Mifne Method—ISRAEL: Early intervention in the treatment of autism/PDD: A therapeutic programme for the nuclear family and their child. *J Child Adolesc Ment Health.* 2004;16(1):39-43. X-2
118. Al-Shammari Z. Special education teachers' attitudes toward autistic students in the autism school in the state of Kuwait: a case study. *J Instr Psychol.* 2006 Sep;33(3):170-8. X-4
119. Al-Shammari Z, Daniel C, Faulkner P, et al. Improving inappropriate social behavior of autistic students, using the LISTEN Intervention Strategy. *J Instr Psychol.* 2010 Dec;37(4):286-94. X-2, X-3
120. Althaus M, Renk M, Minderaa RB, et al. Initiatory and reactive behaviour in young children with a pervasive developmental disorder: two independent components in communicative behaviour for distinguishing subgroups. *Eur Child Adolesc Psychiatry.* 1994;3(4):242-54. X-1, X-4
121. 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. PMID: 17826922. X-2, X-4
122. Aluri U, Karanth P. Rehabilitation facilities available for children with autism/PDD in Bangalore City -- a survey. *Asia Pacific Disabil Rehabil J.* 2002;13(2):115-24. X-4
123. Alvarez A. The problem of neutrality: some reflections on the psychoanalytic attitude in the treatment of borderline and psychotic children. *J of Child Psychother.* 1985;11(1):87-103. X-1, X-3, X-4
124. Alvarez A. Making the thought thinkable: on introjection and projection. *Psychoanal Inq.* 1993;13(1):103-22. X-2, X-4
125. Alvarez A. Levels of analytic work and levels of pathology: the work of calibration. *Int J Psychoanal.* 2010 Aug;91(4):859-78. PMID: 20840643. X-2, X-4

126. Alvin J. A research project—Martin. *Nordic J of Music Ther.* 2000;9(1):50-9. X-1, X-3, X-4
127. Alwell M, Cobb B. Social and communicative interventions and transition outcomes for youth with disabilities: a systematic review. *Career Dev Exceptional Indiv.* 2009;32(2):94-107. X-1, X-2
128. 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. PMID: 15520116. X-2
129. Aman MG, Armstrong SA. Regarding secretin for treating autistic disorder. *J Autism Dev Disord.* 2000 Feb;30(1):71-2. X-1, X-3, X-4
130. 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. PMID: 16379507. X-1, X-3
131. Aman MG, et al. Fenfluramine and methylphenidate in children with mental retardation and attention deficit hyperactivity disorder: Laboratory effects. *J Autism Dev Disord.* 1993 Sep;23(3):491-506. X-1, X-3, X-4
132. 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. PMID: 18582177. X-1, X-3, X-4
133. Aman MG, Kasper W, Manos G, et al. Line-item analysis of the Aberrant Behavior Checklist: results from two studies of aripiprazole in the treatment of irritability associated with autistic disorder. *J Child Adolesc Psychopharmacol.* 2010 Oct;20(5):415-22. PMID: 20973712. X-1, X-3, X-4
134. Aman MG, Lam KS, 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. PMID: 14594332. X-4
135. Aman MG, Lam KS, Van Bourgondien ME. Medication patterns in patients with autism: temporal, regional, and demographic influences. *J Child Adolesc Psychopharmacol.* 2005 Feb;15(1):116-26. PMID: 15741793. X-1, X-3, X-4
136. Aman MG, Langworthy KS. Pharmacotherapy for hyperactivity in children with autism and other pervasive developmental disorders. *J Autism Dev Disord.* 2000 Oct;30(5):451-59. X-2
137. 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 Amer Acad Child Adolesc Psychiatry.* 2009 Dec;48(12):1143-54. X-1, X-3, X-4
138. Aman MG, Turbott SH. Prediction of clinical response in children taking methylphenidate. *J Autism Dev Disord.* 1991 Jun;21(2):211-28. X-1, X-3, X-4
139. 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. PMID: 8543539. X-4
140. Amano K, Nomura Y, Segawa M, et al. Mutational analysis of the MECP2 gene in Japanese patients with Rett syndrome. *J Hum Genet.* 2000;45(4):231-6. PMID: 10944854. X-4
141. Amato J, Jr., Barrow M, Domingo R. Symbolic play behavior in very young verbal and nonverbal children with autism. *Infant-Toddler Interv.* 1999 Jun;9(2):185-94. X-1, X-3, X-4
142. Amato Jr, Slavin D. A preliminary investigation of oromotor function in young verbal and nonverbal children with autism. *Infant-Toddler Interv.* 1998;8(2):175-84. X-1, X-3, X-4
143. Ambrosini PJ, Elia J, 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. PMID: 12667122. X-2, X-4
144. Ames CS, Jarrold C. Identifying symbolic relationships in autism spectrum disorders: a deficit in the identification of temporal co-occurrence? *J Autism Dev Disord.* 2009;39(12):1723-34. X-4
145. Amir N, Gross-Tsur V. Paradoxical normalization in childhood epilepsy. *Epilepsia.* 1994 Sep-Oct;35(5):1060-4. PMID: 7925152. X-4
146. 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. PMID: 16920077. X-3
147. Anagnostou E, Hansen R. Medical treatment overview: traditional and novel psycho-pharmacological and complementary and alternative medications. *Curr Opin Pediatr.* 2011 Dec;23(6):621-7. PMID: 22001766. X-1, X-2, X-3, X-4
148. Anan RM, Warner LJ, McGillivray JE, et al. Group Intensive Family Training (GIFT) for preschoolers with autism spectrum disorders. *Behav Interv.* 2008 Jul;23(3):165-80. X-1, X-3, X-4
149. Anastasiou D, Kauffman JM. A social constructionist approach to disability: implications for special education. *Except Child.* 2011 Spr;77(3):367-84. X-1, X-2, X-3, X-4

150. Anckarsater H, Nilsson T, Saury JM, et al. Autism spectrum disorders in institutionalized subjects. *Nord J Psychiatry*. 2008;62(2):160-7. PMID: 18569781. X-4
151. Andari E, Duhamel JR, Zalla T, et al. Promoting social behavior with oxytocin in high-functioning autism spectrum disorders. *Proc Natl Acad Sci U S A*. 2010 Mar 2;107(9):4389-94. PMID: 20160081. X-3
152. Andersen IM, Kaczmarek J, McGrew SG, et al. Melatonin for insomnia in children with autism spectrum disorders. *J Child Neurol*. 2008 May;23(5):482-5. PMID: 18182647. X-1, X-4
153. Anderson A, Moore DW, Bourne T. Functional communication and other concomitant behavior change following PECS training: a case study. *Behav Change*. 2007 Aug;24(3):173-81. X-1, X-3, X-4
154. Anderson A, Moore DW, Godfrey R, et al. Social skills assessment of children with autism in free-play situations. *Autism*. 2004 Dec;8(4):369-85. X-1, X-3, X-4
155. Anderson DK, Oti RS, Lord C, et al. Patterns of growth in adaptive social abilities among children with autism spectrum disorders. *J Abnormal Child Psychol*. 2009 Oct;37(7):1019-34. X-4
156. 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. PMID: 3436995. X-4
157. 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. PMID: 16730335. X-1, X-3, X-4
158. Anderson J, Le DD. Abatement of intractable vocal stereotypy using an overcorrection procedure. *Behav Interv*. 2011 Apr;26(2):134-46. X-1, X-3, X-4
159. 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. PMID: 2663834. X-1, X-3, X-4
160. 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. PMID: 6385731. X-1, X-3, X-4
161. Anderson LT, Ernst M. Self-injury in Lesch-Nyhan disease. *J Autism Dev Disord*. 1994 Feb;24(1):67-81. X-1, X-3, X-4
162. 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. *J Dev Phys Disabil*. 1997 Sep;9(3):211-42. X-3
163. Anderson SR, Avery DL, DiPietro EK, et al. Intensive home-based early intervention with autistic children. *Educ Treat Children*. Special Issue: New developments in the treatment of persons exhibiting autism and severe behavior disorders. 1987 Nov;10(4):352-66. X-1, X-3, X-4
164. Anderson-Hanley C, Tureck K, Schneiderman RL. Autism and exergaming: effects on repetitive behaviors and cognition. *Psychol Res Behav Manag*. 2011;4:129-37. PMID: 22114543. X-3
165. Ando H, Yoshimura I, 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. PMID: 6927685. X-1, X-3, X-4
166. Andrae MC, Freed GL, Katz SL. Safety concerns regarding combination vaccines. Perspective of select European countries. *Hum Vaccin*. 2005 Jan-Feb;1(1):1-5. PMID: 17038825. X-2, X-4
167. Andrews E, Decker J, Boswell B. From the field. Stimulus prompting of children with autism. *Clin Kinesiology*. 1998;52(1):12-7. X-1, X-3, X-4
168. Andrews N, Miller E, Taylor B, et al. Recall bias, MMR, and autism. *Arch Dis Child*. 2002 Dec;87(6):493-4. PMID: 12456546. X-4
169. Anglesea MM, Hoch H, Taylor BA. Reducing rapid eating in teenagers with autism: use of a pager prompt. *J Appl Behav Anal*. 2008 Spring;41(1):107-11. PMID: 18468283. X-3
170. Anson HM, Todd JT, Cassaretto KJ. Replacing overt verbal and gestural prompts with unobtrusive covert tactile prompting for students with autism. *Behav Res Methods*. 2008 Nov;40(4):1106-10. X-1, X-3, X-4
171. Antshel KM, Polacek C, McMahon M, et al. Comorbid ADHD and anxiety affect social skills group intervention treatment efficacy in children with autism spectrum disorders. *J Dev Behav Pediatr*. 2011 Jul-Aug;32(6):439-46. X-1, X-3, X-4
172. 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. PMID: 2785613. X-1, X-3, X-4
173. Apple AL, Billingsley F, Schwartz IS. Effects of video modeling alone and with self-management on compliment-giving behaviors of children with high-functioning ASD. *J Posit Behav Interv*. 2005 Win;7(1):33-46. X-1, X-3, X-4
174. Arbelles 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. PMID: 12668354. X-4
175. Arco L. Improving program outcome with process-based feedback. *J Organ Behav Manage*. 1997;17(1):37-64. X-1, X-3, X-4
176. Arco L, Millett R. Maintaining instructional behavior after on-the-job training with process-based performance feedback. *Behav Modif*. 1996 Jul;20(3):300-20. PMID: 8779639. X-1, X-3, X-4
177. Arick JR, Young HE, Falco RA, et al. Designing an outcome study to monitor the progress of students with autism spectrum disorders. *Focus Autism Other Dev Disabil*. 2003 Sum;18(2):75-87. X-1, X-3, X-4
178. Arief Z, Kaur M, Gameeldien H, et al. 5-HTTLPR polymorphism: analysis in South African autistic individuals. *Hum Biol*. 2010 Jun;82(3):291-300. PMID: 20649385. X-4
179. Arnal L, Fazzino D, Martin GL, et al. Instructing university students to conduct discrete-trials teaching with confederates simulating children with autism. *Dev Disabil Bull*. 2007;35(1-2):131-7. X-4
180. Arndorfer RE, Miltenberger RG, Woster SH, et al. Home-based descriptive and experimental analysis of problem behaviors in children. *Topics Early Child Spec Educ*. 1994 Spr;14(1):64-87. X-3
181. 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. PMID: 12959424. X-1, X-3, X-4
182. 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. PMID: 17003665. X-3
183. Arnold LE, Farmer C, Kraemer HC, et al. Moderators, mediators, and other predictors of risperidone response in children with autistic disorder and irritability. *J Child Adolesc Psychopharmacol*. 2010 Apr;20(2):83-93. PMID: 20415603. X-1, X-3, X-4
184. 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. PMID: 14627879. X-1, X-4
185. Arntzen E, Gilde K, Pedersen E. Generalized schedule following in a youth with autism. *Scand J Behav Ther*. 1998;27(3):135-41. X-3, X-4
186. Arntzen E, Halstadro L-B, Halstadro M. The "silent dog" method: analyzing the impact of self-generated rules when teaching different computer chains to boys with autism. *Anal Verbal Behav*. 2009;25:51-66. X-3
187. Arntzen E, Tønnessen IR, Brouwer G. Reducing aberrant verbal behavior by building a repertoire of rational verbal behavior. *Behav Interv*. 2006 Jul;21(3):177-93. X-1, X-3, X-4
188. Arrieta MI, Martinez B, Criado B, et al. Dermatoglyphic analysis of autistic basque children. *Am J Med Genet*. 1990 Jan;35(1):1-9. PMID: 2301457. X-4
189. Arron K, Oliver C, Moss J, et al. The prevalence and phenomenology of self-injurious and aggressive behaviour in genetic syndromes. *J Intellect Disabil Res*. 2011 Feb;55(2):109-20. X-1, X-3, X-4
190. Arthi K, Tamilarasi A. Prediction of autistic disorder using neuro fuzzy system by applying ANN technique. *Int J Dev Neurosci*. 2008 Nov;26(7):699-704. PMID: 18706991. X-2, X-4
191. Arvans RK, LeBlanc LA. Functional assessment and treatment of migraine reports and school absences in an adolescent with Asperger's disorder. *Educ Treat Children*. 2009 Feb;32(1):151-66. X-3
192. Asaro K, Saddler B. Effects of planning instruction on a young writer with Asperger Syndrome. *Interv School Clinic*. 2009;44(5):268-75. X-3
193. Asberg J, Sandberg AD. Discourse comprehension intervention for high-functioning students with autism spectrum disorders: preliminary findings from a school-based study. *J Res Spec Educ Needs*. 2010 Jun;10(2):91-8. INCLUDE, X-3
194. Ashburner J, Ziviani J, Rodger S. Sensory processing and classroom emotional, behavioral, and educational outcomes in children with autism spectrum disorder. *Am J Occup Ther*. 2008 Sep-Oct;62(5):564-73. X-1, X-4
195. 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. PMID: 12731640. X-4
196. Asmus JM, Franzese JC, Conroy MA, et al. Clarifying functional analysis outcomes for disruptive behaviors by controlling consequence delivery for stereotypy. *School Psych Rev*. 2003;32(4):624-30. X-1, X-3, X-4
197. Association AP. Diagnostic and statistical manual of mental disorders. IV ed. Washington DC: American Psychiatric Association 2000.
198. Aston-Jones G, Rajkowski J, Cohen J. Locus coeruleus and regulation of behavioral flexibility and attention. *Prog Brain Res*. 2000;126:165-82. PMID: 11105646. X-2
199. Athens ES, Vollmer TR. An investigation of differential reinforcement of alternative behavior without extinction. *J Appl Behav Anal*. 2010 Winter;43(4):569-89. PMID: 21541145. X-1, X-3, X-4

200. Athens ES, Vollmer TR, Sloman KN, et al. An analysis of vocal stereotypy and therapist fading. *J Appl Behav Anal.* 2008 Sum;41(2):291-7. X-1, X-3, X-4
201. 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. PMID: 6520095. X-3, X-4
202. Atladottir HO, Thorsen P, Ostergaard L, et al. Maternal infection requiring hospitalization during pregnancy and autism spectrum disorders. *J Autism Dev Disord.* 2010 Dec;40(12):1423-30. PMID: 20414802. X-4
203. Atladottir HO, Thorsen P, Schendel DE, et al. Association of hospitalization for infection in childhood with diagnosis of autism spectrum disorders: a Danish cohort study. *Arch Pediatr Adolesc Med.* 2010 May;164(5):470-7. PMID: 20439799. X-4
204. Atlas JA. Play in assessment and intervention in the childhood psychoses. *Child Psychiatry Hum Dev.* 1990 Win;21(2):119-33. X-1, X-3, X-4
205. Atlas JA, Gerbino-Rosen G. Differential diagnostic and treatment of an inpatient adolescent showing pervasive developmental disorder and mania. *Psychol Rep.* 1995 Aug;77(1):207-10. X-3
206. Atlas JA, Lapidus LB. Patterns of symbolic expression in subgroups of the childhood psychoses. *J Clin Psychol.* 1987 Mar;43(2):177-88. PMID: 2437158. X-1
207. Attwood T. Unusual behaviours associated with autism. *Health Visit.* 1993 Nov;66(11):402-3. PMID: 8276606. X-1, X-3, X-4
208. August GJ, Raz N, Baird TD. Effects of fenfluramine on behavioral, cognitive, and affective disturbances in autistic children. *J Autism Dev Disord.* 1985 Mar;15(1):97-107. PMID: 3884585. X-1, X-3, X-4
209. August GJ, Raz N, Baird TD. Fenfluramine response in high and low functioning autistic children. *J Am Acad Child Adolesc Psychiatry.* 1987 May;26(3):342-6. PMID: 3298200. X-1, X-3
210. 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. PMID: 6384430. X-3
211. Austin DW, Abbott JM, Carbis C. The use of virtual reality hypnosis with two cases of autism spectrum disorder: a feasibility study. *Contemporary Hypnosis.* 2008;25(2):102-9. X-3
212. Auxter D, Halloran W, Berry HG, et al. The precarious safety net: supplemental security income and age 18 redeterminations. *Focus Autism Dev Disabil.* 1999 Win;14(4):194-203,11. X-1, X-2, X-3, X-4
213. Auyeung B, Baron-Cohen S, Ashwin E, et al. Fetal testosterone and autistic traits. *Br J Psychol.* 2009;100(Part 1):1-22. X-1, X-3, X-4
214. 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. PMID: 16354441. X-1, X-2, X-3, X-4
215. Avino TA, Hutsler JJ. Abnormal cell patterning at the cortical gray-white matter boundary in autism spectrum disorders. *Brain Res.* 2010 Nov 11;1360:138-46. PMID: 20816758. X-3, X-4
216. Axe JB, Sainato DM. Matrix training of preliteracy skills with preschoolers with autism. *J Appl Behav Anal.* 2010 Winter;43(4):635-52. PMID: 21541149. X-1, X-3, X-4
217. Ayres AJ, Mailloux ZK. Possible pubertal effect on therapeutic gains in an autistic girl. *Am J Occup Ther.* 1983 Aug;37(8):535-40. X-1, X-3, X-4
218. Ayres AJ, 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. PMID: 6971048. X-3
219. Ayres KM, Maguire A, McClimon D. Acquisition and generalization of chained tasks taught with computer based video instruction to children with autism. *Educ Train Dev Disabil.* 2009 Dec;44(4):493-508. X-1, X-3, X-4
220. 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. PMID: 19221856. X-4
221. Azano A, Tuckwiller ED. GPS for the English classroom: understanding executive dysfunction in secondary students with Autism. *Teach Except Child.* 2011 Jul-Aug;43(6):38-43. X-1, X-2, X-3, X-4
222. Azrin NH, Besalel VA, Jamner JP, et al. Comparative study of behavioral methods of treating severe self-injury. *Behav Resid Treat.* 1988 Apr;3(2):119-52. X-3
223. Azrin NH, Vinas V, Ehle CT. Physical activity as reinforcement for classroom calmness of ADHD children: a preliminary study. *Child Fam Behav Ther.* 2007 Jun;29(2):1-8. X-1, X-3, X-4
224. Baas K. Specialty: autism approaches need to be tailored to each person. *Pa Nurse.* 2006 Mar;61(1):14-5. PMID: 16625766. X-2
225. Babel DA, Martin GL, Fazzino D, et al. Assessment of the reliability and validity of the Discrete-Trials Teaching Evaluation Form. *Dev Disabil Bull.* 2008;36(1-2):67-80. X-1, X-2, X-3, X-4

226. Baer DM. Quasi-random assignment can be as convincing as random assignment. *Am J Ment Retard.* 1993 Jan;97(4):373-75. X-1, X-2, X-3, X-4
227. Baerg KL. Effective communication with autistic children. *Rehabil Nurs.* 1991 Mar-Apr;16(2):8-90; discussion -3. PMID: 2000468. X-2, X-4
228. Bagatell N, Mirigliani G, Patterson C, et al. Effectiveness of therapy ball chairs on classroom participation in children with autism spectrum disorders. *Am J Occup Ther.* 2010 Nov-Dec;64(6):895-903. PMID: 21218680. X-2, X-4
229. 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. PMID: 14641810. X-4
230. Baharav E, Darling R. Case report: using an auditory trainer with caregiver video modeling to enhance communication and socialization behaviors in Autism. *J Autism Dev Disord.* 2008 Apr;38(4):771-5. X-1, X-3, X-4
231. Baharav E, Reiser C. Using telepractice in parent training in early autism. *Telemed J E Health.* 2010 Jul-Aug;16(6):727-31. PMID: 20583950. X-1, X-3, X-4
232. Bain SK, Brown KS, Jordan KR. Teacher candidates' accuracy of beliefs regarding childhood interventions. *Teacher Educ.* 2009 Apr;44(2):71-89. X-4
233. Bainbridge N, Myles BS. The use of priming to introduce toilet training to a child with autism. *Focus Autism Dev Disabil.* 1999 Sum;14(2):106-9. X-1, X-3, X-4
234. 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. PMID: 18252754. X-4
235. Bakare MO, Agomoh AO, Ebigbo PO, et al. Etiological explanation, treatability and preventability of childhood autism: A survey of Nigerian healthcare workers' opinion. *Ann Gen Psychiatry.* 2009;8(6). X-4
236. 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. PMID: 19216754. X-4
237. Baker DL. Public policy and the shaping of disability: incidence growth in educational Autism. *Educ Policy Anal Arch.* 2004;12(11). X-2, X-4
238. Baker DL. Neurodiversity, neurological disability and the public sector: notes on the autism spectrum. *Disabil Soc.* 2006;21(1):15-29. X-1, X-2, X-3, X-4
239. Baker DL, Stokes S. Brain politics: aspects of administration in the comparative issue definition of autism-related policy. *Public Adm Rev.* 2007 Jul;67(4):757-67. X-2, X-4
240. Baker F, Wigram T, Stott D, et al. Therapeutic songwriting in music therapy, part II: comparing the literature with practice across diverse clinical populations. *Nord J Music Ther.* 2009;18(1):32-56. X-1, X-3, X-4
241. Baker LJ, Milner Y. Sensory reinforcement with autistic children. *Behav Psychother.* 1985 Oct;13(4):328-41. X-3
242. Baker MJ. Incorporating the thematic ritualistic behaviors of children with autism into games: increasing social play interactions with siblings. *J Posit Behav Interv.* 2000 Spr;2(2):66-84. X-1, X-3, X-4
243. Baker MJ, Koegel RL, Koegel LK. Increasing the social behavior of young children with autism using their obsessive behaviors. *J Assoc Pers Sev Handicaps.* 1998 Win;23(4):300-8. X-1, X-3, X-4
244. Baker N. Exploring the mental health nurse practitioner scope of practice in youth early psychosis: an anecdotal account. *Contemp Nurse.* 2010 Feb-Mar;34(2):211-20. PMID: 20509805. X-1, X-2, X-3, X-4
245. Baker SD, Lang R, O'Reilly M. Review of video modeling with students with emotional and Behav Disord. *Educ Treat Children.* 2009 Aug;32(3):403-20. X-2, X-4
246. 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. PMID: 19043940. X-2, X-4
247. Baker-Ericzen MJ, Brookman-Frazee L, Stahmer A. Stress levels and adaptability in parents of toddlers with and without autism spectrum disorders. *Res Pract Persons Severe Disabl.* 2005 Win;30(4):194-204. X-1, X-3, X-4
248. Baker-Ericzén MJ, Stahmer AC, Burns A. Child demographics associated with outcomes in a community-based pivotal response training program. *J Posit Behav Interv.* 2007 Win;9(1):52-60. X-1, X-3, X-4
249. Bakken TL, Eilertsen DE, Smeby NA, et al. Effective communication related to psychotic disorganised behaviour in adults with intellectual disability and autism. *Vard Nord Utveckl Forsk / Vård i Norden.* 2008;28(2):9-13. X-7
250. Bakken TL, Friis S, Lovoll S, et al. Behavioral disorganization as an indicator of psychosis in adults with intellectual disability and autism. *Mental Health Asp Dev Disab.* 2007;10(2):37-46. X-4
251. Bal E, Harden E, Lamb D, et al. Emotion recognition in children with autism spectrum disorders: relations to eye gaze and autonomic state. *J Autism Dev Disord.* 2010 Mar;40(3):358-70. PMID: 19885725. X-1, X-3, X-4

252. Bala J. "Mama stop doing MMMMMMM": TA in the treatment of autistic children. *Transact Anal J*. 1986 Oct;16(4):234-9. X-3
253. 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. PMID: 8916159. X-4
254. Banach M, Iudice J, Conway L, et al. Family support and empowerment: post autism diagnosis support group for parents. *Soc Work Groups*. 2010 2010 Jan-Mar;33(1):69-83. X-3, X-4
255. Banda DR, Copples KS, Koul RK, et al. Video modelling interventions to teach spontaneous requesting using AAC devices to individuals with autism: a preliminary investigation. *Disabil Rehabil*. 2010;32(16):1364-72. PMID: 20465397. X-3
256. Banda DR, Grimmer E, Hart SL. Activity schedules: helping students with autism spectrum disorders in general education classrooms manage transition issues. *Teach Except Child*. 2009 Mar-Apr;41(4):16-21. X-2
257. Banda DR, Hart SL, Liu-Gitz L. Impact of training peers and children with autism on social skills during center time activities in inclusive classrooms. *Res Autism Spectr Disord*. 2010 Oct-Dec;4(4):619-25. X-1, X-3, X-4
258. Banda DR, Kubina RM, Jr. The effects of a high-probability request sequencing technique in enhancing transition behaviors. *Educ Treat Children*. 2006 Aug;29(3):507-16. X-3
259. Banda DR, Kubina RM, Jr. Increasing academic compliance with mathematics tasks using the high-preference strategy with a student with autism. *Prev School Failure*. 2010;54(2):81-5. X-3
260. Banda DR, McAfee JK, Hart SL. Decreasing self-injurious behavior in a student with autism and Tourette Syndrome through positive attention and extinction. *Child Family Behav Ther*. 2009;31(2):144-56. X-3
261. Bara BG, Bucciarelli M, Colle L. Communicative abilities in autism: evidence for attentional deficits. *Brain Lang*. 2001 May;77(2):216-40. PMID: 11300705. X-1, X-4
262. Barakova E, Gillissen J, Feijs L. Social training of autistic children with interactive intelligent agents. *J Integr Neurosci*. 2009 Mar;8(1):23-34. PMID: 19412978. X-1, X-3, X-4
263. Baranek GT. Efficacy of sensory and motor interventions for children with autism. *J Autism Dev Disord*. 2002 Oct;32(5):397-422. X-2
264. Baranek GT, Boyd BA, Poe MD, et al. Hyperresponsive sensory patterns in young children with autism, developmental delay, and typical development. *Am J Ment Retard*. 2007 Jul;112(4):233-45. X-1, X-3, X-4
265. Baranek GT, Foster LG, Berkson G. Tactile defensiveness and stereotyped behaviors. *Am J Occup Ther*. 1997 Feb;51(2):91-5. PMID: 9124275. X-1, X-3, X-4
266. Barba L. A one-stop shop for autism services. *Behav Healthc*. 2010 Jun;30(6):28, 30-1. PMID: 20666201. X-1, X-2, X-3, X-4
267. Barber M. Using intensive interaction to add to the palette of interactive possibilities in teacher-pupil communication. *Eur J Spec Needs Educ*. 2008 Nov;23(4):393-402. X-3
268. 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. PMID: 15184221. X-4
269. Barker ET, Hartley SL, Seltzer MM, et al. Trajectories of emotional well-being in mothers of adolescents and adults with autism. *Dev Psychol*. 2011 Mar;47(2):551-61. X-4
270. Barnhill GP. Outcomes in adults with Asperger Syndrome. *Focus Autism Dev Disabil*. 2007;22(2):116-26. X-1, X-2, X-3, X-4
271. Barnhill GP, Polloway EA, Sumutka BM. A survey of personnel preparation practices in autism spectrum disorders. *Focus Autism Dev Disabil*. 2011 Jun;26(2):75-86. X-1, X-3, X-4
272. Barnoy EL, Najdowski AC, Tarbox J, et al. Evaluation of a multicomponent intervention for diurnal bruxism in a young child with autism. *J Appl Behav Anal*. 2009 Winter;42(4):845-8. PMID: 20514192. X-1, X-3, X-4
273. Baron-Cohen S, Golan O, Ashwin E. Can emotion recognition be taught to children with autism spectrum conditions? *Philos Trans R Soc Lond B Biol Sci*. 2009 Dec 12;364(1535):3567-74. PMID: 19884151. X-1, X-3, X-4
274. Baron-Cohen S, Scott FJ, Allison C, et al. Prevalence of autism-spectrum conditions: UK school-based population studies. *Br J Psychiatry*. 2009 Jun;194(6):500-9. X-4
275. Baron-Cohen S, Wheelwright S. The Friendship Questionnaire: an investigation of adults with Asperger syndrome or high-functioning autism, and normal sex differences. *J Autism Dev Disord*. 2003 Oct;33(5):509-17. PMID: 14594330. X-4
276. Barrera RD, 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. PMID: 6654770. X-3
277. Barrett RP, Feinstein C, Hole WT. Effects of naloxone and naltrexone on self-injury: A double-blind, placebo-

- controlled analysis. *Am J Ment Retard. Special Issue: Drug treatment.* 1989 May;93(6):644-51. X-1, X-3, X-4
278. Barrows P. The use of stories as autistic objects. *J Child Psychother.* 2001 Apr;27(1):69-82. X-2, X-4
279. Barrows P. Becoming verbal: Autism, trauma and playfulness. *J Child Psychother.* 2002 Apr;28(1):53-72. X-1, X-3, X-4
280. Barry LM, Burlew SB. Using social stories to teach choice and play skills to children with autism. *Focus Autism Dev Disabil.* 2004 Mar;19(1):45-51. X-1, X-3, X-4
281. Barry LM, Singer GHS. A family in crisis: replacing the aggressive behavior of a child with autism toward an infant sibling. *J Posit Behav Interv.* 2001 Win;3(1):28-38. X-1, X-3, X-4
282. 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. PMID: 14714936. X-1, X-3, X-4
283. 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. PMID: 2745390. X-3
284. Barthelemy C, et al. Validation of the revised behavior summarized evaluation scale. *J Autism Dev Disord.* 1997 Apr;27(2):139-53. X-1, X-3, X-4
285. Bartlett SM, Rapp JT, Krueger TK, et al. The use of response cost to treat spitting by a child with autism. *Behav Interv.* 2011 Feb;26(1):76-83. X-1, X-3, X-4
286. Bartley JJ. An update on autism: science, gender, and the law. *Gend Med.* 2006 Jun;3(2):73-8. PMID: 16860267. X-2, X-4
287. Bartman S, Freeman N. Teaching language to a two-year-old with autism. *J Dev Disab.* 2003 Fal;10(1):47-53. X-1, X-3, X-4
288. Baruth JM, Casanova MF, El-Baz A, et al. Low-frequency repetitive transcranial magnetic stimulation modulates evoked-gamma frequency oscillations in autism spectrum disorder. *J Neurother.* 2010 Jul;14(3):179-94. X-1, X-3, X-4
289. Basil C, Reyes S. Acquisition of literacy skills by children with severe disability. *Child Lang Teach Ther.* 2003;19(1):27-48. X-3, X-4
290. Bass JD, Mulick JA. Social Play Skill Enhancement of Children with Autism Using Peers and Siblings as Therapists. *Psychol Sch.* 2007 Sep;44(7):727-35. X-2
291. Bass MM, Duchowny CA, 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. PMID: 19350376. X-1, X-3, X-4
292. Bassoukou IH, Nicolau J, dos Santos MT. Saliva flow rate, buffer capacity, and pH of autistic individuals. *Clin Oral Investig.* 2009 Mar;13(1):23-7. PMID: 18594879. X-4
293. Batchelder A, McLaughlin TF, Weber KP, et al. The effects of hand-over-hand and a dot-to-dot tracing procedure on teaching an autistic student to write his name. *J Dev Phys Disabil.* 2009 Apr;21(2):131-8. X-3
294. Bateman DF. Due process hearing case study. *Teach Except Child.* 2009 Mar-Apr;41(4):73-5. X-2, X-4
295. Bauer AM, Sapona RH. Facilitating communication as a basis for intervention for students with severe Behav Disord. *Behav Disord.* 1988 Aug;13(4):280-87. X-1, X-3, X-4
296. Bauer SC, Smith PJ, Chien AT, et al. Educating pediatric residents about development and social-emotional health. *Inf Young Child.* 2009;22(4):309-20. X-1, X-3, X-4
297. Bauer W, Bauer JL. Adolescent schizophrenia. *Adolescence.* 1982 Fall;17(67):685-93. PMID: 7180632. X-1, X-3, X-4
298. 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. PMID: 12199133. X-1, X-3, X-4
299. Bauminger N. Brief report: group social-multimodal intervention for HFASD. *J Autism Dev Disord.* 2007 Sep;37(8):1605-15. PMID: 17072752. X-1, X-3, X-4
300. Bauminger N. Brief report: individual social-multimodal intervention for HFASD. *J Autism Dev Disord.* 2007 Sep;37(8):1593-604. PMID: 17072753. X-1, X-3, X-4
301. Beadle-Brown J, Murphy G, Wing L. The Camberwell cohort 25 years on: characteristics and changes in skills over time. *J Appl Res Intellect Disabil.* 2006 Dec;19(4):317-29. X-4
302. 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. PMID: 10711646. X-4
303. Beadle-Brown JD, Whiten A. Elicited imitation in children and adults with autism: is there a deficit? *J Intellect Dev Disabil.* 2004;29(2):147-63. X-4
304. 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. *J Exp Child Psychol.* 2008 Nov;101(3):206-23. X-4

305. Beard-Pfeuffer M. Understanding the world of children with autism. RN. 2008 Feb;71(2):40-5; quiz 6. PMID: 18386443. X-2
306. Beatson JE. Walk a mile in their shoes: Implementing family-centered care in serving children and families affected by autism spectrum disorder. Top Lang Disord. 2008 Oct-Dec;28(4):309-22. X-1, X-2, X-3, X-4
307. Beatson JE, Prelock PA. The Vermont rural autism project: sharing experiences, shifting attitudes. Focus Autism Dev Disabil. 2002 Spr;17(1):48-54. X-3, X-4
308. Beaumont R, 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. PMID: 18503531. X-1, X-3, X-4
309. Bebbington A, Beecham J. Social services support and expenditure for children with autism. Autism. 2007 Jan;11(1):43-61. PMID: 17175573. X-4
310. Bebko JM, Konstantareas MM, Springer J. Parent and professional evaluations of family stress associated with characteristics of autism. J Autism Dev Disord. 1987 Dec;17(4):565-76. PMID: 3680156. X-1, X-4
311. Bebko JM, Lennox C. Teaching the control of diurnal bruxism to two children with autism using a simple cueing procedure. Behav Ther. 1988 Spr;19(2):249-55. X-1, X-3, X-4
312. Beck A, Hastings RP, Daley D. Pro-social behaviour and behaviour problems independently predict maternal stress. J Intellect Dev Disabil. 2004;29(4):339-49. X-4
313. Beck AR, Pirovano CM. Facilitated communicators' performance on a task of receptive language. J Autism Dev Disord. 1996 Oct;26(5):497-512. PMID: 8906452. X-1, X-3, X-4
314. Beck MH, Cataldo M, Slifer KJ, et al. Teaching children with Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Disorder (AD) how to swallow Pills. Clin Pediatr (Phila). 2005 Jul-Aug;44(6):515-26. X-1, X-3, X-4
315. Becker KG. Autism, asthma, inflammation, and the hygiene hypothesis. Med Hypotheses. 2007;69(4):731-40. PMID: 17412520. X-2
316. Becker-Cottrill B, McFarland J, Anderson V. A model of positive behavioral support for individuals with autism and their families: the family focus process. Focus Autism Dev Disabil. 2003 Sum;18(2):113-23. X-1, X-3, X-4
317. Beckett C, Castle J, Grootues C, et al. Health problems in children adopted from Romania: association with duration of deprivation and behavioural problems. Adopt Fostering. 2003;27(4):19-29. X-4
318. Bedrosian J, Lasker J, Speidel K, et al. Enhancing the written narrative skills of an AAC student with autism: evidence-based research issues. Top Lang Disord. 2003;23(4):305. X-3
319. 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. PMID: 3316172. X-3
320. Begeer S, Gevers C, Clifford P, et al. Theory of mind training in children with autism: a randomized controlled trial. J Autism Dev Disord. 2011 Aug;41(8):997-1006. X-1, X-3, X-4
321. Beglinger L, 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. PMID: 16119470. X-1, X-3, X-4
322. Beherec L, Lambrey S, Quilici G, et al. Retrospective review of clozapine in the treatment of patients with autism spectrum disorder and severe disruptive behaviors. J Clin Psychopharmacol. 2011 Jun;31(3):341-4. PMID: 21508854. X-1, X-3
323. Beisler JM, Tsai LY. A pragmatic approach to increase expressive language skills in young autistic children. J Autism Dev Disord. 1983 Sep;13(3):287-303. PMID: 6643374. X-1, X-3, X-4
324. Beisler JM, Tsai LY, Stiefel B. The effects of fenfluramine on communication skills in autistic children. J Autism Dev Disord. 1986 Jun;16(2):227-33. PMID: 3722120. X-3
325. Beitchman JH. Childhood schizophrenia. A review and comparison with adult-onset schizophrenia. Psychiatr Clin North Am. 1985 Dec;8(4):793-814. PMID: 3878510. X-1, X-2, X-3, X-4
326. Belcher TL. Behavioral treatment vs behavioral control: a case study. J Dev Phys Disabil. 1995 Sep;7(3):235-41. X-3
327. Belderbos R, Chowdhury U, Skuse D. Prevalence of autistic personality traits in children with psychiatric problems... British Paediatric Neurology Association Annual Meeting 2007, 17th-19th January. Dev Med Child Neurol. 2007;49:24-. X-4
328. Belfiore PJ, Fritts KM, Herman BC. The role of procedural integrity: using self-monitoring to enhance Discrete Trial Instruction (DTI). Focus Autism Dev Disabil. 2008 Jun;23(2):95-102. X-2
329. 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. PMID: 15301788. X-4

330. Bell KS, Kirby JR. Teaching emotion and belief as mindreading instruction for children with autism. *Dev Disabil Bull.* 2002;30(1):16-50. X-1, X-3, X-4
331. 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. PMID: 11745581. X-4
332. Bellini S. Social skill deficits and anxiety in high-functioning adolescents with autism spectrum disorders. *Focus Autism Dev Disabil.* 2004;19(2):78-86. X-4
333. Bellini S, Akullian J, Hopf A. Increasing social engagement in young children with autism spectrum disorders using video self-modeling. *School Psych Rev.* 2007;36(1):80-90. X-1, X-3, X-4
334. Bellini S, Hopf A. The development of the "Autism Social Skills Profile": a preliminary analysis of psychometric properties. *Focus Autism Dev Disabil.* 2007 Sum;22(2):80-7. X-4
335. Bellini S, McConnell LL. Strength-based educational programming for students with autism spectrum disorders: a case for video self-modeling. *Prev School Failure.* 2010;54(4):220-7. X-1, X-2, X-3, X-4
336. Bellini S, Peters JK, Benner L, et al. A meta-analysis of school-based social skills interventions for children with autism spectrum disorders. *Remedial Spec Educ.* 2007 May-Jun;28(3):153-62. X-2
337. Bellon ML, Ogletree BT, Harn WE. Repeated storybook reading as a language intervention for children with autism: a case study on the application of scaffolding. *Focus Autism Dev Disabil.* 2000 Spr;15(1):52-8. X-1, X-3, X-4
338. Bellon-Harn ML, Harn WE. Scaffolding strategies during repeated storybook reading: an extension using a voice output communication aid. *Focus Autism Dev Disabil.* 2008;23(2):112-24. X-3, X-4
339. Bellon-Harn ML, Harn WE, Watson GD. Targeting prosody in an eight-year-old child with high-functioning autism during an interactive approach to therapy. *Child Lang Teach Ther.* 2007;23(2):157-79. X-1, X-3, X-4
340. Belotto KC, Raposo NR, Ferreira AS, et al. Relative bioavailability of two oral formulations of risperidone 2 mg: a single-dose, randomized-sequence, open-label, two-period crossover comparison in healthy Brazilian volunteers. *Clin Ther.* 2010 Nov;32(12):2106-15. PMID: 21118746. X-1, X-3, X-4
341. 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. PMID: 11450816. X-1, X-3, X-4
342. Ben Chaabane DB, Alber-Morgan SR, DeBar RM. The effects of parent-implemented PECS training on improvisation of mands by children with autism. *J Appl Behav Anal.* 2009 Fall;42(3):671-7. PMID: 20190927. X-3
343. Ben Itzhak 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. PMID: 17923388. X-1, X-3, X-4
344. Ben Said M, Robel L, Vion E, et al. TEDIS: an information system dedicated to patients with pervasive developmental disorders. *Stud Health Technol Inform.* 2010;160(Pt 1):198-202. PMID: 20841677. X-1, X-2, X-3, X-4
345. Benderix Y, Nordstrom B, Sivberg B. Parents' experience of having a child with autism and learning disabilities living in a group home: a case study. *Autism.* 2006;10(6):629-41. X-1, X-3, X-4
346. Benderix Y, Nordstrum B, Nyberg P, et al. Staff members' views of the work climate in sheltered homes for adults with autism spectrum disorders. *Vard Nord Utveckll Forsk / Vård i Norden.* 2009;29(2):38-41. X-1, X-3, X-4
347. Benderix Y, Sivberg B. Siblings' experiences of having a brother or sister with autism and mental retardation: a case study of 14 siblings from five families. *J Pediatr Nurs.* 2007 Oct;22(5):410-8. PMID: 17889735. X-3
348. Benedetti G. Interview with Gaetano Benedetti, M.D. *J Am Acad Psychoanal Dyn Psychiatry.* 2003 Spring;31(1):75-87. PMID: 12722889. X-2, X-4
349. Ben-Itzhak E, 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. PMID: 16730944. X-1, X-3, X-4
350. Bennett K, Brady MP, Scott J, et al. The effects of covert audio coaching on the job performance of supported employees. *Focus Autism Dev Disabil.* 2010 Sep;25(3):173-85. X-1, X-3, X-4
351. Bennett K, Reichow B, Wolery M. Effects of structured teaching on the behavior of young children with disabilities. *Focus Autism Dev Disabil.* 2011 Sep;26(3):143-52. X-1, X-3, X-4
352. 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. PMID: 17022340. X-4
353. Bennett T, Rowe V, DeLuca D. Getting to know Abby. *Focus Autism Dev Disabil.* 1996 Fal;11(3):183-8. PMID: 1996-06519-007. X-1, X-3, X-4
354. Ben-Sasson A, Cermak SA, Orsmond GI, et al. Extreme sensory modulation behaviors in toddlers with

- autism spectrum disorders. *Am J Occup Ther.* 2007 Sep-Oct;61(5):584-92. PMID: 17944296. X-1, X-3, X-4
355. Ben-Sasson A, Stimmell KE, Cermak SA. Sequence of gestural representations in children with high functioning autism. *Israel Journal of Occupational Therapy.* 2009;18(4):E57-73. X-4
356. Benson P, Karlof KL, Siperstein GN. Maternal involvement in the education of young children with autism spectrum disorders. *Autism.* 2008 Jan;12(1):47-63. PMID: 18178596. X-4
357. Bent S, Bertoglio K, Ashwood P, et al. A pilot randomized controlled trial of omega-3 fatty acids for autism spectrum disorder. *J Autism Dev Disord.* 2011 May;41(5):545-54. PMID: 20683766. X-1, X-3, X-4
358. Bent S, Bertoglio K, Ashwood P, et al. Brief report: Hyperbaric Oxygen Therapy (HBOT) in children with autism spectrum disorder: a clinical trial. *J Autism Dev Disord.* 2011 Aug 5. PMID: 21818676. X-1, X-3, X-4
359. Bent S, Bertoglio K, Hendren RL. Omega-3 fatty acids for autistic spectrum disorder: a systematic review. *J Autism Dev Disord.* 2009 Aug;39(8):1145-54. X-2
360. Bentivegna S, Schwartz L, Deschner D. The use of art with an autistic child in residential care. *Am J Art Ther.* 1983 Jan;22(2):51-6. PMID: 10318567. X-1, X-3, X-4
361. Benton TD. Aripiprazole to treat irritability associated with autism: a placebo-controlled, fixed-dose trial. *Curr Psychiatry Rep.* 2011 Apr;13(2):77-9. PMID: 21286868. X-1, X-2, X-3, X-4
362. Benveniste D. The archetypal image of the mouth and its relation to autism. *Arts Psychother.* 1983 Sum;10(2):99-112. X-3
363. Anderson-Hanley C, Tureck K, Schneiderman RL. Autism and exergaming: effects on repetitive behaviors and cognition. *Psychol Res Behav Manag.* 2011;4:129-37. PMID: 22114543. X-3
364. Beresford B, Tozer R, Rabiee P, et al. Developing an approach to involving children with autistic spectrum disorders in a social care research project. *Brit J Learn Disab.* 2004;32(4):180-5. X-1, X-2, X-3, X-4
365. Berger HJ, Aerts FH, van Spaendonck KP, et al. Central coherence and cognitive shifting in relation to social improvement in high-functioning young adults with autism. *J Clin Exp Neuropsychol.* 2003 Jun;25(4):502-11. PMID: 12911104. X-4
366. 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. PMID: 8331051. X-3
367. Bergstrom R, Tarbox J, Gutshall KA. Behavioral intervention for domestic pet mistreatment in a young child with autism. *Res Autism Spectr Disord.* 2011 Jan-Mar;5(1):218-21. X-1, X-3, X-4
368. Berkeley SL, Zittel LL, Pitney LV, et al. Locomotor and object control skills of children diagnosed with autism. *Adapt Phys Activ Q.* 2001;18(4):405-16. X-1, X-3, X-4
369. 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. PMID: 2347823. X-3
370. Bernad-Ripoll S. Using a self-as-model video combined with social stories to help a child with Asperger Syndrome understand emotions. *Focus Autism Dev Disabil.* 2007 Sum;22(2):100-6. X-1, X-3, X-4
371. Bernard-Opitz V, Ing S, Kong TY. Comparison of behavioural and natural play interventions for young children with autism. *Autism.* 2004 Sep;8(3):319-33. PMID: 15358873. X-1, X-3, X-4
372. Bernard-Opitz V, Kok A. Training parents of autistic children in Singapore. *Int J Rehabil Res.* 1992;15(1):82-4. PMID: 1601571. X-6
373. Bernard-Opitz V, Kwook KW, Sapuan S. Epidemiology of autism in Singapore: findings of the first autism survey. *Int J Rehabil Res.* 2001 Mar;24(1):1-6. PMID: 11302459. X-4
374. Bernard-Opitz V, Ross K, Tuttas ML. Computer assisted instruction for autistic children. *Ann Acad Med Singapore.* 1990 Sep;19(5):611-6. PMID: 2260815. X-1
375. Bernard-Opitz V, Sriram N, 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. PMID: 11569584. X-1, X-3, X-4
376. Bernard-Opitz V, Sriram N, Sapuan S. Enhancing vocal imitations in children with autism using the IBM SpechViewer. *Autism.* 1999 Jun;3(2):131-47. X-1, X-3, X-4
377. Berry P. Psychodynamic therapy and intellectual disabilities: dealing with challenging behaviour. *Dev Med Child Neurol.* 2003 Mar;50(1):39-51. X-3
378. 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. PMID: 17069542. X-4
379. Berry-Kravis E, Raspa M, Loggin-Hester L, et al. Seizures in fragile X syndrome: characteristics and comorbid diagnoses. *Am J Intellect Dev Disabil.* 2010 Nov;115(6):461-72. PMID: 20945999. X-1, X-3, X-4

380. Berry-Kravis E, Sumis A, Kim O-K, et al. Characterization of potential outcome measures for future clinical trials in Fragile X Syndrome. *J Autism Dev Disord*. 2008 Oct;38(9):1751-7. X-1, X-3, X-4
381. Bertoglio K, James SJ, Deprey L, et al. Pilot study of the effect of methyl B12 treatment on behavioral and biomarker measures in children with autism. *J Altern Complement Med*. 2010 May;16(5):555-60. X-1, X-3, X-4
382. Bettison S. The long-term effects of auditory training on children with autism. *J Autism Dev Disord*. 1996 Jun;26(3):361-74. PMID: 8792266. X-6
383. Betz A, Higbee TS, Reagon KA. Using joint activity schedules to promote peer engagement in preschoolers with autism. *J Appl Behav Anal*. 2008 Summer;41(2):237-41. PMID: 18595287. X-1, X-3, X-4
384. Bevan-Brown J, Carroll-Lind J, Kearney A, et al. Making assumptions vs. building relationships: lessons from a participatory action research project to identify effective practices for learners with autism spectrum disorder. *Kairaranga*. 2008;9 spec iss:22-31. X-3
385. 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. PMID: 18766980. X-3
386. Beversdorf DQ, Saklayen S, Higgins KF, et al. Effect of propranolol on word fluency in autism. *Cogn Behav Neurol*. 2011 Mar;24(1):11-7. PMID: 21487259. X-1, X-3
387. Beversdorf DQ, Smith BW, Crucian GP, et al. Increased discrimination of "false memories" in autism spectrum disorder. *Proc Natl Acad Sci U S A*. 2000 Jul 18;97(15):8734-7. PMID: 10900024. X-1, X-3, X-4
388. Bhandari A, Sandlow JI, Brannigan RE. Risks to offspring associated with advanced paternal age. *J Androl*. 2011 Mar-Apr;32(2):121-2. PMID: 20467047. X-1, X-2, X-3, X-4
389. Bhatara A, Quintin EM, Levy B, et al. Perception of emotion in musical performance in adolescents with autism spectrum disorders. *Autism Res*. 2010 Oct;3(5):214-25. PMID: 20717952. X-4
390. Bhaumik S, Branford D, McGrother C, et al. Autistic traits in adults with learning disabilities. *Br J Psychiatry*. 1997 Jun;170:502-6. PMID: 9330013. X-4
391. 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. PMID: 19017168. X-4
392. Bianco M, Carothers DE, Smiley LR. Gifted students with Asperger Syndrome: strategies for strength-based programming. *Interv School Clinic*. 2009;44(4):206-15. X-1, X-2, X-3, X-4
393. Bibby P, Eikeseth S, Martin NT, et al. Progress and outcomes for children with autism receiving parent-managed intensive interventions. *Res Dev Disabil*. 2001 Nov-Dec;22(6):425-47. PMID: 11768669. X-1, X-3, X-4
394. Bibby P, Eikeseth S, Martin NT, et al. Erratum to "Progress and Outcomes for Children with Autism Receiving Parent-Managed Intensive Interventions" [Research in Developmental Disabilities 22 (2001) 425-447.] *Res Dev Disabil*. 2002 Jan-Feb;23(1):79-104. X-1, X-2, X-3, X-4
395. 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. PMID: 12071397. X-1, X-2, X-3, X-4
396. Biederman GB, Stepaniuk S, Davey VA, et al. Observational learning in children with Down syndrome and developmental delays: The effect of presentation speed in videotaped modelling. *Downs Syndr Res Pract*. 1999 Aug;6(1):12-8. X-1, X-3, X-4
397. Bierly C, Billingsley FF. An investigation of the educative effects of overcorrection on the behavior of an autistic child. *Behav Disord*. 1983 Nov;9(1):11-21. X-1, X-3, X-4
398. Bigelow KM, Huynen KB, Lutzker JR. Using a changing criterion design to teach fire escape to a child with developmental disabilities. *J Dev Phys Disabil*. 1993 Jun;5(2):121-8. X-1, X-3, X-4
399. Bigham S. Comprehension of pretence in children with autism. *Br J Dev Psychol*. 2008;26(Part 2):265-80. X-1, X-3, X-4
400. Bijou SW. Commentary. *J Autism Dev Disord*. 1990 Sep;20(3):431-32. X-1, X-2, X-3, X-4
401. Biklen D, Burke J. Presuming competence. *Equity & excellence in education*. 2006 May;39(2):166-75. X-1, X-2, X-3, X-4
402. Biklen D, et al. Facilitated communication: implications for individuals with autism. *Top Lang Disord*. 1992 Aug;12(4):1-28. X-1, X-2, X-3, X-4
403. Biklen D, Schubert A. New words: the communication of students with autism. *Remedial Spec Educ*. 1991 Nov-Dec;12(6):46-57. X-1, X-3, X-4
404. Billard A, Robins B, Nadel J, et al. Building robots, a mini-humanoid robot for the rehabilitation of children with autism. *Assist Technol*. 2007 Spr;19(1):37-49. X-2, X-4
405. Billington T, McNally B, McNally C. Autism: working with parents, and discourse in experience, expertise and learning. *Educ Psychol Pract*. 2000 Apr;16(1):59-68. X-1, X-3, X-4

406. Billstedt E, Gillberg IC, Gillberg C. Autism after adolescence: population-based 13- to 22-year follow-up study of 120 individuals with autism diagnosed in childhood. *J Autism Dev Disord*. 2005 Jun;35(3):351-60. PMID: 16119476. X-4
407. Billstedt E, Gillberg IC, Gillberg C. Aspects of quality of life in adults diagnosed with autism in childhood: a population-based study. *Autism*. 2011 Jan;15(1):7-20. PMID: 20923888. X-4
408. Binnendyk L, Lucyshyn JM. A family-centered positive behavior support approach to the amelioration of food refusal behavior: an empirical case study. *J Posit Behav Interv*. 2009;11(1):47-62. X-1, X-3, X-4
409. Binnie LM, Williams JM. Intuitive psychological, physical and biological knowledge in typically developing preschoolers, children with autism and children with Down's syndrome. *Br J Dev Psychol*. 2002;20(Part 3):343-59. X-1, X-3, X-4
410. Bird F, Dores PA, Moniz D, et al. Reducing severe aggressive and self-injurious behaviors with functional communication training. *Am J Ment Retard*. 1989 Jul;94(1):37-48. X-3
411. Birenbaum A, Cohen HJ. On the importance of helping families: policy implications from a national study. *Ment Retard*. 1993 Apr;31(2):67-74. PMID: 8479331. X-2, X-4
412. Birkan B, Krantz PJ, McClannahan LE. Teaching children with autism spectrum disorders to cooperate with injections. *Res Autism Spectr Disord*. 2011 Apr-Jun;5(2):941-8. X-3, X-4
413. Birkin C, Anderson A, Moore DW, et al. Evaluating the efficacy of parent-focused interventions for autism: how do we know what will work? *Aust J Early Child*. 2004 Sep;29(3):42-7. X-1, X-2, X-3, X-4
414. 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. PMID: 18569398. X-2
415. Birmaher B, Quintana H, Greenhill LL. Methylphenidate treatment of hyperactive autistic children. *J Am Acad Child Adolesc Psychiatry*. 1988 Mar;27(2):248-51. PMID: 3360732. X-1, X-3, X-4
416. Bimbrauer JS, Leach DJ. The Murdoch Early Intervention Program after 2 years. *Behav Change*. 1993;10(2):63-74. X-1, X-3, X-4
417. Bisagni F. The Sound-Hand. *J Child Psychother*. 2009 Dec;35(3):229-49. X-2, X-4
418. 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. PMID: 17854448. X-2, X-4
419. Bishop DV. Which neurodevelopmental disorders get researched and why? *PLoS One*. 2010;5(11):e15112. PMID: 21152085. X-1, X-3, X-4
420. Bishop SL, Richler J, 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. PMID: 16911971. X-4
421. Bitsika V, Sharpley C. An explanatory examination of the effects of support groups on the well-being of parents of children with autism: I: General counselling. *J Appl Health Behav*. 1999;1(2):16-22. X-3
422. Bitsika V, 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. *J Appl Health Behav*. 2000;2(1):8-15. X-3, X-4
423. Bitsika V, Sharpley CF, Orapeleng S. An exploratory analysis of the use of cognitive, adaptive and behavioural indices for cluster analysis of ASD subgroups. *J Intellect Disabil Res*. 2008 Nov;52(11):973-85. X-1, X-3, X-4
424. Bitsko RH, Visser SN, Schieve LA, et al. Unmet health care needs among CSHCN with neurologic conditions. *Pediatrics*. 2009 Dec;124 Suppl 4:S343-51. PMID: 19948598. X-4
425. 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. PMID: 18228122. X-4
426. Blacher J, Kraemer BR, Howell EJ. Family expectations and transition experiences for young adults with severe disabilities: does syndrome matter? *Adv Ment Health Learn Disabil*. 2010 Mar;4(1):3-16. X-4
427. Blacher J, 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. PMID: 16430730. X-4
428. Blackledge JT, Hayes SC. Using acceptance and commitment training in the support of parents of children diagnosed with autism. *Child Fam Behav Ther*. 2006;28(1):1-18. X-6
429. Blacklock K, Perry A. Testing the application of benchmarks for children in Ontario's IBI program: six case studies. *J Dev Disab*. 2010;16(2):33-43. X-1, X-2, X-3, X-4
430. 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. PMID: 7961332. X-4

431. 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. PMID: 15608546. X-3
432. Blair K-SC, Lee I-S, Cho S-J, et al. Positive behavior support through family-school collaboration for young children with autism. *Topics Early Child Spec Educ*. 2011 May;31(1):22-36. X-1, X-3, X-4
433. Blair K-SC, Umbreit J, Dunlap G, et al. Promoting inclusion and peer participation through assessment-based intervention. *Topics Early Child Spec Educ*. 2007 Fall;27(3):134-47. X-1, X-3, X-4
434. Blake KE. Spectrum disorders: a new generation of complex patients. *Pa Nurse*. 2010 Dec;65(4):9-11, 5. PMID: 21329281. X-2
435. 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 Autism Dev Disabil*. 2009 Sep;24(3):131-45. X-3
436. Blankenship K, Erickson CA, Stigler KA, et al. Aripiprazole for irritability associated with autistic disorder in children and adolescents aged 6-17 years. *Ped Health*. 2010 Sep 29;4(4):375-81. PMID: 21359119. X-1, X-2, X-3
437. Bardi P, de Lalla A, Ceccatelli L, et al. Variations of plasma leptin and adiponectin levels in autistic patients. *Neurosci Lett*. 2010 Jul 19;479(1):54-7. PMID: 20478355. X-1, X-3, X-4
438. Blindert HD, Hartridge CL, Gwadry FG. Controlling self-injurious escape behaviors. *Behav Interv*. 1995 Jul;10(3):173-9. X-1, X-3, X-4
439. Bloch J, Gersten E, Kornblum S. Evaluation of a language program for young autistic children. *J Speech Hear Disord*. 1980 Feb;45(1):76-89. PMID: 7354632. X-1, X-3, X-4
440. Bloch JR, Gardner M. Accessing a diagnosis for a child with an autism spectrum disorder: the burden is on the caregiver. *Am J Nurse Pract*. 2007;11(8):10-7. X-4
441. Bock MA. Acquisition, maintenance, and generalization of a categorization strategy by children with autism. *J Autism Dev Disord*. 1994 Feb;24(1):39-51. X-3
442. Bock MA. Sorting laundry: Categorization strategy application to an authentic learning activity by children with autism. *Focus Autism Dev Disabil*. 1999 Win;14(4):220-30. X-1, X-3, X-4
443. Bock MA. The impact of social-behavioral learning strategy training on the social interaction skills of four students with Asperger Syndrome. *Focus Autism Dev Disabil*. 2007 Sum;22(2):88-95. X-1, X-3, X-4
444. 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. PMID: 14594758. X-4
445. 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. PMID: 15514415. X-4
446. Boettcher M, Koegel RL, McNERNEY EK, et al. A family-centered prevention approach to PBS in a time of crisis. *J Posit Behav Interv*. 2003 Win;5(1):55-9. X-1, X-3, X-4
447. Bogte H, Flamma B, 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. PMID: 12585817. X-3
448. Bogte H, Flamma B, Van Der Meere J, et al. Divided attention capacity in adults with autism spectrum disorders and without intellectual disability. *Autism*. 2009;13(3):229-43. X-3
449. 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. PMID: 1492548. X-1, X-3, X-4
450. Boksanska 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. PMID: 12920389. X-1, X-3, X-4
451. Bolman WM. Brief report: 25-year follow-up of a high-functioning autistic child. *J Autism Dev Disord*. 2008 Jan;38(1):181-3. X-3, X-4
452. Bolman WM, 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. PMID: 10425581. X-3
453. Bölte S, Bosch G. The long-term outcome in two females with autism spectrum disorder. *Psychopathology*. 2005 May-Jun;38(3):151-4. X-3
454. 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. PMID: 12585821. X-3
455. Bölte S, Hubl D, Feineis-Matthews S, et al. Facial affect recognition training in autism: can we animate the fusiform gyrus? *Behav Neurosci*. 2006 Feb;120(1):211-6. X-3

456. Bolton J, Mayer MD. Promoting the generalization of paraprofessional discrete trial teaching skills. *Focus Autism Dev Disabil.* 2008;23(2):103-11. X-4
457. 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. PMID: 8819770. X-3
458. Bonde E. Comorbidity and subgroups in childhood autism. *Eur Child Adolesc Psychiatry.* 2000 Mar;9(1):7-10. PMID: 10795850. X-1, X-3, X-4
459. Bonell S, McCarthy J. A case study of a young man with intellectual disability, mitochondrial disorder, epilepsy, autism and psychosis: How did we decide which psychotropic drug to use? *Adv Ment Health Intell Disabil.* 2010 Sep;4(3):45-8. X-3, X-4
460. Bonnel A, McAdams S, Smith B, et al. Enhanced pure-tone pitch discrimination among persons with autism but not Asperger syndrome. *Neuropsychologia.* 2010 Jul;48(9):2465-75. PMID: 20433857. X-4
461. Bono MA, Daley T, Sigman M. Relations among joint attention, amount of intervention and language gain in autism. *J Autism Dev Disord.* 2004 Oct;34(5):495-505. X-1, X-3, X-4
462. Bonvillian JD, Nelson KE, Rhyne JM. Sign language and autism. *J Autism Dev Disord.* 1981 Mar;11(1):125-37. PMID: 6927693. X-1, X-2, X-3, X-4
463. Bopp KD, Mirenda P, Zumbo BD. Behavior predictors of language development over 2 years in children with autism spectrum disorders. *J Speech Lang Hear Res.* 2009 Oct;52(5):1106-20. X-1, X-3, X-4
464. Boris M, Goldblatt A. Pollen exposure as a cause for the deterioration of neurobehavioral function in children with autism and attention deficit hyperactive disorder. *J Nutr Environ Med.* 2004;14(1):39-45. X-4
465. Boris M, Goldblatt A, Edelson SM. Improvements in children with autism treated with intravenous gamma globulin. *J Nutr Environ Med.* 2005;15(4):169-76. X-1, X-3, X-4
466. Boris M, Goldblatt A, Galanko J, et al. Association of MTHFR gene variants with autism. *J Am Physicians Surg.* 2004;9(4):106-8. X-4
467. Boris M, Kaiser CC, Goldblatt A, et al. Effect of pioglitazone treatment on behavioral symptoms in autistic children. *J Neuroinflammation.* 2007;4:3. PMID: 17207275. X-1, X-3
468. Borremans E, Rintala P, McCubbin JA. Physical fitness and physical activity in adolescents with Asperger syndrome: a comparative study. *Adapt Phys Activ Q.* 2010;27(4):308-20. X-4
469. Borrero CS, Borrero JC. Descriptive and experimental analyses of potential precursors to problem behavior. *J Appl Behav Anal.* 2008 Spring;41(1):83-96. PMID: 18468281. X-4
470. Boso M, Comelli M, Emanuele E, et al. Seasonal fluctuations in problem behaviors among young adults with autism and intellectual disability. *Med Sci Monit.* 2010 Apr 28;16(5):CR213-6. PMID: 20424547. X-4
471. 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. PMID: 17931062. X-1
472. Bosseler A, 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. PMID: 14714934. X-3
473. Botting N. Narrative as a tool for the assessment of linguistic and pragmatic impairments. *Child Lang Teach Ther.* 2002;18(1):1-21. X-3, X-4
474. Botts BH, Hershfeldt PA, Christensen-Sandfort RJ. Snoezelen[R]: Empirical review of product representation. *Focus Autism Dev Disabil.* 2008;23(3):138-47. X-4
475. 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. PMID: 18064549. X-4
476. Boudier JN, Spielman S, Mandell DS. Brief report: Quantifying the impact of autism coverage on private insurance premiums. *J Autism Dev Disord.* 2009 Jun;39(6):953-7. PMID: 19214727. X-2, X-4
477. Boudreau CA, Christian WP, Thibadeau SF. Reducing absenteeism in a human service setting: a low cost alternative. *J Organ Behav Manage.* 1993;13(2):37-50. X-1, X-3, X-4
478. Boulton TJ, Smith R, Single T. Psychosocial growth failure: a positive response to growth hormone and placebo. *Acta Paediatr.* 1992 Apr;81(4):322-5. PMID: 1606393. X-4
479. 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 Early Child Spec Educ.* 2006 Sum;26(2):94-105. X-1, X-2, X-3, X-4
480. Bouma R, 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. PMID: 2286663. X-1, X-2, X-3, X-4
481. Boutot EA, Bryant DP. Social integration of students with autism in inclusive settings. *Educ Train Dev Disabil.* 2005 Mar;40(1):14-23. X-1, X-3, X-4
482. 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. PMID: 8570775. X-1, X-3, X-4
483. 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. PMID: 11972743. X-4
484. Bowker A, D'Angelo NM, Hicks R, et al. Treatments for autism: parental choices and perceptions of change. *J Autism Dev Disord.* 2011 Oct;41(10):1373-82. X-4
485. 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. PMID: 9316258. X-4
486. Boyd BA, Baranek GT, Sideris J, et al. Sensory features and repetitive behaviors in children with autism and developmental delays. *Autism Res.* 2010 Apr;3(2):78-87. PMID: 20437603. X-1, X-3, X-4
487. Boyd BA, McDonough SG, Rupp B, et al. Effects of a family-implemented treatment on the repetitive behaviors of children with autism. *J Autism Dev Disord.* 2011 Oct;41(10):1330-41. X-1, X-3, X-4
488. Boyd BA, Odom SL, Humphreys BP, et al. Infants and toddlers with autism spectrum disorder: early identification and early intervention. *J Early Interv.* 2010;32(2):75-98. X-2, X-4
489. Boyd BA, Shaw E. Autism in the classroom: a group of students changing in population and presentation. *Prev School Failure.* 2010;54(4):211-9. X-1, X-2, X-3, X-4
490. Boyd RD. Sex as a possible source of group inequivalence in Lovaas (1987). *J Autism Dev Disord.* 1998 Jun;28(3):211-5. PMID: 9656132. X-2, X-4
491. Boyd RD, 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. PMID: 11777258. X-1, X-3, X-4
492. Boyer L, Lee C. Converting challenge to success: supporting a new teacher of students with autism. *J Spec Educ.* 2001 Sum;35(2):75-83. X-1, X-2, X-3, X-4
493. Boyle C, Alexander M. Public health research at the CDC: implications for communication sciences and disorders. *J Commun Disord.* 2005 Jul-Aug;38(4):263-70. PMID: 15862809. X-2
494. 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. PMID: 17404138. X-4
495. Brackenbury T, Burroughs E, Hewitt LE. A qualitative examination of current guidelines for evidence-based practice in child language intervention. *Lang Speech Hear Serv Sch.* 2008 Jan;39(1):78-88. X-4
496. Bradley LA, Krakowski B, Thiessen A. With little research out there it's a matter of learning what works in teaching students with deafness and autism. *Odyssey.* 2008 Spr-Sum;9(1):16-8. X-1, X-2, X-3, X-4
497. 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. PMID: 17150311. X-1, X-2, X-3, X-4
498. Brady NC, Steeples T, 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. PMID: 16411798. X-4
499. Bragesjo F, Hallberg M. Dilemmas of a vitalizing vaccine market: lessons from the MMR vaccine/autism debate. *Sci Context.* 2011 Mar;24(1):107-25. PMID: 21560548. X-1, X-2, X-3, X-4
500. Brambring M, Asbrock D. Validity of false belief tasks in blind children. *J Autism Dev Disord.* 2010 Dec;40(12):1471-84. PMID: 20379770. X-1, X-3, X-4
501. Branford D, Bhaumik S, 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. PMID: 9786445. X-1
502. Brasić JR, Barnett JY. Hyperkinesias in a prepubertal boy with autistic disorder treated with haloperidol and valproic acid. *Psychol Rep.* 1997 Feb;80(1):163-70. X-1, X-3, X-4
503. 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. PMID: 8035936. X-1, X-3, X-4
504. Brasic JR, Barnett JY, Sheitman BB, et al. Clinical assessment of adventitious movements. *Psychol Rep.* 1998 Dec;83(3 Pt 1):739-50. PMID: 9923147. X-4
505. 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. *J Assoc Pers Sev Handicaps.* 1985 Spr;10(1):41-50. X-3
506. Brendel DH. Complications to consent. *J Clin Ethics.* 2003 Spring-Summer;14(1-2):90-4. PMID: 12953356. X-2
507. Breslin CM, Rudisill ME. The effect of visual supports on performance of the TGMD-2 for children with

- autism spectrum disorder. *Adapt Phys Activ Q*. 2011;28(4):342-53. X-1, X-3, X-4
508. Brewin BJ, Renwick R, Schormans AF. Parental perspectives of the quality of life in school environments for children with Asperger syndrome. *Focus Autism Dev Disabil*. 2008 Dec;23(4):242-52. X-3
509. 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. PMID: 6215431. X-1, X-3, X-4
510. Bristol MM, et al. State of the science in autism: report to the National Institutes of Health. *J Autism Dev Disord*. 1996 Apr;26(2):121-54. X-1, X-2, X-3, X-4
511. 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. PMID: 11153827. X-3, X-4
512. Britton LN, Carr JE, Landaburu HJ, et al. The efficacy of non-contingent reinforcement as treatment for automatically reinforced stereotypy. *Behav Interv*. 2002 Apr-Jun;17(2):93-103. X-1, X-3
513. Broadstock M, Doughty C, Eggleston M. Systematic review of the effectiveness of pharmacological treatments for adolescents and adults with autism spectrum disorder. *Autism*. 2007;11(4):335-48. X-2
514. Brock M, Hatton D. Distinguishing features of autism in boys with Fragile X Syndrome. *J Intellect Disabil Res*. 2010 Oct;54(10):894-905. X-4
515. Brock SE. An examination of the changing rates of autism in special education. *Calif School Psychol*. 2006;11:31-40. X-1, X-2, X-4
516. Broderick AA. Autism, "recovery (to normalcy)," and the politics of hope. *Intellect Dev Disabil*. 2009 Aug;47(4):263-81. X-2, X-4
517. Broderick AA, Ne'eman A. Autism as metaphor: narrative and counter-narrative. *Int J Inclusive Educ*. 2008 Sep;12(5-6):459-76. X-2, X-4
518. 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. PMID: 12540132. X-2
519. Bromfield R. It's the tortoise's race: long-term psychodynamic psychotherapy with a high-functioning autistic adolescent. *Psychoanal Inq. Special Issue: Autistic spectrum disorders and psychoanalytic ideas: Reassessing the fit*. 2000;20(5):732-45. X-3
520. Bromley BE. Broadcasting disability: an exploration of the educational potential of a video sharing web site. *J Spec Educ Technology*. 2008;23(4):2008-9. X-4
521. 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. PMID: 19047565. X-1, X-3, X-4
522. Brookman-Frazee L. Using parent/clinician partnerships in parent education programs for children with autism. *J Posit Behav Interv*. 2004 Fal;6(4):195-213. X-1, X-3, X-4
523. Brookman-Frazee L, Baker-Ericzen M, Stahmer A, et al. Involvement of youths with autism spectrum disorders or intellectual disabilities in multiple public service systems. *J Ment Health Res Intellect Disabil*. 2009;2(3):201-19. X-4
524. Brookman-Frazee L, LaRosa A, Nyp SS, et al. Journal article reviews. *J Dev Behav Pediatr*. 2011 Apr;32(3):268. X-1, X-2, X-3
525. 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. *Clin Child Fam Psychol Rev*. 2006 Dec;9(3-4):181-200. X-2
526. Brookman-Frazee LI, Taylor R, Garland AF. Characterizing community-based mental health services for children with autism spectrum disorders and disruptive behavior problems. *J Autism Dev Disord*. 2010 Oct;40(10):1188-201. PMID: 20204690. X-1, X-3, X-4
527. Brosnan J, Healy O. A review of behavioral interventions for the treatment of aggression in individuals with developmental disabilities. *Res Dev Disabil*. 2011 Mar-Apr;32(2):437-46. X-1, X-2, X-3
528. Broun L. Take the pencil out of the process. *Teach Except Child*. 2009 Sep-Oct;42(1):14-21. X-2, X-4
529. Browder DM, Trela K, 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 Autism Dev Disabil*. 2007;22(4):206-19. X-1, X-3, X-4
530. Browder JA. Pediatric diagnosis and management of children with developmental disabilities. *J Dev Behav Pediatr*. 1983 Jun;4(2):99-102. PMID: 6192153. X-1, X-3, X-4
531. 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. *Int J Behav Consult Ther. Special Issue: Applied behavior analysis in developmental disabilities*. 2008;4(3):270-8. X-1, X-3, X-4
532. 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. PMID: 8951804. X-2

533. 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. PMID: 18481687. X-4
534. Brown J, Murray D. Strategies for enhancing play skills for children with autism spectrum disorder. *Educ Train Ment Retard Dev Disabil.* 2001 Sep;36(3):312-7. X-2
535. 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. PMID: 10738952. X-3
536. Brown KE, Miranda P. Contingency mapping: use of a novel visual support strategy as an adjunct to functional equivalence training. *J Posit Behav Interv.* 2006 Sum;8(3):155-64. X-3
537. Brown N, Panksepp J. Low-dose naltrexone for disease prevention and quality of life. *Med Hypotheses.* 2009 Mar;72(3):333-7. PMID: 19041189. X-2
538. Brown T. Right treatment, right patient? *Am J Nurs.* 2011 Jun;111(6):72. PMID: 21613926. X-1, X-2, X-3, X-4
539. 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. PMID: 3513568. X-1, X-3, X-4
540. Browne ME. Communicating with the child who has autistic spectrum disorder: a practical introduction. *Paediatr Nurs.* 2006 Feb;18(1):14-7. PMID: 16518946. X-2, X-4
541. Brownell MD. Musically adapted social stories to modify behaviors in students with autism: four case studies. *J Music Ther.* 2002 Sum;39(2):117-44. PMID: 2002-18089-002. X-1, X-3, X-4
542. Browning ER. A memory pacer for improving stimulus generalization. *J Autism Dev Disord.* 1983 Dec;13(4):427-32. PMID: 6662845. X-1, X-2, X-3, X-4
543. Brownlow C. Presenting the self: negotiating a label of autism. *J Intellect Dev Disabil.* 2010 Mar;35(1):14-21. PMID: 20121662. X-2, X-4
544. Brownlow C, O'Dell L. Challenging understandings of "theory of mind": a brief report. *Intellect Dev Disabil.* 2009 Dec;47(6):473-8. PMID: 20020803. X-2
545. Bruce SM, Vargas C. Intentional communication acts expressed by children with severe disabilities in high-rate contexts. *Augment Altern Commun.* 2007;23(4):300-11. X-3, X-4
546. 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. PMID: 17241485. X-4
547. Bruder MB. A well walked path to program efficacy: the details tell the story. *Topics Early Child Spec Educ.* 2011 Nov;31(3):158-61. X-1, X-2, X-3, X-4
548. Brudnak MA. Application of genomeceuticals to the molecular and immunological aspects of autism. *Med Hypotheses.* 2001 Aug;57(2):186-91. PMID: 11461171. X-2, X-4
549. Brudnak MA. Probiotics as an adjuvant to detoxification protocols. *Med Hypotheses.* 2002 May;58(5):382-5. PMID: 12056873. X-2, X-4
550. 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. PMID: 12056881. X-2
551. Brulotte J, Bukutu C, Vohra S. Complementary, holistic, and integrative medicine: fish oils and neurodevelopmental disorders. *Pediatr Rev.* 2009 Apr;30(4):e29-33. PMID: 19339384. X-2
552. 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. PMID: 2682347. X-3
553. 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. PMID: 3480179. X-1, X-3, X-4
554. 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. PMID: 10576489. X-4
555. Brunner DL, Seung H. Evaluation of the efficacy of communication-based treatments for autism spectrum disorders: a literature review. *Commun Disord Q.* 2009;31(1):15-41. X-2, X-4
556. Bruns DA, Gallagher EA. Having their piece of the PIIIE: promoting the communicative behaviors of young children with autism/PDD. *Young Except Child.* 2003 Win;6(2):20-7. X-1, X-3, X-4
557. Brusa E, Richman D. Developing stimulus control for occurrences of stereotypy exhibited by a child with autism. *Int J Behav Consult Ther. Special Issue: Applied behavior analysis in developmental disabilities.* 2008;4(3):264-9. X-1, X-3, X-4
558. Bryan LC, Gast DL. Teaching on-task and on-schedule behaviors to high-functioning children with autism via picture activity schedules. *J Autism Dev Disord.* 2000 Dec;30(6):553-67. X-1, X-3, X-4

559. 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. PMID: 18178597. X-2, X-4
560. Bryson SE. Brief report: epidemiology of autism. *J Autism Dev Disord*. 1996 Apr;26(2):165-67. X-1, X-2, X-3, X-4
561. Bryson SE, Koegel LK, Koegel RL, et al. Large scale dissemination and community implementation of pivotal response treatment: program description and preliminary data. *Res Pract Persons Severe Disabl*. 2007 Sum;32(2):142-53. X-1, X-4
562. Bucholz JL, Brady MP. Teaching positive work behavior with literacy-based behavioral interventions: an intervention for students and employees with developmental disabilities. *Teach Except Child*. 2008 Nov-Dec;41(2):50-5. X-2
563. 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. PMID: 11466160. X-3
564. 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. PMID: 1372231. X-4
565. Buck LA, Goldstein F, Kardeman E. Art as a means of interpersonal communication in autistic young adults. *J Psychol Christ*. 1984 Fal;3(3):73-84. X-3
566. Buck LA, Kardeman E, Goldstein F. Artistic talent in "autistic" adolescents and young adults. *Empir Stud Arts*. 1985;3(1):81-104. X-3
567. Buckley SD, 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. PMID: 15590240. X-3
568. Buckley SD, Newchok DK. An evaluation of simultaneous presentation and differential reinforcement with response cost to reduce packing. *J Appl Behav Anal*. 2005 Fall;38(3):405. X-1, X-3, X-4
569. Buckley SD, Newchok DK. Analysis and treatment of problem behavior evoked by music. *J Appl Behav Anal*. 2006 Spr;39(1):141-4. X-1, X-3
570. Buckley SD, Strunck PG, Newchok DK. A comparison of two multicomponent procedures to increase food consumption. *Behav Interv*. 2005 Apr;20(2):139-46. X-1, X-3, X-4
571. Budd KS, Hella B, Bae H, et al. Delivering parent-child interaction therapy in an urban community clinic. *Cogn Behav Pract*. 2011 Nov;18(4):502-14. X-3
572. 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. PMID: 9932240. X-3
573. Bugghey T. Video self-modeling applications with students with autism spectrum disorder in a small private school setting. *Focus Autism Dev Disabil*. 2005 Spr;20(1):52-63. X-3
574. Bugghey T. A picture is worth...: video self-modeling applications at school and home. *J Posit Behav Interv*. 2007;9(3):151-8. X-2, X-4
575. Bugghey T, Hoomes G. Using video self-modeling with preschoolers with autism spectrum disorder: seeing can be believing. *Young Except Child*. 2011 Sep;14(3):2-12. X-1, X-3, X-4
576. Bugghey T, Toombs K, Gardener P, et al. Training responding behaviors in students with autism: using videotaped self-modeling. *J Posit Behav Interv*. 1999 Fal;1(4):205-14. X-1, X-3, X-4
577. Buhagiar N. Symposium on paediatrics. Preschool autistic children: therapists' perspectives on practice. *Int J Ther Rehabil*. 2000;7(10):414-7. X-1, X-3, X-4
578. Buitelaar JK. Why have drug treatments been so disappointing? *Novartis Found Symp*. 2003;251:235-44; discussion 45-9, 81-97. PMID: 14521196. X-2, X-4
579. 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. PMID: 8866933. X-1, X-3, X-4
580. Buitelaar JK, van der Gaag RJ, 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. PMID: 9501886. X-3
581. 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. PMID: 1316288. X-2
582. 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. PMID: 1331023. X-1, X-3, X-4

583. 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. PMID: 1326339. X-3
584. 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. PMID: 2177746. X-3
585. Buitelaar JK, Willemsen-Swinkels SH. Medication treatment in subjects with autistic spectrum disorders. *Eur Child Adolesc Psychiatry*. 2000;9 Suppl 1:185-97. PMID: 11140783. X-2, X-3, X-4
586. Burd L, Fisher W, Kerbeshian J. Pervasive developmental disorders in multiply disabled children. *Rehabil Lit*. 1985 Sep-Oct;46(9-10):246-9. PMID: 4070778. X-1, X-2, X-3, X-4
587. Burd L, Gascon G, Kerbeshian J. Rett Syndrome: Case reports and management strategies. *Neurosci Biobehav Rev*. Special Issue: Tourette's syndrome and movement disorders. 1988 Fal-Win;12(3-4):283-7. X-1, X-3, X-4
588. 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. PMID: 12503645. X-3, X-4
589. Burd L, Stenehjem A, Franceschini LA, et al. A 15-year follow-up of a boy with pyridoxine (vitamin B₆)-dependent seizures with autism, breath holding, and severe mental retardation. *J Child Neurol*. 2000 Nov;15(11):763-5. X-3
590. Burgess DC, Burgess MA, 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. PMID: 16564116. X-2, X-4
591. Burke JC. Some developmental implications of a disturbance in responding to complex environmental stimuli. *Am J Ment Retard*. 1991 Jul;96(1):37-52. X-1, X-2, X-3, X-4
592. Burke JC, 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. PMID: 2347822. X-1, X-3, X-4
593. Burke LM, Kalpakjian CZ, Smith YR, et al. Gynecologic issues of adolescents with Down syndrome, autism, and cerebral palsy. *J Pediatr Adolesc Gynecol*. 2010 Feb;23(1):11-5. PMID: 19643648. X-3, X-4
594. Burke P. Listening to young people with special needs: the influence of group activities. *J Intellect Disabil*. 2005 Dec;9(4):359-76. PMID: 16330489. X-2
595. Burke RV, Andersen MN, Bowen SL, et al. Evaluation of two instruction methods to increase employment options for young adults with autism spectrum disorders. *Res Dev Disabil*. 2010 Nov-Dec;31(6):1223-33. PMID: 20800988. X-3
596. Burkhart N. Understanding and managing the autistic child in the dental office. *Dent Hyg (Chic)*. 1984 Feb;58(2):60-3. PMID: 6239794. X-1, X-2, X-3, X-4
597. Burrows KE, 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. PMID: 19228909. X-2
598. Burrows KE, Adams CL, 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. PMID: 18955467. X-1, X-3, X-4
599. Burstein ND. The effects of classroom organization on mainstreamed preschool children. *Except Child*. 1986 Feb;52(5):425-34. X-1, X-3, X-4
600. Burt DB, Fuller SP, Lewis KR. Brief report: competitive employment of adults with autism. *J Autism Dev Disord*. 1991 Jun;21(2):237-42. PMID: 1864830. X-3
601. Busch de Ahumada LC, Ahumada JL. From mimesis to agency: clinical steps in the work of psychic two-ness. *Int J Psychoanal*. 2005 Jun;86(3):721-36. X-1, X-3, X-4
602. Buschbacher P, Fox L, Clarke S. Recapturing desired family routines: a parent-professional behavioral collaboration. *Res Pract Persons Severe Disabil*. 2004 Spr;29(1):25-39. X-1, X-3, X-4
603. Buschbacher PW, Fox L. Understanding and intervening with the challenging behavior of young children with autism spectrum disorder. *Lang Speech Hear Serv Sch*. 2003 Jul;34(3):217-27. X-1, X-2, X-3, X-4
604. Buschmann A, Jooss B, Rupp A, et al. Children with developmental language delay at 24 months of age: results of a diagnostic work-up. *Dev Med Child Neurol*. 2008 Mar;50(3):223-9. X-4
605. Butler LR, Luiselli JK. Escape-maintained problem behavior in a child with autism: antecedent functional analysis and intervention evaluation of noncontingent escape and instructional fading. *J Posit Behav Interv*. 2007;9(4):195-202. X-1, X-3, X-4
606. Butter EM, Mulick JA, Metz B. Eight case reports of learning recovery in children with pervasive developmental disorders after early intervention. *Behav Interv*. 2006 Nov;21(4):227-43. X-3

607. Butter EM, Wynn J, Mulick JA. Early intervention critical to autism treatment. *Pediatr Ann.* 2003 Oct;32(10):677-84. PMID: 14606218. X-2, X-4
608. 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. PMID: 7961334. X-1, X-3, X-4
609. Caci B, D'Amico A, Cardaci M. New frontiers for psychology and education: robotics. *Psychol Rep.* 2004 Jun;94(3 Pt 2):1372-4. PMID: 15362418. X-2, X-4
610. Cafiero JM. The effect of an augmentative communication intervention on the communication, behavior, and academic program of an adolescent with autism. *Focus Autism Dev Disabil.* 2001 Fall;16(3):179-89. X-3
611. Caglayan AO. Genetic causes of syndromic and non-syndromic autism. *Dev Med Child Neurol.* 2010 Feb;52(2):130-8. X-2, X-4
612. Caicedo C, Williams SH. Risperidone improves behavior in children with autism. *J Fam Pract.* 2002 Nov;51(11):915. PMID: 12485538. X-1, X-3, X-4
613. Cain J. Teaming from three perspectives: interviews with participatory action research participants. *Kairaranga.* 2008;9 spec iss:43-5. X-1, X-3, X-4
614. 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. PMID: 15568260. X-2, X-4
615. Calarge CA, Miller del D. Predictors of risperidone and 9-hydroxyrisperidone serum concentration in children and adolescents. *J Child Adolesc Psychopharmacol.* 2011 Apr;21(2):163-9. PMID: 21486167. X-1, X-4
616. Calculator SH, Singer KM. Letter to the editor: preliminary validation of facilitated communication. *Top Lang Disord.* 1992 Nov;13(1):ix-xvi. X-3
617. Calder AJ, Lawrence AD, Keane J, et al. Reading the mind from eye gaze. *Neuropsychologia.* 2002;40(8):1129-38. PMID: 11931917. X-4,
618. 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. PMID: 19933441. X-3
619. Calhoun VD, Kiehl KA, 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. PMID: 18438867. X-2, X-4
620. Callahan K, Henson RK, Cowan AK. Social validation of evidence-based practices in autism by parents, teachers, and administrators. *J Autism Dev Disord.* 2008 Apr;38(4):678-92. X-4
621. Callahan K, Rademacher JA. Using self-management strategies to increase the on-task behavior of a student with autism. *J Posit Behav Interv.* 1999 Spr;1(2):117-22. X-1, X-3, X-4
622. Callahan K, Shukla-Mehta S, Magee S, et al. ABA versus TEACCH: the case for defining and validating comprehensive treatment models in autism. *J Autism Dev Disord.* 2010 Jan;40(1):74-88. PMID: 19649699. X-4
623. Callicott KJ. Culturally sensitive collaboration within person-centered planning. *Focus Autism Dev Disabil.* 2003 Spr;18(1):60-8. X-1, X-2, X-3, X-4
624. Campbell A, Tincani M. The power card strategy: strength-based intervention to increase direction following of children with autism spectrum disorder. *J Posit Behav Interv.* 2011 Oct;13(4):240-9. X-1, X-3, X-4
625. Campbell DB, Buie TM, Winter H, et al. Distinct genetic risk based on association of *MET* in families with co-occurring autism and gastrointestinal conditions. *Pediatrics.* 2009 Mar;123(3):1018-24. X-4
626. Campbell DG, Reichle NC, Van Bourgondien ME. The Autism Survey: an evaluation of reliability and validity. *J Autism Dev Disord.* 1996 Dec;26(6):621-34. X-1, X-3, X-4
627. Campbell JM. Efficacy of behavioral interventions for reducing problem behavior in persons with autism: a quantitative synthesis of single-subject research. *Res Dev Disabil.* 2003 Mar-Apr;24(2):120-38. X-1, X-2, X-3, X-4
628. Campbell JM. Statistical comparison of four effect sizes for single-subject designs. *Behav Modif.* 2004 Mar;28(2):234-46. PMID: 14997950. X-2, X-4
629. Campbell JM. Middle school students' response to the self-introduction of a student with autism: effects of perceived similarity, prior awareness, and educational message. *Remedial Spec Educ.* 2007 May-Jun;28(3):163-73. X-3, X-4
630. 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. PMID: 3053609. X-1, X-3, X-4
631. Campbell M, Adams P, Small AM, et al. Naltrexone in infantile autism. *Psychopharmacol Bull.* 1988;24(1):135-9. PMID: 3387517. X-1, X-3, X-4
632. 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, 16. PMID: 6145142. X-1, X-2, X-3, X-4
633. Campbell M, Anderson LT, Green WH. Behavior-disordered and aggressive children: new advances in pharmacotherapy. *J Dev Behav Pediatr.* 1983 Dec;4(4):265-71. PMID: 6582068. X-1, X-2, X-3, X-4

634. Campbell M, Anderson LT, Small AM. Pharmacotherapy in autism: a summary of research at Bellevue/New York University. *Brain Dysfunct*. 1990 Nov-Dec;3(5-6):299-307. X-1, X-3, X-4
635. 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. PMID: 8282676. X-1, X-3, X-4
636. 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. PMID: 2196621. X-1, X-3, X-4
637. 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. PMID: 7174605. X-1, X-3, X-4
638. 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. PMID: 9183140. X-1, X-3, X-4
639. Campbell M, Cohen IL, Anderson LT. Pharmacotherapy for autistic children: a summary of research. *Can J Psychiatry*. 1981 Jun;26(4):265-73. PMID: 6117366. X-1, X-2, X-3, X-4
640. 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. PMID: 3726060. X-1, X-3, X-4
641. Campbell M, Harris JC. Resolved: autistic children should have a trial of naltrexone. *J Am Acad Child Adolesc Psychiatry*. 1996 Feb;35(2):246-9; discussion 9-51. PMID: 8720635. X-1, X-2, X-3, X-4
642. Campbell M, Locascio JJ, Choroco MC, et al. Stereotypies and tardive dyskinesia: abnormal movements in autistic children. *Psychopharmacol Bull*. 1990;26(2):260-6. PMID: 2236468. X-1, X-3, X-4
643. 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. PMID: 2925573. X-1, X-3, X-4
644. Campbell M, Palij M. Behavioral and cognitive measures used in psychopharmacological studies of infantile autism. *Psychopharmacol Bull*. 1985;21(4):1047-53. PMID: 4089099. X-1, X-3, X-4
645. 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. PMID: 3804962. X-1, X-3, X-4
646. Campbell RV, Lutzker JR. Using functional equivalence training to reduce severe challenging behavior: a case study. *J Dev Phys Disabil*. 1993 Sep;5(3):203-16. X-1, X-3, X-4
647. 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. PMID: 15737706. X-3
648. Canitano R. Self injurious behavior in autism: clinical aspects and treatment with risperidone. *J Neural Transm*. 2006 Mar;113(3):425-31. PMID: 16075185. X-3
649. Cann P. Timely intervention. *Nurs Stand*. 2000 Apr 26-May 2;14(32):20. PMID: 11975289. X-2
650. 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. PMID: 2297426. X-4
651. Caplan R, Guthrie D, Komo S. Blink rate in children with attention-deficit-hyperactivity disorder. *Biol Psychiatry*. 1996 Jun;39(12):1032-8. X-1, X-3, X-4
652. 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. PMID: 18349709. X-1, X-3, X-4
653. Capp PL, de Faria ME, Siqueira SR, et al. Special care dentistry: Midazolam conscious sedation for patients with neurological diseases. *Eur J Paediatr Dent*. 2010 Dec;11(4):162-4. PMID: 21250764. X-2, X-3, X-4
654. Capute AJ, Palmer FB. A pediatric overview of the spectrum of developmental disabilities. *J Dev Behav Pediatr*. 1980 Jun;1(2):66-9. PMID: 6164696. X-1, X-2, X-3, X-4
655. Caraballo RH, Sakr D, Mozzi M, et al. Symptomatic occipital lobe epilepsy following neonatal hypoglycemia. *Pediatr Neurol*. 2004 Jul;31(1):24-9. PMID: 15246488. X-3, X-4
656. Carbone PS, Behl DD, Azor V, et al. The medical home for children with autism spectrum disorders: parent and pediatrician perspectives. *J Autism Dev Disord*. 2010 Mar;40(3):317-24. PMID: 19768528. X-4
657. Carbone PS, Farley M, Davis T. Primary care for children with autism. *Am Fam Physician*. 2010 Feb 15;81(4):453-60. PMID: 20148499. X-2, X-4
658. Carbone VJ, Sweeney-Kerwin EJ, Attanasio V, et al. Increasing the vocal responses of children with autism and developmental disabilities using manual sign mand training and prompt delay. *J Appl Behav Anal*. 2010 Winter;43(4):705-9. PMID: 21541153. X-1, X-3, X-4

659. Cardaciotto L, Herbert JD. Cognitive behavior therapy for social anxiety disorder in the context of Asperger's syndrome: a single-subject report. *Cogn Behav Pract*. 2004 Win;11(1):75-81. X-3, X-4
660. Cardon TA, Wilcox MJ. Promoting imitation in young children with autism: a comparison of reciprocal imitation training and video modeling. *J Autism Dev Disord*. 2011 May;41(5):654-66. PMID: 20697791. X-1, X-3, X-4
661. Cardon TA, Wilcox MJ, Campbell PH. Caregiver perspectives about assistive technology use with their young children with autism spectrum disorders. *Infants Young Child*. 2011 Apr-Jun;24(2):153-73. X-1, X-3, X-4
662. Cardoso C, Montenegro ML. Speech and language pathology and autistic spectrum. *Span J Psychol*. 2009 Nov;12(2):686-95. PMID: 19899669. X-3
663. 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. PMID: 12108617. X-1, X-3, X-4
664. Carlson B, McLaughlin TF, Derby KM, et al. Teaching preschool children with autism and developmental delays to write. *Electronic J Res Educ Psychol*. 2009 Apr;7(1):225-38. X-1, X-3, X-4
665. Carlson GA, Mick E. Drug-induced disinhibition in psychiatrically hospitalized children. *J Child Adolesc Psychopharmacol*. 2003 Summer;13(2):153-63. PMID: 12880509. X-2
666. Carlson JI, Luiselli JK, Slyman A, et al. Choice-making as intervention for public disrobing in children with developmental disabilities. *J Posit Behav Interv*. 2008 Apr;10(2):86-90. X-3
667. Carlson JS, Brinkman T, Majewicz-Hefley A. Medication treatment outcomes for school-aged children diagnosed with autism. *Calif School Psychol*. 2006;11:21-30. X-1, X-2, X-3, X-4
668. Carlson TS, McGeorge CR, Halvorson S. Marriage and family therapists' ability to diagnose Aspergers' syndrome: a vignette study. *Contemp Fam Ther*. 2007 Jun;29(1-2):25-37. X-4
669. Carlsson LH, Gillberg C, Lannerö E, et al. Autism: screening toddlers with CHAT in a child health care programme did not improve early identification. *Acta Paediatrica*. 2010 Dec;99(12):1897-9. X-1, X-3, X-4
670. Carminati GG, Gerber F, Baud MA, et al. Evaluating the effects of a structured program for adults with autism spectrum disorders and intellectual disabilities. *Res Autism Spectr Disord*. 2007 Jul-Sep;1(3):256-65. X-1, X-3, X-4
671. Carmody DP, Kaplan M, Gaydos AM. Spatial orientation adjustments in children with autism in Hong Kong. *Child Psychiatry Hum Dev*. 2001 Spring;31(3):233-47. PMID: 11196013. X-1, X-3, X-4
672. Carmody DP, Moreno R, Mars AE, et al. Brief report: brain activation to social words in a sedated child with autism. *J Autism Dev Disord*. 2007 Aug;37(7):1381-5. X-4
673. Carnahan C, Basham J, Musti-Rao S. A low-technology strategy for increasing engagement of students with autism and significant learning needs. *Exceptionality*. 2009 Apr;17(2):76-87. X-1, X-3, X-4
674. Carnahan C, Musti-Rao S, Bailey J. Promoting active engagement in small group learning experiences for students with autism and significant learning needs. *Educ Treat Children*. 2009 Feb;32(1):37-61. X-3
675. Carnahan CR, Hume K, Clarke L, et al. using structured work systems to promote independence and engagement for students with autism spectrum disorders. *Teach Except Child*. 2009 Mar-Apr;41(4):6-14. X-2
676. Caronna EB, Augustyn M, 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. PMID: 17404139. X-2
677. Carpenter LA, Soorya L, Halpern D. Asperger's syndrome and high-functioning autism. *Pediatr Ann*. 2009 Jan;38(1):30-5. PMID: 19213291. X-2
678. 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. PMID: 14768669. X-1, X-3, X-4
679. Carr D, 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. PMID: 17048094. X-1, X-3, X-4
680. Carr D, 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. PMID: 17006780. X-1, X-3, X-4
681. Carr D, 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. PMID: 18339093. X-1, X-3, X-4
682. Carr EG. Comment: replacing factionalism with functionalism. *J Autism Dev Disord*. 1991 Sep;21(3):277-80. X-1, X-2, X-3, X-4
683. Carr EG, Blakeley-Smith A. Classroom intervention for illness-related problem behavior in children with developmental disabilities. *Behav Modif*. 2006 Nov;30(6):901-24. PMID: 17050770. X-1, X-3, X-4
684. Carr EG, 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. PMID: 8331013. X-1, X-3, X-4

685. Carr EG, Darcy M. Setting generality of peer modeling in children with autism. *J Autism Dev Disord.* 1990 Mar;20(1):45-59. PMID: 2324055. X-1, X-3, X-4
686. Carr EG, Kemp DC. Functional equivalence of autistic leading and communicative pointing: analysis and treatment. *J Autism Dev Disord.* 1989 Dec;19(4):561-78. PMID: 2606885. X-3
687. Carr EG, Kologinsky E. Acquisition of sign language by autistic children. II: spontaneity and generalization effects. *J Appl Behav Anal.* 1983 Fall;16(3):297-314. PMID: 6643322. X-3
688. Carr EG, Kologinsky E, Leff-Simon S. Acquisition of sign language by autistic children. III: generalized descriptive phrases. *J Autism Dev Disord.* 1987 Jun;17(2):217-29. PMID: 3610996. X-3
689. Carr EG, Ladd MV, Schulte CF. Validation of the contextual assessment inventory for problem behavior. *J Posit Behav Interv.* 2008;10(2):91-104. X-4
690. Carr EG, Levin L, McConnachie G, et al. Comprehensive multisituational intervention for problem behavior in the community: long-term maintenance and social validation. *J Posit Behav Interv.* 1999 Win;1(1):5-25. X-3
691. Carr EG, Owen-DeSchryver JS. Physical illness, pain, and problem behavior in minimally verbal people with developmental disabilities. *J Autism Dev Disord.* 2007 Mar;37(3):413-24. X-4
692. Carr EG, Pridal C, Dores PA. Speech versus sign comprehension in autistic children: analysis and prediction. *J Exp Child Psychol.* 1984 Jun;37(3):587-97. PMID: 6747550. X-1, X-3
693. Carr EG, Yarbrough SC, Langdon NA. Effects of idiosyncratic stimulus variables on functional analysis outcomes. *J Appl Behav Anal.* 1997 Winter;30(4):673-86. PMID: 9433791. X-4
694. Carr JE, Dozier CL, Patel MR, et al. Treatment of automatically reinforced object mouthing with noncontingent reinforcement and response blocking: experimental analysis and social validation. *Res Dev Disabil.* 2002 Jan-Feb;23(1):37-44. X-3, X-4
695. Carré AJM, Le Grice B, Blampied NM, et al. Picture exchange communication (PECS) training for young children: does training transfer at school and to home? *Behav Change.* 2009 May;26(1):54-65. X-1, X-3, X-4
696. Carrington S, 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. PMID: 11708388. X-3, X-4
697. Carroll RA, Rapp JT, Rieck TM, et al. The effects of noncontingent reinforcement with alternative oral stimulation in the treatment of rumination. *J Dev Disab.* 2011;17(1):72-6. X-3
698. Carter AS, Messinger DS, Stone WL, et al. A randomized controlled trial of hanen's "more than words" in toddlers with early autism symptoms. *J Child Psychol Psychiatry.* 2011 Jul;52(7):741-52. X-1, X-3, X-4
699. 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. PMID: 9711485. X-4
700. 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. PMID: 15596981. X-1, X-3, X-4
701. Carter EW, Sisco LG, Chung Y-C, et al. Peer interactions of students with intellectual disabilities and/or autism: a map of the intervention literature. *Res Pract Persons Severe Disabil.* 2010 Fall-Win;35(3-4):63-79. X-1, X-2, X-3
702. Carter I. Positive and negative experiences of parents involved in online self-help groups for autism. *J Dev Disab.* 2009;15(1):44-52. X-4
703. Carter J. Looking into a distorted mirror. *J Clin Ethics.* 2003 Spring-Summer;14(1-2):95-100. PMID: 12953357. X-2
704. Carter S. Bullying of students with Asperger syndrome. *Issues Compr Pediatr Nurs.* 2009;32(3):145-54. X-4
705. Carvill S, Marston G. People with intellectual disability, sensory impairments and behaviour disorder: a case series. *J Intellect Disabil Res.* 2002;46(part 3):264-72. X-1, X-2, X-3, X-4
706. Cascade EF, Kalali AH, Feifel D. Treatment of autistic children. *Psychiatry.* 2008 Feb;5(2):35-7. X-2, X-4
707. Casella SE, Wilder DA, Neidert P, et al. The effects of response effort on safe performance by therapists at an autism treatment facility. *J Appl Behav Anal.* 2010 Win;43(4):729-34. X-1, X-3, X-4
708. Case-Smith J, 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. PMID: 18712004. X-2
709. Case-Smith J, 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. PMID: 10500857. X-1, X-3, X-4

710. Case-Smith J, Miller H. Occupational therapy with children with pervasive developmental disorders. *Am J Occup Ther.* 1999 Sep-Oct;53(5):506-13. PMID: 10500859. X-4
711. Casey BJ, Gordon CT, Mannheim GB, et al. Dysfunctional attention in autistic savants. *J Clin Exp Neuropsychol.* 1993 Nov;15(6):933-46. PMID: 8120129. X-4
712. Casey SD, Mercial CL. The use of functional communication training without additional treatment procedures in an inclusive school setting. *Behav Disord.* 2006 Nov;32(1):46-54. X-3
713. Cashin A, Sci DA, Barker P. The triad of impairment in autism revisited. *J Child Adolesc Psychiatr Nurs.* 2009 Nov;22(4):189-93. PMID: 19930299. X-1, X-2, X-3, X-4
714. 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. PMID: 17540488. X-4
715. 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. PMID: 18337276. X-4
716. Cassella MD, Sidener TM, Sidener DW, et al. Response interruption and redirection for vocal stereotypy in children with autism: a systematic replication. *J Appl Behav Anal.* 2011 Spring;44(1):169-73. PMID: 21541114. X-1, X-3, X-4
717. 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 Dev Care.* 2008 Feb;178(2):115-28. X-1, X-3, X-4
718. Castelli F. The Valley task: understanding intention from goal-directed motion in typical development and autism. *Br J Dev Psychol.* 2006;24(Part 4):655-68. X-4
719. 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. PMID: 18367994. X-4
720. Castorina LL, Negri LM. The inclusion of siblings in social skills training groups for boys with Asperger syndrome. *J Autism Dev Disord.* 2011 Jan;41(1):73-81. PMID: 20461452. X-1, X-3, X-4
721. Catania CN, Almeida D, Liu-Constant B, et al. video modeling to train staff to implement discrete-trial instruction. *J Appl Behav Anal.* 2009 Sum;42(2):387-92. X-4
722. Catlett C. Resources within "reason". *Young Except Child.* 2010;13(3):41-2. X-1, X-2, X-3, X-4
723. Cattell-Gordon D, Cattell-Gordon D. The development of an effective applied behavioral analysis program for a young child with autism: a parent's perspective. *Infants Young Child.* 1998 Jan;10(3):79-85. X-3
724. Causton-Theoharis J, Ashby C, Cosier M. Islands of loneliness: exploring social interaction through the autobiographies of individuals with autism. *Intellect Dev Disabil.* 2009 Apr;47(2):84-96. PMID: 19368487. X-4
725. 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. PMID: 10422898. X-1, X-3, X-4
726. Cecchi V. Analysis of a little girl with an autistic syndrome. *Int J Psychoanal.* 1990;71(3):403-10. X-1, X-3, X-4
727. Celiberti DA, Harris SL. Behavioral intervention for siblings of children with autism: a focus on skills to enhance play. *Behav Ther.* 1993 Fal;24(4):573-99. X-1, X-3, X-4
728. 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. PMID: 3923519. X-1, X-3, X-4
729. Cezar GG. Profile of Gabriela G. Cezar. Interview by Kristie Nybo. *BioTechniques.* 2011 May;50(5):281. PMID: 21548887. X-1, X-2, X-3, X-4
730. 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. PMID: 16287477. X-1, X-3, X-4
731. Chalfant AM, Rapee R, 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. PMID: 17171539. X-1, X-3
732. 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. PMID: 19606510. X-1, X-3, X-4
733. Chan JM, O'Reilly MF, Lang RB, et al. Evaluation of a social stories™ intervention implemented by pre-service teachers for students with autism in general education settings. *Res Autism Spectr Disord.* 2011 Apr-Jun;5(2):715-21. X-3
734. Chan JM, 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. PMID: 18816978. X-3

735. 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. PMID: 11918109. X-1, X-3, X-4
736. Chang CJ, 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. PMID: 11252081. X-4
737. Chang S, Crothers C, Lai S, et al. Pediatric neurobehavioral diseases in Nevada counties with respect to perchlorate in drinking water: an ecological inquiry. *Birth Defects Res A Clin Mol Teratol*. 2003 Oct;67(10):886-92. PMID: 14745943. X-4
738. Chaplin E, Paschos D, O'Hara J, et al. Mental ill-health and care pathways in adults with intellectual disability across different residential types. *Res Dev Disabil*. 2010 Mar-Apr;31(2):458-63. PMID: 19932596. X-1, X-3, X-4
739. Chaplin E, Tsakanikos E, Wright S, et al. Clinical psychopathology, untoward incidents and the use of restrictive procedures in adults with intellectual disability. *J Appl Res Intellect Disabil*. 2009 Mar;22(2):169-78. X-4
740. Chapman S, Fisher W, Piazza CC, et al. Functional assessment and treatment of life-threatening drug ingestion in a dually diagnosed youth. *J Appl Behav Anal*. 1993 Sum;26(2):255-6. X-3
741. Charania SM, LeBlanc LA, Sabanathan N, et al. Teaching effective hand raising to children with autism during group instruction. *J Appl Behav Anal*. 2010 Fall;43(3):493-7. PMID: 21358908. X-1, X-3, X-4
742. 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. PMID: 6833164. X-1, X-3, X-4
743. 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. PMID: 3372404. X-3
744. Charlop MH, Kurtz PF, Casey FG. Using aberrant behaviors as reinforcers for autistic children. *J Appl Behav Anal*. 1990 Summer;23(2):163-81. PMID: 2373653. X-1, X-3, X-4
745. Charlop MH, Kurtz PF, 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. PMID: 1478903. X-3
746. Charlop MH, Milstein JP. Teaching autistic children conversational speech using video modeling. *J Appl Behav Anal*. 1989 Fall;22(3):275-85. PMID: 2793634. X-3
747. Charlop MH, Schreibman L, Thibodeau MG. Increasing spontaneous verbal responding in autistic children using a time delay procedure. *J Appl Behav Anal*. 1985 Summer;18(2):155-66. PMID: 4019351. X-3
748. Charlop MH, Schreibman L, 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. PMID: 6643856. X-3
749. Charlop MH, Trasowech JE. Increasing autistic children's daily spontaneous speech. *J Appl Behav Anal*. 1991 Winter;24(4):747-61. PMID: 1797777. X-3
750. Charlop MH, 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. PMID: 3771424. X-3
751. 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. PMID: 12365736. X-3
752. Charlop-Christy MH, Carpenter MH. Modified incidental teaching sessions: a procedure for parents to increase spontaneous speech in their children with autism. *J Posit Behav Interv*. 2000 Spr;2(2):98-112. X-1, X-3, X-4
753. Charlop-Christy MH, Haymes LK. Using obsessions as reinforcers with and without mild reductive procedures to decrease inappropriate behaviors of children with autism. *J Autism Dev Disord*. 1996 Oct;26(5):527-46. X-1, X-3, X-4
754. Charlop-Christy MH, Haymes LK. Using objects of obsession as token reinforcers for children with autism. *J Autism Dev Disord*. 1998 Jun;28(3):189-98. PMID: 9656130. X-1, X-3, X-4
755. Charlop-Christy MH, Kelso SE. Teaching children with autism conversational speech using a cue card/written script program. *Educ Treat Children*. 2003 May;26(2):108-27. X-1, X-3, X-4
756. Charlop-Christy MH, Le L, Freeman KA. A comparison of video modeling with in vivo modeling for teaching children with autism. *J Autism Dev Disord*. 2000 Dec;30(6):537-52. X-3
757. Charlot L, Abend S, Ravin P, et al. Non-psychiatric health problems among psychiatric inpatients with intellectual disabilities. *J Intellect Disabil Res*. 2011 Feb;55(2):199-209. PMID: 20546095. X-1, X-4

758. Charlot L, Deutsch CK, Albert A, et al. Mood and anxiety symptoms in psychiatric inpatients with autism spectrum disorder and depression. *J Ment Health Res Intellect Disabil.* 2008;1(4):238-53. X-4
759. Charman T. Developmental approaches to understanding and treating autism. *Folia Phoniatri Logop.* 2010;62(4):166-77. PMID: 20460929. X-1, X-2, X-3, X-4
760. 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. PMID: 18055961. X-4
761. Charman T, Baron-Cohen S, Baird G, et al. Commentary: the modified checklist for autism in toddlers. *J Autism Dev Disord.* 2001 Apr;31(2):145-48. X-1, X-2, X-3, X-4
762. 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. PMID: 12846389. X-2, X-4
763. 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. PMID: 15070549. X-4
764. 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. PMID: 15845130. X-1, X-3, X-4
765. Charmsil C. Efficacy of Atomoxetine in children with severe autistic disorders and symptoms of ADHD: an open-label study. *J Atten Disord.* 2010 Aug 4 PMID 20686100. X-3
766. Chase CA. An intergenerational e-mail pal project on attitudes of college students toward older adults. *Educ Gerontol.* 2011;37(1):27-37. X-1, X-3, X-4
767. Chasson GS, Harris GE, Neely WJ. Cost comparison of early intensive behavioral intervention and special education for children with autism. *J Child Fam Stud.* 2007 Jun;16(3):401-13. X-4
768. 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. PMID: 19594835. X-1, X-3, X-4
769. Chawarska K, Shic F. Looking but not seeing: atypical visual scanning and recognition of faces in 2 and 4-year-old children with autism spectrum disorder. *J Autism Dev Disord.* 2009;39(12):1663-72. X-1, X-3, X-4
770. Chazan SE. Using the Children's Play Therapy Instrument (CPTI) to measure the development of play in simultaneous treatment: a case study. *Infant Ment Health J.* 2000 Jul;21(3):211-21. X-1, X-3, X-4
771. 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. PMID: 16776442. X-4
772. Chen CY, Chen KH, Liu CY, et al. Increased risks of congenital, neurologic, and endocrine disorders associated with autism in preschool children: cognitive ability differences. *J Pediatr.* 2009 Mar;154(3):345-50, 50 e1. PMID: 19028388. X-1, X-3, X-4
773. Chen M-C, Wu T-F, Lin Y-L, et al. The effect of different representations on reading digital text for students with cognitive disabilities. *Br J Educ Technol.* 2009 Jul;40(4):764-70. X-3
774. Chen SH, Bernard-Opitz V. Comparison of personal and computer-assisted instruction for children with autism. *Ment Retard.* 1993 Dec;31(6):368-76. PMID: 8152382. X-3
775. Chen WX, Wu-Li L, Wong VC. Electroacupuncture for children with autism spectrum disorder: pilot study of 2 cases. *J Altern Complement Med.* 2008 Oct;14(8):1057-65. PMID: 18990052. X-3
776. Cheseldine S, Manders D, McGowan C. The role of consultation clinics in services for children and young people with learning disabilities and/or autism. *Child Adolesc Ment Health.* 2005;10(3):140-2. X-1, X-3, X-4
777. Chessick RD. Self-analysis: a fool for a patient? *Psychoanal Rev.* 1990 Fall;77(3):311-40. PMID: 2126871. X-2, X-4
778. Chevallier C, Noveck I, Happe F, et al. What's in a voice? Prosody as a test case for the Theory of Mind account of autism. *Neuropsychologia.* 2011 Feb;49(3):507-17. PMID: 21134386. X-2, X-4
779. 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. PMID: 15119476. X-1, X-3, X-4
780. Chez MG, Buchanan CP. Reply to B. Rimland's "Comments on 'secretin and autism: a two-part clinical investigation'". *J Autism Dev Disord.* 2000 Apr;30(2):97-8. X-1, X-2, X-3, X-4
781. 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. PMID: 12585724. X-1, X-3, X-4

782. 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. PMID: 10832772. X-1, X-3, X-4
783. 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):83-8. X-1, X-3, X-4
784. 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. PMID: 17690064. X-1
785. 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. PMID: 16403678. X-4
786. Chi RP, Fregni F, Snyder AW. Visual memory improved by non-invasive brain stimulation. *Brain Res*. 2010 Sep 24;1353:168-75. PMID: 20682299. X-1, X-4
787. Chiang HM. Naturalistic observations of elicited expressive communication of children with autism: an analysis of teacher instructions. *Autism*. 2009 Mar;13(2):165-78. PMID: 19261686. X-4
788. Chiang I, 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. *Ther Recreation J*. 2004;38(3):261-74. X-3
789. Childress DC. Play behaviors of parents and their young children with disabilities. *Topics Early Child Spec Educ*. 2011 Aug;31(2):112-20. X-1, X-2, X-3, X-4
790. 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. PMID: 17568686. X-4
791. Choi YB, Li HL, Kassabov SR, et al. Neurexin-neurotrophin interaction mediates learning-related synaptic remodeling and long-term facilitation in aplysia. *Neuron*. 2011 May 12;70(3):468-81. PMID: 21555073. X-1, X-3, X-4
792. Chong IM, Carr JE. Failure to demonstrate the differential outcomes effect in children with autism. *Behav Interv*. 2010 Nov;25(4):339-481. X-1, X-3, X-4
793. Chouard CH, Fugain C, 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. PMID: 3839632. X-1, X-2, X-3, X-4
794. 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. PMID: 3841455. X-1, X-2, X-3, X-4
795. Christensen K, 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. PMID: 12071787. X-4
796. Christensen TJ, Ringdahl JE, Bosch JJ, et al. Constipation associated with self-injurious and aggressive behavior exhibited by a child diagnosed with autism. *Educ Treat Children*. 2009 Feb;32(1):89-103. X-3
797. Christian WP. A case study in the programming and maintenance of institutional change. *J Organ Behav Manage*. 1983 Fal-Win;5(3-4):99-153. X-4.
798. 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. PMID: 10665968. X-4
799. Christon LM, Mackintosh VH, Myers BJ. Use of complementary and alternative medicine (CAM) treatments by parents of children with autism spectrum disorders. *Res Autism Spectr Disord*. 2010 Apr-Jun;4(2):249-59. X-1, X-3, X-4
800. Chugani HT, Da Silva E, Chugani DC. Infantile spasms: III. Prognostic implications of bitemporal hypometabolism on positron emission tomography. *Ann Neurol*. 1996 May;39(5):643-9. PMID: 8619550. X-4
801. Chung BI. Brief Report: Treatment of echolalia in a girl with Rubinstein-Taybi Syndrome: functional assessment of minimizing chances to provoke echolalia. *J Autism Dev Disord*. 1998 Dec;28(6):573-78. X-1, X-3, X-4
802. 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. PMID: 16901676. X-1, X-3, X-4
803. Chung SY, Luk SL, Lee PW. A follow-up study of infantile autism in Hong Kong. *J Autism Dev Disord*. 1990 Jun;20(2):221-32. PMID: 2347821. X-1, X-3, X-4
804. 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. PMID: 18788696. X-3
805. Church CC, Coplan J. The high-functioning autistic experience: birth to preteen years. *J Pediatr Health Care*. 1995 Jan-Feb;9(1):22-9. PMID: 7745522. X-1, X-3, X-4

806. Chuthapisith J, diMambro B, Doody G. Effectiveness of a computer assisted learning (CAL) package to raise awareness of autism. *BMC Med Educ.* 2009;9:12. PMID: 19245703. X-4
807. Cicero FR, Pfadt A. Investigation of a reinforcement-based toilet training procedure for children with autism. *Res Dev Disabil.* 2002 Sep-Oct;23(5):319-31. PMID: 12401483. X-3
808. 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. PMID: 9153027. X-4
809. 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. PMID: 7746366. X-4
810. Cihak D, Fahrenkrog C, Ayres KM, et al. The use of video modeling via a video ipod and a system of least prompts to improve transitional behaviors for students with autism spectrum disorders in the general education classroom. *J Posit Behav Interv.* 2010;12(2):103-15. X-3
811. Cihak DF. Comparing pictorial and video modeling activity schedules during transitions for students with autism spectrum disorders. *Res Autism Spectr Disord.* 2011 Jan-Mar;5(1):433-41. X-3
812. Cimera RE, Burgess S. Do adults with autism benefit monetarily from working in their communities? *J Vocat Rehabil.* 2011;34(3):173-80. X-4
813. Cimera RE, Cowan RJ. The costs of services and employment outcomes achieved by adults with autism in the US. *Autism.* 2009 May;13(3):285-302. PMID: 19369389. X-4
814. Cimera RE, Wehman P, West M, et al. Do sheltered workshops enhance employment outcomes for adults with autism spectrum disorder? *Autism.* 2011 May 24. PMID 21610189. X-1, X-2, X-3
815. Cipani E, Brendlinger J, McDowell L, et al. Continuous vs. intermittent punishment: a case study. *J Dev Phys Disabil.* 1991 Jun;3(2):147-56. X-1, X-3, X-4
816. Clancy F. Sensory mystery. *Minn Med.* 2002 Nov;85(11):22-8. PMID: 12498062. X-2
817. Clancy F. Desperately seeking solutions. *Minn Med.* 2006 Mar;89(3):30-5, 51. PMID: 16669430. X-2
818. Clark E, Olympia DE, Jensen J, et al. Striving for autonomy in a contingency-governed world: another challenge for individuals with developmental disabilities. *Psychol Sch.* 2004 Jan;41(1):143-53. X-2
819. Clark KM, 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. PMID: 15669408. X-1, X-3, X-4
820. Clark M, Harris R, Jolleff N, et al. Worster-Drought syndrome: poorly recognized despite severe and persistent difficulties with feeding and speech. *Dev Med Child Neurol.* 2010 Jan;52(1):27-32. PMID: 19824895. X-4
821. Clarke J, van Amerom G. 'Surplus suffering': differences between organizational understandings of Asperger's syndrome and those people who claim the 'disorder'. *Disabil Soc.* 2007;22(7):761-76. X-1, X-3, X-4
822. Clarke JC, Thomason S. The use of an aversive smell to eliminate autistic self-stimulatory behavior. *Child Fam Behav Ther.* 1983 Fal;5(3):51-67. X-1, X-3, X-4
823. Clarke S, Dunlap G, Vaughn B. Family-centered, assessment-based intervention to improve behavior during an early morning routine. *J Posit Behav Interv.* 1999 Fal;1(4):235-41. X-1, X-3, X-4
824. Clarkson G. Creative music therapy and facilitated communication: new ways of reaching students with autism. *Prev School Failure.* 1994 Win;38(2):31-3. X-3
825. Clarkson G. The spiritual insights of a Guided Imagery and Music client with autism. *J Assoc Music Imagery.* 1998;6:87-103. X-4
826. Clifford P, Friesen S, Jardine DW. Whatever happens to him happens to us: reading coyote reading the world. *J Educ Thought.* 2001 Apr;35(1):9-26. X-1, X-2, X-3, X-4
827. 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. PMID: 17031449. X-4
828. Coakley T. State guidance documents for young children with autism spectrum disorders: content and comparison. *Infants Young Child.* 2010 Apr-Jun;23(2):145-64. X-1, X-2, X-3, X-4
829. Coben R, Myers TE. The relative efficacy of connectivity guided and symptom based EEG biofeedback for autistic disorders. *Appl Psychophysiol Biofeedback.* 2010 Mar;35(1):13-23. PMID: 19649702. X-1, X-2, X-3, X-4
830. Coben R, Padolsky I. Assessment-guided neurofeedback for autistic spectrum disorder. *J Neurother.* 2007;11(1):5-23. X-1, X-3, X-4
831. Coben R, Padolsky I. Infrared imaging and neurofeedback: initial reliability and validity. *J Neurother.* 2007;11(3):3-13. X-2
832. Cocchi R. Drug therapies for sleep troubles, hyperactivity and aggression in young adult autistics. *Ital J Intellective Impair.* 1995 Dec;8(2):169-73. X-3

833. Cocchi R. A work in progress on drug therapy of an autistic child aged three: 1. The first six months' therapy. *Ital J Intellectual Impair.* 1995 Dec;8(2):175-83. X-1, X-3, X-4
834. Cocchi R. A work in progress on drug therapy of an autistic child aged three (at first consultation): 2. The second six-months' therapy. *Ital J Intellectual Impair.* 1996 Jun;9(1):31-40, 93-102. X-1, X-3, X-4
835. Cocchi R. A work in progress on drug therapy of an autistic child aged three (at first consultation): 3. The third six-months' therapy. *Ital J Intellectual Impair.* 1996 Dec;9(2):189-96, 259-67. X-1, X-3, X-4
836. 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. PMID: 2347818. X-3
837. Coffin CM, Lowichik A, Putnam A. Lipoblastoma (LPB): a clinicopathologic and immunohistochemical analysis of 59 cases. *Am J Surg Pathol.* 2009 Nov;33(11):1705-12. PMID: 19738456. X-4
838. 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. PMID: 3170458. X-1, X-3, X-4
839. Cohen D, Jay SM. Autistic barriers in the psychoanalysis of borderline adults. *Int J Psychoanal.* 1996 Oct;77(5):913-33. X-4
840. Cohen D, Nicoulaud L, Maturana A, et al. Investigating the use of packing therapy in adolescents with catatonia: A retrospective study. *Clin Neuropsychiatry.* 2009 Feb;6(1):29-34. X-4
841. Cohen H, Amerine-Dickens M, 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. PMID: 16685181. X-1, X-3, X-4
842. Cohen IL. Criterion-related validity of the PDD Behavior Inventory. *J Autism Dev Disord.* 2003 Feb;33(1):47-53. X-4
843. Cohen IL, Campbell M, 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. PMID: 7403407. X-1, X-3, X-4
844. 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. PMID: 7204797. X-1, X-3, X-4
845. 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. PMID: 12919132. X-4
846. 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. PMID: 12708578. X-4
847. Cohen MJ. The effect of increasing the rate of clerical skill performance on challenging behavior. *J Precision Teach Celeration.* 2005;21(1):2-12. X-7
848. 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. PMID: 14744179. X-1, X-3, X-4
849. Cohen SA, Ihrig K, Lott RS, et al. Risperidone for aggression and self-injurious behavior in adults with mental retardation. *J Autism Dev Disord.* 1998 Jun;28(3):229-33. X-3
850. Cole LL. Autism in school-age children. A complex collage of development, behavior and communication. *Adv Nurse Pract.* 2008 Mar;16(3):38-47; quiz -8. PMID: 19999503. X-2
851. Cole PM, Michel MK, Teti LO. The development of emotion regulation and dysregulation: a clinical perspective. *Monogr Soc Res Child Dev.* 1994;59(2-3):73-100. PMID: 7984169. X-1, X-2, X-3, X-4
852. Coleman CL, Holmes PA. The use of noncontingent escape to reduce disruptive behaviors in children with speech delays. *J Appl Behav Anal.* 1998 Win;31(4):687-90. X-1, X-3, X-4
853. Colle L, Baron-Cohen S, Wheelwright S, et al. Narrative discourse in adults with high-functioning autism or Asperger syndrome. *J Autism Dev Disord.* 2008 Jan;38(1):28-40. PMID: 17345168. X-3, X-4
854. Collier R. Fiction dereliction. *CMAJ.* 2008 Mar 11;178(6):792. PMID: 18332395. X-2
855. 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 Autism Dev Disabil.* 2007;22(4):220-33. X-3, X-4
856. Collins MSR, Kyle R, Smith S, et al. Coping with the usual family diet: eating behaviour and food choices of children with Down's syndrome, autistic spectrum disorders or cri du chat syndrome and comparison groups of siblings. *J Learn Disabil.* 2003 Jun;7(2):137-55. X-4

857. Collins MSR, Lavery 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. *J Learn Disabil.* 2004 Dec;8(4):331-50. X-4
858. Comelli LT. The psychotherapeutic treatment of a psychotic child with marked autistic features. *Psychoanal Psychother.* 1987;3(1):11-25. X-1, X-3, X-4
859. Conderman G, Katsiyannis A. State practices in serving individuals with autism. *Focus Autism Dev Disabil.* 1996 Spr;11(1):29-36. X-1, X-3, X-4
860. 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. PMID: 11343038. X-1, X-4
861. Connor DF, McLaughlin TJ. A naturalistic study of medication reduction in a residential treatment setting. *J Child Adolesc Psychopharmacol.* 2005 Apr;15(2):302-10. PMID: 15910214. X-1, X-3, X-4
862. Connor M. Monitoring and reviewing early behavioural intervention in autism (Lovaas). *Educ Psychol Pract.* 2003 Mar;19(1):21-33. X-1, X-2, X-3, X-4
863. 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. PMID: 16417856. X-4
864. Conroy MA. Seeing the forest among the trees: when data do not speak loud enough. *J Early Interv.* 2010;32(2):99-104. X-1, X-2, X-3, X-4
865. Conroy MA, Asmus JM, Boyd BA, et al. Antecedent classroom factors and disruptive behaviors of children with autism spectrum disorders. *J Early Interv.* 2007;30(1):19-35. X-1, X-3, X-4
866. 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 Autism Dev Disabil.* 2005 Win;20(4):223-30. X-1, X-2, X-3, X-4
867. Conroy T. What is "appropriate" for school-aged children with autism? *J S C Med Assoc.* 2006 Oct;102(8):285-8. PMID: 17319246. X-2, X-4
868. 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. PMID: 16449484. X-4
869. 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. PMID: 17080273. X-4
870. 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. PMID: 11344595. X-1, X-3, X-4
871. Coo H, Ouellette-Kuntz H, Lloyd JEV, et al. Trends in autism prevalence: diagnostic substitution revisited. *J Autism Dev Disord.* 2008 Jul;38(6):1036-46. X-4
872. Cook DG. A sensory approach to the treatment and management of children with autism. *Focus Autism Other Dev Disabil.* 1990 Feb;5(6):1-19. X-1, X-3, X-4
873. 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. PMID: 1581428. X-2, X-4
874. Cook EH, Kieffer JE, Charak DA, et al. Case study: autistic disorder and post-traumatic stress disorder. *J Am Acad Child Adolesc Psychiatry.* 1993 Nov;32(6):1292-4. X-1, X-3, X-4
875. Cooley N, Cooley J. Great expectations: Using an early childhood whole language curriculum to teach 6-through 11-year-old students in a TMI classroom. *Focus Autism Other Dev Disabil.* 1994 Apr;9(1):1-18. X-1, X-3, X-4
876. Coolican J, Smith IM, Bryson SE. Brief parent training in pivotal response treatment for preschoolers with Autism. *J Child Psychol Psychiatry.* 2010 Dec;51(12):1321-30. X-1, X-3, X-4
877. Coonrod EE, Stone WL. Early concerns of parents of children with autistic and nonautistic disorders. *Inf Young Child.* 2004;17(3):258-68. X-1, X-3, X-4
878. Cooper SA, Smiley E, Allan LM, et al. Adults with intellectual disabilities: prevalence, incidence and remission of self-injurious behaviour, and related factors. *J Intellect Disabil Res.* 2009 Mar;53(3):200-16. PMID: 18444987. X-4
879. 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. PMID: 15289247. X-4
880. 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. PMID: 12876178. X-1, X-3, X-4

881. 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. PMID: 7555952. X-4
882. 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. PMID: 11824175. X-3
883. Corbett BA, Gunther JR, Comins D, et al. Brief report: Theatre as therapy for children with autism spectrum disorder. *J Autism Dev Disord*. 2011 Apr;41(4):505-11. X-3
884. 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. *Mol Psychiatry*. 2007 Mar;12(3):292-306. X-1, X-3, X-4
885. 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. PMID: 16005570. X-4
886. Corbett BA, Shickman K, 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. PMID: 17610057. X-1, X-3, X-4
887. Cordisco LK, Strain PS, Depew N. Assessment for generalization of parenting skills in home settings. *J Assoc Pers Sev Handicaps*. 1988 Fal;13(3):202-10. X-1, X-3, X-4
888. Cornish E. A balanced approach towards healthy eating in autism. *J Hum Nutr Diet*. 1998;11(6):501-9. X-1, X-3, X-4
889. 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. PMID: 12153499. X-1, X-3, X-4
890. Correia CT, Almeida JP, Santos PE, et al. Pharmacogenetics of risperidone therapy in autism: association analysis of eight candidate genes with drug efficacy and adverse drug reactions. *Pharmacogenomics J*. 2010 Oct;10(5):418-30. PMID: 19997080. X-1, X-3, X-4
891. 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. PMID: 15554768. X-1, X-3, X-4
892. Cosden M, Koegel LK, Koegel RL, et al. Strength-based assessment for children with autism spectrum disorders. *Res Pract Persons Severe Disabl*. 2006 Sum;31(2):134-43. X-2, X-4
893. 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. PMID: 19364298. X-3
894. Cospes SM, Lee GP, Peters SB, et al. Interactive Metronome training in children with attention deficit and developmental coordination disorders. *Int J Rehabil Res*. 2009 Dec;32(4):331-6. PMID: 19202457. X-4
895. 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. PMID: 12448779. X-2, X-4
896. Costa S, Resende J, Soares FO, et al. Applications of simple robots to encourage social receptiveness of adolescents with autism. *Conf Proc IEEE Eng Med Biol Soc*. 2009;2009:5072-5. PMID: 19964856. X-3
897. Costello EJ, Loeber R, Stouthamer-Loeber M. Pervasive and situational hyperactivity--confounding effect of informant: a research note. *J Child Psychol Psychiatry*. 1991 Jan;32(2):367-76. PMID: 2033114. X-4
898. 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. PMID: 19365716. X-1, X-3, X-4
899. 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. PMID: 15367153. X-2, X-4
900. 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. PMID: 7826509. X-2, X-4
901. 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. PMID: 16462549. X-4
902. Couturier JL, 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. PMID: 12427298. X-3
903. Cowan RJ, Allen KD. Using naturalistic procedures to enhance learning in individuals with autism: a focus on generalized teaching within the school setting. *Psychol Sch*. 2007 Sep;44(7):701-15. X-2
904. 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 Autism Dev Disabil*. 2009;24(1):17-26. X-3

905. Coyle C, Cole P. A videotaped self-modelling and self-monitoring treatment program to decrease off-task behaviour in children with autism. *J Intellect Dev Disabil.* 2004 Mar;29(1):3-15. X-1, X-3, X-4
906. Craddock N, Owen MJ. The Kraepelinian dichotomy - going, going... but still not gone. *Br J Psychiatry.* 2010 Feb;196(2):92-5. PMID: 20118450. X-1, X-2, X-3, X-4
907. Craig HK, Telfer AS. Hyperlexia and autism spectrum disorder: a case study of scaffolding language growth over time. *Top Lang Disord.* 2005 Oct-Dec;25(4):364-74. X-1, X-3, X-4
908. Crescentini F. The autistic syndrome and endogenous ion cyclotron resonance: state of the art. *Electromagn Biol Med.* 2007;26(4):305-9. PMID: 18097818. X-3
909. Crighton P. Vaccines need a shot in the arm. *Aust Nurs J.* 2011 May;18(10):40-1. PMID: 21667703. X-1, X-2, X-3, X-4
910. 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. PMID: 16338118. X-1, X-3, X-4
911. 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. PMID: 17015508. X-4
912. 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. *J Am Acad Child Adolesc Psychiatry.* 2007 Apr;46(4):523. X-4
913. Crooke PJ, Hendrix RE, 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. PMID: 18026829. X-3
914. 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):2171-83. X-4
915. Crosland KA, Zarcone JR, Lindauer SE, et al. Use of functional analysis methodology in the evaluation of medication effects. *J Autism Dev Disord.* 2003 Jun;33(3):271-9. X-3
916. Crossley R. Getting the words out: case studies in facilitated communication training. *Top Lang Disord.* 1992 Aug;12(4):46-59. X-3
917. Crossley R, Remington-Gurney J. Getting the words out: facilitated communication training. *Top Lang Disord.* 1992 Aug;12(4):29-45. X-1, X-2, X-3, X-4
918. Crozier S, Tincani M. Effects of social stories on prosocial behavior of preschool children with autism spectrum disorders. *J Autism Dev Disord.* 2007 Oct;37(9):1803-14. X-1, X-3, X-4
919. Crozier S, Tincani MJ. Using a modified social story to decrease disruptive behavior of a child with autism. *Focus Autism Dev Disabil.* 2005 Fall;20(3):150-7. X-1, X-3, X-4
920. Cuhadar S, Diken IH. Effectiveness of instruction performed through activity schedules on leisure skills of children with autism. *Educ Train Autism Dev Disabil.* 2011 Sep;46(3):386-9. X-1, X-3, X-4
921. Cullen L, 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. PMID: 12224834. X-2
922. Cullen LA, Barlow JH, 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. PMID: 16005835. X-3
923. Cullen-Powell LA, Barlow JH, 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. PMID: 16275663. X-3
924. Cummings AR, Carr JE. Evaluating progress in behavioral programs for children with autism spectrum disorders via continuous and discontinuous measurement. *J Appl Behav Anal.* 2009 Spring;42(1):57-71. PMID: 19721730. X-3
925. 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. PMID: 11508918. X-4
926. 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. PMID: 16371155. X-4
927. Curtis J. Patient education. *Autism. Aust Fam Physician.* 1993 Jul;22(7):1239. PMID: 8373315. X-2, X-4
928. Curtis K. An unusual case of recurrent emesis in a patient with autistic disorder. *Mental Health Asp Dev Disab.* 2005 Jan-Mar;8(1):1-4. X-3

929. Cuvo AJ, Godard A, Huckfeldt R, et al. Training children with autism spectrum disorders to be compliant with an oral assessment. *Res Autism Spectr Disord*. 2010 Oct-Dec;4(4):681-96. X-1, X-3, X-4
930. Cuvo AJ, Reagan AL, Ackerlund J, et al. Training children with autism spectrum disorders to be compliant with a physical exam. *Res Autism Spectr Disord*. 2010 Apr-Jun;4(2):168-85. X-1, X-3, X-4
931. Cuvo AJ, Vallelunga LR. A transactional systems model of autism services. *Behavior Analyst*. 2007 Fall;30(2):161-80. X-2, X-4
932. Czapanskiy KS. Chalimony: seeking equity between parents of children with disabilities and chronic illnesses. *Rev Law Soc Change*. 2010;34(2):253-98. PMID: 20722202. X-1, X-2, X-3, X-4
933. Dabrowska A, Pisula E. Parenting stress and coping styles in mothers and fathers of pre-school children with autism and Down syndrome. *J Intellect Disabil Res*. 2010;54(Part 3):266-80. X-1, X-3, X-4
934. 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. PMID: 3192667. X-3, X-4
935. Dahle KB. The clinical and educational systems: differences and similarities. *Focus Autism Dev Disabil*. 2003 Win;18(4):238-46,56. X-1, X-2, X-3, X-4
936. Dahle KB. Services to include young children with autism in the general classroom. *Early Child Educ J*. 2003 Fall;31(1):65-70. X-1, X-2, X-3, X-4
937. Dahle KB, Gargiulo RM. Understanding asperger disorder: a primer for early childhood educators. *Early Child Educ J*. 2004 Dec;32(3):199-203. X-1, X-2, X-3, X-4
938. Dahlquist LM, et al. Enhancing an autistic girl's cooperation with gynecological examinations. *Clin Pediatr (Phila)*. 1984 Apr;23(4):203. X-3
939. Dales L, Hammer SJ, Smith NJ. Time trends in autism and in MMR immunization coverage in California. *JAMA*. 2001 Mar 7;285(9):1183-5. PMID: 11231748. X-4
940. Dalldorf JS, Schopler E. Diagnosis and management of autism. *Compr Ther*. 1981 Apr;7(4):67-74. PMID: 7237988. X-1, X-2, X-3, X-4
941. Dalrymple NJ, Angrist MH. Toilet training a sixteen year old with autism in a natural setting. *J Ment Subnorm*. 1988 Jul;34(2)[67]:117-30. X-3
942. Dalrymple NJ, Ruble LA. Toilet training and behaviors of people with autism: parent views. *J Autism Dev Disord*. 1992 Jun;22(2):265-75. PMID: 1624408. X-3, X-4
943. Dalton MA. Education rights and the special needs child. *Child Adolesc Psychiatr Clin N Am*. 2002 Oct;11(4):859-68. PMID: 12397902. X-1, X-2, X-3, X-4
944. Dalton R, Bolding D, Forman MA. Psychiatric hospitalization of preschool children: a follow-up study. *Child Psychiatry Hum Dev*. 1990 Fall;21(1):57-64. PMID: 2397655. X-1, X-3, X-4
945. Dalton ST, Howell CC. Autism: psychobiological perspectives. *J Child Adolesc Psychiatr Ment Health Nurs*. 1989 Jul-Sep;2(3):92-6. PMID: 2769591. X-1, X-2, X-3, X-4
946. Dammann O. Paediatric neurology: the many faces of development. *Lancet Neurol*. 2007 Jan;6(1):12-4. PMID: 17166793. X-2
947. Daneshi A, Hassanzadeh S. Cochlear implantation in prelingually deaf persons with additional disability. *J Laryngol Otol*. 2007 Jul;121(7):635-8. PMID: 17147840. X-4
948. 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. PMID: 16160627. X-1, X-3, X-4
949. 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. PMID: 18450879. X-4
950. 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. PMID: 18053767. X-3
951. 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. PMID: 19026763. X-1, X-3
952. Danzer E, Gerdes M, D'Agostino JA, et al. Prospective, interdisciplinary follow-up of children with prenatally diagnosed giant omphalocele: short-term neurodevelopmental outcome. *J Pediatr Surg*. 2010 Apr;45(4):718-23. PMID: 20385277. X-1, X-3, X-4
953. Daoust A-M, Lusignan F-A, Braun CMJ, et al. Dream content analysis in persons with an autism spectrum disorder. *J Autism Dev Disord*. 2008 Apr;38(4):634-43. X-4
954. Dardennes RM, Al Anbar NN, Prado-Netto A, et al. Treating the cause of illness rather than the symptoms: parental causal beliefs and treatment choices in autism spectrum disorder. *Res Dev Disabil*. 2011 May-Jun;32(3):1137-46. PMID: 21316189. X-4

955. Dardennes RM, Al Anbar NN, Prado-Netto A, et al. Treating the cause of illness rather than the symptoms: Parental causal beliefs and treatment choices in autism spectrum disorder. *Res Dev Disabil*. 2011 May-Jun;32(3):1137-46. X-4
956. Darrou C, Pry R, Pernon E, et al. Outcome of young children with autism: does the amount of intervention influence developmental trajectories? *Autism*. 2010 Nov;14(6):663-77. PMID: 21149421. X-1, X-3, X-4
957. Darrow A-A, Armstrong T. Research on music and autism: implications for music educators. *Update Appl Res Music Educ*. 1999 Fall-Win;18(1):15-20. X-1, X-2, X-3, X-4
958. Dartnall NA, Holmes JP, Morgan SN, et al. Two-year control of behavioral symptoms with risperidone in two profoundly retarded adults with autism. *J Autism Dev Disord*. 1999 Feb;29(1):87-91. X-3
959. 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. *J Posit Behav Interv*. 2004;6(4):238-50. X-1, X-3, X-4
960. Dautz-Williams PA, Harrison-Elder JA, Hill SM. Media approach to family training in behavior management: two families. *Issues Compr Pediatr Nurs*. 1986;9(2):59-77. X-3
961. 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. PMID: 9544340. X-3
962. Davidovitch M, Holtzman G, Tirosch E. Autism in the Haifa area--an epidemiological perspective. *Isr Med Assoc J*. 2001 Mar;3(3):188-9. PMID: 11303376. X-4
963. Davidson J. 'It cuts both ways': a relational approach to access and accommodation for autism. *Soc Sci Med*. 2010 Jan;70(2):305-12. PMID: 19883964. X-2, X-4
964. Davidson S. Fleeting smile. *Teach Artist J*. 2006 Jan;4(4):265-6. X-1, X-2, X-3, X-4
965. Davies J. The role of the specialist for families with autistic children. *Nurs Stand*. 1996 Oct 9;11(3):36-40. PMID: 8945305. X-1, X-3, X-4
966. 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. PMID: 15257967. X-4
967. Davis CA, Brady MP, Hamilton R, et al. Effects of high-probability requests on the social interactions of young children with severe disabilities. *J Appl Behav Anal*. Special Issue: Integrating basic and applied research. 1994 Win;27(4):619-37. X-1, X-3, X-4
968. 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. PMID: 1478913. X-1, X-3, X-4
969. Davis NO, 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. PMID: 18240012. X-1, X-3, X-4
970. Davit CJ, Hundley RJ, Bacic JD, et al. A pilot study to improve venipuncture compliance in children and adolescents with autism spectrum disorders. *J Dev Behav Pediatr*. 2011 Sep;32(7):521-5. PMID: 21694630. X-1, X-3, X-4
971. Dawson G, Adams A. Imitation and social responsiveness in autistic children. *J Abnorm Child Psychol*. 1984 Jun;12(2):209-25. PMID: 6725782. X-1, X-3, X-4
972. Dawson G, Burner K. Behavioral interventions in children and adolescents with autism spectrum disorder: a review of recent findings. *Curr Opin Pediatr*. 2011 Dec;23(6):616-20. PMID: 22037220. X-1, X-2, X-3, X-4
973. Dawson G, 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. PMID: 3680151. X-3, X-4
974. Dawson G, Rogers S, Munson J, et al. Randomized, controlled trial of an intervention for toddlers with autism: the Early Start Denver Model. *Pediatrics*. 2010 Jan;125(1):e17-23. PMID: 19948568. X-1, X-3, X-4
975. Dawson G, Watling R. Interventions to facilitate auditory, visual, and motor integration in autism: a review of the evidence. *J Autism Dev Disord*. 2000 Oct;30(5):415-21. X-2
976. Dawson G, Zanolli K. Early intervention and brain plasticity in autism. *Novartis Found Symp*. 2003;251:266-74; discussion 74-80, 81-97. PMID: 14521198. X-2
977. 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. PMID: 16108984. X-1, X-3, X-4
978. De Leo G, Leroy G. An online community for teachers of children with autism to support, observe, and evaluate communication enabled with smartphones. *AMIA Annu Symp Proc*. 2008:924. PMID: 18998843. X-2, X-4
979. de Los Reyes EC. Autism and immunizations: separating fact from fiction. *Arch Neurol*. 2010 Apr;67(4):490-2. PMID: 20385917. X-1, X-2, X-3, X-4

980. De Schipper JC, Schuengel C. Attachment behaviour towards support staff in young people with intellectual disabilities: associations with challenging behaviour. *J Intellect Disabil Res.* 2010 Jul;54(7):584-96. PMID: 20492348. X-1, X-4
981. Dean AJ, McDermott BM, 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. PMID: 16583125. X-2
982. 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. PMID: 7949788. X-4
983. 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. PMID: 12580684. X-4
984. De Bortoli T, Arthur-Kelly M, Foreman P, et al. Complex contextual influences on the communicative interactions of students with multiple and severe disabilities. *Int J Speech Lang Pathol.* 2011;13(5):422-35. X-1, X-3, X-4
985. Decety J, Meyer M. From emotion resonance to empathic understanding: a social developmental neuroscience account. *Dev Psychopathol.* 2008 Fall;20(4):1053-80. PMID: 18838031. X-2, X-4
986. DeGrace BW. The everyday occupation of families with children with autism. *Am J Occup Ther.* 2004 Sep-Oct;58(5):543-50. PMID: 15481781. X-3
987. Deitchman C, Reeve SA, Reeve KF, et al. Incorporating video feedback into self-management training to promote generalization of social initiations by children with autism. *Educ Treat Children. Special Issue: Using video-based interventions with individuals with autism spectrum disorders.* 2010 Aug;33(3):475-88. X-3
988. Dejong M. Some reflections on the use of psychiatric diagnosis in the looked after or "in care" child population. *Clin Child Psychol Psychiatry.* 2010 Oct;15(4):589-99. PMID: 20923905. X-1, X-2, X-3, X-4
989. del Real A, Brabban A, Tiffin PA. Pervasive developmental disorder and early intervention in psychosis services: A survey of care coordinators' experiences. *Early Interv Psychiatry.* 2010 Feb;4(1):93-6. X-4
990. Delano M, Snell ME. The effects of social stories on the social engagement of children with autism. *J Posit Behav Interv.* 2006;8(1):29-42. X-1, X-3, X-4
991. Delano ME. Improving written language performance of adolescents with Asperger syndrome. *J Appl Behav Anal.* 2007 Summer;40(2):345-51. PMID: 17624076. X-3
992. Delano ME. Use of strategy instruction to improve the story writing skills of a student with asperger syndrome. *Focus Autism Dev Disabil.* 2007;22(4):252-8. X-1, X-3, X-4
993. Delano ME. Video modeling interventions for individuals with autism. *Remedial Spec Educ.* 2007 Jan-Feb;28(1):33-42. X-2
994. DeLeon IG, Anders BM, Rodriguez-Catter V, et al. The effects of noncontingent access to single- versus multiple-stimulus sets on self-injurious behavior. *J Appl Behav Anal. Special Issue: Establishing operations in applied behavior analysis.* 2000 Win;33(4):623-6. X-1, X-3, X-4
995. 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. PMID: 18468288. X-3
996. 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. PMID: 11800194. X-3
997. Delfs CH, Campbell JM. A quantitative synthesis of developmental disability research: the impact of functional assessment methodology on treatment effectiveness. *Behav Anal Today.* 2010;11(1):4-19. X-1, X-2, X-3, X-4
998. Delgado JAP, 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):407-34. X-3
999. DelGiudice-Asch G, Simon L, Schmeidler J, et al. A pilot open clinical trial of intravenous immunoglobulin in childhood autism. *J Autism Dev Disord.* 1999 Apr;29(2):157-60. X-1, X-3, X-4
1000. Delinicolos EK, Young RL. Joint attention, language, social relating, and stereotypical behaviours in children with autistic disorder. *Autism.* 2007 Sep;11(5):425-36. PMID: 17942456. X-4
1001. DeLong G. A positive association found between autism prevalence and childhood vaccination uptake across the U.S. population. *J Toxicol Environ Health A.* 2011 Jan;74(14):903-16. PMID: 21623535. X-1, X-3, X-4
1002. DeLong GR, Ritch CR, 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. PMID: 12418789. X-1, X-3, X-4
1003. DeLong GR, Teague LA, Kamran MM. Effects of fluoxetine treatment in young children with idiopathic autism. *Dev Med Child Neurol.* 1998 Aug;40(8):551-62. X-1, X-3, X-4

1004. 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-2, X-4
1005. DeMattei R, Cuvo A, Maurizio S. Oral assessment of children with an autism spectrum disorder. *J Dent Hyg*. 2007 Summer;81(3):65. PMID: 17908421. X-4
1006. DeMore M, Cataldo M, Tierney E, et al. Behavioral approaches to training developmentally disabled children for an overnight EEG procedure. *J Dev Phys Disabil*. 2009 Aug;21(4):245-51. X-4
1007. Dempsey AG, Llorens A, Brewton C, et al. Emotional and behavioral adjustment in typically developing siblings of children with autism spectrum disorders. *J Autism Dev Disord*. 2011 Oct 8. PMID: 21984214. X-4
1008. DeMyer MK, Hingtgen JN, Jackson RK. Infantile autism reviewed: a decade of research. *Schizophr Bull*. 1981;7(3):388-451. PMID: 6116276. X-1, X-2, X-3, X-4
1009. DeMyer W, DeMyer M. Infantile autism. *Neurol Clin*. 1984 Feb;2(1):139-52. PMID: 6503931. X-1, X-2, X-3, X-4
1010. Denkyirah AM, Agbeke WK. Strategies for transitioning preschoolers with autism spectrum disorders to kindergarten. *Early Child Educ J*. 2010 Dec;38(4):265-70. X-1, X-3, X-4
1011. 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. PMID: 10097991. X-2, X-4
1012. Deonna T, Ziegler A, Maeder M, et al. Reversible behavioural autistic-like regression: a manifestation of a special (new?) epileptic syndrome in a 28-month-old child. A 2-year longitudinal study. *Neurocase (Psychology Press)*. 1995;1(2):91-9. X-1, X-3, X-4
1013. Depositario-Cabacar DFT, Zelleke T-G. Treatment of epilepsy in children with developmental disabilities. *Dev Disabil Res Rev*. 2010;16(3):239-47. X-1, X-2, X-3
1014. DeQuinzio JA, Townsend DB, Sturme P, et al. Generalized imitation of facial models by children with autism. *J Appl Behav Anal*. 2007 Winter;40(4):755-9. PMID: 18189112. X-3
1015. Dereu M, Warreyn P, Raymaekers R, et al. Screening for autism spectrum disorders in Flemish day-care centres with the checklist for early signs of developmental disorders. *J Autism Dev Disord*. 2010 Oct;40(10):1247-58. PMID: 20198413. X-1, X-3, X-4
1016. DeRosier ME, Swick DC, Davis NO, et al. The efficacy of a social skills group intervention for improving social behaviors in children with high functioning autism spectrum disorders. *J Autism Dev Disord*. 2011 Aug;41(8):1033-43. X-1, X-3, X-4
1017. Desha L, Ziviani J, Rodger S. Play preferences and behavior of preschool children with autistic spectrum disorder in the clinical environment. *Phys Occup Ther Pediatr*. 2003;23(1):21-42. PMID: 12703383. X-1, X-3, X-4
1018. Desousa A. An open-label trial of risperidone and fluoxetine in children with autistic disorder. *Indian J Psychol Med*. 2010 Jan;32(1):17-21. PMID: 21799554. X-1
1019. 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. PMID: 14754936. X-4
1020. DeStefano F, Chen RT. Autism and measles, mumps, and rubella vaccine: no epidemiological evidence for a causal association. *J Pediatr*. 2000 Jan;136(1):125-6. PMID: 10681219. X-2, X-4
1021. 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. PMID: 18930909. X-2
1022. Dettmer S, Simpson RL, Myles BS, et al. The use of visual supports to facilitate transitions of students with autism. *Focus Autism Dev Disabil*. 2000 Fal;15(3):163-9. X-1, X-3, X-4
1023. 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. PMID: 18841508. X-1, X-3, X-4
1024. Deutsch SI. Rationale for the administration of opiate antagonists in treating infantile autism. *Am J Ment Defic*. 1986 May;90(6):631-5. PMID: 2872816. X-1, X-2, X-3, X-4
1025. Deutsch SI, 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. PMID: 2431345. X-1, X-2, X-3, X-4
1026. 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. PMID: 2870051. X-1, X-3, X-4

1027. Deutsch SI, Milstoc M, Platovsky G, et al. Cholinesterase activities in blood in infantile autism. *Biol Psychiatry*. 1987 Feb;22(2):234-6. PMID: 3814674. X-1, X-3, X-4
1028. Devlin S, Healy O, Leader G, et al. Comparison of behavioral intervention and sensory-integration therapy in the treatment of challenging behavior. *J Autism Dev Disord*. 2011 Oct;41(10):1303-20. X-3
1029. Dhossche D. Brief report: catatonia in autistic disorders. *J Autism Dev Disord*. 1998 Aug;28(4):329-31. X-3
1030. Dhossche DM, Stanfill S. Could ECT be effective in autism? *Med Hypotheses*. 2004;63(3):371-6. PMID: 15288351. X-2, X-4
1031. 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. PMID: 15319018. X-3
1032. Diamond L, Dobson L, Boucher J. Is time a problem for children with autism as well as for children with specific language impairments? *Child Lang Teach Ther*. 1998;14(2):181-98. X-1, X-3, X-4
1033. Dias GG, Prado EF, Vadasz E, et al. Evaluation of the efficacy of a dental plaque control program in autistic patients. *J Autism Dev Disord*. 2010 Jun;40(6):704-8. PMID: 20052608. X-1, X-3
1034. Dib N, Sturmey P. Reducing student stereotypy by improving teachers' implementation of discrete-trial teaching. *J Appl Behav Anal*. 2007 Summer;40(2):339-43. PMID: 17624075. X-3
1035. Dichter GS, Benning SD, Holtzclaw TN, et al. Affective modulation of the startle eyeblink and postauricular reflexes in autism spectrum disorder. *J Autism Dev Disord*. 2010 Jul;40(7):858-69. PMID: 20049632. X-4
1036. Dickinson J, Miller M. complex learning difficulties and EBD. *Emot Behav Difficulties*. 2002 Nov;7(4):197-206. X-1, X-2, X-3, X-4
1037. Dickson CA, Deutsch CK, Wang SS, et al. Matching-to-sample assessment of stimulus overselectivity in students with intellectual disabilities. *Am J Ment Retard*. 2006 Nov;111(6):447-53. PMID: 17029502. X-4
1038. Dickson CA, Wang SS, Lombard KM, et al. Overselective stimulus control in residential school students with intellectual disabilities. *Res Dev Disabil*. 2006 Nov-Dec;27(6):618-31. PMID: 16290082. X-4
1039. Dickstein D. The costs of mental illness. *J Am Acad Child Adolesc Psychiatry*. 2009 May;48(5):459-60. PMID: 19395898. X-2
1040. Dickstein DP. In this issue/abstract thinking: the new normal. *J Am Acad Child Adolesc Psychiatry*. 2010 Nov;49(11):1087-8. PMID: 20970695. X-1, X-2, X-3, X-4
1041. Diehl SF. Epilogue: autism spectrum disorder: the context of speech-language pathologist intervention. *Lang Speech Hear Serv Sch*. 2003 Jul;34(3):253-54. X-1, X-2, X-3, X-4
1042. Diehl SF. The SLP's role in collaborative assessment and intervention for children with ASD. *Top Lang Disord*. 2003 Apr-Jun;23(2):95-115. X-1, X-3, X-4
1043. Diehl SF, Ford CS, Federico J. The communication journey of a fully included child with an autism spectrum disorder. *Top Lang Disord*. 2005 Oct-Dec;25(4):375-87. X-1, X-3, X-4
1044. DiGennaro Reed FD, Reed DD, Baez CN, et al. A parametric analysis of errors of commission during discrete-trial training. *J Appl Behav Anal*. 2011 Fall;44(3):611-5. X-1, X-3, X-4
1045. DiLalla DL, Rogers SJ. Domains of the childhood autism rating scale: relevance for diagnosis and treatment. *J Autism Dev Disord*. 1994 Apr;24(2):115-28. PMID: 8040157. X-4
1046. Diler RS, Firat S, Avci A. An open-label trial of risperidone in children with autism. *Curr Ther Res Clin Exp*. 2002 Jan;63(1):91-102. X-1, X-3, X-4
1047. Dillard JW, Elliott R, Milo T, et al. Demographics and development of fifty-eight disturbed children: a retrospective analysis. *Psychology*. 1985;22(1):20-6. X-1, X-3, X-4
1048. Dillenburger K, Keenan M. None of the As in ABA stand for autism: dispelling the myths. *J Intellect Dev Disabil*. 2009 Jun;34(2):193-5. PMID: 19404840. X-2, X-4
1049. Dillenburger K, Keenan M, Gallagher S, et al. Parent education and home-based behaviour analytic intervention: An examination of parents' perceptions of outcome. *J Intellect Dev Disabil*. 2004 Jun;29(2):119-30. X-1, X-3, X-4
1050. Dillon KM, Fenlason JE, 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. PMID: 7809318. X-4
1051. Dimitropoulos A, Schultz RT. Food-related neural circuitry in Prader-Willi Syndrome: response to high-versus low-calorie foods. *J Autism Dev Disord*. 2008 Oct;38(9):1642-53. X-4

1052. Dingfelder HE, Mandell DS. Bridging the research-to-practice gap in autism intervention: an application of diffusion of innovation theory. *J Autism Dev Disord.* 2011 May;41(5):597-609. PMID: 20717714. X-1, X-2, X-3, X-4
1053. 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. *Spec Serv Schools.* 2002;18(1-2):119-31. X-1, X-3, X-4
1054. Dissanayake C, Shembrey J, Suddendorf T. Delayed video self-recognition in children with high Vo functioning autism and Asperger's disorder. *Autism.* 2010;14(5):495-508. X-1, X-3, X-4
1055. Ditterline J, Banner D, Oakland T, et al. Adaptive behavior profiles of students with disabilities. *J Appl School Psychol.* 2008 Jun;24(2):191-208. X-2, X-4
1056. Dixon M, Baker JC, Sadowski KA. Applying Skinner's anal verbal behavior to persons with dementia. *Behav Ther.* 2011 Mar;42(1):120-6. X-1, X-3, X-4
1057. Dixon MR, Cummings A. Self-control in children with autism: response allocation during delays to reinforcement. *J Appl Behav Anal.* 2001 Winter;34(4):491-5. PMID: 11800188. X-1, X-3, X-4
1058. Dixon RS, Moore DW, Hartnett N, et al. Reducing inappropriate questioning behaviour in an adolescent with autism: A case study. *Behav Change.* 1995;12(3):163-6. X-3
1059. 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. PMID: 11340785. X-1, X-3, X-4
1060. 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. PMID: 16815810. X-4
1061. Dodd JL, Ocampo A, Kennedy KS. Perspective taking through narratives: an intervention for students with asd. *Commun Disord Q.* 2011 Nov;33(1):23-33. X-1, X-3, X-4
1062. Dodds L, Spencer A, Shea S, et al. Validity of autism diagnoses using administrative health data. *Chronic Dis Can.* 2009;29(3):102-7. PMID: 19527568. X-4
1063. Doelling JE, Bryde S, Brunner J, et al. Collaborative planning for inclusion of a student with developmental disabilities. *Middle School J.* 1998 Jan;29(3):34-9. X-1, X-3, X-4
1064. 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. PMID: 17696022. X-4
1065. Doherty K, Fitzgerald M, Matthews P. Services for autism in Ireland. *Ir J Psychol.* 2000;21(1-2):50-69. X-4
1066. Dolan MA, Mace SE. Pediatric mental health emergencies in the emergency medical services system. *Pediatrics.* 2006 Oct;118(4):1764-7. PMID: 17015573. X-2, X-4
1067. Dolev S, Oppenheim D, Koren-Karie N, et al. Emotional availability in mother-child interaction: the case of children with autism spectrum disorders. *Parent Sci Pract.* 2009;9(3-4):183-97. X-1, X-3, X-4
1068. Dollfus S, Petit M, Garnier JP, et al. Catecholamines in autistic disorder: effects of amisulpride and bromocriptine in a controlled crossover study. *J Child Adolesc Psychopharmacol.* 1993 Fal;3(3):145-56. X-3
1069. 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. PMID: 1350581. X-3, X-4
1070. 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. PMID: 8255984. X-3
1071. Dolyniuk CA, Kamens MW, Corman H, et al. Students with developmental disabilities go to college: description of a collaborative transition project on a regular college campus. *Focus Autism Dev Disabil.* 2002 Win;17(4):236-41. X-3
1072. Domes G, Heinrichs M, Michel A, et al. Oxytocin improves "mind-reading" in humans. *Biol Psychiatry.* 2007 Mar 15;61(6):731-3. PMID: 17137561. X-4
1073. Donaldson AI, Heavner KS, 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. PMID: 15148195. X-3
1074. Donaldson AL, Olswang LB. Investigating requests for information in children with autism spectrum disorders: static versus dynamic assessment. *Advances in Speech Language Pathology.* 2007;9(4):297-311. X-1, X-3, X-4
1075. Donaldson JB, Zager D. Mathematics interventions for students with high functioning autism/Asperger's Syndrome. *Teach Except Child.* 2010 Jul-Aug;42(6):40-6. X-1, X-2, X-3, X-4

1076. Dong D, Wilfond B, Rimal R. Causal attributions for autistic spectrum disorders: influences on perceived personal control... Presented abstracts from the Twenty-Fourth Annual Education Conference of the National Society of Genetic Counselors (Los Angeles, California, November 2005). *J Genet Couns.* 2006;15(1):17-. X-4
1077. Donnell NE. Messages through the music: musical dialogue as a means of communicative contact. *Can J Music Ther.* 2007;13(2):74-102. X-2
1078. Donnellan AM, et al. Facilitated communication: beyond the quandary to the questions. *Top Lang Disord.* 1992 Aug;12(4):69-82. X-3
1079. 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. *J Assoc Pers Sev Handicaps.* 1985 Fal;10(3):123-31. X-1, X-2, X-3, X-4
1080. Donnelly JA, Altman R. The autistic savant: recognizing and serving the gifted student with autism. *Roeper Rev.* 1994 Jun;16(4):252-56. X-1, X-2, X-3, X-4
1081. Donoghue K, Stallard P, Kucia J. The clinical practice of Cognitive Behavioural Therapy for children and young people with a diagnosis of Asperger's Syndrome. *Clin Child Psychol Psychiatry.* 2011 Jan;16(1):89-102. PMID: 20516059. X-1, X-2, X-3, X-4
1082. Dooley P, Wilczenski FL, Torem C. Using an activity schedule to smooth school transitions. *J Posit Behav Interv.* 2001 Win;3(1):57-61. X-1, X-3, X-4
1083. Dorahy MJ, Lewis CA. Absence of dissociative disorders in Irish Journals. *Ir J Psychol Med.* 2006;23(1):38-40. X-4
1084. Dorminy KP, Luscre D, Gast DL. Teaching organizational skills to children with high functioning autism and Asperger's syndrome. *Educ Train Dev Disabil.* 2009 Dec;44(4):538-50. X-1, X-3, X-4
1085. 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. PMID: 17352947. X-1, X-3, X-4
1086. 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. PMID: 16685190. X-4
1087. Dotger BH. from know how to do now: instructional applications of simulated interactions within teacher education. *Teach Educ Prac.* 2011 Spr;24(2):132-48. X-1, X-2, X-3, X-4
1088. Dotto-Fojut KM, Reeve KF, Townsend DB, et al. Teaching adolescents with autism to describe a problem and request assistance during simulated vocational tasks. *Res Autism Spectr Disord.* 2011 Apr-Jun;5(2):826-33. X-3
1089. Douglas EM. A personalized communication wallet. *Am J Occup Ther.* 1993 Feb;47(2):179-80. PMID: 8470749. X-3
1090. Douglas P. "Problematising" inclusion: education and the question of autism. *Pedagogy Cult Soc.* 2010;18(2):105-21. X-1, X-2, X-3
1091. Dowd AM, Rinehart NJ, McGinley J. Motor function in children with autism: why is this relevant to psychologists? *Clin Psychol.* 2010 Nov;14(3):90-6. X-1, X-2, X-3, X-4
1092. Dowell LR, Mahone EM, 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. PMID: 19702410. X-4
1093. Downing JE, Morrison AP, Berecin-Rascon MA. Including elementary school students with autism and intellectual impairments in their typical classrooms: process and outcomes. *Dev Disabil Bull.* 1996;24(2):20-45. X-1, X-3, X-4
1094. Downs A, Downs RC, Johansen M, et al. Using discrete trial teaching within a public preschool program to facilitate skill development in students with developmental disabilities. *Educ Treat Children.* 2007 Aug;30(3):1-27. X-1, X-3, X-4
1095. Downs D, Schmidt B, Stephens TJ. Auditory behaviors of children and adolescents with pervasive developmental disorders. *Semin Hear.* 2005;26(4):226. X-4
1096. Doyle AE, Biederman J, Ferreira MAR, et al. suggestive linkage of the child behavior checklist juvenile bipolar disorder phenotype to 1p21, 6p21, and 8q21. *J Am Acad Child Adolesc Psychiatry.* 2010 Apr;49(4):378-87. X-1, X-3, X-4
1097. 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. PMID: 16481671. X-3
1098. Doyle T, Arnedillo-Sánchez I. Using multimedia to reveal the hidden code of everyday behaviour to children with autistic spectrum disorders (ASDs). *Comput Educ.* 2011 Feb;56(2):357-69. X-3
1099. Dozier CL, Carr JE, Enloe K, et al. Using fixed-time schedules to maintain behavior: a preliminary investigation. *J Appl Behav Anal.* 2001 Fal;34(3):337-40. X-1, X-3, X-4
1100. Dozier CL, Iwata BA, Worsdell AS. Assessment and treatment of foot-shoe fetish displayed by a man with autism. *J Appl Behav Anal.* 2011;44(1):133-7. X-3

1101. 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. PMID: 16782684. X-1, X-3, X-4
1102. Drahota A, Wood JJ, Sze KM, et al. Effects of cognitive behavioral therapy on daily living skills in children with high-functioning autism and concurrent anxiety disorders. *J Autism Dev Disord.* 2011 Mar;41(3):257-65. X-1, X-3, X-4
1103. 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. PMID: 17875603. X-4
1104. 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. PMID: 12541005. X-1, X-3, X-4
1105. 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. PMID: 17051443. X-4
1106. Dube WV, McIlvane WJ. Reduction of stimulus overselectivity with nonverbal differential observing responses. *J Appl Behav Anal.* 1999 Spring;32(1):25-33. PMID: 10201101. X-3
1107. Duchan JF. Issues raised by facilitated communication for theorizing and research on autism. *J Speech Hear Res.* 1993 Dec;36(6):1108-19. PMID: 7605401. X-2, X-4
1108. Ducharme JM, 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. PMID: 14726722. X-3
1109. Ducharme JM, Lucas H, Pontes E. Errorless embedding in the reduction of severe maladaptive behavior during interactive and learning tasks. *Behav Ther.* 1994 Sum;25(3):489-501. X-1, X-3, X-4
1110. Ducharme JM, Sanjuan E, Drain T. Errorless compliance training: Success-focused behavioral treatment of children with Asperger syndrome. *Behav Modif.* 2007 May;31(3):329-44. X-3
1111. Dudley LL, Johnson C, Barnes RS. Decreasing rumination using a starchy food satiation procedure. *Behav Interv.* 2002 Jan-Mar;17(1):21-9. X-1, X-3, X-4
1112. Dugan E, Kamps D, 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. PMID: 7601803. X-3
1113. Duggal HS, Dutta S, Sinha VK. Mood stabilizers in Asperger's syndrome. *Aust N Z J Psychiatry.* 2001 Jun;35(3):390-1. X-3
1114. Duke TS. Lesbian, gay, bisexual, and transgender youth with disabilities: a meta-synthesis. *J LGBT Youth.* 2011;8(1):1-52. X-1, X-2, X-3, X-4
1115. 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. PMID: 12365852. X-4
1116. Duker PC, et al. 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-3
1117. Duker PC, Hendriks C, Schroen J. Effect of wave frequency of clinical electric shock: pain sensation and startle response. *Behav Interv.* 2004 Apr;19(2):103-10. X-4
1118. Duker PC, Schaapveld M. Increasing on-task behaviour through interruption-prompting. *J Intellect Disabil Res.* 1996 Aug;40(4):291-7. X-3
1119. 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. PMID: 1938781. X-1, X-3, X-4
1120. Dumerc C. Continuity and discontinuity in psychotherapy. *Int J Ment Health.* 1991 Fal;20(3):57-64. X-1, X-3, X-4
1121. 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. PMID: 6707578. X-1, X-3, X-4
1122. Dunlap G, Dyer K, Koegel RL. Autistic self-stimulation and intertrial interval duration. *Am J Ment Defic.* 1983 Sep;88(2):194-202. PMID: 6638081. X-1, X-3, X-4
1123. Dunlap G, Johnson J. Increasing the independent responding of autistic children with unpredictable supervision. *J Appl Behav Anal.* 1985 Fal;18(3):227-36. X-1, X-3, X-4
1124. Dunlap G, Kern L, Worcester J. ABA and academic instruction. *Focus Autism Dev Disabil.* 2001 Sum;16(2):129-36. X-1, X-2, X-3, X-4
1125. Dunlap G, Koegel RL. Motivating autistic children through stimulus variation. *J Appl Behav Anal.* 1980 Winter;13(4):619-27. PMID: 7204282. X-1, X-3, X-4

1126. 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. PMID: 3610898. X-1, X-3
1127. Dunlap G, Newton JS, Fox L, et al. Family involvement in functional assessment and positive behavior support. *Focus Autism Dev Disabil.* 2001 Win;16(4):215-21. X-1, X-2, X-3, X-4
1128. Dunlap G, Robbins FR, Darrow MA. Parents' reports of their children's challenging behaviors: results of a statewide survey. *Ment Retard.* 1994 Jun;32(3):206-12. PMID: 8084272. X-4
1129. 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. PMID: 11300666. X-1, X-4
1130. Dunn W, Myles BS, Orr S. Sensory processing issues associated with Asperger syndrome: a preliminary investigation. *Am J Occup Ther.* 2002 Jan-Feb;56(1):97-102. PMID: 11833406. X-4
1131. Dunn W, Saiter J, Rinner L. Asperger Syndrome and sensory processing: a conceptual model and guidance for intervention planning. *Focus Autism Dev Disabil.* 2002 Fall;17(3):172-85. X-1, X-2, X-3, X-4
1132. Dunne PB. Drama therapy techniques in one-to-one treatment with disturbed children and adolescents. *Arts Psychother.* 1988 Sum;15(2):139-49. X-1, X-2, X-3, X-4
1133. 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. PMID: 11132252. X-1, X-3, X-4
1134. Dunst CJ, Trivette CM, Masiello T. Influence of the interests of children with autism on everyday learning opportunities. *Psychol Rep.* 2010 Aug;107(1):281-8. PMID: 20923073. X-1, X-3, X-4
1135. Dunst CJ, Trivette CM, Masiello T. Exploratory investigation of the effects of interest-based learning on the development of young children with autism. *Autism.* 2011 May;15(3):295-305. X-1, X-3, X-4
1136. Dunstan E, Griffiths S. Sensory strategies: practical support to empower families. *NZ J Occup Ther.* 2008;55(1):5-13. X-3
1137. Duran E. Nonsheltered vocational training for severely handicapped and severely handicapped autistic adolescents. *J Instr Psychol.* 1984 Jun;11(2):106-14. X-1
1138. 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. PMID: 4050577. X-1, X-3, X-4
1139. Duran E. Teaching janitorial skills to autistic adolescents. *Adolescence.* 1985 Spring;20(77):225-32. PMID: 3984810. X-3
1140. Durán E. Teaching nonsheltered vocational skills to autistic adolescents and young adults. *Psychology.* 1984;21(3-4):49-54. X-1, X-2, X-3, X-4
1141. Durán E. Teaching moderately and severely handicapped students of limited English proficiency to do competitive employment in nonsheltered sites. *J Instr Psychol.* 1985 Sep;12(3):127-31. X-1, X-3, X-4
1142. Durand VM. Treating sleep terrors in children with autism. *J Posit Behav Interv.* 2002 Spr;4(2):66-72. X-1, X-3, X-4
1143. Durand VM, 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. PMID: 1890046. X-3
1144. Durand VM, Carr EG. An analysis of maintenance following functional communication training. *J Appl Behav Anal.* 1992 Win;25(4):777-94. X-1, X-3, X-4
1145. Durand VM, Christodulu KV, Koegel RL. Description of a sleep-restriction program to reduce bedtime disturbances and night waking. *J Posit Behav Interv.* 2004 Spr;6(2):83-91. X-1, X-3, X-4
1146. Durand VM, Crimmins DB. Assessment and treatment of psychotic speech in an autistic child. *J Autism Dev Disord.* 1987 Mar;17(1):17-28. PMID: 3571140. X-1, X-3, X-4
1147. Durand VM, Merges E. functional communication training: a contemporary behavior analytic intervention for problem behaviors. *Focus Autism Dev Disabil.* 2001 Sum;16(2):110-19,36. X-1, X-2, X-3, X-4
1148. Dworzynski K, Ronald A, Hayiou-Thomas ME, et al. Developmental path between language and autistic-like impairments: a twin study. *Infant Child Dev.* 2008;17(2):121-36. X-1, X-3, X-4
1149. Dybvik AC. Autism and the inclusion mandate. *Educ Next.* 2004 Win;4(1):42-9. X-2, X-4
1150. Dyer K. The competition of autistic stereotyped behavior with usual and specially assessed reinforcers. *Res Dev Disabil.* 1987;8(4):607-26. X-3
1151. Dyer K. The effects of preference on spontaneous verbal requests in individuals with autism. *J Assoc Pers Sev Handicaps.* 1989 Fal;14(3):184-9. X-1, X-3, X-4
1152. Dyer K, Christian WP, Luce SC. The role of response delay in improving in the discrimination performance of autistic children. *J Appl Behav Anal.* 1982 Summer;15(2):231-40. PMID: 7118756. X-3

1153. Dyer K, Dunlap G, 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. PMID: 2074240. X-3
1154. Dyer K, et al. Training teachers to use naturalistic communication strategies in classrooms for students with autism and other severe handicaps. *Lang Speech Hear Serv Sch.* 1991 Jan;22(1):313-21. X-1, X-3, X-4
1155. Dyer K, Kneringer MJ, Luce SC. An efficient method of ensuring program quality for adults with developmental disabilities in community-based apartments. *Consult Psychol J.* 1996 Sum;48(3):171-9. X-1, X-3, X-4
1156. Dyer K, Martino GM, 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. PMID: 17050771. X-1, X-3, X-4
1157. Dyer K, Santarcangelo S, Luce SC. Developmental influences in teaching language forms to individuals with developmental disabilities. *J Speech Hear Disord.* 1987 Nov;52(4):335-47. PMID: 3669631. X-3
1158. Dykens E, Volkmar F, Glick M. Though disorder in high-functioning autistic adults. *J Autism Dev Disord.* 1991 Sep;21(3):291-301. PMID: 1938775. X-3, X-4
1159. Dymond SK, Gilson CL, Myran SP. Services for children with autism spectrum disorders: what needs to change? *J Disabil Pol Stud.* 2007;18(3):133-47. X-4
1160. Earles TL, Myles BS. Using behavioral interventions to decrease coprolalia in a student with Tourette's syndrome and autism: a case study. *Focus Autism Other Dev Disabil.* 1994 Feb;8(6):1-10. X-1, X-3, X-4
1161. Earles-Vollrath TL. Book review: teaching kids and adults with autism: building the framework for lifetime learning. *Focus Autism Dev Disabil.* 2001 Spr;16(1):64. X-1, X-2, X-3, X-4
1162. Easterbrooks SR, Handley CM. Behavior change in a student with a dual diagnosis of deafness and pervasive development disorder: a case study. *Am Ann Deaf.* 2005;150(5):401-7. X-2, X-3
1163. Eaves LC, Ho HH. School placement and academic achievement in children with autistic spectrum disorders. *J Dev Phys Disabil.* 1997 Dec;9(4):277-91. X-1, X-4
1164. Eaves LC, Ho HH. The very early identification of autism: outcome to age 4 1/2--5. *J Autism Dev Disord.* 2004 Aug;34(4):367-78. X-1, X-3, X-4
1165. Eaves LC, Ho HH. Young adult outcome of autism spectrum disorders. *J Autism Dev Disord.* 2008 Apr;38(4):739-47. X-1, X-3, X-4
1166. 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. PMID: 10200837. X-3
1167. 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. PMID: 9586777. X-3
1168. Edgerton CL. The effect of improvisational music therapy on the communicative behaviors of autistic children. *J Music Ther.* 1994 Spr;31(1):31-62. X-1, X-3, X-4
1169. Edrisinha C, O'Reilly MF, Choi HY, et al. "Say Cheese": teaching photography skills to adults with developmental disabilities. *Res Dev Disabil.* 2011 Mar-Apr;32(2):636-42. PMID: 21227636. X-3
1170. Egan CE, Barnes-Holmes D. Emergence of tacts following mand training in young children with autism. *J Appl Behav Anal.* 2009 Fall;42(3):691-6. PMID: 20190930. X-1, X-3, X-4
1171. Egan PJ, Zlomke LC, Bush BR. Utilizing functional assessment, behavioral consultation and videotape review of treatment to reduce aggression: a case study. *Spec Serv Schools.* 1993;7(1):27-37. X-1, X-3, X-4
1172. 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. PMID: 7205141. X-1, X-3, X-4
1173. Egel AL, Richman GS, Koegel RL. Normal peer models and autistic children's learning. *J Appl Behav Anal.* 1981 Spring;14(1):3-12. PMID: 7216930. X-3
1174. Eide BL, Eide FF. The mislabeled child. *New Atlantis.* 2006 Spring;12:46-59. PMID: 16832954. X-2
1175. Eikeseth S. Outcome of comprehensive psycho-educational interventions for young children with autism. *Res Dev Disabil.* 2009 Jan-Feb;30(1):158-78. PMID: 18385012. X-2
1176. 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. *Res Autism Spectr Disord.* 2009 Jan;3(1):67-73. X-1, X-3, X-4
1177. Eikeseth S, Hayward DW. The discrimination of object names and object sounds in children with autism: a procedure for teaching verbal comprehension. *J Appl Behav Anal.* 2009 Winter;42(4):807-12. PMID: 20514186. X-1, X-3, X-4

1178. Eikeseth S, Jahr E. The UCLA reading and writing program: an evaluation of the beginning stages. *Res Dev Disabil*. 2001 Jul-Aug;22(4):289-307. PMID: 11523953. X-3
1179. Eikeseth S, 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. PMID: 1487532. X-4
1180. 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. PMID: 11799654. X-1, X-3, X-4
1181. 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. PMID: 17438342. X-1, X-3, X-4
1182. 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. PMID: 12948613. X-2
1183. Eklund M, Ostman M. Belonging and doing: important factors for satisfaction with sexual relations as perceived by people with persistent mental illness. *Int J Soc Psychiatry*. 2010 Jul;56(4):336-47. PMID: 19617283. X-4
1184. 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. PMID: 2606882. X-1, X-3, X-4
1185. 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. PMID: 16735648. X-1, X-2, X-3
1186. Elder J, Kneipp S. Faculty receive million dollar NIH grants to continue their research. *Fla Nurse*. 2005 Dec;53(4):28. PMID: 16382773. X-2
1187. Elder JH. Beliefs held by parents of autistic children. *J Child Adolesc Psychiatr Nurs*. 1994 Jan-Mar;7(1):9-16. PMID: 8000776. X-2
1188. Elder JH. In-home communication intervention training for parents of multiply handicapped children. *Sch Inq Nurs Pract*. 1995 Spring;9(1):71-92; discussion 3-5. PMID: 7777745. X-3
1189. 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. PMID: 11883624. X-1, X-3, X-4
1190. Elder JH, 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, 53. PMID: 19785304. X-2
1191. 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, 81. PMID: 12593342. X-1, X-3, X-4
1192. 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. PMID: 12623686. X-1, X-3, X-4
1193. Elder LM, Caterino LC, Chao J, et al. the efficacy of social skills treatment for children with asperger syndrome. *Educ Treat Children*. 2006 Nov;29(4):635-63. X-1, X-2, X-3, X-4
1194. 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. PMID: 16477514. X-1, X-3, X-4
1195. 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;38(3):439-50. X-2
1196. Eldevik S, Hastings RP, Hughes JC, et al. Using participant data to extend the evidence base for intensive behavioral intervention for children with autism. *Am J Intellect Dev Disabil*. 2010 Sep;115(5):381-405. X-2
1197. 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. PMID: 20051523. X-4
1198. Elfert M, Mirenda P. The experiences of behavior interventionists who work with children with autism in families' homes. *Autism*. 2006 Nov;10(6):577-91. PMID: 17088274. X-4
1199. el-Ghoroury NH, Romanczyk RG. Play interactions of family members towards children with autism. *J Autism Dev Disord*. 1999 Jun;29(3):249-58. PMID: 10425587. X-4
1200. Eliasoph E, Donnellan AM. A group therapy program for individuals identified as autistic who are without speech and use facilitated communication. *Int J Group Psychother*. 1995 Oct;45(4):549-60. X-1, X-3
1201. El-Leithy S, Webb Z. A matter of distinction. *Health Serv J*. 1998 Mar 12;108(5595):32-3. PMID: 10184868. X-1, X-2, X-3, X-4
1202. Ellenberg SS. Safety considerations for new vaccine development. *Pharmacoepidemiol Drug Saf*. 2001 Aug-Sep;10(5):411-5. PMID: 11802587. X-2, X-4

1203. 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. PMID: 7814306. X-3
1204. Ellis CR, Lutz RE, Schaefer GB, et al. Physician collaboration involving students with autism spectrum disorders. *Psychol Sch.* 2007 Sep;44(7):737-47. X-2, X-4
1205. 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. *Res Dev Disabil.* 2006 Nov-Dec;27(6):585-98. X-3
1206. Emam MM, Farrell P. Tensions experienced by teachers and their views of support for pupils with autism spectrum disorders in mainstream schools. *Eur J Spec Needs Educ.* 2009 Nov;24(4):407-22. X-3, X-4
1207. Emanuel L. Facing the damage together: Some reflections arising from the treatment in psychotherapy of a severely mentally handicapped child. *J Child Psychother.* 1997 Aug;23(2):279-302. X-1, X-3, X-4
1208. Embregts P, van Nieuwenhuijzen M. Social information processing in boys with autistic spectrum disorder and mild to borderline intellectual disabilities. *J Intellect Disabil Res.* 2009;53(Part 11):922-31. X-4
1209. Emerson E, Hatton C. Mental health of children and adolescents with intellectual disabilities in Britain. *Br J Psychiatry.* 2007 Dec;191:493-9. PMID: 18055952. X-4
1210. Emond A, Emmett P, Steer C, et al. Feeding symptoms, dietary patterns, and growth in young children with autism spectrum disorders. *Pediatrics.* 2010 Aug;126(2):e337-e42. X-1, X-3, X-4
1211. English CL, 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. PMID: 14733975. X-3
1212. Engstrom I, Ekstrom L, Emilsson B. Psychosocial functioning in a group of Swedish adults with Asperger syndrome or high-functioning autism. *Autism.* 2003 Mar;7(1):99-110. PMID: 12638767. X-1, X-3, X-4
1213. Enticott PG, Kennedy HA, Zangen A, et al. Deep repetitive transcranial magnetic stimulation associated with improved social functioning in a young woman with an autism spectrum disorder. *J ECT.* 2011 Mar;27(1):41-3. X-3
1214. Enticott PG, Rinehart NJ, Tonge BJ, et al. A preliminary transcranial magnetic stimulation study of cortical inhibition and excitability in high-functioning autism and Asperger disorder. *Dev Med Child Neurol.* 2010 Aug;52(8):e179-83. PMID: 20370810. X-4
1215. Epp KM. Outcome-based evaluation of a social skills program using art therapy and group therapy for children on the autism spectrum. *Child Sch.* 2008 Jan;30(1):27-36. X-1, X-3
1216. Epperson CN, McDougle CJ, Anand A, et al. Lithium augmentation of fluvoxamine in autistic disorder: a case report. *J Child Adolesc Psychopharmacol.* 1994 Feb;4(3):201-7. X-3
1217. Epstein LJ, Taubman MT, Lovaas OI. Changes in self-stimulatory behaviors with treatment. *J Abnorm Child Psychol.* 1985 Jun;13(2):281-93. PMID: 4008756. X-3
1218. Epstein N. A residence for autistic and schizophrenic adolescents. *Soc Casework.* 1982 Apr;63(4):209-14. PMID: 10318544. X-1, X-2, X-3, X-4
1219. Erba HW. Early intervention programs for children with autism: conceptual frameworks for implementation. *Am J Orthopsychiatry.* 2000 Jan;70(1):82-94. PMID: 10702853. X-2, X-4
1220. Erdmann J. Broad collaborations bring new energy to autism therapeutics. *Chem Biol.* 2011 Feb 25;18(2):142-3. PMID: 21338911. X-1, X-2, X-3, X-4
1221. Erickson CA, Mullett JE, McDougle CJ. Open-label memantine in Fragile X Syndrome. *J Autism Dev Disord.* 2009 Dec;39(12):1629-35. X-1, X-3, X-4
1222. Erickson CA, Mullett JE, McDougle CJ. Brief report: acamprosate in Fragile X Syndrome. *J Autism Dev Disord.* 2010 Nov;40(11):1412-6. X-1, X-3, X-4
1223. 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):141-7. X-3
1224. Erickson CA, Stigler KA, Corkins MR, et al. Gastrointestinal factors in autistic disorder: a critical review. *J Autism Dev Disord.* 2005 Dec;35(6):713-27. X-2, X-4
1225. Ernst M. Commentary: considerations on the characterization and treatment of self-injurious behavior. *J Autism Dev Disord.* 2000 Oct;30(5):447-50. X-1, X-2, X-3, X-4
1226. 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. PMID: 8290669. X-4
1227. Ernst M, Magee HJ, Gonzalez NM, et al. Pimozide in autistic children. *Psychopharmacol Bull.* 1992;28(2):187-91. PMID: 1513923. X-1, X-3, X-4

1228. 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. PMID: 1720733. X-4
1229. 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. PMID: 19434487. X-1, X-3, X-4
1230. Esbenshade PH, Rosales-Ruiz J. Programming common stimuli to promote generalized question-asking: A case demonstration in a child with autism. *J Posit Behav Interv*. 2001 Fall;3(4):199-210. X-4
1231. 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. PMID: 11794416. X-1, X-3, X-4
1232. Esch BE, Carr JE. Secretin as a treatment for autism: a review of the evidence. *J Autism Dev Disord*. 2004 Oct;34(5):543-56. X-2, X-4
1233. Esch BE, Carr JE, Grow LL. Evaluation of an enhanced stimulus-stimulus pairing procedure to increase early vocalizations of children with autism. *J Appl Behav Anal*. 2009 Summer;42(2):225-41. PMID: 19949511. X-1, X-3, X-4
1234. 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. PMID: 17978772. X-3
1235. Eskes GA, Bryson SE, McCormick TA. Comprehension of concrete and abstract words in autistic children. *J Autism Dev Disord*. 1990 Mar;20(1):61-73. PMID: 2324056. X-4
1236. Eskow K, Pineles L, Summers JA. Exploring the effect of autism waiver services on family outcomes. *J Pol Prac Intellect Disabil*. 2011 Mar;8(1):28-35. X-4
1237. Esposito G, Venuti P. Understanding early communication signals in autism: a study of the perception of infants' cry. *J Intellect Disabil Res*. 2010;54(Part 3):216-23. X-1, X-3, X-4
1238. 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. PMID: 19535467. X-4
1239. Estes A, Rivera V, Bryan M, et al. Discrepancies between academic achievement and intellectual ability in higher-functioning school-aged children with autism spectrum disorder. *J Autism Dev Disord*. 2011 Aug;41(8):1044-52. X-1, X-3, X-4
1240. 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. PMID: 17963435. X-1, X-3, X-4
1241. Eto I, Bandy MD, Butterworth CE. Plasma and urinary levels of biopterin, neopterin, and related pterins and plasma levels of folate in infantile autism. *J Autism Dev Disord*. 1992 Jun;22(2):295-308. X-4
1242. Etscheidt S. An analysis of legal hearings and cases related to individualized education programs for children with autism. *Res Pract Persons Severe Disabl*. 2003 Sum;28(2):51-69. X-1, X-2, X-3, X-4
1243. 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. PMID: 12693778. X-1, X-3, X-4
1244. Evans C, Dunstan RH, Rothkirch T, et al. Altered amino acid excretion in children with autism. *Nutr Neurosci*. 2008 Feb;11(1):9-17. PMID: 18510798. X-1, X-3, X-4
1245. 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. PMID: 16447135. X-2, X-4
1246. 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. PMID: 11761204. X-4
1247. 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. PMID: 1414349. X-4
1248. Faber A, Kalverdijk LJ, de Jong-van den Berg LT, et al. Co-morbidity and patterns of care in stimulant-treated children with ADHD in the Netherlands. *Eur Child Adolesc Psychiatry*. 2010 Feb;19(2):159-66. PMID: 19894075. X-1, X-3, X-4
1249. Faber S. International adoption: A four-year-old child with unusual behaviors adopted at six months of age: Dr. Scott Faber. *J Dev Behav Pediatr*. 2003 Feb;24(1):64-5. X-1, X-3, X-4
1250. 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. PMID: 16019156. X-2, X-4
1251. Fabrizio MA, Schirmer K, King A, et al. Precision teaching a foundational motor skill to a child with autism. *J Precision Teach Celeration*. 2007;23:16-8. X-3

1252. Fabrizio MA, Schirmer K, Vu E, et al. Analog analysis of two variables related to the joint attention of a toddler with autism. *J Precision Teach Celeration*. 2003 Spr;19(1):41-4. X-1, X-3, X-4
1253. Factor DC, Perry A, Freeman N. Stress, social support, and respite care use in families with autistic children. *J Autism Dev Disord*. 1990 Mar;20(1):139-46. PMID: 2324052. X-1, X-3, X-4
1254. Fahlvik-Planefeldt C, Herrstrom P. Dental care of autistic children within the non-specialized Public Dental Service. *Swed Dent J*. 2001;25(3):113-8. PMID: 11813447. X-4
1255. 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. PMID: 18443967. X-3
1256. Falcomata TS, Roane HS, Feeney BJ, et al. Assessment and treatment of elopement maintained by access to stereotypy. *J Appl Behav Anal*. 2010 Fal;43(3):513-7. X-1, X-3, X-4
1257. Falcomata TS, Roane HS, Hovanetz AN, et al. An evaluation of response cost in the treatment of inappropriate vocalizations maintained by automatic reinforcement. *J Appl Behav Anal*. 2004 Spr;37(1):83-7. X-1, X-3
1258. Falcomata TS, Roane HS, Pabico RR. Unintentional stimulus control during the treatment of pica displayed by a young man with autism. *Res Autism Spectr Disord*. 2007 Oct-Dec;1(4):350-9. X-1, X-3, X-4
1259. Falkmer T, Anund A, Sörensen G, et al. The transport mobility situation for children with autism spectrum disorders. *Scand J Occup Ther*. 2004;11(2):90-100. X-4
1260. 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. PMID: 15607562. X-4
1261. 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. PMID: 1548248. X-3
1262. Fantuzzo JW, Smith C. Linking community-based treatment settings for a disturbed autistic child. *Educ Train Ment Retard*. 1984 Apr;19(2):102-7. X-1, X-3, X-4
1263. Fantuzzo JW, Smith CS. Programmed generalization of dress efficiency across settings for a severely disturbed, autistic child. *Psychol Rep*. 1983 Dec;53(3, Pt 1):871-9. X-1, X-3, X-4
1264. 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. PMID: 19455645. X-1, X-3, X-4
1265. Farmer C, Lecavalier L, Yu S, et al. Predictors and moderators of parent training efficacy in a sample of children with autism spectrum disorders and serious behavioral problems. *J Autism Dev Disord*. 2011 Aug 6. PMID 21822762. X-1, X-3, X-4
1266. Farmer JE, 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. PMID: 18807359. X-2
1267. Farmer S. Finding Amy's voice: a case for inclusion. *Voices from the Middle*. 1996 Nov;3(4):27-31. X-3
1268. 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. PMID: 7928794. X-3
1269. Farr W, Yuill N, Raffle H. Social benefits of a tangible user interface for children with autistic spectrum conditions. *Autism*. 2010 May;14(3):237-52. PMID: 20484323. X-1, X-3, X-4
1270. Farrington CP, Miller E, Taylor B. MMR and autism: further evidence against a causal association. *Vaccine*. 2001 Jun 14;19(27):3632-5. PMID: 11395196. X-4
1271. Farzin F, Scaggs F, Hervey C, et al. Reliability of eye tracking and pupillometry measures in individuals with Fragile X Syndrome. *J Autism Dev Disord*. 2011 Nov;41(11):1515-22. X-1, X-3, X-4
1272. 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. PMID: 9711486. X-3
1273. Fava L, Strauss K. Multi-sensory rooms: comparing effects of the Snoezelen and the Stimulus Preference environment on the behavior of adults with profound mental retardation. *Res Dev Disabil*. 2010 Jan-Feb;31(1):160-71. PMID: 19815373. X-1, X-3
1274. Fay S. Outside in: reaching in to bring kids out. *Reclaiming Child Youth*. 2008 Sum;17(2):31-4. X-1, X-2, X-3, X-4
1275. Fazlioglu Y, Baran G. A sensory integration therapy program on sensory problems for children with autism. *Percept Mot Skills*. 2008 Apr;106(2):415-22. PMID: 18556898. X-1, X-3, X-4

1276. Fecteau S, Agosta S, Oberman L, et al. Brain stimulation over Broca's area differentially modulates naming skills in neurotypical adults and individuals with Asperger's syndrome. *Eur J Neurosci*. 2011 Jul;34(1):158-64. X-3
1277. Fecteau S, Mottron L, Berthiaume C, et al. Developmental changes of autistic symptoms. *Autism*. 2003 Sep;7(3):255-68. PMID: 14516059. X-4
1278. Feinberg E, Beyer J. Creating public policy in a climate of clinical indeterminacy: Lovaas as the case example du Jour. *Infants Young Child*. 1998 Jan;10(3):54-66. X-1, X-2, X-3, X-4
1279. Feinberg E, Vacca J. The drama and trauma of creating policies on autism: critical issues to consider in the new millennium. *Focus Autism Dev Disabil*. 2000 Fall;15(3):130-37. X-1, X-2, X-3, X-4
1280. Felce D, Kerr M, 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. PMID: 19017165. X-1, X-3, X-4
1281. Feldman HM, Kolmen BK, Gonzaga AM. Naltrexone and communication skills in young children with autism. *J Am Acad Child Adolesc Psychiatry*. 1999 May;38(5):587-93. PMID: 10230191. X-1, X-3, X-4
1282. 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. *J Posit Behav Interv*. 2008;10(4):228-42. X-1, X-3, X-4
1283. Ferguson AP, McKinlay IA, Hunt A. Care of adolescents with severe learning disability from tuberous sclerosis. *Dev Med Child Neurol*. 2002 Apr;44(4):256-62. PMID: 11995894. X-4
1284. 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. PMID: 19142471. X-1, X-3, X-4
1285. Fernell E, Barnevik-Olsson M, Bågenholm G, et al. Serum levels of 25-hydroxyvitamin D in mothers of Swedish and of Somali origin who have children with and without autism. *Acta Paediatrica*. 2010 May;99(5):743-7. X-1, X-3, X-4
1286. Fernell E, Gillberg C. Autism spectrum disorder diagnoses in Stockholm preschoolers. *Res Dev Disabil*. 2010 May-Jun;31(3):680-5. PMID: 20149593. X-1, X-3, X-4
1287. Fernell E, Gillberg C, von Wendt L. Autistic symptoms in children with infantile hydrocephalus. *Acta Paediatr Scand*. 1991 Apr;80(4):451-7. PMID: 2058395. X-4
1288. Fernell E, Hedvall A, Norrelgen F, et al. Developmental profiles in preschool children with autism spectrum disorders referred for intervention. *Res Dev Disabil*. 2010 May-Jun;31(3):790-9. X-1, X-3, X-4
1289. Fernell E, Hedvall A, Westerlund J, et al. early intervention in 208 Swedish Preschoolers with autism spectrum disorder. a prospective naturalistic study. *Res Dev Disabil*. 2011 Nov-Dec;32(6):2092-101. X-1, X-3, X-4
1290. 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. PMID: 9236697. X-1, X-3, X-4
1291. Feroz-Nainar C, Roy M. Risperidone and late onset tics. *Autism*. 2006 May;10(3):302-7. PMID: 16682400. X-6
1292. Ferrara C, 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. PMID: 6927678. X-1, X-3, X-4
1293. 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. PMID: 7384356. X-1, X-3, X-4
1294. Ferrari M, 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. PMID: 7298542. X-3
1295. Ferreri SJ, Tamm L, Wier KG. Using food aversion to decrease severe pica by a child with autism. *Behav Modif*. 2006;30(4):456-71. X-1, X-3, X-4
1296. 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. PMID: 12948796. X-4
1297. Fertel-Daly D, Bedell G, 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. PMID: 12959227. X-1, X-3, X-4
1298. Fido A, 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. PMID: 18685284. X-1
1299. 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. PMID: 9229263. X-1, X-3, X-4

1300. Field T, Sanders C, Nadel J. Children with autism display more social behaviors after repeated imitation sessions. *Autism*. 2001 Sep;5(3):317-23. PMID: 11708590. X-1, X-3, X-4
1301. Fienup DM, Doepke K. Evaluation of a changing criterion intervention to increase fluent responding with an elementary age student with autism. *Int J Behav Consult Ther. Special Issue: Applied behavior analysis in developmental disabilities*. 2008;4(3):297-303. X-1, X-3, X-4
1302. Fifer WP, Byrd DL, Kaku M, et al. Newborn infants learn during sleep. *Proc Natl Acad Sci U S A*. 2010 Jun 1;107(22):10320-3. PMID: 20479232. X-1, X-3, X-4
1303. 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. PMID: 15219052. X-2
1304. Findling RL. Paediatric psychopharmacology: closing the gap between science and practice. *Expert Opin Pharmacother*. 2001 Apr;2(4):523-5. PMID: 11336602. X-2
1305. 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. PMID: 14658952. X-1, X-3, X-4
1306. 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. PMID: 9261669. X-3, X-4
1307. Findling RL, Maxwell K, Wiznitzer M. An open clinical trial of risperidone monotherapy in young children with autistic disorder. *Psychopharmacol Bull*. 1997;33(1):155-9. PMID: 9133768. X-1, X-3, X-4
1308. 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. PMID: 15319025. X-1, X-3, X-4
1309. Fine P, McGee JJ, Paden S. Autism in Nebraska: identification and treatment. *Nebr Med J*. 1981 Jun;66(6):127-9. PMID: 7242742. X-1, X-2, X-3, X-4
1310. Finegold SM. Therapy and epidemiology of autism--clostridial spores as key elements. *Med Hypotheses*. 2008;70(3):508-11. PMID: 17904761. X-2, X-4
1311. 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. PMID: 12866843. X-4
1312. Finke EH, McNaughton DB, 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. PMID: 19444682. X-4
1313. Finke EH, McNaughton DB, Drager KDR. "All children can and should have the opportunity to learn": General education teacher's perspectives on including children with autism spectrum disorder who require ACC. *Augment Altern Commun*. 2009 Jun;25(2):110-22. X-1, X-3, X-4
1314. Finnigan E, Starr E. Increasing social responsiveness in a child with autism: A comparison of music and non-music interventions. *Autism*. 2010 Jul;14(4):321-48. X-1, X-3, X-4
1315. 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. *J Appl Res Intellect Disabil*. 2008 Jan;21(1):58-69. X-2
1316. 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. PMID: 3052065. X-1, X-3, X-4
1317. Fisher M, Meyer LH. Development and social competence after two years for students enrolled in inclusive and self-contained educational programs. *Res Pract Persons Severe Disabil*. 2002 Fal;27(3):165-74. X-3
1318. Fisher N, 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. PMID: 16283087. X-1, X-3
1319. Fisher P. Experiential knowledge challenges 'normality' and individualized citizenship: towards 'another way of being'. *Disabil Soc*. 2007;22(3):283-98. X-1, X-2, X-3, X-4
1320. Fisher SM. A Case Study of an Autistic Child: A Reappraisal. *The Annual of Psychoanalysis*. 2000;28:47-61. X-3
1321. Fisher W, Burd L, Kerbeshian J. Markers for improvement in children with pervasive developmental disorders. *J Ment Defic Res*. 1988 Oct;32 (Pt 5):357-69. PMID: 3199430. X-1, X-2, X-3, X-4
1322. Fisher W, Kerbeshian J, Burd L. A treatable language disorder: pharmacological treatment of pervasive developmental disorder. *J Dev Behav Pediatr*. 1986 Apr;7(2):73-6. PMID: 3700663. X-3

1323. Fisher WW, Adelinis JD, Volkert VM, et al. Assessing preferences for positive and negative reinforcement during treatment of destructive behavior with functional communication training. *Res Dev Disabil.* 2005 Mar-Apr;26(2):153-68. X-1, X-3, X-4
1324. Fisher WW, et al. On the reinforcing effects of the content of verbal attention. *J Appl Behav Anal.* 1996 Sum;29(2):235-38. X-1, X-3, X-4
1325. Fisher WW, Lindauer SE, Alterson CJ, et al. Assessment and treatment of destructive behavior maintained by stereotypic object manipulation. *J Appl Behav Anal.* 1998 Win;31(4):513-27. X-3
1326. Fisman S, Steele M, Short J, et al. Case study: Anorexia nervosa and autistic disorder in an adolescent girl. *J Am Acad Child Adolesc Psychiatry.* 1996 Jul;35(7):937-40. X-3
1327. Fisman S, Wolf L. The handicapped child: psychological effects of parental, marital, and sibling relationships. *Psychiatr Clin North Am.* 1991 Mar;14(1):199-217. PMID: 1828565. X-2, X-4
1328. Fitzgerald PB, Herring S, Hoy K, et al. A study of the effectiveness of bilateral transcranial magnetic stimulation in the treatment of the negative symptoms of schizophrenia. *Brain Stimul.* 2008 Jan;1(1):27-32. PMID: 20633367. X-1, X-3, X-4
1329. Fitzpatrick M. The end of the road for the campaign against MMR. *Br J Gen Pract.* 2007 Aug;57(541):679. PMID: 17688775. X-2
1330. Fitzpatrick M. Treating autism appropriately. *Br J Gen Pract.* 2009 May;59(562):379. PMID: 19401028. X-2
1331. 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. PMID: 16046066. X-4
1332. Flanders SC, Engelhart L, Whitworth J, et al. The economic burden of pervasive developmental disorders in a privately insured population. *Manag Care Interface.* 2006;19(8):39-45. X-4
1333. Flannery KB, Horner RH. The relationship between predictability and problem behavior for students with severe disabilities. *J Behav Educ.* 1994 Jun;4(2):157-76. X-3
1334. Flippin M, Crais ER. The need for more effective father involvement in early autism intervention: a systematic review and recommendations. *J Early Interv.* 2011 Mar;33(1):24-50. X-2, X-3
1335. Flood WA, Lynn C, Mortensen J, et al. Behavioral assessment of an elimination diet to treat purported food sensitivity and problem behaviors in autism: a clinical case report. *Behav Ther (N Y N Y).* 2010 Sep;33(6):116-9. X-3
1336. Flores MM, Ganz JB. Effectiveness of direct instruction for teaching statement inference, use of facts, and analogies to students with developmental disabilities and reading delays. *Focus Autism Dev Disabil.* 2007 Win;22(4):244-51. X-3
1337. Floyd EF, McIntosh DE. Current practice in psychopharmacology for children and adolescents with autism spectrum disorders. *Psychol Sch.* 2009 Nov;46(9):905-9. X-2
1338. Fodstad JC, Matson JL. A comparison of feeding and mealtime problems in adults with intellectual disabilities with and without autism. *J Dev Phys Disabil.* 2008 Dec;20(6):541-50. X-1, X-3, X-4
1339. Foley BE, Staples AH. Developing augmentative and alternative communication (AAC) and literacy interventions in a supported employment setting. *Top Lang Disord.* 2003 Oct-Dec;23(4):325-43. X-3
1340. Foley SM, Butterworth J, Heller A. Vocational rehabilitation interagency activity improving supported employment for people with severe disabilities. *Focus Autism Dev Disabil.* 2000 Spr;15(1):37-42. X-1, X-3, X-4
1341. Fombonne E. Diagnostic assessment in a sample of autistic and developmentally impaired adolescents. *J Autism Dev Disord.* 1992 Dec;22(4):563-81. PMID: 1483977. X-4
1342. Fombonne E. Epidemiological surveys of autism and other pervasive developmental disorders: an update. *J Autism Dev Disord.* 2003 Aug;33(4):365-82. PMID: 12959416. X-1, X-2, X-3, X-4
1343. Fombonne E, 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. PMID: 8408369. X-4
1344. Fombonne E, Chakrabarti S. No evidence for a new variant of measles-mumps-rubella-induced autism. *Pediatrics.* 2001 Oct;108(4):E58. PMID: 11581466. X-4
1345. Fombonne E, Talan I, Bouchard F, et al. A follow-up study of childhood psychosis. *Acta Paedopsychiatr.* 1989;52(1):12-25. PMID: 2626958. X-1, X-3, X-4
1346. 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. PMID: 16818529. X-4
1347. Fong PL. Cognitive appraisals in high- and low-stress mothers of adolescents with autism. *J Consult Clin Psychol.* 1991 Jun;59(3):471-4. PMID: 2071734. X-3, X-4
1348. Fonseca VRJRM. The autistic dialogic style: a case of Asperger's syndrome. *J Child Psychother.* 2009 Dec;35(3):250-61. X-4

1349. 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):105-9. X-4
1350. Forbes F. Improving recognition and management of ADHD. *Practitioner*. 2010 Apr;254(1728):34-8, 3. PMID: 20486482. X-1, X-2, X-3, X-4
1351. Forbes J, Welbon H. Teacher/therapist collaboration: a Scottish higher education institution development. *Int J Lang Commun Disord*. 2001;36 Suppl:417-22. PMID: 11340824. X-4
1352. Ford L, et al. Facilitating desired behavior in the preschool child with autism: a case study. *Contemp Educ*. 1994 Apr;65(3):148-51. X-1, X-3, X-4
1353. Ford RM, Rees EL. Representational drawing and the transition from intellectual to visual realism in children with autism. *Br J Dev Psychol*. 2008;26(Part 2):197-219. X-4
1354. Forest EJ, Horner RH, Lewis-Palmer T, et al. Transitions for young children with autism from preschool to kindergarten. *J Posit Behav Interv*. 2004;6(2):103-12. X-1, X-2, X-3, X-4
1355. 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. PMID: 18843564. X-2
1356. 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. PMID: 17489807. X-4
1357. Forsyth R, McNally R, James P, et al. Variation at local government level in the support for families of severely disabled children and the factors that affect it. *Dev Med Child Neurol*. 2010 Nov;52(11):e259-66. PMID: 21175456. X-4
1358. Foss-Feig JH, Kwakye LD, Cascio CJ, et al. An extended multisensory temporal binding window in autism spectrum disorders. *Exp Brain Res*. 2010 Jun;203(2):381-9. PMID: 20390256. X-4
1359. Foto Özdemir D, Iğın Karabacak N, Akkaş BE, et al. Differences in cerebral blood flow following risperidone treatment in children with autistic disorder. *Türk Psikiyatri Dergisi*. 2009;20(4):1-9. X-1, X-3, X-4
1360. Fox L, Dunlap G, Philbrick LA. Providing individual supports to young children with autism and their families. *J Early Interv*. 1997 Win;21(1):1-14. X-1, X-3, X-4
1361. Fox MH, Foster CH, 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. PMID: 10948784. X-4
1362. Fox RA, Holtz CA, Moist AM. A community-based accommodation program for adults with autism and mental retardation. *Educ Train Dev Disabil*. 2009 Mar;44(1):118-26. X-1, X-3
1363. Foxtan JM, Stewart ME, Barnard L, et al. Absence of auditory 'global interference' in autism. *Brain*. 2003 Dec;126(Pt 12):2703-9. PMID: 12937074. X-4
1364. Foxx RM. Sapid effects awaiting independent replication. *Am J Ment Retard*. 1993 Jan;97(4):375-76. X-1, X-2, X-3, X-4
1365. Foxx RM, Faw GD. Long-term follow-up of echolalia and question answering. *J Appl Behav Anal*. 1990 Fal;23(3):387-96. X-3
1366. Foxx RM, Garito J. The long term successful treatment of the very severe behaviors of a preadolescent with autism. *Behav Interv. Special Issue: The treatment and assessment of the severe behavior of individuals with autism and developmental disabilities*. 2007 Feb;22(1):69-82. X-1, X-3, X-4
1367. Foxx RM, Meindl J. The long term successful treatment of the aggressive/destructive behaviors of a preadolescent with autism. *Behav Interv. Special Issue: The treatment and assessment of the severe behavior of individuals with autism and developmental disabilities*. 2007 Feb;22(1):83-97. X-3
1368. Fragala-Pinkham M, Haley SM, O'Neil ME. Group aquatic aerobic exercise for children with disabilities. *Dev Med Child Neurol*. 2008 Nov;50(11):822-7. PMID: 19046177. X-1, X-3, X-4
1369. Fragala-Pinkham MA, Haley SM, O'Neil ME. Group swimming and aquatic exercise programme for children with autism spectrum disorders: a pilot study. *Dev Neurorehabil*. 2011;14(4):230-41. PMID: 21732807. X-3, X-4
1370. Franch NJP. Transference and countertransference in the analysis of a child with autistic nuclei. *Int J Psychoanal*. 1996 Aug;77(4):773-86. X-1, X-3, X-4
1371. Francis P, Mellor D, 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. PMID: 19715250. X-4
1372. Francisco MT, Borrero JC, Sy JR. Evaluation of absolute and relative reinforcer value using progressive-ratio schedules. *J Appl Behav Anal*. 2008 Summer;41(2):189-202. PMID: 18595283. X-1, X-3, X-4
1373. 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 Autism Dev Disabil*. 2009 Sep;24(3):146-55. X-1, X-3, X-4

1374. François D, Powell S, Dautenhahn K. A long-term study of children with autism playing with a robotic pet: Taking inspirations from non-directive play therapy to encourage children's proactivity and initiative-taking. *Interact Stud. Special Issue: Robots in the wild: Exploring human-robot interaction in naturalistic environments.* 2009;10(3):324-73. X-3
1375. Francois I. Chemical & biological therapeutic approaches to neurological disorders. *Drug News Perspect.* 2010 Oct;23(8):524-31. PMID: 21031169. X-1, X-2, X-3, X-4
1376. Frankel F, Myatt R, 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. PMID: 17406973. X-1, X-3, X-4
1377. 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 Jul;40(7):827-42. PMID: 20058059. X-1, X-4
1378. Frankel FD, Gorospe CM, Chang Y-C, et al. Mothers' reports of play dates and observation of school playground behavior of children having high-functioning autism spectrum disorders. *J Child Psychol Psychiatry.* 2011 May;52(5):571-9. X-1, X-3, X-4
1379. 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. PMID: 14981523. X-4
1380. Franklin K, Mirenda P, Phillips G. Comparisons of five symbol assessment protocols with nondisabled preschoolers and learners with severe intellectual disabilities. *Augment Altern Commun.* 1996;12(2):63-77. X-1, X-3, X-4
1381. 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. PMID: 10434487. X-1, X-3, X-4
1382. Frazier TW, Youngstrom EA, Haycook T, et al. Effectiveness of medication combined with intensive behavioral intervention for reducing aggression in youth with autism spectrum disorder. *J Child Adolesc Psychopharmacol.* 2010 Jun;20(3):167-77. PMID: 20578929. X-1, X-4
1383. Frea WD. Reducing stereotypic behavior by teaching orienting responses to environmental stimuli. *J Assoc Pers Sev Handicaps.* 1997 Spr;22(1):28-35. X-3
1384. Frea WD, Arnold CL, 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. *J Posit Behav Interv.* 2001 Fal;3(4):194-8. X-1, X-3, X-4
1385. Frederickson N, Jones AP, Lang J. Inclusive provision options for pupils on the autistic spectrum. *J Res Spec Educ Needs.* 2010 Jun;10(2):63-73. X-4
1386. Frederickson N, Warren L, Turner J. "Circle of Friends"--an exploration of impact over time. *Educ Psychol Pract.* 2005 Sep;21(3):197-217. X-3
1387. Freedon I. A troll in the consulting room. *Br J Psychother.* 2002 Win;19(2):189-202. X-3
1388. Freeman BJ. Guidelines for evaluating intervention programs for children with autism. *J Autism Dev Disord.* 1997 Dec;27(6):641-51. X-1, X-2, X-3, X-4
1389. 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. PMID: 10587884. X-4
1390. Freeman BJ, Lucas JC, Forness SR, et al. Cognitive processing of high-functioning autistic children: comparing the K—ABC and the WISC—R. *J Psychoeduc Assess.* 1985 Dec;3(4):357-62. X-1, X-3, X-4
1391. Freeman BJ, Rahbar B, Ritvo ER, et al. The stability of cognitive and behavioral parameters in autism: a twelve-year prospective study. *J Am Acad Child Adolesc Psychiatry.* 1991 May;30(3):479-82. PMID: 2055886. X-4
1392. Freeman BJ, Ritvo ER. The syndrome of autism: establishing the diagnosis and principles of management. *Pediatr Ann.* 1984 Apr;13(4):284-90, 94-6. PMID: 6203089. X-1, X-2, X-3, X-4
1393. Freeman KA, Piazza CC. Combining stimulus fading, reinforcement, and extinction to treat food refusal. *J Appl Behav Anal.* 1998 Win;31(4):691-4. X-1, X-3, X-4
1394. Freeman N, Perry A. Outcomes of intensive behavioural intervention in the Toronto Preschool Autism Service. *J Dev Disab.* 2010;16(2):17-32. X-1, X-3, X-4
1395. Freeman NL, Perry A, 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. PMID: 1744190. X-4
1396. 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. *Biol Psychiatry.* 2009 Aug;66(4):316-9. X-4
1397. Friedman A, Luiselli JK. Excessive daytime sleep: Behavioral assessment and intervention in a child with autism. *Behav Modif.* 2008 Jul;32(4):548-55. X-3

1398. Fristoe M, Lloyd LL. Planning an initial expressive sign lexicon for persons with severe communication impairment. *J Speech Hear Disord*. 1980 May;45(2):170-80. PMID: 7442150. X-1, X-2, X-3, X-4
1399. Froehlich W. Making a case to continue considering treatment with selective serotonin reuptake inhibitors for children with autism spectrum disorders. *Curr Psychiatry Rep*. 2011 Jun;13(3):170-3. PMID: 21404127. INCLUDE, X-1, X-2, X-3, X-4
1400. Frye RE, Butler I, Strickland D, et al. Electroencephalogram discharges in atypical cognitive development. *J Child Neurol*. 2010 May;25(5):556-66. PMID: 20299700. X-1, X-3, X-4
1401. Fucilla R. Post-crisis intervention for individuals with autism spectrum disorder. *Reclaiming Child Youth*. 2005 Spr;14(1):44. X-2
1402. Fudenberg HH. Dialysable lymphocyte extract (DLyE) in infantile onset autism: a pilot study. *Biotherapy*. 1996;9(1-3):143-7. PMID: 8993773. X-6
1403. Fuentes CT, Mostofsky SH, Bastian AJ. Children with autism show specific handwriting impairments. *Neurology*. 2009 Nov 10;73(19):1532-7. PMID: 19901244. X-4
1404. Fugain C, Meyer B, Chabolle F, et al. Clinical results of the French multichannel cochlear implant. *Acta Otolaryngol Suppl*. 1984;411:237-46. PMID: 6596848. X-1, X-3, X-4
1405. Fujikawa-Brooks S, Isenberg AL, Osann K, et al. The effect of rate stress on the auditory brainstem response in autism: a preliminary report. *Int J Audiol*. 2010 Feb;49(2):129-40. PMID: 20151887. X-1, X-3, X-4
1406. Fujiwara T, Okuyama M, Funahashi K. Factors influencing time lag between first parental concern and first visit to child psychiatric services in children with autism spectrum disorders in Japan. *Res Autism Spectr Disord*. 2011 Jan-Mar;5(1):584-91. X-4
1407. 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. PMID: 8217888. X-1, X-3
1408. Fullerton A, Coyne P. Developing skills and concepts for self-determination in young adults with autism. *Focus Autism Dev Disabil*. 1999 Spr;14(1):42-52. X-3
1409. 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. PMID: 6643376. X-4
1410. Furneaux B. Keeping the balance right. *Spec Educ Forward Trends*. 1984 Jun;11(2):15-6. PMID: 6463757. X-1, X-2, X-3, X-4
1411. Furniss GJ. Reflections on the historical narrative of Jessica Park, an artist with autism. *Art Ther*. 2010;27(4):190-4. X-1, X-2, X-3, X-4
1412. Gabig CS. Phonological awareness and word recognition in reading by children with autism. *Commun Disord Q*. 2010;31(2):67-85. X-1, X-3, X-4
1413. 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):399-406. X-1, X-3, X-4
1414. 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. PMID: 11777257. X-1, X-3, X-4
1415. Gadberry AL. A survey of the use of aided augmentative and alternative communication during music therapy sessions with persons with autism spectrum disorders. *J Music Ther*. 2011 Spring;48(1):74-89. PMID: 21866714. X-1, X-3, X-4
1416. Gadow KD, DeVincent CJ, Schneider J. Comparative study of children with ADHD only, autism spectrum disorder + ADHD, and chronic multiple tic disorder + ADHD. *J Atten Disord*. 2009;12(5):474-85. X-4
1417. Gadow KD, Sprafkin J, Nolan EE. DSM-IV Symptoms in community and clinic preschool children. *J Am Acad Child Adolesc Psychiatry*. 2001 Dec;40(12):1383-92. PMID: 11765283. X-4
1418. 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. PMID: 14600495. X-4
1419. Gage NM, Siegel B, 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. PMID: 12935917. X-4
1420. 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. PMID: 15142390. X-1, X-3, X-4
1421. 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. PMID: 3410815. X-1, X-3, X-4

1422. Gal E, Dyck MJ, Passmore A. Relationships between stereotyped movements and sensory processing disorders in children with and without developmental or sensory disorders. *Am J Occup Ther.* 2010 May-Jun;64(3):453-61. PMID: 20608276. X-4
1423. Gale CM, Eikeseth S, Rudrud E. Functional assessment and behavioural intervention for eating difficulties in children with autism: a study conducted in the natural environment using parents and ABA tutors as therapists. *J Autism Dev Disord.* 2011 Oct;41(10):1383-96. X-3
1424. Gale S, Ozonoff S, Lainhart J. Brief report: pitocin induction in autistic and nonautistic individuals. *J Autism Dev Disord.* 2003 Apr;33(2):205-08. X-1, X-3, X-4
1425. Galiatsatos GT, Graff RB. Combining descriptive and functional analyses to assess and treat screaming. *Behav Interv.* 2003 Apr;18(2):123-38. X-3
1426. Galinat K, Barcalow K, Krivda B. Caring for children with autism in the school setting. *J Sch Nurs.* 2005;21(4):208-17. X-1, X-2, X-3, X-4
1427. 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. PMID: 17884748. X-4
1428. Gallagher CM, Goodman MS. Hepatitis B vaccination of male neonates and autism diagnosis, NHIS 1997-2002. *J Toxicol Environ Health A.* 2010 Jan;73(24):1665-77. PMID: 21058170. X-1, X-3, X-4
1429. 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. PMID: 15570717. X-1, X-3, X-4
1430. Gallate J, Chi R, Ellwood S, et al. Reducing false memories by magnetic pulse stimulation. *Neurosci Lett.* 2009 Jan 16;449(3):151-4. PMID: 19022348. X-4
1431. Gallese V, Eagle MN, Migone P. Intentional attunement: mirror neurons and the neural underpinnings of interpersonal relations. *J Am Psychoanal Assoc.* 2007 Winter;55(1):131-76. PMID: 17432495. X-2, X-4
1432. Galletly SA, Knight BA. Differential disadvantage of anglophone weak readers due to english orthographic complexity and cognitive processing weakness. *Australasian J Spec Educ.* 2011 Jul;35(1):72-96. X-1, X-2, X-3, X-4
1433. 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. *Eur J Psychiatr.* 2004;18(Suppl):106-14. X-3
1434. Galli-Carminati G, Deriaz N, 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. PMID: 19452292. X-3
1435. Gallo MT. The little alien: links between mind and body in parent-infant psychotherapy. *J Child Psychother.* 1997 Aug;23(2):201-18. X-1, X-3, X-4
1436. Gallucci G, Hackerman F, Schmidt CW. Gender identity disorder in an adult male with Asperger's syndrome. *Sex Disabil.* 2005 Mar;23(1):35-40. X-1, X-3, X-4
1437. Gandhi S, Rubinstein I, Tsueshita T, et al. Secretin self-assembles and interacts spontaneously with phospholipids in vitro. *Peptides.* 2002 Jan;23(1):201-4. PMID: 11814635. X-1, X-3, X-4
1438. Gantman A, Kapp SK, Orenski K, et al. Social skills training for young adults with high-functioning autism spectrum disorders: a randomized controlled pilot study. *J Autism Dev Disord.* 2011 Sep 14. PMID 21915740. X-3
1439. Ganz JB. Using visual script interventions to address communication skills. *Teach Except Child.* 2007 Nov-Dec;40(2):54-8. X-2, X-4
1440. Ganz JB, Bourgeois BC, Flores MM, et al. Implementing visually cued imitation training with children with autism spectrum disorders and developmental delays. *J Posit Behav Interv.* 2008;10(1):56-66. X-1, X-3, X-4
1441. Ganz JB, Earles-Vollrath TL, Cook KE. Video modeling: a visually based intervention for children with autism spectrum disorder. *Teach Except Child.* 2011 Jul-Aug;43(6):8-19. X-1, X-2, X-3, X-4
1442. Ganz JB, Flores MM. The effectiveness of direct instruction for teaching language to children with autism spectrum disorders: identifying materials. *J Autism Dev Disord.* 2009 Jan;39(1):75-83. X-1, X-3, X-4
1443. Ganz JB, Flores MM. Implementing visual cues for young children with autism spectrum disorders and their classmates. *young children.* 2010 May;65(3):78-83. X-1, X-2, X-3, X-4
1444. Ganz JB, Flores MM. Supporting the play of preschoolers with autism spectrum disorders: implementation of visual scripts. *Young Except Child.* 2010;13(2):58-70. X-2
1445. 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 Autism Dev Disabil.* 2008 Jun;23(2):79-94. X-1, X-3, X-4
1446. Ganz JB, Lashley E, Rispoli MJ. Non-responsiveness to intervention: children with autism spectrum disorders who do not rapidly respond to communication interventions. *Dev Neurorehabil.* 2010;13(6):399-407. PMID: 21034281. X-1, X-3, X-4

1447. Ganz JB, Sigafoos J. Self-monitoring: are young adults with MR and autism able to utilize cognitive strategies independently? *Educ Train Dev Disabil.* 2005 Mar;40(1):24-33. X-3
1448. Ganz JB, Sigafoos J, Simpson RL, et al. Generalization of a pictorial alternative communication system across instructors and distance. *Augment Altern Commun.* 2008;24(2):89-99. X-1, X-3, X-4
1449. Ganz JB, 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. PMID: 15449515. X-1, X-3, X-4
1450. Ganz ML. The lifetime distribution of the incremental societal costs of autism. *Arch Pediatr Adolesc Med.* 2007 Apr;161(4):343-9. PMID: 17404130. X-4
1451. Garcia-Perez RM, Hobson RP, Lee A. Narrative role-taking in autism. *J Autism Dev Disord.* 2008 Jan;38(1):156-68. PMID: 17447130. X-4
1452. Garfinkle AN, Schwartz IS. Peer imitation: increasing social interactions in children with autism and other developmental disabilities in inclusive preschool classrooms. *Topics Early Child Spec Educ.* 2002 Spr;22(1):26-38. X-1, X-3, X-4
1453. Gargaro BA, Rinehart NJ, Bradshaw JL, et al. Autism and ADHD: how far have we come in the comorbidity debate? *Neurosci Biobehav Rev.* 2011 Apr;35(5):1081-8. PMID: 21093480. X-1, X-2, X-3, X-4
1454. Garrison-Harrell L, Kamps D, Kravits T. The effects of peer networks on social-communicative behaviors for students with autism. *Focus Autism Dev Disabil.* 1997 Win;12(4):241-54. X-1, X-3, X-4
1455. 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. PMID: 16030506. X-1, X-3, X-4
1456. Garstang J, 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. PMID: 16919138. X-3
1457. Gastaut H, Zifkin B, 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. PMID: 3654490. X-3
1458. 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. PMID: 19564306. X-4
1459. Geier D, Geier MR. Neurodevelopmental disorders following thimerosal-containing childhood immunizations: a follow-up analysis. *Int J Toxicol.* 2004 Nov-Dec;23(6):369-76. PMID: 15764492. X-4
1460. Geier DA, 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. PMID: 14976450. X-4
1461. Geier DA, 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. PMID: 15165669. X-4
1462. Geier DA, 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. PMID: 17187010. X-3
1463. Geier DA, Geier MR. Early downward trends in neurodevelopmental disorders following removal of thimerosal-containing vaccines. *J Am Physicians Surg.* 2006;11(1):8-13. X-1, X-3, X-4
1464. Geier DA, 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. PMID: 17984958. X-4
1465. Geier DA, Geier MR. A prospective study of mercury toxicity biomarkers in autistic spectrum disorders. *J Toxicol Environ Health A.* 2007 Oct;70(20):1723-30. PMID: 17885929. X-4
1466. Geier DA, Kern JK, Davis G, et al. A prospective double-blind, randomized clinical trial of levocarnitine to treat autism spectrum disorders. *Med Sci Monit.* 2011 Jun;17(6):PI15-23. PMID: 21629200. X-1, X-3, X-4
1467. Geier MR, 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. PMID: 15780490. X-2, X-4
1468. Geller E. An investigation of communication breakdowns and repairs in verbal autistic children. *Br J Dev Disabil.* 1998;44 Part 2(87):71-85. X-3, X-4
1469. 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. *Int J Psychol.* 2006 Dec;41(6):541-54. X-1, X-3, X-4

1470. Gena A, Couloura S, 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. PMID: 16163569. X-1, X-3, X-4
1471. 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. PMID: 8926222. X-3
1472. Gena A, Kymissis E. Assessing and setting goals for the attending and communicative behavior of three preschoolers with autism in inclusive kindergarten settings. *J Dev Phys Disabil.* 2001 Mar;13(1):11-26. X-1, X-3, X-4
1473. 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. PMID: 18026891. X-1
1474. Genuis SJ. Is autism reversible? *Acta Paediatr.* 2009 Oct;98(10):1575-8. PMID: 19843021. X-2
1475. Gerber F, Baud MA, Giroud M, et al. Quality of life of adults with pervasive developmental disorders and intellectual disabilities. *J Autism Dev Disord.* 2008 Oct;38(9):1654-65. PMID: 18266098. X-1
1476. Gerber F, Bessero S, Robbiani B, et al. Comparing residential programmes for adults with autism spectrum disorders and intellectual disability: outcomes of challenging behaviour and quality of life. *J Intellect Disabil Res.* 2011 Sep;55(9):918-32. PMID: 21806693. X-1, X-3
1477. Gerber S. A developmental perspective on language assessment and intervention for children on the autistic spectrum. *Top Lang Disord.* 2003 Apr-Jun;23(2):74-94. X-3
1478. Gerdtz J. Evaluating behavioral treatment of disruptive classroom behaviors of an adolescent with autism. *Res Soc Work Pract.* 2000 Jan;10(1):98-110. X-3
1479. Gergely G. The obscure object of desire: <i>Nearly, but clearly not, like me</i>: contingency preference in normal children versus children with autism. *Bull Menninger Clin. Special Issue: Cognitive and interactional foundations of attachment.* 2001 Sum;65(3):411-26. X-1, X-3, X-4
1480. Gerhardt P, et al. Social policy on the use of aversive interventions: empirical, ethical, and legal considerations. *J Autism Dev Disord.* 1991 Sep;21(3):265-77. X-1, X-2, X-3, X-4
1481. Gerritsen J. The effect of tomatis therapy on children with autism: eleven case studies. *Int J Listening.* 2010;24(1):50-68. X-3
1482. 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. PMID: 16586154. X-1, X-3, X-4
1483. Ghanizadeh A. Methionine sulfoximine may improve inflammation in autism, a novel hypothesized treatment for autism. *Arch Med Res.* 2010 Nov;41(8):651-2. PMID: 21199736. X-1, X-2, X-3, X-4
1484. Ghanizadeh A. Targeting of glycine site on NMDA receptor as a possible new strategy for autism treatment. *Neurochem Res.* 2011 May;36(5):922-3. PMID: 21210221. X-1, X-2, X-3, X-4
1485. Ghaziuddin M, Alessi N, Greden JF. Life events and depression in children with pervasive developmental disorders. *J Autism Dev Disord.* 1995 Oct;25(5):495-502. PMID: 8567595. X-3, X-4
1486. Ghaziuddin M, et al. Haloperidol treatment of Trichotillomania in a boy with autism and mental retardation. *J Autism Dev Disord.* 1991 Sep;21(3):365-71. X-1, X-3, X-4
1487. Ghaziuddin M, Quinlan P, Ghaziuddin N. Catatonia in autism: a distinct subtype? *J Intellect Disabil Res.* 2005 Jan;49(1):102-5. X-2, X-4
1488. Ghaziuddin M, Tsai L, Ghaziuddin N. Clonidine for autism. *J Child Adolesc Psychopharmacol.* 1992 Win;2(4):239-40. X-1, X-3, X-4
1489. Ghaziuddin M, Tsai LY, Ghaziuddin N. Brief report: Haloperidol treatment of trichotillomania in a boy with autism and mental retardation. *J Autism Dev Disord.* 1991 Sep;21(3):365-71. X-1, X-3, X-4
1490. 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. PMID: 18703290. X-2, X-4
1491. 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. PMID: 19702485. X-1, X-3, X-4
1492. 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. PMID: 15662153. X-1, X-3, X-4
1493. Giangreco MF, Broer SM. Questionable utilization of paraprofessionals in inclusive schools: are we addressing symptoms or causes? *Focus Autism Dev Disabil.* 2005 Mar;20(1):10-26. X-2, X-4

1494. Giangreco MF, Broer SM. School-based screening to determine overreliance on paraprofessionals. *Focus Autism Dev Disabil.* 2007 Fall;22(3):149-58. X-4
1495. 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. PMID: 16897403. X-1, X-3, X-4
1496. 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. PMID: 16295154. X-1, X-3, X-4
1497. Gibbons MM, Goins S. Getting to know the child with Asperger syndrome. *Sch Couns.* 2008 Jun;11(5):347-52. X-1, X-2, X-3, X-4
1498. Gibbs V, Toth-Cohen S. Family-centered occupational therapy and telerehabilitation for children with autism spectrum disorders. *Occup Ther Health Care.* 2011;25(4):298-314. X-3
1499. Gibson JA, Grey IM, Hastings RP. Supervisor support as a predictor of burnout and therapeutic self-efficacy in therapists working in ABA schools. *J Autism Dev Disord.* 2009 Jul;39(7):1024-30. PMID: 19291383. X-4
1500. Gibson JL, Pennington RC, Stenhoff DM, et al. Using desktop videoconferencing to deliver interventions to a preschool student with autism. *Topics Early Child Spec Educ.* 2010;29(4):214-25. X-1, X-3, X-4
1501. Gidley Larson JC, Bastian AJ, Donchin O, et al. Acquisition of internal models of motor tasks in children with autism. *Brain.* 2008 Nov;131(Pt 11):2894-903. PMID: 18819989. X-1, X-3, X-4
1502. Gilby KL, Jans J, McIntyre DC. Chronic omega-3 supplementation in seizure-prone versus seizure-resistant rat strains: a cautionary tale. *Neuroscience.* 2009 Oct 20;163(3):750-8. PMID: 19596053. X-2, X-4
1503. Gillberg C. The treatment of epilepsy in autism. *J Autism Dev Disord.* 1991 Mar;21(1):61-77. PMID: 2037550. X-2
1504. 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. PMID: 7890130. X-2, X-4
1505. Gillberg C. The ESSENCE in child psychiatry: Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examinations. *Res Dev Disabil.* 2010 Nov-Dec;31(6):1543-51. PMID: 20634041. X-1, X-2, X-3, X-4
1506. Gillberg C, Johansson M, Steffenburg S, et al. Auditory integration training in children with autism. *Autism.* 1997 Jul;1(1):97-100. X-3
1507. 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. PMID: 3536640. X-3
1508. 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. PMID: 8770522. X-4
1509. Gillberg IC, Rastam M, Gillberg C. Anorexia nervosa 6 years after onset: Part I. Personality disorders. *Compr Psychiatry.* 1995 Jan-Feb;36(1):61-9. PMID: 7705090. X-4
1510. Gillis JM. Screening practices of family physicians and pediatricians in 2 Southern states. *Inf Young Child.* 2009;22(4):321-31. X-1, X-3, X-4
1511. Gillis JM, Hammond Natof T, Lockshin SB, et al. Fear of routine physical exams in children with autism spectrum disorders: prevalence and intervention effectiveness. *Focus Autism Dev Disabil.* 2009;24(3):156-68. X-1, X-4
1512. Gillott A, Furniss F, Walter A. Theory of mind ability in children with specific language impairment. *Child Lang Teach Ther.* 2004;20(1):1-11. X-1, X-3, X-4
1513. Gilson BB. One-stop career centers: will they be used by people with disabilities? *Focus Autism Dev Disabil.* 2000 Spr;15(1):30-6. X-2, X-3
1514. Girolametto L, Sussman F, 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. PMID: 17169368. X-1, X-3, X-4
1515. Given J, Slevin E. Being heard: aiding public participation in decision making. *Learn Disabil Res Pract.* 2011;14(8):26-30. X-3, X-4
1516. Gjaerum RG, Ineland J, Sauer L. The story about theater organizations, the public's approval, and the actors' identity formation in Nordic disability theater. *J Soc Work Disabil Rehabil.* 2010;9(4):254-73. PMID: 21104515. X-4
1517. Gjevik E, Eldevik S, Fjæran-Granum T, et al. Kiddie-SADS reveals high rates of DSM-IV disorders in children and adolescents with autism spectrum disorders. *J Autism Dev Disord.* 2011 Jun;41(6):761-9. X-4
1518. Glaeser BC, Pierson MR, Fritschmann N. Comic strip conversation: a positive behavioral support strategy. *Teach Except Child.* 2003 Nov-Dec;36(2):14-9. X-1, X-2, X-3, X-4
1519. Glashan L, Mackay G, Grieve A. Teachers' experience of support in the mainstream education of pupils with autism. *Improving Schools.* 2004;7(1):49-60. X-1, X-3, X-4

1520. Glazebrook CM, Elliott D, Lyons J. Temporal judgements of internal and external events in persons with and without autism. *Conscious Cogn.* 2008 Mar;17(1):203-9. PMID: 17433718. X-4
1521. 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. PMID: 16700942. X-4
1522. 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. PMID: 18595281. X-2
1523. Goin-Kochel RP, Mackintosh VH, Myers BJ. Parental reports on the efficacy of treatments and therapies for their children with autism spectrum disorders. *Res Autism Spectr Disord.* 2009 Apr-Jun;3(2):528-37. X-1, X-3, X-4
1524. Goin-Kochel RP, Myers BJ, Mackintosh VH. Parental reports on the use of treatments and therapies for children with autism spectrum disorders. *Res Autism Spectr Disord.* 2007 Jul-Sep;1(3):195-209. X-1, X-3, X-4
1525. Golan O, Ashwin E, Granader Y, et al. Enhancing emotion recognition in children with autism spectrum conditions: an intervention using animated vehicles with real emotional faces. *J Autism Dev Disord.* 2010 Mar;40(3):269-79. PMID: 19763807. X-1, X-3, X-4
1526. Golden RR, Campbell M, Perry R. A taxometric method for diagnosis of tardive dyskinesia. *J Psychiatr Res.* 1987;21(3):233-41. PMID: 2890764. X-1, X-3, X-4
1527. Goldman GS, Yazbak FE. An investigation of the association between MMR vaccination and autism in Denmark. *J Am Physicians Surg.* 2004;9(3):70-5. X-4
1528. 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. PMID: 16649001. X-1, X-3, X-4
1529. Goldsmith TR, LeBlanc LA, Sautter RA. Teaching intraverbal behavior to children with autism. *Res Autism Spectr Disord.* 2007 Jan-Mar;1(1):1-13. X-3
1530. Goldstein G, Minshew NJ, Siegel DJ. Age differences in academic achievement in high-functioning autistic individuals. *J Clin Exp Neuropsychol.* 1994 Oct;16(5):671-80. PMID: 7836490. X-4
1531. Goldstein H. Commentary: interventions to facilitate auditory, visual, and motor integration: "Show Me the Data". *J Autism Dev Disord.* 2000 Oct;30(5):423-25. X-1, X-2, X-3, X-4
1532. Goldstein H. Communication intervention for children with autism: a review of treatment efficacy. *J Autism Dev Disord.* 2002 Oct;32(5):373-96. X-1, X-2, X-3, X-4
1533. Goldstein H, 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. PMID: 1386068. X-3
1534. 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. PMID: 1634424. X-1, X-3, X-4
1535. Goldstein H, Schneider N, Thiemann K. Peer-mediated social communication intervention: when clinical expertise informs treatment development and evaluation. *Top Lang Disord.* 2007 Apr-Jun;27(2):182. X-4
1536. 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. PMID: 2634261. X-1, X-3, X-4
1537. Golnik A, Ireland M, Borowsky IW. Medical homes for children with autism: a physician survey. *Pediatrics.* 2009 Mar;123(3):966-71. PMID: 19255027. X-2, X-4
1538. Golnik A, Scal P, Wey A, et al. Autism-specific primary care medical home intervention. *J Autism Dev Disord.* 2011 Aug 19. PMID 21853373. X-6
1539. Golnik AE, Ireland M. Complementary alternative medicine for children with autism: a physician survey. *J Autism Dev Disord.* 2009 Jul;39(7):996-1005. PMID: 19280328. X-4
1540. Golomb C, Schmeling J. Drawing development in autistic and mentally retarded children. *Visual Arts Research.* 1996 Fall;22(44):5-18. X-3, X-4
1541. Golubchik P, Sever J, Weizman A. Low-dose quetiapine for adolescents with autistic spectrum disorder and aggressive behavior: open-label trial. *Clin Neuropharmacol.* 2011 Nov;34(6):216-9. PMID: 21996644. X-3
1542. Gombosi PG. Parents of autistic children. Some thoughts about trauma, dislocation, and tragedy. *Psychoanal Study Child.* 1998;53:254-75. PMID: 9990834. X-1, X-2, X-3, X-4
1543. 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. PMID: 15476072. X-4

1544. 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. PMID: 18669482. X-4
1545. 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. PMID: 16115783. X-3, X-4
1546. 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. PMID: 12236323. X-4
1547. Gonzalez A, Stombaugh J, Lozupone C, et al. The mind-body-microbial continuum. *Dialogues Clin Neurosci*. 2011;13(1):55-62. PMID: 21485746. X-1, X-2, X-3, X-4
1548. 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. PMID: 7831456. X-1, X-3, X-4
1549. 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):82-8. PMID: 18478627. X-4
1550. Goodman JF, Cecil HS, Barker WF. Early intervention with retarded children: some encouraging results. *Dev Med Child Neurol*. 1984 Feb;26(1):47-55. PMID: 6698326. X-1, X-3, X-4
1551. Goodman JI, Brady MP, Duffy ML, et al. The effects of "bug-in-ear" supervision on special education teachers' delivery of learn units. *Focus Autism Dev Disabil*. 2008;23(4):207-16. X-4
1552. Goodman MJ, Nordin J. Vaccine adverse event reporting system reporting source: a possible source of bias in longitudinal studies. *Pediatrics*. 2006 Feb;117(2):387-90. PMID: 16452357. X-2, X-4
1553. Goodwin MS. Enhancing and accelerating the pace of autism research and treatment: the promise of developing innovative technology. *Focus Autism Dev Disabil*. 2008;23(2):125-8. X-2, X-4
1554. Gor RA, Fuhrer J, Schober JM. A retrospective observational study of enuresis, daytime voiding symptoms, and response to medical therapy in children with attention deficit hyperactivity disorder and autism spectrum disorder. *J Pediatr Urol*. 2010 Dec 3. PMID 21131234. X-1, X-3, X-4
1555. Gordon B. Commentary: a neural systems perspective for improving behavioral treatments for autism. *J Autism Dev Disord*. 2000 Oct;30(5):503-8. PMID: 11098892. X-2, X-4
1556. 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. PMID: 11098880. X-2, X-4
1557. Gordon CT, Frazier JA, McKenna K, et al. Childhood-onset schizophrenia: an NIMH study in progress. *Schizophr Bull*. 1994;20(4):697-712. PMID: 7701277. X-4
1558. 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. PMID: 1536276. X-3
1559. 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. PMID: 8498878. X-1, X-4
1560. Gordon K, Pasco G, McElduff F, et al. a communication-based intervention for nonverbal children with autism: what changes? who benefits? *J Consult Clin Psychol*. 2011 Aug;79(4):447-57. X-1, X-3, X-4
1561. Gordon R, Handleman JS, Harris SL. The effects of contingent versus non-contingent running on the out-of-seat behavior of an autistic boy. *Child Fam Behav Ther*. 1986 Fal;8(3):37-44. X-1, X-3, X-4
1562. 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):221-46. X-1, X-3, X-4
1563. Gorman JM, Akande E, Xenitidis K, et al. Autism or schizophrenia: a diagnostic dilemma in adults with intellectual disabilities. *J Psychiatr Pract*. 2004 May;10(3):190-5. X-2, X-4
1564. 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). *J Autism Dev Disord*. 2005 Dec;35(6):831-8. X-4
1565. Gothelf D, Goralý 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. PMID: 18351287. X-1, X-3, X-4
1566. Gottschalk JM, Libby ME, Graff RB. The effects of establishing operations on preference assessment outcomes. *J Appl Behav Anal*. 2000 Spring;33(1):85-8. PMID: 10738955. X-3, X-4

1567. 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. PMID: 12732234. X-4
1568. Graetz JE. Autism grows up: opportunities for adults with autism. *Disabil Soc*. 2010 Jan;25(1):33-47. X-4
1569. Graff RB, Gibson L. Using pictures to assess reinforcers in individuals with developmental disabilities. *Behav Modif*. 2003 Sep;27(4):470-83. PMID: 12971123. X-4
1570. Graff RB, Gibson L, Galiatsatos GT. The impact of high- and low-preference stimuli on vocational and academic performances of youths with severe disabilities. *J Appl Behav Anal*. 2006 Spring;39(1):131-5. PMID: 16602393. X-3
1571. Graff RB, Green G. Two methods for teaching simple visual discriminations to learners with severe disabilities. *Res Dev Disabil*. 2004 May-Jun;25(3):295-307. PMID: 15134794. X-3
1572. Graff RB, Green G, Libby ME. Effects of two levels of treatment intensity on a young child with severe disabilities. *Behav Interv*. 1998 Feb;13(1):21-41. X-1, X-3, X-4
1573. Graff RB, Lineman GT, Libby ME, et al. Functional analysis and treatment of screaming in a young girl with severe disabilities. *Behav Interv*. 1999 Oct-Dec;14(4):233-9. X-1, X-3, X-4
1574. Graham G. Music and autism. *J Aesthetic Educ*. 2001 Sum;35(2):39-47. X-2, X-4
1575. Gralton EJ, James DH, 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. PMID: 9534115. X-4
1576. Granat T, Nordgren I, Rein G, et al. Group intervention for siblings of children with disabilities: a pilot study in a clinical setting. *Disabil Rehabil*. 2011 Aug 30. PMID: 21877903. X-6
1577. Grandin T. Brief report: response to National Institutes of Health report. *J Autism Dev Disord*. 1996 Apr;26(2):185-7. PMID: 8744482. X-2, X-4
1578. Granpeesheh D, Dixon DR, Tarbox J, et al. The effects of age and treatment intensity on behavioral intervention outcomes for children with autism spectrum disorders. *Res Autism Spectr Disord*. 2009 Oct-Dec;3(4):1014-22. X-1, X-3, X-4
1579. 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. PMID: 19917210. X-1, X-3, X-4
1580. Granpeesheh D, Tarbox J, Dixon DR, et al. Randomized trial of hyperbaric oxygen therapy for children with autism. *Res Autism Spectr Disord*. 2010 Apr-Jun;4(2):268-75. X-1, X-3, X-4
1581. Gray DE. Negotiating autism: relations between parents and treatment staff. *Soc Sci Med*. 1993 Apr;36(8):1037-46. PMID: 8475419. X-4
1582. Gray DE. 'Everybody just freezes. Everybody is just embarrassed': felt and enacted stigma among parents of children with high functioning autism. *Sociol Health Illn*. 2002;24(6):734-49. X-4
1583. Gray DE. Ten years on: a longitudinal study of families of children with autism. *J Intellect Dev Disabil*. 2002;27(3):215-22. X-1, X-3, X-4
1584. Gray DE, Holden WJ. Psycho-social well-being among the parents of children with autism. *J Intellect Dev Disabil*. 1992;18(2):83-93. X-4
1585. Gray K, Jenkins AC, Heberlein AS, et al. Distortions of mind perception in psychopathology. *Proc Natl Acad Sci U S A*. 2011 Jan 11;108(2):477-9. PMID: 21187372. X-2, X-4
1586. Gray LA, Msall ER, Msall ME. Communicating about autism: decreasing fears and stresses through parent-professional partnerships. *Inf Young Child*. 2008;21(4):256-71. X-1, X-2, X-3, X-4
1587. Greeff AP, van der Walt K-J. Resilience in families with an autistic child. *Educ Train Autism Dev Disabil*. 2010 Sep;45(3):347-55. X-4
1588. Green G, Brennan LC, Fein D. Intensive behavioral treatment for a toddler at high risk for autism. *Behav Modif*. Special Issue: Autism, Part 2. 2002 Jan;26(1):69-102. X-1, X-3, X-4
1589. Green G, Striefel S. Response restriction and substitution with autistic children. *J Exp Anal Behav*. 1988 Jul;50(1):21-32. PMID: 3171473. X-3
1590. Green H. Intonation in Hebrew-speaking children with high functioning autism. *Asia Pac J Speech Lang Hear*. 2009;12(2):187-98. X-1, X-3, X-4
1591. Green H, Tobin Y. Prosodic analysis is difficult ... but worth it: a study in high functioning autism. *Int J Speech Lang Pathol*. 2009;11(4):308-15. X-1, X-3, X-4
1592. Green J, Charman T, McConachie H, et al. Parent-mediated communication-focused treatment in children with autism (PACT): a randomised controlled trial. *Lancet*. 2010 Jun 19;375(9732):2152-60. PMID: 20494434. X-1, X-3, X-4
1593. Green SA, Ben-Sasson A. Anxiety disorders and sensory over-responsivity in children with autism spectrum disorders: is there a causal relationship? *J Autism Dev Disord*. 2010 Dec;40(12):1495-504. X-2, X-4

1594. Green VA. Parental experience with treatments for autism. *J Dev Phys Disabil*. 2007 Apr;19(2):91-101. X-3
1595. 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. PMID: 15919178. X-1, X-3, X-4
1596. Greenberg JS, Seltzer MM, Krauss MW, et al. The effect of quality of the relationship between mothers and adult children with schizophrenia, autism, or down syndrome on maternal well-being: the mediating role of optimism. *Am J Orthopsychiatry*. 2004 Jan;74(1):14-25. PMID: 14769105. X-4
1597. Greenberger C, Serper MR. Examination of clinical and cognitive insight in acute schizophrenia patients. *J Nerv Ment Dis*. 2010 Jul;198(7):465-9. PMID: 20611048. X-1, X-3, X-4
1598. Grela BG, McLaughlin KS. Focused stimulation for a child with autism spectrum disorder: a treatment study. *J Autism Dev Disord*. 2006 Aug;36(6):753-6. PMID: 16838131. X-3
1599. Grenwelge CH. Test Review: Woodcock, R. W., Schrank, F. A., Mather, N., & McGrew, K. S. (2007). "Woodcock-Johnson III Tests of Achievement, Form C/Brief Battery." Rolling Meadows, IL: Riverside. *J Psychoeduc Assess*. 2009;27(4):345-50. X-1, X-2, X-3, X-4
1600. Gresham FM, Macmillan DL. Autistic recovery? An analysis and critique of the empirical evidence on the early intervention project. *Behav Disord*. 1997 Aug;22(4):185-201. X-1, X-2, X-3, X-4
1601. Gresham FM, MacMillan DL. Denial and defensiveness in the place of fact and reason: rejoinder to Smith and Lovass. *Behav Disord*. 1997 Aug;22(4):219-30. X-1, X-2, X-3, X-4
1602. Gresham FM, MacMillan DL. Early intervention project: can its claims be substantiated and its effects replicated? *J Autism Dev Disord*. 1998 Feb;28(1):5-13. X-1, X-3, X-4
1603. Grether JK, Li SX, Yoshida CK, et al. Antenatal ultrasound and risk of autism spectrum disorders. *J Autism Dev Disord*. 2010 Feb;40(2):238-45. PMID: 19728066. X-4
1604. Grey IM, Bruton C, Honan R, et al. Co-operative learning for children with an autistic spectrum disorder (asd) in mainstream and special class settings: an exploratory study. *Educ Psychol Prac*. 2007 Dec;23(4):317-27. X-1, X-3, X-4
1605. 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. PMID: 16144826. X-3
1606. Grieco A, Bloom R. Psychotherapy with hallucinogenic adjuncts from a learning perspective. *Int J Addict*. 1981 Jul;16(5):801-27. PMID: 7327766. X-1, X-2, X-3, X-4
1607. Griffin HC, Griffin LW, Fitch CW, et al. educational interventions for individuals with asperger syndrome. *Interv School Clinic*. 2006 Jan;41(3):150-5. X-1, X-2, X-3, X-4
1608. 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. PMID: 3679101. X-1, X-3, X-4
1609. Griffith GM, Hastings RP, Oliver C, et al. Psychological well-being in parents of children with Angelman, Cornelia de Lange and Cri du Chat syndromes. *J Intellect Disabil Res*. 2011 Apr;55(4):397-410. PMID: 21323782. X-1, X-3, X-4
1610. 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. PMID: 11863398. X-2
1611. 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. PMID: 18535893. X-1, X-3, X-4
1612. Grindle CF, 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. PMID: 15217671. X-1, X-3, X-4
1613. Grindle CF, 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. PMID: 16283081. X-3
1614. Gringras P, Santosh P, 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. PMID: 16919139. X-2, X-4
1615. Grizenko N, Cvejic H, Vida S, et al. Behaviour problems of the mentally retarded. *Can J Psychiatry*. 1991 Dec;36(10):712-7. PMID: 1790515. X-4
1616. 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. PMID: 3313552. X-3

1617. Groden J, 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. PMID: 3209701. X-3
1618. 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. PMID: 19148738. X-2
1619. 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. PMID: 18415010. X-4
1620. 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. *Clin Neurophysiol*. 2008 Nov;119(11):2476-93. X-1, X-3, X-4
1621. Groft-Jones M, Block ME. Strategies for teaching children with autism in physical education. *Teach Elementary Phys Educ*. 2006 Nov;17(6):25-8. X-2, X-4
1622. Groskreutz NC, Groskreutz MP, Higbee TS. Effects of varied levels of treatment integrity on appropriate toy manipulation in children with autism. *Res Autism Spectr Disord*. 2011 Oct-Dec;5(4):1358-69. X-1, X-3, X-4
1623. Groskreutz NC, Karsina A, Miguel CF, et al. Using complex auditory-visual samples to produce emergent relations in children with autism. *J Appl Behav Anal*. 2010 Mar;43(1):131-6. PMID: 20808504. X-3
1624. Gross M. Pursuing the puzzle of autism. *Curr Biol*. 2002 Oct 15;12(20):R679. PMID: 12401179. X-2
1625. Grossman RB, Schneps MH, Tager-Flusberg H. Slipped lips: onset asynchrony detection of auditory-visual language in autism. *J Child Psychol Psychiatry*. 2009 Apr;50(4):491-7. PMID: 19207623. X-4
1626. Grow LL, Carr JE, Kodak TM, et al. A comparison of methods for teaching receptive labeling to children with autism spectrum disorders. *J Appl Behav Anal*. 2011 Fall;44(3):475-98. X-1, X-3, X-4
1627. 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. PMID: 18468276. X-1, X-3, X-4
1628. 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. PMID: 18619069. X-2, X-4
1629. Guastella AJ, Einfeld SL, Gray KM, et al. Intranasal oxytocin improves emotion recognition for youth with autism spectrum disorders. *Biol Psychiatry*. 2010 Apr 1;67(7):692-4. PMID: 19897177. X-3
1630. Gudarzi SS, Yasamy M, Akhondzadeh S. Cyproheptadine in treatment of autism. *Eur Psychiatry*. 2002 Jul;17(4):230-1. X-3
1631. 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. PMID: 17044957. X-4
1632. Guilloteau D, 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. PMID: 16250852. X-2, X-4
1633. Guimaraes Filho PD. A hypothesis about the determining process of autistic states. *Int J Psychoanal*. 1990;71 (Pt 3):393-402. PMID: 2228439. X-2, X-4
1634. Guldberg K, Parsons S, MacLeod A, et al. Implications for practice from "International review of the evidence on best practice in educational provision for children on the autism spectrum". *Eur J Spec Needs Educ*. 2011 Feb;26(1):65-70. X-1, X-2, X-3, X-4
1635. Gulsrud AC, Jahromi LB, Kasari C. The co-regulation of emotions between mothers and their children with autism. *J Autism Dev Disord*. 2010 Feb;40(2):227-37. PMID: 19714458. X-1, X-3, X-4
1636. 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):535-46. X-1, X-3, X-4
1637. Gunnar MR. A commentary on "Deprivation-specific psychological patterns: effects of institutional deprivation". *Monogr Soc Res Child Dev*. 2010 Apr;75(1):232-47. X-1, X-2, X-3, X-4
1638. Gunter P, et al. The reduction of aberrant vocalizations with auditory feedback and resulting collateral behavior change of two autistic boys. *Behav Disord*. 1984 Aug;9(4):254-63. X-3
1639. Gunter PL, Fox JJ, McEvoy MA, et al. A case study of the reduction of aberrant, repetitive responses of an adolescent with autism. *Educ Treat Children*. 1993 May;16(2):187-97. X-3
1640. Gupta A, Singhal N. Language and learning skills and symptoms in children with autistic spectrum disorders. *Asia Pac Disabil Rehab J*. 2009;20(2):59-83. X-4
1641. Gupta S. Immunological treatments for autism. *J Autism Dev Disord*. 2000 Oct;30(5):475-9. PMID: 11098887. X-2, X-4
1642. Gupta S. Antibodies: basic mechanisms and emerging concepts. *J Clin Immunol*. 2010 May;30 Suppl 1:S1-3. PMID: 20387105. X-1, X-3, X-4

1643. Gupta S, Aggarwal S, Heads C. Dysregulated immune system in children with autism: beneficial effects of intravenous immune globulin on autistic characteristics. *J Autism Dev Disord.* 1996 Aug;26(4):439-52. PMID: 886309. X-3
1644. Guptill JT, Booker AB, Gibbs TT, et al. [³H]-Flunitrazepam-labeled benzodiazepine binding sites in the hippocampal formation in autism: a multiple concentration autoradiographic study. *J Autism Dev Disord.* 2007 May;37(5):911-20. X-4
1645. Gura GF, Champagne MT, Blood-Siegfried JE. Autism spectrum disorder screening in primary care. *J Dev Behav Pediatr.* 2011 Jan;32(1):48-51. X-1, X-3, X-4
1646. Guralnick MJ. Early childhood intervention: evolution of a system. *Focus Autism Dev Disabil.* 2000 Sum;15(2):68-79. X-2, -3, X-4
1647. 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. PMID: 12860781. X-4
1648. Gurney JG, McPheeters ML, Davis MM. Parental report of health conditions and health care use among children with and without autism: National Survey of Children's Health. *Arch Pediatr Adolesc Med.* 2006 Aug;160(8):825-30. PMID: 16894082. X-4
1649. Gus L. Autism: promoting peer understanding. *Educ Psychol Prac.* 2000 Dec;16(4):461-8. X-3
1650. 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. *Res Soc Work Pract.* 2009;19(3):281-90. X-2, X-4
1651. Gutierrez A, Jr., Vollmer TR, Dozier CL, et al. Manipulating establishing operations to verify and establish stimulus control during mand training. *J Appl Behav Anal.* 2007 Win;40(4):645-58. X-3, X-4
1652. Gutman SA, Raphael EI, Ceder LM, et al. The effect of a motor-based, social skills intervention for adolescents with high-functioning autism: two single-subject design cases. *Occup Ther Int.* 2010;17(4):188-97. X-3
1653. Gutstein SE, Burgess AF, Montfort K. Evaluation of the relationship development intervention program. *Autism.* 2007 Sep;11(5):397-411. PMID: 17942454. X-3
1654. Guzzetta F, Battaglia D, Di Rocco C, et al. Symptomatic epilepsy in children with porencephalic cysts secondary to perinatal middle cerebral artery occlusion. *Childs Nerv Syst.* 2006 Aug;22(8):922-30. PMID: 16816980. X-4
1655. 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. PMID: 16089194. X-2
1656. Hackett L, Shaikh S, Theodosiou L. Parental perceptions of the assessment of autistic spectrum disorders in a tier three service. *Child Adolesc Ment Health.* 2009 Sep;14(3):127-32. X-1, X-3, X-4
1657. Hadjikhani N. Serotonin, pregnancy and increased autism prevalence: is there a link? *Med Hypotheses.* 2010 May;74(5):880-3. PMID: 20018455. X-1, X-2, X-3, X-4
1658. Hadwin J, Baron-Cohen S, Howlin P, et al. Can we teach children with autism to understand emotions, belief, or pretence? *Dev Psychopathol.* 1996 Spr;8(2):345-65. X-1, X-3, X-4
1659. 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. PMID: 9403370. X-1, X-3, X-4
1660. Hadwin J, Hutley G. Detecting features of autism in children with severe learning difficulties: a brief report. *Autism.* 1998 Sep;2(3):269-80. X-1, X-3, X-4
1661. 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. PMID: 1741210. X-4
1662. Hagermoser Sanetti LM, Luiselli JK, Handler MW. Effects of verbal and graphic performance feedback on behavior support plan implementation in a public elementary school. *Behav Modif.* 2007 Jul;31(4):454-65. X-1, X-3, X-4
1663. Hagiwara T, Myles BS. A multimedia social story intervention: teaching skills to children with autism. *Focus Autism Dev Disabil.* 1999 Sum;14(2):82-95. X-1, X-3, X-4
1664. Hagner D, Cooney BF. "I Do That for Everybody": supervising employees with autism. *Focus Autism Dev Disabil.* 2005 Sum;20(2):91-7. X-3, X-4
1665. Hagopian LP, Bruzek JL, Bowman LG, et al. Assessment and treatment of problem behavior occasioned by interruption of free-operant behavior. *J Appl Behav Anal.* 2007 Spr;40(1):89-103. X-3
1666. Hagopian LP, Farrell DA, Amari A. Treating total liquid refusal with backward chaining and fading. *J Appl Behav Anal.* 1996 Win;29(4):573-5. X-1, X-3, X-4
1667. Hagopian LP, Kuhn DE, Strother GE. Targeting social skills deficits in an adolescent with pervasive developmental disorder. *J Appl Behav Anal.* 2009 Winter;42(4):907-11. PMID: 20514202. X-3

1668. Hagopian LP, Thompson RH. Reinforcement of compliance with respiratory treatment in a child with cystic fibrosis. *J Appl Behav Anal.* 1999 Sum;32(2):233-6. X-1, X-3, X-4
1669. Hagopian LP, Toole LM. Effects of response blocking and competing stimuli on stereotypic behavior. *Behav Interv.* 2009 Apr;24(2):117-25. X-1, X-3, X-4
1670. Hagopian LP, Wilson DM, Wilder DA. Assessment and treatment of problem behavior maintained by escape from attention and access to tangible items. *J Appl Behav Anal.* 2001 Sum;34(2):229-32. X-1, X-3, X-4
1671. Hah M, Lotspeich LJ, Phillips JM, et al. Twins with KBG syndrome and autism... Skjei KL, Martin MM, & Slavotinek AM (2007). KBG syndrome: report of twins, neurological characteristics, and delineation of diagnostic criteria. *Am J Med Genetics, Part A*, 143, 292-300. *J Autism Dev Disord.* 2009;39(12):1744-6. X-1, X-2, X-3, X-4
1672. Hainsworth T. The prevalence and causes of autistic spectrum disorders. *Nurs Times.* 2006 Aug 1-7;102(31):23-4. PMID: 16913517. X-2, X-4
1673. Hairston MP. Analyses of responses of mentally retarded autistic and mentally retarded nonautistic children to art therapy and music therapy. *J Music Ther.* 1990 Fal;27(3):137-50. X-1, X-3, X-4
1674. 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. PMID: 19596154. X-4
1675. Haley JL, Heick PF, Luiselli JK. Use of an antecedent intervention to decrease vocal stereotypy of a student with autism in the general education classroom. *Child Fam Behav Ther.* 2010 Oct;32(4):311-21. X-3
1676. Halko MA, Eldaief MC, Horvath JC, et al. Combining transcranial magnetic stimulation and FMRI to examine the default mode network. *J Vis Exp.* 2010(46). PMID: 21248684. X-1, X-2, X-3, X-4
1677. Hall HR, Graff JC. The relationships among adaptive behaviors of children with autism, family support, parenting stress, and coping. *Issues Compr Pediatr Nurs.* 2011;34(1):4-25. PMID: 21341964. X-1, X-3, X-4
1678. Hall LJ. Effective behavioural strategies for the defining characteristics of autism. *Behav Change.* 1997;14(3):139-54. X-2
1679. Hall LJ, Grundon GS, Pope C, et al. Training paraprofessionals to use behavioral strategies when educating learners with autism spectrum disorders across environments. *Behav Interv.* 2010 Feb;25(1):37-51. X-1, X-3, X-4
1680. Hall SS. Treatments for fragile X syndrome: a closer look at the data. *Dev Disabil Res Rev.* 2009;15(4):353-60. X-2, X-4
1681. Halpin J, Nugent B. Health visitors' perceptions of their role in autism spectrum disorder. *Community Pract.* 2007 Jan;80(1):18-22. PMID: 17334114. X-1, X-3, X-4
1682. Hamad CD, Serna RW, Morrison L, et al. Extending the reach of early intervention training for practitioners: A preliminary investigation of an online curriculum for teaching behavioral intervention knowledge in autism to families and service providers. *Infants Young Child.* 2010 Jul-Sep;23(3):195-208. X-1, X-3, X-4
1683. Hamdan-Allen G. Brief report: Trichotillomania in an autistic male. *J Autism Dev Disord.* 1991 Mar;21(1):79-82. X-3
1684. 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. PMID: 7796250. X-4
1685. Hameury L, Roux S, Lenoir P, et al. Longitudinal study of autism and other pervasive developmental disorders: Review of 125 cases. *Dev Brain Dysfunct.* 1995 Jan-Feb;8(1):51-65. X-1, X-3, X-4
1686. Hamilton A, Marshal MP, Murray PJ. Autism spectrum disorders and menstruation. *J Adolesc Health.* 2011 Oct;49(4):443-5. X-3, X-4
1687. Hamilton JD. The practical search. *J Am Acad Child Adolesc Psychiatry.* 2007 Mar;46(3):418-22. PMID: 17314728. X-2
1688. Hammer LD, Curry ES, Harlor AD, et al. Increasing immunization coverage. *Pediatrics.* 2010 Jun;125(6):1295-304. PMID: 20513736. X-1, X-2, X-3, X-4
1689. Hammerschlag CA. Autistic rider. *Caring.* 2009 Aug;28(8):62. PMID: 19772030. X-1, X-2, X-3, X-4
1690. Hammock R, Levine WR, Schroeder SR. Brief report: effects of clozapine on self-injurious behavior of two risperidone nonresponders with mental retardation. *J Autism Dev Disord.* 2001 Feb;31(1):109-13. X-3
1691. Hammock RG, et al. The effect of clozapine on self-injurious behavior. *J Autism Dev Disord.* 1995 Dec;25(6):611-26. X-3
1692. Hampson DR, Adusei DC, Pacey LK. The neurochemical basis for the treatment of autism spectrum disorders and Fragile X Syndrome. *Biochem Pharmacol.* 2011 May 1;81(9):1078-86. PMID: 21333634. X-1, X-2, X-3, X-4

1693. Hancock TB, Kaiser AP. The effects of trainer-implemented Enhanced Milieu Teaching on the social communication of children with autism. *Topics Early Child Spec Educ.* 2002 Spr;22(1):39-54. X-1, X-3, X-4
1694. Handen BL. Pharmacotherapy in mental retardation and autism. *School Psych Rev.* 1993;22(2):162-83. X-1, X-2, X-3, X-4
1695. Handen BL, Apolito PM, Seltzer GB. Use of differential reinforcement of low rates of behavior to decrease repetitive speech in an autistic adolescent. *J Behav Ther Exp Psychiatry.* 1984 Dec;15(4):359-64. X-3
1696. Handen BL, Hofkosh D. Secretin in children with autistic disorder: a double-blind, placebo-controlled trial. *J Dev Phys Disabil.* 2005 Jun;17(2):95-106. X-3
1697. Handen BL, Johnson CR, 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. PMID: 11055460. X-1, X-3, X-4
1698. Handen BL, Johnson CR, McAuliffe-Bellin S, et al. Safety and efficacy of donepezil in children and adolescents with autism: neuropsychological measures. *J Child Adolesc Psychopharmacol.* 2011 Feb;21(1):43-50. PMID: 21309696. X-1, X-4
1699. Handen BL, Lubetsky M. Pharmacotherapy in autism and related disorders. *Sch Psychol Q.* 2005 Sum;20(2):155-71. X-2
1700. 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. PMID: 19148734. X-3
1701. Handen BL, Sahl R, Hardan AY. Guanfacine in children with autism and/or intellectual disabilities. *J Dev Behav Pediatr.* 2008 Aug;29(4):303-8. PMID: 18552703. X-1, X-2, X-4
1702. Handlan S, Bloom LA. The effect of educational curricula and modeling/coaching on the interactions of kindergarten children with their peers with autism. *Focus Autism Other Dev Disabil.* 1993 Jun;8(2):1-11. X-1, X-3, X-4
1703. Handleman JS. Mainstreaming the autistic-type child. *Exceptional Child.* 1984 Mar;31(1):33-8. X-1, X-2, X-3, X-4
1704. Handleman JS. Providing effective consultation to students with severe developmental disabilities and their families. *J Educ Psychol Consult.* 1990;1(2):137-47. X-3
1705. Handleman JS, et al. Mothers, fathers, teachers, and speech therapists as assessors of treatment outcome for children with autism. *Educ Treat Children.* 1990 May;13(2):153-58. X-1, X-3, X-4
1706. Handleman JS, et al. A specialized program for preschool children with autism. *Lang Speech Hear Serv Sch.* 1991;22(3):107-10. X-1, X-2, X-3, X-4
1707. Handleman JS, Powers MD, Harris SL. Teaching of labels: an analysis of concrete and pictorial representations. *Am J Ment Defic.* 1984 May;88(6):625-9. PMID: 6742000. X-3
1708. Hankin CS, Koran LM, Bronstone A, et al. Adequacy of pharmacotherapy among medicaid-enrolled patients newly diagnosed with obsessive-compulsive disorder. *CNS Spectr.* 2009 Dec;14(12):695-703. PMID: 20394177. X-4
1709. Hanser GA, Erickson KA. Integrated word identification and communication instruction for students with complex communication needs: preliminary results. *Focus Autism Dev Disabil.* 2007;22(4):268-78. X-3
1710. 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. PMID: 16977497. X-4
1711. Happe F. Theory of mind and the self. *Ann N Y Acad Sci.* 2003 Oct;1001:134-44. PMID: 14625359. X-2, X-4
1712. Happe F, Charlton RA. Aging in autism spectrum disorders: a mini-review. *Gerontology.* 2011 Aug 24. PMID: 21865667. X-1, X-2, X-3, X-4
1713. 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. PMID: 8040158. X-3, X-4
1714. 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. *J Ment Health.* No. 2002;48:67-70. X-1, X-3, X-4
1715. 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. PMID: 2300688. X-1, X-3
1716. Hardan AY, 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. PMID: 12427297. X-3
1718. Hardan AY, Jou RJ, 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. PMID: 15650499. X-3

1719. Hardan AY, Jou RJ, Handen BL. Retrospective study of quetiapine in children and adolescents with pervasive developmental disorders. *J Autism Dev Disord*. 2005 Jun;35(3):387-91. PMID: 16119479. X-3
1720. Harding JW, Wacker DP, Berg WK, et al. Assessment and treatment of severe behavior problems using choice-making procedures. *Educ Treat Children*. 2002 Feb;25(1):26-46. X-1, X-3, X-4
1721. Hare DJ. The use of cognitive-behavioral therapy with people with Asperger syndrome: a case study. *Autism*. 1997 Nov;1(2):215-25. X-3
1722. Hare DJ, Chapman M, Fraser J, et al. The prevalence of autistic spectrum disorders in people using a community learning disabilities service. *J Learn Disabil* (14690047). 2003;7(3):267-81. X-4
1723. Hare DJ, Jones JPR, Paine C. Approaching reality: the use of personal construct assessment in working with people with Asperger syndrome. *Autism*. 1999 Jun;3(2):165-76. X-3
1724. Hare DJ, Jones S, Evershed K. Objective investigation of the sleep-wake cycle in adults with intellectual disabilities and autistic spectrum disorders. *J Intellect Disabil Res*. 2006 Oct;50(Pt 10):701-10. PMID: 16961699. X-1, X-3, X-4
1725. 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. PMID: 15556960. X-3, X-4
1726. Harel-Hochfeld M. Practicing choice theory and reality therapy in Israel: a case study. *Int Journal of Reality Ther*. 1999 Fal;19(1):32-4. X-1, X-3, X-4
1727. Haring TG, Breen CG. A peer-mediated social network intervention to enhance the social integration of persons with moderate and severe disabilities. *J Appl Behav Anal*. 1992 Sum;25(2):319-33. X-3
1728. 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. *Am J Ment Defic*. 1986 May;90(6):694-702. X-3
1729. Haring TG, Breen CG, Weiner J, et al. Using videotape modeling to facilitate generalized purchasing skills. *J Behav Educ*. 1995 Mar;5(1):29-53. X-3
1730. Haring TG, Kennedy CH. Contextual control of problem behavior in students with severe disabilities. *J Appl Behav Anal*. 1990 Summer;23(2):235-43. PMID: 2142682. X-3
1731. Haring TG, Neetz JA, Lovinger L, et al. Effects of four modified incidental teaching procedures to create opportunities for communication. *J Assoc Pers Sev Handicaps*. 1987 Fal;12(3):218-26. X-1, X-3, X-4
1732. Harish T, Gangadharan S, Bhaumik S, et al. Adults with Asperger syndrome at a Neuropsychiatric Centre in India. *Br J Dev Disabil*. 2010 Jul;56(111, Pt2):159-65. X-2
1733. Hamryd 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. PMID: 6367364. X-1, X-3, X-4
1734. Harpaz-Rotem I, 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. PMID: 15039605. X-4
1735. Harper CB, Symon JB, 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. PMID: 17874290. X-1, X-3, X-4
1736. Harrington JW, Patrick PA, Edwards KS, et al. Parental beliefs about autism: implications for the treating physician. *Autism*. 2006 Sep;10(5):452-62. PMID: 16940312. X-4
1737. 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. PMID: 16685182. X-4
1738. Harris KM, Mahone EM, Singer HS. Nonautistic motor stereotypies: clinical features and longitudinal follow-up. *Pediatr Neurol*. 2008 Apr;38(4):267-72. PMID: 18358406. X-4
1739. Harris SL. The family and the autistic child: a behavioral perspective. *Family Relations*. 1984 Jan;33(1):127-34. X-1, X-2, X-3, X-4
1740. Harris SL. The family of the autistic child: a behavioral-systems view. *Clin Psychol Rev*. 1984;4(3):227-39. X-1, X-2, X-3, X-4
1741. Harris SL. Intervention planning for the family of the autistic child: a multilevel assessment of the family system. *J Marital Fam Ther*. 1984 Apr;10(2):157-66. X-1, X-2, X-3, X-4
1742. 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. PMID: 3558294. X-1, X-3, X-4
1743. Harris SL. Parents as teachers: a four to seven year follow up of parents of children with autism. *Child Fam Behav Ther*. 1986 Win;8(4):39-47. X-4
1744. Harris SL. Adolescent with autistic spectrum disorder and some obsessive-compulsive disorder behavior. *J Autism Dev Disord*. 2003 Dec;33(6):709. PMID: 14714938. X-1

1745. 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. PMID: 15796130. X-1, X-2, X-3, X-4
1746. 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. PMID: 16763777. X-2
1747. Harris SL, Glasberg B, Ricca D. Pervasive developmental disorders: distinguishing among subtypes. *School Psych Rev.* 1996;25(3):308-15. X-1, X-2, X-3, X-4
1748. Harris SL, 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. PMID: 10832778. X-1, X-3, X-4
1749. Harris SL, Handleman JS, Alessandri M. Teaching youths with autism to offer assistance. *J Appl Behav Anal.* 1990 Fall;23(3):297-305. PMID: 2249966. X-3
1750. Harris SL, Handleman JS, Fong PL. Imitation of self-stimulation: impact on the autistic child's behavior and affect. *Child Fam Behav Ther.* 1987 Spr-Sum;9(1-2):1-21. X-1, X-3, X-4
1751. 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. PMID: 2017584. X-4
1752. 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. PMID: 1938774. X-1, X-3, X-4
1753. 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. PMID: 2324053. X-1, X-3, X-4
1754. Harris SL, Wolchik SA, Milch RE. Changing the speech of autistic children and their parents. *Child Fam Behav Ther.* 1982 Sum-Fal;4(2-3):151-73. X-1, X-3, X-4
1755. Harris SL, Wolchik SA, 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. PMID: 7052814. X-1, X-3, X-4
1756. 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. PMID: 9532757. X-1, X-3, X-4
1757. 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. *J Autism Dev Disord.* 2006 Apr;36(3):413-20. X-3
1758. Harrison JR, Barabasz AF. Effects of restricted environmental stimulation therapy on the behavior of children with autism. *Child Study Journal.* 1991;21(3):153-66. X-3
1759. Harrison S, Berry L. Valuing people: health visiting and people with learning disabilities. *Community Pract.* 2006 Feb;79(2):56-9. PMID: 16493981. X-2, X-4
1760. Hart C. Can we, can't we, can we, can't we, can we help him join the dance? The need for multimodal processing in the move towards meaningful communication. *J Child Psychother.* 2011 Apr;37(1):16-30. X-1, X-2, X-3, X-4
1761. Hart JE, Whalon KJ. Creating social opportunities for students with autism spectrum disorder in inclusive settings. *Interv School Clinic.* 2011 May;46(5):273-9. X-1, X-2, X-3
1762. Harte HA. What teachers can learn from mothers of children with autism. *Teach Except Child.* 2009 Sep-Oct;42(1):24-30. X-3, X-4
1763. Hartley SL, Seltzer MM, Raspa M, et al. Exploring the adult life of men and women with fragile X syndrome: results from a national survey. *Am J Intellect Dev Disabil.* 2011 Jan;116(1):16-35. PMID: 21291308. X-1, X-3, X-4
1764. Hartley SL, Sikora DM. Sex differences in autism spectrum disorder: an examination of developmental functioning, autistic symptoms, and coexisting behavior problems in toddlers. *J Autism Dev Disord.* 2009;39(12):1715-22. X-1, X-3, X-4
1765. Hartshorn K, Olds L, Field T, et al. Creative movement therapy benefits children with autism. *Early Child Dev Care.* 2001;166:1-5. X-1, X-3, X-4
1766. Hartshorne TS, Cypher AD. Challenging behavior in CHARGE syndrome. *Mental Health Asp Dev Disab.* 2004;7(2):41-52. X-1, X-3, X-4
1767. Hartshorne TS, Herr MD. An Adlerian approach to autism. *Individ Psychol.* 1983 Dec;39(4):394-401. X-1, X-3, X-4
1768. Hartshorne TS, Heussler HS, Dailor AN, et al. Sleep disturbances in CHARGE syndrome: types and relationships with behavior and caregiver well-being. *Dev Med Child Neurol.* 2009 Feb;51(2):143-50. PMID: 19018833. X-1, X-3, X-4
1769. Hartshorne TS, Nicholas J, Grialou TL, et al. Executive function in CHARGE syndrome. *Child Neuropsychol.* 2007 Jul;13(4):333-44. PMID: 17564850. X-1, X-3, X-4
1770. Harvey RJ, Cooray SE. The effective treatment of severe repetitive behaviour with fluvoxamine in a 20 year old autistic female. *Int Clin Psychopharmacol.* 1995 Sep;10(3):201-3. X-1

1771. Hasselbusch A, Penman M. Working together: an occupational therapy perspective on collaborative consultation. *Kairaranga*. 2008;9(1):24-31. X-1, X-3, X-4
1772. 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. PMID: 12757353. X-1, X-3, X-4
1773. Hastings RP, Brown T. Behavioural knowledge, causal beliefs and self-efficacy as predictors of special educators' emotional reactions to challenging behaviours. *J Intellect Disabil Res*. 2002 Feb;46(2):144-50. X-1, X-3, X-4
1774. Hastings RP, 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. PMID: 11518485. X-1, X-3, X-4
1775. Hastings RP, Symes MD. Early intensive behavioral intervention for children with autism: parental therapeutic self-efficacy. *Res Dev Disabil*. 2002 Sep-Oct;23(5):332-41. PMID: 12401484. X-1, X-3, X-4
1776. 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. PMID: 14723653. X-4
1777. 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. PMID: 14561110. X-4
1778. 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. PMID: 15104885. X-2, X-4
1779. Hausman N, Kahng S, Farrell E, et al. Idiosyncratic functions: severe problem behavior maintained by access to ritualistic behaviors. *Educ Treat Children*. 2009 Feb;32(1):77-87. X-1, X-3, X-4
1780. Hawkins AH. Influencing leisure choices of autisticlike children. *J Autism Dev Disord*. 1982 Dec;12(4):359-66. PMID: 7161237. X-3
1781. Hay I, Winn S. Students with Asperger's syndrome in an inclusive secondary school environment: teachers', parents', and students' perspectives. *Australas J Spec Educ*. 2005;29(2):140-54. X-3, X-4
1782. Hayashi E. Effect of melatonin on sleep-wake rhythm: the sleep diary of an autistic male. *Psychiatry Clin Neurosci*. 2000 Jun;54(3):383. X-3
1783. Hayes S, McGuire B, O'Neill M, et al. Low mood and challenging behaviour in people with severe and profound intellectual disabilities. *J Intellect Disabil Res*. 2011 Feb;55(2):182-9. PMID: 21129068. X-4
1784. 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. PMID: 19933766. X-1, X-3, X-4
1785. 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. PMID: 11869397. X-4
1786. 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. PMID: 11869398. X-4
1787. Head-Dylla C. How can i learn with all this commotion? *J Cases Educ Leadersh*. 2009;12(3):33-51. X-1, X-2, X-3, X-4
1788. Healey JJ, Ahearn WH, Graff RB, et al. Extended analysis and treatment of self-injurious behavior. *Behav Interv*. 2001 Jul-Sep;16(3):181-95. X-3
1789. Heaton P, Allen R, Williams K, et al. Do social and cognitive deficits curtail musical understanding? Evidence from autism and Down syndrome. *Br J Dev Psychol*. 2008;26(Part 2):171-82. X-4
1790. Hedbring C, Newsom C. Visual overselectivity: a comparison of two instructional remediation procedures with autistic children. *J Autism Dev Disord*. 1985 Mar;15(1):9-22. PMID: 3980432. X-1, X-3, X-4
1791. Hedenbro M, 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 Lang Teach Ther*. 2007;23(2):201-22.. X-1, X-3, X-4
1792. Hediger ML, England LJ, Molloy CA, et al. Reduced bone cortical thickness in boys with autism or autism spectrum disorder. *J Autism Dev Disord*. 2008 May;38(5):848-56. X-1, X-3, X-4
1793. Heidgerken AD, Geffken G, Modi A, et al. A survey of autism knowledge in a health care setting. *J Autism Dev Disord*. 2005 Jun;35(3):323-30. X-4
1794. Heikkinen J, Jansson-Verkasalo E, Toivanen J, et al. Perception of basic emotions from speech prosody in adolescents with Asperger's syndrome. *Logoped Phoniatr Vocol*. 2010;35(3):113-20. X-3, X-4
1795. Heilbrun AB, Jr., Blum N, Goldreyer N. Defensive projection. An investigation of its role in paranoid conditions. *J Nerv Ment Dis*. 1985 Jan;173(1):17-25. PMID: 3965607. X-1, X-3, X-4

1796. Heiman T, Berger O. Parents of children with Asperger syndrome or with learning disabilities: family environment and social support. *Res Dev Disabil.* 2008 Jul-Aug;29(4):289-300. X-4
1797. Heimann M, Laberg KE, Nordøen B. Imitative interaction increases social interest and elicited imitation in non-verbal children with autism. *Infant Child Dev. Special Issue: Imitation and Socio-Emotional Processes: Implications for Communicative Development and Interventions.* 2006 May-Jun;15(3):297-309. X-1, X-3, X-4
1798. 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. PMID: 8567593. X-1, X-3, X-4
1799. Heinrich H, Gevensleben H, Strehl U. Annotation: neurofeedback - train your brain to train behaviour. *J Child Psychol Psychiatry.* 2007 Jan;48(1):3-16. PMID: 17244266. X-4
1800. Held MF, Thoma CA, Thomas K. "The John Jones Show": how one teacher facilitated self-determined transition planning for a young man with autism. *Focus Autism Dev Disabil.* 2004 Fall;19(3):177-88. X-3
1801. 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. PMID: 16868848. X-4
1802. Hellemans H, Roeyers H, Leplae W, et al. Sexual behavior in male adolescents and young adults with autism spectrum disorder and borderline/mild mental retardation. *Sex Disabil.* 2010;28(2):93-104. X-4
1803. Hellings JA, Boehm D, Yeh HW, et al. Long-term aripiprazole in youth with developmental disabilities including autism. *J Ment Health Res Intellect Disabil.* 2011;4(1):40-52. X-3
1804. Hellings JA, Cardona AM, Schroeder SR. Long-term safety and adverse events of risperidone in children, adolescents, and adults with pervasive developmental disorders. *J Ment Health Res Intellect Disabil.* 2010 Jul;3(3):132-44. X-3
1805. 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. PMID: 8778118. X-3
1806. 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. PMID: 15746480. X-3, X-4
1807. 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. PMID: 16190799. X-1
1808. 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. PMID: 11642473. X-3
1809. 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. PMID: 16379508. X-1, X-3, X-4
1810. Helverschou SB, Bakken TL, Martinsen H. Identifying symptoms of psychiatric disorders in people with autism and intellectual disability: an empirical conceptual analysis. *Mental Health Asp Dev Disab.* 2008;11(4):105-15. X-1, X-3, X-4
1811. 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. PMID: 2055885. X-4
1812. Hendricks DR, Wehman P. Transition from school to adulthood for youth with autism spectrum disorders: review and recommendations. *Focus Autism Dev Disabil.* 2009;24(2):77-88. X-1, X-2, X-3
1813. Hendy HM, Williams KE, Riegel K, et al. Parent mealtime actions that mediate associations between children's fussy-eating and their weight and diet. *Appetite.* 2010 Feb;54(1):191-5. PMID: 19887094. X-4
1814. Henley D. Emotional handicaps in low-functioning children: art educational/art therapeutic interventions. *Arts Psychother.* 1986 Spr;13(1):35-44. X-3
1815. Henley D. Naming the enemy: an art therapy intervention for children with bipolar and comorbid disorders. *Art Therapy.* 2007;24(3):104-10. X-1, X-3, X-4
1816. Hennessy MJ, Haas RH. The orthopedic management of Rett syndrome. *J Child Neurol.* 1988;3 Suppl:S43-7. PMID: 3198902. X-1, X-3, X-4
1817. Henning OJ, Nakken KO. Psychiatric comorbidity and use of psychotropic drugs in epilepsy patients. *Acta Neurol Scand Suppl.* 2010(190):18-22. PMID: 20586730. X-1, X-3, X-4
1818. 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. PMID: 19364289. X-1, X-3, X-4

1819. 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. PMID: 16553539. X-1, X-3, X-4
1820. Hepburn SL, MacLean WE. Maladaptive and repetitive behaviors in children with down syndrome and autism spectrum disorders: implications for screening. *J Ment Health Res Intellect Disabil*. 2009;2(2):67-88. X-4
1821. 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. PMID: 17985813. X-2
1822. 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. PMID: 19165532. X-3
1823. Herman BH, Asleson GS, Powell A, et al. Cardiovascular and other physical effects of acute administration of naltrexone in autistic children. *J Child Adolesc Psychopharmacol*. 1993 Fal;3(3):157-68. X-1, X-3, X-4
1824. 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. PMID: 2721334. X-1, X-3, X-4
1825. Hernandez P, Ikkanda Z. Applied behavior analysis: behavior management of children with autism spectrum disorders in dental environments. *J Am Dent Assoc*. 2011 Mar;142(3):281-7. PMID: 21357862. X-1, X-2, X-3, X-4
1826. Herndon AC, DiGuseppi C, Johnson SL, et al. Does nutritional intake differ between children with autism spectrum disorders and children with typical development? *J Autism Dev Disord*. 2009 Feb;39(2):212-22. X-4
1827. 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*. 2008;12(2):143-57. X-3
1828. 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. *J Intellect Disabil Res*. 2006 Dec;50(12):874-82. X-4
1829. Hertzman M. Galantamine in the treatment of adult autism: a report of three clinical cases. *Int J Psychiatry Med*. 2003;33(4):395-8. X-4
1830. Hess J, Matson J, Neal D, et al. A comparison of psychotropic drug side effect profiles in adults diagnosed with intellectual disabilities and autism spectrum disorders. *J Ment Health Res Intellect Disabil*. 2010;3(2):85-96. X-1
1831. Hess K. Keep the change: a hard-earned success. *Young Child*. 2003 Jul;58(4):30-2. X-1, X-2, X-3, X-4
1832. 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. PMID: 17929155. X-1, X-3, X-4
1833. Hess L. I would like to play but i don't know how: a case study of pretend play in autism. *Child Lang Teach Ther*. 2006;22(1):97-116. X-1, X-3, X-4
1834. Hetherington SA, Durant-Jones L, Johnson K, et al. The lived experiences of adolescents with disabilities and their parents in transition planning. *Focus Autism Dev Disabil*. 2010 Sep;25(3):163-72. X-3, X-4
1835. Hetzroni OE, 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. PMID: 15162930. X-3
1836. Hewitt LE. A social interactionist view of autism and its clinical management. *J Commun Disord*. 1998 Mar-Apr;31(2):87-92. PMID: 9549668. X-1, X-2, X-3, X-4
1837. Hickling EJ, Blanchard EB, Kuhn E. Brief, early treatment for ASD/PTSD following motor vehicle accidents. *Cogn Behav Pract*. 2005 Aut;12(4):461-7. X-4
1838. Higbee TS, Carr JE, 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. PMID: 12071396. X-1, X-3, X-4
1839. Higgins DJ, Bailey SR, 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. PMID: 15857858. X-1, X-3, X-4
1840. Higgins KK, Koch LC, Boughfman EM, et al. School-to-work transition and Asperger Syndrome. *Work*. 2008;31(3):291-8. PMID: 19029670. X-2
1841. Hill BK, Balow EA, 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. PMID: 4001292. X-1, X-3, X-4
1842. Hill DA, Martin ED, Jr., Nelson-Head C. Examination of case law (2007-2008) regarding autism spectrum disorder and violations of the Individuals with Disabilities Education Act. *Prev School Failure*. 2011;55(4):214-25. X-1, X-2, X-3, X-4

1843. 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. PMID: 17691033. X-4
1844. Hillier A, Campbell H, Mastroiani K, et al. Two-year evaluation of a vocational support program for adults on the autism spectrum. *Career Dev Except Individuals*. 2007 Spr;30(1):35-47. X-3
1845. Hillier A, Fish T, Cloppert P, et al. Outcomes of a social and vocational skills support group for adolescents and young adults on the autism spectrum. *Focus Autism Dev Disabil*. 2007 Sum;22(2):107-15. X-3
1846. Hillock AR, Powers AR, Wallace MT. Binding of sights and sounds: age-related changes in multisensory temporal processing. *Neuropsychologia*. 2011 Feb;49(3):461-7. PMID: 21134385. X-1, X-3, X-4
1847. Hilton JC, Seal BC. Brief report: comparative ABA and DIR trials in twin brothers with autism. *J Autism Dev Disord*. 2007 Jul;37(6):1197-201. PMID: 17072747. X-3
1848. 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. PMID: 19414434. X-2, X-4
1849. Hilton S, Hunt K, Petticrew M. MMR: marginalised, misrepresented and rejected? Autism: a focus group study. *Arch Dis Child*. 2007 Apr;92(4):322-7. PMID: 17376937. X-4
1850. Hintzen A, Delespaul P, van Os J, et al. Social needs in daily life in adults with Pervasive Developmental Disorders. *Psychiatry Res*. 2010 Aug 30;179(1):75-80. PMID: 20638732. X-3, X-4
1851. 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. PMID: 10184810. X-2, X-4
1852. Hirsch N, Myles BS. The use of a pica box in reducing pica behavior in a student with autism. *Focus Autism Dev Disabil*. 1996 Win;11(4):222-5, 34. X-1, X-3, X-4
1853. Hittner JB. Case study: the combined use of imipramine and behavior modification to reduce aggression in an adult male diagnosed as having autistic disorder. *Behav Interv*. 1994 Apr;9(2):123-39. X-3
1854. 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. PMID: 2936877. X-1, X-3
1855. Ho HH, Miller A, Armstrong RW. Parent-professional agreement on diagnosis and recommendations for children with developmental disorders. *Child Health Care*. 1994 Spring;23(2):137-48. PMID: 10146014. X-1, X-3, X-4
1856. Hobson RP. Explaining autism: ten reasons to focus on the developing self. *Autism*. 2010 Sep;14(5):391-407. PMID: 20926456. X-1, X-2, X-3, X-4
1857. Hodgetts S, Magill-Evans J, Misiaszek JE. Weighted vests, stereotyped behaviors and arousal in children with autism. *J Autism Dev Disord*. 2011 Jun;41(6):805-14. X-3
1858. Hoekstra PJ, Troost PW, Lahuis BE, et al. Risperidone-induced weight gain in referred children with autism spectrum disorders is associated with a common polymorphism in the 5-hydroxytryptamine 2C receptor gene. *J Child Adolesc Psychopharmacol*. 2010 Dec;20(6):473-7. PMID: 21186965. X-3, X-4
1859. Hoffman CD, Sweeney DP, Gilliam JE, et al. Sleep problems and symptomology in children with autism. *Focus Autism Dev Disabil*. 2005 Win;20(4):194-200. X-1, X-3, X-4
1860. Hoffman CD, Sweeney DP, Hodge D, et al. Parenting stress and closeness: mothers of typically developing children and mothers of children with autism. *Focus Autism Dev Disabil*. 2009;24(3):178-87. X-4
1861. 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. PMID: 19515234. X-4
1862. 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. PMID: 16167089. X-4
1863. Holburn CS. Counter the mistreatments for autism with professional integrity. *Intellect Dev Disabil*. 2007 Apr;45(2):136-7. PMID: 17428138. X-2, X-4
1864. Holck U. Interaction themes in music therapy: definition and delimitation. *Nord J Music Ther*. 2004;13(1):3-19. X-2, X-4
1865. Holcomb MJ, Pufpaff LA, McIntosh DE. Obesity rates in special populations of children and potential interventions. *Psychol Sch*. 2009 Sep;46(8):797-804. X-2
1866. Holding E, Bray MA, Kehle TJ. Does speed matter? A comparison of the effectiveness of fluency and discrete trial training for teaching noun labels to children with autism. *Psychol Sch*. 2011 Feb;48(2):166-83. X-1, X-3, X-4
1867. Holifield C, Goodman J, Hazelkorn M, et al. Using self-monitoring to increase attending to task and academic accuracy in children with autism. *Focus Autism Dev Disabil*. 2010 Dec;25(4):230-8. X-1, X-3, X-4

1868. Holland CD. Autism, insurance, and the idea: providing a comprehensive legal framework. *Cornell Law Rev.* 2010 Sep;95(6):1253-82. PMID: 20939148. X-1, X-2, X-3, X-4
1869. Hollander A, Hebborn-Brass U. Termination of long term treatment in a residential home: quotas, conditions and additional comments. *Acta Paedopsychiatr.* 1989;52(4):243-53. PMID: 2518648. X-1, X-3, X-4
1870. 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. PMID: 16904652. X-3
1871. 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. PMID: 20010551. X-1, X-3, X-4
1872. 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. PMID: 11488363. X-3
1873. 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. PMID: 10695900. X-3
1874. 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):163-7. X-3
1875. 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. PMID: 12496956. X-1, X-3
1876. 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. PMID: 15602505. X-1, X-3, X-4
1877. 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. PMID: 16316486. X-1, X-3
1878. 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. PMID: 17069543. X-1, X-3, X-4
1879. Hollenweger J. MHADIE's matrix to analyse the functioning of education systems. *Disabil Rehabil.* 2010;32 Suppl 1:S116-24. PMID: 20874661. X-1, X-2, X-3, X-4
1880. 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. PMID: 2228916. X-2
1881. Holmes E, Willoughby T. Play behaviour of children with autism spectrum disorders. *J Intellect Dev Disabil.* 2005;30(3):156-64. X-1, X-3, X-4
1882. Holmes N, 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. PMID: 1830876. X-2, X-3
1883. 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. PMID: 7161235. X-1, X-3, X-4
1884. Holmstrom C. Autism. *Can J Psychiatr Nurs.* 1989 Jul-Sep;30(3):6-8. PMID: 2766115. X-1, X-2, X-3, X-4
1885. Holtmann M, Steiner S, Hohmann S, et al. Neurofeedback in autism spectrum disorders. *Dev Med Child Neurol.* 2011 Nov;53(11):986-93. X-1, X-2, X-3, X-4
1886. Holttum JR, Lubetsky MJ, Eastman LE. Comprehensive management of trichotillomania in a young autistic girl. *J Am Acad Child Adolesc Psychiatry.* 1994 May;33(4):577-81. X-1, X-2, X-3, X-4
1887. Holzer L, Mihailescu R, Rodrigues-Degauff 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. PMID: 16447011. X-4
1888. Honda H, 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. PMID: 12212916. X-2, X-4
1889. 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. PMID: 15686284. X-4
1890. 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. PMID: 19298465. X-4
1891. Honda H, Shimizu Y, 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. PMID: 15877763. X-4

1892. 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. PMID: 16900401. X-1, X-2, X-3, X-4
1893. Honeycutt N, Belcher JR. Schizophrenia and social skills: an 'identify and train' approach. *Community Ment Health J.* 1991 Feb;27(1):57-68. PMID: 2019099. X-2, X-4
1894. Hong WC, Ping LCW. The relationship of language function of adults with autism to the speech of their mothers. *Br J Dev Disabil.* 2001;47 part 2(93):73-85. X-4
1895. Honig AS, McCarron PA. Prosocial behaviors of handicapped and typical peers in an integrated preschool. *Early Child Dev Care. Special Issue: Optimizing early child care and education.* 1988;33(1-4):113-25. X-1, X-3, X-4
1896. 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. PMID: 12462350. X-1, X-3, X-4
1897. Hopkins IM, Gower MW, Perez TA, et al. Avatar assistant: improving social skills in students with an asd through a computer-based intervention. *J Autism Dev Disord.* 2011 Feb 2. PMID 21287255. X-1
1898. Hopkins IM, Gower MW, Perez TA, et al. Avatar assistant: improving social skills in students with an asd through a computer-based intervention. *J Autism Dev Disord.* 2011 Nov;41(11):1543-55. X-1, X-3
1899. Horner RH. Positive behavior supports. *Focus Autism Dev Disabil.* 2000 Sum;15(2):97-105. X-2
1900. Horner RH, Budd CM. Acquisition of manual sign use: collateral reduction of maladaptive behavior, and factors limiting generalization. *Educ Train Ment Retard.* 1985 Mar;20(1):39-47. X-1, X-3, X-4
1901. Horner RH, Carr EG, Halle J, et al. The use of single-subject research to identify evidence-based practice in special education. *Except Child.* 2005 Win;71(2):165-79. X-1, X-2, X-3, X-4
1902. 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-2, X-4
1903. 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. PMID: 17319245. X-2
1904. Horrigan JP, Barnhill LJ. More on melatonin. *J Am Acad Child Adolesc Psychiatry.* 1997 Aug;36(8):1014. X-3
1905. Horrigan JP, Barnhill LJ. Risperidone and explosive aggressive autism. *J Autism Dev Disord.* 1997 Jun;27(3):313-23. PMID: 9229261. X-3
1906. Horrocks JL, White G, Roberts L. Principals' attitudes regarding inclusion of children with autism in Pennsylvania public schools. *J Autism Dev Disord.* 2008 Sep;38(8):1462-73. PMID: 18256916. X-1, X-4
1907. 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. PMID: 6678779. X-1, X-3, X-4
1908. 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. PMID: 7169196. X-4
1909. 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. PMID: 6678778. INCLUDE, X-1, X-3, X-4
1910. 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. PMID: 6537391. X-4
1911. Houghton S, Douglas G, Brigg J, et al. An empirical evaluation of an interactive multi-sensory environment for children with disability. *J Intellect Dev Disabil.* 1998 Dec;23(4):267-78. X-3
1912. Houlihan D, Jacobson L, Brandon PK. Replication of a high-probability request sequence with varied interprompt times in a preschool setting. *J Appl Behav Anal. Special Issue: Integrating basic and applied research.* 1994 Win;27(4):737-8. X-1, X-3, X-4
1913. Hourigan R, Hourigan A. Teaching music to children with autism: understandings and perspectives. *Music Educ J.* 2009;96(1):40-5. X-2, X-4
1914. Houzel D. Precipitation anxiety and the dawn of aesthetic feelings. *J Child Psychother.* 1989;15(2):103-14. X-1, X-3, X-4
1915. Houzel D. The psychoanalysis of infantile autism. *J Child Psychother.* 2004;30(2):225-37. X-1, X-2, X-3, X-4
1916. 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. PMID: 15766629. X-1, X-2, X-3, X-4
1917. Howell EJ, Pierson MR. Parents' perspectives on the participation of their children with autism in Sunday school. *J Relig Disabil Health.* 2010;14(2):153-66. X-3, X-4

1918. Howlin P. The results of a home-based language training programme with autistic children. *Br J Disord Commun.* 1981 Sep;16(2):73-88. PMID: 7326212. X-1, X-3, X-4
1919. Howlin P. A brief report on the elimination of long term sleeping problems in a 6-yr-old autistic boy. *Behav Psychother.* 1984 Jul;12(3):257-60. X-1, X-3, X-4
1920. Howlin P. Can early interventions alter the course of autism? *Novartis Found Symp.* 2003;251:250-9; discussion 60-5, 81-97. PMID: 14521197. X-2, X-4
1921. Howlin P, 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. PMID: 7592248. X-4
1922. Howlin P, Goode S, Hutton J, et al. Adult outcome for children with autism. *J Child Psychol Psychiatry.* 2004 Feb;45(2):212-29. PMID: 14982237. X-4
1923. 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. PMID: 17501728. X-1, X-2, X-3, X-4
1924. Howlin P, Magiati I, Charman T. Systematic review of early intensive behavioral interventions for children with autism. *Am J Intellect Dev Disabil.* 2009 Jan;114(1):23-41. X-1, X-2, X-3, X-4
1925. Howlin P, Mawhood L, 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. PMID: 10946749. X-4
1926. Howlin P, Rutter M. Mothers' speech to autistic children: a preliminary causal analysis. *J Child Psychol Psychiatry.* 1989 Nov;30(6):819-43. PMID: 2592467. X-1, X-3, X-4
1927. Howlin P, Wing L, Gould J. The recognition of autism in children with Down syndrome: Implications for intervention and some speculations about pathology. *Dev Med Child Neurol.* 1995 May;37(5):406-13. X-1, X-2, X-3, X-4
1928. Howlin P, Wing L, Gould J. The recognition of autism in children with Down syndrome: implications for intervention and some speculations about pathology. *Annu Prog Child Psychiatr Child Dev.* 1996:280-94. X-1, X-2, X-3, X-4
1929. Howlin P, Yates P. The potential effectiveness of social skills groups for adults with autism. *Autism.* 1999 Sep;3(3):299-307. X-3
1930. Howlin PA. The effectiveness of operant language training with autistic children. *J Autism Dev Disord.* 1981 Mar;11(1):89-105. PMID: 6927701. X-1, X-3, X-4
1931. Hoy JA, Hatton C, Hare D. Weak central coherence: a cross-domain phenomenon specific to autism? *Autism.* 2004 Sep;8(3):267-81. PMID: 15358870. X-4
1932. Hubel M, Hagell P, 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. PMID: 17987373. X-1
1933. Huemer SV, Mann V. A comprehensive profile of decoding and comprehension in autism spectrum disorders. *J Autism Dev Disord.* 2010;40(4):485-93. X-4
1934. 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. PMID: 9442997. X-4
1935. Hughes DM, Cunningham MM, Libretto SE. Risperidone in children and adolescents with autistic disorder and aggressive behaviour. *Br J Dev Disabil.* 2002 Jul;48(95,Pt2):113-22. X-3
1936. Hughes JR, Melyn M. EEG and seizures in autistic children and adolescents: further findings with therapeutic implications. *Clin EEG Neurosci.* 2005 Jan;36(1):15-20. PMID: 15683193. X-4
1937. Hughes V, Wolery MR, Neel RS. Teacher verbalizations and task performance with autistic children. *J Autism Dev Disord.* 1983 Sep;13(3):305-16. PMID: 6643375. X-3
1938. Hui KK, Marina O, Liu J, et al. Acupuncture, the limbic system, and the anticorrelated networks of the brain. *Auton Neurosci.* 2010 Oct 28;157(1-2):81-90. PMID: 20494627. X-1, X-2, X-3, X-4
1939. 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. PMID: 11239907. X-4
1940. Hume K, Bellini S, Pratt C. The usage and perceived outcomes of early intervention and early childhood programs for young children with autism spectrum disorder. *Topics Early Child Spec Educ.* 2005 Win;25(4):195-207. PMID: 2006-02536-001. X-1, X-3, X-4

1941. Hume K, Boyd B, McBee M, et al. Assessing implementation of comprehensive treatment models for young children with ASD: reliability and validity of two measures. *Res Autism Spectr Disord*. 2011 Oct-Dec;5(4):1430-40. X-1, X-2, X-3, X-4
1942. Hume K, Loftin R, Lantz J. Increasing independence in autism spectrum disorders: a review of three focused interventions. *J Autism Dev Disord*. 2009 Sep;39(9):1329-38. X-2
1943. Hume K, 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. PMID: 17072746. X-1, X-4
1944. Humphrey N, 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. PMID: 18178595. X-3, X-4
1945. Humphrey N, Lewis S. What does 'inclusion' mean for pupils on the autistic spectrum in mainstream secondary schools? *J Res Spec Educ Needs*. 2008 Oct;8(3):132-40. X-3, X-4
1946. Humphrey N, Parkinson G. Research on interventions for children and young people on the autistic spectrum: a critical perspective. *J Res Spec Educ Needs*. 2006 May;6(2):76-86. X-1, X-2, X-3, X-4
1947. Humphrey N, Symes W. Peer interaction patterns among adolescents with autistic spectrum disorders (ASDs) in mainstream school settings. *Autism*. 2011 Jul;15(4):397-419. X-4
1948. Humphrey N, Symes W. Perceptions of social support and experience of bullying among pupils with autistic spectrum disorders in mainstream secondary schools. *Eur J Spec Needs Educ*. 2010 Feb;25(1):77-91. X-4
1949. Humphrey N, Symes W. Responses to bullying and use of social support among pupils with autism spectrum disorders (asds) in mainstream schools: a qualitative study. *J Res Spec Educ Needs*. 2010 Jun;10(2):82-90. X-1, X-2, X-3, X-4
1950. 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. PMID: 6927683. X-3
1951. Hung DW, Rotman Z, Cosentino A, et al. Cost and effectiveness of an educational program for autistic children using a systems approach. *Educ Treat Children*. 1983 Win;6(1):47-68. X-1, X-3, X-4
1952. Hunt A. A comparison of the abilities, health and behaviour of 23 people with tuberous sclerosis at Age 5 and as adults. *J Appl Res Intellect Disabil*. 1998;11(3):227-38. X-4
1953. Hunt P, Goetz L. Teaching spontaneous communication in natural settings through interrupted behavior chains. *Top Lang Disord*. 1988 Dec;9(1):58-71. X-1, X-2, X-3, X-4
1954. Hupp SDA, Reitman D. Parent-assisted modification of pivotal social skills for a child diagnosed with PDD: <i>A clinical replication</i>. *J Posit Behav Interv*. 2000 Sum;2(3):183-7. X-1, X-2, X-3, X-4
1955. Hurlbutt K, Chalmers L. Employment and adults with Asperger syndrome. PRO-ED, Inc., 8700 Shoal Creek Boulevard, Austin, Texas 78757-6897. Tel: 800-897-3202 (Toll Free). 2004. p. 215-22
1956. Hurlbutt KS, Handler BR. High school students with Asperger syndrome: A Career Path Binder Project. *Interv School Clinic*. 2010 Sep;46(1):46-50. X-1, X-2, X-3, X-4
1957. Hurley AD, Folstein M, 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. PMID: 12558694. X-4
1958. Hurth J, Shaw E, Izeman SG, et al. Areas of agreement about effective practices among programs serving young children with autism spectrum disorders. *Infants Young Child*. 1999 Oct;12(2):17-26. X-1, X-2, X-3, X-4
1959. Hutman T, Rozga A, DeLaurentis AD, et al. Response to distress in infants at risk for autism: a prospective longitudinal study. *J Child Psychol Psychiatry*. 2010 Sep;51(9):1010-20. X-1, X-3, X-4
1960. Hutton AM, Caron SL. Experiences of families with children with autism in rural New England. *Focus Autism Dev Disabil*. 2005 Fall;20(3):180-9. X-4
1961. Huws JC, P. Missing voices: representations of autism in British newspapers, 1999-2008. *Brit J Learn Disab*. 2011;39(2):98-104. X-1, X-3, X-4
1962. Huws JC, Jones RSP. 'They just seem to live their lives in their own little world': lay perceptions of autism. *Disabil Soc*. 2010;25(3):331-44. X-1, X-3, X-4
1963. 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. PMID: 8875813. X-1, X-3, X-4
1964. Hwang B, Hughes C. The effects of social interactive training on early social communication skills of children with autism. *J Autism Dev Disord*. 2000 Aug;30(4):331-43. X-1, X-2, X-3, X-4

1965. Hwang SK, Charnley H. Making the familiar strange and making the strange familiar: understanding Korean children's experiences of living with an autistic sibling. *Disabil Soc.* 2010;25(5):579-92. X-3, X-4
1966. 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. PMID: 19521247. X-4
1967. Hyman M. Standing at Sinai with autism: a young man's bar mitzvah journey. *J Posit Behav Interv.* 2009;11(3):186-92. X-2
1968. Hyman MH. The impact of mercury on human health and the environment. *Altern Ther Health Med.* 2004 Nov-Dec;10(6):70-5. PMID: 15645598. X-2, X-4
1969. Hyman SL, Levy SE. Introduction: novel therapies in developmental disabilities--hope, reason, and evidence. *Ment Retard Dev Disabil Res Rev.* 2005;11(2):107-9. PMID: 15977317. X-2, X-4
1970. 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. PMID: 16618059. X-4
1971. Iarocci G, Rombough A, Yager J, et al. Visual influences on speech perception in children with autism. *Autism.* 2010 Jul;14(4):305-20. PMID: 20591957. X-4
1972. Igo M, French R, Kinnison L. From the field. Influence of modeling and selected reinforcement on improving cooperative play skills of children with autism. *Clin Kinesiology.* 1997;51(1):16-21. X-3, X-4
1973. Ihrig K, 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. PMID: 3372460. X-3
1974. Ijichi S, Ijichi N. Beyond negative data in autism randomized trials. *Autism.* 2004 Mar;8(1):111-2. PMID: 15070551. X-2
1975. Ijichi S, Ijichi N. Computerized lifelong mentoring support using robot for autistic individuals. *Med Hypotheses.* 2007;68(3):493-8. PMID: 17023117. X-2, X-4
1976. Infantino J, Hemenstall K. Effects of a decoding program on a child with autism spectrum disorder. *Australas J Spec Educ.* 2006;30(2):126-44. X-2, X-3
1977. Ingenmey R, Van Houten R. Using time delay to promote spontaneous speech in an autistic child. *J Appl Behav Anal.* 1991 Fal;24(3):591-6. X-1, X-2, X-3, X-4
1978. Ingersoll B. Pilot randomized controlled trial of Reciprocal Imitation Training for teaching elicited and spontaneous imitation to children with autism. *J Autism Dev Disord.* 2010 Sep;40(9):1154-60. PMID: 20155309. X-1, X-3, X-4
1979. Ingersoll B. The differential effect of three naturalistic language interventions on language use in children with autism. *J Posit Behav Interv.* 2011 Apr;13(2):109-18. X-1, X-2, X-3, X-4
1980. Ingersoll B, Dvortcsak A. Including parent training in the early childhood special education curriculum for children with autism spectrum disorders. *Topics Early Child Spec Educ.* 2006 Fall;26(3):179-87. X-1, X-2, X-3, X-4
1981. 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 Autism Dev Disabil.* 2005 Win;20(4):213-22. X-1
1982. Ingersoll B, 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. PMID: 16603337. X-1, X-3
1983. Ingersoll B, Lalonde K. The impact of object and gesture imitation training on language use in children with autism spectrum disorder. *J Speech Lang Hear Res.* 2010 Aug;53(4):1040-51. PMID: 20631228. X-3, X-4
1984. Ingersoll B, Lewis E, 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. PMID: 17033930. X-1, X-3
1985. Ingersoll B, 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. PMID: 16568355. X-1, X-3
1986. Ingersoll B, Schreibman L, 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. PMID: 11518487. X-1, X-3, X-4
1987. Ingersoll BR. Teaching social communication: a comparison of naturalistic behavioral and development, social pragmatic approaches for children with autism spectrum disorders. *J Posit Behav Interv.* 2010;12(1):33-43. X-2
1988. Inglese MD. Pain perception and communication in children with autism spectrum disorder: new parental insights. *South Online J Nurs Res.* 2008;8(2):2p. X-1, X-3, X-4

1989. Ingvarsson ET, Hollobaugh T. Acquisition of intraverbal behavior: teaching children with autism to mand for answers to questions. *J Appl Behav Anal.* 2010 Spr;43(1):1-17. X-3
1990. Ingvarsson ET, Hollobaugh T. A comparison of prompting tactics to establish intraverbals in children with autism. *J Appl Behav Anal.* 2011 Fall;44(3):659-64. X-1, X-3, X-4
1991. Insel TR. Mouse models for autism: report from a meeting. *Mamm Genome.* 2001 Oct;12(10):755-7. PMID: 11678137. X-2, X-4
1992. 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. *Behav Interv.* 2006 Nov;21(4):281-6. X-3
1993. Isbell JS, Jolivet K. Stop, think, proceed: solving problems in the real world. *Interv School Clinic.* 2011 Sep;47(1):31-8. X-6
1994. Ishii T, Ishii A, Ishii T, et al. Drawings by an autistic adult chronicling a day in his childhood. *Vis Arts Res.* 1996 Fall;22(44):47-55. X-2, X-3, X-4
1995. Itzhak EB, Zachor DA. Change in autism classification with early intervention: predictors and outcomes. *Res Autism Spectr Disord.* 2009 Oct-Dec;3(4):967-76. X-1, X-4
1996. Ivancic Jokic N, Majstorovic M, Bakarcic D, et al. Dental caries in disabled children. *Coll Antropol.* 2007 Mar;31(1):321-4. PMID: 17598418. X-4
1997. Ivanov I, Klein M, Green WH, et al. The challenges of psychopharmacological management of children with severe developmental disabilities. *J Child Adolesc Psychopharmacol.* 2006 Dec;16(6):793-9. X-1, X-2, X-3, X-4
1998. Ivey JK. Outcomes for students with autism spectrum disorders: what is important and likely according to teachers? *Educ Train Dev Disabil.* 2007 Mar;42(1):3-13. X-1, X-3, X-4
1999. Ivey ML, Heflin LJ, Alberto P. The Use of social stories to promote independent behaviors in novel events for children with PDD-NOS. *Focus Autism Dev Disabil.* 2004 Fal;19(3):164-76. X-1, X-2, X-3, X-4
2000. Jackett JM. Transition and beyond for individuals with autism spectrum disorders (ASD): a New Jersey case study of the adult service sector, its inherent shortcomings, and hope for the future. *Seton Hall Law Rev.* 2010;40(4):1733-74. PMID: 21280391. X-1, X-2, X-3, X-4
2001. Jackson C. A life of his own. *Ment Health Care.* 1998 Feb;1(6):186-7. PMID: 9791407. X-3
2002. Jackson HJ. Current trends in the treatment of phobias in autistic and mentally retarded persons. *Aust NZ J Dev Disabil.* 1983 Dec;9(4):191-208. X-1, X-2, X-3, X-4
2003. Jacobson JW, Ackerman LJ. Differences in adaptive functioning among people with autism or mental retardation. *J Autism Dev Disord.* 1990 Jun;20(2):205-19. PMID: 2347820. X-4
2004. Jacobson L, Stenstrom I. Visually impairing ROP in children born in Sweden 1975-89. *Acta Ophthalmol Suppl.* 1993(210):16-9. PMID: 8329946. X-4
2005. 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. PMID: 17166801. X-2, X-4
2006. Jafferany M, Shireen F, Ibrahim A. An open-label trial of topiramate in the treatment of skin picking in pervasive developmental disorder not otherwise specified. *Prim Care Companion J Clin Psychiatry.* 2010;12(2) PMID: 20694122. X-1, X-2, X-3, X-4
2007. 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. PMID: 11580167. X-3
2008. 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.* 2007;11(4):349-63. X-1, X-3, X-4
2009. Jahr E, Eldevik S, Eikeseth S. Teaching children with autism to initiate and sustain cooperative play. *Res Dev Disabil.* 2000 Mar-Apr;21(2):151-69. PMID: 10817421. X-1, X-3, X-4
2010. 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. *J Autism Dev Disord.* 2009 Mar;39(3):395-404. PMID: 18752063. X-1, X-3, X-4
2011. 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. PMID: 10642043. X-4
2012. 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. PMID: 15585776. X-4
2013. 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. PMID: 19056591. X-1, X-3, X-4

2014. James WH. Behavioural and biological determinants of human sex ratio at birth. *J Biosoc Sci.* 2010 Sep;42(5):587-99. PMID: 20519063. X-1, X-2, X-3, X-4
2015. Jamieson S. Creating an educational program for young children who are blind and who have autism. *RE:view.* 2004 Win;35(4):165. X-2, X-4
2016. Janeslatt G, Granlund M, Kottorp A, et al. Patterns of time processing ability in children with and without developmental disabilities. *J Appl Res Intellect Disabil.* 2010 May;23(3):250-62. X-4
2017. Janicki MP, Jacobson JW. The character of developmental disabilities in New York state: preliminary observations. *Int J Rehabil Res.* 1982 Jun;5(2):191-202. PMID: 7118336. X-4
2018. Janicki MP, Jacobson JW. Selected clinical features and service characteristics of autistic adults. *Psychol Rep.* 1983 Apr;52(2):387-90. PMID: 6878537. X-4
2019. Janicki MP, Lubin RA, Friedman E. Variations in characteristics and service needs of persons with autism. *J Autism Dev Disord.* 1983 Mar;13(1):73-85. PMID: 6602125. X-4
2020. Jansson AB. Becoming a narrator: A case study in the dynamics of learning based on the theories/methods of Vygotsky. *Mind, Culture, and Activity.* 2011 Jan;18(1):5-25. PMID: 2011-01568-002. X-2, X-3, X-4
2021. 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. PMID: 12581830. X-4
2022. 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. PMID: 16115221. X-4
2023. Janusis GM, Weyandt LL. An exploratory study of substance use and misuse among college students with and without ADHD and other disabilities. *J Atten Disord.* 2010 Nov;14(3):205-15. PMID: 20479474. X-4
2024. Jarbrink K. The economic consequences of autistic spectrum disorder among children in a Swedish municipality. *Autism.* 2007 Sep;11(5):453-63. PMID: 17942458. X-4
2025. Jarbrink K, Fombonne E, 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. PMID: 12959418. X-1, X-3, X-4
2026. Jarbrink K, McCrone P, Fombonne E, et al. Cost-impact of young adults with high-functioning autistic spectrum disorder. *Res Dev Disabil.* 2007 Jan-Feb;28(1):94-104. PMID: 16551499. X-3, X-4
2027. Jarocka-Cyrta E, Wasilewska J, Kaczmarek MG. Brief report: eosinophilic esophagitis as a cause of feeding problems in autistic boy. The first reported case. *J Autism Dev Disord.* 2011 Mar;41(3):372-4. X-3, X-4
2028. Jarusiewicz B. Efficacy of neurofeedback for children in the autistic spectrum: a pilot study. *J Neurother.* 2002;6(4):39-49. X-1, X-3, X-4
2029. Jarvinen-Pasley A, Wallace GL, Ramus F, et al. Enhanced perceptual processing of speech in autism. *Dev Sci.* 2008 Jan;11(1):109-21. PMID: 18171373. X-4
2030. 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. PMID: 1479049. X-1, X-3, X-4
2031. Jasmin E, Couture M, McKinley P, et al. Sensorimotor and daily living skills of preschool children with autism spectrum disorders. *J Autism Dev Disord.* 2009 Feb;39(2):231-41. PMID: 18629623. X-4
2032. Jegatheesan B, Fowler S, Miller PJ. From symptom recognition to services: how South Asian muslim immigrant families navigate autism. *Disabil Soc.* 2010 Dec;25(7):797-811. X-1, X-3, X-4
2033. Jelleyman T, Ure A. Attitudes to immunisation: a survey of health professionals in the Rotorua district. *N Z Med J.* 2004 Feb 20;117(1189):U769. PMID: 15014558. X-4
2034. Jennett HK, Harris SL, 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. PMID: 14714928. X-4
2035. Jensen CC, McConnachie G, Pierson T. Long-term multicomponent intervention to reduce severe problem behavior: A 63-month evaluation. *J Posit Behav Interv.* 2001 Fal;3(4):225-36, 50. X-1, X-3, X-4
2036. 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. *J Am Acad Child Adolesc Psychiatry.* 2007 Mar;46(3):309. X-2, X-4
2037. Jensen VK, Sinclair LV. Treatment of autism in young children: behavioral intervention and applied behavior analysis. *infants and young children.* 2002 Apr;14(4):42-52. X-1, X-2, X-3, X-4
2038. Jenson WR, et al. Intervention projects in school psychology at the university of utah. *School psychology review.* 1991;20(4):462-71. X-1, X-2, X-3, X-4
2039. 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. PMID: 3998179. X-1, X-3, X-4

2040. Jepsen RH, VonThaden K. The effect of cognitive education on the performance of students with neurological developmental disabilities. *NeuroRehabilitation*. 2002;17(3):201-9. PMID: 12237500. X-3
2041. Jepsen B, Granpeesheh D, Tarbox J, et al. Controlled evaluation of the effects of hyperbaric oxygen therapy on the behavior of 16 children with autism spectrum disorders. *J Autism Dev Disord*. 2011 May;41(5):575-88. PMID: 20680427. X-1, X-3, X-4
2042. Jerome J, Frantino EP, 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. PMID: 17471803. X-3
2043. Jerome J, 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. PMID: 18595285. X-1, X-3, X-4
2044. Jeste SS, Nelson CA, III. Event related potentials in the understanding of autism spectrum disorders: an analytical review. *J Autism Dev Disord*. 2009 Mar;39(3):495-510. X-2, X-4
2045. 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. PMID: 9809262. X-1, X-3, X-4
2046. 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. PMID: 17376139. X-4
2047. Johnson CR, Butter EM, Handen BL, et al. Standardised observation analogue procedure (SOAP) for assessing parent and child behaviours in clinical trials. *J Intellect Dev Disabil*. 2009 Sep;34(3):230-8. X-4
2048. Johnson CR, Handen BL, Mayer-Costa M, et al. Eating habits and dietary status in young children with autism. *J Dev Phys Disabil*. 2008 Oct;20(5):437-48. X-4
2049. Johnson CR, Handen BL, Zimmer M, et al. Effects of gluten free / casein free diet in young children with autism: A pilot study. *J Dev Phys Disabil*. 2011 Jun;23(3):213-25. X-1, X-3, X-4
2050. Johnson CR, Handen BL, Zimmer M, et al. Polyunsaturated fatty acid supplementation in young children with autism. *J Dev Phys Disabil*. 2010 Feb;22(1):1-10. X-1, X-3, X-4
2051. 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. PMID: 17900393. X-4
2052. Johnson E, 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. PMID: 11952647. X-2
2053. Johnson JL, Brown S, Chang C, et al. The cost of serving infants and toddlers under part C. *Infants Young Child*. 2011 Jan-Mar;24(1):101-13. X-1, X-3, X-4
2054. Johnson K, Johnson CR, Sahl RA. Behavioral and naltrexone treatment of self-injurious behavior. *J Dev Phys Disabil. Special Issue: Pharmacotherapy: II*. 1994 Jun;6(2):193-202. X-1, X-3, X-4
2055. Johnson L, McComas J, Thompson A, et al. Obtained versus programmed reinforcement: practical considerations in the treatment of escape-reinforced aggression. *J Appl Behav Anal*. 2004 Sum;37(2):239-42. X-3
2056. 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. PMID: 18448859. X-1, X-3
2057. 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. PMID: 1572517. X-4
2058. Johnson N, Frenn M, Feetham S, et al. Autism spectrum disorder: parenting stress, family functioning and health-related quality of life. *Fam Syst Health*. 2011 Sep;29(3):232-52. PMID: 21928891. X-4
2059. Johnson SA, Filliter JH, Murphy RR. Discrepancies between self- and parent-perceptions of autistic traits and empathy in high functioning children and adolescents on the autism spectrum. *J Autism Dev Disord*. 2009;39(12):1706-14. X-4
2060. Johnston MV. Commentary: potential neurobiologic mechanisms through which metabolic disorders could relate to autism. *J Autism Dev Disord*. 2000 Oct;30(5):471-73. X-1, X-2, X-3, X-4
2061. Johnston S, Nelson C, Evans J, et al. The use of visual supports in teaching young children with autism spectrum disorder to initiate interactions [corrected] [published erratum appears in *AAC Augment Altern Commun* 2004 Jun;20(2):123]. *AAC: Augment Altern Commun*. 2003;19(2):86-103. X-1, X-3, X-4
2062. Johnston SS, Buchanan S, Davenport L. Comparison of fixed and gradual array when teaching sound-letter correspondence to two children with autism who use AAC. *AAC: Augment Altern Commun*. 2009;25(2):136-44. X-1, X-3, X-4

2063. Johnston SS, O'Neill RE. Searching for effectiveness and efficiency in conducting functional assessments: a review and proposed process for teachers and other practitioners. *Focus Autism Dev Disabil*. 2001 Win;16(4):205-14. X-1, X-2, X-3, X-4
2064. Jolivet K, Gallagher PA, Morrier MJ, et al. Preventing problem behaviors in young children with disabilities. *Exceptionality*. 2008 Apr;16(2):78-92. X-2, X-4
2065. Jones AP, Frederickson N. Multi-informant predictors of social inclusion for students with autism spectrum disorders attending mainstream school. *J Autism Dev Disord*. 2010 Sep;40(9):1094-103. X-1, X-3, X-4
2066. 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. PMID: 19545576. X-4
2067. Jones EA, Carr EG. Joint attention in children with autism: theory and intervention. *Focus Autism Dev Disabil*. 2004 Mar;19(1):13-26. X-2, X-4
2068. Jones EA, Carr EG, Feeley KM. Multiple effects of joint attention intervention for children with autism. *Behav Modif*. 2006 Nov;30(6):782-834. PMID: 17050765. X-1, X-3, X-4
2069. Jones EA, Feeley KM, Takacs J. Teaching spontaneous responses to young children with autism. *J Appl Behav Anal*. 2007 Fall;40(3):565-70. PMID: 17970271. X-1, X-3, X-4
2070. Jones G, 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. *J Res Spec Educ Needs*. 2008 Oct;8(3):171-3. X-4
2071. Jones K, Howley M. An investigation into an interaction programme for children on the autism spectrum: outcomes for children, perceptions of schools and a model for training. *J Res Spec Educ Needs*. 2010 Jun;10(2):115-23. X-1, X-3, X-4
2072. Jones KJ, Block ME. Including an autistic middle school child in general physical education: a case study. *Strategies*. 2006 Mar-Apr;19(4):13-6. X-1, X-3, X-4
2073. 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. PMID: 18791429. X-1, X-3, X-4
2074. Jonsson CO, Sjosward E. Favourite objects of autistic children. *Scand J Psychol*. 1993 Sep;34(3):237-45. PMID: 8378753. X-4
2075. Joosten A. Evidence-based occupational therapy with children with autism: using information about sensory processing to increase the child's participation in daily life... Occupational Therapy Australia, 24th National Conference and Exhibition, 29 June - 1 July 2011. *Aust Occup Ther J*. 2011;58:93-. X-1, X-2, X-3, X-4
2076. Joosten AV, Bundy AC. Sensory processing and stereotypical and repetitive behaviour in children with autism and intellectual disability. *Aust Occup Ther J*. 2010;57(6):366-72. X-1, X-2, X-3, X-4
2077. Jordan CJ. Evolution of autism support and understanding via the world wide web. *Intellect Dev Disabil*. 2010 Jun;48(3):220-7. PMID: 20597733. X-1, X-2, X-3, X-4
2078. Jordan R. Meeting the Needs of Children with Autistic Spectrum Disorders in the Early Years. *Aust J Early Child* 2004 Sep;29(3):1-7. X-2, X-4
2079. Jose PE, 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. PMID: 7365171. X-1, X-3, X-4
2080. Josefi O, Ryan V. Non-directive play therapy for young children with autism: a case study. *Clin Child Psychol Psychiatry*. 2004 Oct;9(4):533-51. X-1, X-3, X-4
2081. Joshi G, Petty C, Wozniak J, et al. The heavy burden of psychiatric comorbidity in youth with autism spectrum disorders: a large comparative study of a psychiatrically referred population. *J Autism Dev Disord*. 2010 Nov;40(11):1361-70. PMID: 20309621. X-4
2082. Joshi PT, Capozzoli JA, Coyle JT. Low-dose neuroleptic therapy for children with childhood-onset pervasive developmental disorder. *Am J Psychiatry*. 1988 Mar;145(3):335-8. PMID: 3344846. X-1, X-3, X-4
2083. Jou RJ, Handen BL, Hardan AY. Retrospective assessment of atomoxetine in children and adolescents with pervasive developmental disorders. *J Child Adolesc Psychopharmacol*. 2005 Apr;15(2):325-30. PMID: 15910217. X-1, X-3, X-4
2084. Joyce PR. The medical model-why psychiatry is a branch of medicine. *Aust N Z J Psychiatry*. 1980 Dec;14(4):269-78. PMID: 6945093. X-1, X-2, X-3, X-4
2085. Jull S, Mirenda P. Parents as play date Facilitators for preschoolers with autism. *J Posit Behav Interv*. 2011 Jan;13(1):17-30. X-1, X-3, X-4
2086. Jung KE, Lee HJ, Lee YS, et al. Efficacy of sensory integration treatment based on virtual reality - tangible interaction for children with autism. *Annu Rev CyberTher Telemed*. 2006;4:45-9. X-1, X-3, X-4

2087. Jung S, Sainato DM, Davis CA. Using high-probability request sequences to increase social interactions in young children with autism. *J Early Interv.* 2008;30(3):163-87. X-1, X-3, X-4
2088. Jurgens A, Anderson A, Moore DW. The effect of teaching PECS to a child with autism on verbal behaviour, play, and social functioning. *Behav Change.* 2009 May;26(1):66-81. X-1, X-3, X-4
2089. Juul-Dam N, Townsend J, 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. PMID: 11335784. X-4
2090. Jyonouchi H. Autism spectrum disorders and allergy: observation from a pediatric allergy/immunology clinic. *Expert Rev Clin Immunol.* 2010 May;6(3):397-411. PMID: 20441426. X-1, X-2, X-3, X-4
2091. 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-1, X-3, X-4
2092. Jyonouchi H, Sun S, 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
2093. Jyonouchi H, Sun S, 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. PMID: 11694332. X-4
2094. Kagohara DM, van der Meer L, Achmadi D, et al. Behavioral intervention promotes successful use of an iPod-based communication device by an adolescent with autism. *Clin Case Stud.* 2010 Oct;9(5):328-38. X-2, X-3
2095. Kalachnik JE, Hanzel TE, Sevenich R, et al. Brief report: clonazepam behavioral side effects with an individual with mental retardation. *J Autism Dev Disord.* 2003 Jun;33(3):349-54. X-3
2096. Kalmanson B, Pekarsky JH. Infant-parent psychotherapy with an autistic toddler. *Zero Three.* 1987 Feb;7(3):1-6. X-1, X-3, X-4
2097. Kalmanson B, Pekarsky JH. Infant-parent psychotherapy with an autistic toddler. *Infant Ment Health J.* 1987 Win;8(4):382-97. X-1, X-3, X-4
2098. Kaluzna-Czaplinska J, Michalska M, Rynkowski J. Vitamin supplementation reduces the level of homocysteine in the urine of autistic children. *Nutr Res.* 2011 Apr;31(4):318-21. PMID: 21530806. X-4
2099. Kalyva E, Avramidis E. Improving communication between children with autism and their peers through the "circle of friends": A Small-Scale Intervention Study. *J Appl Res Intellect Disabil.* 2005 Sep;18(3):253-61. X-1, X-3, X-4
2100. Kamen BA, Chukoskie L. Autism Speaks: meeting on folate metabolism and Autism spectrum disorders, March 19-20, 2009, Washington, DC. *J Pediatr Hematol Oncol.* 2011 Apr;33(3):208-15. PMID: 21427559. X-2, X-4
2101. Kamen S, Skier J. Dental management of the autistic child. *Spec Care Dentist.* 1985 Jan-Feb;5(1):20-3. PMID: 3156428. X-1, X-3, X-4
2102. Kamio Y. Self-injurious and aggressive behavior in adolescents with intellectual disabilities: A comparison of adolescents with and without autism. *Jpn J Spec Educ.* 2002 Mar;39(6):143-54. X-4
2103. Kamio Y, Toichi M. Memory illusion in high-functioning autism and asperger's disorder. *J Autism Dev Disord.* 2007 May;37(5):867-76. PMID: 17031448. X-2, X-4
2104. Kamp-Becker I, Schroder J, Muehlan H, et al. Health-related quality of life in children and adolescents with autism spectrum disorder. *Z Kinder Jugendpsychiatr Psychother.* 2011 Mar;39(2):123-31. PMID: 21442600. X-3, X-4
2105. 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. PMID: 1624409. X-1, X-3, X-4
2106. 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. PMID: 8188563. X-3
2107. 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. PMID: 7946254. X-1, X-3, X-4
2108. Kamps DM, et al. Cooperative learning groups in reading: an integration strategy for students with autism and general classroom peers. *Behav Disord.* 1995 Nov;21(1):89-109. X-1, X-3, X-4
2109. Kamps DM, Kravits T, Gonzalez Lopez A, et al. What do the peers think? Social validity of peer-mediated programs. *Educ Treat Children.* 1998 May;21(2):107-34. X-1, X-3, X-4

2110. 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. PMID: 1634423. X-1, X-3, X-4
2111. Kanai C, Iwanami A, Ota H, et al. Clinical characteristics of adults with asperger's syndrome assessed with self-report questionnaires. *Res Autism Spectr Disord*. 2011 Jan-Mar;5(1):185-90. X-4
2112. Kane M, Connell JE, Pellicchia M. A quantitative analysis of language interventions for children with autism. *Behav Anal Today*. 2010;11(2):128-44. X-2, X-3
2113. Kanner AM. Commentary: the treatment of seizure disorders and eeg abnormalities in children with autistic spectrum disorders: are we getting ahead of ourselves? *J Autism Dev Disord*. 2000 Oct;30(5):491-95. X-1, X-2, X-3, X-4
2114. Kanner L. Follow-up study of eleven autistic children originally reported in 1943. *Focus on Autistic Behavior*. 1992 Dec;7(5):1-11. X-3
2115. Kantavong P, Sivabaedya S. A professional learning program for enhancing the competency of students with special needs. *Int J Whole Schooling*. 2010;6(1):53-62. X-1, X-3, X-4
2116. Kapetanovic S. Oxcarbazepine in youths with autistic disorder and significant disruptive behaviors. *Am J Psychiatry*. 2007 May;164(5):832-3. PMID: 17475749. X-3
2117. Kaplan H, Clopton M, Kaplan M, et al. Snoezelen multi-sensory environments: task engagement and generalization. *Res Dev Disabil*. 2006 Jul-Aug;27(4):443-55. X-3
2118. Kaplan M, Carmody DP, Gaydos A. Postural orientation modifications in autism in response to ambient lenses. *Child Psychiatry Hum Dev*. 1996 Winter;27(2):81-91. PMID: 8936794. X-4
2119. Kaplan M, Edelson SM, 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. PMID: 9735531. X-3
2120. Kaplan-Reimer H, Sidener TM, Reeve KF, et al. Using stimulus control procedures to teach indoor rock climbing to children with autism. *Behav Int*. 2011 Feb;26(1):1-22. X-3
2121. Kapur SO. Infantile autism: Case studies. *NIMHANS J*. 1989 Jan;7(1):87-90. X-1, X-3, X-4
2122. Karanth P, Shaista S, Srikanth N. Efficacy of communication DEALL--an indigenous early intervention program for children with autism spectrum disorders. *Indian J Pediatr*. 2010 Sep;77(9):957-62. PMID: 20821283. X-1, X-3, X-4
2123. Karasik J. Breakfast at midnight. *Health Aff (Millwood)*. 2007 Sep-Oct;26(5):1431-6. PMID: 17848455. X-1, X-2, X-3, X-4
2124. Karsten AM, Carr JE. The effects of differential reinforcement of unprompted responding on the skill acquisition of children with autism. *J Appl Behav Anal*. 2009 Summer;42(2):327-34. PMID: 19949520. X-4
2125. Kasa-Hendrickson C, Kluth P. "We have to start with inclusion and work it out as we go": purposeful inclusion for non-verbal students with autism. *Int J Whole Schooling*. 2005 Oct;2(1):2-14. X-1, X-3, X-4
2126. 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. PMID: 15899591. X-3, X-4
2127. Kasari C. Assessing change in early intervention programs for children with autism. *J Autism Dev Disord*. 2002 Oct;32(5):447-61. X-2
2128. Kasari C, Freeman S, 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. PMID: 16712638. X-1, X-3, X-4
2129. Kasari C, Freeman SFN, Bauminger N, et al. Parental perspectives on inclusion: effects of autism and down syndrome. *J Autism Dev Disord*. 1999 Aug;29(4):297-305. X-4
2130. Kasari C, Gulsrud AC, Wong C, et al. Randomized controlled caregiver mediated joint engagement intervention for toddlers with autism. *J Autism Dev Disord*. 2010 Sep;40(9):1045-56. PMID: 20145986. X-1, X-3, X-4
2131. 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. PMID: 18229990. X-1, X-3, X-4
2132. Kashinath S, Woods J, 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. PMID: 16787891. X-1, X-3, X-4
2133. Kastner JL, Gellin BG. Measles-mumps-rubella vaccine and autism: the rise (and fall?) of a hypothesis. *Pediatr Ann*. 2001 Jul;30(7):408-15. PMID: 11469172. X-2, X-4
2134. Katagiri J. The effect of background music and song texts on the emotional understanding of children with autism. *J Music Ther*. 2009 Spring;46(1):15-31. PMID: 19256729. X-3
2135. Katagiri M, Inada N, Kamio Y. Mirroring effect in 2- and 3-year-olds with autism spectrum disorder. *Res Autism Spectr Disord*. 2010 Jul-Sep;4(3):474-8. X-1, X-3, X-4

2136. Katz RC, Cacciapaglia H, Cabral K. Labeling bias and attitudes toward behavior modification revisited. *J Behav Ther Exp Psychiatry*. 2000 Mar;31(1):67-72. PMID: 10983748. X-4
2137. Kauffmann C, Vance HB, Pumariega AJ, et al. Fluvoxamine treatment of a child with severe PDD: a single case study. *Psychiatry*. 2001 Fal;64(3):268-77. X-1, X-3, X-4
2138. Kaur P, Chavan BS, Lata S, et al. Early intervention in developmental delay. *Indian J Pediatr*. 2006 May;73(5):405-8. PMID: 16741325. X-4
2139. Kavon NM, McLaughlin TF. Interventions for echolalic behaviour for children with autism: a review of verbal prompts and the cues pause point procedure. *Int J Spec Educ*. 1995 Dec;19(2-3):39-45. X-1, X-2, X-3, X-4
2140. Kay BR. Bittersweet farms. *J Autism Dev Disord*. 1990 Sep;20(3):309-21. PMID: 2228914. X-2, X-4
2141. Kay S, Harchik AE, Luiselli JK. Elimination of drooling by an adolescent student with autism attending public high school. *J Posit Behav Interv*. 2006;8(1):24-8. X-3
2142. Kayser JE, Billingsley FF, Neel RS. A comparison of in-context and traditional instructional approaches: total task, single trial versus backward chaining, multiple trials. *J Assoc Pers Sev Handicaps*. 1986 Spr;11(1):28-38. X-1, X-3, X-4
2143. Kazdin AE. Replication and extension of behavioral treatment of autistic disorder. *Am J Ment Retard*. 1993 Jan;97(4):377-79. X-1, X-2, X-3, X-4
2144. Keats L. Doug: The rhythm in his world. *Can J Music Ther*. 1995 Fal;3(1):53-69. X-1, X-3, X-4
2145. Keel JH, Mesibov GB, Woods AV. TEACCH-supported employment program. *J Autism Dev Disord*. 1997 Feb;27(1):3-9. PMID: 9018578. X-1, X-2, X-3
2146. Keeling K, Myles BS, Gagnon E, et al. Using the power card strategy to teach sportsmanship skills to a child with autism. *Focus Autism Dev Disabil*. 2003 Sum;18(2):105-11. X-1, X-3, X-4
2147. Keen D. Engagement of children with autism in learning. *Australas J Spec Educ*. 2009 Oct;33(2):130-40. X-1, X-2, X-3, X-4
2148. 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. PMID: 17175574. X-1, X-3, X-4
2149. Keen D, Sigafos J, Woodyatt G. Replacing prelinguistic behaviors with functional communication. *J Autism Dev Disord*. 2001 Aug;31(4):385-98. X-1, X-3, X-4
2150. Keen D, Ward S. Autistic spectrum disorder. *Autism*. 2004 Mar;8(1):39-48. X-4
2151. Keen D, Woodyatt G, Sigafos J. Verifying teacher perceptions of the potential communicative acts of children with autism. *Commun Disord Q*. 2002;23(3):133-42. X-3, X-4
2152. Keenan M, Dillenburger K, Doherty A, et al. The experiences of parents during diagnosis and forward planning for children with autism spectrum disorder. *J Appl Res Intellect Disabil*. 2010 Jul;23(4):390-7. X-1, X-3, X-4
2153. Kegl J. Camp Thunderbird: taking flight with dance and physical education for special populations. *J Phys Educ Recreat Dance*. 2011 38 Feb;82(2):32-4. X-2, X-4
2154. 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. PMID: 17970258. X-3
2155. Kellman J. Making sense of seeing: autism and David Marr. *Vis Arts Res*. 1996 Fall;22(44):76-89. X-1, X-2, X-3, X-4
2156. Kellman J. Drawing with peter: autobiography, narrative, and the art of a child with autism. *Stud Art Educ*. 1999 Spr;40(3):258-74. X-1, X-2, X-3, X-4
2157. Kellner MH, Strickarz B. Exit plans for students with disabilities attending separate approved special education programs in the private sector. *Career Dev Except Individuals*. 2003 Spr;26(1):85-97. X-1, X-3, X-4
2158. Kellner MH, Tutin J. A school-based anger management program for developmentally and emotionally disabled high school students. *Adolescence*. 1995 Winter;30(120):813-25. PMID: 8588518. X-1, X-3
2159. Kelly A. What works for one: practice considerations for supporting a child or young person with autism spectrum disorder, drawn from participatory action research. *Kairaranga*. 2008;9 spec iss:54-60. X-1, X-2, X-3, X-4
2160. 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. PMID: 18437549. X-4
2161. Kelly S, Green G, Sidman M. Visual identity matching and auditory-visual matching: a procedural note. *J Appl Behav Anal*. 1998 Summer;31(2):237-43. PMID: 9652102. X-1, X-3, X-4
2162. 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. PMID: 17101159. X-4

2163. Kemner C, Oranje B, Verbaten MN, et al. Normal P50 gating in children with autism. *J Clin Psychiatry*. 2002 Mar;63(3):214-7. PMID: 11926720. X-4
2164. 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. PMID: 9885081. X-4
2165. 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. PMID: 12352267. X-1
2166. Kemp DC, Carr EG. Reduction of severe problem behavior in community employment using an hypothesis-driven multicomponent intervention approach. *J Assoc Pers Sev Handicaps*. 1995 Win;20(4):229-47. X-3
2167. Kennedy CH. Manipulating antecedent conditions to alter the stimulus control of problem behavior. *J Appl Behav Anal*. 1994 Spring;27(1):161-70. PMID: 8188556. X-3
2168. Kennedy CH, Haring TG. Combining reward and escape DRO to reduce the problem behavior of students with severe disabilities. *J Assoc Pers Sev Handicaps*. 1993 Sum;18(2):85-92. X-3
2169. 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. PMID: 18039240. X-4
2170. Kenny MC, Winick CB. An integrative approach to play therapy with an autistic girl. *Int J Play Ther*. 2000;9(1):11-33. X-1, X-3, X-4
2171. Kerby DS, 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. PMID: 8148122. X-4
2172. Keret D, Bassett GS, Bunnell WP, et al. Scoliosis in rett syndrome. *J Pediatr Orthop*. 1988 Mar-Apr;8(2):138-42. PMID: 3350946. X-1, X-3, X-4
2173. Kern JK, Garver CR, Grannemann BD, et al. Response to vestibular sensory events in autism. *Res Autism Spectr Disord*. 2007 Jan-Mar;1(1):67-74. X-4
2174. 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. PMID: 11305684. X-1, X-3, X-4
2175. 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. PMID: 12108616. X-1, X-3, X-4
2176. Kern L, Bailin D, Mauk JE. Effects of a topical anesthetic on non-socially maintained self-injurious behavior. *Dev Med Child Neurol*. 2003 Nov;45(11):769-71. X-4
2177. Kern L, Carberry N, Haidara C. Analysis and intervention with two topographies of challenging behavior exhibited by a young woman with autism. *Res Dev Disabil*. 1997 Jul-Aug;18(4):275-87. X-3
2178. Kern L, Koegel RL, Dunlap G. The influence of vigorous versus mild exercise on autistic stereotyped behaviors. *J Autism Dev Disord*. 1984 Mar;14(1):57-67. PMID: 6706897. X-1, X-3, X-4
2179. 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. PMID: 7161239. X-3
2180. Kern L, Marder TJ. A comparison of simultaneous and delayed reinforcement as treatments for food selectivity. *J Appl Behav Anal*. 1996 Sum;29(2):243-46. X-1, X-3, X-4
2181. Kern L, Starosta K, Adelman BE. Reducing pica by teaching children to exchange inedible items for edibles. *Behav Modif*. 2006 Mar;30(2):135-58. PMID: 16464843. X-3
2182. Kern P, 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. PMID: 17348756. X-1, X-3, X-4
2183. Kern P, Wakeford L, Aldridge D. Improving the performance of a young child with autism during self-care tasks using embedded song interventions: a case study. *Music Ther Perspect*. 2007;25(1):43-51. X-1, X-3, X-4
2184. Kern P, Wolery M, 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. PMID: 17120150. X-1, X-3, X-4
2185. Kerns KA, MacSween J, Vander Wekken S, et al. Investigating the efficacy of an attention training programme in children with foetal alcohol spectrum disorder. *Dev Neurorehabil*. 2010 Dec;13(6):413-22. X-1, X-3, X-4
2186. Kerr KP, Mulhern F, McDowell C. Applied behaviour analysis. It works, it's positive; now what's the problem? *Early Child Dev Care*. 2000 Aug;163:125-31. X-1, X-2, X-3, X-4
2187. Kerwin MLE, Eicher PS, Gelsinger J. Parental report of eating problems and gastrointestinal symptoms in children with pervasive developmental disorders. *Child Health Care*. 2005;34(3):217-34. X-4

2188. 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. PMID: 17389573. X-4
2189. Ketelaars MP, Cuperus J, Jansonius K, et al. Pragmatic language impairment and associated behavioural problems. *Int J Lang Commun Disord.* 2010;45(2):204-14. X-1, X-3, X-4
2190. Khalfa S, Bruneau N, Roge B, et al. Increased perception of loudness in autism. *Hear Res.* 2004 Dec;198(1-2):87-92. PMID: 15617227. X-4
2191. Khanna R, Madhavan SS, Smith MJ, et al. Assessment of health-related quality of life among primary caregivers of children with autism spectrum disorders. *J Autism Dev Disord.* 2011 Sep;41(9):1214-27. X-4
2192. Khorshid KA, Sweat RW, Zemba DA, Jr., et al. Clinical efficacy of upper cervical versus full spine chiropractic care on children with autism: a randomized clinical trial. *JVSR.* 2006:1-7. X-3, X-4
2193. Kielinen M, Hjelmquist E, Moilanen I, et al. Intervention, treatment and care in autistic disorder. Challenging case reports from northern Finland. *Int J Circumpolar Health.* 2005 Feb;64(1):65-76. PMID: 15776994. X-1, X-3, X-4
2194. Kielinen M, Linna SL, 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. PMID: 12585822. X-6
2195. Kientz MA, 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. PMID: 9242859. X-4
2196. Kiernan C. The use of nonvocal communication techniques with autistic individuals. *J Child Psychol Psychiatry.* 1983 Jul;24(3):339-75. PMID: 6874783. X-1, X-2, X-3, X-4
2197. Kiernan C, 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. PMID: 6733032. X-1, X-3, X-4
2198. Kiernan W. Where we are now: perspectives on employment of persons with mental retardation. *Focus Autism Dev Disabil.* 2000 Sum;15(2):90-6,115. X-1, X-2, X-3, X-4
2199. Kilchenstein MW, Schuerholz L. Autistic defenses and the impairment of cognitive development. *Bull Menninger Clin.* 1995 Fall;59(4):443-59. PMID: 8535384. X-4
2200. Kilham C. Online wiki collaboration by teachers of students with autism spectrum disorders. *Australas J Spec Educ.* 2009 Oct;33(2):117-29. X-1, X-3, X-4
2201. Killion SW, McCarthy SM. Part I: assessment. Hospitalization of the autistic child. *MCN Am J Matern Child Nurs.* 1980 Nov-Dec;5(6):413-7. PMID: 6776376. X-1, X-2, X-3, X-4
2202. Killoran I, Tymon D, Frempong G. Disabilities and inclusive practices within Toronto preschools. *Int J Inclusive Educ.* 2007 Jan;11(1):81-95. X-4
2203. Kim J, Wigram T, 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. PMID: 18592368. X-1, X-3, X-4
2204. Kim J, Wigram T, Gold C. Emotional, motivational and interpersonal responsiveness of children with autism in improvisational music therapy. *Autism.* 2009 Jul;13(4):389-409. PMID: 19535468. X-3
2205. Kim S-Y, Yun J. Determining daily physical activity levels of youth with developmental disabilities: days of monitoring required? *Adapt Phys Activ Q.* 2009 Jul;26(3):220-35. X-4
2206. Kim Y, Cho SC, Shin MS, et al. Retrospective case series of aripiprazole augmentation in pervasive developmental disorders. *Psychiatry Investig.* 2010 Sep;7(3):220-3. PMID: 20927312. X-1, X-3, X-4
2207. Kim YS, Kumar S. Cross-cultural examination of social interactions during a one-week dousa-hou (Japanese psychorehabilitation) camp. *Psychol Rep.* 2004 Dec;95(3,Part1):1050-4. X-4
2208. 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. PMID: 12969207. X-1, X-3, X-4
2209. 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-2
2210. King BH, Davanzo P. Buspirone treatment of aggression and self-injury in autistic and nonautistic persons with severe mental retardation. *Dev Brain Dysfunct.* 1996 Jan-Feb;90(1):22-31. X-1
2211. 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. PMID: 19487623. X-1, X-3

2212. 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. PMID: 11392343. X-1, X-3, X-4
2213. King CR. A novel embryological theory of autism causation involving endogenous biochemicals capable of initiating cellular gene transcription: a possible link between twelve autism risk factors and the autism 'epidemic'. *Med Hypotheses*. 2011 May;76(5):653-60. PMID: 21388746. X-1, X-2, X-3, X-4
2214. 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. PMID: 16634980. X-4
2215. King MJ, Valdovinos MG. Social validity of behavioral practices in the treatment of autism—A review of the <i>Super Nanny</i>. *Res Autism Spectr Disord*. 2009 Jan;3(1):173-8. X-1, X-3, X-4
2216. Kinnell HG. "Addiction" to a strait jacket: a case report of treatment of self-injurious behaviour in an autistic child. *J Ment Defic Res*. 1984 Mar;28(1):77-9. X-3
2217. Kistner J, Robbins F, Haskett M. Assessment and skill remediation of hyperlexic children. *J Autism Dev Disord*. 1988 Jun;18(2):191-205. PMID: 3410810. X-1, X-3, X-4
2218. Kjelgaard MM, Tager-Flusberg H. An investigation of language impairment in autism: implications for genetic subgroups. *Lang Cogn Process*. 2001;16(2/3):287-308. X-4
2219. Klaeger D, McDougle CJ. Secretin in autism—a parent's perspective. *J Autism Dev Disord*. 2000 Feb;30(1):72-3. X-1, X-3, X-4
2220. Klauber T. The significance of trauma in work with the parents of severely disturbed children, and its implications for work with parents in general. *J Child Psychother*. 1998 Apr;24(1):85-107. X-2, X-4
2221. Klecan-Aker JS, Gill C. Teaching language organization to a child with pervasive developmental disorder: a case study. *Child Lang Teach Ther*. 2005 Feb;21(1):60-74. X-1, X-3, X-4
2222. Kleeberger V, Miranda P. Teaching generalized imitation skills to a preschooler with autism using video modeling. *J Posit Behav Interv*. 2010;12(2):116-27. X-1, X-3, X-4
2223. Klein S. Autistic phenomena in neurotic patients. *Int J Psychoanal*. 1980;61(3):395-402. X-1, X-2, X-3, X-4
2224. Klein U, 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. PMID: 10765886. X-4
2225. Klin A. Listening preferences in regard to speech in four children with developmental disabilities. *J Child Psychol Psychiatry*. 1992 May;33(4):763-9. PMID: 1376327. X-4
2226. 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. PMID: 19329996. X-4
2227. Klin A, Volkmar FR. Asperger syndrome. *Child Adolesc Psychiatr Clin N Am*. 2003 Jan;12(1):xiii-xvi. PMID: 12512394. X-2
2228. Klintwall L, Holm A, Eriksson M, et al. Sensory abnormalities in autism: A brief report. *Res Dev Disabil: A Multidisciplinary Journal*. 2011 Mar-Apr;32(2):795-800. X-1, X-3, X-4
2229. Klykylo WM, et al. Clinical effects of fenfluramine in ten autistic subjects. *J Autism Dev Disord*. 1985 Dec;15(4):417-23. PMID: 1986-09911-001. X-3
2230. Knabe R, Bovier P. Pharmacological treatment of extreme self-injurious behavior in autism. *European Psychiatry*. 1992;7(6):297-8. X-3
2231. Knabe R, Schulz P, Richard J. Initial aggravation of self-injurious behavior in autistic patients receiving naltrexone treatment. *J Autism Dev Disord*. 1990 Dec;20(4):591-3. X-2
2232. Knapp M, Romeo R, Beecham J. Economic cost of autism in the UK. *Autism*. 2009 May;13(3):317-36. PMID: 19369391. X-2
2233. Knezevic B, Thompson L, Thompson M. Pilot project to ascertain the utility of Tower of London test to assess outcomes of neurofeedback in clients with asperger's syndrome. *J Neurother*. 2010 Jan;14(1):3-19. X-3
2234. Knivsberg AM, Reichelt KL, Høien T, et al. A randomised, controlled study of dietary intervention in autistic syndromes. *Nutr Neurosci*. 2002 Sep;5(4):251-61. PMID: 12168688. X-1, X-3, X-4
2235. Knivsberg A-M, Reichelt K-L, Høien T, et al. Effect of a dietary intervention on autistic behavior. *Focus Autism Dev Disabil*. 2003 Win;18(4):247-56. X-1, X-3, X-4
2236. Knivsberg A-M, Wiig K, Lind G, et al. Dietary intervention in autistic syndromes. *Brain Dysfunction*. 1990 Nov-Dec;3(5-6):315-27. X-3
2237. 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. PMID: 17905745. X-1, X-3, X-4

2238. Kobayahi R. Affective communication of infants with autistic spectrum disorder and internal representation of their mothers. *Psychiatry Clin Neurosci*. 2000 Apr;54(2):235-43. X-1, X-3, X-4
2239. Kobayashi R, Murata T, 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. PMID: 1383189. X-4
2240. Kodak T, Clements A. Acquisition of mands and tacts with concurrent echoic training. *J Appl Behav Anal*. 2009 Winter;42(4):839-43. PMID: 20514191. X-1, X-3, X-4
2241. Kodak T, Fisher WW, Clements A, et al. Functional assessment of instructional variables: linking assessment and treatment. *Res Autism Spectr Disord*. 2011 Jul-Sep;5(3):1059-77. X-3, X-4
2242. 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. PMID: 17471792. X-1, X-3, X-4
2243. Kodak T, Miltenberger RG, 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. PMID: 14596581. X-1, X-3, X-4
2244. Kodak T, Northup J, Kelley ME. An evaluation of the types of attention that maintain problem behavior. *J Appl Behav Anal*. 2007 Spring;40(1):167-71. PMID: 17471800. X-1, X-3, X-4
2245. Kodish S, Kulinna PH, Martin J, et al. Determinants of physical activity in an inclusive setting. *Adapt Phys Activ Q*. 2006;23(4):390-409. X-1, X-3, X-4
2246. Koegel LK. Interventions to facilitate communication in autism. *J Autism Dev Disord*. 2000 Oct;30(5):383-91. PMID: 11098873. X-2
2247. Koegel LK, Carter CM, Koegel RL. Teaching children with autism self-initiations as a pivotal response. *Top Lang Disord*. 2003 Apr-Jun;23(2):134-45. X-3
2248. Koegel LK, Koegel RL, Frea W, et al. Priming as a method of coordinating educational services for students with autism. *Lang Speech Hear Serv Sch*. 2003 Jul;34(3):228-35. X-3
2249. Koegel LK, Koegel RL, Frea WD, et al. Identifying early intervention targets for children with autism in inclusive school settings. *Behav Modif. Special Issue: Autism, Part 1*. 2001 Oct;25(5):745-61. X-1, X-3, X-4
2250. Koegel LK, Koegel RL, Green-Hopkins I, et al. Brief report: question-asking and collateral language acquisition in children with autism. *J Autism Dev Disord*. 2010;40(4):509-15. X-1, X-3, X-4
2251. 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. PMID: 1634427. X-1, X-3, X-4
2252. 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. *J Posit Behav Interv*. 2005;7(4):247-52. X-2
2253. Koegel LK, Koegel RL, Shoshan Y, et al. Pivotal response intervention II: preliminary long-term outcomes data. *J Assoc Pers Sev Handicaps*. 1999 Fal;24(3):186-98. X-1, X-3, X-4
2254. Koegel LK, Singh AK, Koegel RL. Improving motivation for academics in children with autism. *J Autism Dev Disord*. 2010 Sep;40(9):1057-66. PMID: 20221791. X-1, X-3, X-4
2255. Koegel RL. Social development in individuals with high functioning autism and asperger disorder. *Res Pract Persons Severe Disabl* 2007 Sum;32(2):140-1. X-2
2256. Koegel RL, Bimbela A, Schreibman L. Collateral effects of parent training on family interactions. *J Autism Dev Disord*. 1996 Jun;26(3):347-59. PMID: 8792265. X-1, X-3, X-4
2257. 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. PMID: 9656136. X-1, X-3, X-4
2258. Koegel RL, Dunlap G, Dyer K. Intertrial interval duration and learning in autistic children. *J Appl Behav Anal*. 1980 Spring;13(1):91-9. PMID: 7364701. X-1, X-3, X-4
2259. Koegel RL, Egel AL, Williams JA. Behavioral contrast and generalization across settings in the treatment of autistic children. *J Exp Child Psychol*. 1980 Dec;30(3):422-37. PMID: 7205139. X-1, X-3, X-4
2260. Koegel RL, Frea WD. Treatment of social behavior in autism through the modification of pivotal social skills. *J Appl Behav Anal*. 1993 Fal;26(3):369-77. X-3
2261. Koegel RL, 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. PMID: 2335483. X-1, X-3
2262. Koegel RL, Koegel LK, Surratt A. Language intervention and disruptive behavior in preschool children with autism. *J Autism Dev Disord*. 1992 Jun;22(2):141-53. PMID: 1378049. X-1, X-3, X-4
2263. Koegel RL, O'Dell M, Dunlap G. Producing speech use in nonverbal autistic children by reinforcing attempts. *J Autism Dev Disord*. 1988 Dec;18(4):525-38. PMID: 3215880. X-1, X-3, X-4

2264. Koegel RL, O'Dell MC, Koegel LK. A natural language teaching paradigm for nonverbal autistic children. *J Autism Dev Disord.* 1987 Jun;17(2):187-200. PMID: 3610995. X-1, X-3, X-4
2265. Koegel RL, Openden D, Koegel LK. A systematic desensitization paradigm to treat hypersensitivity to auditory stimuli in children with autism in family contexts. *Res Pract Persons Severe Disabl Special Issue: Family and Disability.* 2004 Sum;29(2):122-34. X-1, X-3, X-4
2266. 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. PMID: 1624405. X-4
2267. Koegel RL, Shirotova L, Koegel LK. Antecedent stimulus control: using orienting cues to facilitate first-word acquisition for nonresponders with autism. *Behav Anal.* 2009 Fall;32(2):281-4. X-3, X-4
2268. Koegel RL, Shirotova L, 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. PMID: 19488847. X-1, X-3, X-4
2269. Koegel RL, Vernon TW, 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. PMID: 19357942. X-1, X-3, X-4
2270. Koegel RL, Werner GA, Vismara LA, et al. The effectiveness of contextually supported play date interactions between children with autism and typically developing peers. *Res Pract Persons Severe Disabl* 2005 Sum;30(2):93-102. X-1, X-3, X-4
2271. Koegel RL, Williams JA. Direct versus indirect response-reinforcer relationships in teaching autistic children. *J Abnorm Child Psychol.* 1980 Dec;8(4):537-47. PMID: 7462531. X-1, X-3, X-4
2272. Koenig K, De Los Reyes A, Cicchetti D, et al. Group intervention to promote social skills in school-age children with pervasive developmental disorders: reconsidering efficacy. *J Autism Dev Disord.* 2009 Aug;39(8):1163-72. PMID: 19326199. X-2
2273. Koenig K, White SW, Pachler M, et al. Promoting social skill development in children with pervasive developmental disorders: a feasibility and efficacy study. *J Autism Dev Disord.* 2010 Oct;40(10):1209-18. PMID: 20204689. X-1, X-3, X-4
2274. Koenig KP, Bleiweiss J, Brennan S, et al. The ASD Nest Program: a model for inclusive public education for students with autism spectrum disorders. *Teach Except Child.* 2009 Sep-Oct;42(1):6-13. X-2
2275. 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. PMID: 19047216. X-4
2276. Kohen-Raz R. Application of tetra-ataxiometric posturography in clinical and developmental diagnosis. *Percept Mot Skills.* 1991 Oct;73(2):635-56. PMID: 1766798. X-4
2277. Kohen-Raz R, Volkmar FR, Cohen DJ. Postural control in children with autism. *J Autism Dev Disord.* 1992 Sep;22(3):419-32. PMID: 1383190. X-4
2278. Kohler FW. Examining the services received by young children with autism and their families: a survey of parent responses. *Focus Autism Dev Disabil.* 1999 Fal;14(3):150-8. X-1, X-3, X-4
2279. Kohler FW, Anthony LJ, Steighner SA, et al. Teaching social interaction skills in the integrated preschool: an examination of naturalistic tactics. *Topics Early Child Spec Educ.* 2001 Sum;21(2):93-103,13. X-1, X-3, X-4
2280. 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 Early Child Spec Educ.* 2007 Fall;27(3):155-63. X-1, X-3, X-4
2281. 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. PMID: 7880156. X-1, X-3, X-4
2282. Kohler FW, Strain PS, Hoyson M, et al. Merging naturalistic teaching and peer-based strategies to address the IEP objectives of preschoolers with autism: an examination of structural and child behavior outcomes. *Focus Autism Dev Disabil.* 1997 Win;12(4):196-206. X-1, X-3, X-4
2283. Kohler FW, Strain PS, Maretsky S, et al. Promoting positive and supportive interactions between preschoolers: an analysis of group-oriented contingencies. *J Early Interv.* 1990 Fal;14(4):327-41. X-1, X-3, X-4
2284. Kohler FW, Strain PS, Shearer DD. The overtures of preschool social skill intervention agents. Differential rates, forms, and functions. *Behav Modif.* 1992 Oct;16(4):525-42. PMID: 1417712. X-4
2285. Kohler JA, Shortland G, Rolles CJ. Effect of fenfluramine on autistic symptoms. *Br Med J (Clin Res Ed).* 1987 Oct 10;295(6603):885. PMID: 3119086. X-1

2286. Kok AJ, Kong TY, 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. PMID: 12083284. X-1, X-3, X-4
2287. Kokina A, Kern L. Social Story[™] interventions for students with autism spectrum disorders: a meta-analysis. *J Autism Dev Disord*. 2010 Jul;40(7):812-26. X-1, X-2, X-3, X-4
2288. Kokkinos CM, Davazoglou AM. Special education teachers under stress: evidence from a Greek national study. *Educ Psychol*. 2009 Jul;29(4):407-24. X-4
2289. 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. PMID: 7675588. X-1, X-3, X-4
2290. Kolakowska T, Gadhvi H, Molyneux S. An open clinical trial of fenfluramine in chronic schizophrenia: a pilot study. *Int Clin Psychopharmacol*. 1987 Jan;2(1):83-8. PMID: 2889761. X-3
2291. 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. PMID: 7896655. X-1, X-3, X-4
2292. 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. PMID: 9394942. X-1, X-3, X-4
2293. Komori H, Matsuishi T, Yamada S, et al. Cerebrospinal fluid bipterin and biogenic amine metabolites during oral R-THBP therapy for infantile autism. *J Autism Dev Disord*. 1995 Apr;25(2):183-93. PMID: 7559284. X-3
2294. Komoto J, Usui S, Hirata J. Infantile autism and affective disorder. *J Autism Dev Disord*. 1984 Mar;14(1):81-4. X-3
2295. Koning C, Magill-Evans J. Social and language skills in adolescent boys with asperger syndrome. *Autism*. 2001 Mar;5(1):23-36. PMID: 11708387. X-4
2296. Konstantareas M, et al. Variables related to parental choice to medicate their autistic children. *J Autism Dev Disord*. 1995 Aug;25(4):443-52. X-3, X-4
2297. Konstantareas M, Homatidis S, Cesaroni L. Brief report: variables related to parental choice to medicate their autistic children. *J Autism Dev Disord*. 1995 Aug;25(4):443-52. PMID: 7592254. X-4
2298. Konstantareas M, Rios A, Ramnarace C. Intensive behavioural intervention (IBI) training: cooperation and its relationship to language and social competence in children with autism spectrum disorder (ASD). *J Dev Disabil*. 2010;16(2):67-8. X-3
2299. Konstantareas MM. Autistic children exposed to simultaneous communication training: a follow-up. *J Autism Dev Disord*. 1987 Mar;17(1):115-31. PMID: 3571136. X-3
2300. Konstantareas MM, Gravelle G. Facilitated communication. *Autism*. 1998 Dec;2(4):389-414. X-3
2301. Konstantareas MM, Homatidis S, 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. PMID: 1624406. X-4
2302. Kontu E, Pirttimaa R. The assessment of severely intellectually disabled students. *Eur J Spec Needs Educ*. 2008 Feb;23(1):75-80. X-4
2303. Kopp S, Beckung E, Gillberg C. Developmental coordination disorder and other motor control problems in girls with autism spectrum disorder and/or attention-deficit/hyperactivity disorder. *Res Dev Disabil*. 2010 Mar-Apr;31(2):350-61. PMID: 19910158. X-1, X-3, X-4
2304. Koppenhaver DA, Erickson KA. Natural emergent literacy supports for preschoolers with autism and severe communication impairments. *Top Lang Disord*. 2003;23(4):283. X-1, X-3, X-4
2305. Koritsas S, Iacono T. Limitations in life participation and independence due to secondary conditions. *Am J Intellect Dev Disabil*. 2009 Nov;114(6):437-48. PMID: 19792060. X-4
2306. 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. PMID: 17086440. X-4
2307. Koshelev M, Lohrenz T, Vannucci M, et al. Biosensor approach to psychopathology classification. *PLoS Comput Biol*. 2010;6(10):e1000966. PMID: 20975934. X-4
2308. Koshes RJ, Rock NL. Use of clonidine for behavioral control in an adult patient with autism. *Am J Psychiatry*. 1994 Nov;151(11):1714. X-3
2309. Koskentausta T, Iivanainen M, Almqvist F. Psychiatric disorders in children with intellectual disability. *Nord J Psychiatry*. 2002;56(2):126-31. PMID: 11960565. X-4

2310. Kostka MJ. A comparison of selected behaviors of a student with autism in special education and regular music classes. *Music Ther Perspect*. 1993;11(2):57-60. X-1, X-3, X-4
2311. Kottorp A, Bernspang B, 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. PMID: 14641807. X-4
2312. Kouijzer MEJ, de Moor JMH, Gerrits BJL, et al. Long-term effects of neurofeedback treatment in autism. *Res Autism Spectr Disord*. 2009 Apr-Jun;3(2):496-501. X-1, X-3, X-4
2313. Kouijzer MEJ, van Schie HT, de Moor JMH, et al. Neurofeedback treatment in autism. Preliminary findings in behavioral, cognitive, and neurophysiological functioning. *Res Autism Spectr Disord*. 2010 Jul-Sep;4(3):386-99. X-1, X-3, X-4
2314. Kover ST, Abbeduto L. Expressive language in male adolescents with fragile X syndrome with and without comorbid autism. *J Intellect Disabil Res*. 2010;54(Part 3):246-65. X-3, X-4
2315. Kovshoff H, Hastings RP, Remington B. Two-year outcomes for children with autism after the cessation of early intensive behavioral intervention. *Behav Modif*. 2011 Sep;35(5):427-50. X-1, X-3, X-4
2316. Kowalski E, Lieberman LJ, Daggett S. Getting involved in the IEP process. *J Phys Educ Recreat Dance*. 2006 Sep;77(7):35-9. X-2
2317. Koyama T, Wang H-T. Use of activity schedule to promote independent performance of individuals with autism and other intellectual disabilities: a review. *Res Dev Disabil: A Multidisciplinary Journal*. 2011 Nov-Dec;32(6):2235-42. X-1, X-2, X-3, X-4
2318. Kozima H, Michalowski MP, Nakagawa C. Keepon: A playful robot for research, therapy, and entertainment. *Int J Social Robot*. 2009 Jan;1(1):3-18. X-1, X-3, X-4
2319. Kozima H, Nakagawa C, Yasuda Y. Children-robot interaction: a pilot study in autism therapy. *Prog Brain Res*. 2007;164:385-400. PMID: 17920443. X-1, X-3, X-4
2320. Kozleski EB. Reflections on "Visual symbol acquisition by students with autism." *Exceptionality*. 1991;2(4):223-9. X-3
2321. Kozleski EB. Visual symbol acquisition by students with autism. *Exceptionality*. 1991;2(4):173-94. X-3
2322. Kozulin A, Lebeer J, Madella-Noja A, et al. Cognitive modifiability of children with developmental disabilities: a multicentre study using Feuerstein's Instrumental Enrichment--Basic program. *Res Dev Disabil*. 2010 Mar-Apr;31(2):551-9. PMID: 20056377. X-1, X-3, X-4
2323. Krabe R, Bovier P. Norepinephrine antidepressants may increase self-injurious behavior in autistic syndromes. *European Psychiatry*. 1994;9(6):309-11. X-3
2324. 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. *J Posit Behav Interv*. 2008 Jul;10(3):179-89. X-4
2325. Kramer DA. The autistic moment in psychotherapy. *Contemp Fam Ther: An International Journal. Special Issue: Contemp Fam Ther*. 1987 Spr-Sum;9(1-2):79-89. X-3
2326. Kramer DA, Anderson RB, Westman JC. The corrective autistic experience: An application of the models of Tinbergen and Mahler. *Child Psychiatry Hum Dev*. 1984 Win;15(2):104-20. X-1, X-3, X-4
2327. Krantz PJ. Commentary: interventions to facilitate socialization. *J Autism Dev Disord*. 2000 Oct;30(5):411-3. PMID: 11098876. X-2
2328. Krantz PJ, MacDuff MT, 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. PMID: 8473254. X-3
2329. Krantz PJ, 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. PMID: 8473251. X-1, X-3, X-4
2330. Krantz PJ, 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. PMID: 9652099. X-1, X-3, X-4
2331. 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. PMID: 12512401. X-2
2332. Kratochvil CJ, Findling RL, McDougale CJ, et al. Pharmacological management of agitation and aggression in an adolescent with autism. *J Am Acad Child Adolesc Psychiatry*. 2005 Aug;44(8):829. X-2
2333. Krause M, Vainio L, Zwetchkenbaum S, et al. Dental education about patients with special needs: a survey of U.S. and Canadian dental schools. *J Dent Educ*. 2010 Nov;74(11):1179-89. PMID: 21045222. X-1, X-3, X-4
2334. 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. PMID: 12962535. X-4

2335. Krauss MW, Seltzer MM, 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. PMID: 15634320. X-4
2336. 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. *J Autism Dev Disord.* 2002 Jun;32(3):225-30. X-1, X-3, X-4
2337. Kring SR, Greenberg JS, Seltzer MM. The impact of health problems on behavior problems in adolescents and adults with autism spectrum disorders: implications for maternal burden. *Soc Work Ment Health.* 2010 2010 Jan-Feb;8(1):54-71. X-4
2338. Krishnamurthy V. A clinical experience of autism in India. *J Dev Behav Pediatr.* 2008 Aug;29(4):331-3. PMID: 18698197. X-2
2339. Kroeger K, Sorensen R. A parent training model for toilet training children with autism. *J Intellect Disabil Res.* 2010 Jun;54(6):556-67. X-1, X-3, X-4
2340. Kroeger KA, Schultz JR, Newsom C. A comparison of two group-delivered social skills programs for young children with autism. *J Autism Dev Disord.* 2007 May;37(5):808-17. X-1, X-3, X-4
2341. 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):535-40 e1. PMID: 19185317. X-4
2342. 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. PMID: 10201106. X-1, X-3, X-4
2343. Kuhn DE, Hardesty SL, Sweeney NM. Assessment and treatment of excessive straightening and destructive behavior in an adolescent diagnosed with autism. *J Appl Behav Anal.* 2009 Summer;42(2):355-60. PMID: 19949524. X-3
2344. Kuhn G, Kourkoulou A, Leekam SR. How magic changes our expectations about autism. *Psychol Sci.* 2010 Oct 1;21(10):1487-93. PMID: 20855904. X-4
2345. Kuhn JC, Carter AS. Maternal self-efficacy and associated parenting cognitions among mothers of children with autism. *Am J Orthopsychiatry.* 2006 Oct;76(4):564-75. PMID: 17209724. X-1, X-3, X-4
2346. 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. PMID: 17020209. X-1, X-3, X-4
2347. 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. PMID: 17257732. X-1, X-3, X-4
2348. Kujala T, Kuuluvainen S, Saalasti S, et al. Speech-feature discrimination in children with asperger syndrome as determined with the multi-feature mismatch negativity paradigm. *Clin Neurophysiol.* 2010 Sep;121(9):1410-9. PMID: 20382070. X-1, X-3, X-4
2349. Kumandas S, Çaksen H, Çiftçi A, et al. Lamotrigine in two cases of Rett syndrome. *Brain Dev.* 2001 Jul;23(4):240-2. X-1, X-3, X-4
2350. Kumar S, Alexander M, Gnanamuthu C. Recent experience with Rett syndrome at a tertiary care center. *Neurol India.* 2004 Dec;52(4):494-5. PMID: 15626843. X-4
2351. Kumar S, Kim YS, 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. PMID: 17153831. X-1, X-3, X-4
2352. Kumsta R, Kreppner J, Rutter M, et al. Deprivation-specific psychological patterns. *Monogr Soc Res Child Dev.* 2010 Apr;75(1):48-78. X-1, X-2, X-3, X-4
2353. Kuoch H, Mirenda P. Social story interventions for young children with autism spectrum disorders. *Focus Autism Dev Disabil.* 2003 Win;18(4):219-27. X-1, X-3, X-4
2354. Kurita H. Brief Report: delusional disorder in a male adolescent with high-functioning PDDNOS. *J Autism Dev Disord.* 1999 Oct;29(5):419-23. X-3
2355. Kurita H, Nakayasu N. An autistic male presenting seasonal affective disorder (SAD) and trichotillomania. *J Autism Dev Disord.* 1994 Oct;24(5):687-92. X-1, X-2, X-3, X-4
2356. Kurt O, Tekin-Iftar E. A comparison of constant time delay and simultaneous prompting within embedded instruction on teaching leisure skills to children with autism. *Topics Early Child Spec Educ.* 2008 May;28(1):53-64. X-1, X-2, X-3, X-4
2357. Kurth J, Mastergeorge AM. Individual education plan goals and services for adolescents with autism: impact of age and educational setting. *J Spec Educ.* 2010 Nov;44(3):146-60. X-3
2358. Kurtz PF, Boelter EW, Jarmolowicz DP, et al. An analysis of functional communication training as an empirically supported treatment for problem behavior displayed by individuals with intellectual disabilities. *Res Dev Disabil: A Multidisciplinary Journal.* 2011 Nov-Dec;32(6):2935-42. X-1, X-2, X-3, X-4

2359. 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. PMID: 12205654. X-1, X-3, X-4
2360. Kvinsberg A-M, Reichelt KL, Nødland M, et al. Autistic syndromes and diet: A follow-up study. *Scan J Educ Res*. 1995 Sep;39(3):223-36. X-1, X-2, X-3, X-4
2361. 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 Spec Educ*. 2007 May-Jun;28(3):174-81. X-1, X-3, X-4
2362. Lacava PG, Rankin A, Mahlios E, et al. A single case design evaluation of a software and tutor intervention addressing emotion recognition and social interaction in four boys with ASD. *Autism*. 2010;14(3):161-78. X-3
2363. Ladd MV, Luiselli JK, Baker L. Continuous access to competing stimulation as intervention for self-injurious skin picking in a child with autism. *Child Fam Behav Ther*. 2009;31(1):54-60. X-1, X-3, X-4
2364. Laine F, Rauzy S, Tardif C, et al. Slowing down the presentation of facial and body movements enhances imitation performance in children with severe autism. *J Autism Dev Disord*. 2011 Aug;41(8):983-96. X-1, X-3, X-4
2365. Lainhart JE, Folstein SE. Affective disorders in people with autism: a review of published cases. *J Autism Dev Disord*. 1994 Oct;24(5):587-602. X-1, X-2, X-3, X-4
2366. Lal R. Effect of inclusive education on language and social development of children with autism. *Asia Pac Disabil Rehab J*. 2005;16(1):77-84. X-1, X-3, X-4
2367. Lal R. Effect of alternative and augmentative communication on language and social behavior of children with autism. *Educ Res Rev*. 2010 Mar;5(3):119-25. X-1, X-3, X-4
2368. Lal R, Bali M. Effect of visual strategies on development of communication skills in children with autism. *Asia Pac Disabil Rehab J*. 2007;18(2):120-30. IX-1, X-3, X-4
2369. Lalli JS, et al. Reducing escape behavior and increasing task completion with functional communication training, extinction, and response chaining. *J Appl Behav Anal*. 1995 Fall;28(3):261-68. X-1, X-3, X-4
2370. Lalli JS, Mace FC, Wohn T, et al. Identification and modification of a response-class hierarchy. *J Appl Behav Anal*. 1995 Win;28(4):551-9. X-3
2371. Lam MK, 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. PMID: 8331048. X-4
2372. Lam SF, Wong BP, Leung D, et al. How parents perceive and feel about participation in community activities. The comparison between parents of preschoolers with and without autism spectrum disorders. *Autism*. 2010 Jul;14(4):359-77. PMID: 20591960. X-1, X-3, X-4
2373. Lamm N, Greer RD. A systematic replication and a comparative analysis of CABAS. *J Behav Educ*. 1991 Dec;1(4):427-44. X-1, X-3, X-4
2374. Lancioni GE. Using pictorial representations as communication means with low-functioning children. *J Autism Dev Disord*. 1983 Mar;13(1):87-105. PMID: 6853441. X-3
2375. Lancioni GE, Markus S, Behrendt M. A portable vibratory-feedback device for reducing excessive vocal loudness: A case study. *Behav Cogn Psychother*. 1998 Oct;26(4):371-6. X-3
2376. Lancioni GE, Singh NN, O'Reilly MF, et al. Microswitch- and VOCA-assisted programs for two post-coma persons with minimally conscious state and pervasive motor disabilities. *Res Dev Disabil: A Multidisciplinary Journal*. 2009 Nov-Dec;30(6):1459-67. X-1, X-3, X-4
2377. Landa RJ, Holman KC, O'Neill AH, et al. Intervention targeting development of socially synchronous engagement in toddlers with autism spectrum disorder: a randomized controlled trial. *J Child Psychol Psychiatry*. 2011 Jan;52(1):13-21. PMID: 21126245. X-1, X-3, X-4
2378. Landsberger SA, Diaz DR. Inpatient psychiatric treatment of deaf adults: demographic and diagnostic comparisons with hearing inpatients. *Psychiatr Serv*. 2010 Feb;61(2):196-9. PMID: 20123828. X-4
2379. Lane AE, Young RL, Baker AEZ, et al. Sensory processing subtypes in autism: association with adaptive behavior. *J Autism Dev Disord*. 2010 Jan;40(1):112-22. X-4
2380. Lang R, Davis T, O'Reilly M, et al. Functional analysis and treatment of elopement across two school settings. *J Appl Behav Anal*. 2010 Spr;43(1):113-8. X-1, X-3, X-4
2381. Lang R, O'Reilly M, Lancioni G, et al. Discrepancy in functional analysis results across two settings: implications for intervention design. *J Appl Behav Anal*. 2009 Sum;42(2):393-7. X-4
2382. Lang R, O'Reilly M, Sigafoos J, et al. Enhancing the effectiveness of a play intervention by abolishing the reinforcing value of stereotypy: a pilot study. *J Appl Behav Anal*. 2009 Winter;42(4):889-94. PMID: 20514199. X-4
2383. Lang R, O'Reilly M, Sigafoos J, et al. The effects of an abolishing operation intervention component on play skills, challenging behavior, and stereotypy. *Behav Modif*. 2010 Jul;34(4):267-89. X-3

2384. Lang R, Shogren KA, Machalicek W, et al. Video self-modeling to teach classroom rules to two students with asperger's. *Res Autism Spectr Disord*. 2009 Apr-Jun;3(2):483-8. X-3
2385. Langdon NA, Carr EG, Owen-Deschryver JS. Functional analysis of precursors for serious problem behavior and related intervention. *Behav Modif*. 2008 Nov;32(6):804-27. PMID: 18456900. X-3
2386. Langford F, Brooks P, Byrne A, et al. Autism research: evaluating parents' perspectives of the autistic spectrum disorder diagnostic process in County Mayo, Ireland. *Rehabilitation and Therapy Research Society Fourth Annual Conference. Phys Ther Rev*. 2008;13(3):216-. X-1, X-2, X-3, X-4
2387. 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. PMID: 18701743. X-4
2388. Langworthy-Lam KS, Aman MG, 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. PMID: 12625991. X-2
2389. Lanovaz MJ, Fletcher SE, 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. PMID: 19864321. X-4
2390. Lanquetot R. The effectiveness of peer modeling with autistic children. *J Dev Phys Disabil*. 1989 Mar;2(1):25-34. X-1, X-3, X-4
2391. Lanter E, Watson LR. Promoting literacy in students with ASD: the basics for the SLP. *Lang Speech Hear Serv Sch*. 2008 Jan;39(1):33-43. X-2, X-4
2392. Lanyado M. Asymbolic and symbolic play: Developmental perspectives in the treatment of disturbed children. *J Child Psychother*. 1987;13(2):33-44. X-1, X-3, X-4
2393. LaPerchia P. Behavioral disorders, learning disabilities and megavitamin therapy. *Adolescence*. 1987 Fall;22(87):729-38. PMID: 2963502. X-1, X-2, X-3, X-4
2394. Larkin AS, 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. PMID: 9711491. X-1, X-2, X-3, X-4
2395. Larsen FW, 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. PMID: 9442996. X-1, X-2, X-3, X-4
2396. Larson E. Caregiving and autism: how does children's propensity for routinization influence participation in family activities? *OTJR*. 2006;26(2):69-79. X-3, X-4
2397. Larson E. Ever vigilant: maternal support of participation in daily life for boys with autism. *Phys Occup Ther Pediatr*. 2010 Feb;30(1):16-27. PMID: 20170429. X-3
2398. Larson HJ, Cooper LZ, Eskola J, et al. Addressing the vaccine confidence gap. *Lancet*. 2011 Aug 6;378(9790):526-35. PMID: 21664679. X-1, X-2, X-3, X-4
2399. Laski KE, Charlop MH, 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. PMID: 3225256. X-3
2400. Latif A, Heinz P, Cook R. Iron deficiency in autism and asperger syndrome. *Autism*. 2002 Mar;6(1):103-14. PMID: 11918106. X-4
2401. Lattimore LP, Parsons MB, Reid DH. A prework assessment of task preferences among adults with autism beginning a supported job. *J Appl Behav Anal*. 2002 Spring;35(1):85-8. PMID: 11936551. X-3
2402. Lattimore LP, Parsons MB, Reid DH. Assessing preferred work among adults with autism beginning supported jobs: identification of constant and alternating task preferences. *Behav Int*. 2003 Jul;18(3):161-77. X-3
2403. Lattimore LP, Parsons MB, 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. PMID: 16602388. X-3
2404. Lattimore LP, Parsons MB, Reid DH. Simulation training of community job skills for adults with autism: A further analysis. *Behav Anal Pract*. 2008 Spr;1(1):24-9. X-3
2405. Lattimore LP, Parsons MB, Reid DH. Rapid training of a community job skill to nonvocal adults with autism: An extension of intensive teaching. *Behav Anal Pract*. 2009 Spr;2(1):34-42. X-1, X-3, X-4
2406. 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. PMID: 19748900. X-1, X-3, X-4
2407. 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. PMID: 12058839. X-4
2408. Laushey KM, 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. PMID: 11055455. X-1, X-3, X-4

2409. Laushey KM, Heflin LJ, Shippen M, et al. Concept mastery routines to teach social skills to elementary children with high functioning autism. *J Autism Dev Disord.* 2009 Oct;39(10):1435-48. PMID: 19472042. X-1, X-3, X-4
2410. Lavie T, Sturmey P. Training staff to conduct a paired-stimulus preference assessment. *J Appl Behav Anal.* 2002 Summer;35(2):209-11. PMID: 12102143. X-4
2411. Layton TL. Language training with autistic children using four different modes of presentation. *J Commun Disord.* 1988 Aug;21(4):333-50. PMID: 3170784. X-1, X-3, X-4
2412. 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. PMID: 8923222. X-4
2413. 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. *J Autism Dev Disord.* 2008 Feb;38(2):362-72. X-4
2414. Leach D, Duffy ML. Supporting Students with Autism Spectrum Disorders in Inclusive Settings. *Interv School Clinic.* 2009;45(1):31-7. X-2
2415. Leach D, LaRocque M. Increasing Social Reciprocity in Young Children with Autism. *Interv School Clinic.* 2011 Jan;46(3):150-6. X-1, X-2, X-3, X-4
2416. Leaf RB, Taubman MT, McEachin JJ, et al. 6604 *Educ Treat Children.* 2011 May;34(2):259-85. PMID: 2011-10930-006. X-6
2417. 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. PMID: 12030991. X-2, X-4
2418. Lebedinskaya KS, Nikolskaya OS. Analysis of Autism and Its Treatment in Modern Russian Defectology. *J Autism Dev Disord.* 1993 Dec;23(4):675-79. X-1, X-2, X-3, X-4
2419. Lebedinskaya KS, Nikolskaya OS. Brief report: analysis of autism and its treatment in modern Russian defectology. *J Autism Dev Disord.* 1993 Dec;23(4):675-9. PMID: 8106307. X-1, X-3, X-4
2420. LeBlanc LA, Carr JE, Crossett SE, et al. Intensive Outpatient Behavioral Treatment of Primary Urinary Incontinence of Children With Autism. *Focus Autism Dev Disabil.* 2005 Sum;20(2):98-105. X-1, X-3, X-4
2421. 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. PMID: 12858990. X-3
2422. 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. PMID: 16889934. X-1, X-3, X-4
2423. Leblanc M-P, Ricciardi JN, Luiselli JK. Improving discrete trial instruction by paraprofessional staff through an abbreviated performance feedback intervention. *Educ Treat Children.* 2005 Feb;28(1):76-82. X-4
2424. 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. PMID: 1345670. X-1, X-3, X-4
2425. Leboyer M, Bouvard MP, Launay J-M, et al. A double-blind study of naltrexone in infantile autism. *J Autism Dev Disord.* 1992 Jun;22(2):309-19. PMID: 1992-40247-001. X-3
2426. 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):285-98. PMID: 1992-28422-001. X-1, X-2, X-3, X-4
2427. Lecavalier L, Leone S, 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. PMID: 16430729. X-4
2428. Lechago SA, 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. PMID: 18525063. X-2
2429. Lechago SA, Carr JE, Grow LL, et al. Mands for information generalize across establishing operations. *J Appl Behav Anal.* 2010 Fall;43(3):381-95. PMID: 21358900. X-3
2430. Ledford JR, Gast DL. Feeding Problems in Children with Autism Spectrum Disorders: A Review. *Focus Autism Dev Disabil.* 2006 Fall;21(3):153-66. X-2, X-4
2431. 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. PMID: 17347879. X-3, X-4
2432. Lee A, Duggan ES, 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):313-21. PMID: 1999-10813-004. X-3
2433. Lee A, Hobson RP. Drawing self and others: how do children with autism differ from those with learning difficulties? *Br J Dev Psychol.* 2006;24(Part 3):547-65. X-3, X-4
2434. Lee A, Hobson RP, Chiat S. I, you, me, and autism: an experimental study. *J Autism Dev Disord.* 1994 Apr;24(2):155-76. PMID: 8040159. X-4

2435. 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. PMID: 17582739. X-1, X-3, X-4
2436. Lee L-C, David AB, Rusyniak J, et al. Performance of the Social Communication Questionnaire in children receiving preschool special education services. *Res Autism Spectr Disord.* 2007 Apr-Jun;1(2):126-38. PMID: 2007-12217-002. X-1, X-3, X-4
2437. 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):1483-95. PMID: 2002-13959-002. X-4
2438. Lee R, 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. PMID: 16568357. X-3
2439. Lee S, Odom SL, Loftin R. Social Engagement with Peers and Stereotypic Behavior of Children with Autism. *J Posit Behav Interv.* 2007;9(2):67-79. X-1, X-3, X-4
2440. Lee S-H, Poston D, 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. *Educ Train Dev Disabil.* 2007 Dec;42(4):418-27. PMID: 2008-00935-005. X-3
2441. Lee S-H, Simpson RL, Shogren KA. Effects and Implications of Self-Management for Students with Autism: A Meta-Analysis. *Focus Autism Dev Disabil.* 2007 Spr;22(1):2-13. X-2
2442. Lee-Dukes G. Infantile autism. *Am Fam Physician.* 1986 Jun;33(6):149-55. PMID: 3716967. X-1, X-2, X-3, X-4
2443. Leekam SR, Prior MR, Uljarevic M. Restricted and Repetitive Behaviors in Autism Spectrum Disorders: A Review of Research in the Last Decade. *Psychological Bulletin.* 2011 Jul;137(4):562-93. X-1, X-2, X-3, X-4
2444. Leew SV, Stein NG, Gibbard WB. Weighted vests' effect on social attention for toddlers with Autism Spectrum Disorders. *Can J Occup Ther.* 2010 Apr;77(2):113-24. PMID: 20464896. X-1, X-3, X-4
2445. Lefebvre D, Strain PS. Effects of a group contingency on the frequency of social interactions among autistic and nonhandicapped preschool children: Making LRE efficacious. *J Early Interv.* 1989 Fal;13(4):329-41. X-1, X-3, X-4
2446. LeGoff DB. Use of LEGO as a therapeutic medium for improving social competence. *J Autism Dev Disord.* 2004 Oct;34(5):557-71. PMID: 15628609. X-1, X-3
2447. Legoff DB, Sherman M. Long-term outcome of social skills intervention based on interactive LEGO play. *Autism.* 2006 Jul;10(4):317-29. PMID: 16908476. X-1, X-3, X-4
2448. 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):1041-9. PMID: 2008-02433-013. X-4
2449. Leiman M. Ogden's matrix of transference and the concept of sign. *Br J Med Psychol.* 2000 Sep;73 (Pt 3):385-97. PMID: 11003379. X-2
2450. Lelord G, Barthélémy 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):335-47. X-1, X-3, X-4
2451. Lelord G, Callaway E, 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. PMID: 7124567. X-1, X-3
2452. 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. PMID: 6765503. X-1, X-3
2453. Lemmon ME, Gregas M, Jeste SS. Risperidone use in autism spectrum disorders: a retrospective review of a clinic-referred patient population. *J Child Neurol.* 2011 Apr;26(4):428-32. PMID: 20929907. X-1, X-3, X-4
2454. Lemonnier E, Ben-Ari Y. The diuretic bumetanide decreases autistic behaviour in five infants treated during 3 months with no side effects. *Acta Paediatr.* 2010 Dec;99(12):1885-8. PMID: 20608900. X-1, X-3, X-4
2455. Lemos RR, Castelletti CH, Lima Filho JL, et al. In silico identification of new genetic variations as potential risk factors for Alzheimer's disease in a microarray-oriented simulation. *J Mol Neurosci.* 2009 Sep;39(1-2):242-7. PMID: 19290494. X-1, X-2, X-3, X-4
2456. 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. PMID: 1414352. X-1, X-3, X-4
2457. 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. PMID: 17898000. X-4
2458. Lepage JF, Tremblay S, Theoret H. Early non-specific modulation of corticospinal excitability during action observation. *Eur J Neurosci.* 2010 Mar;31(5):931-7. PMID: 20374291. X-1, X-3, X-4

2459. 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. PMID: 17919805. X-4
2460. Lepisto T, Kuitunen A, Sussman E, et al. Auditory stream segregation in children with Asperger syndrome. *Biol Psychol*. 2009 Dec;82(3):301-7. PMID: 19751798. X-4
2461. 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. PMID: 16325159. X-4
2462. 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. PMID: 17197079. X-4
2463. 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. PMID: 16890012. X-4
2464. 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. PMID: 17893705. X-4
2465. Lerman DC, Kelley ME, Vorndran CM, et al. Collateral effects of response blocking during the treatment of stereotypic behavior. *J Appl Behav Anal*. 2003 Spr;36(1):119-23. PMID: 2003-06701-017. X-3
2466. Lerman DC, Sansbury T, Hovanetz A, et al. Using behavior analysis to examine the outcomes of unproven therapies: an evaluation of hyperbaric oxygen therapy for children with autism. *Behav Anal Pract*. 2008 Win;1(2):50-8. X-1, X-3, X-4
2467. 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. PMID: 18595288. X-1, X-3, X-4
2468. 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):510-26. X-1, X-3, X-4
2469. Lerner MD, Mikami AY, Levine K. Socio-dramatic affective-relational intervention for adolescents with Asperger syndrome & high functioning autism: Pilot study. *Autism*. 2011 Jan;15(1):21-42. X-3
2470. Lerner V, Miodownik C, Kapsan 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. PMID: 11838627. X-1, X-3, X-4
2471. Leslie DL, Martin A. Health care expenditures associated with autism spectrum disorders. *Arch Pediatr Adolesc Med*. 2007 Apr;161(4):350-5. PMID: 17404131. X-4
2472. Leu RM, Beyderman L, Botzolakis EJ, et al. Relation of Melatonin to Sleep Architecture in Children with Autism. *J Autism Dev Disord*. 2011 Apr;41(4):427-33. X-2, X-3, X-4
2473. Leung JP, 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. PMID: 9157099. X-1, X-3, X-4
2474. Leung J-P, Chan O-T. Teaching spontaneous verbal requests to Chinese children with autism using a time delay procedure. *Bull Hong Kong Psychol Soc*. No. 1993;30-31:47-58. X-3
2475. 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. PMID: 8369641. X-3, X-4
2476. Levin L, Carr EG. Food selectivity and problem behavior in children with developmental disabilities. Analysis and intervention. *Behav Modif*. 2001 Jul;25(3):443-70. PMID: 11428248. X-1, X-3, X-4
2477. 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. PMID: 19195791. X-4
2478. Levine J. Controlled trials of inositol in psychiatry. *Eur Neuropsychopharmacol*. 1997 May;7(2):147-55. PMID: 9169302. X-1, X-3, X-4
2479. Levine J, Aviram A, Holan A, et al. Inositol treatment of autism. *J Neural Transm*. 1997;104(2-3):307-10. PMID: 9203092. X-3
2480. Levine JE. Behavior management principles: Incorporating a biopsychosocial perspective. *Child Adolesc Social Work J*. 2001 Aug;18(4):253-61. X-1, X-2, X-3
2481. Levine K, Shane HC, 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 14-7. PMID: 7968563. X-1, X-2, X-3, X-4
2482. Levinson LJ RG. The effects of exercise intensity on the stereotypic behaviors of individuals with autism. *Adapt Phys Act Q*. 1993;10:255-68. X-3

2483. Levy A, Perry A. Transition of children with autism from intensive behavioural intervention programs into the school system. *J Dev Disabil*. 2008;14(1):1-10. X-1, X-2, X-3, X-4
2484. Levy ML, Levy KM, Hoff D, et al. Vagus nerve stimulation therapy in patients with autism spectrum disorder and intractable epilepsy: results from the vagus nerve stimulation therapy patient outcome registry. *J Neurosurg Pediatr*. 2010 Jun;5(6):595-602. PMID: 20515333. X-1, X-4
2485. Levy S, Kim A-H, Olive ML. Interventions for young children with autism: a synthesis of the literature. *Focus Autism Dev Disabil*. 2006 Spr;21(1):55-62. X-2, X-4
2486. Levy SE, Hyman SL. Alternative/complementary approaches to treatment of children with autism spectrum disorders. *Infants Young Child*. 2002 Jan;14(3):33-42. X-1, X-2, X-3, X-4
2487. Levy SE, Hyman SL. Use of complementary and alternative treatments for children with autistic spectrum disorders is increasing. *Pediatr Ann*. 2003 Oct;32(10):685-91. PMID: 14606219. X-2
2488. 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. PMID: 14671475. X-4
2489. 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. PMID: 17207470. X-1, X-3, X-4
2490. 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. PMID: 12876177. X-1, X-3, X-4
2491. 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. PMID: 2585252. X-1, X-2, X-3, X-4
2492. Lewis MH. Brief report: psychopharmacology of autism spectrum disorders. *J Autism Dev Disord*. 1996 Apr;26(2):231-35. X-1, X-2, X-3, X-4
2493. Lewis MJ, Dichtenberg JB. Genes, brain, and behavior: development gone awry in autism? A report on the 23rd Annual International Symposium of the Center for the Study of Gene Structure and Function. *Ann N Y Acad Sci*. 2010 Sep;1205 Suppl 1:E21-36. PMID: 20860674. X-1, X-2, X-3, X-4
2494. Li A. Identification and intervention for students who are visually impaired and who have autism spectrum disorders. *Teach Except Child*. 2009 Mar-Apr;41(4):22-32. X-2
2495. 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. PMID: 10672583. X-4
2496. Liber DB, Frea WD, Symon JBG. Using time-delay to improve social play skills with peers for children with autism. *J Autism Dev Disord*. 2008 Feb;38(2):312-23. X-3
2497. Licciardello CC, Harchik AE, Luiselli JK. Social skills intervention for children with autism during interactive play at a public elementary school. *Educ Treat Children*. 2008;31(1):27-37. X-1, X-3, X-4
2498. Liddle EB, Batty MJ, Goodman R. The Social Aptitudes Scale: an initial validation. *Soc Psychiatry Psychiatr Epidemiol*. 2009 Jun;44(6):508-13. PMID: 18979221. X-4
2499. Liddle K. Implementing the picture exchange communication system (PECS). *Int J Lang Commun Disord*. 2001;36 Suppl:391-5. PMID: 11340818. X-1, X-3, X-4
2500. Lienemann J, Walker FD. Naltrexone for treatment of self-injury. *Am J Psychiatry*. 1989 Dec;146(12):1639-40. X-3
2501. Lifter K, Ellis J, Cannon B, et al. Developmental specificity in targeting and teaching play activities to children with pervasive developmental disorders. *J Early Interv*. 2005 Sum;27(4):247-67. X-3
2502. Light JC, Roberts B, Dimarco R, et al. Augmentative and alternative communication to support receptive and expressive communication for people with autism. *J Commun Disord*. Special Issue: Autism: New Perspectives on Assessment and Intervention. 1998 Mar-Apr;31(2):153-80. PMID: 1998-01188-005. X-1, X-2, X-3, X-4
2503. 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. PMID: 11694674. X-1, X-3, X-4
2504. Lilly JD, Reed D. Perceptions of psychological contract violations in school districts that serve children with autism spectrum disorder: an exploratory qualitative study. *J Appl School Psychol*. 2004 Jun;20(1):27-45. X-3, X-4
2505. Lim HA. Effect of "developmental speech and language training through music" on speech production in children with autism spectrum disorders. *J Music Ther*. 2010 Spring;47(1):2-26. PMID: 20635521. X-1, X-3, X-4

2506. Lim SM, Kattapuram A, Lian WB. Evaluation of a pilot clinic-based social skills Group. *Br J Occup Ther.* 2007 Jan;70(1):35-9. PMID: 2007-02422-003. X-1, X-3, X-4
2507. 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. PMID: 8463201. X-4
2508. 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. PMID: 8567597. X-4
2509. 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. PMID: 1483193. X-3, X-4
2510. Linday LA. Oral famotidine: a potential treatment for children with autism. *Med Hypotheses.* 1997 May;48(5):381-6. PMID: 9185122. X-2, X-4
2511. 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. PMID: 11459079. X-1, X-3, X-4
2512. Lindsay G. The collection and analysis of data on children with speech, language and communication needs: the challenge to education and health services. *Child Lang Teach Ther.* 2011 Jun;27(2):135-50. X-1, X-3, X-4
2513. Lindsay G, Hannon P, Hannon V. Independent psychological opinions. *Educ Child Psychol.* 1986;3(3):123-9. X-1, X-3, X-4
2514. Lindsay RL, Aman MG. Pharmacologic therapies aid treatment for autism. *Pediatr Ann.* 2003 Oct;32(10):671-6. PMID: 14606217. X-2, X-4
2515. 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. PMID: 17178532. X-1, X-3, X-4
2516. Lindsay WR, Michie AM, Marshall I, et al. The effects of behaviour relaxation training on adults with profound multiple disabilities: a preliminary study on treatment effectiveness. *Br J Learn Disabil.* 1996;24(3):119-23. X-3
2517. 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. PMID: 16996401. X-4
2518. Link HM. Auditory integration training (AIT): sound therapy? Case studies of three boys with autism who received AIT. *Br J Learn Disabil.* 1997;25(3):106-10. X-3
2519. 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. PMID: 6927654. X-4
2520. Linscheid TR, Hartel F, Cooley N. Are aversive procedures durable? A five year follow-up of three individuals treated with contingent electric shock. *Child Adolesc Ment Health Care. Special Issue: Aversives: II.* 1993 Fal;3(2):67-76. X-4
2521. Lionello-DeNolf KM, da Silva Barros R, McIlvane WJ. A novel method for teaching the first instances of simple discrimination to nonverbal children with autism in a laboratory environment. *Psychol Rec.* 2008 Spr;58(2):229-44. X-1, X-3, X-4
2522. Lionello-DeNolf KM, Dube WV, McIlvane WJ. Evaluation of resistance to change under different disrupter conditions in children with autism and severe intellectual disability. *J Exp Anal Behav.* 2010 May;93(3):369-83. X-1, X-3, X-4
2523. Lippiello PM. Nicotinic cholinergic antagonists: a novel approach for the treatment of autism. *Med Hypotheses.* 2006;66(5):985-90. PMID: 16406687. X-2, X-4
2524. 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. *J Dev Behav Pediatr.* 2008 Jun;29(3):152-60. X-4
2525. 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. PMID: 16831632. X-4
2526. Liptak GS, Stuart T, 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. PMID: 16855879. X-4
2527. 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. PMID: 7675589. X-1, X-3
2528. 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. PMID: 12593341. X-1, X-2, X-3, X-4

2529. Little L, 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. PMID: 16371824. X-4
2530. 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):662-77. X-4
2531. Liu KY, King M, Bearman PS. Social influence and the autism epidemic. *AJS*. 2010 Mar;115(5):1387-434. PMID: 20503647. X-1, X-3, X-4
2531. Liu-Gitz L, Banda DR. A replication of the RIRD strategy to decrease vocal stereotypy in a student with autism. *Behav Int*. 2010 Feb;25(1):77-87. X-3
2532. Livanis A, Mouzakitis A. The treatment validity of autism screening instruments. *Assess Eff Interv*. 2010 Sep;35(4):206-17. X-1, X-2, X-3, X-4
2534. Lloyd H, 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. PMID: 17080774. X-4
2535. Lloyd H, Paintin K, Botting N. Performance of children with different types of communication impairment on the clinical evaluation of language fundamentals (CELF). *Child Lang Teach Ther*. 2006;22(1):47-67. X-1, X-3, X-4
2536. 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. PMID: 1924657. X-4
2537. Lochbaum M, Crews D. Viability of cardiorespiratory and muscular strength programs for the adolescent with autism. *Complement Health Pract Rev*. 2003;8(3):225-33. X-3
2538. Locke J, Ishijima EH, Kasari C, et al. Loneliness, friendship quality and the social networks of adolescents with high-functioning autism in an inclusive school setting. *J Res Spec Educ Needs*. 2010 Jun;10(2):74-81. X-3
2539. Loebel D, Willems B, Nordin M. Database analysis of injury patterns in an institution for developmental disabilities. *J Occup Rehabil*. 1995 Sep;5(3):169-84. X-4
2540. Loftin RL, Odom SL, Lantz JF. Social interaction and repetitive motor behaviors. *J Autism Dev Disord*. 2008 Jul;38(6):1124-35. PMID: 18064552. X-1, X-3, X-4
2541. Lohiya GS, Tan-Figueroa L, 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. PMID: 15530174. X-4
2542. Lomas JE, Fisher WW, Kelley ME. The effects of variable-time delivery of food items and praise on problem behavior reinforced by Escape. *J Appl Behav Anal*. 2010 Fall;43(3):425-35. X-1, X-3, X-4
2543. Long D. Predicting length of service provision in school-based occupational therapy. *Phys Occup Ther Pediatr*. 2003;23(4):79-93. PMID: 14750310. X-1, X-2, X-3, X-4
2544. Long K, Wood H, Holmes N. Presentation, assessment and treatment of depression in a young woman with learning disability and autism. *Br J Learn Disabil*. 2000 Sep;28(3):102-8. X-1, X-2, X-3, X-4
2545. Longhurst J, Richards D, Copenhaver J, et al. "Outside In": group treatment of youth with asperger's. *Reclaiming Child Youth*. 2010;19(3):40-4. X-1, X-2, X-3, X-4
2546. Longo N, Ardon O, Vanzo R, et al. Disorders of creatine transport and metabolism. *Am J Med Genet C Semin Med Genet*. 2011 Feb 15;157(1):72-8. PMID: 21308988. X-1, X-2, X-3, X-4
2547. Longtin SE, Fabus RL. The use of videotape self-monitoring to facilitate interactive intervention in speech-language therapy with preschool children with autism. *Clin Superv*. 2008;27(1):111-33. X-4
2548. Lonsdale D, Shamberger RJ. A clinical study of secretin in autism and pervasive developmental delay. *J Nutr Environ Med*. 2000;10(4):271-80. X-1, X-3, X-4
2549. Lonsdale D, Shamberger RJ, Audhya T. Treatment of autism spectrum children with thiamine tetrahydrofurfuryl disulfide: a pilot study. *Neuro Endocrinol Lett*. 2002 Aug;23(4):303-8. PMID: 12195231. X-3
2550. Loo CY, Graham RM, Hughes CV. The caries experience and behavior of dental patients with autism spectrum disorder. *J Am Dent Assoc*. 2008 Nov;139(11):1518-24. PMID: 18978390. X-4
2551. Loo CY, Graham RM, Hughes CV. Behaviour guidance in dental treatment of patients with autism spectrum disorder. *Int J Paediatr Dent*. 2009 Nov;19(6):390-8. PMID: 19619200. X-4
2552. Lopata C, Thomeer ML, Volker MA, et al. Effectiveness of a cognitive-behavioral treatment on the social behaviors of children with asperger disorder. *Focus Autism Dev Disabil*. 2006 Win;21(4):237-44. X-1, X-3, X-4
2553. 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. PMID: 18058012. X-1, X-3, X-4

2554. Lopata C, Thomeer ML, Volker MA, et al. RCT of a manualized social treatment for high-functioning autism spectrum disorders. *J Autism Dev Disord*. 2010 Nov;40(11):1297-310. X-1, X-3, X-4
2555. 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. PMID: 9711493. X-2
2556. 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. PMID: 6853435. X-1, X-3, X-4
2557. Lord C, 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. PMID: 2768359. X-1, X-3, X-4
2558. 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 9-11. PMID: 16496206. X-2, X-4
2559. 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. PMID: 17584216. X-4
2560. Loth E, Happe F, Gomez JC. Variety is not the spice of life for people with autism spectrum disorders: frequency ratings of central, variable and inappropriate aspects of common real-life events. *J Autism Dev Disord*. 2010 Jun;40(6):730-42. PMID: 20066484. X-1, X-4
2561. Lounds J, Seltzer MM, Greenberg JS, et al. Transition and change in adolescents and young adults with autism: longitudinal effects on maternal well-being. *Am J Ment Retard*. 2007 Nov;112(6):401-17. PMID: 17963433. X-4
2562. Loutzenhiser L, 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. PMID: 18800283. X-2
2563. Lovaas I, Newsom C, Hickman C. Self-stimulatory behavior and perceptual reinforcement. *J Appl Behav Anal*. 1987 Spring;20(1):45-68. PMID: 3583964. X-1, X-2, X-3, X-4
2564. Lovaas OI. Behavioral treatment and normal educational and intellectual functioning in young autistic children. *J Consult Clin Psychol*. 1987 Feb;55(1):3-9. PMID: 3571656. X-1, X-3, X-4
2565. 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. PMID: 8307839. X-1, X-2, X-3, X-4
2566. Lovaas OI, Smith T, 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. PMID: 2925969. X-1, X-2, X-3, X-4
2567. Love JR, Carr JE, Almason SM, et al. Early and intensive behavioral intervention for autism: A survey of clinical practices. *Res Autism Spectr Disord*. 2009 Apr-Jun;3(2):421-8. X-4
2568. Love SR, Matson JL, West D. Mothers as effective therapists for autistic children's phobias. *J Appl Behav Anal*. 1990 Fall;23(3):379-85. PMID: 2249973. X-3
2569. Loveland KA, 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. PMID: 2970861. X-4
2570. Loveland KA, Kelley ML. Development of adaptive behavior in preschoolers with autism or down syndrome. *Am J Ment Retard*. 1991 Jul;96(1):13-20. PMID: 1831619. X-4
2571. Low J, Goddard E, Melsner J. Generativity and imagination in autism spectrum disorder: evidence from individual differences in children's impossible entity drawings. *Br J Dev Psychol*. 2009;27(Part 2):425-44. X-4
2572. 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. PMID: 9828069. X-4
2573. Lowe O, 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. PMID: 3156901. X-1, X-3, X-4
2574. Lowery EF. Autistic aloofness reconsidered: Case reports of two children in play therapy. *Bull Menninger Clin*. 1985 Mar;49(2):135-50. X-1, X-3, X-4
2575. Lozzi-Toscano B. The "dance" of communication: Counseling families and children with asperger's syndrome. *Fam J Alex Va*. 2004 Jan;12(1):53-7. X-2, X-4
2576. Lu L, Petersen F, Lacroix L, et al. Stimulating creative play in children with autism through sandplay. *Arts Psychother*. 2010 Feb;37(1):56-64. X-1, X-3, X-4
2577. Lubetsky MJ, Mueller L, Madden K, et al. Family-centered/interdisciplinary team approach to working with families of children who have mental retardation. *Ment Retard*. 1995 Aug;33(4):251-6. X-3
2578. Lubin R, Jacobson JW, 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. PMID: 6181686. X-1, X-2, X-3, X-4

2579. 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. PMID: 17069546. X-1, X-3, X-4
2580. Lucarelli S, Frediani T, Zingoni AM, et al. Food allergy and infantile autism. *Panminerva Med*. 1995 Sep;37(3):137-41. PMID: 8869369. X-1, X-3, X-4
2581. 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. PMID: 1585026. X-2
2582. Luce SC, Dyer K. Providing effective transitional programming to individuals with autism. *Behav Disord*. 1995 Nov;21(1):36-52. X-2, X-3, X-4
2583. Luckett T, Bundy A, Roberts J. Do behavioural approaches teach children with autism to play or are they pretending? *Autism*. 2007;11(4):365-88. X-2, X-4
2584. 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. *J Posit Behav Interv*. 2007 Sum;9(3):131-50. X-3
2585. 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. *Res Pract Persons Severe Disabil* 2004 Sum;29(2):104-21. X-1, X-2, X-3, X-4
2586. Luiselli 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. PMID: 11580165. X-4
2587. Luiselli JK. Case demonstration of a fading procedure to promote school attendance of a child with Asperger's disorder. *J Posit Behav Interv*. 2000 Win;2(1):47-52. X-1, X-2, X-3, X-4
2588. Luiselli JK, Blew P, Keane J, et al. Pharmacotherapy for severe aggression in a child with autism: "open-label" evaluation of multiple medications on response frequency and intensity of behavioral intervention. *J Behav Ther Exp Psychiatry*. 2000 Sep-Dec;31(3-4):219-30. X-1, X-2, X-3, X-4
2589. Luiselli JK, Blew P, 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. *Behav Modif*. 2001 Jan;25(1):62-78. X-3
2590. 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):426-38. X-1, X-2, X-3, X-4
2591. Luiselli JK, Cochran ML, Huber SA. Effects of otitis media on a child with autism receiving behavioral intervention for self-injury. *Child Fam Behav Ther*. 2005;27(2):51-6. X-1, X-2, X-3, X-4
2592. Luiselli JK, Kane A, Trembl T, et al. Behavioral intervention to reduce physical restraint of adolescents with developmental disabilities. *Behav Int*. 2000 Oct-Dec;15(4):317-30. X-3
2593. Luiselli JK, Medeiros J, Jasinowski C, et al. Behavioral medicine treatment of ruminative vomiting and associated weight loss in an adolescent with autism. *J Autism Dev Disord*. 1994 Oct;24(5):619-29. X-3, X-4
2594. Luiselli JK, Ricciardi JN, Gilligan K. Liquid fading to establish milk consumption by a child with autism. *Behav Int*. 2005 Apr;20(2):155-63. X-1, X-2, X-3, X-4
2595. Luiselli JK, Ricciardi JN, Schmidt S, et al. Brief functional analysis and intervention evaluation for treatment of saliva-play. *Child Fam Behav Ther*. 2004;26(3):53-61. X-1, X-2, X-3, X-4
2596. Luiselli JK, Suskin L, Slocumb PR. Application of immobilization time-out in management programming with developmentally disabled children. *Child Fam Behav Ther*. 1984 Spr;6(1):1-15. X-1, X-2, X-3, X-4
2597. Luiselli JK, Wolongevic J, Egan P, et al. The family support program: description of a preventive, community-based behavioral intervention for children with pervasive developmental disorders. *Child Fam Behav Ther*. 1999;21(1):1-18. X-2, X-3
2598. 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. PMID: 19545907. X-1, X-2, X-3, X-4
2599. Lund C, Oosthuizen P, Flisher AJ, et al. Care among people with schizophrenia spectrum disorders in South Africa. *Psychiatric Services*. 2010 Mar;61(3):235-40. X-1, X-2, X-3, X-4
2600. Lund J. Treatment of psychiatric morbidity in the mentally retarded adult. *Acta Psychiatr Scand*. 1986 Apr;73(4):429-36. PMID: 2873716. X-3, X-4
2601. Lundqvist L-O, Andersson G, Viding J. Effects of vibroacoustic music on challenging behaviors in individuals with autism and developmental disabilities. *Res Autism Spectr Disord*. 2009 Apr-Jun;3(2):390-400. X-1.

2602. Lunskey Y, Gracey C, Bradley E. Adults with autism spectrum disorders using psychiatric hospitals in Ontario: clinical profile and service needs. *Res Autism Spectr Disord.* 2009 Oct-Dec;3(4):1006-13. X-4
2603. Luong J, Yoder MK, 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. PMID: 19364878. X-3, X-4
2604. Luscre DM, Center DB. Procedures for reducing dental fear in children with autism. *J Autism Dev Disord.* 1996 Oct;26(5):547-56. PMID: 8906455. X-3
2605. Luther EH, Canham DL, Young Cureton V. Coping and social support for parents of children with autism. *J Sch Nurs.* 2005 Feb;21(1):40-7. PMID: 15660493. X-1, X-2, X-3, X-4
2606. Luthy KE, Beckstrand RL, Callister LC. Parental hesitation in immunizing children in Utah. *Public Health Nurs.* 2010 Jan-Feb;27(1):25-31. PMID: 20055965. X-4
2607. Luyster RJ, Kadlec MB, Carter A, et al. Language assessment and development in toddlers with autism spectrum disorders. *J Autism Dev Disord.* 2008 Sep;38(8):1426-38. X-4
2608. Lynch E. Making sense of autism. *Nurs Stand.* 2010 Sep 15-21;25(2):18-9. PMID: 20949817. X-1, X-2, X-3, X-4
2609. Lynch S. Intensive behavioural intervention with a 7-year-old girl with autism. *Autism.* 1998 Jun;2(2):181-97. X-1, X-3, X-4
2610. Lynch SL, Irvine AN. Inclusive education and best practice for children with autism spectrum disorder: an integrated approach. *Int J Inclusive Educ.* 2009 Dec;13(8):845-59. X-2, X-4
2611. 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). *Behav Modif.* 2009;33(3):339-59. X-2, X-4
2612. 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. PMID: 11458864. X-1, X-3, X-4
2613. Maa, Antonissen ACF, Knoors H, et al. Differentiating characteristics of deafblindness and autism in people with congenital deafblindness and profound intellectual disability. *J Intellect Disabil Res.* 2009;53(Part 6):548-58. X-3, X-4
2614. Maag JW, Katsiyannis A. Recent legal and policy developments in special education. *NASSP Bulletin.* 2000 Feb;84(613):1-8. X-2, X-3, X-4
2615. Maag JW, Rutherford RB, Wolchik SA, et al. Comparison of two short overcorrection procedures on the stereotypic behavior of autistic children. *J Autism Dev Disord.* 1986 Mar;16(1):83-7. X-1, X-3, X-4
2616. Maag JW, Rutherford RB, Wolchik SA, et al. Sensory extinction and overcorrection in suppressing self-stimulation: A preliminary comparison of efficacy and generalization. *Educ Treat Children.* 1986 Aug;9(3):189-201. X-1, X-3, X-4
2617. Maag JW, Wolchik SA, Rutherford RB, et al. Response covariation on self-stimulatory behaviors during sensory extinction procedures. *J Autism Dev Disord.* 1986 Jun;16(2):119-32. X-1, X-3, X-4
2618. MacDonald C, Jones K, Istone M. Positive Behavioral Support. *Teach Elem Phys Educ.* 2006 Nov;17(6):20-4. X-2
2619. Macdonald H, Henderson R, Oates K. Low uptake of immunisation: contributing factors. *Community Pract.* 2004;77(3):95-100. X-4
2620. 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. PMID: 16814515. X-4
2621. MacDuff GS, Krantz PJ, MacDuff MA, et al. Providing incidental teaching for autistic children: a rapid training procedure for therapists. *Educ Treat Children.* 1988 Aug;11(3):205-17. X-3
2622. MacDuff GS, Krantz PJ, 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. PMID: 8473261. X-1, X-2, X-3, X-4
2623. Mace AB, Shapiro ES, Mace FC. Effects of warning stimuli for reinforcer withdrawal and task onset on self-injury. *J Appl Behav Anal.* 1998 Win;31(4):679-82. PMID: 1999-00169-017. X-1, X-2, X-3, X-4
2624. 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. PMID: 9157095. X-1, X-3, X-4
2625. Mace FC, Pratt JL, Prager KL, et al. An evaluation of three methods of saying "no" to avoid an escalating response class hierarchy. *J Appl Behav Anal.* 2011 Spring;44(1):83-94. PMID: 21541139. X-2, X-3
2626. MacFabe DF, Cain NE, Boon F, et al. Effects of the enteric bacterial metabolic product propionic acid on object-directed behavior, social behavior, cognition, and neuroinflammation in adolescent rats: Relevance to autism spectrum disorder. *Behav Brain Res.* 2011 Feb 2;217(1):47-54. PMID: 20937326. X-1, X-3, X-4

2627. MacFarlane JR, Kanaya T. What does it mean to be autistic? Inter-state variation in special education criteria for autism services. *J Child Fam Stud*. 2009 Dec;18(6):662-9. X-2, X-4
2628. 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. *Res Autism Spectr Disord*. 2009 Jan;3(1):32-41. X-3
2629. Macintosh K, 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. PMID: 16865549. X-1, X-3, X-4
2630. MacKay G, Anderson C, Baldry H, et al. Educational provision for pupils with disorders of language and communication in West Central Scotland. *Scott Edu Rev*. 1997 Nov;29(2):154-62. X-1, X-2, X-3, X-4
2631. MacKay G, Shaw A. A comparative study of figurative language in children with autistic spectrum disorders. *Child Lang Teach Ther*. 2004;20(1):13-32. X-1, X-3, X-4
2632. Mackay T, Knott F, 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. PMID: 18049972. X-6
2633. 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. PMID: 10361794. X-4
2634. Macleod A. The Birmingham community support scheme for adults with asperger syndrome. *Autism*. 1999 Jun;3(2):177-92. X-3
2635. Maenner MJ, Durkin MS. Trends in the prevalence of autism on the basis of special education data. *Pediatrics*. 2010 Nov;126(5):e1018-25. PMID: 20974790. X-4
2636. 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. PMID: 8110411. X-4
2637. Magaña S, Ghosh S. Latina mothers caring for a son or daughter with autism or schizophrenia: similarities, differences, and the relationship between co-residency and maternal well-being. *J Fam Soc Work*. 2010;13(3):227-50. X-4
2638. Magiati I, Charman T, 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. PMID: 17683452. X-1, X-2, X-3, X-4
2639. Magiati I, 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. PMID: 11777256. X-4
2640. Magiati I, 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. PMID: 14516062. X-1, X-3, X-4
2641. Magiati I, Moss J, Yates R, et al. Is the autism treatment evaluation checklist a useful tool for monitoring progress in children with autism spectrum disorders? *J Intellect Disabil Res*. 2011 Mar;55(3):302-12. PMID: 21199043. X-1, X-3, X-4
2642. 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. PMID: 19397868. X-4
2643. Magnusson M, Rasmussen F, 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. PMID: 8955459. X-4
2644. 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. PMID: 15343197. X-4
2645. Mahoney G, Kim JM, Lin C. Pivotal behavior model of development learning. *Infants Young Child: An Interdisciplinary Journal of Special Care Practices*. 2007;20(4):311-25. X-4
2646. Mahoney G, Perales F. Using relationship-focused intervention to enhance the social-emotional functioning of young children with autism spectrum disorders. *Topics Early Child Spec Educ*. 2003 Sum;23(2):77-89. X-1, X-2, X-3, X-4
2647. Mahoney G, 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. PMID: 15827458. X-1, X-2, X-3, X-4

2648. Mahoney G, Wheeden CA, 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. PMID: 15541631. X-1, X-2, X-3, X-4
2649. Maimburg RD, Vaeth M. Perinatal risk factors and infantile autism. *Acta Psychiatr Scand.* 2006 Oct;114(4):257-64. PMID: 16968363. X-4
2650. Maimburg RD, Vaeth M. Do children born after assisted conception have less risk of developing infantile autism? *Hum Reprod.* 2007 Jul;22(7):1841-3. PMID: 17456530. X-4
2651. Maitland CH, Tsakanikos E, Holt G, et al. Mental health service provision for adults with intellectual disability: sources of referrals, clinical characteristics and pathways to care. *Prim Care Ment Health.* 2006;4(2):99-106. X-4
2652. Majewska MD, Urbanowicz E, Rok-Bujko P, et al. Age-dependent lower or higher levels of hair mercury in autistic children than in healthy controls. *Acta Neurobiol Exp (Wars).* 2010;70(2):196-208. PMID: 20628443. X-1, X-3, X-4
2653. 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. PMID: 19842198. X-4
2654. Makkonen I, Riikonen R, Kuikka JT, et al. Brain derived neurotrophic factor and serotonin transporter binding as markers of clinical response to fluoxetine therapy in children with autism. *Journal of Pediatric Neurology.* 2011;9(1):1-8. X-3
2655. Malandraki GA, Okalidou A. The application of PECS in a deaf child with autism: a case study. *Focus Autism Dev Disabil.* 2007 Spr;22(1):23-32. X-1, X-2, X-3, X-4
2656. Male DB, Rayner M. Who goes to SLD schools in England? A follow-up study. *Educ Child Psychol.* 2009;26(4):19-30. X-1, X-3, X-4
2657. Malhotra S, Chakrabarti S, Gupta N, et al. High treatment drop-out rate of children with pervasive developmental disorders. *Hong Kong College of Psychiatrists.* 2004 Mar;14(1):10-5. X-1, X-3, X-4
2658. Malhotra S, Gupta N. Childhood Disintegrative Disorder. *J Autism Dev Disord.* 1999 Dec;29(6):491-98. X-1, X-2, X-3, X-4
2659. Mallory BL, Erickson K. "Play and Imagination in Children with Autism," by Pamela J. Wolfberg. *Book Review. Early Child Res Q.* 2000;15(4):583-86. X-2, X-3, X-4
2660. Malloy C, 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. PMID: 19999849. X-2, X-4
2661. 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. PMID: 11501687. X-1, X-2, X-3, X-4
2662. 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. PMID: 18315450. X-3
2663. Malone RP, Ernst M, Godfrey KA, et al. Repeated episodes of neuroleptic-related dyskinesias in autistic children. *Psychopharmacology Bulletin.* 1991;27(2):113-7. X-4
2664. 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. PMID: 11837403. X-1, X-3
2665. Mancil GR, Boman M. Functional communication training in the classroom: a guide for success. *Prev School Failure.* 2010;54(4):238-46. X-1
2666. Mancil GR, Conroy MA, 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. PMID: 18612805. X-1, X-2, X-3, X-4
2667. 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. *Educ Treat Children.* 2006 Nov;29(4):615-33. X-1, X-2, X-3, X-4
2668. Mancina C, Tankersley M, Kamps D, et al. Reduction of inappropriate vocalizations for a child with autism using a self-management treatment program. *J Autism Dev Disord.* 2000 Dec;30(6):599-606. X-1, X-2, X-3, X-4
2669. Mandel DS, Walrath CM, Manteuffel B, et al. Characteristics of children with autistic spectrum disorders served in comprehensive community-based mental health settings. *J Autism Dev Disord.* 2005 Jun;35(3):313-21. X-4
2670. Mandell DS. Psychiatric hospitalization among children with autism spectrum disorders. *J Autism Dev Disord.* 2008 Jul;38(6):1059-65. PMID: 17975720. X-4
2671. 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. PMID: 16586155. X-4

2672. 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. PMID: 12447031. X-4
2673. 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. PMID: 18310165. X-4
2674. Mandell DS, Morales KH, Xie M, et al. Age of diagnosis among Medicaid-enrolled children with autism, 2001-2004. *Psychiatr Serv*. 2010 Aug;61(8):822-9. PMID: 20675842. X-1, X-3, X-4
2675. Mandell DS, Morales KH, Xie M, et al. County-level variation in the prevalence of medicaid-enrolled children with autism spectrum disorders. *J Autism Dev Disord*. 2010 Oct;40(10):1241-6. X-1, X-3, X-4
2676. Mandell DS, 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. PMID: 15977313. X-2
2677. 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. PMID: 15637193. X-4
2678. Mandlawitz MR. The impact of the legal system on educational programming for young children with autism spectrum disorder. *J Autism Dev Disord*. 2002 Oct;32(5):495-508. X-1, X-2, X-3, X-4
2679. Mandleco B, Dyches T, Olsen S, et al. Stress and coping responses: siblings of children with autism or down syndrome... Proceedings of the communicating nursing research conference and win assembly, "responding to societal imperatives through discovery and innovation", held april 10-12, 2003, scottsdale, arizona. *Commun Nurs Res*. 2003;36:235-. X-1, X-2, X-3, X-4
2680. Mandleco B, Olsen S, Dyches T, et al. Snapshots reflecting the lives of siblings of children with autism. *Commun Nurs Res*. 2005;38:222-. X-4
2681. Manente CJ, Maraventano JC, LaRue RH, et al. Effective behavioral intervention for adults on the autism spectrum: best practices in functional assessment and treatment development. *Behav Anal Today*. 2010;11(1):36-48. X-1, X-2, X-3
2682. Manev R, Manev H. Aminoglycoside antibiotics and autism: a speculative hypothesis. *BMC Psychiatry*. 2001;1:5. PMID: 11696245. X-2, X-4
2683. Mangus B, Henderson H, 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. PMID: 3748749. X-3
2684. 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. PMID: 12880798. X-4
2685. Mann TA, Walker P. Autism and a deficit in broadening the spread of visual attention. *J Child Psychol Psychiatry*. 2003 Feb;44(2):274-84. PMID: 12587863. X-4
2686. Manor-Binyamini I. Mothers of Children with Developmental Disorders in the Bedouin Community in Israel: Family Functioning, Caregiver Burden, and Coping Abilities. *J Autism Dev Disord*. 2011 May;41(5):610-7. X-1, X-3, X-4
2687. Marc V. Beyond the archaic maternal background. *The Journal of Analytical Psychology*. 1991 Apr;36(2):231-40. X-2, X-4
2688. 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. PMID: 19248872. X-2
2689. Marchant P, Hussain A, Hall K. Autistic spectrum disorders and asian children. *Br J Educ Stud*. 2006 Jun;54(2):230-44. X-4
2690. 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):346-54. X-4
2691. Marchetto MC, Carromeu C, Acab A, et al. A model for neural development and treatment of Rett syndrome using human induced pluripotent stem cells. *Cell*. 2010 Nov 12;143(4):527-39. PMID: 21074045. X-1, X-3, X-4
2692. Marckel JM, Neef NA, 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. PMID: 16602390. X-1, X-2, X-3, X-4
2693. 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. PMID: 19421849. X-4
2694. Marcus A, Sinnott B, Bradley S, et al. Treatment of idiopathic toe-walking in children with autism using GaitSpot Auditory Speakers and simplified habit reversal. *Res Autism Spectr Disord*. 2010 Apr-Jun;4(2):260-7. X-3
2695. Marcus A, Wilder DA. A comparison of peer video modeling and self video modeling to teach textual responses in children with autism. *J Appl Behav Anal*. 2009 Summer;42(2):335-41. PMID: 19949521. X-1, X-2, X-3, X-4

2696. 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. PMID: 8481250. X-4
2697. Marcus BA, Vollmer TR. Combining noncontingent reinforcement and differential reinforcement schedules as treatment for aberrant behavior. *J Appl Behav Anal.* 1996 Spring;29(1):43-51. PMID: 8881343. X-1, X-2, X-3, X-4
2698. 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. PMID: 19797985. X-1, X-3, X-4
2699. Marcus RN, Owen R, Manos G, et al. Aripiprazole in the treatment of irritability in pediatric patients (aged 6-17 years) with autistic disorder: Results from a 52-week, open-label study. *J Child Adolesc Psychopharmacol.* 2011 Jun;21(3):229-36. PMID: 2011-13025-005. X-1, X-3, X-4
2700. Marcus RN, Owen R, Manos G, et al. Safety and tolerability of aripiprazole for irritability in pediatric patients with autistic disorder: a 52-week, open-label, multicenter study. *J Clin Psychiatry.* 2011 Jul 26 PMID 21813076. X-1, X-3
2701. Marcus SC, Durkin M. Stimulant adherence and academic performance in urban youth with attention-deficit/hyperactivity disorder. *J Am Acad Child Adolesc Psychiatry.* 2011 May;50(5):480-9. PMID: 21515197. X-1, X-3, X-4
2702. Margolis LH, 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. PMID: 2441606. X-1, X-3, X-4
2703. 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. PMID: 15563008. X-2
2704. Mark TL. For what diagnoses are psychotropic medications being prescribed?: a nationally representative survey of physicians. *CNS Drugs.* 2010 Apr;24(4):319-26. PMID: 20297856. X-1, X-2, X-3, X-4
2705. Marker C, Weeks M, Kraegel I. Integrating faith and treatment for children with high functioning autism spectrum disorders. *J Psychol Christ.* 2007 Sum;26(2):112-21. X-2
2706. Markle K, 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. PMID: 18293791. X-2
2707. Markowitz PI. Effect of fluoxetine on self-injurious behavior in the developmentally disabled: a preliminary study. *J Clin Psychopharmacol.* 1992 Feb;12(1):27-31. PMID: 1552036. X-1, X-3, X-4
2708. Marks SU. Can "special" programs for children with autism spectrum disorders be inclusive? *Res Pract Persons Severe Disabl* 2007 Win; 32(4):265-8. X-2, X-4
2709. Marks SU, Schrader C, Longaker T, et al. Portraits of three adolescent students with asperger's syndrome: personal stories and how they can inform practice. *J Assoc Pers Sev Handicaps.* 2000 Spr;25(1):3-17. X-3, X-4
2710. Marmon P. The map: an innocent interaction with far-reaching outcomes. *School Nurse News.* 2010 May;27(3):15-6. PMID: 20476529. X-1, X-2, X-3, X-4
2711. Maroni L. Say hello to the scream extractor: working with an autistic child with psychotic mechanisms. *J Child Psychother.* 2008 Aug;34(2):222-39. X-1, X-2, X-3, X-4
2712. Marquenie K, Rodger S, Mangohig K, et al. Dinnertime and bedtime routines and rituals in families with a young child with an autism spectrum disorder. *Aust Occup Ther J.* 2011;58(3):145-54. X-1, X-3, X-4
2713. 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. PMID: 17298941. X-1, X-2, X-3, X-4
2714. Marriage KJ, Gordon V, Brand L. A social skills group for boys with Asperger's syndrome. *Aust N Z J Psychiatry.* 1995 Mar;29(1):58-62. PMID: 7625976. X-1, X-2, X-3, X-4
2715. 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. PMID: 2826308. X-3
2716. Marshall J, Sheller B, Mancl L. Caries-risk assessment and caries status of children with autism. *Pediatr Dent.* 2010 Jan-Feb;32(1):69-75. PMID: 20298657. X-4
2717. 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. PMID: 18942599. X-1, X-4
2718. Marshall J, Sheller B, Williams BJ, et al. Cooperation predictors for dental patients with autism. *Pediatr Dent.* 2007 Sep-Oct;29(5):369-76. PMID: 18027770. X-4
2719. Marshall JK, Mirenda P. Parent-professional collaboration for positive behavior support in the home. *Focus Autism Dev Disabil.* 2002 Win;17(4):216-28. X-2

2720. 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. PMID: 18833419. X-4
2721. Martell R. The enigma of autism. *Nurs Stand.* 1994 Jan 5-11;8(15):20-1. PMID: 8123505. X-2, X-4
2722. Martens BK, Houk JL. The application of Herrnstein's law of effect to disruptive and on-task behavior of a retarded adolescent girl. *J Exp Anal Behav.* 1989 Jan;51(1):17-27. X-3
2723. 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. PMID: 12708582. X-3
2724. Martin A, Koenig K, Scahill L, et al. Open-label quetiapine in the treatment of children and adolescents with autistic disorder. *J Child Adolesc Psychopharmacol.* 1999;9(2):99-107. X-2, X-3, X-4
2725. 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. PMID: 15169706. X-1, X-3, X-4
2726. 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. PMID: 10405512. X-4
2727. 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. *Educ Psychol.* 2005 Apr-Jun;25(2-3):287-304. X-1, X-2, X-3, X-4
2728. Martin F, Farnum J. Animal-assisted therapy for children with pervasive developmental disorders. *West J Nurs Res.* 2002 Oct;24(6):657-70. PMID: 12365766. X-1, X-3
2729. Martin N. Assessing portrait drawings created by children and adolescents with autism spectrum disorder. *Art Ther.* 2008;25(1):15-23. X-4
2730. Martin N. Art Therapy and autism: overview and recommendations. *Art Ther.* 2009;26(4):187-90. X-1, X-2, X-3, X-4
2731. Martin N. A preliminary study of some broad disability related themes within the Edinburgh festival fringe. *Disabil Soc.* 2010;25(5):539-49. X-1, X-2, X-3, X-4
2732. 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. PMID: 14516063. X-4
2733. Martin SC, Wolters PL, Smith AC. Adaptive and maladaptive behavior in children with Smith-Magenis Syndrome. *J Autism Dev Disord.* 2006 May;36(4):541-52. PMID: 16570214. X-4
2734. 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. PMID: 3170459. X-1, X-3, X-4
2735. 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. PMID: 3886023. X-1, X-3, X-4
2736. Martineau J, Barthélémy C, Jouve J, et al. Monoamines (serotonin and catecholamines) and their derivatives in infantile autism: Age-related changes and drug effects. *Dev Med Child Neurol.* 1992 Jul;34(7):593-603. X-4
2737. Martineau J, Barthelemy C, Lelord G. Long-term effects of combined vitamin B6-magnesium administration in an autistic child. *Biological Psychiatry.* 1986 May;21(5-6):511-8. X-1, X-3, X-4
2738. Martineau J, Barthelemy C, Roux S, et al. Electrophysiological effects of fenfluramine or combined vitamin B6 and magnesium on children with autistic behaviour. *Dev Med Child Neurol.* 1989 Dec;31(6):721-7. PMID: 2599266. X-3
2739. 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. PMID: 7272379. X-3
2740. 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. PMID: 3680154. X-1, X-3, X-4
2741. 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. PMID: 1370145. X-4
2742. 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. PMID: 1391280. X-4
2743. 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. PMID: 6543360. X-4

2744. Martinez CA. Adapted aquatics for children with autism. *Teach Elem Phys Educ*. 2006 Sep;17(5):34-6. X-2, X-4
2745. Martins MP, Harris SL. Teaching children with autism to respond to joint attention initiations. *Child Fam Behav Ther*. 2006;28(1):51-68. X-1, X-2, X-3, X-4
2746. Martos Perez J, Fortea Sevilla MS. Psychological assessment of adolescents and adults with autism. *J Autism Dev Disord*. 1993 Dec;23(4):653-64. PMID: 8106305. X-3
2747. Marui T, Funatogawa I, Koishi S, et al. The <i>NADH-ubiquinone oxidoreductase 1 alpha subcomplex 5 (NDUFA5)</i> gene variants are associated with autism. *Acta Psychiatrica Scandinavica*. 2011 Feb;123(2):118-24. X-4
2748. Mascha K, Boucher J. Preliminary investigation of a qualitative method of examining siblings' experiences of living with a child with ASD. *Br J Dev Disabil*. 2006;52 part 1(102):19-28. X-3, X-4
2749. Mashal N, Kasirer A. Thinking maps enhance metaphoric competence in children with autism and learning disabilities. *Res Dev Disabil: A Multidisciplinary Journal*. 2011 Nov-Dec;32(6):2045-54. X-4
2750. 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. PMID: 19480469. X-1
2751. Masi G, Cosenza A, Mucci M. Prolactin levels in young children with pervasive developmental disorders during risperidone treatment. *J Child Adolesc Psychopharmacol*. 2001 Winter;11(4):389-94. PMID: 11838821. X-1, X-2, X-3, X-4
2752. 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. PMID: 11589534. X-1, X-2, X-3, X-4
2753. 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. PMID: 14628979. X-1, X-2, X-3, X-4
2754. 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. PMID: 11417603. X-1, X-2, X-3, X-4
2755. Mason MC. Head for bed. *Nurs Stand*. 2011 Jan 26-Feb 1;25(21):20. PMID: 21329128. X-2
2756. 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. PMID: 2745238. X-1, X-3, X-4
2757. Mason SA, Newsom CD. The application of sensory change to reduce stereotyped behavior. *Res Dev Disabil*. 1990;11(3):257-71. PMID: 2399345. X-4
2758. Massaro DW, 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. PMID: 16940315. X-1, X-2, X-3, X-4
2759. Massey NG, Wheeler JJ. Acquisition and generalization of activity schedules and their effects on task engagement in a young child with autism in an inclusive pre-school classroom. *Educ Train Ment Retard Dev Disabil*. 2000 Sep;35(3):326-35. X-1, X-3, X-4
2760. Mastrangelo S. Harnessing the Power of Play: opportunities for children with autism spectrum disorders. *Teach Except Child*. 2009 Sep-Oct;42(1):34-44. X-2, X-4
2761. Mathai J, Bourne A, Cranswick N. Lessons learnt in conducting a clinical drug trial in children with asperger syndrome. *Australas Psychiatry*. 2005 Jun;13(2):173-5. PMID: 15948916. X-2, X-4
2762. Mathews RR, Hall WD, Vos T, et al. What are the major drivers of prevalent disability burden in young Australians? *Med J Aust*. 2011 Mar 7;194(5):232-5. PMID: 21381994. X-4
2763. Mathewson KJ, Drmic IE, Jetha MK, et al. Behavioral and cardiac responses to emotional stroop in adults with autism spectrum disorders: influence of medication. *Autism Res*. 2011 Apr;4(2):98-108. PMID: 21360828. X-4
2764. Matson J. Aggression and tantrums in children with autism: a review of behavioral treatments and maintaining variables. *J Ment Health Res Intellect Disabil*. 2009;2(3):169-87. X-2
2765. Matson JL. Current status of differential diagnosis for children with autism spectrum disorders. *Res Dev Disabil: A Multidisciplinary Journal*. 2007 Mar-Apr;28(2):109-18. X-2, X-4
2766. Matson JL. Determining treatment outcome in early intervention programs for autism spectrum disorders: a critical analysis of measurement issues in learning based interventions. *Res Dev Disabil: A Multidisciplinary Journal*. 2007 Mar-Apr;28(2):207-18. X-2, X-4
2767. Matson JL, Ancona MN, Wilkins J. Sleep disturbances in adults with autism spectrum disorders and severe intellectual impairments. *J Ment Health Res Intellect Disabil*. 2008;1(3):129-39. X-4

2768. 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. PMID: 8778935. X-4
2769. Matson JL, Boisjoli JA. The token economy for children with intellectual disability and/or autism: a review. *Res Dev Disabil: A Multidisciplinary Journal.* 2009 Mar-Apr;30(2):240-8. X-2, X-4
2770. Matson JL, Boisjoli JA, Hess JA, et al. Factor structure and diagnostic fidelity of the Baby and Infant Screen for Children with aUtism Traits-Part 1 (BISCUIT-part 1). *Dev Neurorehabil.* 2010;13(2):72-9. PMID: 20222767. X-1, X-2, X-3, X-4
2771. Matson JL, Box ML, Francis KL. Treatment of elective mute behavior in two developmentally delayed children using modeling and contingency management. *J Behav Ther Exp Psychiatry.* 1992 Sep;23(3):221-9. PMID: 1993-22582-001. X-1, X-2, X-3, X-4
2772. Matson JL, Compton LS, Sevin JA. Comparison and item analysis of the MESSY for autistic and normal children. *Res Dev Disabil.* 1991;12(4):361-9. PMID: 1792362. X-4
2773. Matson JL, Dempsey T. The nature and treatment of compulsions, obsessions, and rituals in people with developmental disabilities. *Res Dev Disabil: A Multidisciplinary Journal.* 2009 May-Jun;30(3):603-11. X-2, X-4
2774. Matson JL, Dempsey T, Fodstad JC. The effect of autism spectrum disorders on adaptive independent living skills in adults with severe intellectual disability. *Res Dev Disabil.* 2009 Nov-Dec;30(6):1203-11. PMID: 19450950. X-1, X-4
2775. Matson JL, Dempsey T, Wilkins J. Rett syndrome in adults with severe intellectual disability: exploration of behavioral characteristics. *Eur Psychiatry.* 2008 Sep;23(6):460-5. PMID: 18207372. X-4
2776. Matson JL, et al. Behavioral treatment of autistic persons: a review of research from 1980 to the present. *Res Dev Disabil.* 1996 Nov-Dec;17(6):433-65. X-1, X-2, X-3, X-4
2777. 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. PMID: 1958951. X-4
2778. Matson JL, Lo Vullo SV. A review of behavioral treatments for self-injurious behaviors of persons with autism spectrum disorders. *Behav Modif.* 2008;32(1):61-76. X-2, X-4
2779. Matson JL, Mahan S, Sipes M, et al. Effects of Symptoms of comorbid psychopathology on challenging behaviors among atypically developing infants and toddlers as assessed with the Baby and Infant Screen for Children with Autism Traits (BISCUIT). *J Ment Health Res Intellect Disabil.* 2010;3(3):164-76. X-1, X-2, X-3, X-4
2780. 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. PMID: 2970102. X-3
2781. Matson JL, Matson ML, Rivet TT. Social-skills treatments for children with autism spectrum disorders: an overview. *Behav Modif.* 2007;31(5):682-707. X-2, X-4
2782. Matson JL, Rivet TT. Characteristics of challenging behaviours in adults with autistic disorder, PDD-NOS, and intellectual disability. *J Intellect Dev Disabil.* 2008 Dec;33(4):323-9. PMID: 19039692. X-4
2783. Matson JL, Sevin JA, Box ML, et al. An evaluation of two methods for increasing self-initiated verbalizations in autistic children. *J Appl Behav Anal.* 1993 Fal;26(3):389-98. X-1, X-2, X-3, X-4
2784. 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. PMID: 2373659. X-1, X-2, X-3, X-4
2785. Matson JL, Smiroldo BB, 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. PMID: 9546305. X-4
2786. 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. PMID: 2270319. X-1, X-2, X-3, X-4
2787. Matsuo M, Maeda T, Sasaki K, et al. Frequent association of autism spectrum disorder in patients with childhood onset epilepsy. *Brain Dev.* 2010 Oct;32(9):759-63. PMID: 20542395. X-1, X-4
2788. Matsushita H, Sonoyama S. Teaching ball-throwing skills to a boy with asperger's disorder: A case study. *Jpn J Spec Educ.* 2010 Mar;47(6):495-508. PMID: 2010-09085-006. X-2, X-3
2789. Matthews S. Autistic children and their treatment. *Health Visit.* 1982 May;55(5):242-6. PMID: 6918379. X-1, X-2, X-3, X-4
2790. Maurer A. The shock rod controversy. *J Clin Child Psychol.* 1983 Win;12(3):272-8. X-1, X-2, X-3, X-4
2791. Mavropoulou S. Developing pilot befriending schemes for people with autism spectrum disorders in a region of Greece: lessons from practice. *Child Adolesc Ment Health.* 2007;12(3):138-42. X-1, X-3, X-4

2792. Mavropoulou S, Padeliadu S. Greek teachers' perceptions of autism and implications for educational practice: A preliminary analysis. *Autism*. 2000 Jun;4(2):173-83. X-4
2793. Max ML, Burke JC. Virtual reality for autism communication and education, with lessons for medical training simulators. *Stud Health Technol Inform*. 1997;39:46-53. PMID: 10184722. X-1, X-3, X-4
2794. Mayes SD, Calhoun SL, Murray MJ, et al. Comparison of scores on the checklist for autism spectrum disorder, childhood autism rating scale, and Gilliam Asperger's disorder scale for children with low functioning autism, high functioning autism, Asperger's disorder, ADHD, and typical development. *J Autism Dev Disord*. 2009;39(12):1682-93. X-4
2795. Mays NM, Beal-Alvarez J, Jolivet K. Using movement-based sensory interventions to address self-stimulatory behaviors in students with autism. *Teach Except Child*. 2011 Jul-Aug;43(6):46-52. X-1, X-2, X-3, X-4
2796. Mays RM, Gillon JE. Autism in young children: an update. *J Pediatr Health Care*. 1993 Jan-Feb;7(1):17-23. PMID: 8421239. X-2, X-4
2797. Mayton MR, Wheeler JJ, Menendez AL, et al. An analysis of evidence-based practices in the education and treatment of learners with autism spectrum disorders. *Educ Train Autism Dev Disabil*. 2010 Dec;45(4):539-51. X-1, X-2, X-3, X-4
2798. Mazefsky CA, Goin-Kochel RP, Riley BP, et al. Genetic and environmental influences on symptom domains in twins and siblings with autism. *Res Autism Spectr Disord*. 2008 Apr-Jun;2(2):320-31. X-4
2799. Mazefsky CA, 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. PMID: 17088271. X-2, X-4
2800. Mazefsky CA, Williams DL, 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. PMID: 18188537. X-4
2801. Mazurik-Charles R, Stefanou C. Using paraprofessionals to teach social skills to children with autism spectrum disorders in the general education classroom. *J Instr Psychol*. 2010;37(2):161-9. X-1, X-3, X-4
2802. McArthur GM. Auditory processing disorders: can they be treated? *Curr Opin Neurol*. 2009 Apr;22(2):137-43. PMID: 19532037. X-2, X-4
2803. McBride JA, 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. PMID: 7592250. X-4
2804. McBride PA, Anderson GM, Hertzog ME, et al. Serotonergic responsivity in male young adults with autistic disorder. Results of a pilot study. *Arch Gen Psychiatry*. 1989 Mar;46(3):213-21. PMID: 2919950. X-3, X-4
2805. McCabe H. The importance of parent-to-parent support among families of children with autism in the People's Republic of China. *Int J Disabil Dev Educ*. 2008 Dec;55(4):303-14. X-1, X-3, X-4
2806. 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. *Disabil Soc*. 2008 May;23(3):271-82. X-4
2807. McCabe H. Employment experiences, perspectives, and wishes of mothers of children with autism in the People's Republic of China. *J Appl Res Intellect Disabil*. 2010 Mar;23(2):122-31. X-1, X-4
2808. McCabe H, Wu S. Helping each other, helping ourselves: a case of employment for an adult with autism in Nanjing, China. *J Vocat Rehabil*. 2009;30(1):57-66. X-3
2809. McCarthy M, Hendren RL. Autism spectrum disorders have increased dramatically in prevalence in recent years. Preface. *Psychiatr Clin North Am*. 2009 Mar;32(1):xiii-xv. PMID: 19248912. X-2
2810. McCarthy P. Childhood autism: 0-35 years. *Ir Med J*. 1985 Jul;78(7):182-5. PMID: 4030294. X-1, X-2, X-3, X-4
2811. McCathren RB. Teacher-implemented prelinguistic communication intervention. *Focus Autism Dev Disabil*. 2000 Spr;15(1):21-9. X-1, X-2, X-3, X-4
2812. McClannahan LE, MacDuff GS, Krantz PJ. Behavior analysis and intervention for adults with autism. *Behav Modif*. 2002 Jan;26(1):9-26. PMID: 11799656. X-1, X-2, X-3
2813. 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. PMID: 2074237. X-4
2814. McClean B, Grey IM, 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. PMID: 17846050. X-3
2815. McCleery JP, Ceponiene R, Burner KM, et al. Neural correlates of verbal and nonverbal semantic integration in children with autism spectrum disorders. *J Child Psychol Psychiatry*. 2010 Mar;51(3):277-86. PMID: 20025622. X-1, X-2, X-3, X-4

2816. McClellan J, Sikich L, Findling RL, et al. Treatment of Early-Onset Schizophrenia Spectrum Disorders (TEOSS): rationale, design, and methods. *J Am Acad Child Adolesc Psychiatry*. 2007 Aug;46(8):969-78. X-1, X-3, X-4
2817. McClure MK, Holtz-Yotz M. The effects of sensory stimulatory treatment on an autistic child. *Am J Occup Ther*. 1991 Dec;45(12):1138-42. X-3, X-4
2818. McComas J, Hoch H, Paone D, et al. Escape behavior during academic tasks: A preliminary analysis of idiosyncratic establishing conditions. *J Appl Behav Anal*. Special Issue: Establishing operations in applied behavior analysis. 2000 Win;33(4):479-93. X-1, X-2, X-3, X-4
2819. McComas JJ. Response Persistence: the effects of stimulus control on negatively reinforced problem behavior in a concurrent operant. *Behav Anal*. 2009 Fall;32(2):301-7. X-4
2820. McComas JJ, Thompson A, Johnson L. The effects of preession attention on problem behavior maintained by different reinforcers. *J Appl Behav Anal*. 2003 Fall;36(3):297-307. PMID: 14596571. X-1, X-2, X-3, X-4
2821. McConachie H, Barry R, Spencer A, et al. Dasl(n): the challenge of developing a regional database for autism spectrum disorder. *Arch Dis Child*. 2009 Jan;94(1):38-41. PMID: 18456689. X-4
2822. McConachie H, Hoole S, Le Couteur AS. Improving mental health transitions for young people with autism spectrum disorder. *Child Care Health Dev*. 2011 Nov;37(6):764-6. PMID: 22007975. X-1, X-2, X-3, X-4
2823. 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. PMID: 16182672. X-1, X-2, X-3, X-4
2824. McConachie H, Robinson G. What services do young children with autism spectrum disorder receive? *Child Care Health Dev*. 2006 Sep;32(5):553-7. PMID: 16919134. X-4
2825. McConkey R, Bhlirgri S. Children with autism attending preschool facilities: the experiences and perceptions of staff. *Early Child Dev Care*. 2003 Aug;173(4):445-52. X-1, X-3, X-4
2826. McConkey R, Truesdale-Kennedy M, Cassidy A. Mothers' recollections of early features of autism spectrum disorders. *Child Adolesc Ment Health*. 2009;14(1):31-6. X-4
2827. McConkey R, Truesdale-Kennedy M, Crawford H, et al. Preschoolers with autism spectrum disorders: evaluating the impact of a home-based intervention to promote their communication. *Early Child Dev Care*. 2010 Apr;180(3):299-315. X-1, X-2, X-3, X-4
2828. 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-2, X-4
2829. McCormick MC. The autism "epidemic": impressions from the perspective of immunization safety review. *Ambul Pediatr*. 2003 May-Jun;3(3):119-20. PMID: 12708887. X-2
2830. McCracken JT, Aman MG, McDougle CJ, et al. Possible influence of variant of the P-glycoprotein gene (MDR1/ABCB1) on clinical response to guanfacine in children with pervasive developmental disorders and hyperactivity. *J Child Adolesc Psychopharmacol*. 2010 Feb;20(1):1-5. PMID: 20166790. X-1, X-3, X-4
2831. 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. PMID: 12151468. X-1, X-3
2832. McCrory E, Henry LA, Happe F. Eye-witness memory and suggestibility in children with Asperger syndrome. *J Child Psychol Psychiatry*. 2007 May;48(5):482-9. PMID: 17501729. X-4
2833. McDaniel KD. Pharmacologic treatment of psychiatric and neurodevelopmental disorders in children and adolescents (Part 2). *Clin Pediatr (Phila)*. 1986 Mar;25(3):143-6. PMID: 2868821. X-1, X-2, X-3, X-4
2834. McDermott S, Moran R, Platt T, et al. Prevalence of epilepsy in adults with mental retardation and related disabilities in primary care. *Am J Ment Retard*. 2005 Jan;110(1):48-56. X-4
2835. McDermott S, Zhou L, Mann J. Injury treatment among children with autism or pervasive developmental disorder. *J Autism Dev Disord*. 2008 Apr;38(4):626-33. PMID: 17690968. X-4
2836. McDonald S, Bimbrauer JS, Swerissen H. The effect of an integration program on teacher and student attitudes to mentally-handicapped children. *Aust Psychol*. 1987 Nov;22(3):313-22. X-1, X-3, X-4
2837. 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. PMID: 9046783. X-4
2838. 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. PMID: 18277370. X-2, X-4

2839. McDougall J, Servais M, Meyer K, et al. A preliminary evaluation of a school support program for children with autism spectrum disorders: educator and school level outcomes and program processes. *Exceptionality Educ Int.* 2009;19(1):32-50. X-1, X-2, X-3, X-4
2840. McDougle CJ, Brodtkin ES, Yeung PP, et al. Risperidone in adults with autism or pervasive developmental disorder. *J Child Adolesc Psychopharmacol.* 1995 Win;5(4):273-82. X-1, X-2, X-3, X-4
2841. 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. PMID: 9136504. X-1, X-2, X-3, X-4
2842. McDougle CJ, Kem DL, 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. PMID: 12164181. X-3, X-4
2843. 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. PMID: 7726318. X-4
2844. McDougle CJ, Kresch LE, 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. PMID: 11098879. X-2
2845. 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. PMID: 8911222. X-4
2846. McDougle CJ, Naylor ST, Goodman WK, et al. Acute tryptophan depletion in autistic disorder: a controlled case study. *Biol Psychiatry.* 1993 Apr 1;33(7):547-50. PMID: 8513041. X-3
2847. McDougle CJ, 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. PMID: 12410082. X-2
2848. McDougle CJ, Price LH, Goodman WK. Fluvoxamine treatment of coincident autistic disorder and obsessive-compulsive disorder: A case report. *J Autism Dev Disord.* 1990 Dec;20(4):537-43. X-3
2849. McDougle CJ, Price LH, Volkmar FR, et al. Clomipramine in autism: Preliminary evidence of efficacy. *J Am Acad Child Adolesc Psychiatry.* 1992 Jul;31(4):746-50. X-3
2850. 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. PMID: 15930063. X-1, X-3
2851. McDuffie A, Yoder P. Types of parent verbal responsiveness that predict language in young children with autism spectrum disorder. *J Speech Lang Hear Res.* 2010 Aug;53(4):1026-39. PMID: 20605942. X-1, X-3, X-4
2852. McEachin JJ, Smith T, 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 73-91. PMID: 8427693. X-1, X-2, X-3, X-4
2853. McEntee JE, 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. PMID: 9316261. X-3, X-4
2854. McEvoy MA, Brady MP. Contingent access to play materials as an academic motivator for autistic and behavior disordered children. *Educ Treat Children.* 1988 Feb;11(1):5-18. X-1, X-3, X-4
2855. 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. PMID: 3417581. X-3
2856. McGarrell M, Healy O, Leader G, et al. Six reports of children with autism spectrum disorder following intensive behavioral intervention using the preschool inventory of repertoires for kindergarten. *Res Autism Spectr Disord.* 2009 Jul-Sep;3(3):767-82. PMID: 2010-06022-018. X-1, X-2, X-3, X-4
2857. 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. PMID: 1582961. X-1, X-2, X-3, X-4
2858. McGee GG, et al. Free effects of integration on levels of autistic behavior. *Topics Early Child Spec Educ.* 1993 Spr;13(1):57-67. X-1, X-2, X-3, X-4
2859. McGee GG, Feldman RS, Morrier MJ. Benchmarks of social treatment for children with autism. *J Autism Dev Disord.* 1997 Aug;27(4):353-64. PMID: 9261663. X-1, X-3, X-4
2860. 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. PMID: 6643324. X-3

2861. McGee GG, Krantz PJ, McClannahan LE. Conversational skills for autistic adolescents: teaching assertiveness in naturalistic game settings. *J Autism Dev Disord*. 1984 Sep;14(3):319-30. PMID: 6480549. X-3
2862. McGee GG, Krantz PJ, McClannahan LE. An extension of incidental teaching procedures to reading instruction for autistic children. *J Appl Behav Anal*. 1986 Summer;19(2):147-57. PMID: 3733586. X-3
2863. McGill P, Murphy G, Kelly-Pike A. Frequency of use and characteristics of people with intellectual disabilities subject to physical interventions. *J Appl Res Intellect Disabil*. 2009 Mar;22(2):152-8. X-4
2864. McGovern CW, Sigman M. Continuity and change from early childhood to adolescence in autism. *J Child Psychol Psychiatry*. 2005 Apr;46(4):401-8. PMID: 15819649. X-4
2865. 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. PMID: 15819183. X-2, X-4
2866. McGregor E, 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. PMID: 11706866. X-4
2867. McGuinness TM, Lewis S. Update on autism and vaccines. *J Psychosoc Nurs Ment Health Serv*. 2010 Jun;48(6):15-8. PMID: 20506968. X-1, X-2, X-3, X-4
2868. 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. PMID: 17329468. X-1, X-3, X-4
2869. McGurk SR, Mueser KT, 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. PMID: 16079391. X-1, X-3, X-4
2870. McHale SM, Olley JG, Marcus LM, et al. Nonhandicapped peers as tutors for autistic children. *Except Child*. 1981 Nov;48(3):263-5. PMID: 7297587. X-1, X-3, X-4
2871. 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. PMID: 6085946. X-3
2872. McIntyre LL, Blacher J, 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. PMID: 11896809. X-4
2873. 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. PMID: 16806812. X-1, X-2, X-3, X-4
2874. McKeegan GF, Estill K, Campbell B. Elimination of rumination by controlled eating and differential reinforcement. *J Behav Ther Exp Psychiatry*. 1987 Jun;18(2):143-8. X-3
2875. McKeegan GF, Estill K, Campbell BM. Brief report: Use of nonexclusionary timeout for the elimination of a stereotyped behavior. *J Behav Ther Exp Psychiatry*. 1984 Sep;15(3):261-4. X-3
2876. McLaughlin MR. Speech and language delay in children. *Am Fam Physician*. 2011 May 15;83(10):1183-8. PMID: 21568252. X-1, X-2, X-3, X-4
2877. 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. PMID: 16174309. X-1, X-2, X-3, X-4
2878. McLennan JD, Huculak S, 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. PMID: 18324468. X-1, X-2, X-3, X-4
2879. McLennan JD, Lord C, Schopler E. Sex differences in higher functioning people with autism. *J Autism Dev Disord*. 1993 Jun;23(2):217-27. PMID: 8331044. X-4
2880. McMahan CR, Malesa EE, Yoder PJ, et al. Parents of children with autism spectrum disorders have merited concerns about their later-born infants. *Res Pract Persons Severe Disabil* 2007 Sum;32(2):154-60. X-4
2881. McNally RJ, Calamari JE, Hansen PM, et al. Behavioral treatment of psychogenic polydipsia. *J Behav Ther Exp Psychiatry*. 1988 Mar;19(1):57-61. X-3
2882. McNeilly LG, Sheppard JJ. Prologue: Managing dysphagia in the schools. *Lang Speech Hear Serv Sch*. 2008 Apr;39(2):158-9. PMID: 18420518. X-2, X-4
2883. McWilliam RA. What happened to service coordination? *J Early Interv*. 2006;28(3):166-8. X-2, X-4
2884. Meadan H, Ostrosky MM, Zaghawan HY, et al. Promoting the social and communicative behavior of young children with autism spectrum disorders: a review of parent-implemented intervention studies. *Topics Early Child Spec Educ*. 2009;29(2):90-104. X-2, X-4
2885. Meador SK, Derby KM, McLaughlin TF, et al. Using response latency within a preference assessment. *Behav Anal Today*. 2007;8(1):63-9. X-4
2886. Meany-Daboul MG, Roscoe EM, Bourret JC, et al. A comparison of momentary time sampling and partial-interval recording for evaluating functional relations. *J Appl Behav Anal*. 2007 Fall;40(3):501-14. X-3, X-4

2887. Medhurst B, Beresford J. "THOMAS" Training: an early years intervention for children with an autistic spectrum disorder (ASD). *Educ Psychol Pract*. 2007 Mar;23(1):1-17. EJ764161. X-1, X-3, X-4
2888. Medhurst B, Clay D. The Thomas Outreach Project (TOP): an early years intervention for children with an autistic spectrum disorder (ASD). *Educ Psychol Pract*. 2008 Mar;24(1):69-78. X-1, X-2, X-3, X-4
2889. Megson MN. Is autism a G-alpha protein defect reversible with natural vitamin A? *Med Hypotheses*. 2000 Jun;54(6):979-83. PMID: 10867750. X-4
2890. 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. PMID: 18582451. X-1, X-3, X-4
2891. Meguid NA, Hashish AF, Anwar M, et al. Reduced serum levels of 25-hydroxy and 1,25-dihydroxy vitamin D in Egyptian children with autism. *J Altern Complement Med*. 2010 Jun;16(6):641-5. X-4
2892. Mehlinger R, Scheftner WA, Poznanski E. Fluoxetine and autism. *J Am Acad Child Adolesc Psychiatry*. 1990 Nov;29(6):985. X-3, X-4
2893. Mehl-Madrona L. Micronutrients and autism... 14th annual symposium on Complementary Health Care, 11th to 13th December 2007, University of Exeter, UK. *Focus Altern Complement Ther*. 2007;12:36-. X-1, X-4
2894. Mehl-Madrona L. Oxytocin and autism. 14th Annual Symposium on Complementary Health Care, 11th to 13th December 2007, University of Exeter, UK. *Focus Altern Complement Ther*. 2007;12:36-7. X-1, X-2, X-3, X-4
2895. Mehl-Madrona L, Leung B, Kennedy C, et al. Micronutrients versus standard medication management in autism: a naturalistic case-control study. *J Child Adolesc Psychopharmacol*. 2010 Apr;20(2):95-103. PMID: 20415604. X-1, X-3, X-4
2896. Mehta UC, Patel I, Castello FV. EEG sedation for children with autism. *J Dev Behav Pediatr*. 2004 Apr;25(2):102-4. PMID: 15083132. X-2
2897. Meilleur AA, Fombonne E. Regression of language and non-language skills in pervasive developmental disorders. *J Intellect Disabil Res*. 2009 Feb;53(2):115-24. PMID: 19054269. X-4
2898. Meindl JN, Cannella-Malone HI. Initiating and responding to joint attention bids in children with autism: a review of the literature. *Res Dev Disabil: A Multidisciplinary Journal*. 2011 Sep-Oct;32(5):1441-54. X-1, X-2, X-3, X-4
2899. Meiri G, Bichovsky Y, Belmaker RH. Omega 3 fatty acid treatment in autism. *J Child Adolesc Psychopharmacol*. 2009 Aug;19(4):449-51. PMID: 19702497. X-1, X-2, X-3, X-4
2900. 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. PMID: 2500463. X-1, X-3, X-4
2901. Meissner HC, Strebel PM, Orenstein WA. Measles vaccines and the potential for worldwide eradication of measles. *Pediatrics*. 2004 Oct;114(4):1065-9. PMID: 15466106. X-2, X-4
2902. Meltzer LJ, Johnson C, Crosette J, et al. Prevalence of diagnosed sleep disorders in pediatric primary care practices. *Pediatrics*. 2010 Jun;125(6):e1410-8. PMID: 20457689. X-4
2903. Ménage P, Thibault G, Berthélémy 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):326-33. X-1, X-3, X-4
2904. Menear KS, Smith S. *Physical Education for Students with Autism: Teaching Tips and Strategies*. Teach Except Child. 2008 May-Jun;40(5):32-7. X-2, X-4
2905. Menear KS, Smith SC. Teaching physical education to students with autism spectrum disorders. *Strategies*. 2011 Jan-Feb;24(3):21-4. X-1, X-2, X-3, X-4
2906. Menezes CG, Perissinoto J. Joint attention ability in children with autistic spectrum disorders. *Pro Fono*. 2008 Oct-Dec;20(4):273-9. PMID: 19142472. X-1, X-3, X-4
2907. Menyuk P. Language development in a social context. *J Pediatr*. 1986 Jul;109(1):217-24. PMID: 2425068. X-1, X-2, X-3, X-4
2908. Merlo LJ, Lehmkuhl HD, Geffken GR, et al. Decreased family accommodation associated with improved therapy outcome in pediatric obsessive-compulsive disorder. *J Consult Clin Psychol*. 2009 Apr;77(2):355-60.. X-1, X-3, X-4
2909. Mesibov GB. Social skills training with verbal autistic adolescents and adults: a program model. *J Autism Dev Disord*. 1984 Dec;14(4):395-404. PMID: 6520094. X-3
2910. Mesibov GB. Normalization and its relevance today. *J Autism Dev Disord*. 1990 Sep;20(3):379-90. PMID: 1699925. X-2, X-4
2911. Mesibov GB. Treatment outcome is encouraging. *Am J Ment Retard*. 1993 Jan;97(4):379-80.. X-1, X-2, X-3, X-4
2912. Mesibov GB. Commentary: facilitated communication: a warning for pediatric psychologists. *J Pediatr Psychol*. 1995 Feb;20(1):127-30. PMID: 7891235. X-2, X-4
2913. Mesibov GB. Preschool issues in autism: introduction. *J Autism Dev Disord*. 1997 Dec;27(6):637-40. PMID: 9455725. X-1, X-2, X-3, X-4

2914. 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. PMID: 10587891. X-1, X-2, X-3, X-4
2915. Mesibov GB, Schopler E, 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. PMID: 2708302. X-4
2916. Mesibov GB, Shea V. The TEACCH program in the era of evidence-based practice. *J Autism Dev Disord.* 2010 May;40(5):570-9. X-1, X-2, X-3, X-4
2917. Messieha Z, Cruz-Gonzalez W, 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. PMID: 19108595. X-4
2918. Messmer RL, Nader R, 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. PMID: 18161016. X-4
2919. Mevorach C, Hodsoll J, Allen H, et al. Ignoring the elephant in the room: a neural circuit to downregulate salience. *J Neurosci.* 2010 Apr 28;30(17):6072-9. PMID: 20427665. X-1, X-3, X-4
2920. Meyer JA, Hobson RP. Orientation in relation to self and other: the case of autism. *Interact Stud.* 2004;5(2):221-44. X-4
2921. 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. *J Autism Dev Disord.* 1987 Sep;17(3):315-32. X-3
2922. 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. PMID: 17728182. X-4
2923. 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. PMID: 17461288. X-2, X-4
2924. Micheli E. A training group for parents of autistic children. *Int J Ment Health.* 1999 Fal;28(3):100-5. X-1
2925. Mickel J, Griffin J. Inclusion and disability awareness training for educators in the kids like you, kids like me program. *Young Children.* 2007 Jul;62(4):42-5. X-2, X-4
2926. Miguel CF, Clark K, Tereshko L, et al. The effects of response interruption and redirection and sertraline on vocal stereotypy. *J Appl Behav Anal.* 2009 Winter;42(4):883-8. PMID: 20514198. X-1, X-3, X-4
2927. Miguel CF, Yang HG, Finn HE, et al. Establishing derived textual control in activity schedules with children with autism. *J Appl Behav Anal.* 2009 Fall;42(3):703-9. PMID: 20190932. X-1, X-2, X-3, X-4
2928. Miilher LP, Fernandes FD. Pragmatic, lexical and grammatical abilities of autistic spectrum children. *Pro Fono.* 2009 Oct-Dec;21(4):309-14. PMID: 20098949. X-1, X-3, X-4
2929. Mikkelsen EJ. Efficacy of neuroleptic medication in pervasive developmental disorders of childhood. *Schizophr Bull.* 1982;8(2):320-32. PMID: 6126001. X-1, X-2, X-3, X-4
2930. Milbrath C, Siegel B. Perspective taking in the drawings of a talented autistic child. *Vis Arts Res.* 1996 Fall;22(44):56-75. X-1, X-3, X-4
2931. Miles NI, Wilder DA. The effects of behavioral skills training on caregiver implementation of guided compliance. *J Appl Behav Anal.* 2009 Summer;42(2):405-10. PMID: 19949532. X-3
2932. Millar DC, Light JC, Schlosser RW. The impact of augmentative and alternative communication intervention on the speech production of individuals with developmental disabilities: a research review. *J Speech Lang Hear Res.* 2006 Apr;49(2):248-64. X-2
2933. Miller AR, Zwaigenbaum L. New provincial initiatives for childhood disabilities: the imperative for research. *CMAJ.* 2001 Jun 12;164(12):1704-5. PMID: 11450214. X-2
2934. Miller B. "a kaleidoscope of themes": intensive psychotherapy with a girl on the autistic spectrum. *J Child Psychother.* 2008 Dec;34(3):384-99. X-1, X-3, X-4
2935. 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. PMID: 15723921. X-4
2936. Miller E, Batten B, Hampton L, et al. Tracking vaccine-safety inquiries to detect signals and monitor public concerns. *Pediatrics.* 2011;S87-91. X-1, X-3, X-4
2937. 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. PMID: 16566875. X-4
2938. Miller JS, Gabrielsen T, Villalobos M, et al. The each child study: systematic screening for autism spectrum disorders in a pediatric setting. *Pediatrics.* 2011 May;127(5):866-71. PMID: 21482605. X-1, X-3, X-4
2939. Miller M, Funayama ES. Life after high school for deaf youth with autism: challenges for students, parents, and professionals. *Odyssey.* 2008 Spr-Sum;9(1):32-7. X-1, X-2, X-3, X-4

2940. Mills C, Wilson AD, Williams JHG, et al. Investigating visual attention in autism... Proceedings of SRR: abstracts from the Society for Research in Rehabilitation summer meeting held at Weetwood Hall, Leeds, 3 and 4 July 2007. *Clin Rehabil.* 2008;22(7):663-. X-1, X-2, X-4
2941. Mills PB, Footitt EJ, Mills KA, et al. Genotypic and phenotypic spectrum of pyridoxine-dependent epilepsy (ALDH7A1 deficiency). *Brain.* 2010 Jul;133(Pt 7):2148-59. PMID: 20554659. X-1, X-3, X-4
2942. Milne E, Scope A. Are children with autistic spectrum disorders susceptible to contour illusions? *Br J Dev Psychol.* 2008;26(Part 1):91-102. X-3, X-4
2943. Milo J-S, Mace FC, Nevin JA. The effects of constant versus varied reinforcers on preference and resistance to change. *J Exp Anal Behav.* 2010 May;93(3):385-94. X-3
2944. 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. PMID: 19617855. X-4
2945. 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. PMID: 2925571. X-4
2946. Minderaa RB, Anderson GM, Volkmar FR, et al. Noradrenergic and adrenergic functioning in autism. *Biol Psychiatry.* 1994 Aug 15;36(4):237-41. PMID: 7986888. X-4
2947. 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. PMID: 2708296. X-3
2948. Ming X, Brimacombe M, Wagner GC. Prevalence of motor impairment in autism spectrum disorders. *Brain Dev.* 2007 Oct;29(9):565-70. PMID: 17467940. X-1, X-3, X-4
2949. 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. PMID: 18280681. X-3
2950. 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. PMID: 18814863. X-4
2951. 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. *Int J Lang Commun Disord.* 2007 Nov;42(6):665-81. X-4
2952. Minjarez MB, Williams SE, Mercier EM, et al. Pivotal response group treatment program for parents of children with autism. *J Autism Dev Disord.* 2011 Jan;41(1):92-101. PMID: 20440638. X-1, X-3, X-4
2953. Minnes P, 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. PMID: 19228158. X-2
2954. 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. PMID: 8021313. X-4
2955. 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. PMID: 18080171. X-1
2956. Miranda-Linne F, 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. PMID: 1626079. X-1, X-3, X-4
2957. Mirenda P, Locke PA. A comparison of symbol transparency in nonspeaking persons with intellectual disabilities. *J Speech Hear Disord.* 1989 May;54(2):131-40. PMID: 2709831. X-1, X-3, X-4
2958. Mirenda PL, Donnellan AM, Yoder DE. Gaze behavior: a new look at an old problem. *J Autism Dev Disord.* 1983 Dec;13(4):397-409. PMID: 6662843. X-1, X-2, X-3, X-4
2959. Mishna F, Muskat B. Group therapy for boys with features of asperger syndrome and concurrent learning disabilities: Finding a peer group. *J Child Adolesc Group Ther.* 1998 Sep;8(3):97-114. PMID: 1998-11565-001. X-1, X-3, X-4
2960. Mitchel K, Regehr K, Reaume J, et al. Group social skills training for adolescents with asperger syndrome or high functioning autism. *J Dev Disabil.* 2010;16(2):52-63. X-3
2961. Mitchell P, Parsons S, 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. PMID: 16900403. X-3
2962. Mithaug DK, 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. PMID: 12723878. X-1, X-3, X-4
2963. 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. PMID: 18571467. X-4
2964. MK DE. Infantile autism: patients and their families. *Curr Probl Pediatr.* 1982 Feb;12(4):1-52. PMID: 6176400. X-1, X-2, X-3, X-4

2965. Moes DR, Frea WD. Using family context to inform intervention planning for the treatment of a child with autism. *J Posit Behav Interv.* 2000 Win;2(1):40-6. X-1, X-3, X-4
2966. Moes DR, 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. PMID: 12553589. X-1, X-3, X-4
2967. Mogensen L. Hearing their views: engaging teenagers diagnosed with autism in qualitative research using a collaborative participatory approach... *Occupational Therapy Australia, 24th national conference and exhibition, 29 June - 1 July 2011.* *Aust Occup Ther J.* 2011;58:36-. X-1, X-2, X-3, X-4
2968. Mohammad NS, Jain JMN, Chintakindi KP, et al. Aberrations in folate metabolic pathway and altered susceptibility to autism. *Psychiatr Genet.* 2009 Aug;19(4):171-6. X-4
2969. Mohan D, Taylor R, Mackeith JA. Cyproterone acetate and striae. *Int J Psychiatry Clin Pract.* 1998 Jun;2(2):147-8. X-4
2970. Mohr C, Sharpley CF. Elimination of self-injurious behaviour in an autistic child by use of overcorrection. *Behav Change.* 1985;2(2):143-7. X-1, X-3, X-4
2971. Molinari JA. Vaccination: science versus perception. *Dent Today.* 2010 Dec;29(12):84, 6. PMID: 21229925. X-1, X-2, X-3, X-4
2972. Moller AR, Kern JK, Grannemann B. Are the non-classical auditory pathways involved in autism and PDD? *Neurol Res.* 2005 Sep;27(6):625-9. PMID: 16157013. X-4
2973. 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. PMID: 12553591. X-1, X-3, X-4
2974. Molloy CA, Murray DS, Kinsman A, et al. Differences in the clinical presentation of Trisomy 21 with and without autism. *J Intellect Disabil Res.* 2009;53(Part 2):143-51. X-4
2975. 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. *Eur Psychiatry.* 2004 Aug;19(5):322-3. X-3
2976. Monsen RB. Watching children. *J Pediatr Nurs.* 2008 Dec;23(6):469-70. PMID: 19026915. X-2
2977. Montes G, Halterman JS. White-black disparities in family-centered care among children with autism in the United States: evidence From the NS-CSHCN 2005-2006. *Acad Pediatr.* 2011;11(4):297-304. X-1, X-4
2978. Montes G, Halterman JS, Magyar CI. Access to and satisfaction with school and community health services for US children with ASD. *Pediatr.* 2009 Dec;124 Suppl 4:S407-13. PMID: 19948606. X-4
2979. Montgomery J, Storey K, Post M, et al. The use of auditory prompting systems for increasing independent performance of students with autism in employment training. *Int J Rehabil Res.* 2011 Dec;34(4):330-5. PMID: 21885987. X-3
2980. Montgomery JM, Duncan CR, Francis GC. Test Review: Siegel, B. (2004). "Pervasive Developmental Disorder Screening Test--II (PDDST-II)." San Antonio, TX: Harcourt. *J Psychoeduc Assess.* 2007;25(3):299-306. X-2, X-4
2981. Moomaw S, Davis JA. STEM Comes to Preschool. *Young Children.* 2010 16-18 Sep;65(5):12-4. X-1, X-2, X-3, X-4
2982. Moore JW, Fisher WW, Pennington A. Systematic application and removal of protective equipment in the assessment of multiple topographies of self-injury. *J Appl Behav Anal.* 2004 Spr;37(1):73-7. X-3
2983. Moore M, Calvert S. Brief report: vocabulary acquisition for children with autism: teacher or computer instruction. *J Autism Dev Disord.* 2000 Aug;30(4):359-62. PMID: 11039862. X-1, X-3, X-4
2984. 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. PMID: 10882750. X-4
2985. Moore TR. A brief report on the effects of a self-management treatment package on stereotypic behavior. *Res Autism Spectr Disord.* 2009 Jul-Sep;3(3):695-701. X-3
2986. Moore TR, Symons FJ. Adherence to behavioral and medical treatment recommendations by parents of children with autism spectrum disorders. *J Autism Dev Disord.* 2009 Aug;39(8):1173-84. PMID: 19333747. X-4
2987. Moore V, Goodson S. How well does early diagnosis of autism stand the test of time? Follow-up study of children assessed for autism at age 2 and development of an early diagnostic service. *Autism.* 2003 Mar;7(1):47-63. X-1, X-3, X-4
2988. Moore V, Titcomb J, Cronk E, et al. Developing an autism assessment service I: Procedures, priorities, and pitfalls over the first 5 years. *Child Psychol Psychiatry Rev.* 1998;3(3):116-20. X-2, X-4
2989. Moore V, Titcomb J, Johnson C, et al. Developing an autism assessment service II: Analysis of the first 81 cases seen. *Child Psychol Psychiatry Rev.* 1998;3(3):121-7. X-4

2990. Moores DF. Issues in the modification of American sign language for instructional purposes. *J Autism Dev Disord.* 1981 Mar;11(1):153-62. PMID: 6927696. X-1, X-2, X-3, X-4
2991. Moores-Abdool W. Included students with autism and access to general curriculum: what is being provided? *Issues Teach Educ.* 2010 Fall;19(2):153-69. X-1, X-2, X-3, X-4
2992. Moors A, Fabrizio M. Using Tool Skill Rates to Predict Composite Skill Frequency Aims. *J Precision Teach Celeration.* 2002 Spr;18(1):28-9. X-3
2993. Morag A, Pasmanik-Chor M, Oron-Karni V, et al. Genome-wide expression profiling of human lymphoblastoid cell lines identifies CHL1 as a putative SSRI antidepressant response biomarker. *Pharmacogenomics.* 2011 Feb;12(2):171-84. PMID: 21332311. X-1, X-2, X-3, X-4
2994. Morales AW. MEG reveals epileptic foci in brains of autistic children. *Diagn Imaging (San Franc).* 1999 Jan;Suppl:IR34. PMID: 11692368. X-4
2995. Moran DR, Whitman TL. Developing generalized teaching skills in mothers of autistic children. *Child Fam Behav Ther.* 1991;13(1):13-37. X-1, X-3, X-4
2996. 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. PMID: 18726760. X-2, X-4
2997. Moreno J, Aguilera A, David S. Do Spanish parents prefer special schools for their children with autism? *Educ Train Dev Disabil.* 2008 Jun;43(2):162-73. X-1, X-3, X-4
2998. Moreton J. MMR vaccination: protecting our children. *J Fam Health Care.* 2002;12(2):31. PMID: 12415749. X-2, X-4
2999. Moreton J. Who's irresponsible? *Community Pract.* 2009 May;82(5):14. PMID: 19480113. X-1, X-2, X-3, X-4
3000. Moretti P, Peters SU, Del Gaudio D, et al. Brief report: autistic symptoms, developmental regression, mental retardation, epilepsy, and dyskinesias in CNS folate deficiency. *J Autism Dev Disord.* 2008 Jul;38(6):1170-7. PMID: 18027081. X-1, X-3, X-4
3001. Moretti P, Sahoo T, Hyland K, et al. Cerebral folate deficiency with developmental delay, autism, and response to folic acid. *Neurology.* 2005 Mar;64(6):1088-90. X-1, X-3, X-4
3002. Morgan CN, Roy M, Chance P. Psychiatric comorbidity and medication use in autism: A community survey. *Psychiatr Bull.* 2003 Oct;27(10):378-81. X-4
3003. Morgan SB. Helping parents understand the diagnosis of autism. *J Dev Behav Pediatr.* 1984 Apr;5(2):78-85. PMID: 6715557. X-1, X-2, X-3, X-4
3004. Mori K, Ujii 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. PMID: 19419495. X-2, X-4
3005. Mori S. The role of the self-object experience in the therapy of an autistic child: from lying flat to launching a 'spaceship.'. *J Child Psychother.* 2001 Aug;27(2):159-73. X-1, X-3, X-4
3006. Morinushi T, Ueda Y, 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. PMID: 11497015. X-4
3007. Morowitz HJ. Autism and authority. *Hosp Pract (Off Ed).* 1989 Apr 15;24(4):221-2. PMID: 2494214. X-1, X-2, X-3, X-4
3008. Morrier MJ, Hess KL, Heflin LJ. Ethnic disproportionality in students with autism spectrum disorders. *Multicultural Educ.* 2008 Fall;16(1):31-8. X-2, X-4
3009. Morrier MJ, Hess KL, Heflin LJ. Teacher training for implementation of teaching strategies for students with autism spectrum disorders. *Teach Educ Spec Educ.* 2011 May;34(2):119-32. X-1, X-3, X-4
3010. Morris CR, 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. PMID: 19623831. X-1, X-3
3011. 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. PMID: 10536083. X-4
3012. Morrison A, Bickerstaff D, Taylor BJ. Referrals to a learning disability social work team 1996 to 2005. *Br J Learn Disabil.* 2010 Sep;38(3):168-74. X-4
3013. Morrison H, Roscoe EM, Atwell A. An evaluation of antecedent exercise on behavior maintained by automatic reinforcement using a three-component multiple schedule. *J Appl Behav Anal.* 2011 Fall;44(3):523-41. X-3s
3014. Morrison RS, Sainato DM, Benchaaban D, et al. Increasing play skills of children with autism using activity schedules and correspondence training. *J Early Interv.* 2002 Win-Spr;25(1):58-72. X-1, X-3, X-4
3015. Morse TE. Perspectives on addressing the literacy needs of low functioning individuals with autism. *Int J Educ Reform.* 2008 Fall;17(4):330-40. X-2, X-4
3016. Morse TE. Comprehensive special education programming for students with autism spectrum disorder in the United States. *Int J Educ Reform.* 2010 Win;19(1):2-13. X-1, X-2, X-3, X-4

3017. Morse TE, Schuster JW. Teaching elementary students with moderate intellectual disabilities how to shop for groceries. *Except Child*. 2000 Win;66(2):273-88. X-1, X-3, X-4
3018. Morton DD. Deafness and Autism. *Odyssey*. 2008 Spr-Sum;9(1):4-5. X-1, X-2, X-3, X-4
3019. Morton JF, Campbell JM. Information source affects peers' initial attitudes toward autism. *Res Dev Disabil*. 2008 May-Jun;29(3):189-201. PMID: 17391914. X-4
3020. Morton M. Silenced in the court: meanings of research and difference in the US legal system. *Disabil Soc*. 2009;24(7):883-95. X-1, X-2, X-3, X-4
3021. 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. PMID: 8151493. X-4
3022. 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. PMID: 18058215. X-4
3023. Mostafa GA, El-Sherif DF, Hamza RT, et al. Hyperserotonemia in Egyptian autistic children: relation to allergic manifestations. *J Pediatr Neurol*. 2008;6(3):227-36. X-4
3024. Mostert MP. Facilitated Communication since 1995: A Review of Published Studies. *J Autism Dev Disord*. 2001 Jun;31(3):287-313. X-2, X-4
3025. Mostert MP. Facilitated communication and its legitimacy--twenty-first century developments. *Exceptionality*. 2010;18(1):31-41. X-1, X-2, X-3, X-4
3026. Mothander PR, Moe RG. Self-reported depressive symptoms and parental stress in mothers and fathers who bring their infants to an infant mental health clinic. *Nord J Psychiatry*. 2010 Oct;64(5):310-6. PMID: 20184497. X-1, X-3, X-4
3027. Mouridsen SE, Rich B, Isager T. Validity of childhood disintegrative psychosis. General findings of a long-term follow-up study. *Br J Psychiatry*. 1998 Mar;172:263-7. PMID: 9614477. X-4
3028. Mouridsen SE, Rich B, Isager T. Epilepsy in disintegrative psychosis and infantile autism: a long-term validation study. *Dev Med Child Neurol*. 1999 Feb;41(2):110-4. PMID: 10075096. X-4
3029. Mouridsen SE, Rich B, Isager T. Psychiatric morbidity in disintegrative psychosis and infantile autism: a long-term follow-up study. *Psychopathology*. 1999 Jul-Aug;32(4):177-83. PMID: 10364726. X-4
3030. 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. PMID: 17318009. X-4
3031. 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. PMID: 16846101. X-1, X-3, X-4
3032. 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. *J Child Neurol*. 2009 Jul;24(7):833-45.. X-4
3033. Mrozek-Budzyn D, Kieltyka A, Majewska R. Lack of association between measles-mumps-rubella vaccination and autism in children: a case-control study. *Pediatr Infect Dis J*. 2010 May;29(5):397-400. PMID: 19952979. X-1, X-2, X-3, X-4
3034. Mruzek DW, Cohen C, Smith T. Contingency contracting with students with autism spectrum disorders in a public school setting. *J Dev Phys Disabil*. 2007 Apr;19(2):103-14. X-1, X-3, X-4
3035. 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. PMID: 12612235. X-4
3036. 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. PMID: 15060229. X-4
3037. Muckian J. Influencing policy development: the whirling dervish of the autism in-home program. *J Pediatr Nurs*. 2007 Jun;22(3):223-30. PMID: 17524966. X-2, X-4
3038. 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. PMID: 10755175. X-3
3039. 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. PMID: 11380057. X-1, X-3, X-4
3040. Mukaddes NM, Abali O, 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. PMID: 15543515. X-1, X-3, X-4

3041. 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. PMID: 10921209. X-4
3042. 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. PMID: 15070550. X-1, X-3, X-4
3043. Müller E, Schuler A, Burton BA, et al. Meeting the vocational support needs of individuals with asperger syndrome and other autism spectrum disabilities. *J Vocat Rehabil*. 2003;18(3):163-75. X-3, X-4
3044. Muller E, Schuler A, 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. PMID: 18308766. X-3, X-4
3045. Mullins JL, Christian L. The effects of progressive relaxation training on the disruptive behavior of a boy with autism. *Res Dev Disabil*. 2001 Nov-Dec;22(6):449-62. X-1, X-3, X-4
3046. Mullins M, Rincover A. Comparing autistic and normal children along the dimensions of reinforcement maximization, stimulus sampling, and responsiveness to extinction. *J Exp Child Psychol*. 1985 Oct;40(2):350-74. X-3
3047. Munasinghe SA, Oliff C, Finn J, et al. Digestive enzyme supplementation for autism spectrum disorders: a double-blind randomized controlled trial. *J Autism Dev Disord*. 2010 Sep;40(9):1131-8. PMID: 20204691. X-1, X-4
3048. Mundkur N. Developmental and behavioral pediatrics--the present and the future. *Indian J Pediatr*. 2005 Oct;72(10):853. PMID: 16272657. X-2
3049. Mundschenk NA, Sasso GM. Assessing sufficient social exemplars for students with autism. *Behav Disord*. Special Issue: Autism. 1995 Nov;21(1):62-78. X-1, X-3, X-4
3050. Mundy P. Normal versus high-functioning status in children with autism. *Am J Ment Retard*. 1993 Jan;97(4):381-84. X-1, X-2, X-3, X-4
3051. Mundy P, Crowson M. Joint attention and early social communication: implications for research on intervention with autism. *J Autism Dev Disord*. 1997 Dec;27(6):653-76. X-1, X-2, X-3, X-4
3052. 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. PMID: 18378000. X-4
3053. Munir S, Scholwinski E, Lasser J. The use of psychodrama techniques for students with asperger's disorder. *J Psychol Theol*. 2006;4(2) X-1, X-2, X-3, X-4
3054. Munson BL. Myths and facts...about autism. *Nursing*. 2004 Oct;34(10):75. PMID: 15489628. X-2
3055. Murdoch H. Stereotyped behaviors in deaf and hard of hearing children. *Am Ann Deaf*. 1996 Dec;141(5):379-86. X-4
3056. Murdock LC, Hobbs JQ. Picture Me Playing: increasing pretend play dialogue of children with autism spectrum disorders. *J Autism Dev Disord*. 2011 Jul;41(7):870-8. X-1, X-3, X-4
3057. Murdock LC, Hobbs JQ. Tell me what you did today: a visual cueing strategy for children with ASD. *Focus Autism Dev Disabil*. 2011 Sep;26(3):162-72. X-3, X-4
3058. Murphy C, Barnes-Holmes D. Establishing five derived mands in three adolescent boys with autism. *J Appl Behav Anal*. 2010 Fall;43(3):537-41. PMID: 21358916. X-3
3059. Murphy D. Extreme violence in a man with an autistic spectrum disorder: assessment and treatment within high-security psychiatric care. *J Forens Psychiatry Psychol*. 2010 Jun;21(3):462-77. X-3
3060. Murphy DGM, Beecham J, Craig M, et al. Autism in adults. New biological findings and their translational implications to the cost of clinical services. *Brain Res*. 2011 Mar;1380:22-33. X-4
3061. Murphy DGM, Critchley HD, Schmitz N, et al. Asperger syndrome: a proton magnetic resonance spectroscopy study of brain. *Arch Gen Psychiatry*. 2002 Oct;59(10):885-92. X-4
3062. 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. PMID: 10392602. X-4
3063. 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. PMID: 17910542. X-3
3064. Murphy JF. MMR and the measles crisis. *Ir Med J*. 2000 Mar-Apr;93(2):36. PMID: 11037244. X-2, X-4
3065. Murphy JV, Wheless JW, Schmoll CM. Left vagal nerve stimulation in six patients with hypothalamic hamartomas. *Pediatr Neurol*. 2000 Aug;23(2):167-8. PMID: 11020644. X-1, X-3, X-4
3066. Murray M, Baker PH, Murray-Slutsky C, et al. Strategies for supporting the sensory-based learner. *Prev School Failure*. 2009 Sum;53(4):245-51. X-2, X-4

3067. Music G. Surfacing the depths: thoughts on imitation, resonance and growth. *J Child Psychother.* 2005 Apr;31(1):72-90. X-1, X-3, X-4
3068. Muys V, Rodger S, Bundy AC. Assessment of playfulness in children with autistic disorder: a comparison of the Children's Playfulness Scale and the Test of Playfulness. *OTJR.* 2006;26(4):159-70. X-1, X-3, X-4
3069. 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. PMID: 15992525. X-4
3070. Myers SM. Management of autism spectrum disorders in primary care. *Pediatr Ann.* 2009 Jan;38(1):42-9. PMID: 19213293. X-2
3071. Myers SM, Johnson CP. Management of children with autism spectrum disorders. *Pediatrics.* 2007 Nov;120(5):1162-82. PMID: 17967921. X-1, X-2, X-3, X-4
3072. Myles BS. Behavioral forms of stress management for individuals with asperger syndrome. *Child Adolesc Psychiatr Clin N Am.* 2003 Jan;12(1):123-41. PMID: 12512402. X-2, X-4
3073. Myles BS, Ferguson H, Hagiwara T. Using a personal digital assistant to improve the recording of homework assignments by an adolescent with asperger syndrome. *Focus Autism Dev Disabil.* 2007 Sum;22(2):96-9. X-3, X-4
3074. Myles BS, Simpson RL, Ormsbee CK, et al. Integrating preschool children with autism with their normally developing peers: Research findings and best practices recommendations. *Focus on Autistic Behavior.* 1993 Dec;8(5):1-18. X-1, X-3, X-4
3075. 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. PMID: 14770048. X-4
3076. Naganuma GM, Billingsley FF. Effect of hand splints on stereotypic hand behavior of three girls with Rett syndrome. *Phys Ther.* 1988 May;68(5):664-71. PMID: 3362979. X-1, X-3, X-4
3077. Nagaraj R, Singhi P, Malhi P. Risperidone in children with autism: randomized, placebo-controlled, double-blind study. *J Child Neurol.* 2006 Jun;21(6):450-5. PMID: 16948927. X-1, X-3, X-4
3078. Nagarajan RP, Patzel KA, Martin M, et al. MECP2 promoter methylation and X chromosome inactivation in autism. *Autism Res.* 2008 Jun;1(3):169-78. PMID: 19132145. X-1, X-3, X-4
3079. 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. PMID: 17489713. X-1, X-3, X-4
3080. Najdowski AC, Chilingaryan V, Bergstrom R, et al. Comparison of data-collection methods in a behavioral intervention program for children with pervasive developmental disorders: a replication. *J Appl Behav Anal.* 2009 Winter;42(4):827-32. PMID: 20514189. X-3
3081. 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. PMID: 14596582. X-1, X-3, X-4
3082. Nalitz NG. Consultation and collaboration programs for individuals with autism. *Clin Commun Disord.* 1993 Winter;3(1):31-43. PMID: 8485511. X-2
3083. Namerow LB, Mangini LM. Targeting symptom domains: a strategy for pharmacotherapy in childhood pervasive developmental disorders. *Conn Med.* 2005 Oct;69(9):525-33. PMID: 16270789. X-2, X-4
3084. 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. PMID: 12692455. X-3
3085. 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. PMID: 18065199. X-3, X-4
3086. Naoi N, Yokoyama K, Yamamoto J-i. Matrix training for expressive and receptive two-word utterances in children with autism. *Jpn J Spec Educ.* 2006 Mar;43(6):505-18. X-3
3087. Napolitano DA, Smith T, Zarcone JR, et al. Increasing response diversity in children with autism. *J Appl Behav Anal.* 2010 Sum;43(2):265-71. X-1, X-3
3088. 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. PMID: 16319564. X-1, X-2, X-3, X-4
3089. Narayanan A, White CA, Saklayen S, et al. Effect of propranolol on functional connectivity in autism spectrum disorder--a pilot study. *Brain Imaging Behav.* 2010 Jun;4(2):189-97. PMID: 20502989. X-3
3090. 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. PMID: 16782144. X-4

3091. Nation K, Norbury CF. Why reading comprehension fails: insights from developmental disorders. *Top Lang Disord.* 2005 Jan-Mar;25(1):21. X-2, X-4
3092. Natof TH, Romanczyk RG. Teaching students with ASD: does teacher enthusiasm make a difference? *Behav Int.* 2009 Feb;24(1):55-72. X-3
3093. Neef NA. Pyramidal parent training by peers. *J Appl Behav Anal.* 1995 Fall;28(3):333-7. PMID: 7592149. X-3
3094. 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. PMID: 6187723. X-1, X-3, X-4
3095. Neef NA, Walters J, Egel AL. Establishing generative yes/no responses in developmentally disabled children. *J Appl Behav Anal.* 1984 Winter;17(4):453-60. PMID: 6526766. X-1, X-3, X-4
3096. Neely-Barnes SL, Hall HR, Roberts RJ, et al. Parenting a child with an autism spectrum disorder: public perceptions and parental conceptualizations. *J Fam Soc Work.* 2011;14(3):208-25. X-4
3097. Nefdt N, Koegel R, Singer G, et al. The use of a self-directed learning program to provide introductory training in pivotal response treatment to parents of children with autism. *J Posit Behav Interv.* 2010 Jan;12(1):23-32. X-1, X-3, X-4
3098. Neidert PL, Iwata BA, Dozier CL. Treatment of multiply controlled problem behavior with procedural variations of differential reinforcement. *Exceptionality.* 2005;13(1):45-53. X-3
3099. Neitzel J. Positive behavior supports for children and youth with autism spectrum disorders. *Prev School Failure.* 2010;54(4):247-55. X-1, X-2, X-3, X-4
3100. Nelson C, Huefner DS. Young children with autism: judicial responses to the lovaas and discrete trial training debates. *J Early Interv.* 2003 Fall;26(1):1-19. X-1, X-2, X-3, X-4
3101. 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. *Educ Train Dev Disabil.* 2007 Jun;42(2):165-81. X-1, X-3, X-4
3102. Nelson D, Amplo K. Care of the autistic patient in the perioperative area. *AORN J.* 2009 Feb;89(2):391-2, 5-7. PMID: 19200470. X-2
3103. Nelson EC, Pribor EF. A calendar savant with autism and Tourette syndrome: Response to treatment and thoughts on the interrelationships of these conditions. *Ann Clin Psychiatry.* 1993 Jun;5(2):135-40. X-4
3104. Nepo KG. The use of technology to improve staff performance. *Int J Behav Consult Ther.* 2010 Aug;6(2):134-41. X-4
3105. Nesbitt S. An evaluation of multi-agency service provision for children with autistic spectrum disorders. *Br J Dev Disabil.* 2000 Jan;46(90, Pt 1):43-50. X-4
3106. Nesbitt S. Why and why not? Factors influencing employment for individuals with asperger syndrome. *Autism.* 2000 Dec;4(4):357-69. X-1, X-3, X-4
3107. Network AaDDM. Prevalence of the Autism Spectrum Disorders (ASDs) in Multiple Areas of the United States, 2004 and 2006 Centers for Disease Control and Prevention. Atlanta: CDC; 2009 2009. <http://www.cdc.gov/ncbddd/autism/states/ADDMMCommunityReport2009.pdf>.
3108. Neufeld A, Fantuzzo JW. Contingent application of a protective device to treat the severe self-biting behavior of a disturbed autistic child. *J Behav Ther Exp Psychiatry.* 1984 Mar;15(1):79-83. X-1, X-3, X-4
3109. 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, 21 e1-21 e2. PMID: 19114183. X-4
3110. Neumann N, Dubischar-Krivec AM, Braun C, et al. The mind of the mnemonists: An MEG and neuropsychological study of autistic memory savants. *Behavioural Brain Research.* 2010 Dec;215(1):114-21. PMID: 2010-17640-006. X-3, X-4
3111. Neves SN, Reimao R. Sleep disturbances in 50 children with attention-deficit hyperactivity disorder. *Arq Neuropsiquiatr.* 2007 Jun;65(2A):228-33. PMID: 17607419. X-4
3112. 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. PMID: 8554661. X-4
3113. Newman B, Buffington DM, O'Grady MA, et al. Self-management of schedule following in three teenagers with autism. *Behav Disord.* 1995 May;20(3):190-6. X-3
3114. 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. *Behav Int.* 2002 Jan-Mar;17(1):31-41. X-1, X-3, X-4
3115. Newman B, Reinecke D, Ramos M. Is a reasonable attempt reasonable? Shaping versus reinforcing verbal attempts of preschoolers with autism. *Anal Verbal Behav.* 2009;25:67-72. X-1, X-3, X-4

3116. Newman B, Reinecke DR, Meinberg DL. Self-management of varied responding in three students with autism. *Behav Int.* 2000 Apr-Jun;15(2):145-51. X-1, X-3, X-4
3117. Newman B, Ten Eyck P. Self-management of initiations by students diagnosed with autism. *Anal Verbal Behav.* 2005;21:117-22. X-1, X-3, X-4
3118. Newman B, Tuntigian L, Ryan CS, et al. Self-management of a DRO procedure by three students with autism. *Behav Int.* 1997 Jul;12(3):149-56. X-1, X-3, X-4
3119. Newmeyer Amy J, Grether S, Aylward C, et al. Results of the sensory profile in children with suspected childhood apraxia of speech. *Phys Occup Ther Pediatr.* 2009;29(2):203-18. X-4
3120. Newsome WS. Parental perceptions during periods of transition: implications for social workers serving families coping with autism. *J Fam Soc Work.* 2000;5(2):17-31. X-4
3121. Neysmith-Roy JM. The Tomatis Method with severely autistic boys: individual case studies of behavioural changes. *S Afr J Psychol.* 2001 Mar;31(1):19-28. X-1, X-3, X-4
3122. Nichols S, Blakeley-Smith A. "I'm not sure we're ready for this -- ": working with families toward facilitating healthy sexuality for individuals with autism spectrum disorders. *Soc Work Ment Health.* 2010 2010 Jan-Feb;8(1):72-91. X-3
3123. Nicholson H, Kehle TJ, Bray MA, et al. The effects of antecedent physical activity on the academic engagement of children with autism spectrum disorder. *Psychol Sch.* 2011 Feb;48(2):198-213. X-1, X-3, X-4
3124. 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. PMID: 18478626. X-1, X-3, X-4
3125. Nicolson R, Awad G, Sloman L. An open trial of risperidone in young autistic children. *J Am Acad Child Adolesc Psychiatry.* 1998 Apr;37(4):372-6. PMID: 9549957. X-1, X-3, X-4
3126. Nicolson R, 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. PMID: 11098884. X-2, X-4
3127. Nicolson R, Craven-Thuss B, Smith J. A prospective, open-label trial of galantamine in autistic disorder. *J Child Adolesc Psychopharmacol.* 2006 Oct;16(5):621-9. PMID: 17069550. X-1, X-3, X-4
3128. Nicpon MF, Allmon A, Sieck B, et al. Empirical investigation of twice-exceptionality: where have we been and where are we going? *Gift Child Q.* 2011 Jan;55(1):3-17. X-1, X-2, X-3, X-4
3129. Niederhofer H. Arbohydrate-deficient transferrin does not seem to be associated with ADHD and autism. *Psychiatria Danubina.* 2009;21(4):517. X-4
3130. Niederhofer H. First preliminary results of an observation of Panax ginseng treatment in patients with autistic disorder. *J Diet Suppl.* 2009;6(4):342-6. X-3
3131. Niederhofer H. St John's Wort treating patients with autistic disorder. *Phytother Res.* 2009 Nov;23(11):1521-3. PMID: 19274686. X-3
3132. Niederhofer H, Pittschieler K. A preliminary investigation of ADHD symptoms in persons with celiac disease. *J Atten Disord.* 2006;10(2):200-4. X-4
3133. Niederhofer H, Staffen W, Mair A. Galantamine may be effective in treating autistic disorder. *BMJ: British Medical Journal.* 2002 Dec;325(7377):1422-3. X-1, X-3, X-4
3134. Niederhofer H, Staffen W, Mair A. Tianeptine: a novel strategy of psychopharmacological treatment of children with autistic disorder. *Hum Psychopharmacol.* 2003 Jul;18(5):389-93. PMID: 12858327. X-1, X-3, X-4
3135. Nielsen CMB. Towards applied integrationism--integrating autism in teaching and coaching sessions. *Lang Sci.* 2011 Jul;33(4):593-602. X-1, X-2, X-3, X-4
3136. Nientimp EG, Cole CL. Teaching socially valid social interaction responses to students with severe disabilities in an integrated school setting. *J Sch Psychol.* 1992 Win;30(4):343-54. X-3
3137. Nigam R, Schlosser RW, Lloyd LL. Concomitant use of the matrix strategy and the mand-model procedure in teaching graphic symbol combinations. *AAC.* 2006;22(3):160-77. X-3
3138. Nigro-Bruzzi D, Sturmey P. The effects of behavioral skills training on mand training by staff and unprompted vocal mands by children. *J Appl Behav Anal.* 2010 Winter;43(4):757-61. PMID: 21541162. X-1, X-3, X-4
3139. 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. PMID: 18922585. X-1, X-3, X-4
3140. Nikopoulos CK, Canavan C, Nikopoulou-Smyrni P. Generalized effects of video modeling on establishing instructional stimulus control in children with autism: Results of a preliminary study. *J Posit Behav Interv.* 2009 Oct;11(4):198-207. X-3

3141. Nikopoulos CK, Keenan M. Promoting social initiation children with autism using video modeling. *Behav Int.* 2003 Apr;18(2):87-108. X-1, X-3, X-4
3142. Nikopoulos CK, Keenan M. Effects of video modeling on social initiations by children with autism. *J Appl Behav Anal.* 2004 Spr;37(1):93. X-3
3143. Nikopoulos CK, Keenan M. Using video modeling to teach complex social sequences to children with autism. *J Autism Dev Disord.* 2007 Apr;37(4):678-93. X-1, X-3, X-4
3144. Nilsson M. Table Hockey: attack or linking? Psychoanalytic psychotherapy with an autistic boy. *J Child Psychother.* 2009 Aug;35(2):131-41. X-1, X-3, X-4
3145. Nind M, Powell S. Intensive interaction and autism: some theoretical concerns. *Child Soc.* 2000 Apr;14(2):98-109. X-1, X-2, X-3, X-4
3146. Nissen B. Hypochondria: a tentative approach. *Int J Psychoanal.* 2000 Aug;81 (Pt 4):651-66. PMID: 11028232. X-4
3147. Njardvik U, Matson JL, 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. PMID: 10478728. X-4
3148. Nobile M, Perego P, Piccinini L, et al. Further evidence of complex motor dysfunction in drug naive children with autism using automatic motion analysis of gait. *Autism.* 2011 May;15(3):263-83. X-4
3149. Noggle CA, Dean RS. Atypical and typical antipsychotics in the schools. *Psychol Sch.* 2009 Nov;46(9):869-84. X-1, X-2, X-3, X-4
3150. Noland RM, Gabriels RL. Screening and identifying children with autism spectrum disorders in the public school system: the development of a model process. *J Autism Dev Disord.* 2004 Jun;34(3):265-77. X-3, X-4
3151. Norbury CF, Bishop DVM. Narrative skills of children with communication impairments. *Int J Lang Commun Disord.* 2003 Jul;38(3):287-313. X-4
3152. Norman J. Freedom to play, dream and think. *The Scandinavian Psychoanalytic Review.* 1999;22(2):172-88. X-4
3153. Norris C, Dattilo J. Evaluating effects of a social story intervention on a young girl with autism. *Focus Autism Dev Disabil.* 1999 Fal;14(3):180-6. X-1, X-3, X-4
3154. Novaes CM, Ponde MP, Freire AC. Control of psychomotor agitation and aggressive behavior in patients with autistic disorder: a retrospective chart review. *Arq Neuropsiquiatr.* 2008 Sep;66(3B):646-51. PMID: 18949256. X-1
3155. 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. PMID: 6934552. X-1, X-3, X-4
3156. Nuehring ML, Sitlington PL. Transition as a vehicle: moving from high school to an adult vocational service provider. *J Disabil Pol Stud.* 2003 Sum;14(1):23-35. X-3, X-4
3157. Nunes D, Hanline MF. Enhancing the alternative and augmentative communication use of a child with autism through a parent-implemented naturalistic intervention. *Int J Disabil Dev Educ.* 2007 Jun;54(2):177-97. X-1, X-3
3158. Nuzzolo-Gomez R, Leonard MA, Ortiz E, et al. Teaching children with autism to prefer books or toys over stereotypy or passivity. *J Posit Behav Interv.* 2002 Spr;4(2):80-7. X-1, X-3, X-4
3159. Nwora AJ, Gee BM. A case study of a five-year-old child with pervasive developmental disorder-not otherwise specified using sound-based interventions. *Occup Ther Int. Special Issue: Occupational therapy and complementary and alternative medicine.* 2009;16(1):25-43. X-1, X-3, X-4
3160. Nyden A, Myren KJ, 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. PMID: 17968030. X-3
3161. Nystul MS. Reaching in-reaching out: Counseling an autistic child. *Am Ment Health Couns Assoc J.* 1986 Jan;8(1):18-26. PMID: 1987-01854-001. X-1, X-2, X-3, X-4
3162. O'Connor AB, Healy O. Long-term post-intensive behavioral intervention outcomes for five children with autism spectrum disorder. *Res Autism Spectr Disord.* 2010 Oct-Dec;4(4):594-604. X-4
3163. 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. PMID: 2187009. X-3, X-4
3164. Oberleitner R. Talking to the autism community [interviewed by Semahat S Demir]. *IEEE Eng Med Biol Mag.* 2005 Jan-Feb;24(1):14-5, 9. PMID: 15709530. X-2
3165. Oberleitner R, Laxminarayan S. Information technology and behavioral medicine: impact on autism treatment & research. *Stud Health Technol Inform.* 2004;103:215-22. PMID: 15747924. X-2
3166. Oberman LM, Horvath JC, Pascual-Leone A. TMS: using the theta-burst protocol to explore mechanism of plasticity in individuals with Fragile X syndrome and autism. *J Vis Exp.* 2010(46)PMID: 21248685. X-4

3167. Oblak A, Gibbs TT, Blatt GJ. Decreased GABA_A receptors and benzodiazepine binding sites in the anterior cingulate cortex in autism. *Autism Res.* 2009 Aug;2(4):205-19. X-4
3168. O'Brien J, Coker P, Lynn R, et al. The impact of occupational therapy on a child's playfulness. *Occup Ther Health Care.* 2000;12(2/3):39-51. X-3
3169. O'Brien K, Slaughter V, Peterson CC. Sibling influences on theory of mind development for children with ASD. *J Child Psychol Psychiatry.* 2011 Jun;52(6):713-9. PMID: 21418062. X-1, X-3, X-4
3170. Obrusnikova I, Dillon SR. Challenging situations when teaching children with autism spectrum disorders in general physical education. *Adapt Phys Activ Q.* 2011 Apr;28(2):113-31. X-1, X-3, X-4
3171. Ochs E, Kremer-Sadlik T, Solomon O, et al. Inclusion as social practice: Views of children with autism. *Soc Dev.* 2001;10(3):399-419. X-1, X-3, X-4
3172. O'Connor K, Hamm JP, Kirk IJ. The neurophysiological correlates of face processing in adults and children with asperger's syndrome. *Brain Cogn.* 2005 Oct;59(1):82-95. X-1, X-3, X-4
3173. O'Connor J, Barnes-Holmes Y, Barnes-Holmes D. Establishing contextual control over symmetry and asymmetry performances in typically developing children and children with autism. *Psychol Rec.* 2011 Spr;61(2):287-311. X-1, X-3, X-4
3174. O'Dell L, Brownlow C. Media reports of links between MMR and autism: a discourse analysis. *Br J Learn Disabil.* 2005;33(4):194-9. X-1, X-2, X-3, X-4
3175. Odom SL, Boyd BA, Hall LJ, et al. Evaluation of comprehensive treatment models for individuals with autism spectrum disorders. *J Autism Dev Disord.* 2010 Apr;40(4):425-36. X-1, X-3, X-4
3176. Odom SL, Brown WH, Frey T, et al. Evidence-based practices for young children with autism: contributions for single-subject design research. *Focus Autism Dev Disabil.* 2003 Fall;18(3):166-75. X-2
3177. Odom SL, Collet-Klingenberg L, Rogers SJ, et al. Evidence-based practices in interventions for children and youth with autism spectrum disorders. *Prev School Failure.* 2010;54(4):275-82. X-1, X-2, X-3, X-4
3178. Odom SL, Strain PS. A comparison of peer-initiation and teacher-antecedent interventions for promoting reciprocal social interaction of autistic preschoolers. *J Appl Behav Anal.* 1986 Spr;19(1):59-71. X-1, X-3, X-4
3179. Odom SL, Watts E. Reducing teacher prompts in peer-mediated interventions for young children with autism. *J Spec Educ.* 1991 Spr;25(1):26-43. X-1, X-3
3180. Oeseburg B, Jansen DE, Dijkstra GJ, et al. Prevalence of chronic diseases in adolescents with intellectual disability. *Res Dev Disabil.* 2010 May-Jun;31(3):698-704. PMID: 20188511. X-4
3181. Ogawa T, Sugiyama A, Ishiwa S, et al. Ontogenic development of EEG-asymmetry in early infantile autism. *Brain Dev.* 1982;4(6):439-49. PMID: 7168481. X-1, X-3, X-4
3182. Ogletree BT, Crawford K. Contemplating the communicative value of objects: establishing iconic and indexical object experiences with individuals with severe intellectual disabilities. *Focus Autism Dev Disabil.* 2009;24(4):248-51. X-2, X-4
3183. Ogletree BT, Fischer MA, Sprouse J. An innovative language treatment for a child with high-functioning autism. *Focus Autism Other Dev Disabil.* 1995 Aug;10(3):1-10. X-1, X-3, X-4
3184. Ogletree BT, Hamtil A, Solberg L, et al. Facilitated communication: Illustration of a naturalistic validation method. *Focus Autism Other Dev Disabil.* 1993 Oct;8(4):1-10. X-1, X-3, X-4
3185. Ogletree BT, Oren T. Application of ABA principles to general communication instruction. *Focus Autism Other Dev Disabil.* 2001 Sum;16(2):102-09. X-2, X-3
3186. Ogletree BT, Oren T, Fischer MA. Examining effective intervention practices for communication impairment in autism spectrum disorder. *Exceptionality.* 2007 Nov;15(4):233-47. X-2
3187. O'Hara J. Psychodynamic work and mental handicap: observations of an autistic child. *Ment Handicap.* 1993 Mar;21(1):32-4. X-1, X-3, X-4
3188. O'Hare AE, Quew R, 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):171-80. X-1, X-3, X-4
3189. O'Hearn K, Schroer E, Minshew N, et al. Lack of developmental improvement on a face memory task during adolescence in autism. *Neuropsychologia.* 2010 Nov;48(13):3955-60. X-4
3190. Ohtake Y, Yanagihara M, Nakaya A, et al. Repair strategies used by elementary-age beginning communicators with autism: a preliminary descriptive study. *Focus Autism Dev Disabil.* 2005 Fall;20(3):158-68. X-4
3191. Oi M. Interpersonal compensation for pragmatic impairments in Japanese children with asperger syndrome or high-functioning autism. *J Multiling Commun Disord.* 2005;3(3):203-10. X-1, X-3, X-4

3192. Oi M, Tanaka S. When do Japanese children with autism spectrum disorder comprehend ambiguous language overliterally or overnonliterally? *Asia Pac J Speech Lang Hear.* 2011;14(1):1-12. X-1, X-3, X-4
3193. Okada S, Ohtake Y, Yanagihara M. Improving the manners of a student with autism: the effects of manipulating perspective holders in social stories[tm]--a pilot study. *Int J Disabil Dev Educ.* 2010 Jun;57(2):207-19. X-1, X-3
3194. Oke NJ, 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. PMID: 2279969. X-1, X-3, X-4
3195. Olejnik L. Understanding autism. How to appropriately & safely approach, assess & manage autistic patients. *JEMS.* 2004 Jun;29(6):56-61, 4. PMID: 15211315. X-2
3196. Olesker W. Treatment of a boy with atypical ego development. *Psychoanal Study Child.* 1999;54:25-46. PMID: 1999-15190-001. X-1, X-3, X-4
3197. 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. PMID: 16754841. X-2, X-4
3198. Olfson M, Crystal S, Huang C, et al. Trends in antipsychotic drug use by very young, privately insured children. *J Am Acad Child Adolesc Psychiatry.* 2010 Jan;49(1):13-23. PMID: 20215922. X-1, X-3, X-4
3199. Olin AR, Reichle J, Johnson L, et al. Examining dynamic visual scene displays: implications for arranging and teaching symbol selection. *Am J Speech Lang Pathol.* 2010 Nov;19(4):284-97. PMID: 20581110. X-1, X-3, X-4
3200. Olive M. Assessment and intervention for young children with nonphysiological feeding concerns. *Young Except Child.* 2004;7(4):10-9. X-2
3201. 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. PMID: 17066309. X-1, X-3, X-4
3202. Olive ML, Lang RB, Davis TN. An analysis of the effects of functional communication and a Voice Output Communication Aid for a child with autism spectrum disorder. *Res Autism Spectr Disord.* 2008 Apr-Jun;2(2):223-36. X-1, X-3, X-4
3203. Oliver L, Johnson A. Autism Disorders. *NCSL legisbrief.* 2004 Nov-Dec;12(46):1-2. PMID: 15523767. X-2
3204. Ollendick TH, Shapiro ES, Barrett RP. Effects of vicarious reinforcement in normal and severely disturbed children. *J Consult Clin Psychol.* 1982 Feb;50(1):63-70. PMID: 7056921. X-1, X-3, X-4
3205. Olley JG, Devellis RF, Devellis BM, et al. The autism attitude scale for teachers. *Except Child.* 1981 Feb;47(5):371-2. PMID: 7202461. X-1, X-2, X-3, X-4
3206. Olson LJ, Moulton HJ. Use of weighted vests in pediatric occupational therapy practice. *Phys Occup Ther Pediatr.* 2004;24(3):45-60. PMID: 15257968. X-4
3207. Olsson MB, Hwang CP. Depression in mothers and fathers of children with intellectual disability. *J Intellect Disabil Res.* 2001;45(part 6):535-43. X-4
3208. Olsson MB, 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. PMID: 18507702. X-4
3209. O Neal 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. PMID: 17000600. X-2
3210. O'Neill RE, Sweetland-Baker M. Brief report: An assessment of stimulus generalization and contingency effects in functional communication training with two students with autism. *J Autism Dev Disord.* 2001 Apr;31(2):235-40. X-3
3211. 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. PMID: 18363003. X-1, X-3, X-4
3212. Oosterling I, Visser J, Swinkels S, et al. Randomized controlled trial of the focus parent training for toddlers with autism: 1-year outcome. *J Autism Dev Disord.* 2010 Dec;40(12):1447-58. PMID: 2010-23786-003. X-1, X-3, X-4
3213. 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. PMID: 11504322. X-4
3214. 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. PMID: 15305126. X-4

3215. 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. PMID: 15729132. X-4
3216. 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. PMID: 18304666. X-4
3217. O'Reilly MF, Edrisinha C, Sigafoos J, et al. Isolating the evocative and abative effects of an establishing operation on challenging behavior. *Behav Int*. 2006 Jul;21(3):195-204. X-3
3218. 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. PMID: 18313850. X-4
3219. Oriol KN, George CL, Peckus R, et al. The effects of aerobic exercise on academic engagement in young children with autism spectrum disorder. *Pediatr Phys Ther*. 2011 Summer;23(2):187-93. PMID: 21552085. X-1, X-3, X-4
3220. O'Riordan M, Passetti F. Discrimination in autism within different sensory modalities. *J Autism Dev Disord*. 2006 Jul;36(5):665-75. PMID: 16639532. X-4
3221. 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. *Qual Rep*. 2005 Sep;10(3):561-92. X-1, X-3, X-4
3222. Ornitz EM, Lane SJ, Sugiyama T, et al. Startle modulation studies in autism. *J Autism Dev Disord*. 1993 Dec;23(4):619-37. PMID: 8106303. X-4
3223. Ortega Santamaria MA. Focus on research... occupational therapy intervention with autistic children: study of current practice in Colombia. *Br J Occup Ther*. 2001;64(5):222-. X-1, X-2, X-3, X-4
3224. Orvalho V, Miranda J, Sousa AA. Facial syntheses of 3D avatars for therapeutic applications. *Annu Rev CyberTher Telemed*. 2009;7:96-8. X-1, X-2, X-3, X-4
3225. Osborne J. Art and the child with autism: therapy or education? *Early Child Dev Care*. 2003 Aug;173(4):411-23. X-1, X-2, X-3, X-4
3226. 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. PMID: 18027079. X-1, X-3, X-4
3227. Osborne LA, Reed P. School factors associated with mainstream progress in secondary education for included pupils with autism spectrum disorders. *Res Autism Spectr Disord*. 2011 Jul-Sep;5(3):1253-63. X-6
3228. 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. PMID: 19765918. X-4
3229. Osler A, Osler C. Inclusion, exclusion and children's rights: a case study of a student with asperger syndrome. *Emot Behav Difficulties*. 2002 Feb;7(1):35-54. X-3, X-4
3230. 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. PMID: 19015734. X-1, X-2, X-3, X-4
3231. Ostryn C, Wolfe PS. Teaching children with autism to ask "what's that?" using picture communication with vocal results. *Infants Young Child*. 2011 Apr-Jun;24(2):174-92. X-1, X-3, X-4
3232. Ostryn C, Wolfe PS, 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. *Res Pract Persons Severe Disabl* 2008;33(1-2):13-24. X-2
3233. Oswald DP, Ollendick TH. Role taking and social competence in autism and mental retardation. *J Autism Dev Disord*. 1989 Mar;19(1):119-27. PMID: 2708295. X-3, X-4
3234. Oswald DP, Sonenklar NA. Medication use among children with autism spectrum disorders. *J Child Adolesc Psychopharmacol*. 2007 Jun;17(3):348-55. PMID: 17630868. X-4
3235. Ottenbacher KJ. Vestibular processing dysfunction in children with severe emotional and behavioral disorders: a review. *Phys Occup Ther Pediatr*. 1982;2:3-12. X-1, X-2, X-3, X-4
3236. Ouellette-Kuntz H, Coe H, Lloyd JEV, et al. Trends in special education code assignment for autism: implications for prevalence estimates. *J Autism Dev Disord*. 2007 Nov;37(10):1941-8. X-4
3237. 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. PMID: 19948625. X-1, X-3
3238. 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 Autism Dev Disabil*. 2008;23(1):15-28. X-1, X-3
3239. 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. PMID: 18566882. X-1, X-3, X-4

3240. Owens JA, Rosen CL, Mindell JA. Medication use in the treatment of pediatric insomnia: results of a survey of community-based pediatricians. *Pediatr*. 2003 May;111(5 Pt 1):e628-35. PMID: 12728122. X-4
3241. 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. PMID: 11991943. X-2
3242. 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. PMID: 20020537. X-1, X-3, X-4
3243. 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. PMID: 11699803. X-1, X-3, X-4
3244. 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. PMID: 17069541. X-1, X-3, X-4
3245. 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. PMID: 15782081. X-1, X-3, X-4
3246. Ozbayrak KR. Sertraline in PDD. *J Am Acad Child Adolesc Psychiatry*. 1997 Jan;36(1):7-8. X-1, X-3, X-4
3247. 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. PMID: 18373187. X-1, X-3, X-4
3248. Ozonoff S, Cathcart K. Effectiveness of a home program intervention for young children with autism. *J Autism Dev Disord*. 1998 Feb;28(1):25-32. PMID: 9546299. X-1, X-3, X-4
3249. Ozonoff S, 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. PMID: 7592252. X-3
3250. 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. PMID: 12804129. X-1, X-3, X-4
3251. Padhye U. Excess dietary iron is the root cause for increase in childhood autism and allergies. *Med Hypotheses*. 2003 Aug;61(2):220-2. PMID: 12888307. X-2, X-4
3252. Page J, Boucher J. Motor impairments in children with autistic disorder. *Child Lang Teach Ther*. 1998;14(3):233-59. X-4
3253. Page T. Metabolic approaches to the treatment of autism spectrum disorders. *J Autism Dev Disord*. 2000 Oct;30(5):463-9. PMID: 11098885. X-2
3254. Page T, Moseley C. Metabolic treatment of hyperuricosuric autism. *Prog in Neuropsychopharmacol Biol Psychiatry*. 2002 Feb;26(2):397-400. X-1, X-2, X-3, X-4
3255. Pajareya K, Nopmaneejumruslers K. A pilot randomized controlled trial of dir/floortime[tm] parent training intervention for pre-school children with autistic spectrum disorders. *Autism*. 2011 Sep;15(5):563-77. X-1, X-3, X-4
3256. Pakenham KI, Sofronoff K, 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. PMID: 15134791. X-1, X-3, X-4
3257. Palermo MT. Preventing filicide in families with autistic children. *Int J Offender Ther Comp Criminol*. 2003 Feb;47(1):47-57. PMID: 12613431. X-2, X-4
3258. Palkovitz RJ, Wiesenfeld AR. Differential autonomic responses of autistic and normal children. *J Autism Dev Disord*. 1980 Sep;10(3):347-60. PMID: 6927661. X-3
3259. Pallanti S, Lassi S, La Malfa G, et al. Short report: autistic gastrointestinal and eating symptoms treated with secretin: a subtype of autism. *Clin Pract Epidemiol Ment Health*. 2005;1(24) X-1, X-2, X-3, X-4
3260. Palmen A, Didden R, 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. PMID: 18178598. X-1, X-3, X-4
3261. Palmen A, Didden R, Korzilius H. Effectiveness of behavioral skills training on staff performance in a job training setting for high-functioning adolescents with autism spectrum disorders. *Res Autism Spectr Disord*. 2010 Oct-Dec;4(4):731-40. X-1, X-3, X-4
3262. Palmen A, Didden R, Korzilius H. An outpatient group training programme for improving leisure lifestyle in high-functioning young adults with ASD: A pilot study. *Dev Neurorehabil*. 2011 Oct;14(5):297-309. X-3
3263. Palmer RF, Walker T, Mandell D, et al. Explaining low rates of autism among Hispanic schoolchildren in Texas. *Am J Public Health*. 2010 Feb;100(2):270-2. PMID: 20019320. X-2, X-4

3264. Pan C, Tsai C, Chu C. Fundamental movement skills in children diagnosed with autism spectrum disorders and attention deficit hyperactivity disorder. *J Autism Dev Disord.* 2009;39(12):1694-705. X-1, X-3, X-4
3265. Pan C-Y. School time physical activity of students with and without autism spectrum disorders during pe and recess. *Adapt Phys Activ Q.* 2008 Oct;25(4):308-21. X-1, X-3
3266. Pan CY. Effects of water exercise swimming program on aquatic skills and social behaviors in children with autism spectrum disorders. *Autism.* 2010 Jan;14(1):9-28. PMID: 20124502. X-1, X-3, X-4
3267. Pan C-Y, Frey GC. Physical activity patterns in youth with autism spectrum disorders. *J Autism Dev Disord.* 2006 Jul;36(5):597-606. X-4
3268. Pan C-Y, Tsai C-L, Chu C-H, et al. Physical activity and self-determined motivation of adolescents with and without autism spectrum disorders in inclusive physical education. *Res Autism Spectr Disord.* 2011 Apr-Jun;5(2):733-41. X-4
3269. 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. PMID: 17019624. X-1, X-3, X-4
3270. Panerai S, Ferrante L, 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. PMID: 12000583. X-3
3271. 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. PMID: 19205860. X-1, X-3, X-4
3272. Pang KH, Croaker GD. Constipation in children with autism and autistic spectrum disorder. *Pediatr Surg Int.* 2011 Apr;27(4):353-8. PMID: 20697898. X-3, X-4
3273. Panksepp J, 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. PMID: 1864831. X-1, X-3, X-4
3274. Pansegrouw I, Alant E. Communication intervention in an adolescent with profound cognitive impairment and autistic features. *S Afr J Commun Disord.* 1996;43:63-75. PMID: 9265844. X-3, X-4
3275. Panyan MV. Computer technology for autistic students. *J Autism Dev Disord.* 1984 Dec;14(4):375-82. PMID: 6549182. X-1, X-2, X-3, X-4
3276. Papavasiliou AS, Nikaina I, Rizou J, et al. The effect of a psycho-educational program on CARS scores and short sensory profile in autistic children. *Eur J Paediatr Neurol.* 2011 Jul;15(4):338-44. PMID: 21354837. X-1, X-3, X-4
3277. Pardew EM, Bunse C. Enhancing interaction through positive touch. *Young Except Child.* 2005;8(2):21-9. X-1, X-2, X-3, X-4
3278. Pareek M, 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. PMID: 11224968. X-4
3279. Parellada M, Boada L, Moreno C, et al. Specialty care programme for autism spectrum disorders in an urban population: a case-management model for health care delivery in an ASD population. *Eur Psychiatry.* 2011 Sep 8 PMID 21907549. X-1, X-2, X-4
3280. 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. PMID: 16640483. X-2
3281. 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. PMID: 16270865. X-2
3282. Paribello C, Tao L, Folino A, et al. Open-label add-on treatment trial of minocycline in fragile X syndrome. *BMC Neurol.* 2010;10:91. PMID: 20937127. X-1, X-3, X-4
3283. Park M, Chitiyo M. An examination of teacher attitudes towards children with autism. *J Res Spec Educ Needs.* 2011 Mar;11(1):70-8. PMID: 2011-05101-008. X-1, X-3, X-4
3284. 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. PMID: 12791330. X-1
3285. Parker D, Kamps D. Effects of task analysis and self-monitoring for children with autism in multiple social settings. *Focus Autism Dev Disabil.* 2011 Sep;26(3):131-42. X-1, X-3, X-4
3286. Parkinson GM. Pragmatic difficulties in children with autism associated with childhood epilepsy. *Pediatr Rehabil.* 2006 Jul-Sep;9(3):229-46. PMID: 17050401. X-4
3287. Parmanto B, Saptono A, Pramana G, et al. VISYTER: versatile and integrated system for telerehabilitation. *Telemed J E Health.* 2010 Nov;16(9):939-44. PMID: 21034239. X-1, X-3, X-4

3288. Parr J. Autism. Clin Evid (Online). 2008;2008PMID 19450315. X-1, X-2, X-3, X-4
3289. Parris A. Implementing interventions for an individual with complex needs through a co-ordinated approach. Adv Ment Health Intellect Disabil. 2010 Jun;4(2):33-7. X-3
3290. Parry-Cruwys DE, Neal CM, Ahearn WH, et al. Resistance to disruption in a classroom setting. J Appl Behav Anal. 2011 Sum;44(2):363-7. X-3
3291. Parsons S, Lewis A, Ellins J. The views and experiences of parents of children with autistic spectrum disorder about educational provision: Comparisons with parents of children with other disabilities from an online survey. Eur J Spec Needs Educ. 2009 Feb;24(1):37-58. X-4
3292. Parsons S, Mitchell P, 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. PMID: 15449520. X-3
3293. 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. Arts Psychother. Special Issue: European Consortium for Arts Therapy Education (ECArTE). 1995;22(3):241-7. -2
3294. Pary RJ. Acute psychiatric hospital admissions of adults and elderly adults with mental retardation. Am J Ment Retard. 1993 Nov;98(3):434-6. PMID: 8292320. X-4
3295. 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. PMID: 18401692. X-4
3296. Pasco G, Tohill C. Predicting progress in Picture Exchange Communication System (PECS) use by children with autism. Int J Lang Commun Disord. 2011 Jan-Feb;46(1):120-5. PMID: 20536353. X-1, X-3, X-4
3297. Patel K, 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. PMID: 18166120. X-1, X-3, X-4
3298. Patel MR, Carr JE, Dozier CL. On the role of stimulus preference assessment in the evaluation of contingent access to stimuli associated with stereotypy during behavioral acquisition. Behav Int. 1998 Nov;13(4):269-74. X-1, X-3, X-4
3299. Patel MR, Piazza CC, Kelly ML, et al. Using a fading procedure to increase fluid consumption in a child with feeding problems. J Appl Behav Anal. 2001 Fal;34(3):357-60. X-1, X-3, X-4
3300. Paterson CR, Arco L. Using video modeling for generalizing toy play in children with autism. Behav Modif. 2007 Sep;31(5):660-81. PMID: 17699123. X-1, X-3, X-4
3301. Paterson H, Peck K. Sensory processing ability and eating behaviour in children with autism. J of Hum Nutr Diet. 2011;24(3):301-. X-1, X-3, X-4
3302. Patil AA, Andrews R. Surgical treatment of autistic epileptiform regression. J Epilepsy. 1998 Nov-Dec;11(6):368-73. PMID: 1998-03120-004. X-1, X-3, X-4
3303. Patrick LS, R. The effect of essential fatty acid supplementation on language development and learning skills in autism and asperger's syndrome. Autism Asperger Digest. 2005;Jan-Feb:36-7. X-1, X-3, X-4
3304. Patten E, Watson LR. Interventions targeting attention in young children with autism. Am J Speech Lang Pathol. 2011 Feb;20(1):60-9. PMID: 20739632. X-1, X-2, X-3, X-4
3305. Patterson A, Rafferty A. Making it to work: towards employment for the young adult with autism. Int J Lang Commun Disord. 2001;36 Suppl:475-80. PMID: 11340835. X-1, X-2, X-3, X-4
3306. Patterson SY, Smith V, Jelen M. Behavioural intervention practices for stereotypic and repetitive behaviour in individuals with autism spectrum disorder: a systematic review. Dev Med Child Neurol. 2010 Apr;52(4):318-27. X-2, X-4
3307. Paul AS, Frea WD. The importance of understanding the goals of the family. J Posit Behav Interv. 2002 Win;4(1):61-3. PMID: 2002-00420-009. X-1, X-3, X-4
3308. 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):708-11. X-3, X-4
3309. Paul R. Parents ask: Am I risking autism if I vaccinate my children? J Autism Dev Disord. 2009 Jun;39(6):962-3. PMID: 19363650. X-4
3310. 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. PMID: 19360656. X-1, X-3, X-4
3311. Paul R, Cohen DJ. Communication development and its disorders: a psycholinguistic perspective. Schizophr Bull. 1982;8(2):279-93. PMID: 7112042. X-1, X-2, X-3, X-4
3312. Paul R, Cohen DJ. Outcomes of severe disorders of language acquisition. J Autism Dev Disord. 1984 Dec;14(4):405-21. PMID: 6084003. X-1, X-3, X-4

3313. 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. PMID: 15162940. X-4
3314. Paul R, Shriberg LD, McSweeney J, et al. Brief Report: relations between Prosodic Performance and Communication and Socialization Ratings in high functioning speakers with autism spectrum disorders. *J Autism Dev Disord*. 2005 Dec;35(6):861-9. X-4
3315. 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. PMID: 19045956. X-4
3316. Peck CA. Increasing opportunities for social control by children with autism and severe handicaps: effects on student behavior and perceived classroom climate. *J Assoc Pers Sev Handicaps*. 1985 Win;10(4):183-93. X-3
3317. Pedrosa E, Shah A, Tenore C, et al. beta-catenin promoter ChIP-chip reveals potential schizophrenia and bipolar disorder gene network. *J Neurogenet*. 2010 Dec;24(4):182-93. PMID: 20615089. X-1, X-3, X-4
3318. Peele PB, Lave JR, Kelleher KJ. Exclusions and limitations in children's behavioral health care coverage. *Psychiatr Serv*. 2002 May;53(5):591-4. PMID: 11986509. X-4
3319. Pelios LV, MacDuff GS, Axelrod S. The effects of a treatment package in establishing independent academic work skills in children with autism. *Educ Treat Children*. 2003 Feb;26(1):1-21. X-1, X-3, X-4
3320. Pelletier K, McNamara B, Braga-Kenyon P, et al. Effect of video self-monitoring on procedural integrity. *Behav Int*. 2010 Nov;25(4):261-74. X-1, X-3, X-4
3321. 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. PMID: 19182149. X-4
3322. Pengelly S, Rogers P, Evans K. Space at home for families with a child with autistic spectrum disorder. *Br J Occup Ther*. 2009;72(9):378-83. X-3
3323. Penn CL. Vaccine safety & immunization information. *J Ark Med Soc*. 2006 Jun;102(12):322-4. PMID: 16776306. X-4
3324. 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. PMID: 18723184. X-2, X-4
3325. Penrod B, Wallace MD, 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. PMID: 18595282. X-3, X-4
3326. Penzner JB, Dudas M, Saito E, et al. Lack of effect of stimulant combination with second-generation antipsychotics on weight gain, metabolic changes, prolactin levels, and sedation in youth with clinically relevant aggression or oppositionality. *J Child Adolesc Psychopharmacol*. 2009 Oct;19(5):563-73. PMID: 19877981. X-1
3327. Pepperberg IM, 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. PMID: 11273372. X-1, X-3, X-4
3328. Perel I. Deinstitutionalization at a large facility: a focus on treatment. *Res Dev Disabil*. 1992;13(1):81-6. PMID: 1585024. X-2, X-4
3329. Perez-Gonzalez LA, Williams G. Multicomponent procedure to teach conditional discriminations to children with autism. *Am J Ment Retard*. 2002 Jul;107(4):293-301. PMID: 12069648. X-1, X-3, X-4
3330. Pérez-González LA, Williams G. Comprehensive program for teaching skills to children with autism. *Psychology in Spain*. 2006;10:37-51. PMID: 2007-11617-005. X-3
3331. Perry A, Bryson S, 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. PMID: 9546307. X-1, X-3, X-4
3332. Perry A, Cummings A, Geier JD, et al. Effectiveness of intensive behavioral intervention in a large, community-based program. *Res Autism Spectr Disord*. 2008 Oct;2(4):621-42. X-1, X-3, X-4
3333. Perry A, 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. PMID: 2708303. X-3, X-4
3334. 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. PMID: 19234777. X-4
3335. 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. PMID: 11708586. X-2, X-4

3336. 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. PMID: 2914841. X-1, X-3, X-4
3337. Perry R, Campbell M, Green WH, et al. Neuroleptic-related dyskinesias in autistic children: a prospective study. *Psychopharmacol Bull*. 1985;21(1):140-3. PMID: 3885290. X-1, X-3, X-4
3338. Perry R, Cohen I, DeCarlo R. Case study: Deterioration, autism, and recovery in two siblings. *J Am Acad Child Adolesc Psychiatry*. 1995 Feb;34(2):232-7. X-1, X-3, X-4
3339. Perry R, Nobler MS, Campbell M. Tourette-like symptoms associated with neuroleptic therapy in an autistic child. *J Am Acad Child Adolesc Psychiatry*. 1989 Jan;28(1):93-6. PMID: 1989-26998-001. X-1, X-3, X-4
3340. 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. PMID: 9466234. X-1, X-3, X-4
3341. Perry W, Minassian A, Lopez B, et al. Sensorimotor gating deficits in adults with autism. *Biol Psychiatry*. 2007 Feb 15;61(4):482-6. PMID: 16460695. X-4
3342. 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. PMID: 2000-15391-006. X-3
3343. 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. PMID: 16843217. X-4
3344. 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. PMID: 15257666. X-4
3345. 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. PMID: 16134034. X-4
3346. 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. PMID: 18810310. X-1, X-3, X-4
3347. Peterson CC, Siegal M. Deafness, conversation and theory of mind. *J Child Psychol Psychiatry*. 1995 Mar;36(3):459-74. PMID: 7782409. X-4
3348. Peterson CC, 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. PMID: 9306746. X-1, X-2, X-3, X-4
3349. Peterson CC, Slaughter VP, 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. PMID: 18093030. X-4
3350. 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. *J Dev Phys Disabil*. 2008 Feb;20(1):31-9. X-1, X-3, X-4
3351. Peterson SMP, Caniglia C, Royster AJ. Application of choice-making intervention for a student with multiply maintained problem behavior. *Focus Autism Dev Disabil*. 2001 Win;16(4):240-6. PMID: 2001-10024-007. X-1, X-2, X-3, X-4
3352. 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. PMID: 17826945. X-4
3353. Peters-Scheffer N, Didden R, Mulders M, et al. Low intensity behavioral treatment supplementing preschool services for young children with autism spectrum disorders and severe to mild intellectual disability. *Res Dev Disabil*. 2010 Nov-Dec;31(6):1678-84. PMID: 20627451. X-1, X-3, X-4
3354. Petrovic M, Roberts R, Ramsay M. Second dose of measles, mumps, and rubella vaccine: questionnaire survey of health professionals. *BMJ*. 2001 Jan 13;322(7278):82-5. PMID: 11154622. X-4
3355. 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. PMID: 15969281. X-1, X-3, X-4
3356. Pfeiffer BA, Koenig K, Kinnealey M, et al. Effectiveness of sensory integration interventions in children with autism spectrum disorders: a pilot study. *Am J Occup Ther*. 2011 Jan-Feb;65(1):76-85. PMID: 21309374. X-1, X-3, X-4
3357. Pfeiffer SI, Nelson DD. The cutting edge in services for people with autism. *J Autism Dev Disord*. 1992 Mar;22(1):95-105. PMID: 1592767. X-4
3358. Phadraig BM. Towards inclusion: the development of provision for children with special educational needs in Ireland from 1991 to 2004. *Ir Educ Stud*. 2007 Sep;26(3):289-300. X-2, X-4

3359. Phancharoen S. Rett syndrome in Thai female girls: clinical studies. *J Med Assoc Thai*. 2001 Jun;84 Suppl 1:S57-60. PMID: 11529381. X-1, X-2, X-3, X-4
3360. Phelan MC. Deletion 22q13.3 syndrome. *Orphanet J Rare Dis*. 2008;3:14. PMID: 18505557. X-1, X-2, X-3, X-4
3361. Phelan S, Steinke L, Mandich A. Exploring a cognitive intervention for children with pervasive developmental disorder. *Can J Occup Ther*. 2009 Feb;76(1):23-8. X-1, X-3, X-4
3362. Phetrasuwan S, Miles MS, Mesibov GB, et al. Defining autism spectrum disorders. *J Spec Pediatr Nurs*. 2009 Jul;14(3):206-9. PMID: 19614831. X-2, X-4
3363. Philippart M. Clinical recognition of Rett syndrome. *Am J Med Genet Suppl*. 1986;1:111-8. PMID: 3087171. X-1, X-2, X-3, X-4
3364. Philippe P, Scholl JM, Jacques J. Comorbidity in autism spectrum. *Psychiatr Danub*. 2010 Nov;22 Suppl 1:S158-60. PMID: 21057429. X-4
3365. 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. PMID: 8881340. X-1, X-2, X-3, X-4
3366. Piazza CC, Fisher WW, Hanley GP, et al. Treatment of pica through multiple analyses of its reinforcing functions. *J Appl Behav Anal*. 1998 Sum;31(2):165-89. PMID: 1998-04484-001. X-1, X-3, X-4
3367. Piazza CC, Hagopian LP, Hughes CR, et al. Using chronotherapy to treat severe sleep problems: A case study. *Am J Ment Retard*. 1998 Jan;102(4):358-66. X-1, X-3, X-4
3368. Piazza CC, Hanley GP, Fisher WW. Functional analysis and treatment of cigarette pica. *J Appl Behav Anal*. 1996 Win;29(4):437-50. X-1, X-3, X-4
3369. Piazza CC, Moes DR, Fisher WW. Differential reinforcement of alternative behavior and demand fading in the treating fading in the treatment of escape-maintained destructive behavior. *J Appl Behav Anal*. 1996 Win;29(4):569-72. X-1, X-3, X-4
3370. 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. PMID: 12365739. X-1, X-3, X-4
3371. Pickering D, Morgan SB. Parental ratings of treatments of self-injurious behavior. *J Autism Dev Disord*. 1985 Sep;15(3):303-14. PMID: 1986-01888-001. X-3
3372. Pierce K, Schreibman L. Increasing complex social behaviors in children with autism: Effects of peer-implemented pivotal response training. *J Appl Behav Anal*. 1995 Fal;28(3):285-95. X-1, X-3, X-4
3373. Pierce K, 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. PMID: 9103991. X-1, X-3, X-4
3374. Pierce K, Schreibman L. Using peer trainers to promote social behavior in autism: are they effective at enhancing multiple social modalities? *Focus Autism Dev Disabil*. 1997 Win;12(4):207-18. X-1, X-3, X-4
3375. Pierce KL, 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. PMID: 7928790. X-1, X-3, X-4
3376. Pierson MR, Glaeser BC. Using comic strip conversations to increase social satisfaction and decrease loneliness in students with autism spectrum disorder. *Educ Train Dev Disabil*. 2007 Dec;42(4):460-6. X-1, X-3, X-4
3377. 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. PMID: 3700920. X-3
3378. Pilebro C, Backman B. Teaching oral hygiene to children with autism. *Int J Paediatr Dent*. 2005 Jan;15(1):1-9. PMID: 15663439. X-1, X-3, X-4
3379. Pilling N, McGill P, 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. PMID: 17300414. X-4
3380. Pine E, Luby J, Abbacchi A, et al. Quantitative assessment of autistic symptomatology in preschoolers. *Autism*. 2006 Jul;10(4):344-52. X-4
3381. Pinto AF. Treating patients with autism. *Emerg Med Serv*. 2001 Jun;30(6):78, 83. PMID: 11417094. X-2
3382. Pinto-Martin JA, Young LM, Mandell DS, et al. Screening strategies for autism spectrum disorders in pediatric primary care. *J Dev Behav Pediatr*. 2008 Oct;29(5):345-50. X-4
3383. Pioggia G, Iglizzi 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. PMID: 16425833. X-1, X-2, X-3, X-4
3384. Pipkin CSP, Vollmer TR, Sloman KN. Effects of treatment integrity failures during differential reinforcement of alternative behavior: a translational model. *J Appl Behav Anal*. 2010 Spr;43(1):47-70. X-1, X-3, X-4
3385. Piravej K, Tangtrongchitr P, Chandarasiri P, et al. Effects of Thai traditional massage on autistic children's behavior. *J Altern Complement Med*. 2009 Dec;15(12):1355-61. PMID: 20001837. X-1, X-3, X-4

3386. 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. PMID: 16173223. X-1, X-3, X-4
3387. 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. PMID: 17151799. X-3
3388. Pituch KA, Green VA, Didden R, et al. Parent reported treatment priorities for children with autism spectrum disorders. *Res Autism Spectr Disord*. 2011 Jan-Mar;5(1):135-43. PMID: 2010-22960-012. X-4
3389. Piven J, Harper J, Palmer P, et al. Course of behavioral change in autism: a retrospective study of high-IQ adolescents and adults. *J Am Acad Child Adolesc Psychiatry*. 1996 Apr;35(4):523-9. PMID: 8919715. X-4
3390. Pizzamiglio MR, Nasti M, Piccardi L, et al. Sensory-motor rehabilitation in rett syndrome: a case report. *Focus Autism Dev Disabil*. 2008;23(1):49-62. X-4
3391. Plavnick JB, Ferreri SJ, Maupin AN. The effects of self-monitoring on the procedural integrity of a behavioral intervention for young children with developmental disabilities. *J Appl Behav Anal*. 2010 Sum;43(2):315-20. X-3
3392. Plienis AJ, Robbins FR, Dunlap G. Parent adjustment and family stress as factors in behavioral parent training for young autistic children. *J Dev Phys Disabil*. 1988 Mar;1(1):31-52. X-3
3393. Plioplys AV. Autism: electroencephalogram abnormalities and clinical improvement with valproic acid. *Arch Pediatr Adolesc Med*. 1994 Feb;148(2):220-2. PMID: 8118547. X-1, X-3, X-4
3394. Plioplys AV. Intravenous immunoglobulin treatment of children with autism. *J Child Neurol*. 1998 Feb;13(2):79-82. PMID: 9512308. X-3
3395. Ploog BO. Stimulus overselectivity four decades later: a review of the literature and its implications for current research in autism spectrum disorder. *J Autism Dev Disord*. 2010 Nov;40(11):1332-49. X-1, X-2, X-3, X-4
3396. Polimeni MA, Richdale AL, 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. PMID: 15816813. X-1, X-3
3397. Polirstok SR, Dana L, Buono S, et al. Improving functional communication skills in adolescents and young adults with severe autism using gentle teaching and positive approaches. *Top Lang Disord*. 2003;23(2):146-53. X-3
3398. Polirstok SR, Lesser DR. Useful online information, resources, and interventions for speech language pathologists and teachers of students with autistic spectrum disorders. *Top Lang Disord*. 2003 Apr-Jun;23(2):166-67. X-1, X-2, X-3, X-4
3399. 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. PMID: 18760197. X-3
3400. Politi P, Rocchetti M, Emanuele E, et al. Randomized placebo-controlled trials of omega-3 polyunsaturated fatty acids in psychiatric disorders: a review of current literature. *Curr Drug Discov Technol*. 2011 Aug 15. PMID: 21838664. X-1, X-2, X-3, X-4
3401. Pollak M. Speech problems in children. *Practitioner*. 1990 May 22;234(1489):542-5, 8. PMID: 2392405. X-1, X-2, X-3, X-4
3402. Pollard NL. Development of social interaction skills in preschool children with autism: a review of the literature. *Child Fam Behav Ther*. 1998;20(2):1-16. X-1, X-2, X-3, X-4
3403. Pongpech S, Aurboonyawat T, Visudibhan A, et al. Endovascular management in children with vein of Galen aneurysmal malformation. *Minim Invasive Neurosurg*. 2010 Aug;53(4):169-74. PMID: 21132608. X-1, X-3, X-4
3404. Poon L, Partika N, Bolman W. New hope in the treatment of autism in Hawaii. *Hawaii Med J*. 1994 Jul;53(7):194-5, 9. PMID: 7928306. X-3, X-4
3405. Pope KK. The pervasive developmental disorder spectrum: a case illustration. *Bull Menninger Clin*. 1993 Win;57(1):100-17. X-4
3406. Portoghese C, Buttiglione M, Pavone F, et al. The usefulness of the Revised Psychoeducational Profile for the assessment of preschool children with pervasive developmental disorders. *Autism*. 2009 Mar;13(2):179-91. X-1, X-3, X-4
3407. Portway SM, Johnson B. Do you know I have asperger's syndrome? Risks of a non-obvious disability. *Health, Risk & Society*. 2005;7(1):73-83. X-1, X-2, X-3, X-4
3408. 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. PMID: 17276750. X-1, X-3
3409. 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. PMID: 11642476. X-1, X-3

3410. Posey DJ, Kem DL, Swiezy NB, et al. A pilot study of D-cycloserine in subjects with autistic disorder. *Am J Psychiatry*. 2004;161(11):2115-7. PMID: 15514414. X-2
3411. Posey DJ, McDougle CJ. Treating autism spectrum disorders. Preface. *Child Adolesc Psychiatr Clin N Am*. 2008 Oct;17(4):xv-xviii. PMID: 18775365. X-2
3412. 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. PMID: 15319020. X-1, X-3
3413. Posey DJ, Walsh KH, Wilson GA, et al. Risperidone in the treatment of two very young children with autism. *J Child Adolesc Psychopharmacol*. 1999 Win;9(4):273-6. X-1, X-3, X-4
3414. 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. PMID: 17069548. X-1, X-3, X-4
3415. Posserud M, Lundervold AJ, Lie SA, et al. The prevalence of autism spectrum disorders: impact of diagnostic instrument and non-response bias. *Soc Psychiatry Psychiatr Epidemiol*. 2010 Mar;45(3):319-27. PMID: 19551326. X-4
3416. Posserud M-B, Lundervold AJ, Gillberg C. Validation of the autism spectrum screening questionnaire in a total population sample. *J Autism Dev Disord*. 2009 Jan;39(1):126-34. PMID: 2009-00185-012. X-4
3417. 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. PMID: 9934941. X-1, X-3, X-4
3418. Powell DE. Home-based intervention for preschoolers with emotional disturbances and autism. *Prev School Failure*. 1990 Sum;34(4):41-5. X-1, X-2, X-3, X-4
3419. Powell KK, Van Naarden Braun K, Singh RH, et al. Long-term speech and language developmental issues among children with Duarte galactosemia. *Genet Med*. 2009 Dec;11(12):874-9. PMID: 19904210. X-4
3420. Powell SD, Jordan RR. Remediating the thinking of pupils with autism: principles into practice. *J Autism Dev Disord*. 1992 Sep;22(3):413-8. PMID: 1400104. X-2
3421. Power TJ, et al. Brief Report: response to methylphenidate in two children with william syndrome. *J Autism Dev Disord*. 1997 Feb;27(1):79-87. X-1, X-3, X-4
3422. Powers AR, 3rd, Hillock AR, Wallace MT. Perceptual training narrows the temporal window of multisensory binding. *J Neurosci*. 2009 Sep 30;29(39):12265-74. PMID: 19793985. X-4
3423. Powers MD, Crowel RL. The educative effects of positive practice overcorrection: acquisition, generalization, and maintenance. *School Psychology Review*. 1985;14(3):360-72. X-1, X-3, X-4
3424. 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-1, X-3, X-4
3425. Pozzi ME. The use of observation in the psychoanalytic treatment of a 12-year-old boy with asperger's syndrome. *Int J Psychoanal*. 2003 Oct;84(5):1333-49. X-1, X-3, X-4
3426. Prado de Oliveria LE. Little Jeremy's struggle with autism, schizophrenia and paranoia. *International Forum of Psychoanalysis*. 1999 Dec;8(3-4):172-88. X-1, X-2, X-3, X-4
3427. Prasher VP, Clarke DJ. Case report: challenging behaviour in a young adult with down's syndrome and autism. *Br J Learn Disabil*. 1996;24(4):167-9. X-1, X-3, X-4
3428. Prather JH, Chovan WL. Normal peers' reactions toward autistic children following a tutoring experience. *Psychol Rep*. 1984 Dec;55(3):887-92. PMID: 6522555. X-1, X-3, X-4
3429. 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. PMID: 1879625. X-1, X-3, X-4
3430. 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):107-10. X-1, X-3, X-4
3431. Preece D. Consultation with children with autistic spectrum disorders about their experience of short-term residential care. *Br J Learn Disabil*. 2002 Sep;30(3):97-104. X-3
3432. Preece D. Effective short breaks services for families with children with autism spectrum disorders: how one local authority in the United Kingdom is working to meet the challenge. *Practice (09503153)*. 2009;21(3):159-74. X-1, X-2, X-3, X-4
3433. Preece D, 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. PMID: 16897379. X-4

3434. Preece D, Jordan R. Social workers' understanding of autistic spectrum disorders: an exploratory investigation. *Br J Social Work*. 2007;37(5):925-36. X-4
3435. Preece D, Jordan R. Obtaining the views of children and young people with autism spectrum disorders about their experience of daily life and social care support. *Br J Learn Disabil*. 2010 Mar;38(1):10-20. X-3, X-4
3436. Preece PM, Mott J. Multidisciplinary assessment at a child development centre: Do we conform to recommended standards? *Child: Care, Health and Development*. 2006 Sep;32(5):559-63. X-4
3437. Preissler MA. Associative learning of pictures and words by low-functioning children with autism. *Autism*. 2008 May;12(3):231-48. PMID: 18445733. X-4
3438. Prelock PA, Beatson J, Bitner B, et al. Interdisciplinary assessment of young children with autism spectrum disorder. *Lang Speech Hear Serv Sch*. 2003 Jul;34(3):194-202. X-2, X-4
3439. Prelock PA, Calhoun J, Morris H, et al. Supporting parents to facilitate communication and joint attention in their young children with autism spectrum disorders: two pilot studies. *Top Lang Disord*. 2011;31(3):210-34. X-1, X-3, X-4
3440. Price A. Neurotherapy and specialization. *Am J Occup Ther*. 1980 Dec;34(12):809-15. PMID: 7282843. X-1, X-2, X-3, X-4
3441. Prichard EA, Palucka A, Reid M, et al. Review of admissions of individuals with autism spectrum disorders to a specialized Dual Diagnosis program. *J Dev Disabil*. 2010;16(1):76-84. X-4
3442. Pring L, Dewart H, Brockbank M. Social cognition in children with visual impairments. *J Vis Impair Blind*. 1998;92(11):754-68. X-1, X-3, X-4
3443. Prior M. Childhood autism. *Aust Paediatr J*. 1987 Jun;23(3):147-9. PMID: 3662977. X-1, X-2, X-3, X-4
3444. Prior M, Cummins R. Questions about facilitated communication and autism. *J Autism Dev Disord*. 1992 Sep;22(3):331-7; discussion 7-8. PMID: 1400102. X-1, X-2, X-3, X-4
3445. Prizant BM. Speech-language pathologists and autistic children: what is our role? *ASHA*. 1982 Jul;24(7):463-8. PMID: 6760872. X-1, X-2, X-3, X-4
3446. Prizant BM, Wetherby AM, Rubin E, et al. The SCERTS Model: a transactional, family-centered approach to enhancing communication and socioemotional abilities of children with autism spectrum disorder. *Infants Young Child*. 2003 Oct-Dec;16(4):296-316. X-1, X-2, X-3, X-4
3447. Probst P, Jung F, Micheel J, et al. Tertiary-preventive interventions for autism spectrum disorders (ASD) in children and adults: An evaluative synthesis of two TEACCH based outcome studies. *Life Span and Disability*. 2010;13(2):129-67. X-3
3448. Probst P, Leppert T. Brief report: outcomes of a teacher training program for autism spectrum disorders. *J Autism Dev Disord*. 2008 Oct;38(9):1791-6. PMID: 18369717. X-1, X-3, X-4
3449. Prothmann A, Albrecht K, Dietrich S, et al. Analysis of child-dog play behavior in child psychiatry. *Anthrozoös*. 2005;18(1):43-58. X-4
3450. Provost B, Crowe TK, Acree K, et al. Sensory behaviors of preschool children with and without autism spectrum disorders. *NZ J Occup Ther*. 2009;56(2):9-17. X-1, X-3, X-4
3451. Provost B, Heimerl S, 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. PMID: 17613454. X-4
3452. Prupas A, Harvey WJ, Benjamin J. Early intervention aquatics: a program for children with autism and their families. *J Phys Educ Recreat Dance*. 2006 Feb;77(2):46-51. X-2, X-4
3453. Puleo CM, Kendall PC. Anxiety disorders in typically developing youth: Autism spectrum symptoms as a predictor of cognitive-behavioral treatment. *J Autism Dev Disord*. 2011 Mar;41(3):275-86. PMID: 2011-03834-003. X-1, X-3, X-4
3454. Punt M, M DEJ, E DEG, et al. Minor neurological dysfunction in children with dyslexia. *Dev Med Child Neurol*. 2010 Dec;52(12):1127-32. PMID: 20518800. X-1, X-3, X-4
3455. Puri BK, Singh I. Normal phospholipid-related signal transduction in autism. *Prog Neuropsychopharmacol Biol Psychiatry*. 2002 Dec;26(7-8):1405-7. PMID: 12502030. X-4
3456. Puttahraksa P, Tilokskulchai F, Sitthimongkol Y, et al. Empowerment program on promoting perceived self-efficacy in caregivers of autistic children. *Thai Journal of Nursing Research*. 2006;10(3):180-90. X-1, X-3, X-4
3457. Puzzo I, Cooper NR, Vetter P, et al. Reduced cortico-motor facilitation in a normal sample with high traits of autism. *Neurosci Lett*. 2009 Dec 25;467(2):173-7. PMID: 19833170. X-2, X-4
3458. Quill K, Gurry S, Larkin A. Daily life therapy: a Japanese model for educating children with autism. *J Autism Dev Disord*. 1989 Dec;19(4):625-35. PMID: 2606888. X-1, X-2, X-3, X-4

3459. Quill KA. A model for integrating children with autism. *Focus on Autistic Behavior*. 1990 Oct;5(4):1-19. PMID: 1992-33211-001. X-1, X-3, X-4
3460. Quilty KM. Teaching paraprofessionals how to write and implement social stories for student with autism spectrum disorders. *Remedial Spec Educ*. 2007 May-Jun;28(3):182-9. X-3
3461. Quintana H, Birmaher B, Stedje D, et al. Use of methylphenidate in the treatment of children with autistic disorder. *Annual Progress in Child Psychiatry & Child Development*. 1996:295-307. X-1, X-3, X-4
3462. Quintana H, Birmaher B, Stedje D, et al. Use of methylphenidate in the treatment of children with autistic disorder. *J Autism Dev Disord*. 1995 Jun;25(3):283-94. PMID: 7559293. X-1, X-3, X-4
3463. Quintero N, McIntyre LL. Kindergarten transition preparation: a comparison of teacher and parent practices for children with autism and other developmental disabilities. *Early Child Educ J*. 2011 Mar;38(6):411-20. X-1, X-3, X-4
3464. Quirantes D. Collaborative approach to autism: a parent's perspective. *J Spec Pediatr Nurs*. 2009 Jul;14(3):203-5. PMID: 19614830. X-2
3465. Quirnbach 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. PMID: 18704672. X-1, X-3, X-4
3466. Raab MM, Nordquist VM, Cunningham JL. Promoting peer regard of an autistic child in a mainstreamed preschool using pre-enrollment activities. *Child Stud J. Special Issue: Cognitive and behavioral dysfunction in multiply handicapped children*. 1986;16(4):265-84. X-1, X-3, X-4
3467. Raglio A, Traficante D, Oasi O. A coding scheme for the evaluation of the relationship in music therapy sessions. *Psychol Rep*. 2006 Aug;99(1):85-90. PMID: 17037452. X-4
3468. Raheja S, Libretto SE, Singh I. Successful use of risperidone in an adult with the pervasive developmental disorder, asperger's syndrome: A case report. *Br J Dev Disabil*. 2002 Jan;48(94,Pt1):61-6. X-1, X-3, X-4
3469. Raiten DJ, Massaro T. Perspectives on the nutritional ecology of autistic children. *J Autism Dev Disord*. 1986 Jun;16(2):133-43. PMID: 3722115. X-1, X-3, X-4
3470. Raja M, Azzoni A, Giammarco V. Diabetes insipidus and polydipsia in a patient with asperger's disorder and an empty sella: a case report. *J Autism Dev Disord*. 1998 Jun;28(3):235-39. X-1, X-3, X-4
3471. Rajendran G, Mitchell P, 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. PMID: 16134029. X-4
3472. Rakap S. Impacts of learning styles and computer skills on adult students' learning online. *TOJET*. 2010 Apr;9(2):108-15. X-1, X-3, X-4
3473. Ramachandran VS, Oberman LM. Broken mirrors: a theory of autism. *Sci Am*. 2006 Nov;295(5):62-9. PMID: 17076085. X-2
3474. 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. PMID: 18461502. X-1, X-3, X-4
3475. Ramdoss S, Lang R, Mulloy A, et al. Use of computer-based interventions to teach communication skills to children with autism spectrum disorders: a systematic review. *J Behav Educ*. 2011 Mar;20(1):55-76. X-1, X-2, X-3
3476. Ramos AE, Shytle RD, Silver AA, et al. Ziprasidone-induced oculogyric crisis. *J Am Acad Child Adolesc Psychiatry*. 2003 Sep;42(9):1013-4. X-1, X-3, X-4
3477. 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. PMID: 17019627. X-4
3478. Randi J, Newman T, Grigorenko EL. Teaching children with autism to read for meaning: challenges and possibilities. *J Autism Dev Disord*. 2010 Jul;40(7):890-902. X-2, X-4
3479. Rankovic CM, Rabinowitz WM, Lof GL. Maximum output intensity of the Audiokinotron. *Am J Speech Lang Pathology*. 1996;5(2):68-72. X-1, X-3, X-4
3480. Rao PA, Beidel DC. The impact of children with high-functioning autism on parental stress, sibling adjustment, and family functioning. *Behav Modif*. 2009;33(4):437-51. X-3, X-4
3481. Rao PA, Beidel DC, Murray MJ. Social skills interventions for children with asperger's syndrome or high-functioning autism: a review and recommendations. *J Autism Dev Disord*. 2008 Feb;38(2):353-61. X-2, X-4
3482. Rao S, Salmon G. Autism spectrum disorders. *Br J Hosp Med (Lond)*. 2010 Dec;71(12):699-703. PMID: 21135768. X-1, X-2, X-3, X-4
3483. Rapin I. Children with inadequate language development: management guidelines for otolaryngologists. *Int J Pediatr Otorhinolaryngol*. 1988 Dec;16(3):189-98. PMID: 3235285. X-1, X-2, X-3, X-4

3484. Raposa KA. Behavioral management for patients with intellectual and developmental disorders. *Dent Clin North Am.* 2009 Apr;53(2):359-73. xi. PMID: 19269404. X-2
3485. Rapp JT. Further evaluation of methods to identify matched stimulation. *J Appl Behav Anal.* 2007 Spring;40(1):73-88. PMID: 17471794. X-3, X-4
3486. Rapp JT, Dozier CL, Carr JE. Functional assessment and treatment of pica: A single-case experiment. *Behav Int.* 2001 Apr-Jun;16(2):111-25. X-1, X-3, X-4
3487. Rapp JT, Dozier CL, Carr JE, et al. Functional analysis of hair manipulation: A replication and extension. *Behav Int.* 2000 Apr-Jun;15(2):121-33. X-1, X-3, X-4
3488. Rapp JT, Vollmer, Timothy R. Stereotypy II: a review of neurobiological interpretations and suggestions for an integration with behavioral methods. *Res Dev Disabil: A Multidisciplinary Journal.* 2005 Nov-Dec;26(6):548-64. X-2, X-4
3489. Rapp JT, Vollmer TR, Hovanetz AN. Evaluation and Treatment of Swimming Pool Avoidance Exhibited by an Adolescent Girl With Autism. *Behavior Therapy.* 2005 Win;36(1):101-5. X-3
3490. Rapp JT, Vollmer TR, St. Peter C, et al. Analysis of response allocation in individuals with multiple forms of stereotyped behavior. *J Appl Behav Anal.* 2004 Win;37(4):481-501. X-1, X-3, X-4
3491. 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. PMID: 11294075. X-2, X-4
3492. 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. PMID: 16108456. X-4
3493. 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. PMID: 11305400. X-4
3494. Rastam M, Gillberg C, Wentz E. Outcome of teenage-onset anorexia nervosa in a Swedish community-based sample. *Eur Child Adolesc Psychiatry.* 2003;12 Suppl 1:178-90. PMID: 12567219. X-4
3495. Rastegar M, Hotta A, Pasceri P, et al. MECP2 isoform-specific vectors with regulated expression for Rett syndrome gene therapy. *PLoS One.* 2009;4(8):e6810. PMID: 19710912. X-2, X-4
3496. Ratey JJ, Bemporad JR, Sorgi P, et al. Open trial effects of beta-blockers on speech and social behaviors in 8 autistic adults. *J Autism Dev Disord.* 1987 Sep;17(3):439-46. X-1, X-3
3497. 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. PMID: 15937041. X-1, X-3, X-4
3498. 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. PMID: 16401163. X-3
3499. Ravizza SM, Ivry RB. Comparison of the basal ganglia and cerebellum in shifting attention. *J Cogn Neurosci.* 2001 Apr 1;13(3):285-97. PMID: 11371307. X-2
3500. Ray F, Marks C, Bray-Garretson H. Challenges to treating adolescents with asperger's syndrome who are sexually abusive. *Sex Addict Compulsivity.* 2004 Dec;11(4):265-85. X-2
3501. Ray T, 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. PMID: 18761245. X-4
3502. Ray TC, King LJ, 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):186-90. X-1, X-3, X-4
3503. Rayner C. Teaching students with autism to tie a shoelace knot using video prompting and backward chaining. *Dev Neurorehabil.* 2011 Sep 27 PMID: 21950374. X-3
3504. Ray-Subramanian CE, Huai N, Ellis Weismer S. Brief report: adaptive behavior and cognitive skills for toddlers on the autism spectrum. *J Autism Dev Disord.* 2011 May;41(5):679-84. PMID: 20697794. X-1, X-3, X-4
3505. Raz N, Pritchard WS, August GJ. Effects of fenfluramine on EEG and brainstem average evoked response in infantile autism. Preliminary investigation. *Neuropsychobiology.* 1987;18(2):105-9. PMID: 2836758. X-1, X-3, X-4
3506. Read N, Schofield A. Autism: are mental health services failing children and parents? *J Fam Health Care.* 2010;20(4):120-4. PMID: 21053660. X-1, X-2, X-3, X-4
3507. Read SG, 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. *J Appl Res Intellect Disabil.* 2007 May;20(3):256-64. X-3, X-4

3508. Reading S, Richie C. Documenting changes in communication behaviours using a structured observation system. *Child Lang Teach Ther.* 2007;23(2):181-200. X-4
3509. Reagon KA, Higbee TS. Parent-implemented script fading to promote play-based verbal initiations in children with autism. *J Appl Behav Anal.* 2009 Fall;42(3):659-64. PMID: 20190925. X-3
3510. Reagon KA, Higbee TS, Endicott K. Teaching pretend play skills to a student with autism using video modeling with a sibling as model and play partner. *Educ Treat Children.* 2006 Aug;29(3):517-28. X-1, X-3
3511. Realmuto GM, August GJ, Garfinkel BD. Clinical effect of buspirone in autistic children. *Journal of Clinical Psychopharmacology.* 1989 Apr;9(2):122-5. X-1, X-3, X-4
3512. Realmuto GM, et al. Growth hormone response to L-Dopa and Clonidine in autistic children. *J Autism Dev Disord.* 1990 Dec;20(4):455-65. X-3, X-4
3513. Realmuto GM, Ruble LA. Sexual behaviors in autism: problems of definition and management. *J Autism Dev Disord.* 1999 Apr;29(2):121-7. PMID: 1999-05782-003. X-3
3514. Reaven J, 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. PMID: 12846384. X-1, X-3, X-4
3515. 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 Autism Dev Disabil.* 2009 Mar;24(1):27-37. X-1, X-3
3516. Redefler LA, Goodman JF. Brief report: pet-facilitated therapy with autistic children. *J Autism Dev Disord.* 1989 Sep;19(3):461-7. PMID: 2793790. X-1, X-3, X-4
3517. Redfearn J. Possible psychosomatic hazards to the therapist: patients as self-objects. *J Anal Psychol.* 2000 Apr;45(2):177-94. PMID: 14533393. X-2, X-4
3518. Redl F. Rethinking youthful defiance. *Reclaiming Children and Youth.* 2007 Spr;16(1):33-5. X-2
3519. Redmond NB, et al. Using functional assessment to support a student with severe disabilities in the community. *Teach Except Child.* 1993 Spr;25(3):51-2. X-3, X-4
3520. Reeb RN, Folger SF, Oneal BJ. Behavioral summarized evaluation: an assessment tool to enhance multidisciplinary and parent-professional collaborations in assessing symptoms of autism. *Child Health Care.* 2009 Oct;38(4):301-20. X-1, X-2, X-3, X-4
3521. Reed CL, Beall PM, Stone VE, et al. Brief report: perception of body posture--what individuals with autism spectrum disorder might be missing. *J Autism Dev Disord.* 2007 Sep;37(8):1576-84. X-4
3522. Reed CN, Dunbar SB, Bundy AC. The effects of an inclusive preschool experience on the playfulness of children with and without autism. *Phys Occup Ther Pediatr.* 2000;19(3/4):73-89. X-1, X-3, X-4
3523. Reed DD, Luiselli JK, Morizio LC, et al. Sequential modification and the identification of instructional components occasioning self-injurious behavior. *Child Fam Behav Ther.* 2010;32(1):1-16. X-1, X-3
3524. Reed HE, McGrew SG, Artibeo K, et al. Parent-based sleep education workshops in autism. *J Child Neurol.* 2009 Aug;24(8):936-45. PMID: 19491110. X-1, X-3, X-4
3525. 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. *J Autism Dev Disord.* 2009 Feb;39(2):290-8. X-1, X-3, X-4
3526. Reed P, Osborne LA, 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. PMID: 17180714. X-1, X-3, X-4
3527. Reed P, Osborne LA, Corness M. The real-world effectiveness of early teaching interventions for children with autism spectrum disorder. *Except Child.* 2007 Sum;73(4):417-33. X-1, X-4
3528. Reed P, Osborne LA, Corness M. Effectiveness of special nursery provision for children with autism spectrum disorders. *Autism.* 2010 Jan;14(1):67-82. PMID: 20124504. X-1, X-3, X-4
3529. Reese RM, Richman DM, Zarccone J, et al. Individualizing functional assessments for children with autism: the contribution of perseverative behavior and sensory disturbances to disruptive behavior. *Focus Autism Dev Disabil.* 2003 Sum;18(2):89-94. X-4
3530. Reese RM, Sherman JA, Sheldon JB. Reducing disruptive behavior of a group-home resident with autism and mental retardation. *J Autism Dev Disord.* 1998 Apr;28(2):159-65. X-3
3531. 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. PMID: 17471797. X-1, X-3, X-4
3532. Reeves C. Children, words and symptomatic acts. *J Child Psychother.* 1996 Aug;22(2):279-98. X-4
3533. Regal RA, Rooney JR, Wandas T. Facilitated communication: an experimental evaluation. *J Autism Dev Disord.* 1994 Jun;24(3):345-55. PMID: 8050987. X-3

3534. Regehr K, Feldman M. Parent-selected interventions for infants at-risk for autism spectrum disorders and their affected siblings. *Behav Int.* 2009 Nov;24(4):237-48. X-4
3535. Rehfeldt RA, 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. PMID: 12858991. X-3, X-4
3536. Rehfeldt RA, Kinney EM, Root S, et al. Creating activity schedules using Microsoft Powerpoint. *J Appl Behav Anal.* 2004 Spring;37(1):115-28. PMID: 15154226. X-2
3537. Rehfeldt RA, Latimore D, 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. PMID: 12951131. X-1, X-3, X-4
3538. Reichelt KL, Knivsberg AM. The possibility and probability of a gut-to-brain connection in autism. *Ann Clin Psychiatry.* 2009 Nov;21(4):205-11. X-4
3539. Reichelt KL, Knivsberg A-M, Lind G, et al. Probable etiology and possible treatment of childhood autism. *Brain Dysfunct.* 1991 Nov-Dec;4(6):308-19. X-1, X-3
3540. Reichle J, Johnson L, Monn E, et al. Task engagement and escape maintained challenging behavior: differential effects of general and explicit cues when implementing a signaled delay in the delivery of reinforcement. *J Autism Dev Disord.* 2010 Jun;40(6):709-20. X-1, X-3, X-4
3541. Reichle J, McComas J, Dahl N, et al. Teaching an individual with severe intellectual delay to request assistance conditionally. *Educ Psychol.* 2005 Apr-Jun;25(2-3):275-86. X-3
3542. Reichow B, Barton EE, Good L, et al. Brief report: effects of pressure vest usage on engagement and problem behaviors of a young child with developmental delays. *J Autism Dev Disord.* 2009 Aug;39(8):1218-21. X-1, X-3, X-4
3543. Reichow B, Barton EE, Sewell JN, et al. Effects of weighted vests on the engagement of children with developmental delays and autism. *Focus Autism Dev Disabil.* 2010;25(1):3-11. X-1, X-3, X-4
3544. Reichow B, Sabornie EJ. Brief Report: increasing verbal greeting initiations for a student with autism via a social story[tm] intervention. *J Autism Dev Disord.* 2009 Dec;39(12):1740-3. X-1, X-3, X-4
3545. Reichow B, Salamack S, Paul R, et al. Pragmatic assessment in autism spectrum disorders: a comparison of a standard measure with parent report. *Commun Disord Q.* 2008;29(3):169-76. X-4
3546. Reichow B, Volkmar FR. Social skills interventions for individuals with autism: evaluation for evidence-based practices within a best evidence synthesis framework. *J Autism Dev Disord.* 2010 Feb;40(2):149-66. X-2, X-4
3547. Reichow B, Volkmar FR, Cicchetti DV. Development of the evaluative method for evaluating and determining evidence-based practices in autism. *J Autism Dev Disord.* 2008 Aug;38(7):1311-9. X-2, X-4
3548. Reichow B, Wolery M. Comprehensive synthesis of early intensive behavioral interventions for young children with autism based on the UCLA young autism project model. *J Autism Dev Disord.* 2009 Jan;39(1):23-41. X-2
3549. Reid DH, Parsons MB, Lattimore LP. Designing and evaluating assessment-based interventions to reduce stereotypy among adults with autism in a community job. *Behav Anal Pract.* 2010;3(2):27-36. X-3
3550. 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. PMID: 15590242. X-4
3551. Reiman M, Albers L. International adoption: A four-year-old child with unusual behaviors adopted at six months of age: website discussion. *J Dev Behav Pediatr.* 2003 Feb;24(1):67. X-2, X-4
3552. Reinecke DR, et al. Teaching deception skills in a game-play context to three adolescents with autism. *J Autism Dev Disord.* 1997 Apr;27(2):127-37. X-1, X-3, X-4
3553. Reinhold JA, Molloy CA, Manning-Courtney P. Electroencephalogram abnormalities in children with autism spectrum disorders. *J Neurosci Nurs.* 2005 Jun;37(3):136-8. PMID: 16001817. X-4
3554. 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, 9. PMID: 18777788. X-2
3555. 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. PMID: 3215887. X-3
3556. Reiter S, Vitani T. Inclusion of pupils with autism: the effect of an intervention program on the regular pupils' burnout, attitudes and quality of mediation. *Autism.* 2007;11(4):321-33. X-1, X-3, X-4
3557. Rembrand R. Sound of a hug. *Stud Health Technol Inform.* 2009;149:357-67. PMID: 19745494. X-2, X-4
3558. Remington B, 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. PMID: 6643323. X-3, X-4

3559. 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. PMID: 17963434. X-1, X-3, X-4
3560. Renna R. Autism spectrum disorders learning to listen as we shape behaviors blending choice theory with applied behavioral analysis. *Int J Reality Ther*. 2004 Spr;23(2):17-22. X-1, X-2, X-3, X-4
3561. Renshaw TL, Kuriakose S. Pivotal Response Treatment for Children with Autism: Core Principles and Applications for School Psychologists. *Journal of Applied School Psychology*. 2011;27(2):181-200. X-1, X-2, X-3, X-4
3562. Renty J, Roeyers H. Students with Autism Spectrum Disorder in Special and General Education Schools in Flanders. *Br J Dev Disabil*. 2005;51(100,Pt1):27-39. X-1, X-3, X-4
3563. Renty J, 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. PMID: 16634981. X-1
3564. Resch RC, Grand S, May M. Eye, hand, and the mother: the mother's role in the neuromaturation and development of an autistic child. *Bull Menninger Clin*. 1988 Jul;52(4):304-20. X-1, X-3, X-4
3565. Reynhout G, Carter M. Social Story[Trademark sign] efficacy with a child with autism spectrum disorder and moderate intellectual disability. *Focus Autism Dev Disabil*. 2007 Fall;22(3):173-82. X-1, X-3, X-4
3566. Reynhout G, Carter M. The use of social stories by teachers and their perceived efficacy. *Res Autism Spectr Disord*. 2009 Jan;3(1):232-51. X-1, X-3, X-4
3567. Reynolds S, Bendixen RM, Lawrence T, et al. A pilot study examining activity participation, sensory responsiveness, and competence in children with high functioning autism spectrum disorder. *J Autism Dev Disord*. 2011 Nov;41(11):1496-506. X-1, X-3, X-4
3568. Rezaei V, Mohammadi MR, Ghanizadeh A, et al. Double-blind, placebo-controlled trial of risperidone plus topiramate in children with autistic disorder. *Prog Neuropsychopharmacol Biol Psychiatry*. 2010 Oct 1;34(7):1269-72. PMID: 20637249. X-1, X-3, X-4
3569. Rhine D, Tarbox J. Chewing gum as a treatment for rumination in a child with autism. *J Appl Behav Anal*. 2009 Summer;42(2):381-5. PMID: 19949528. X-1, X-3, X-4
3570. Rhoades RA, Scarpa A, Salley B. The importance of physician knowledge of autism spectrum disorder: results of a parent survey. *BMC Pediatr*. 2007;7:37. PMID: 18021459. X-1, X-3, X-4
3571. Rhode M. Autistic breathing. *J Child Psychother*. Special Issue: Autism. 1994 Apr;20(1):25-41. X-3
3572. Rhode M. Links between Henri Rey's thinking and psychoanalytic work with autistic children. *Psychoanalytic Psychotherapy*. 1995;9(2):149-55. PMID: 1995-41359-001. X-2, X-4
3573. Rhode M. Some aspects of dependence on the therapist's mental functioning. *Journal of Melanie Klein & Object Relations*. 1998 Jun;16(2):233-43. PMID: 1998-12625-003. X-4
3574. Rhode M. Different responses to trauma in two children with autistic spectrum disorder: the mouth as crossroads for the sense of self. *J Child Psychother*. 2004 Apr;30(1):3-20. X-1, X-3, X-4
3575. Riby D, Hancock PJB. Looking at movies and cartoons: eye-tracking evidence from Williams syndrome and autism. *J Intellect Disabil Res*. 2009;53(Part 2):169-81. X-4
3576. Riby DM, Doherty-Sneddon G, Bruce V. Exploring face perception in disorders of development: evidence from Williams syndrome and autism. *J Neuropsychol*. 2008 Mar;2(Pt 1):47-64. PMID: 19334304. X-4
3577. Ricciardi JN, Luiselli JK. Behavioral intervention to eliminate socially mediated urinary incontinence in a child with autism. *Child Fam Behav Ther*. 2003;25(4):53-63. X-1, X-3, X-4
3578. Ricciardi JN, Luiselli JK, Camare M. Shaping approach responses as intervention for specific phobia in a child with autism. *J Appl Behav Anal*. 2006 Win;39(4):445-8. X-1, X-3, X-4
3579. Ricciardi JN, Luiselli JK, Terrill S, et al. Alternative response training with contingent practice as intervention for pica in a school setting. *Behav Int*. 2003 Jul;18(3):219-26. X-1, X-3, X-4
3580. Rice MA, Haas RH. The nutritional aspects of Rett syndrome. *J Child Neurol*. 1988;3 Suppl:S35-42. PMID: 3198901. X-1, X-2, X-3, X-4
3581. Richdale AL. Sleep problems in autism: prevalence, cause, and intervention. *Dev Med Child Neurol*. 1999 Jan;41(1):60-6. PMID: 10068053. X-1, X-2, X-3, X-4
3582. Richer J. Avoidance behavior, attachment and motivational conflict. *Early Child Dev Care*. 1993;96:7-18. X-1, X-2, X-3, X-4
3583. Richman DM, Reese RM, Daniels D. Use of evidence-based practice as a method for evaluating the effects of secretin on a child with autism. *Focus Autism Dev Disabil*. 1999 Win;14(4):204-11. X-1, X-3, X-4

3584. Richman DM, Wacker DP, Asmus JM, et al. Functional analysis and extinction of different behavior problems exhibited by the same individual. *J Appl Behav Anal.* 1998 Fal;31(3):475-8. X-3
3585. 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. PMID: 17700083. X-1, X-3, X-4
3586. Rickards AL, Walstab JE, Wright-Rossi RA, et al. One-year follow-up of the outcome of a randomized controlled trial of a home-based intervention programme for children with autism and developmental delay and their families. *Child Care Health Dev.* 2009 Sep;35(5):593-602. PMID: 19508318. X-1, X-3, X-4
3587. Ridge K, Guerin S. Irish clinicians' views of interventions for children with autistic spectrum disorders. *Autism.* 2011 Mar;15(2):239-52. PMID: 21325370. X-1, X-3, X-4
3588. Ridley J, Hunter S. The development of supported employment in Scotland. *J Vocat Rehabil. Special Issue: Spinal Cord Injury and Vocational Rehabilitation.* 2006;25(1):57-68. X-2, X-4
3589. Riedlinger JE. The scheduling of MDMA: a pharmacist's perspective. *J Psychoactive Drugs.* 1985 Jul-Sep;17(3):167-71. PMID: 2865343. X-1, X-2, X-3, X-4
3590. Rijk C, Hoksbergen R, ter Laak J. Parents' and mental health workers' perceptions of the therapeutic needs and experiences of services for Dutch children adopted from Romania. *Adopt Fostering.* 2007;31(3):58-70. X-3, X-4
3591. Rimland B. Controversies in the treatment of autistic children: vitamin and drug therapy. *J Child Neurol.* 1988;3(Suppl):68-72. X-1, X-2, X-3, X-4
3592. Rimland B. Comments on "secretin and autism: a two-part clinical investigation" by M. G. Chez et al. *J Autism Dev Disord.* 2000 Apr;30(2):95. X-1, X-2, X-3, X-4
3593. Rimland B, Baker SM. Brief report: alternative approaches to the development of effective treatments for autism. *J Autism Dev Disord.* 1996 Apr;26(2):237-41. X-1, X-2, X-3, X-4
3594. Rimland B, Edelson SM. Brief report: a pilot study of auditory integration training in autism. *J Autism Dev Disord.* 1995 Feb;25(1):61-70. PMID: 7608035. X-1, X-3, X-4
3595. Rimmer JH, Yamaki K, Lowry BM, et al. Obesity and obesity-related secondary conditions in adolescents with intellectual/developmental disabilities. *J Intellect Disabil Res.* 2010 Sep;54(9):787-94. PMID: 20630017. X-4
3596. Rincover A, Newsom CD. The relative motivational properties of sensory and edible reinforcers in teaching autistic children. *J Appl Behav Anal.* 1985 Fal;18(3):237-48. X-1, X-3, X-4
3597. 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: J Neurol.* 1999 Jul;122(7):1305-15. X-4
3598. Ring RH, Schechter LE, Leonard SK, et al. Receptor and behavioral pharmacology of WAY-267464, a non-peptide oxytocin receptor agonist. *Neuropharmacol.* 2010 Jan;58(1):69-77. PMID: 19615387. X-2, X-4
3599. Ringdahl JE, Call NA, Christensen T, et al. Brief report: signals enhance the suppressive effects of noncontingent reinforcement. *J Autism Dev Disord.* 2010 Mar;40(3):378-82. X-2
3600. Ringdahl JE, Kitsukawa K, Andelman MS, et al. Differential reinforcement with and without instructional fading. *J Appl Behav Anal.* 2002 Fal;35(3):291-4. X-1, X-3, X-4
3601. Risley TR. Family preservation for children with autism. *J Early Interv.* 1997 Win;21(1):15-6. X-2, X-3
3602. Rispoli M, O'Reilly M, Lang R, et al. Effects of motivating operations on problem and academic behavior in classrooms. *J Appl Behav Anal.* 2011 Spr;44(1):187-92. X-3
3603. Ritvo ER, Freeman BJ. A medical model of autism: etiology, pathology and treatment. *Pediatr Ann.* 1984 Apr;13(4):298-305. PMID: 6610163. X-1, X-2, X-3, X-4
3604. 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. PMID: 6655169. X-3
3605. 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. PMID: 3726059. X-1, X-3
3606. 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. PMID: 6502317. X-3
3607. Ritvo ER, Neathery SK. Parental reports on favorable responses to fenfluramine treatment in autism. *Brain Dysfunction.* 1990 Nov-Dec;3(5-6):308-14. X-1
3608. Ritvo ER RR, Yuwiler A, Brothers A, Freeman BJ, Plotkin S. Elevated daytime melatonin concentrations in autism: a pilot study. *Eur Child Adolesc Psychiatry.* 1993;2(2):75-8. X-3, X-4

3609. Riva D, 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. PMID: 10775549. X-4
3610. Riviere V, Becquet M, Peltret E, et al. Increasing compliance with medical examination requests directed to children with autism: Effects of a high-probability request procedure. *J Appl Behav Anal*. 2011;44(1):193-7. X-1, X-3, X-4
3611. Riviere V, Becquet M, Peltret E, et al. Increasing compliance with medical examination requests directed to children with autism: effects of a high-probability request procedure. *J Appl Behav Anal*. 2011 Spring;44(1):193-7. PMID: 21541109. X-1, X-3, X-4
3612. Robb AS. Managing irritability and aggression in autism spectrum disorders in children and adolescents. *Dev Disabil Res Rev*. 2010;16(3):258-64. X-1, X-2, X-3
3613. Robb AS, Andersson C, Bellocchio EE, et al. Safety and tolerability of aripiprazole in the treatment of irritability associated with autistic disorder in pediatric subjects (6-17 years old): results from a pooled analysis of 2 studies. *Prim Care Companion CNS Disord*. 2011;13(1) PMID: 21731831. X-1
3614. Robbins FR, 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. PMID: 1344940. X-1, X-3, X-4
3615. Robbins FR, Dunlap G, Plien AJ. Family characteristics, family training, and the progress of young children with autism. *J Early Interv*. 1991 Spr;15(2):173-84. X-1, X-3, X-4
3616. Roberts D, Pickering N. Parent training programme for autism spectrum disorders: an evaluation. *Community Pract*. 2010 Oct;83(10):27-30. PMID: 21049753. IX-1, X-3, X-4
3617. Roberts EM, English PB, Grether JK, et al. Maternal residence near agricultural pesticide applications and autism spectrum disorders among children in the California Central Valley. *Environ Health Perspect*. 2007 Oct;115(10):1482-9. PMID: 17938740. X-1, X-3, X-4
3618. 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. PMID: 19074489. X-4
3619. Roberts JMA, Keane E, Clark TR. Making inclusion work: autism spectrum Australia satellite class project. *Teach Except Child*. 2008 Nov-Dec;41(2):22-7. X-2
3620. Roberts KD. Topic areas to consider when planning transition from high school to postsecondary education for students with autism spectrum disorders. *Focus Autism Dev Disabil*. 2010 Sep;25(3):158-62. X-1, X-2, X-3
3621. Roberts RN. Wow! Models of service coordination do make a difference. *J Early Interv*. 2006;28(3):169-71. X-2, X-4
3622. Roberts TP, Khan SY, Rey M, et al. MEG detection of delayed auditory evoked responses in autism spectrum disorders: towards an imaging biomarker for autism. *Autism Res*. 2010 Feb;3(1):8-18. PMID: 20063319. X-1, X-3, X-4
3623. 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. PMID: 11331721. X-1, X-3, X-4
3624. Roberts-Gwinn MM, Luiten L, Derby KM, et al. Identification of competing reinforcers for behavior maintained by automatic reinforcement. *J Posit Behav Interv*. 2001 Spr;3(2):83-7. X-1, X-3, X-4
3625. Robertson J, Emerson E, Gregory N, et al. Social networks of people with mental retardation in residential settings. *Ment Retard*. 2001 Jun;39(3):201-14. PMID: 11419999. X-4
3626. Robertson K, Chamberlain B, Kasari C. General education teachers' relationships with included students with autism. *J Autism Dev Disord*. 2003 Apr;33(2):123-30. PMID: 12757351. X-1, X-3, X-4
3627. 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):161-98. X-1, X-3, X-4
3628. Robins DL. Screening for autism spectrum disorders in primary care settings. *Autism. Special Issue: Early detection*. 2008 Sep;12(5):537-56. X-4
3629. Robins DL, Fein D, Barton ML, et al. The modified checklist for autism in toddlers: an initial study investigating the early detection of autism and pervasive developmental disorders. *J Autism Dev Disord*. 2001 Apr;31(2):131-44. X-1, X-2, X-3, X-4
3630. Robins DL, Fein D, Barton ML, et al. Reply to charman et al.'s commentary on the modified checklist for autism in toddlers. *J Autism Dev Disord*. 2001 Apr;31(2):149-51. X-1, X-2, X-3, X-4
3631. Robinson S, Magill-Evans J. Young children with autism spectrum disorder: sensory processing and daily life skills. *Occupational Therapy Now*. 2009;11(5):11-3. X-1, X-3, X-4

3632. Robinson TW. Homeopathic Secretin in autism: a clinical pilot study. *Br Homeopath J*. 2001 Apr;90(2):86-91. PMID: 11341462. X-1, X-3, X-4
3633. Rocha ML, Schreibman L, Stahmer AC. Effectiveness of training parents to teach joint attention in children with autism. *J Early Interv*. 2007;29(2):154-73. X-1, X-3, X-4
3634. Rocque B. Mediating self-hood: exploring the construction and maintenance of identity by mothers of children labeled with autism spectrum disorder. *Disabil Soc*. 2010;25(4):485-97. X-4
3635. Rodger S, Ashburner J, Cartmill L, et al. Helping children with autism spectrum disorders and their families: are we losing our occupation-centred focus? *Aust Occup Ther J*. 2010 Aug;57(4):276-80. PMID: 20854603. X-1, X-2, X-3, X-4
3636. Rodger S, Braithwaite M, Keen D. Early intervention for children with autism: parental priorities. *Aust J Early Child* 2004 Sep;29(3):34-41. X-1, X-3, X-4
3637. Rodger S, Ireland S, Vun M. Can cognitive orientation to daily occupational performance (co-op) help children with asperger's syndrome to master social and organisational goals? *Br J Occup Ther*. 2008;71(1):23-32. X-1, X-3, X-4
3638. Rodger S, Keen D, Braithwaite M, et al. Mothers' satisfaction with a home based early intervention programme for children with ASD. *J Appl Res Intellect Disabil*. 2008 Mar;21(2):174-82. X-1, X-3, X-4
3639. Rodger S, Pham C, Mitchell S. Cognitive strategy use by children with asperger's syndrome during intervention for motor-based goals. *Aust Occup Ther J*. 2009 Apr;56(2):103-11. X-1, X-3, X-4
3640. Rodger S, Vishram A. Mastering social and organization goals: strategy use by two children with asperger syndrome during cognitive orientation to daily occupational performance. *Phys Occup Ther Pediatr*. 2010 Nov;30(4):264-76. PMID: 20822395. X-1, X-3
3641. Rodrigue JR, Morgan SB, 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. PMID: 1830878. X-1, X-3, X-4
3642. 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. PMID: 8792262. X-1, X-3, X-4
3643. Rogan P, Banks B, Howard M. Workplace supports in practice: as little as possible, as much as necessary. *Focus Autism Dev Disabil*. 2000 Spr;15(1):2-11. X-1, X-3, X-4
3644. 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. PMID: 18514430. X-2, X-4
3645. Rogers EL. Functional behavioral assessment and children with autism: working as a team. *Focus Autism Dev Disabil*. 2001 Win;16(4):228-31. X-1, X-2, X-3, X-4
3646. Rogers MF, Myles BS. Using social stories and comic strip conversations to interpret social situations for an adolescent with asperger syndrome. *Interv School Clinic*. 2001 May;36(5):310-13. X-3
3647. Rogers SJ. Brief report: early intervention in autism. *J Autism Dev Disord*. 1996 Apr;26(2):243-46. X-1, X-2, X-3, X-4
3648. Rogers SJ. Empirically supported comprehensive treatments for young children with autism. *J Clin Child Psychol*. Special Issue: Empirically supported psychosocial interventions for children. 1998 Jun;27(2):168-79. X-2, X-4
3649. Rogers SJ. Intervention for young children with autism: from research to practice. *Infants Young Child*. 1999 Oct;12(2):1-16. X-1, X-2, X-3, X-4
3650. Rogers SJ. Interventions that facilitate socialization in children with autism. *J Autism Dev Disord*. 2000 Oct;30(5):399-409. PMID: 11098875. X-2
3651. Rogers SJ, 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 Early Child Spec Educ*. 1991 Sum;11(2):29-47. X-1, X-3, X-4
3652. 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. PMID: 16845576. X-1, X-3, X-4
3653. Rogers SJ, 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. PMID: 2466824. X-1, X-3, X-4
3654. Rogers SJ, Vismara LA. Evidence-based comprehensive treatments for early autism. *J Clin Child Adolesc Psychol*. 2008 Jan;37(1):8-38. X-2, X-4
3655. Rogers-Adkinson DL, Ochoa TA, Delgado B. Developing cross-cultural competence: serving families of children with significant developmental needs. *Focus Autism Dev Disabil*. 2003 Spr;18(1):4-8. X-1, X-2, X-3, X-4
3656. Rojahn J, Matson JL, Naglieri JA, et al. Relationships between psychiatric conditions and behavior problems among adults with mental retardation. *Am J Ment Retard*. 2004 Jan;109(1):21-33. PMID: 14651452. X-4

3657. Rojahn J, McGonigle JJ, Curcio C, et al. Suppression of pica by water mist and aromatic ammonia: a comparative analysis. *Behav Modif.* 1987 Jan;11(1):65-74. X-3
3658. Rojahn J, Wilkins J, Matson JL, et al. A comparison of adults with intellectual disabilities with and without ASD on parallel measures of challenging behaviour: the Behavior Problems Inventory-01 (BPI-01) and Autism Spectrum Disorders-Behavior Problems for Intellectually Disabled Adults (ASD-BPA). *J Appl Res Intellect Disabil.* 2010 Mar;23(2):179-85. X-4
3659. Rollins PR. Early pragmatic accomplishments and vocabulary development in preschool children with autism. *Am J of Speech Lang Pathol.* 1999;8(2):181-90. X-1, X-3, X-4
3660. Rollins PR, Wambacq I, Dowell D, et al. An intervention technique for children with autistic spectrum disorder: joint attentional routines. *J Commun Disord.* 1998 Mar-Apr;31(2):181-93. X-1, X-2, X-3, X-4
3661. Roll-Pettersson L, 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. PMID: 19628533. X-4
3662. Romanczyk RG. Micro-computers and behavior therapy: a powerful alliance. *the Behavior Therapist.* 1984 Apr;7(4):59-64. PMID: 1984-27281-001. X-1, X-3, X-4
3663. 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. PMID: 10537636. X-2, X-4
3664. Ropar D, Mitchell P, Ackroyd K. Do children with autism find it difficult to offer alternative interpretations to ambiguous figures? *Br J Dev Psychol.* 2003;21(Part 3):387-95. X-4
3665. Roscoe EM, Rooker GW, Pence ST, et al. Assessing the utility of a demand assessment for functional analysis. *J Appl Behav Anal.* 2009 Winter;42(4):819-25. PMID: 20514188. X-3, X-4
3666. Rose M, Torgerson NG. A behavioral approach to vision and autism. *J Optom Vis Dev.* 1994 Win;25(4):269-75. PMID: X-4
3667. Rose R, Anketell C. The benefits of social skills groups for young people with autism spectrum disorder: a pilot study. *Child Care Prac.* 2009 Apr;15(2):127-44. X-1, X-3
3668. Rose S, Massey P. Adventurous outdoor activities: an investigation into the benefits of adventure for seven people with severe learning difficulties. *Ment Handicap Res.* 1993;6(4):287-302. X-3
3669. Rosen CE. Treatment foster home care for autistic children. *Child Youth Serv.* 1989;12(1-2):121-32. X-1, X-2, X-3, X-4
3670. Rosenberg RE, Mandell DS, Farmer JE, et al. Psychotropic medication use among children with autism spectrum disorders enrolled in a national registry, 2007-2008. *J Autism Dev Disord.* 2010 Mar;40(3):342-51. PMID: 19806445. X-1, X-3, X-4
3671. Rosenthal-Malek A, 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. PMID: 9105970. X-3
3672. Rosenwasser B, Axelrod S. The contribution of applied behavior analysis to the education of people with autism. *Behav Modif.* 2001 Oct;25(5):671-7. PMID: 11642227. X-2
3673. Rosenwasser B, Axelrod S. More contributions of applied behavior analysis to education of people with autism. *Behav Modif.* 2002 Jan;26(1):3-8. PMID: 11799653. X-2
3674. Roser K, Mishne J. Beginning treatment of an autistic child from an intersubjective perspective. *Psychoanal Rev.* 1996 Jun;83(3):343-62. X-4
3675. Rosinski D. The miraculous and the mundane. *Focus Autism Dev Disabil.* 2001 Spr;16(1):12-6. X-1, X-2, X-3, X-4
3676. Ross DE, 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. PMID: 12553968. X-1, X-3, X-4
3677. Ross DL, Klykylo WM, Hitzemann R. Reduction of elevated CSF beta-endorphin by fenfluramine in infantile autism. *Pediatr Neurol.* 1987 Mar-Apr;3(2):83-6. PMID: 2977280. X-3
3678. Rossetti ZS, Goessling DP. Paraeducators' roles in facilitating friendships between secondary students with and without autism spectrum disorders or developmental disabilities. *Teach Except Child.* 2010 Jul-Aug;42(6):64-70. X-1, X-2, X-3, X-4
3679. Rossi EL, Rossi KL. The neuroscience of observing consciousness & mirror neurons in therapeutic hypnosis. *Am J Clin Hypn.* 2006 Apr;48(4):263-78. PMID: 16696558. X-2, X-4
3680. Rossi PG, Posar A, Parmeggiani A, et al. Niaprazine in the treatment of autistic disorder. *J Child Neurol.* 1999 Aug;14(8):547-50. PMID: 10456769. X-1, X-3, X-4
3681. Rossignol DA. Hyperbaric oxygen therapy might improve certain pathophysiological findings in autism. *Med Hypotheses.* 2007;68(6):1208-27. PMID: 17141962. X-2, X-4

3682. Rossignol DA, Frye RE. Melatonin in autism spectrum disorders: a systematic review and meta-analysis. *Dev Med Child Neurol.* 2011 Sep;53(9):783-92. X-1, X-2, X-3, X-4
3683. 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. PMID: 18005455. X-3
3684. 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. PMID: 19284641. X-1, X-3, X-4
3685. Ross-Swain D. The effects of auditory stimulation on auditory processing disorder: a summary of the findings. *Int J Listening.* 2007;21(2):140-55. X-1, X-3, X-4
3686. Roth MP, Williams KE, Paul CM. Treating food and liquid refusal in an adolescent with asperger's disorder. *Clin Case Stud.* 2010 Aug;9(4):260-72. X-1, X-3, X-4
3687. Rotheram-Fuller E, Kasari C, Chamberlain B, et al. Social involvement of children with autism spectrum disorders in elementary school classrooms. *J Child Psychol Psychiatry.* 2010 Nov;51(11):1227-34. X-1, X-3, X-4
3688. Rotheram-Fuller E, MacMullen L. Cognitive-behavioral therapy for children with autism spectrum disorders. *Psychol Sch.* 2011 Mar;48(3):263-71. X-1, X-2, X-3, X-4
3689. Rothman SM. Health advocacy organizations and evidence-based medicine. *JAMA.* 2011 Jun 22;305(24):2569-70. PMID: 21693747. X-1, X-2, X-3, X-4
3690. Rotholz DA, Luce SC. Alternative reinforcement strategies for the reduction of self-stimulatory behavior in autistic youth. *Educ Treat Children.* 1983 Fal;6(4):363-77. X-1, X-3, X-4
3691. Rotman A. Blood platelets in psychopharmacological research. *Prog Neuropsychopharmacol Biol Psychiatry.* 1983;7(2-3):135-51. PMID: 6310688. X-1, X-2, X-3, X-4
3692. Rotman A, Caplan R, Szekely GA. Platelet uptake of serotonin in psychotic children. *Psychopharmacol (Berl).* 1980;67(3):245-8. PMID: 6770403. X-1, X-2, X-3, X-4
3693. 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. PMID: 8190970. X-3
3694. Rowland GH. Polydipsia in adults with learning disabilities: prevalence, presentation and aetiology. *Br J Dev Disabil.* 1999;45 Part 1(88):52-62. X-4
3695. Rowles BM, Findling RL. Review of pharmacotherapy options for the treatment of attention-deficit/hyperactivity disorder (adhd) and adhd-like symptoms in children and adolescents with developmental disorders. *Dev Disabil Res Rev.* 2010;16(3):273-82. X-1, X-2, X-3
3696. Roy H, 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. PMID: 18411868. X-3
3697. 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. *J Atten Disord.* 2009;12(4):381-5. X-3
3698. 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 Ther Rev.* 1982;3:1-10. X-1, X-3, X-4
3699. Ruberman L. Psychotherapy of children with pervasive developmental disorders. *Am J Psychother.* 2002;56(2):262-74. X-2
3700. Rubin DM, Feudtner C, Localio R, et al. State variation in psychotropic medication use by foster care children with autism spectrum disorder. *Pediatr.* 2009 Aug;124(2):e305-12. PMID: 19620187. X-1, X-3, X-4
3701. Ruble L, McDuffie A, King AS, et al. Caregiver responsiveness and social interaction behaviors of young children with autism. *Topics Early Child Spec Educ.* 2008 Nov;28(3):158-70. X-1, X-3, X-4
3702. Ruble L, Willis H, Crabtree VM. Social skills group therapy for autism spectrum disorders. *Clin Case Stud.* 2008 Aug;7(4):287-300. X-1, X-3, X-4
3703. Ruble LA, Dalrymple NJ. COMPASS: a parent-teacher collaborative model for students with autism. *Focus Autism Dev Disabil.* 2002 Sum;17(2):76-83. X-1, X-2, X-3, X-4
3704. Ruble LA, Dalrymple NJ, McGrew JH. The effects of consultation on individualized education program outcomes for young children with autism: the collaborative model for promoting competence and success. *J Early Interv.* 2010 Sep;32(4):286-301. X-1, X-3, X-4
3705. 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. PMID: 15796117. X-4
3706. Ruble LA, McGrew J, Dalrymple N, et al. Examining the quality of IEPs for young children with autism. *J Autism Dev Disord.* 2010 Dec;40(12):1459-70. X-1, X-3, X-4

3707. Ruble LA, Robson DM. Individual and environmental determinants of engagement in autism. *J Autism Dev Disord.* 2007 Sep;37(8):1457-68. PMID: 17151800. X-4
3708. Ruble LA, Usher EL, McGrew JH. Preliminary investigation of the sources of self-efficacy among teachers of students with autism. *Focus Autism Dev Disabil.* 2011 Jun;26(2):67-74. X-1, X-3, X-4
3709. Ruedrich SL, Wilkinson L. Atypical unipolar depression in mentally retarded patients: Amoxapine treatment. *J Nerv Ment Dis.* 1992 Mar;180(3):206-7. X-3
3710. Ruef MB, Turnbull AP. Stakeholder opinions on accessible informational products helpful in building positive, practical solutions to behavioral challenges of individuals with mental retardation and/or autism. *Educ Train Ment Retard Dev Disabil.* 2001 Dec;36(4):441-56. X-1, X-3, X-4
3711. Rugino TA, Janvier YM. Aripiprazole in children and adolescents: clinical experience. *J Child Neurol.* 2005 Jul;20(7):603-10. PMID: 16159529. X-3
3712. Rugino TA, Samscock TC. Levetiracetam in autistic children: an open-label study. *J Dev Behav Pediatr.* 2002 Aug;23(4):225-30. PMID: 12177568. X-1, X-3, X-4
3713. Runco MA, Schreibman L. Parental judgments of behavior therapy efficacy with autistic children: a social validation. *J Autism Dev Disord.* 1983 Sep;13(3):237-48. PMID: 6643371. X-1, X-3, X-4
3714. Runco MA, Schreibman L. Socially validating behavioral objectives in the treatment of autistic children. *J Autism Dev Disord.* 1987 Mar;17(1):141-7. PMID: 3571138. X-1, X-3, X-4
3715. Runco MA, Schreibman L. Children's judgments of autism and social validation of behavior therapy efficacy. *Behav Ther.* 1988 Fal;19(4):565-76. X-1, X-3, X-4
3716. Russell G, Ford T, Steer C, et al. Identification of children with the same level of impairment as children on the autistic spectrum, and analysis of their service use. *J Child Psychol Psychiatry.* 2010 Jun;51(6):643-51. X-1, X-3, X-4
3717. Russell G, Kelly S. Looking beyond risk: A study of lay epidemiology of childhood disorders. *Health Risk Soc.* 2011;13(2):129-45. X-1, X-3, X-4
3718. Russell RL, Bryant FB, 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. PMID: 8991323. X-4
3719. Russo N, Foxe JJ, Brandwein AB, et al. Multisensory processing in children with autism: high-density electrical mapping of auditory-somatosensory integration. *Autism Res.* 2010 Oct;3(5):253-67. PMID: 20730775. X-3, X-4
3720. Russo N, Larson C, Kraus N. Audio-vocal system regulation in children with autism spectrum disorders. *Exp Brain Res.* 2008 Jun;188(1):111-24. PMID: 18347784. X-1, X-3, X-4
3721. 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. PMID: 19635083. X-2, X-4
3722. Russo NM, Hornickel J, Nicol T, et al. Biological changes in auditory function following training in children with autism spectrum disorders. *Behav Brain Funct.* 2010;6:60. PMID: 20950487. X-3
3723. 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. PMID: 18558508. X-4
3724. Rust J, Smith A. How should the effectiveness of social stories to modify the behaviour of children on the autistic spectrum be tested? *Autism.* 2006;10(2):125-38. X-2, X-4
3725. 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. PMID: 17146707. X-4
3726. Rutter M. Autism research: prospects and priorities. *J Autism Dev Disord.* 1996 Apr;26(2):257-75. X-1, X-2, X-3, X-4
3727. 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. PMID: 18093025. X-4
3728. Rutter M, Sonuga-Barke EJ, Castle J. Investigating the impact of early institutional deprivation on development: background and research strategy of the English and Romanian Adoptees (ERA) Study. *Monogr Soc Res Child Dev.* 2010 Apr;75(1):1-20. X-1, X-2, X-3, X-4
3729. Rydell PJ, 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. PMID: 7844096. X-4
3730. Ryden E, Johansson C, Blennow K, et al. Lower CSF HVA and 5-HIAA in bipolar disorder type 1 with a history of childhood ADHD. *J Neural Transm.* 2009 Dec;116(12):1667-74. PMID: 19756368. X-4
3731. Sabbagh MA, Taylor M. Neural correlates of theory-of-mind reasoning: an event-related potential study. *Psychol Sci.* 2000 Jan;11(1):46-50. PMID: 11228842. X-4
3732. Sabo RM. Autism consumer health web sites: are readability levels too high? *J Consum Health Internet.* 2008;12(4):337-48. X-1, X-3, X-4

3733. Senechal C, Fontaine C, Larivee S, et al. Insertion professionnelle des adultes québécois ayant un trouble autistique ou un syndrome d'Asperger. *Sante Mentale au Quebec*. 2011;36(1):181-99. X-1, X-2, X-3, X-4, X-5
3734. Saegusa T. The providence of nature: teaching autistic children. *Educ Forum*. 1991 Win;55(2):139-53. X-1, X-3, X-4
3735. Saemundsen E, Juliusson H, Hjaltested S, et al. Prevalence of autism in an urban population of adults with severe intellectual disabilities--a preliminary study. *J Intellect Disabil Res*. 2010 Aug;54(8):727-35. X-4
3736. Saffari M. A loving challenge. *Rehab Manag*. 2006 Nov;19(9):18, 20. PMID: 17131802. X-2
3737. Safran SP. Asperger syndrome: the emerging challenge to special education. *Except Child*. 2001 Win;67(2):151-60. X-1, X-2, X-3, X-4
3738. Safran SP. Why youngsters with autistic spectrum disorders remain underrepresented in special education. *Remedial Spec Educ*. 2008;29(2):90-5. X-4
3739. Safran SP, Safran JS, Ellis K. Intervention ABCs for children with asperger syndrome. *Top Lang Disord*. 2003 Apr-Jun;23(2):154-65. X-1, X-2, X-3, X-4
3740. Sahley TL, Panksepp J. Brain opioids and autism: an updated analysis of possible linkages. *J Autism Dev Disord*. 1987 Jun;17(2):201-16. PMID: 3038836. X-1, X-2, X-3, X-4
3741. Sainato DM, Goldstein H, 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. PMID: 1582962. X-1, X-3, X-4
3742. 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. PMID: 3667478. X-1, X-3, X-4
3743. 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. PMID: 2332024. X-1, X-3, X-4
3744. Salamanca AA. Psychotherapy treatment program in a group of adults with high-functioning autism spectrum disorder. *Actas Esp Psiquiatr*. 2010 Mar;38(2):94-100. PMID: 20976638. X-5
3745. 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. PMID: 19369390. X-4
3746. Salem S, Fazzino D, Arnal L, et al. A self-instructional package for teaching university students to conduct discrete-trials teaching with children with autism. *J Dev Disabil*. 2009;15(1):21-9. X-1, X-3, X-4
3747. Sallows G. Educational interventions for children with autism in the UK. *Early Child Dev Care*. 2000 Aug;163:25-47. X-1, X-2, X-3, X-4
3748. Sallows GO, Graupner TD. Intensive behavioral treatment for children with autism: four-year outcome and predictors. *Am J Ment Retard*. 2005 Nov;110(6):417-38. PMID: 16212446. X-1, X-3, X-4
3749. Salmon G, Cleave H, 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. PMID: 17087487. X-2, X-4
3750. Saloviita T. Dry bed training method in the elimination of bed-wetting in two adults with autism and severe mental retardation. *Cogn Behav Ther*. 2002;31(3):135-40. X-1, X-3, X-4
3751. 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. PMID: 11777254. X-2
3752. Salt J, Shemilt J, Sellars V, et al. The Scottish Centre for Autism preschool treatment programme. *Autism*. 2002 Mar;6(1):33-46. X-1, X-3, X-4
3753. 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. PMID: 11918108. X-1, X-3, X-4
3754. Sams MJ, Fortney EV, Willenbring S. Occupational therapy incorporating animals for children with autism: A pilot investigation. *Am J Occup Ther*. 2006 May-Jun;60(3):268-74. PMID: 16776394. X-1, X-3, X-4
3755. Samson F, Hyde KL, Bertone A, et al. Atypical processing of auditory temporal complexity in autistics. *Neuropsychologia*. 2011 Feb;49(3):546-55. PMID: 21192958. X-4
3756. Samyn V, Roeyers H, Bijttebier P. Effortful control in typically developing boys and in boys with ADHD or autism spectrum disorder. *Res Dev Disabil*. 2011 Mar-Apr;32(2):483-90. PMID: 21255973. X-4
3757. 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. PMID: 7491394. X-1, X-3, X-4

3758. 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. PMID: 8919717. X-1, X-3, X-4
3759. Sanchez-Valle E, Posada M, Villaverde-Hueso A, et al. Estimating the burden of disease for autism spectrum disorders in Spain in 2003. *J Autism Dev Disord*. 2008 Feb;38(2):288-96. X-4
3760. Sander JL, Morgan SB. Family stress and adjustment as perceived by parents of children with autism or down syndrome: implications for intervention. *Child Fam Behav Ther*. 1997;19(4):15-32. X-4
3761. Sandford JJ, Gralton E, Donovan WM. Can deception ever be justified on therapeutic grounds? An ethical case report. *Psychiatric Bulletin*. 2001 Jun;25(6):206-8. X-2, X-4
3762. Sandler A. Placebo effects in developmental disabilities: implications for research and practice. *Ment Retard Dev Disabil Res Rev*. 2005;11(2):164-70. PMID: 15977316. X-2, X-4
3763. Sandler AD, Bodfish JW. Placebo effects in autism: lessons from secretin. *J Dev Behav Pediatr*. 2000 Oct;21(5):347-50. PMID: 11064962. X-2
3764. 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. PMID: 10588965. X-1, X-3
3765. Sandler RH, Finegold SM, Bolte ER, et al. Short-term benefit from oral vancomycin treatment of regressive-onset autism. *J Child Neurol*. 2000 Jul;15(7):429-35. PMID: 2000-02261-001. X-1, X-3, X-4
3766. Sandman CA. Beta-endorphin dysregulation in autistic and self-injurious behavior: a neurodevelopmental hypothesis. *Synapse*. 1988;2(3):193-9. PMID: 2463689. X-1, X-3, X-4
3767. 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. PMID: 10958998. X-4
3768. Sandman CA, Touchette P, Marion S, et al. Dysregulation of proopiomelanocortin and contagious maladaptive behavior. *Regul Pept*. 2002 Oct 15;108(2-3):179-85. PMID: 12220743. X-1, X-3, X-4
3769. Sandt D. Social stories for students with autism in physical education. *J Phys Educ Recreat Dance*. 2008 Aug;79(6):42-5. X-2, X-4
3770. Sandt DDR, Frey GC. Comparison of physical activity levels between children with and without autistic spectrum disorders. *Adapt Phys Activ Q*. 2005;22(2):146-59. X-1, X-3, X-4
3771. Sansa G, Carlson C, Doyle W, et al. Medically refractory epilepsy in autism. *Epilepsia*. 2011 Jun;52(6):1071-5. PMID: 21671922. X-4
3772. Sansosti FJ. Teaching social skills to children with autism spectrum disorders using tiers of support: a guide for school-based professionals. *Psychol Sch*. 2010 Mar;47(3):257-81. X-2
3773. Sansosti FJ, Powell-Smith KA. Using social stories to improve the social behavior of children with asperger syndrome. *J Posit Behav Interv*. 2006;8(1):43-57. X-3
3774. Sansosti FJ, 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. *J Posit Behav Interv*. 2008;10(3):162-78. X-3
3775. Santarcangelo S, 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. PMID: 3216186. X-3
3776. Santarcangelo S, Dyer K, Luce SC. Generalized reduction of disruptive behavior in unsupervised settings through specific toy training. *J Assoc Pers Sev Handicaps*. 1987 Spr;12(1):38-44. X-3
3777. Santosh PJ, Baird G. Pharmacotherapy of target symptoms in autistic spectrum disorders. *Indian J Pediatr*. 2001 May;68(5):427-31. PMID: 11407159. X-2
3778. 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. PMID: 16919137. X-1, X-3, X-4
3779. Santosh PJ, Mijovic A. Does pervasive developmental disorder protect children and adolescents against drug and alcohol use? *Eur Child Adolesc Psychiatry*. 2006 Jun;15(4):183-8. X-4
3780. Sarokoff RA, 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. PMID: 15669415. X-4
3781. Sarokoff RA, 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. *Res Autism Spectr Disord*. 2008 Jan-Mar;2(1):125-36. X-1, X-3, X-4
3782. Sarokoff RA, Taylor BA, Poulson CL. Teaching children with autism to engage in conversational exchanges: script fading with embedded textual stimuli. *J Appl Behav Anal*. 2001 Spr;34(1):81-4. X-1, X-3, X-4

3783. Sartawi AM. Educational and behavioural characteristics of autistic children in the United Arab Emirates. *Int J Rehabil Res*. 1999 Dec;22(4):337-9. PMID: 10669987. X-4
3784. Sasso GM, Mitchell VM, Struthers EM. Peer tutoring versus structured interaction activities: Effects on the frequency and topography of peer initiations. *Behav Disord*. 1986 Aug;11(4):249-59. PMID: 1987-02573-001. X-1, X-3, X-4
3785. 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. PMID: 1478904. X-4
3786. Satiansukpong N, Pongsaksri M, Sung-U S, et al. Thai elephant-assisted therapy program: the feasibility in assisting an individual with autism. *WFOT Bulletin*. 2008;58:17-26. X-7
3787. 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. PMID: 18778448. X-4
3788. 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. *Educ Treat Children*. 2005 Feb;28(1):1-10. X-1, X-3, X-4
3789. Sawyer MG, Bittman M, La Greca AM, et al. Time demands of caring for children with autism: what are the implications for maternal mental health? *J Autism Dev Disord*. 2010 May;40(5):620-8. PMID: 19949845. X-1, X-4
3790. Saxena S, Chawla PL. Childhood psychoses: a brief review. *Indian J Pediatr*. 1984 Mar-Apr;51(409):217-23. PMID: 6209218. X-1, X-2, X-3, X-4
3791. Sayers N, Oliver C, Ruddick L, et al. Stereotyped behaviour in children with autism and intellectual disability: an examination of the executive dysfunction hypothesis. *J Intellect Disabil Res*. 2011 Jul;55(7):699-709. X-3, X-4
3792. 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. PMID: 18463973. X-2
3793. 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. PMID: 19096921. X-2
3794. 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. PMID: 17069547. X-1, X-3
3795. Scahill L, Jekel JF, Schilling LS. Screening child psychiatric inpatients for communication disorders: a pilot study. *Arch Psychiatr Nurs*. 1991 Feb;5(1):31-7. PMID: 2039279. X-1, X-3, X-4
3796. 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. PMID: 17688557. X-2
3797. 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. PMID: 11838820. X-2
3798. 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. PMID: 16926619. X-4
3799. Scanlon K. Art therapy with autistic children. *Pratt Institute Creative Arts Ther Rev*. 1993;14:34-43. X-1, X-3, X-4
3800. Scarpa A, Reyes NM. Improving emotion regulation with CBT in young children with high functioning autism spectrum disorders: a pilot study. *Behav Cogn Psychother*. 2011 Jul;39(4):495-500. X-1, X-3, X-4
3801. Scattone D. Social skills interventions for children with autism. *Psychol Sch*. 2007 Sep;44(7):717-26. X-2, X-4
3802. Scattone D. Enhancing the conversation skills of a boy with asperger's disorder through social stories and video modeling. *J Autism Dev Disord*. 2008 Feb;38(2):395-400. PMID: 17546490. X-1, X-3, X-4
3803. Scattone D, Tingstrom DH, Wilczynski SM. Increasing appropriate social interactions of children with autism spectrum disorders using social stories. *Focus Autism Dev Disabil*. 2006 Win;21(4):211-22. X-1, X-3, X-4
3804. Scattone D, Wilczynski SM, Edwards RP, et al. Decreasing disruptive behaviors of children with autism using social stories. *J Autism Dev Disord*. 2002 Dec;32(6):535-43. PMID: 2003-02563-004. X-1, X-3, X-4
3805. Schaefer GB, Lutz RE. Diagnostic yield in the clinical genetic evaluation of autism spectrum disorders. *Genet Med*. 2006 Sep;8(9):549-56. PMID: 16980810. X-4

3806. Schall C. A Consumer's Guide to Monitoring Psychotropic Medication for Individuals with Autism Spectrum Disorders. *Focus Autism Dev Disabil*. 2002 Win;17(4):229-35. X-1, X-3, X-4
3807. Schall C, McDonough J. Autism spectrum disorders in adolescence and early adulthood: characteristics and issues. *Journal of Vocational Rehabilitation*. 2010 2010;32:81-8. X-1, X-2, X-3, X-4
3808. Schaller J, Yang NK. Competitive employment for people with autism: correlates of successful closure in competitive and supported employment. *Rehabil Couns Bull*. 2005 Fal;49(1):4-16. X-4
3809. Schatz J, 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. PMID: 7608034. X-4
3810. 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, 4-5. PMID: 17849608. X-2, X-4
3811. Scheeren AM, Begeer S, Banerjee R, et al. Can you tell me something about yourself?: self-presentation in children and adolescents with high functioning autism spectrum disorder in hypothetical and real life situations. *Autism*. 2010 Sep;14(5):457-73. PMID: 20841344. X-4
3812. 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. PMID: 7142061. X-3
3813. Scherer NJ, Olswang LB. Using structured discourse as a language intervention technique with autistic children. *J Speech Hear Disord*. 1989 Aug;54(3):383-94. PMID: 2755101. X-1, X-3, X-4
3814. Schertz H, Robb M. Interventions for toddlers with autism: building on the parent-child relationship to promote joint attention. *Young Except Child*. 2006;9(3):20-7. X-1, X-2, X-3, X-4
3815. Schertz HH, Baker C, Hurwitz S, et al. Principles of early intervention reflected in toddler res autism spectr disorder. *Topics Early Child Spec Educ*. 2011 May;31(1):4-21. X-1, X-2, X-3, X-4
3816. Schertz HH, Odom SL. Joint attention and early intervention with autism: a conceptual framework and promising approaches. *J Early Interv*. 2004 Fall;27(1):42-54. X-2, X-4
3817. Schertz HH, Odom SL. Promoting joint attention in toddlers with autism: a parent-mediated developmental model. *J Autism Dev Disord*. 2007 Sep;37(8):1562-75. PMID: 17096190. X-1, X-3, X-4
3818. Scheuermann B, Webber J, Boutot EA, et al. Problems with personnel preparation in autism spectrum disorders. *Focus Autism Dev Disabil*. 2003 Fall;18(3):197-206. X-1, X-2, X-3, X-4
3819. Schieve LA, Blumberg SJ, Rice C, et al. The relationship between autism and parenting stress. *Pediatr*. 2007 Feb;119 Suppl 1:S114-21. PMID: 17272578. X-1, X-3, X-4
3820. Schiff A, Tarbox J, Lanagan T, et al. Establishing compliance with liquid medication administration in a child with autism. *J Appl Behav Anal*. 2011;44(2):381-5. X-2, X-4
3821. Schilling DL, Schwartz IS. Alternative seating for young children with autism spectrum disorder: effects on classroom behavior. *J Autism Dev Disord*. 2004;34(4):423-32. X-1, X-3, X-4
3822. Schindler HR, 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. PMID: 15568965. X-1, X-3, X-4
3823. Schleien SJ, et al. Effects of social play activities on the play behavior of children with autism. *J Leisure Res*. 1990;22(4):317-28. X-1, X-3, X-4
3824. Schleien SJ, Mustonen T, 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. PMID: 7592251. X-1, X-3, X-4
3825. Schleismann KD, Gillis JM. The treatment of social phobia in a young boy with asperger's disorder. *Cogn Behav Pract*. 2011 Nov;18(4):515-29. X-1, X-3, X-4
3826. Schlosser RW, 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. PMID: 15324290. X-1, X-3, X-4
3827. 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. PMID: 19491710. X-4
3828. 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. PMID: 18948358. X-4
3829. Schmidt JG, Dombvoy ML, Watkins K. Treatment of viral encephalitis organic personality disorder and autistic features with propranolol: a case report. *J Neurol Rehabil*. 1995;9(1):41-5. X-4

3830. 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. PMID: 10804703. X-1, X-3, X-4
3831. Schmitt L, Heiss CJ, Campbell EE. A comparison of nutrient intake and eating behaviors of boys with and without autism. *Topics in Clinical Nutrition.* 2008 2008 Jan-Mar;23(1):23-31. X-1, X-3, X-4
3832. Schneider A, Hagerman RJ, Hessl D. Fragile X syndrome--from genes to cognition. *Dev Disabil Res Rev.* 2009;15(4):333-42. X-1, X-2, X-3, X-4
3833. 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. PMID: 16845577. X-1, X-3, X-4
3834. Schneider HD, Hopp JP. The use of the Bilingual Aphasia Test for assessment and transcranial direct current stimulation to modulate language acquisition in minimally verbal children with autism. *Clin Linguist Phon.* 2011 Jun;25(6-7):640-54. PMID: 21631313. X-3
3835. Schneider N, Goldstein H. Using social stories and visual schedules to improve socially appropriate behaviors in children with autism. *J Posit Behav Interv.* 2010 Jul;12(3):149-60. X-1, X-3, X-4
3836. Schneiter R, Devine MA. Reduction of self-injurious behaviors of an individual with autism: use of a leisure communication book. *Ther Recreation J.* 2001 3rd Qtr;35(3):207-19. X-3
3837. Schopler E. Evolution in understanding and treatment of autism. *Triangle.* 1982;21(2-3):51-7. PMID: 7164155. X-1
3838. Schopler E. Treatment abuse and its reduction. *J Autism Dev Disord.* 1986 Jun;16(2):99-104. PMID: 3722122. X-1, X-2, X-3, X-4
3839. Schopler E. Specific and nonspecific factors in the effectiveness of a treatment system. *Am Psychol.* 1987 Apr;42(4):376-83. PMID: 3605819. X-1, X-2, X-3, X-4
3840. Schopler E. Collaboration between research professional and consumer. *J Autism Dev Disord.* 1996 Apr;26(2):277-80. PMID: 8744497. X-1, X-3, X-4
3841. Schopler E, Dalldorf J. Autism: definition, diagnosis, and management. *Hosp Pract.* 1980 Jun;15(6):64-73. PMID: 7399485. X-1, X-2, X-3, X-4
3842. Schopler E, Hennike JM. Past and present trends in residential treatment. *J Autism Dev Disord.* 1990 Sep;20(3):291-8. PMID: 1699923. X-2, X-4
3843. Schopler E, Mesibov G, Baker A. Evaluation of treatment for autistic children and their parents. *J Am Acad Child Psychiatry.* 1982 May;21(3):262-7. PMID: 7096846. X-1, X-2, X-3, X-4
3844. Schopler E, Olley JG. Public school programming for autistic children. *Except Child.* 1980 Mar;46(6):461-3. PMID: 7363914. X-1, X-2, X-3, X-4
3845. Schrandt JA, Townsend DB, Poulson CL. Teaching empathy skills to children with autism. *J Appl Behav Anal.* 2009 Spr;42(1):17-32. X-1, X-3, X-4
3846. Schreck KA. It can be done: An example of a behavioral individualized education program (IEP) for a child with autism. *Behav Int.* 2000 Oct-Dec;15(4):279-300. X-1, X-3, X-4
3847. Schreck KA, Mazur A. Behavior analyst use of and beliefs in treatments for people with autism. *Behav Int.* 2008 Jul;23(3):201-12. X-4
3848. Schreck KA, Mulick JA. Parental report of sleep problems in children with autism. *J Autism Dev Disord.* 2000 Apr;30(2):127-35. X-1, X-3, X-4
3849. Schreck KA, Mulick JA, Smith AF. Sleep problems as possible predictors of intensified symptoms of autism. *Res Dev Disabil.* 2004 Jan-Feb;25(1):57-66. PMID: 14733976. X-4
3850. Schreck KA, Williams K. Food preferences and factors influencing food selectivity for children with autism spectrum disorders. *Res Dev Disabil: A Multidisciplinary Journal.* 2006 Jul-Aug;27(4):353-63. X-4
3851. Schreck KA, Williams K, Smith AF. A comparison of eating behaviors between children with and without autism. *J Autism Dev Disord.* 2004 Aug;34(4):433-8. PMID: 15449518. X-4
3852. Schreibman L. Brief Report: the case for social and behavioral intervention research. *J Autism Dev Disord.* 1996 Apr;26(2):247-50. X-1, X-2, X-3, X-4
3853. Schreibman L. Intensive behavioral/psychoeducational treatments for autism: research needs and future directions. *J Autism Dev Disord.* 2000 Oct;30(5):373-8. PMID: 11098871. X-2, X-4
3854. Schreibman L, Charlop MH, Koegel RL. Teaching autistic children to use extra-stimulus prompts. *J Exp Child Psychol.* 1982 Jun;33(3):475-91. PMID: 7097156. X-1, X-3
3855. Schreibman L, O'Neill RE, Koegel RL. Behavioral training for siblings of autistic children. *J Appl Behav Anal.* 1983 Summer;16(2):129-38. PMID: 6885667. X-3
3856. Schreibman L, Stahmer AC, Barlett VC, et al. Brief report: toward refinement of a predictive behavioral profile for treatment outcome in children with autism. *Res Autism Spectr Disord.* 2009 Jan;3(1):163-72. X-1, X-2, X-3, X-4

3857. Schreibman L, Whalen C, Stahmer AC. The use of video priming to reduce disruptive transition behavior in children with autism. *J Posit Behav Interv.* 2000 Win;2(1):3-11. X-1, X-3, X-4
3858. Schroeder CS, Schroeder SR. The future of children is now. *J Autism Dev Disord.* 1990 Sep;20(3):367-78. PMID: 1699924. X-2, X-4
3859. Schroeder SR, et al. Brief report: reliability and validity of instruments for assessing psychotropic medication effects on self-injurious behavior in mental retardation. *J Autism Dev Disord.* 1997 Feb;27(1):89-102. X-1, X-3, X-4
3860. Schroeder SR, LeBlanc JM, 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. PMID: 8744495. X-1, X-2, X-3, X-4
3861. Schroeder SR, Mulick JA, Rojahn J. The definition, taxonomy, epidemiology, and ecology of self-injurious behavior. *J Autism Dev Disord.* 1980 Dec;10(4):417-32. PMID: 6985454. X-1, X-2, X-3, X-4
3862. Schubert A. "I want to talk like everyone": on the use of multiple means of communication. *Ment Retard.* 1997 Oct;35(5):347-54. PMID: 9339063. X-4
3863. Schultz ST. Can autism be triggered by acetaminophen activation of the endocannabinoid system? *Acta Neurobiol Exp (Wars).* 2010;70(2):227-31. PMID: 20628445. X-4
3864. 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.* 2008;12(3):293-307. X-4
3865. Schultz TR, Schmidt CT, Stichter JP. A review of parent education programs for parents of children with autism spectrum disorders. *Focus Autism Dev Disabil.* 2011 Jun;26(2):96-104. X-1, X-2, X-3, X-4
3866. Schumacher BI, Rapp JT. Evaluation of the immediate and subsequent effects of response interruption and redirection on vocal stereotypy. *J Appl Behav Anal.* 2011 Fall;44(3):681-5. X-3
3867. Schumacher K. Informed consent: should it be extended to vaccinations? *Thomas Jefferson Law Rev.* 1999 Fall;22(1):89-119. PMID: 15732182. X-1, X-2, X-3, X-4
3868. 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. PMID: 11751642. X-1, X-3, X-4
3869. Schwarte AR. Fragile X syndrome. *Sch Psychol Q.* 2008 Jun;23(2):290-300. X-2, X-4
3870. Schwartz CB, Henderson HA, Inge AP, et al. Temperament as a predictor of symptomatology and adaptive functioning in adolescents with high-functioning autism. *J Autism Dev Disord.* 2009 Jun;39(6):842-55. X-1, X-3, X-4
3871. Schwartz H, Drager KD. Training and knowledge in autism among speech-language pathologists: a survey. *Lang Speech Hear Serv Sch.* 2008 Jan;39(1):66-77. PMID: 18162649. X-4
3872. Schwartz IS, Anderson SR, Halle JW. Training teachers to use naturalistic time delay: effects on teacher behavior and on the language use of students. *J Assoc Pers Sev Handicaps.* 1989 Spr;14(1):48-57. X-1, X-3, X-4
3873. Schwartz IS, Boulware G-L, McBride BJ, et al. Functional assessment strategies for young children with autism. *Focus Autism Dev Disabil.* 2001 Win;16(4):222-27,31. X-1, X-3, X-4
3874. Schwartz IS, Sandall SR. Is autism the disability that breaks part c? A commentary on "infants and toddlers with autism spectrum disorder: early identification and early intervention," by Boyd, Odom, Humphreys, and Sam. *J Early Interv.* 2010;32(2):105-9. X-2, X-4
3875. Schwartz IS, Sandall SR, Garfinkle AN, et al. Outcomes for children with autism: three case studies. *Topics Early Child Spec Educ.* 1998 Fal;18(3):132-43. X-1, X-3, X-4
3876. Schwartz IS, Sandall SR, McBride BJ, et al. Project DATA (developmentally appropriate treatment for autism): an inclusive school-based approach to educating young children with autism. *Topics Early Child Spec Educ.* 2004 Sep;24(3):156-68. X-1, X-4
3877. Schwichtenberg A, 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. PMID: 17598873. X-1, X-3, X-4
3878. Scifo R, Batticane N, Quattropiani MC, et al. A double-blind trial with naltrexone in autism. *Brain Dysfunct.* 1991 Nov-Dec;4(6):301-7. PMID: 1993-26777-001. X-1, X-3
3879. 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. PMID: 9028057. X-3
3880. Scolnick B. Effects of electroencephalogram biofeedback with Asperger's syndrome. *Int J Rehabil Res.* 2005 Jun;28(2):159-63. PMID: 15900187. X-3
3881. Scott DW, Eames P. Use of sulphiride in a case of atypical autism. *J Autism Dev Disord.* 1988 Mar;18(1):144-6. PMID: 1988-27446-001. X-3

3882. 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. PMID: 11918111. X-4
3883. Scott MA, Fletcher JM, Brookshire BL, et al. Memory functions in children with early hydrocephalus. *Neuropsychol*. 1998 Oct;12(4):578-89. PMID: 9805328. X-4
3884. Scragg P, Shah A. Prevalence of asperger's syndrome in a secure hospital. *Br J Psychiatry*. 1994 Nov;165(5):679-82. PMID: 7794327. X-4
3885. Seabert H, Eastwood EC, Harris A. A multiprofessional children's feeding clinic. *J Fam Health Care*. 2005;15(3):72-4. PMID: 16094900. X-2, X-4
3886. Seal BC, Bonvillian JD. Sign language and motor functioning in students with autistic disorder. *J Autism Dev Disord*. 1997 Aug;27(4):437-66. PMID: 9261668. X-4
3887. Searles HF. Separation and loss in psychoanalytic therapy with borderline patients: further remarks. *Am J Psychoanal*. 1985 Spring;45(1):9-34. PMID: 3993826. X-1, X-2, X-3, X-4
3888. Sebestik J, Garralda ME. Survey of difficult to contain and treat children and adolescents. *Arch Dis Child*. 1996 Jul;75(1):78-81. PMID: 8813878. X-1, X-3, X-4
3889. Secan KE, Egel AL, Tilley CS. Acquisition, generalization, and maintenance of question-answering skills in autistic children. *J Appl Behav Anal*. 1989 Summer;22(2):181-96. PMID: 2745239. X-1, X-3, X-4
3890. Seery ME, Kretschmer RR, Jr., Elgas PM. I have something to show you: a qualitative study of the interactions of mothers and their young sons diagnosed with autism. *Infant-Toddler Interv*. 1998;8(1):67-84. X-1, X-3, X-4
3891. 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. PMID: 19191842. X-1, X-2, X-3, X-4
3892. Seiverling L, Hendy HM, Williams K. The screening tool of feeding problems applied to children (step-child): psychometric characteristics and associations with child and parent variables. *Res Dev Disabil*. 2011 May-Jun;32(3):1122-9. PMID: 21316919. X-1, X-3, X-4
3893. Seiverling L, Pantelides M, Ruiz HH, et al. The effect of behavioral skills training with general-case training on staff chaining of child vocalizations within natural language paradigm. *Behav Int*. 2010 Feb;25(1):53-75. X-1, X-3, X-4
3894. Seiverling LJ, Hendy HM, Williams KE. Child and parent variables associated with texture problems in children's feeding. *J Dev Phys Disabil*. 2011 Aug;23(4):303-11. X-1, X-3, X-4
3895. Selassie GR-H, Viggedal G, Olsson I, et al. Speech, language, and cognition in preschool children with epilepsy. *Dev Med Child Neurol*. 2008 Jun;50(6):432-8. X-4
3896. Self T, Scudder RR, Weheba G, et al. A virtual approach to teaching safety skills to children with autism spectrum disorder. *Top Lang Disord*. 2007;27(3):242. X-3
3897. Self TL, Coufal K, Parham DF. Allied healthcare providers' role in screening for autism spectrum disorder. *Journal of Allied Health*. 2010 Fal;39(3, Pt1):165-74. X-4
3898. Self TL, Hale LS, Crumrine D. Pharmacotherapy and children with autism spectrum disorder: a tutorial for speech-language pathologists. *Lang Speech Hear Serv Sch*. 2010 Jul;41(3):367-75. X-1, X-2, X-3, X-4
3899. Seltzer MM, Greenberg JS, Floyd F, et al. Life course impacts of parenting a child with a disability. *Am J Ment Retard*. 2001;106(3):265-86. X-1, X-3, X-4
3900. Seltzer MM, Krauss MW, Shattuck PT, et al. The symptoms of autism spectrum disorders in adolescence and adulthood. *J Autism Dev Disord*. 2003 Dec;33(6):565-81. PMID: 14714927. X-4
3901. Seltzer MM, Shattuck P, Abbeduto L, et al. Trajectory of development in adolescents and adults with autism. *Ment Retard Dev Disabil Res Rev*. 2004;10(4):234-47. PMID: 15666341. X-4
3902. Sen E, Yurtsever S. Difficulties experienced by families with disabled children. *J Spec Pediatr Nurs*. 2007 Oct;12(4):238-52. PMID: 17956372. X-4
3903. Senel HG. Parents' views and experiences about complementary and alternative medicine treatments for their children with autistic spectrum disorder. *J Autism Dev Disord*. 2010 Apr;40(4):494-503. PMID: 19904598. X-1, X-3
3904. Sergeant L, Dewsbury G, Johnstone S. Supporting people with complex behavioural difficulties and autistic spectrum disorder in a community setting: an inclusive approach. *Housing, Care & Support*. 2007;10(1):23-30. X-1, X-2, X-3, X-4
3905. 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. PMID: 10654124. X-4

3906. 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. PMID: 7782410. X-4
3907. Serrano AC. Haloperidol -- its use in children. *J Clin Psychiatry*. 1981 Apr;42(4):154-6. PMID: 6937455. X-1, X-2, X-3, X-4
3908. Sersen EA, Heaney G, Clausen J, et al. Brainstem auditory-evoked responses with and without sedation in autism and Down's syndrome. *Biol Psychiatry*. 1990 Apr;27(8):834-40. X-4
3909. Servais V. Some comments on context embodiment in zootherapy: The case of the Autidolfin project. *Anthrozoös*. 1999;12(1):5-15. X-3, X-4
3910. Seth SB. Autism: The impact on caregivers. *Journal of Psychosocial Research*. 2011 Jan-Jun;6(1):149-56. X-4
3911. 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. *J Med Speech Lang Pathol*. 2007 Dec;15(4):337-45. X-1, X-3
3912. 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. PMID: 16403202. X-1, X-3, X-4
3913. Sevy S, Nathanson K, Visweswaraiiah H, et al. The relationship between insight and symptoms in schizophrenia. *Compr Psychiatry*. 2004 Jan-Feb;45(1):16-9. PMID: 14671732. X-4
3914. Sgro MD, Barozzino T, Mirghani HM, et al. Pregnancy outcome post renal transplantation. *Teratology*. 2002 Jan;65(1):5-9. PMID: 11835226. X-2, X-4
3915. Shabani DB, Fisher WW. Stimulus fading and differential reinforcement for the treatment of needle phobia in a youth with autism. *J Appl Behav Anal*. 2006 Win;39(4):449-52. X-1, X-3, X-4
3916. 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. PMID: 11936550. X-1, X-3, X-4
3917. Shabani DB, Wilder DA, Flood WA. Reducing stereotypic behavior through discrimination training, differential reinforcement of other behavior, and self monitoring. *Behav Int*. 2001 Oct-Dec;16(4):279-86. X-1, X-3, X-4
3918. Shabry F, Wolk JA. Granulocytopenia in children after phenothiazine therapy. *Am J Psychiatry*. 1980 Mar;137(3):374-5. PMID: 6101935. X-1, X-3, X-4
3919. Shafer MS, Egel AL, 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. PMID: 6526767. X-1, X-3, X-4
3920. 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. PMID: 15761711. X-4
3921. Shaked M, Bilu Y. Grappling with affliction: Autism in the Jewish ultraorthodox community in Israel. *Cult Med Psychiatry*. 2006 Mar;30(1):1-27. X-2, X-4
3922. Shannon M, Graef JW. Lead intoxication in children with pervasive developmental disorders. *J Toxicol Clin Toxicol*. 1996;34(2):177-81. PMID: 8618251. X-4
3923. 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. PMID: 2533709. X-4
3924. Shapiro T, Frosch E, 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. PMID: 3654498. X-1, X-3, X-4
3925. Sharp WG, Jaquess DL, Morton JF, et al. A retrospective chart review of dietary diversity and feeding behavior of children with autism spectrum disorder before and after admission to a day-treatment program. *Focus Autism Dev Disabil*. 2011 Mar;26(1):37-48. X-1, X-3, X-4
3926. Sharpley CF, Bitsika V, Efremidis B. Influence of gender, parental health, and perceived expertise of assistance upon stress, anxiety, and depression among parents of children with autism. *J Intellect Dev Disabil*. 1997;22(1):19-28. X-4
3927. 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. PMID: 19339334. X-4
3928. Shattuck PT, Seltzer MM, Greenberg JS, et al. Change in autism symptoms and maladaptive behaviors in adolescents and adults with an autism spectrum disorder. *J Autism Dev Disord*. 2007 Oct;37(9):1735-47. PMID: 17146700. X-4
3929. Shattuck PT, Wagner M, Narendorf S, et al. Post-high school service use among young adults with an autism spectrum disorder. *Arch Pediatr Adolesc Med*. 2011 Feb;165(2):141-6. PMID: 21300654. X-4
3930. Shavelle RM, Strauss D. Comparative mortality of persons with autism in California, 1980-1996. *J Insur Med*. 1998;30(4):220-5. PMID: 10537926. X-4

3931. Shaw P, Rapoport JL. Decision making about children with psychotic symptoms: using the best evidence in choosing a treatment. *J Am Acad Child Adolesc Psychiatry*. 2006 Nov;45(11):1381. X-1, X-3, X-4
3932. Shaw W. Increased urinary excretion of a 3-(3-hydroxyphenyl)-3-hydroxypropionic acid (HPPA), an abnormal phenylalanine metabolite of *Clostridia* spp. in the gastrointestinal tract, in urine samples from patients with autism and schizophrenia. *Nutr Neurosci*. 2010 Jun;13(3):135-43. PMID: 20423563. X-3, X-4
3933. 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. *Pediatr*. 2004 Nov;114(5):e634-41. PMID: 15492353. X-1, X-3, X-4
3934. Shea V. A perspective on the research literature related to early intensive behavioral intervention (Lovaas) for young children with autism. *Autism*. 2004 Dec;8(4):349-67. X-2, X-4
3935. Shea V. A perspective on the research literature related to early intensive behavioral intervention (Lovaas) for young children with autism. *Commun Disord Q*. 2005 Win;26(2):102-11. X-2, X-4
3936. Sheinkopf SJ, Siegel B. Home-based behavioral treatment of young children with autism. *J Autism Dev Disord*. 1998 Feb;28(1):15-23. PMID: 9546298. X-1, X-3, X-4
3937. Sheitman BB, Knable MB, Jarskog LF, et al. Secretin for refractory schizophrenia. *Schizophr Res*. 2004 Feb 1;66(2-3):177-81. PMID: 15061251. X-1, X-3, X-4
3938. 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. PMID: 15796120. X-2, X-4
3939. Sheldrick RC, Perrin EC. Medical home services for children with behavioral health conditions. *J Dev Behav Pediatr*. 2010 Feb-Mar;31(2):92-9. PMID: 20110825. X-1, X-3, X-4
3940. Sheng L, Ding X, Ferguson M, et al. Prenatal polycyclic aromatic hydrocarbon exposure leads to behavioral deficits and downregulation of receptor tyrosine kinase, MET. *Toxicol Sci*. 2010 Dec;118(2):625-34. PMID: 20889680. X-1, X-3, X-4
3941. Sheppard S. Autism outreach services—influencing inclusive practice? *Educ Child Psychol*. 2000;17(4):17-28. X-1, X-3, X-4
3942. 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. PMID: 11151482. X-1, X-3, X-4
3943. Sherer MR, Schreibman L. Individual behavioral profiles and predictors of treatment effectiveness for children with autism. *J Consult Clin Psychol*. 2005 Jun;73(3):525-38. PMID: 15982150. X-1, X-3, X-4
3944. 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. PMID: 3342136. X-4
3945. Sherman J, Barker P, Lorimer P, et al. Treatment of autistic children: relative effectiveness of residential, outpatient and home-based interventions. *Child Psychiatry Hum Dev*. 1988 Winter;19(2):109-25. PMID: 3229155. X-1, X-3, X-4
3946. 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. PMID: 2606883. X-3
3947. Sherratt D. Developing pretend play in children with autism: a case study. *Autism*. 2002 Jun;6(2):169-79. PMID: 12083283. X-1, X-3, X-4
3948. Sheth RD, Goulden KJ, Ronen GM. Aggression in children treated with clobazam for epilepsy. *Clin Neuropharmacol*. 1994 Aug;17(4):332-7. PMID: 9316680. X-1, X-3, X-4
3949. 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. PMID: 16174311. X-4
3950. Shields J. The NAS EarlyBird Programme: autism-specific early intervention for parents. *Prof Care Mother Child*. 2000;10(2):53-4. PMID: 11040767. X-2
3951. Shields J. The NAS EarlyBird Programme: partnership with parents in early intervention. *Autism*. 2001 Mar;5(1):49-56. PMID: 11708389. X-2
3952. Shields-Wolfe J, 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-3
3953. Shih A, Rosanoff M, Wallace S, et al. Autism speaks global autism public health initiative: bridging gaps in autism awareness, research, and services around the world. *Beijing Da Xue Xue Bao*. 2009 Aug 18;41(4):389-91. PMID: 19845067. X-1, X-2, X-3, X-4
3954. Shillingsburg MA, Valentino AL. Teaching a child with autism to mand for information using "how." *Anal Verbal Behav*. 2011;27:179-84. X-3
3955. Shillingsburg MA, Valentino AL, Bowen CN, et al. Teaching children with autism to request information. *Res Autism Spectr Disord*. 2011 Jan-Mar;5(1):670-9. X-3

3956. 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. PMID: 12042920. X-1, X-2, X-3, X-4
3957. Shimoji T, Tomiyama N. Mild trigonocephaly and intracranial pressure: report of 56 patients. *Childs Nerv Syst.* 2004 Oct;20(10):749-56. PMID: 15185114. X-4
3958. Shine R, Perry A. The relationship between parental stress and intervention outcome of children with autism. *J Dev Disabil.* 2010;16(2):64-6. X-1, X-3, X-4
3959. 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. PMID: 6537390. X-3
3960. Shireman TI, Reichard A, Nazir N, et al. Quality of diabetes care for adults with developmental disabilities. *Disabil Health J.* 2010 Jul;3(3):179-85. PMID: 21122783. X-1, X-3, X-4
3961. Shireman TI, Reichard A, Rigler SK. Psychotropic medication use among Kansas Medicaid youths with disabilities. *J Child Adolesc Psychopharmacol.* 2005 Feb;15(1):107-15. PMID: 15741792. X-4
3962. Shogren KA, Lang R, Machalicek W, et al. Self-versus teacher management of behavior for elementary school students with asperger syndrome: Impact on classroom behavior. *J Posit Behav Interv.* 2011 Apr;13(2):87-96. X-1, X-3, X-4
3963. Shook GL, Ala'i-Rosales S, Glenn SS. Training and certifying behavior analysts. *Behav Modif.* 2002 Jan;26(1):27-48. PMID: 11799652. X-2, X-4
3964. 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. PMID: 6746793. X-3
3965. Shtayermman O. Suicidal ideation and comorbid disorders in adolescents and young adults diagnosed with asperger's syndrome: a population at risk. *J Hum Behav Soc Environ.* 2008;18(3):301-28. X-4
3966. Shtayermman O. An exploratory study of the stigma associated with a diagnosis of asperger's syndrome: the mental health impact on the adolescents and young adults diagnosed with a disability with a social nature. *J Hum Behav Soc Environ.* 2009;19(3):298-313. X-3, X-4
3967. Shu BC, 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. PMID: 15634311. X-4
3968. Shukla-Mehta S, Miller T, Callahan KJ. Evaluating the effectiveness of video instruction on social and communication skills training for children with autism spectrum disorders: a review of the literature. *Focus Autism Dev Disabil.* 2010;25(1):23-36. X-2, X-4
3969. Shute N. Desperate for an autism cure. *Sci Am.* 2010 Oct;303(4):80-5. PMID: 20923134. X-1
3970. Shuttleworth J. The suffering of asperger children and the challenge they present to psychoanalytic thinking. *J Child Psychother.* 1999 Aug;25(2):239-65. X-1, X-3, X-4
3971. Shyu Y-IL, Tsai J-L, Tsai W-C. Explaining and selecting treatments for autism: parental explanatory models in Taiwan. *J Autism Dev Disord.* 2010 Nov;40(11):1323-31. X-3
3972. Siaperas P, 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. PMID: 16908477. X-3
3973. Siaperas P, Higgins S, Proios P. Challenging behaviours on people with autism: a case study on the effect of a residential training programme based on structured teaching and TEACCH method. *Psychiatriki.* 2007 Oct-Dec;18(4):343-50. X-3
3974. Sidener TM, Carr JE, Firth AM. Superimposition and withholding of edible consequences as treatment for automatically reinforced stereotypy. *J Appl Behav Anal.* 2005 Spring;38(1):121-4. PMID: 15898482. X-1, X-3, X-4
3975. 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. PMID: 16298103. X-1, X-3, X-4
3976. Sidoli M. The little puppet: working with autistic defences in mother-infant psychotherapy. *J Anal Psychol.* 2000 Apr;45(2):159-75. PMID: 14533392. X-4
3977. Siegel B. Autistic learning disabilities and individualizing treatment for autistic spectrum disorders. *Infants Young Child.* 1999 Oct;12(2):27-36. X-1, X-2, X-3, X-4
3978. Sigafos 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. PMID: 15449516. X-3
3979. Sigafos 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. PMID: 7814311. X-1, X-3, X-4
3980. Sigafos J, Meikle B. Functional communication training for the treatment of multiply determined challenging behavior in two boys with autism. *Behav Modif.* 1996 Jan;20(1):60-84. X-1, X-3, X-4

3981. 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. *J Intellect Dev Disabil.* 2006 Dec;31(4):196-203. X-1, X-3, X-4
3982. 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. PMID: 15193671. X-3
3983. Sigafoos J, Pittendreigh N, Pennell D. Parent and teacher ratings of challenging behaviour in young children with developmental disabilities. *Br J Learn Disabil.* 1997;25(1):13-7. X-1, X-3, X-4
3984. 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. PMID: 8050981. X-1, X-3, X-4
3985. Sigafoos J, Roberts-Pennell D, 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. PMID: 10198944. X-4
3986. Sigafoos J, Sagggers E. A discrete-trial approach to the functional analysis of aggressive behaviour in two boys with autism. *Aust NZ J Dev Disabil.* 1995;20(4):287-97. X-1, X-3, X-4
3987. Sigman M, McGovern CW. Improvement in cognitive and language skills from preschool to adolescence in autism. *J Autism Dev Disord.* 2005 Feb;35(1):15-23. PMID: 15796118. X-4
3988. 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. PMID: 10412222. X-4
3989. 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. PMID: 15718616. X-2, X-4
3990. Siller M, 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. PMID: 18999331. X-1, X-3, X-4
3991. Silliman ER, Diehl SF, Bahr RH, et al. Clinical forum. A new look at performance on theory-of-mind tasks by adolescents with autism spectrum disorder. *Lang Speech Hear Serv Sch.* 2003;34(3):236. X-3
3992. Silva LM, Ayres R, 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. PMID: 18826014. X-1, X-3, X-4
3993. Silva LM, 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. PMID: 15974490. X-1, X-3, X-4
3994. 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. PMID: 17597498. X-1, X-3, X-4
3995. 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. PMID: 19708471. X-1, X-3, X-4
3996. Silva RR, Malone RP, Anderson LT, et al. Haloperidol withdrawal and weight changes in autistic children. *Psychopharmacol Bull.* 1993;29(2):287-91. PMID: 8290679. X-4
3997. Silveira R, Jainier AK, Bates G. Fluoxetine treatment of selective mutism in pervasive developmental disorder. *Int J Psychiatry Clin Pract.* 2004 Sep;8(3):179-80. X-1, X-3, X-4
3998. Silver AA. Children with autistic behavior in a self-contained unit in the public schools. *J Dev Behav Pediatr.* 1986 Apr;7(2):84-92. X-4
3999. 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. PMID: 15488957. X-4
4000. 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. PMID: 19516031. X-2
4001. Simon EW, et al. A case study: follow-up assessment of facilitated communication. *J Autism Dev Disord.* 1996 Feb;26(1):9-18. X-3, X-4
4002. Simonson LR, Simonson SM, Volkmar FR. Benhaven's residential program. *J Autism Dev Disord.* 1990 Sep;20(3):323-37. PMID: 2228915. X-2, X-4
4003. Simpson A, Langone J, Ayres KM. Embedded video and computer based instruction to improve social skills for students with autism. *Educ Train Dev Disabil.* 2004;39(3):240-52. X-3
4004. Simpson CG, Gaus MD, Biggs MJG, et al. Physical education and implications for students with asperger's syndrome. *Teach Except Child.* 2010 Jul-Aug;42(6):48-56. X-3

4005. Simpson K, Keen D. Music interventions for children with autism: narrative review of the literature. *J Autism Dev Disord.* 2011 Nov;41(11):1507-14. X-1, X-2, X-3, X-4
4006. Simpson R. Tips for practitioners: reinforcement of social story compliance. *Focus on Autistic Behavior.* 1993 Aug;8(3):15-6. PMID: 1994-10542-001. X-1, X-2, X-3, X-4
4007. Simpson RL. Children and youth with autism in an age of reform: a perspective on current issues. *Behav Disord.* 1995 Nov;21(1):7-20. X-1, X-2, X-3, X-4
4008. Simpson RL. ABA and students with autism spectrum disorders: issues and considerations for effective practice. *Focus Autism Dev Disabil.* 2001 Sum;16(2):68-71. X-1, X-2, X-3, X-4
4009. Simpson RL. Finding effective intervention and personnel preparation practices for students with autism spectrum disorders. *Except Child.* 2004 Win;70(2):135-44. X-2
4010. Simpson RL, de Boer-Ott SR, Smith-Myles B. Inclusion of learners with autism spectrum disorders in general education settings. *Top Lang Disord.* 2003 Apr-Jun;23(2):116-33. X-1, X-2, X-3, X-4
4011. Simpson RL, Griswold DE, Myles BS. Educators' assessment accommodation preferences for students with autism. *Focus Autism Dev Disabil.* 1999 Win;14(4):212-19,30. X-1, X-2, X-3, X-4
4012. 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):203-17. X-2, X-4
4013. Singh I. Prolonged oculogyric crisis on addition of nifedipine to neuroleptic medication regime. *British Journal of Psychiatry.* 1987 Jan;150:127-8. X-3
4014. Singh J, Illes J, Lazzeroni L, et al. Trends in US autism research funding. *J Autism Dev Disord.* 2009 May;39(5):788-95. PMID: 19148735. X-2, X-4
4015. Singh NN, Lancioni GE, Manikam R, et al. A mindfulness-based strategy for self-management of aggressive behavior in adolescents with autism. *Res Autism Spectr Disord.* 2011 Jul-Sep;5(3):1153-8. X-3
4016. 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. PMID: 17932234. X-4
4017. Singh NN, Lancioni GE, Winton ASW, et al. Mindful parenting decreases aggression, noncompliance, and self-injury in children with autism. *J Emot Behav Disord.* 2006 Fall;14(3):169-77. X-4
4018. Singh VK, Jensen RL. Elevated levels of measles antibodies in children with autism. *Pediatr Neurol.* 2003 Apr;28(4):292-4. PMID: 12849883. X-4
4019. Siu AM, Lai CY, Chiu AS, et al. Development and validation of a fine-motor assessment tool for use with young children in a Chinese population. *Res Dev Disabil.* 2011 Jan-Feb;32(1):107-14. PMID: 20956068. X-1, X-3, X-4
4020. Sjogreen L, Andersson-Norinder J, Jacobsson C. Development of speech, feeding, eating, and facial expression in Mobius sequence. *Int J Pediatr Otorhinolaryngol.* 2001 Sep 28;60(3):197-204. PMID: 11551610. X-4
4021. Skaines N, Rodger S, Bundy A. Playfulness in children with autistic disorder and their typically developing peers. *Br J Occup Ther.* 2006;69(11):505-12. X-1, X-3, X-4
4022. Skokut M, Robinson S, Openden D, et al. Promoting the social and cognitive competence of children with autism: interventions at school. *Calif School Psychol.* 2008;13:93-108. X-2
4023. Sloan JL, 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. PMID: 6927704. X-1, X-3, X-4
4024. Smith A, McCann R, 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. PMID: 12109394. X-4
4025. Smith A, Yarwood J, Salisbury DM. Tracking mothers' attitudes to MMR immunisation 1996-2006. *Vaccine.* 2007 May 16;25(20):3996-4002. PMID: 17395344. X-4
4026. Smith B, Chung MC, Vostanis P. The path to care in autism: is it better now? *J Autism Dev Disord.* 1994 Oct;24(5):551-63. PMID: 7814305. X-4
4027. Smith C. Using social stories to enhance behaviour in children with autistic spectrum difficulties. *Educ Psychol Prac.* 2001 Dec;17(4):337-45. X-3, X-4
4028. 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. PMID: 12427166. X-1, X-3, X-4
4029. Smith C, Goddard S, Fluck M. A scheme to promote social attention and functional language in young children with communication difficulties and autistic spectrum disorder. *Educ Psychol Prac.* 2004 Dec;20(4):319-33. X-1, X-3, X-4

4030. 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. PMID: 4030662. X-3
4031. Smith DL, Gillon GT. Autistic spectrum disorder: caseload characteristics, and interventions implemented by speech-language therapists. *Kairaranga*. 2004;5(2):46-54. X-1, X-3, X-4
4032. Smith EG, Bennetto L. Audiovisual speech integration and lipreading in autism. *J Child Psychol Psychiatry*. 2007 Aug;48(8):813-21. PMID: 17683453. X-4
4033. Smith IM, Koegel RL, Koegel LK, et al. Effectiveness of a novel community-based early intervention model for children with autistic spectrum disorder. *Am J Intellect Dev Disabil*. 2010 Nov;115(6):504-23. PMID: 20946003. X-1, X-3, X-4
4034. Smith JJ. How to fix an az-burger. *Reclaiming Child Youth*. 2010;19(1):7-11. X-1, X-2, X-3, X-4
4035. Smith KRM, Matson JL. Behavior Problems: differences among intellectually disabled adults with comorbid autism spectrum disorders and epilepsy. *Res Dev Disabil: A Multidisciplinary Journal*. 2010 Sep-Oct;31(5):1062-9. X-4
4036. Smith L. Ethical principles in practice: evidence from participatory action research. *Kairaranga*. 2008;9 spec iss:16-21. X-1, X-2, X-3, X-4
4037. Smith MD. Use of similar sensory stimuli in the community-based treatment of self-stimulatory behavior in an adult disabled by autism. *J Behav Ther Exp Psychiatry*. 1986 Jun;17(2):121-5. X-3
4038. Smith MD, Belcher R. Teaching life skills to adults disabled by autism. *J Autism Dev Disord*. 1985 Jun;15(2):163-75. PMID: 1985-28880-001. X-3
4039. Smith MD, Belcher RG. Brief report: facilitated communication with adults with autism. *J Autism Dev Disord*. 1993 Mar;23(1):175-83. PMID: 8463197. X-3
4040. Smith MD, Coleman D. Managing the behavior of adults with autism in the job setting. *J Autism Dev Disord*. 1986 Jun;16(2):145-54. PMID: 1986-25559-001. X-3
4041. Smith MD, Haas PJ, 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. PMID: 8050988. X-3
4042. 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. PMID: 18381512. X-2, X-4
4043. Smith MJ, Woods CR, Marshall GS. Parental vaccine concerns in Kentucky. *J Ky Med Assoc*. 2009 Sep;107(9):342-9. PMID: 19813430. X-4
4044. Smith MR, Lerman DC. A preliminary comparison of guided compliance and high-probability instructional sequences as treatment for noncompliance in children with developmental disabilities. *Res Dev Disabil*. 1999 May-Jun;20(3):183-95. X-1, X-3, X-4
4045. 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. PMID: 16124208. X-3
4046. Smith SG, Gupta KK, Smith SH. Effects of naltrexone on self-injury, stereotypy, and social behavior of adults with developmental disabilities. *J Dev Phys Disabil. Special Issue: Pharmacotherapy III*. 1995 Jun;7(2):137-46. X-3
4047. Smith T. Improving memory to promote maintenance of treatment gains in children with autism. *Psychol Rec*. 1994 Fal;44(4):459-73. X-1, X-3, X-4
4048. Smith T. Discrete trial training in the treatment of autism. *Focus Autism Dev Disabil*. 2001 Sum;16(2):86-92. X-2
4049. Smith T, Antolovich M. Parental perceptions of supplemental interventions received by young children with autism in intensive behavior analytic treatment. *Behav Int*. 2000 Apr-Jun;15(2):83-97. X-2, X-4
4050. Smith T, Buch GA, Gamby TE. Parent-directed, intensive early intervention for children with pervasive developmental disorder. *Res Dev Disabil*. 2000 Jul-Aug;21(4):297-309. PMID: 10983784. X-1, X-3, X-4
4051. 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. PMID: 9394133. X-1, X-3, X-4
4052. Smith T, et al. Comments on replication and evaluation of outcome. *Am J Ment Retard*. 1993 Jan;97(4):385-91. X-1, X-2, X-3, X-4
4053. Smith T, Groen AD, Wynn JW. Randomized trial of intensive early intervention for children with pervasive developmental disorder. *Am J Ment Retard*. 2000 Jul;105(4):269-85. PMID: 10934569. X-1, X-3, X-4
4054. Smith T, Lovaas OI. Intensive and early behavioral intervention with autism: the UCLA young autism project. *Infants Young Child*. 1998 Jan;10(3):67-78. X-1, X-3, X-4
4055. Smith T, Lovass OI. The UCLA young autism project: a reply to Gresham and Macmillan. *Behav Disord*. 1997 Aug;22(4):202-18. X-1, X-2, X-3, X-4

4056. Smith T, Mruzek DW, Wheat LA, et al. Error correction in discrimination training for children with autism. *Behav Int.* 2006 Nov;21(4):245-63. X-1, X-3, X-4
4057. Smith T, Scahill L, Dawson G, et al. Designing research studies on psychosocial interventions in autism. *J Autism Dev Disord.* 2007 Feb;37(2):354-66. X-2, X-4
4058. Smukler D. Unauthorized minds: how "theory of mind" theory misrepresents autism. *Ment Retard.* 2005 Feb;43(1):11-24. PMID: 15628930. X-2, X-4
4059. Smyth C, Slevin E. Experiences of family life with an autism assistance dog. *Learn Disabil Pract.* 2010;13(4):12-7. X-3
4060. Smyth P, Hardy N. Evan's frequency of hand-biting during a six- hour school day. *J Precision Teach Celeration.* 2002 Fal;18(2):67-8. X-1, X-3, X-4
4061. Snead RW, Boon F, Presberg J. Paroxetine for self-injurious behavior. *J Am Acad Child Adolesc Psychiatry.* 1994 Jul-Aug;33(6):909-10. X-3
4062. Snell ME. Using dynamic assessment with learners who communicate nonsymbolically. *AAC.* 2002;18(3):163-76. X-1, X-2, X-3, X-4
4063. 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. PMID: 16836048. X-4
4064. Snyder A, Bossomaier T, Mitchell DJ. Concept formation: 'object' attributes dynamically inhibited from conscious awareness. *J Integr Neurosci.* 2004 Mar;3(1):31-46. PMID: 15139077. X-2, X-4
4065. Soares DA, Vannest KJ, Harrison J. Computer aided self-monitoring to increase academic production and reduce self-injurious behavior in a child with autism. *Behav Int.* 2009 Jul;24(3):171-83. X-3
4066. Sobel DM, Capps LM, Gopnik A. Ambiguous figure perception and theory of mind understanding in children with autistic spectrum disorders. *Br J Dev Psychol.* 2005;23(Part 2):159-74. X-4
4067. 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. PMID: 17503250. X-4
4068. Soenksen D, Alper S. Teaching a young child to appropriately gain attention of peers using a social story intervention. *Focus Autism Dev Disabil.* 2006 Spr;21(1):36-44. X-1, X-3, X-4
4069. Sofronoff K, Attwood T, 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. PMID: 16238662. X-1, X-3, X-4
4070. 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. PMID: 17082978. X-1
4071. Sofronoff K, 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. PMID: 12212918. X-1, X-3, X-4
4072. Sofronoff K, Leslie A, 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. PMID: 15358872. X-1, X-3, X-4
4073. Soke GN, Philofsky A, Diguiseppi C, et al. Longitudinal changes in scores on the Autism Diagnostic Interview—Revised (ADI-R) in pre-school children with autism. *Autism.* 2011;15(5):545-62. X-1, X-3, X-4
4074. Sokhadze E, Baruth J, El-Baz A, et al. Impaired error monitoring and correction function in autism. *J Neurother.* 2010;14(2):79-95. X-3
4075. Sokhadze E, Baruth J, Tasman A, et al. Low-frequency repetitive transcranial magnetic stimulation (rTMS) affects event-related potential measures of novelty processing in autism. *Appl Psychophysiol Biofeedback.* 2010 Jun;35(2):147-61. PMID: 19941058. X-3, X-4
4076. 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. *J Autism Dev Disord.* 2009 Apr;39(4):619-34. PMID: 19030976. X-3
4077. Sokol DK, Dunn DW, Edwards-Brown M, et al. Hydrogen proton magnetic resonance spectroscopy in autism: Preliminary evidence of elevated choline/creatine ratio. *J Child Neurol.* 2002 Apr;17(4):245-9. X-4
4078. Sokolski KN, Chicz-Demet A, Demet EM. Case Report. Selective serotonin reuptake inhibitor-related extrapyramidal symptoms in autistic children: a case series. *J Child Adolesc Psychopharmacol.* 2004 Spr;14(1):143-7. X-4
4079. Solomon M, Goodlin-Jones BL, 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. PMID: 15679185. X-1, X-3, X-4

4080. 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. PMID: 18401693. X-1, X-3, X-4
4081. 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.* 2007;11(3):205-24. X-1, X-3, X-4
4082. Son SH, Sigafos 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. PMID: 17111565. X-1, X-3, X-4
4083. Soorya L, Kiarashi J, Hollander E. Psychopharmacologic interventions for repetitive behaviors in autism spectrum disorders. *Child Adolesc Psychiatr Clin N Am.* 2008 Oct;17(4):753-71, viii. PMID: 18775368. X-2, X-4
4084. 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. PMID: 2198295. X-4
4085. Soshensky R. Developing a guitar-based approach in Nordoff-Robbins music therapy. *Music Ther Perspect.* 2005;23(2):111-7. X-2, X-4
4086. 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. PMID: 12444425. X-4
4087. Sourander A, Helenius H, 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. PMID: 8989559. X-1, X-3, X-4
4088. Soutor TA, Houlihan D, Young A. An examination of response covariation on the behavioral treatment of identical twin boys with multiple behavioral disorders. *Behav Int.* 1994 Jul;9(3):141-55. X-1, X-3, X-4
4089. 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):40-3. PMID: 1989-37566-001. X-3
4090. Sowden H, Perkins M, Clegg J. The co-development of speech and gesture in children with autism. *Clin Linguist Phon.* 2008 Oct-Nov;22(10-11):804-13. PMID: 18608250. X-1, X-3, X-4
4091. Sowden H, Perkins M, Clegg J. Context and communication strategies in naturalistic behavioural intervention: a framework for understanding how practitioners facilitate communication in children with ASD. *Child Lang Teach Ther.* 2011 Feb;27(1):21-38. X-1, X-3, X-4
4092. 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. PMID: 16462688. X-2
4093. Spann SJ, Kohler FW, Soenksen D. Examining parents' involvement in and perceptions of special education services: an interview with families in a parent support group. *Focus Autism Dev Disabil.* 2003 Win;18(4):228-37. X-1, X-4
4094. Sparkes E, Tanner P, Bouthillier M, et al. Developing expert practice. *Adventures in research: the early steps: examining the Wilbarger protocol for children with autism.* *Occup Ther Now.* 2002;4(3):7-8. X-1, X-2, X-3, X-4
4095. 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. PMID: 3700905. X-1, X-3, X-4
4096. Spector JE. Sight word instruction for students with autism: an evaluation of the evidence base. *J Autism Dev Disord.* 2011 Oct;41(10):1411-22. X-1, X-2, X-3
4097. Speers T, Lewis J. Journalists and jabs: media coverage of the MMR vaccine. *Commun Med.* 2004;1(2):171-81. PMID: 16808699. X-4
4098. Speirs S, Yelland G, Rinehart N, et al. Lexical processing in individuals with high-functioning autism and Asperger's disorder. *Autism.* 2011;15(3):307-25. X-1, X-3, X-4
4099. Spence SJ, Tasker RC, Pomeroy SL. Recent advances in autism spectrum disorders. *Curr Opin Pediatr.* 2011 Dec;23(6):607-8. PMID: 21970831. X-1, X-2, X-3, X-4
4100. Spencer EK, Alpert M, 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. PMID: 7831455. X-4
4101. 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. PMID: 16541987. X-4

4102. Spencer TD, Petersen DB, Gillam SL. Picture Exchange Communication System (PECS) or sign language: an evidence-based decision-making example. *Teach Except Child*. 2008 Nov-Dec;41(2):40-7. X-2
4103. Spencer VG, Simpson CG, Lynch SA. Using social stories to increase positive behaviors for children with autism spectrum disorders. *Interv School Clinic*. 2008;44(1):58-61. X-2
4104. Spensley S. Cognitive deficit, mindlessness and psychotic depression: observations of a "born loser." *J Child Psychother*. 1985;11(1):33-50. X-1, X-3, X-4
4105. Spensley S. Mentally ill or mentally handicapped? A longitudinal study of severe learning disorder. *Psychoanal Psychother*. 1985;1(3):55-70. X-3
4106. 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. PMID: 9648643. X-1, X-2, X-3, X-4
4107. Sperry L, Neitzel J, Engelhardt-Wells K. Peer-mediated instruction and intervention strategies for students with autism spectrum disorders. *Prev School Failure*. 2010;54(4):256-64. X-1, X-2, X-3
4108. Sponheim E, Oftedal G, Helverschou SB. Multiple doses of secretin in the treatment of autism: a controlled study. *Acta Paediatr*. 2002;91(5):540-5. PMID: 12113323. X-1, X-3, X-4
4109. 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. PMID: 12014793. X-4
4110. Sprague JR, Horner RH. Covariation within functional response classes: implications for treatment of severe problem behavior. *J Appl Behav Anal*. 1992 Fal;25(3):735-45. X-1, X-3, X-4
4111. Sprong M, Becker HE, Schothorst PF, et al. Pathways to psychosis: a comparison of the pervasive developmental disorder subtype multiple complex developmental disorder and the "at risk mental state". *Schizophr Res*. 2008 Feb;99(1-3):38-47. PMID: 18055179. X-4
4112. Srinath S, Chowdhury J, Bhide AV, et al. Descriptive study of infantile autism. *NIMHANS*. 1989 Jan;7(1):77-81. X-3
4113. 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. PMID: 11490675. X-2
4114. St Pourcain B, Wang K, Glessner JT, et al. Association between a high-risk autism locus on 5p14 and social communication spectrum phenotypes in the general population. *Am J Psychiatry*. 2010 Nov;167(11):1364-72. PMID: 20634369. X-1, X-3, X-4
4115. St. Clair MC, Durkin K, Conti-Ramsden G, et al. Growth of reading skills in children with a history of specific language impairment: the role of autistic symptomatology and language-related abilities. *Br J Dev Psychol*. 2010;28(Part 1):109-31. X-4
4116. Stahmer AC. Teaching symbolic play skills to children with autism using pivotal response training. *J Autism Dev Disord*. 1995 Apr;25(2):123-41. PMID: 7559281. X-1, X-3, X-4
4117. 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. PMID: 17086438. X-4
4118. Stahmer AC, Aarons GA. Attitudes toward adoption of evidence-based practices: a comparison of autism early intervention providers and children's mental health providers. *Psychological Services*. 2009 Aug;6(3):223-34. X-1, X-3, X-4
4119. Stahmer AC, Akshoomoff N, Cunningham AB. Inclusion for toddlers with autism spectrum disorders: the first ten years of a community program. *Autism*. 2011 Sep;15(5):625-41. X-1, X-3, X-4
4120. Stahmer AC, Carter C, Baker M, et al. Parent perspectives on their toddlers' development: comparison of regular and inclusion childcare. *Early Child Dev Care*. 2003 Oct;173(5):477-88. X-1, X-3, X-4
4121. Stahmer AC, Collings NM, Palinkas LA. Early intervention practices for children with autism: descriptions from community providers. *Focus Autism Dev Disabil*. 2005 Sum;20(2):66-79. X-4
4122. Stahmer AC, Gist K. The effects of an accelerated parent education program on technique mastery and child outcome. *J Posit Behav Interv*. 2001 Spr;3(2):75-82. X-1, X-3, X-4
4123. Stahmer AC, Ingersoll B. Inclusive programming for toddlers with autism spectrum disorders: outcomes from the children's toddler school. *J Posit Behav Interv*. 2004;6(2):67-82. X-1, X-3, X-4
4124. Stahmer AC, Ingersoll B, Koegel RL. Inclusive programming for toddlers autism spectrum disorders: outcomes from the Children's Toddler School. *J Posit Behav Interv*. 2004 Spr;6(2):67-82. X-1, X-3, X-4

4125. Stahmer AC, 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. PMID: 1634432. X-1, X-3, X-4
4126. Stahmer AC, Suhrheinrich J, Reed S, et al. Pivotal response teaching in the classroom setting. *Prev School Failure.* 2010;54(4):265-74. X-1, X-2, X-3
4127. Staines R. School nurses can help identify children with undiagnosed autism. *Paediatr Nurs.* 2010 Mar;22(2):7. PMID: 20373658. X-2, X-4
4128. Standen PJ, Brown DJ. Virtual reality in the rehabilitation of people with intellectual disabilities: review. *CyberPsychol Behav. Special Issue: Use of Virtual Environments in Training and Rehabilitation: International Perspectives.* 2005 Jun;8(3):272-82. X-2, X-4
4129. Starkova L, Wiedermann J. Our experience with incisive neuroleptic drugs in child psychiatry. *Acta Univ Palacki Olomuc Fac Med.* 1991;131:213-7. PMID: 1687949. X-1, X-2, X-3, X-4
4130. Starr EM, Foy JB, Cramer KM. Parental perceptions of the education of children with pervasive developmental disorders. *Educ Train Ment Retard Dev Disabil.* 2001 Mar;36(1):55-68. X-4
4131. Stavrakaki C, Antochi R, Emery PC. Olanzapine in the treatment of pervasive developmental disorders: a case series analysis. *J Psychiatry Neurosci.* 2004 Jan;29(1):57-60. PMID: 14719051. X-3, X-2
4132. Stavrou E, French JL. The K-ABC and cognitive processing styles in autistic children. *J Sch Psychol.* 1992 Fall;30(3):259-67. X-4
4133. Steege MW, Mace FC, Perry L, et al. Applied behavior analysis: beyond discrete trial teaching. *Psychol Sch.* 2007 Jan;44(1):91-9. X-2
4134. 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. PMID: 19052186. X-1, X-3, X-4
4135. 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. PMID: 12880876. X-4
4136. 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. PMID: 11518489. X-2
4137. 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. PMID: 15502529. X-2
4138. Stein SJ, McNair C. The changing nature of diagnosis in an inpatient service over 20 years. *J Abnorm Child Psychol.* 1983 Sep;11(3):443-61. PMID: 6643862. X-4
4139. Steiner AM. A strength-based approach to parent education for children with autism. *J Posit Behav Interv.* 2011 Jul;13(3):178-90. X-1, X-3, X-4
4140. Steingard R, Biederman J. Lithium responsive manic-like symptoms in two individuals with autism and mental retardation. *J Am Acad Child Adolesc Psychiatry.* 1987 Nov;26(6):932-5. X-3
4141. Steingard RJ, Zimnitzky B, DeMaso DR, et al. Sertraline treatment of transition-associated anxiety and agitation in children with autistic disorder. *J Child Adolesc Psychopharmacol.* 1997 Spring;7(1):9-15. PMID: 9192538. X-1, X-3, X-4
4142. Stel M, van den Heuvel C, Smeets RC. Facial feedback mechanisms in autistic spectrum disorders. *J Autism Dev Disord.* 2008 Aug;38(7):1250-8. PMID: 18293075. X-4
4143. Stengel BE. Developmental group therapy with autistic and other severely psychosocially handicapped adolescents. *Int J Group Psychother.* 1987 Jul;37(3):417-31. PMID: 3667016. X-3
4144. Stephens CE. Spontaneous imitation by children with autism during a repetitive musical play routine. *Autism.* 2008 Nov;12(6):645-71. PMID: 19005033. X-1, X-3, X-4
4145. Stephenson J, Carter M. The use of weighted vests with children with autism spectrum disorders and other disabilities. *J Autism Dev Disord.* 2009 Jan;39(1):105-14. X-2
4146. Stephenson MB. Famotidine (Pepcid) and autistic spectrum disorders: a reason for optimism, or for heartburn? *Sci Rev Ment Health Prac.* 2002 Fal-Win;1(2):184-8. X-2, X-4
4147. Sterling-Turner HE, Jordan SS. Interventions addressing transition difficulties for individuals with autism. *Psychol Sch.* 2007 Sep;44(7):681-90. X-2, X-4
4148. 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. PMID: 2195054. X-1, X-3, X-4
4149. Stevens S, Gruzelier J. Electrodermal activity to auditory stimuli in autistic, retarded, and normal children. *J Autism Dev Disord.* 1984 Sep;14(3):245-60. PMID: 6480545. X-1, X-3, X-4
4150. Stevenson CL, Krantz PJ, McClannahan LE. Social interaction skills for children with autism: a script-fading procedure for nonreaders. *Behav Int.* 2000 Jan-Mar;15(1):1-20. X-1, X-3, X-4

4151. Stevenson RA, VanDerKlok RM, Pisoni DB, et al. Discrete neural substrates underlie complementary audiovisual speech integration processes. *Neuroimage*. 2011 Apr 1;55(3):1339-45. PMID: 21195198. X-1, X-3, X-4
4152. Steward R. On the record: Robyn Steward. Interview by Alita Howe. *Ment Health Today*. 2010 Dec-2011 Jan;38. PMID: 21235057. X-1, X-2, X-3, X-4
4153. Stewart AM. When vaccine injury claims go to court. *N Engl J Med*. 2009 Jun 11;360(24):2498-500. PMID: 19516030. X-2
4154. Stichter JP, Herzog MJ, Visovsky K, et al. Social competence intervention for youth with asperger syndrome and high-functioning autism: an initial investigation. *J Autism Dev Disord*. 2010 Sep;40(9):1067-79. PMID: 20162344. X-1, X-4
4155. 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):219-32. X-2
4156. 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. PMID: 19191017. X-2
4157. Stigler KA, Diener, J.T., Kohn, A.E., Erickson, C.A., Posey, D.J., McDougle, C.J. A prospective, open-label study of aripiprazole in youth with pervasive developmental disorder not otherwise specified and asperger's disorder. *J Child Adolesc Psychopharmacol*. 2009;19(3):265-74. X-6
4158. 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. PMID: 15142391. X-1, X-3, X-4
4159. 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. PMID: 19519261. X-1, X-3, X-4
4160. Stigler KA, Posey DJ, McDougle CJ. Aripiprazole for maladaptive behavior in pervasive developmental disorders. *J Child Adolesc Psychopharmacol*. 2004 Fal;14(3):455-63. X-3
4161. Stiver RL, Dobbins JP. Treatment of atypical anorexia nervosa in the public school: an autistic girl. *J Autism Dev Disord*. 1980 Mar;10(1):67-73. PMID: 6927680. X-3
4162. Stoddart KP. Adolescents with asperger syndrome: Three case studies of individual and family therapy. *Autism*. 1999 Sep;3(3):255-71. X-3
4163. 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 Autism Dev Disabil*. 2004 Sum;19(2):66-77. X-3, X-4
4164. Stone VE, Baron-Cohen S, Knight RT. Frontal lobe contributions to theory of mind. *J Cogn Neurosci*. 1998 Sep;10(5):640-56. PMID: 9802997. X-4
4165. Stone WL, Caro-Martinez LM. Naturalistic observations of spontaneous communication in autistic children. *J Autism Dev Disord*. 1990 Dec;20(4):437-53. PMID: 2279967. X-4
4166. 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. PMID: 9455728. X-1, X-3, X-4
4167. Stone WL, Rosenbaum JL. A comparison of teacher and parent views of autism. *J Autism Dev Disord*. 1988 Sep;18(3):403-14. PMID: 3170456. X-1, X-3, X-4
4168. Stone WL, Yoder PJ. Predicting spoken language level in children with autism spectrum disorders. *Autism*. 2001 Dec;5(4):341-61. PMID: 11777253. X-1, X-3, X-4
4169. Strain PS. Identification of social skill curriculum targets for severely handicapped children in mainstream preschools. *Appl Res Ment Retard*. 1983;4(4):369-82. PMID: 6670873. X-1, X-3, X-4
4170. Strain PS. Empirically based social skill intervention: a case for quality-of-life improvement. *Behav Disord*. 2001 Nov;27(1):30-6. X-1, X-2, X-3, X-4
4171. Strain PS, Bovey EH. Randomized, controlled trial of the leap model of early intervention for young children with autism spectrum disorders. *Topics Early Child Spec Educ*. 2011 Nov;31(3):133-54. X-1, X-3, X-4
4172. Strain PS, Danko CD. Caregivers' encouragement of positive interaction between preschoolers with autism and their siblings. *J Emot Behav Disord*. 1995 Jan;3(1):2-12. X-1, X-3, X-4
4173. Strain PS, et al. Teaching preschoolers with autism to self-monitor their social interactions: an analysis of results in home and school settings. *J Emot Behav Disord*. 1994 Apr;2(2):78-88. X-1, X-3, X-4
4174. Strain PS, et al. Activity engagement and social interaction development in young children with autism: an examination of "free" intervention effects. *J Emot Behav Disord*. 1995 Apr;3(2):108-23. X-1, X-3, X-4

4175. Strain PS, Hoyson M. The need for longitudinal, intensive social skill intervention: LEAP follow-up outcomes for children with autism. *Topics Early Child Spec Educ. Special issue: early childhood special education in a new century: voices from the past, visions for our future part 2.* 2000 Sum;20(2):116-22. X-1, X-3, X-4
4176. Strain PS, Kohler F. Peer-mediated social intervention for young children with autism. *Semin Speech Lang.* 1998;19(4):391-404; quiz -5; 24. PMID: 9857394. X-2
4177. Strambi M, Longini M, Hayek J, et al. Magnesium profile in autism. *Biol Trace Elem Res.* 2006 Feb;109(2):97-104. PMID: 16443999. X-4
4178. Strata F, Stoianov IP, de Villers-Sidani E, et al. Perinatal asphyxia affects rat auditory processing: implications for auditory perceptual impairments in neurodevelopmental disorders. *PLoS One.* 2010;5(12):e15326. PMID: 21203459. X-1, X-3, X-4
4179. Strauss DJ, Day SM, Shavelle RM, et al. Remote symptomatic epilepsy: does seizure severity increase mortality? *Neurology.* 2003 Feb 11;60(3):395-9. PMID: 12578917. X-4
4180. 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. PMID: 11986128. X-1, X-3, X-4
4181. Strayhorn JM. The vitamin and mineral mystery. *J Am Acad Child Adolesc Psychiatry.* 1994 Nov-Dec;33(9):1346-7. PMID: 7995802. X-1, X-3, X-4
4182. 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):244-7. X-1, X-3, X-4
4183. Stribling P, Rae J, Dickerson P. Using conversation analysis to explore the recurrence of a topic in the talk of a boy with an autism spectrum disorder. *Clin Linguist Phon.* 2009 Aug;23(8):555-82. X-4
4184. Stringer MD. Informed consent and choice in cholecystectomy. *Pediatr Surg Int.* 2004 Oct;20(10):741-3. PMID: 15490193. X-4
4185. Stromer R, Mackay HA, Remington B. Naming, the formation of stimulus classes, and applied behavior analysis. *J Appl Behav Anal.* 1996 Fall;29(3):409-31. PMID: 8810064. X-1, X-4
4186. Strunk JA. School nurses' knowledge of autism spectrum disorders. *J Sch Nurs.* 2009 Dec;25(6):445-52. PMID: 19776227. X-4
4187. Stuart SK, Flis LD, Rinaldi C. Connecting with families: parents speak up about preschool services for their children with autism spectrum disorders. *Teach Except Child.* 2006 Sep-Oct;39(1):46-51. X-1, X-3, X-4
4188. 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. PMID: 6100889. X-3
4189. 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. PMID: 3709993. X-3
4190. Stuhec V, 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. PMID: 12619397. X-4
4191. Su H, Dickstein-Fischer L, Harrington K, et al. Cable-driven elastic parallel humanoid head with face tracking for autism spectrum disorder interventions. *Conf Proc IEEE Eng Med Biol Soc.* 2010;2010:467-70. PMID: 21095653. X-1, X-2, X-3, X-4
4192. Suarez SC. Show me again what i can do: documentation and self-determination for students with social challenges. *Theory Into Practice.* 2010;49(1):21-8. X-1, X-2, X-3, X-4
4193. Suda M, Takei Y, Aoyama Y, et al. Autistic traits and brain activation during face-to-face conversations in typically developed adults. *PLoS ONE.* 2011;6(5). X-1, X-3, X-4
4194. Suedfeld P, Schwartz G. Restricted environmental stimulation therapy (REST) as a treatment for autistic children. *J Dev Behav Pediatr.* 1983 Sep;4(3):196-201. PMID: 6630534. X-1, X-3, X-4
4195. Sugai G, White WJ. Effects of using object self-stimulation as a reinforcer on the prevocational work rates of an autistic child. *J Autism Dev Disord.* 1986 Dec;16(4):459-71. X-3
4196. Sugarman SD. Cases in vaccine court--legal battles over vaccines and autism. *N Engl J Med.* 2007 Sep 27;357(13):1275-7. PMID: 17898095. X-2
4197. 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. PMID: 16119478. X-3
4198. Suda M, Takei Y, Aoyama Y, et al. Autistic traits and brain activation during face-to-face conversations in typically developed adults. *PLoS ONE.* 2011;6(5). X-1, X-3, X-4

4199. 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. PMID: 17674186. X-4
4200. Sullivan M, Finelli J, Marvin A, et al. Response to joint attention in toddlers at risk for autism spectrum disorder: a prospective study. *J Autism Dev Disord*. 2007 Jan;37(1):37-48. X-1, X-3, X-4
4201. Sullivan MW, et al. Fostering environmental control in a young child with rett syndrome: a case study. *J Autism Dev Disord*. 1995 Apr;25(2):215-21. X-1, X-3, X-4
4202. Sullivan RC. What does deinstitutionalization mean for our children? *J Autism Dev Disord*. 1981 Sep;11(3):347-56. PMID: 7052811. X-1, X-2, X-3, X-4
4203. Sulzbacher S, Mas J, Larson EH, et al. Pediatric telehealth consultation to rural schools and clinics in the Pacific Northwest. *J Spec Educ Technology*. 2004 Win;19(1):35-42. X-4
4204. Sulzer-Azaroff B, Fleming R, Tupa M, et al. Choosing objectives for a distance learning behavioral intervention in autism curriculum. *Focus Autism Dev Disabil*. 2008;23(1):29-36. X-4
4205. Sumiyoshi C, Kawakubo Y, Suga M, et al. Impaired ability to organize information in individuals with autism spectrum disorders and their siblings. *Neurosci Res*. 2011 Mar;69(3):252-7. PMID: 21129422. X-4
4206. Summers J, Szatmari P. Using discrete trial instruction to teach children with angelman syndrome. *Focus Autism Dev Disabil*. 2009 Dec;24(4):216-26. PMID: 2009-22577-004. X-4
4207. Summers JA, Houlding CM, Reitzel J-AM. Behavior management services for children with autism/pdd: program description and patterns of referral. *Focus Autism Dev Disabil*. 2004 Sum;19(2):95-101. X-2
4208. Sung M, Ooi YP, Goh TJ, et al. Effects of cognitive-behavioral therapy on anxiety in children with autism spectrum disorders: a randomized controlled trial. *Child Psychiatry Hum Dev*. 2011 Jun 10 PMID 21660428. X-1
4209. Suttera 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. PMID: 17206522. X-1, X-3, X-4
4210. Sutherland S, Stroot SA. Brad's story: exploration of an inclusive adventure education experience. *Ther Recreation J*. 2009;43(3):27-39. X-3
4211. 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. PMID: 15679529. X-4
4212. 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. PMID: 6429690. X-4
4213. Suzuki M. Mental development and autistic behavior in children with pervasive developmental disorders. *Res Autism Spectr Disord*. 2011 Oct-Dec;5(4):1517-25. PMID: 2011-11641-026. X-1, X-3, X-4
4214. 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. PMID: 14600312. X-1, X-3, X-4
4215. Swaggart B, Gagnon E, Bock SJ, et al. Using social stories to teach social and behavioral skills to children with autism. *Focus Autism Other Dev Disabil*. 1995 Apr;10(1):1-16. X-1, X-3, X-4
4216. Swaim KF, 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. PMID: 11450818. X-4
4217. Swartzwelder HS, Holahan W, 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. PMID: 6685232. X-1, X-3, X-4
4218. Sweeney HM, 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. PMID: 7792411. X-3
4219. Sweet M. Helping children with sensory processing disorders: the role of occupational therapy. *Odyssey*. 2010 Spr-Sum;11(1):20-2. X-1, X-2, X-3, X-4
4220. Swettenham J. Can children with autism be taught to understand false belief using computers? *J Child Psychol Psychiatry*. 1996 Feb;37(2):157-65. PMID: 8682895. X-1, X-3, X-4
4221. Swiezy NB, Summers J. Parents' perceptions of the use of medication with children who are autistic. *J Dev Phys Disabil*. 1996 Dec;8(4):407-13. X-4
4222. Sy JR, Borrero JC, Borrero CSW. Characterizing response-reinforcer relations in the natural environment: exploratory matching analyses. *Psychol Rec*. 2010 Fall;60(4):609-26. X-3

4223. 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. PMID: 15935615. X-4
4224. Symes W, Humphrey N. Peer-group indicators of social inclusion among pupils with autistic spectrum disorders (ASD) in mainstream secondary schools: a comparative study. *Sch Psychol Int.* 2010 Oct;31(5):478-94. X-4
4225. Symon JB. Expanding interventions for children with autism: parents as trainers. *J Posit Behav Interv.* 2005;7(3):159-73. X-1, X-3, X-4
4226. Symons F, Davis M. Instructional conditions and stereotyped behavior: the function of prompts. *J Behav Ther Exp Psychiatry.* 1994 Dec;25(4):317-24. X-1, X-3, X-4
4227. Symons FJ, Clark RD, Roberts JP, et al. Classroom behavior of elementary school-age boys with fragile X syndrome. *J Spec Educ.* 2001 Win;34(4):194-202. X-1, X-3, X-4
4228. Symons FJ, Fox ND, Thompson T. Functional communication training and naltrexone treatment of self-injurious behaviour: An experimental case report. *J Appl Res Intellect Disabil.* 1998;11(3):273-92. X-1, X-3, X-4
4229. 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. PMID: 12858993. X-4
4230. Symons FJ, Thompson A, Rodriguez MC. Self-injurious behavior and the efficacy of naltrexone treatment: a quantitative synthesis. *Ment Retard Dev Disabil Res Rev.* 2004;10(3):193-200. X-2
4231. Szabo CP, Aber D. Asperger's syndrome: a valid DSM IV diagnostic entity? A case report. *S Af J Child Adolesc Psychiatry.* 1992;4(1):3-7. X-4
4232. Szabo CP, Bracken C. Imipramine and asperger's. *J Am Acad Child Adolesc Psychiatry.* 1994 Mar-Apr;33(3):431-2. X-1, X-3, X-4
4233. Szapacs C. Applied behavior analysis. *Teach Elem Phys Educ.* 2006 Nov;17(6):12-5. X-2, X-4
4234. 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. PMID: 7844095. X-4
4235. 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. PMID: 8543538. X-1, X-3, X-4
4236. Szatmari P, Bartolucci G, Bremner R, et al. A follow-up study of high-functioning autistic children. *J Autism Dev Disord.* 1989 Jun;19(2):213-25. PMID: 2745389. X-3
4237. Szatmari P, 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. PMID: 8989556. X-4
4238. Szekely GA, Caplan R, Rotman A. Platelet dopamine uptake in autistic and other psychotic children. Inhibition by imipramine. *Prog Neuropsychopharmacol.* 1980;4(2):215-8. PMID: 7403355. X-1, X-3, X-4
4239. Szempruch J, Jacobson JW. Evaluating facilitated communications of people with developmental disabilities. *Res Dev Disabil.* 1993 Jul-Aug;14(4):253-64. PMID: 8210603. X-1, X-3, X-4
4240. Szigethy E, Wiznitzer M, Branicky LA, et al. Risperidone-induced hepatotoxicity in children and adolescents? A chart review study. *J Child Adolesc Psychopharmacol.* 1999;9(2):93-8. X-1, X-3, X-4
4241. Szymanski C, Brice PJ. When autism and deafness coexist in children: what we know now. *Odyssey.* 2008 Spr-Sum;9(1):10-5. X-1, X-2, X-3, X-4
4242. Tada M, 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. *Jpn J Spec Educ.* 2005 Mar;42(6):513-24. PMID: 2005-04090-006. X-3
4243. Taft RJ, Mason LH. Examining effects of writing interventions: highlighting results for students with primary disabilities other than learning disabilities. *Remedial Spec Educ.* 2011 Sep-Oct;32(5):359-70. X-1, X-2, X-3, X-4
4244. 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. PMID: 8744479. X-1, X-2, X-3, X-4
4245. Tager-Flusberg H, 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. PMID: 2148571. X-1, X-3, X-4
4246. 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. *J Speech Lang Hear Res.* 2009 Jun;52(3):643-52. X-2, X-4
4247. Taira M, Takase M, Sasaki H. Sleep disorder in children with autism. *Psychiatry Clin Neurosci.* 1998 Apr;52(2):182-3. PMID: 9628139. X-4

4248. 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. PMID: 11427748. X-2
4249. 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. PMID: 12944678. X-4
4250. Takase M, Taira M, Sasaki H. Sleep-wake rhythm of autistic children. *Psychiatry Clin Neurosci.* 1998 Apr;52(2):181-2. PMID: 9628138. X-4
4251. Takeuchi K, Kubota H, Yamamoto J-i. Intensive supervision for families conducting home-based behavioral treatment for children with autism in Malaysia. *Jpn J Spec Educ.* 2002 Mar;39(6):155-64. X-1, X-3, X-4
4252. Tallal P, Merzenich M, Miller S, et al. Language learning impairment: integrating research and remediation. *Scand J Psychol.* 1998 Sep;39(3):197-9. PMID: 9800537. X-1, X-2, X-3, X-4
4253. Tamanaha AC, Perissinoto J. Comparison of the evolutionary process of children with autism spectrum disorders in different language therapeutic interventions. *J Soc Bras Fonoaudiol.* 2011 Mar;23(1):8-12. PMID: 21552726. X-3
4254. Tamanaha AC, Perissinoto J, Chiari BM. Development of autistic children based on maternal responses to the Autism Behavior Checklist. *Pro Fono.* 2008;20(3):165-70. PMID: 18852963. X-3
4255. Tanaka JW, Wolf JM, Klaiman C, et al. Using computerized games to teach face recognition skills to children with autism spectrum disorder: the "let's face it!" program. *J Child Psychol Psychiatry.* 2010 Aug;51(8):944-52. X-1, X-3
4256. 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. PMID: 11936553. X-3, X-4
4257. Tansy M. Test Reviews: Euler, B. L. (2007). "emotional disturbance decision tree". Lutz, fl: psychological assessment resources. *J Psychoeduc Assess.* 2009;27(1):68-78. X-2, X-4
4258. Taras ME, Matson JL, Leary C. Training social interpersonal skills in two autistic children. *J Behav Ther Exp Psychiatry.* 1988 Dec;19(4):275-80. PMID: 3235695. X-1, X-3, X-4
4259. Tarbox J, Madrid W, Aguilar B, et al. Use of chaining to increase complexity of echoics in children with autism. *J Appl Behav Anal.* 2009 Winter;42(4):901-6. PMID: 20514201. X-3
4260. Tarbox J, Schiff A, Najdowski AC. Parent-implemented procedural modification of escape extinction in the treatment of food selectivity in a young child with autism. *Educ Treat Children.* 2010 May;33(2):223-34. X-3
4261. Tarbox J, Wallace MD, Tarbox RSF. Successful generalized parent training and failed schedule thinning of response blocking for automatically maintained object mouthing. *Behav Int.* 2002 Jul-Sep;17(3):169-78. X-1, X-3, X-4
4262. Tarbox RS, Wallace MD, Williams L. Assessment and treatment of elopement: a replication and extension. *J Appl Behav Anal.* 2003 Summer;36(2):239-44. PMID: 12858987. X-2
4263. 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. PMID: 17029018. X-3
4264. 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. PMID: 18481271. X-4
4265. 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. PMID: 11380059. X-1, X-3, X-4
4266. 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. PMID: 12142932. X-2
4267. 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. PMID: 11850369. X-4
4268. Taylor BA, 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. PMID: 7706148. X-3
4269. Taylor BA, 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. PMID: 18816976. X-3
4270. 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. PMID: 15766630. X-3

4271. Taylor DC, Neville BG, Cross JH. Autistic spectrum disorders in childhood epilepsy surgery candidates. *Eur Child Adolesc Psychiatry*. 1999 Sep;8(3):189-92. PMID: 10550700. X-4
4272. Taylor DV, Hetrick WP, Neri CL, et al. Effect of naltrexone upon self-injurious behavior, learning and activity: A case study. *Pharmacol Biochem Behav*. 1991 Sep;40(1):79-82. X-3
4273. Taylor E, Dopfner M, Sergeant J, et al. European clinical guidelines for hyperkinetic disorder -- first upgrade. *Eur Child Adolesc Psychiatry*. 2004;13 Suppl 1:17-30. PMID: 15322953. X-2, X-4
4274. Taylor I, O'Reilly M, Lancioni G. An evaluation of an ongoing consultation model to train teachers to treat challenging behaviour. *Int J Disabil Dev Educ*. 1996;43(3):203-18. X-1, X-3, X-4
4275. Taylor JC, Carr EG. Severe problem behaviors related to social interaction. 1: Attention seeking and social avoidance. *Behav Modif*. 1992 Jul;16(3):305-35. PMID: 1385701. X-4
4276. Taylor JC, Carr EG. Severe problem behaviors related to social interaction. 2: A systems analysis. *Behav Modif*. 1992 Jul;16(3):336-71. PMID: 1385702. X-4
4277. 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. PMID: 8050986. X-4
4278. Taylor JL, Seltzer MM. Changes in the Autism Behavioral Phenotype During the Transition to Adulthood. *J Autism Dev Disord*. 2010 Apr 2 PMID 20361245. X-4
4279. Taylor JL, Seltzer MM. Employment and post-secondary educational activities for young adults with autism spectrum disorders during the transition to adulthood. *J Autism Dev Disord*. 2011 May;41(5):566-74. PMID: 20640591. X-4
4280. Taylor L, Oliver C, Murphy G. The chronicity of self-injurious behaviour: a long-term follow-up of a total population study. *J Appl Res Intellect Disabil*. 2011 Mar;24(2):105-17. X-1, X-3, X-4
4281. Taylor N, Isaac C, Milne E. A comparison of the development of audiovisual integration in children with autism spectrum disorders and typically developing children. *J Autism Dev Disord*. 2010 Nov;40(11):1403-11. PMID: 20354776. X-4
4282. Taylor R, Lane A, Olds T, et al. Implications of the activity participation levels of children with asperger syndrome for occupational therapy... Occupational Therapy Australia, 24th National Conference and Exhibition, 29 June - 1 July 2011. *Aust Occup Ther J*. 2011;58:93-4. X-1, X-2, X-3, X-4
4283. Taylor S, Cipani E, Clardy A. A stimulus control technique for improving the efficacy of an established toilet training program. *J Behav Ther Exp Psychiatry*. 1994 Jun;25(2):155-60. X-1, X-3, X-4
4284. 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. PMID: 13129660. X-4
4285. Teffs EE, Whitbread KM. Level of preparation of general education teachers to include students with autism spectrum disorders. *Curr Issues Educ*. 2009;12(10) X-2, X-4
4286. Teising M. Permeability and demarcation in the psychoanalytic process. *Functions of the contact-barrier*. *Int J Psychoanal*. 2005 Dec;86(Pt 6):1627-44. PMID: 16318941. X-2
4287. Tekin-Iftar E, Birkan B. Small group instruction for students with autism: general case training and observational learning. *J Spec Educ*. 2010;44(1):50-63. X-3
4288. Terai K, Munesue T, Hiratani M. Excessive water drinking behavior in autism. *Brain Dev*. 1999 Mar;21(2):103-6. PMID: 10206527. X-4
4289. 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. PMID: 19548820. X-2, X-4
4290. 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. PMID: 19423680. X-4
4291. Tews L. Early intervention for children with autism: methodologies critique. *Dev Disabil Bull*. 2007;35(1-2):148-68. X-2
4292. 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. PMID: 18550622. X-3, X-4
4293. Thalayasingam S, Alexander RT, Singh I. The use of clozapine in adults with intellectual disability. *J Intellect Disabil Res*. 2004 Sep;48(Pt 6):572-9. PMID: 15312058. X-4
4294. Tharpe AM. Auditory integration training: the magical mystery cure. *Lang Speech Hear Serv Sch*. 1999 Oct;30(4):378-82. X-1, X-2, X-3, X-4
4295. Tharpe AM, Fino-Szumski MS, Bess FH. Survey of hearing aid fitting practices for children with multiple impairments. *Am J Audiol*. 2001 Jun;10(1):32-40. PMID: 11501895. X-2, X-4

4296. Theodorou F, Nind M. Inclusion in play: A case study of a child with autism in an inclusive nursery. *J Res Spec Educ Needs*. 2010 Jun;10(2):99-106. PMID: 2010-11582-006. X-1, X-3, X-4
4297. Thiemann KS, 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. PMID: 11800183. X-3
4298. Thiemann KS, Goldstein H. Effects of peer training and written text cueing on social communication of school-age children with pervasive developmental disorder. *J Speech Lang Hear Res*. 2004 Feb;47(1):126-44. X-3
4299. Thiessen C, Fazio 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. PMID: 19139527. X-4
4300. Thoma CA, Held MF, Saddler S. Transition assessment practices in Nevada and Arizona: are they tied to best practices? *Focus Autism Other Dev Disabil*. 2002 Win;17(4):242-50. X-1, X-3, X-4
4301. Thomas BR, Lafasakis M, Sturmey P. The effects of prompting, fading, and differential reinforcement on vocal mands in non-verbal preschool children with autism spectrum disorders. *Behav Int*. 2010 Apr;25(2):157-68. X-3
4302. 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. PMID: 17372817. X-4
4303. Thomas KC, Morrissey JP, McLaurin C. Use of autism-related services by families and children. *J Autism Dev Disord*. 2007 May;37(5):818-29. PMID: 17146709. X-4
4304. Thomas KC, Parish SL, Rose RA, et al. Access to care for children with autism in the context of state Medicaid reimbursement. *Matern Child Health J*. 2011 Aug 11. PMID: 21833759. X-4
4305. Thomas M, Hunt A, Hurley M, et al. Time-use diaries are acceptable to parents with a disabled preschool child and are helpful in understanding families' daily lives. *Child Care Health Dev*. 2011 Mar;37(2):168-74. X-1, X-3, X-4
4306. Thomas N, Smith C. Developing play skills in children with autistic spectrum disorders. *Educ Psychol Prac*. 2004 Sep;20(3):195-206. X-3
4307. Thomas RH, Foley KA, Mephram JR, et al. Altered brain phospholipid and acylcarnitine profiles in propionic acid infused rodents: further development of a potential model of autism spectrum disorders. *J Neurochem*. 2010 Apr;113(2):515-29. PMID: 20405543. X-2, X-4
4308. Thomeer ML, Rodgers JD, Lopata C, et al. Open-trial pilot of "mind reading" and in vivo rehearsal for children with HFASD. *Focus Autism Dev Disabil*. 2011 Sep;26(3):153-61. X-1, X-2, X-3, X-4
4309. Thompson AR, Beail N. The treatment of auto-erotic asphyxiation in a man with severe intellectual disabilities: The effectiveness of a behavioural and educational programme. *J Appl Res Intellect Disabil*. 2002;15(1):36-47. X-3
4310. Thompson D, Emira M. "They say every child matters, but they don't": an investigation into parental and carer perceptions of access to leisure facilities and respite care for children and young people with autistic spectrum disorder (ASD) or attention deficit, hyperactivity disorder (ADHD). *Disabil Soc*. 2011 Jan;26(1):65-78. X-1, X-2, X-3, X-4
4311. Thompson DF, Thompson GD. Naltrexone in the management of seizures associated with Rett syndrome. *Drug Intell Clin Pharm*. 1987 Nov;21(11):874. PMID: 3678057. X-1, X-3, X-4
4312. Thompson L, Thompson M, Reid A. Neurofeedback outcomes in clients with asperger's syndrome. *Appl Psychophysiol Biofeedback*. 2010 Mar;35(1):63-81. PMID: 19908142. X-1, X-2, X-3, X-4
4313. Thompson MJ, McLaughlin TF, Derby KM. The use of differential reinforcement to decrease the inappropriate verbalizations of a nine-year-old girl with autism. *Rev Electron Investig Psicoeduc Psigopedag*. 2011;9(1):183-96. X-1, X-2, X-3, X-4
4314. Thompson RH, Fisher WW, Contrucci SA. Evaluating the reinforcing effects of choice in comparison to reinforcement rate. *Res Dev Disabil*. 1998 Mar-Apr;19(2):181-87. X-1, X-3, X-4
4315. Thompson RH, Fisher WW, Piazza CC, et al. The evaluation and treatment of aggression maintained by attention and automatic reinforcement. *J Appl Behav Anal*. 1998 Spr;31(1):103-16. X-1, X-3, X-4
4316. Thompson SA. Proposed differentiated service model for community-based consultation organizations and the need for an inter-ministerial integrated service plan for persons with autism in B.C. *Int J Spec Educ*1992;16(2):139-53. X-1, X-2, X-3, X-4
4317. 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. PMID: 17898097. X-2, X-4
4318. Thorne A. Are you ready to give care to a child with autism? *Nursing*. 2007 May;37(5):59-61. PMID: 17468640. X-2

4319. Thorp DM, Stahmer AC, Schreibman L. Effects of sociodramatic play training on children with autism. *J Autism Dev Disord.* 1995 Jun;25(3):265-82. PMID: 7559292. X-1, X-3, X-4
4320. Thunberg G, Ahlsen E, 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. PMID: 17516231. X-3
4321. Thureson K, Färnstrand M. A follow-up of medical treatment of persons with psychiatric health problems and mental retardation. *Nord J Psychiatry.* 1999;53(2):127-30. X-1
4322. Tiegerman E, Primavera L. Object manipulation: an interactional strategy with autistic children. *J Autism Dev Disord.* 1981 Dec;11(4):427-38. PMID: 7052817. X-3
4323. Tiegerman E, Primavera LH. Imitating the autistic child: facilitating communicative gaze behavior. *J Autism Dev Disord.* 1984 Mar;14(1):27-38. PMID: 6706896. X-1, X-3, X-4
4324. Tierney E, Aman M, Stout D, et al. Parent satisfaction in a multi-site acute trial of risperidone in children with autism: a social validity study. *Psychopharmacology (Berl).* 2007 Mar;191(1):149-57. PMID: 17123125. X-1, X-3
4325. Tiger JH, Bouxsein KJ, Fisher WW. Treating excessively slow responding of a young man with asperger syndrome using differential reinforcement of short response latencies. *J Appl Behav Anal.* 2007 Fall;40(3):559-63. X-3
4326. Tiger JH, Fisher WW, Bouxsein KJ. Therapist- and self-monitored DRO contingencies as a treatment for the self-injurious skin picking of a young man with asperger syndrome. *J Appl Behav Anal.* 2009 Summer;42(2):315-9. PMID: 19949518. X-3
4327. Tiger JH, Hanley GP, Heal NA. The effectiveness of and preschoolers' preferences for variations of multiple-schedule arrangements. *J Appl Behav Anal.* 2006 Winter;39(4):475-88. PMID: 17236348. X-1, X-3, X-4
4328. Tiger JH, Toussaint KA, Roath CT. An evaluation of the value of choice-making opportunities in single-operant arrangements: simple fixed- and progressive-ratio schedules. *J Appl Behav Anal.* 2010 Fall;43(3):519-24. X-3
4329. Tilsen J, Russell S, Nylund D. Nimble and courageous acts: how Michael became the boss of himself. *J Systemic Ther.* 2005 Sum;24(2):29-42. X-3
4330. Tincani M. Comparing the picture exchange communication system and sign language training for children with autism. *Focus Autism Dev Disabil.* 2004 Fall;19(3):152-63. X-1, X-3, X-4
4331. Tincani M, Crozier S, Alazetta L. The picture exchange communication system: effects on manding and speech development for school-aged children with autism. *Educ Train Dev Disabil.* 2006 Jun;41(2):177-84. X-3
4332. Tincani M, Travers J, Boutot A. Race, culture, and autism spectrum disorder: understanding the role of diversity in successful educational interventions. *Res Pract Persons Severe Disabl* 2009;34(3-4):81-90. X-1, X-3, X-2, X-4
4333. Tissot C. Decisions after diagnosis: a practical path for parents of children with autism. *Early Child Dev Care.* 1999 Oct;157:85-96. X-1, X-2, X-3, X-4
4334. Tissot C. Establishing a sexual identity: case studies of learners with autism and learning difficulties. *Autism.* 2009;13(6):551-66. X-3
4335. Tissot C. Working together? Parent and local authority views on the process of obtaining appropriate educational provision for children with autism spectrum disorders. *Educ Res.* 2011 Mar;53(1):1-15. X-4
4336. Tissot C, Evans R. Visual teaching strategies for children with autism. *Early Child Dev Care.* 2003 Aug;173(4):425-33. X-1, X-2, X-3, X-4
4337. Tissot C, Evans R. Securing provision for children with autistic spectrum disorders: the views of parents. Research article. *Perspect Educ.* 2006 Mar;24(1):73-86. X-4
4338. Tjus T, Heimann M, Nelson KE. Gains in literacy through the use of a specially developed multimedia computer strategy. *Autism.* 1998 Jun;2(2):139-56. X-1, X-3, X-4
4339. Tjus T, Heimann M, 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. PMID: 11706865. X-1, X-3, X-4
4340. Tobias A. Supporting students with autistic spectrum disorder (ASD) at secondary school: a parent and student perspective. *Educ Psychol Prac.* 2009 Jun;25(2):151-65. X-4
4341. Tobing LE, 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. PMID: 12102589. X-4
4342. Tobing LE, Glenwick DS. Predictors and moderators of psychological distress in mothers of children with pervasive development disorders. *J Fam Soc Work.* 2006;10(4):1-22. X-4

4343. 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. PMID: 16168596. X-1, X-3, X-4
4344. Todd RD. Fluoxetine in autism. *Am J Psychiatry.* 1991 Aug;148(8):1089. X-3
4345. Todd S, Bromley J, Ioannou K, et al. Using group-based parent training interventions with parents of children with disabilities: a description of process, content and outcomes in clinical practice. *Child Adolesc Ment Health.* 2010;15(3):171-5. X-1, X-4
4346. Todd T, Reid G. Increasing physical activity in individuals with autism. *Focus Autism Dev Disabil.* 2006 Fall;21(3):167-76. X-1, X-3, X-4
4347. Todd T, Reid G, Butler-Kisber L. Cycling for students with ASD: self-regulation promotes sustained physical activity. *Adapt Phys Activ Q.* 2010 Jul;27(3):226-41. PMID: 20571157. X-3
4348. Tolbert L, et al. 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):193-99. X-3
4349. 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. PMID: 8463199. X-6
4350. Tomanik S, Harris GE, Hawkins J. The relationship between behaviours exhibited by children with autism and maternal stress. *J Intellect Dev Disabil.* 2004;29(1):16-26. X-1, X-3, X-4
4351. Tomchek LB, Gordon R, Arnold M, et al. Teaching preschool children with autism and their normally developing peers: Meeting the challenges of integrated education. *Focus Autism Other Dev Disabil.* 1992 Jun;7(2):1-17. X-1, X-3, X-4
4352. Tomporowski PD. Training an autistic client: The effect of brief restraint on disruptive behavior. *J Behav Ther Exp Psychiatry.* 1983 Jun;14(2):169-73. X-3
4353. 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. PMID: 16670650. X-1, X-3, X-4
4354. Tonge BJ. Autism. *Aust Fam Physician.* 1989 Mar;18(3):247-9. PMID: 2735859. X-1, X-2, X-3, X-4
4355. Torii M, Shimoyama I, Sugita K. Phonemic and semantic working memory in information processing in children with high function pervasive developmental disorders. *Int Med J.* 2010;17(1):35-9. X-3
4356. 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. *J Orthomolecular Med.* 1993;8(1):25-42. X-1, X-3
4357. Torrance J. Autism, aggression, and developing a therapeutic contract. *Am J Dance Ther.* 2003 Fal;25(2):97-109. X-2
4358. Toth A. Bridge of signs: can sign language empower non-deaf children to triumph over their communication disabilities? *Am Ann Deaf.* 2009;154(2):85-95. X-1, X-3, X-4
4359. 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. PMID: 12512397. X-2
4360. Towle PO, Visintainer PF, O'Sullivan C, et al. Detecting autism spectrum disorder from early intervention charts: methodology and preliminary findings. *J Autism Dev Disord.* 2009 Mar;39(3):444-52. X-4
4361. Townson L, Macauley S, Harkness E, et al. Research project on advocacy and autism. *Disabil Soc.* 2007;22(5):523-36. X-1, X-2, X-3, X-4
4362. Toya K. The Dohsa method: a japanese therapy for autistic children. *Emot Behav Difficulties.* 2003 May;8(2):152-63. X-2
4363. Trajkovski V, Petlichkovski A, Efinanska-Mladenovska O, et al. Higher plasma concentration of food-specific antibodies in persons with autistic disorder in comparison to their siblings. *Focus Autism Dev Disabil.* 2008;23(3):176-85. X-4
4364. Travis J, Geiger M. The effectiveness of the picture exchange communication system (pecs) for children with autism spectrum disorder (ASD): a South African pilot study. *Child Lang Teach Ther.* 2010;26(1):39-59. X-1, X-3, X-4
4365. 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. PMID: 19404838. X-1, X-3, X-4
4366. Trepagnier C. Families with autism. *Infants Young Child.* 1999 Oct;12(2):37-47. X-1, X-2, X-3, X-4
4367. Trepagnier CY, Olsen DE, Boteler L, et al. Virtual conversation partner for adults with autism. *Cyberpsychol Behav Soc Netw.* 2011 Jan-Feb;14(1-2):21-7. PMID: 21329439. X-1, X-3, X-4
4368. 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. PMID: 16640482. X-2

4369. Trillingsgaard A, Sørensen EU. School integration of high-functioning children with autism: a qualitative clinical interview study. *Eur Child Adolesc Psychiatry*. 1994 Jul;3(3):187-96. X-3, X-4
4370. 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. PMID: 17069545. X-1, X-3, X-4
4371. 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. PMID: 17224713. X-1, X-3
4372. 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. PMID: 16239862. X-1, X-3, X-4
4373. 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. PMID: 17069549. X-3
4374. 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. PMID: 18595284. X-3
4375. Troster H. Prevalence and functions of stereotyped behaviors in nonhandicapped children in residential care. *J Abnorm Child Psychol*. 1994 Feb;22(1):79-97. PMID: 8163776. X-4
4376. Trottier N, Kamp L, Miranda P. Effects of peer-mediated instruction to teach use of speech-generating devices to students with autism in social game routines. *Augment Altern Commun*. 2011 Mar;27(1):26-39. PMID: 21284561. X-3
4377. Trudgeon C, Carr D. The impacts of home-based early behavioural intervention programmes on families of children with autism. *J Appl Res Intellect Disabil*. 2007 Jul;20(4):285-96. X-3
4378. Tsai L. Children with autism spectrum disorder: medicine today and in the new millennium. *Focus Autism Dev Disabil*. 2000 Fall;15(3):138-45. X-1, X-2, X-3, X-4
4379. Tsai LY. Brief Report: comorbid psychiatric disorders of autistic disorder. *J Autism Dev Disord*. 1996 Apr;26(2):159-63. X-1, X-2, X-3, X-4
4380. Tsai LY. Asperger syndrome and medication treatment. *Focus Autism Dev Disabil*. 2007 Fall;22(3):138-48. X-2
4381. Tsai SJ. TrkB partial agonists: potential treatment strategy for epilepsy, mania, and autism. *Med Hypotheses*. 2006;66(1):173-5. PMID: 16023301. X-2, X-4
4382. Tsai WC, Tsai JL, 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. PMID: 18783863. X-1, X-3, X-4
4383. Tsakanikos E, Costello H, Holt G, et al. Psychopathology in adults with autism and intellectual disability. *J Autism Dev Disord*. 2006 Nov;36(8):1123-9. X-1, X-3, X-4
4384. 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. PMID: 17053989. X-1, X-3, X-4
4385. Tsakanikos E, McCarthy J, Kravariti E, et al. The role of ethnicity in clinical psychopathology and care pathways of adults with intellectual disabilities. *Res Dev Disabil*. 2010 Mar-Apr;31(2):410-5. PMID: 19932597. X-1, X-3, X-4
4386. 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. PMID: 17175570. X-2
4387. 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. PMID: 16906461. X-1, X-3, X-4
4388. Tsao L-L, Odom SL. Sibling-mediated social interaction intervention for young children with autism. *Topics Early Child Spec Educ*. 2006 Sum;26(2):106-23. X-1, X-3, X-4
4389. Tsatsanis KD. Outcome research in asperger syndrome and autism. *Child Adolesc Psychiatr Clin N Am*. 2003 Jan;12(1):47-63, vi. PMID: 12512398. X-2
4390. Tsatsanis KD, Foley C, Donehower C. Contemporary outcome research and programming guidelines for asperger syndrome and high-functioning autism. *Top Lang Disord*. 2004 Oct-Dec;24(4):249. X-2, X-4
4391. Tsiantis J, Macri I, Maratos O. Schizophrenia in children: a review of European research. *Schizophr Bull*. 1986;12(1):101-19. PMID: 3961423. X-1, X-2, X-3, X-4
4392. 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. PMID: 11098889. X-2, X-4

4393. Tuite DR, Luiten JW. 16PF research into addiction: meta-analysis and extension. *Int J Addict*. 1986 Mar;21(3):287-323. PMID: 3721637. X-1, X-2, X-3, X-4
4394. Turnbull A, Edmonson H, Griggs P, et al. A blueprint for schoolwide positive behavior support: Implementation of three components. *Except Child*. 2002 Spr;68(3):377-402. X-4
4395. Turnbull A, Zuna N, Hong JY, et al. Knowledge-to-action guides: preparing families to be partners in making educational decisions. *Teach Except Child*. 2010 Jan-Feb;42(3):42-53. X-2, X-4
4396. Turnbull HR, 3rd, Wilcox BL, Stowe MJ. A brief overview of special education law with focus on autism. *J Autism Dev Disord*. 2002 Oct;32(5):479-93. PMID: 12463521. X-2, X-4
4397. Turner LM, Stone WL. Variability in outcome for children with an ASD diagnosis at age 2. *J Child Psychol Psychiatry*. 2007 Aug;48(8):793-802. PMID: 17683451. X-1, X-3, X-4
4398. 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):243-65. X-1, X-3, X-4
4399. Turner-Brown LM, Perry TD, Dichter GS, et al. Brief report: feasibility of social cognition and interaction training for adults with high functioning autism. *J Autism Dev Disord*. 2008 Oct;38(9):1777-84. X-3
4400. Tustin F. Thoughts on autism with special reference to a paper by Melanie Klein. *J Child Psychother*. 1983;9(2):119-31. X-1, X-2, X-3, X-4
4401. Tustin F. Autistic shapes. *Int J Psychoanal*. 1984;11(3):279-90. X-1, X-2, X-3, X-4
4402. Tustin RD. The effects of advance notice of activity transitions on stereotypic behavior. *J Appl Behav Anal*. 1995 Spr;28(1):91-2. X-4
4403. 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):167-86. X-4
4404. Twachtman-Reilly J, Amaral SC, Zebrowski PP. Addressing feeding disorders in children on the autism spectrum in school-based settings: physiological and behavioral issues. *Lang Speech Hear Serv Sch*. 2008 Apr;39(2):261-72. X-2
4405. Twoy R, Connolly PM, Novak JM. Coping strategies used by parents of children with autism. *J Am Acad Nurse Pract*. 2007 May;19(5):251-60. PMID: 17489958. X-1, X-3, X-4
4406. Twyman JS. The Fred S. Keller School. *J Appl Behav Anal*. 1998 Win;31(4):695-701. X-1, X-2, X-3, X-4
4407. Tyler CV, Schramm SC, Karafa M, et al. Chronic disease risks in young adults with autism spectrum disorder: Forewarned is forearmed. *Am J Intellect Dev Disabil*. 2011 Sep;116(5):371-80. X-4
4408. 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. PMID: 15899759. X-1, X-3, X-4
4409. Tyminski RF, Moore PJ. The impact of group psychotherapy on social development in children with pervasive developmental disorders. *Int J Group Psychother*. 2008 Jul;58(3):363-79. PMID: 18573027. X-1
4410. Uchiyama T, Kurosawa M, 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. PMID: 16865547. X-4
4411. Uehara I. An attempt at multiple counseling approaches to a client with autistic disabilities. *Jpn J Counsel Sci*. 1999 Oct;32(3):301-10. X-3
4412. Ulke-Kurkcuoglu B, Kircaali-Iftar G. A comparison of the effects of providing activity and material choice to children with autism spectrum disorders. *J Appl Behav Anal*. 2010 Winter;43(4):717-21. PMID: 21541155. X-3
4413. Umeda C, Deitz J. Effects of therapy cushions on classroom behaviors of children with autism spectrum disorder. *Am J Occup Ther*. 2011 Mar-Apr;65(2):152-9. PMID: 21476362. X-1, X-3, X-4
4414. 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. PMID: 12410073. X-1, X-3, X-4
4415. Unwin GL, 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. PMID: 18173296. X-1, X-3, X-4
4416. Urban E. The primary self and related concepts in Jung, Klein, and Isaacs. *J Anal Psychol*. 1992 Oct;37(4):411-32. PMID: 1429214. X-2, X-4
4417. Uvebrant P, Bauziene R. Intractable epilepsy in children. The efficacy of lamotrigine treatment, including non-seizure-related benefits. *Neuropediatrics*. 1994 Dec;25(6):284-9. PMID: 7770124. X-1, X-3, X-4
4418. Vacca JJ. Incorporating Interests and Structure to Improve Participation of a Child with Autism in a Standardized Assessment: A Case Study Analysis. *Focus Autism Dev Disabil*. 2007 Spr;22(1):51-9. X-2, X-4

4419. Vaccarino FM, Urban AE, Stevens HE, et al. Annual research review: the promise of stem cell research for neuropsychiatric disorders. *J Child Psychol Psychiatry*. 2011 Apr;52(4):504-16. X-1, X-2, X-3, X-4
4420. Vakalopoulos C. Unilateral neglect: a theory of proprioceptive space of a stimulus as determined by the cerebellar component of motor efference copy (and is autism a special case of neglect). *Med Hypotheses*. 2007;68(3):574-600. PMID: 17070652. X-1, X-2, X-3, X-4
4421. Valcante G. Educational implications of current research on the syndrome of autism. *Behav Disord*. 1986 Feb;11(2):131-39. X-1, X-2, X-3, X-4
4422. Valdimarsdottir H, Halldorsdottir LY, Sigurdardottir ZG. Increasing the variety of foods consumed by a picky eater: generalization of effects across caregivers and settings. *J Appl Behav Anal*. 2010 Spr;43(1):101-5. X-1, X-3, X-4
4423. Valdovinos MG, Nelson SM, Kuhle JL, et al. Using analogue functional analysis to measure variations in problem behavior rate and function after psychotropic medication changes: A clinical demonstration. *J Ment Health Res Intellect Disabil*. 2009 Oct;2(4):279-93. X-4
4424. Valentine K. A consideration of medicalisation: choice, engagement and other responsibilities of parents of children with autism spectrum disorder. *Soc Sci Med*. 2010 Sep;71(5):950-7. PMID: 20619521. X-1, X-3, X-4
4425. Valicenti-McDermott MR, 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. PMID: 17069544. X-1, X-3
4426. Van Acker R. Rett Syndrome: a review of current knowledge. *J Autism Dev Disord*. 1991 Dec;21(4):381-406. X-1, X-2, X-3, X-4
4427. Van Adel JM, Geier JD, Perry A, et al. Credible knowledge: a pilot evaluation of a modified GRADE method using parent-implemented interventions for children with autism. *BMC Health Serv Res*. 2011;11:60. PMID: 21426564. X-1, X-2, X-3, X-4
4428. Van Berckelaer-Onnes IA. Promoting early play. *Autism*. 2003 Dec;7(4):415-23. PMID: 14678680. X-2
4429. van Berckelaer-Onnes IA, van Loon J, Peelen A. Challenging behaviour: a challenge to change. *Autism*. 2002 Sep;6(3):259-70. X-3
4430. Van Bourgondien ME, Elgar S. The relationship between existing residential services and the needs of autistic adults. *J Autism Dev Disord*. 1990 Sep;20(3):299-308. X-1, X-2, X-3, X-4
4431. 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. PMID: 9770251. X-4
4432. Van Bourgondien ME, Reichle NC, Palmer A. Sexual behavior in adults with autism. *J Autism Dev Disord*. 1997 Apr;27(2):113-25. PMID: 9105963. X-4
4433. Van Bourgondien ME, Schopler E. Critical issues in the residential care of people with autism. *J Autism Dev Disord*. 1990 Sep;20(3):391-99. X-1, X-2, X-3, X-4
4434. 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. PMID: 16232017. X-4
4435. Van Camp CM, Vollmer TR, Daniel D. A systematic evaluation of stimulus preference, response effort, and stimulus control in the treatment of automatically reinforced self-injury. *Behav Ther*. 2001 Sum;32(3):603-13. X-3
4436. 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. PMID: 17000565. X-2, X-4
4437. van den Hazel T, Didden R, 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. PMID: 18829254. X-4
4438. van der Walt JH, Moran C. An audit of perioperative management of autistic children. *Paediatr Anaesth*. 2001 Jul;11(4):401-8. PMID: 11442855. X-4
4439. Van Dyke EM. Autistic disorder: early interventions can improve outcomes. *JAAPA*. 2009 Jul;22(7):18-9. PMID: 19697566. X-2, X-4
4440. 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. PMID: 6237097. X-1, X-3, X-4
4441. 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. PMID: 1946832. X-4
4442. Van Houten R, 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. PMID: 2458333. X-1, X-3, X-4

4443. Van Laarhoven T, Kraus E, Karpman K, et al. A comparison of picture and video prompts to teach daily living skills to individuals with autism. *Focus Autism Dev Disabil.* 2010 Dec;25(4):195-208. X-3
4444. Van Rie GL, Heflin LJ. The effect of sensory activities on correct responding for children with autism spectrum disorders. *Res Autism Spectr Disord.* 2009 Jul-Sep;3(3):783-96. X-3
4445. van Roekel E, Scholte RHJ, Didden R. Bullying among adolescents with autism spectrum disorders: prevalence and perception. *J Autism Dev Disord.* 2010 Jan;40(1):63-73. X-4
4446. Van Santen JP, Prud'hommeaux ET, Black LM, et al. Computational prosodic markers for autism. *Autism.* 2010 May;14(3):215-36. PMID: 20591942. X-1, X-3, X-4
4447. Van Soest M. Autism as a result of a dysfunctional hierarchy of the senses: treatment of autism by Van Soest therapy. *J Autism Dev Disord.* 1991 Dec;21(4):559-61. X-2, X-4
4448. 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. PMID: 9403372. X-4
4449. Vanvuchelen M, Vochten C. How much change is true change? The smallest detectable difference of the Preschool Imitation and Praxis Scale (PIPS) in preschoolers with intellectual disabilities of heterogeneous aetiology. *Res Dev Disabil.* 2011 Jan-Feb;32(1):180-7. PMID: 20952157. X-1, X-2, X-3, X-4
4450. 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. PMID: 6927743. X-3
4451. Varley CK, Holm VA. A two-year follow-up of autistic children treated with fenfluramine. *J Am Acad Child Adolesc Psychiatry.* 1990 Jan;29(1):137-40. X-3
4452. Vaughn BJ, Wilson D, Dunlap G. Family-centered intervention to resolve problem behaviors in a fast-food restaurant. *J Posit Behav Interv.* 2002 Win;4(1):38-45. X-1, X-3, X-4
4453. Vazquez CA. Brief report: a multitask controlled evaluation of facilitated communication. *J Autism Dev Disord.* 1994 Jun;24(3):369-79. PMID: 8050989. X-1, X-3, X-4
4454. Vedora J, Meunier L, Mackay H. Teaching intraverbal behavior to children with autism: a comparison of textual and echoic prompts. *Anal Verbal Behav.* 2009;25:79-86. X-3
4455. Venkatesan S. Activity log of preschool children with developmental disabilities and autism spectrum disorders. *Asia Pac Disabil Rehab J.* 2005;16(1):68-76. X-1, X-3, X-4
4456. Venker CE, McDuffie AS, Ellis Weismer S, et al. Increasing verbal responsiveness in parents of children with autism: a pilot study. *Autism.* 2011 Aug 16PMID 21846665. X-1, X-3, X-4
4457. Venn ML, Wolery M, Greco M. Effects of every-day and every-other-day instruction. *Focus Autism Dev Disabil.* 1996 Spr;11(1):15-28. X-1, X-3, X-4
4458. 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. PMID: 8832772. X-1, X-3, X-4
4459. 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):395-9. X-4
4460. Verheij F, Van Doorn EC. Autism and mental retardation: the planning of a therapeutic environment. *Int J Rehabil Res.* 1990;13(2):127-36. PMID: 2269556. X-2, X-4
4461. Vernon M, Rhodes A. Deafness and autistic spectrum disorders. *Am Ann Deaf.* 2009 Spr;154(1):5-14. X-1, X-2, X-3, X-4
4462. Vessey JA. Care of the hospitalized child with a cognitive developmental delay. *Holist Nurs Pract.* 1988 Feb;2(2):48-54. PMID: 2447107. X-1, X-3, X-4
4463. Viau R, Arsenault-Lapierre G, Fecteau S, et al. Effect of service dogs on salivary cortisol secretion in autistic children. *Psychoneuroendocrinology.* 2010 Sep;35(8):1187-93. PMID: 20189722. X-1, X-4
4464. Victor H, Little SG, Akin-Little A. Increasing social engaged time in children with autism spectrum disorders using video self-modeling. *Journal of Evidence Based Practices for Schools.* 2011;12(1):105-24. X-3
4465. Vig S, Jedrysek E. Adaptive behavior of young urban children with developmental disabilities. *Ment Retard.* 1995 Apr;33(2):90-8. PMID: 7760730. X-4
4466. Villa S, Micheli E, Villa L, et al. Further empirical data on the psychoeducational profile-revised (PEP-R): reliability and validation with the Vineland adaptive behavior scales. *J Autism Dev Disord.* 2010 Mar;40(3):334-41. PMID: 19777332. X-4
4467. Vismara LA, Colombi C, 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. PMID: 19176579. X-1, X-3, X-4

4468. Vismara LA, Lyons GL. Using perseverative interests to elicit joint attention behaviors in young children with autism: theoretical and clinical implications for understanding motivation. *J Posit Behav Interv.* 2007;9(4):214-28. X-1, X-2, X-3, X-4
4469. Vismara LA, Rogers SJ. The early start denver model: a case study of an innovative practice. *J Early Interv.* 2008;31(1):91-108. X-1, X-3, X-4
4470. Vismara LA, Young GS, Stahmer AC, et al. Dissemination of evidence-based practice: can we train therapists from a distance? *J Autism Dev Disord.* 2009 Dec;39(12):1636-51. X-1, X-3, X-4
4471. Visser M, Singer E, van Geert PLC, et al. What makes children behave aggressively? The inner logic of dutch children in special education. *Eur J Spec Needs Educ.* 2009 Feb;24(1):1-20. X-4
4472. Vitiello B. An update on publicly funded multisite trials in pediatric psychopharmacology. *Child Adolesc Psychiatr Clin N Am.* 2006 Jan;15(1):1-12. PMID: 16321723. X-2
4473. Vitiello B. Recent NIMH clinical trials and implications for practice. *J Am Acad Child Adolesc Psychiatry.* 2008 Dec;47(12):1369-74. PMID: 19034188. X-2
4474. 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. PMID: 15689727. X-4
4475. 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. PMID: 16282839. X-1, X-3, X-4
4476. Vladescu JC, Kodak T. A review of recent studies on differential reinforcement during skill acquisition in early intervention. *J Appl Behav Anal.* 2010 Sum;43(2):351-5. X-1, X-2, X-3, X-4
4477. 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. PMID: 18702711. X-4
4478. Volden J. Features leading to judgements of inappropriacy in the language of speakers with autism: a preliminary study. *J Speech Lang Pathol Aud.* 2002;26(3):138-46. X-4
4479. Volden J, Lord C. Neologisms and idiosyncratic language in autistic speakers. *J Autism Dev Disord.* 1991 Jun;21(2):109-30. PMID: 1864825. X-4
4480. Volden J, Magill-Evans J, Goulden K, et al. Varying language register according to listener needs in speakers with autism spectrum disorder. *J Autism Dev Disord.* 2007 Jul;37(6):1139-54. X-4
4481. Volden J, Phillips L. Measuring pragmatic language in speakers with autism spectrum disorders: comparing the children's communication checklist--2 and the test of pragmatic language. *Am J Speech Lang Pathol.* 2010 Aug;19(3):204-12. PMID: 20220047. X-3, X-4
4482. Volden J, 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. PMID: 18930471. X-4
4483. Volker MA, Lopata C. Autism: a review of biological bases, assessment, and intervention. *Sch Psychol Q.* 2008 Jun;23(2):258-70. X-2, X-4
4484. Volkert VM, Lerman DC, Call NA, et al. An evaluation of resurgence during treatment with functional communication training. *J Appl Behav Anal.* 2009 Spr;42(1):145-60. X-3
4485. 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. PMID: 18816973. X-1, X-3, X-4
4486. Volkert VM, Lerman DC, Vorndran C. The effects of reinforcement magnitude on functional analysis outcomes. *J Appl Behav Anal.* 2005 Summer;38(2):147-62. PMID: 16033163. X-4
4487. Volkert VM, Vaz PCM. Recent studies on feeding problems in children with autism. *J Appl Behav Anal.* 2010 Spr;43(1):155-9. X-2, X-4
4488. Volkert VM, Vaz PCM, Piazza CC, et al. Using a flipped spoon to decrease packing in children with feeding disorders. *J Appl Behav Anal.* 2011 Fall;44(3):617-21. X-3
4489. Volkmar F. Recently diagnosed with autism, autism or not. *J Autism Dev Disord.* 1998 Jun;28(3):269-70. PMID: 9656140. X-1, X-2, X-3, X-4
4490. Volkmar F. What is a "placebo controlled" study? *J Autism Dev Disord.* 2001 Apr;31(2):251-2. PMID: 11450827. X-2
4491. Volkmar F. Predicting outcome in autism. *J Autism Dev Disord.* 2002 Feb;32(1):63-4. PMID: 11916336. X-2
4492. Volkmar F. Ask the editor. *J Autism Dev Disord.* 2006 Apr;36(3):437-8. PMID: 16586156. X-2
4493. Volkmar FR, Cohen DJ. Current concepts: infantile autism and the pervasive developmental disorders. *J Dev Behav Pediatr.* 1986 Oct;7(5):324-9. PMID: 3771807. X-1, X-2, X-3, X-4
4494. Volkmar FR, Hoder EL, 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. PMID: 4066813. X-3

4495. Volkmar FR, Hoder EL, Cohen DJ. Inappropriate uses of stimulant medications. *Clin Pediatr*. 1985 Mar;24(3):127-30. X-1, X-3, X-4
4496. Volkmar FR, Klin A, Schultz RT, et al. Asperger's disorder. *Am J Psychiatry*. 2000 Feb;157(2):262-7. X-4
4497. Volkmar FR, 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. PMID: 7665448. X-4
4498. 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. PMID: 3584011. X-1, X-3, X-4
4499. 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. PMID: 10641300. X-3
4500. Von Benzon N. Moving on from ramps? The utility of the social model of disability for facilitating experiences of nature for disabled children. *Disabil Soc*. 2010 Aug;25(5):617-26. X-1, X-3, X-4
4501. von der Embse N, Brown A, Fortain J. Facilitating inclusion by reducing problem behaviors for students with autism spectrum disorders. *Interv School Clinic*. 2011 Sep;47(1):22-30. X-1, X-2, X-3
4502. Vonder Hulls DS, Walker LK, 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. PMID: 16938823. X-1, X-3, X-4
4503. 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. PMID: 17942455. X-1, X-3, X-4
4504. Vourc'h P, Martin I, Bonnet-Brilhault F, et al. Mutation screening and association study of the UBE2H gene on chromosome 7q32 in autistic disorder. *Psychiatr Genet*. 2003 Dec;13(4):221-5. PMID: 14639049. X-1, X-3, X-4
4505. Wachtel LE, Contrucci-Kuhn SA, Griffin M, et al. ECT for self-injury in an autistic boy. *Eur Child Adolesc Psychiatry*. 2009 Jul;18(7):458-63. X-1, X-3, X-4
4506. Wachtel LE, Dhossche DM. Self-injury in autism as an alternate sign of catatonia: implications for electroconvulsive therapy. *Med Hypotheses*. 2010 Jul;75(1):111-4. PMID: 20202760. X-1, X-2, X-3, X-4
4507. Wachtel LE, Dhossche DM, Kellner CH. When is electroconvulsive therapy appropriate for children and adolescents? *Med Hypotheses*. 2011 Mar;76(3):395-9. PMID: 21129852. X-1, X-2, X-3, X-4
4508. Wachtel LE, Griffin MM, Dhossche DM, et al. Brief report: electroconvulsive therapy for malignant catatonia in an autistic adolescent. *Autism*. 2010;14(4):349-58. X-3
4509. Waddington EM, Reed P. The impact of using the "Preschool Inventory of Repertoires of Kindergarten" (PIRK^[@]) on school outcomes of children with autistic spectrum disorders. *Res Autism Spectr Disord*. 2009 Jul-Sep;3(3):809-27. X-1, X-3, X-4
4510. Wager KM. The effects of music therapy upon an adult male with autism and mental retardation: a four-year case study. *Music Ther Perspect*. 2000;18(2):131-40. X-1, X-3, X-4
4511. 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. PMID: 17276748. X-1, X-3, X-4
4512. 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. PMID: 7797654. X-4
4513. Wainscot JJ, Naylor P, Sutcliffe P, et al. Relationships with peers and use of the school environment of mainstream secondary school pupils with asperger syndrome (high-functioning autism): a case-control study. *Rev Int Psicol Ter Psicol*. 2008;8(1):25-38. X-4
4514. Wakschlag LS, Leventhal BL. Consultation with young autistic children and their families. *J Am Acad Child Adolesc Psychiatry*. 1996 Jul;35(7):963-5. PMID: 8768359. X-1, X-3, X-4
4515. Waldman HB, Perlman SP. Mega numbers, lobbying and providing care for individuals with autism. *J Okla Dent Assoc*. 2009 Oct;100(7):16, 8-20. PMID: 19943502. X-2, X-4
4516. Walker AN, Barry TD, Bader SH. Therapist and parent ratings of changes in adaptive social skills following a summer treatment camp for children with autism spectrum disorders: a preliminary study. *Child Youth Care Forum*. 2010 Oct;39(5):305-22. X-1, X-3, X-4
4517. Wall JA. Group Homes in North Carolina for Children and Adults with Autism. *J Autism Dev Disord*. 1990 Sep;20(3):353-66. X-1, X-2, X-3, X-4
4518. Wall ME, Gast DL. Caregivers' use of constant time delay to teach leisure skills to adolescents or young adults with moderate or severe intellectual disabilities. *Educ Train Ment Retard Dev Disabil*. 1997 Dec;32(4):340-56. X-3

4519. Wallace C, Leask J, 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. PMID: 16352657. X-4
4520. Wallace GL, Dankner N, Kenworthy L, et al. Age-related temporal and parietal cortical thinning in autism spectrum disorders. *Brain*. 2010 Dec;133(Pt 12):3745-54. PMID: 20926367. X-4
4521. Wallace GL, Silvers JA, Martin A, et al. Brief report: further evidence for inner speech deficits in autism spectrum disorders. *J Autism Dev Disord*. 2009;39(12):1735-9. X-4
4522. Wallace KS, Rogers SJ. Intervening in Infancy: implications for autism spectrum disorders. *J Child Psychol Psychiatry*. 2010 Dec;51(12):1300-20. X-1, X-2, X-3, X-4
4523. Wallace S, Parsons S, Westbury A, et al. Sense of presence and atypical social judgments in immersive virtual environments. Responses of adolescents with autism spectrum disorders. *Autism*. 2010 May;14(3):199-213. PMID: 20484000. X-3, X-4
4524. Walters AS, Barrett RP, Feinstein C, et al. A case report of naltrexone treatment of self-injury and social withdrawal in autism. *J Autism Dev Disord*. 1990 Jun;20(2):169-76. PMID: 1990-29123-001. X-3
4525. 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. PMID: 17419661. X-1, X-3, X-4
4526. Walworth DD, Register D, 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. PMID: 19757876. X-4
4527. Wang H-T, Sandall SR, Davis CA, et al. Social skills assessment in young children with autism: a comparison evaluation of the SSRS and PKBS. *J Autism Dev Disord*. 2011 Nov;41(11):1487-95. X-1, X-3, X-4
4528. Wang L, Leslie DL. Health care expenditures for children with autism spectrum disorders in Medicaid. *J Am Acad Child Adolesc Psychiatry*. 2010 Nov;49(11):1165-71. PMID: 20970704. X-1, X-3, X-4
4529. Wang PP. International adoption: A four-year-old child with unusual behaviors adopted at six months of age: Paul P. Wang, M.D. *J Dev Behav Pediatr*. 2003 Feb;24(1):68-9. X-4
4530. Wank R. Schizophrenia and other mental disorders require long-term adoptive immunotherapy. *Med Hypotheses*. 2002 Aug;59(2):154-8. PMID: 12208201. X-3
4531. Ward P, Ayzazo S. Classwide peer tutoring in physical education: assessing its effects with kindergartners with autism. *Adapt Phys Activ Q*. 2006;23(3):233-44. X-1, X-3, X-4
4532. Waring RH, Klovrza LV. Sulphur metabolism in autism. *J Nutr Environ Med*. 2000;10(1):25-32. X-4
4533. Warner LA. Medical problems among adolescents in U.S. mental health services: relationship to functional impairment. *J Behav Health Serv Res*. 2006 Jul;33(3):366-79. PMID: 16752113. X-1, X-3, X-4
4534. Warren SF, Brady N, Sterling A, et al. Maternal responsivity predicts language development in young children with fragile X syndrome. *Am J Intellect Dev Disabil*. 2010 Jan;115(1):54-75. PMID: 20025359. X-4
4535. Warren Z, Stone W, Humberd Q. A training model for the diagnosis of autism in community pediatric practice. *J Dev Behav Pediatr*. 2009 Oct;30(5):442-6. PMID: 19823138. X-4
4536. 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. PMID: 17300990. X-3
4537. 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. PMID: 18078449. X-1, X-3, X-4
4538. 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. PMID: 17012983. X-1, X-3
4539. Watanabe M, 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. PMID: 14594333. X-3
4540. Waters L. Reinforcing the empty fortress: an examination of recent research into the treatment of autism. *Ed Stud*. 1990;16(1):3-16. X-1, X-2, X-3, X-4
4541. Waters MB, Lerman DC, Hovanetz AN. Separate and combined effects of visual schedules and extinction plus differential reinforcement on problem behavior occasioned by transitions. *J Appl Behav Anal*. 2009 Summer;42(2):309-13. PMID: 19949517. X-3
4542. Watling R, Asher A, Chandler B, et al. AOTA's societal statement on autism spectrum disorders. *Am J Occup Ther*. 2009 Nov-Dec;63(6):843-4. PMID: 20092121. X-2, X-4

4543. 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. PMID: 10500858. X-4
4544. Watling R, Tomchek S, 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. PMID: 16363193. X-2
4545. Watling RL, Deitz J, 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. PMID: 11723986. X-4
4546. Watling RL, 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. PMID: 17944295. X-3
4547. Watson AF, Blanco J, Hunt-Hurst P, et al. Caregivers' perceptions of clothing for people with severe and profound intellectual disabilities. *Percept Mot Skills.* 2010;110(3 Part 1):961-4. X-4
4548. Watson LR. Following the child's lead: mothers' interactions with children with autism. *J Autism Dev Disord.* 1998 Feb;28(1):51-9. PMID: 9546302. X-4
4549. Watson LR, Baranek GT, Roberts JE, et al. Behavioral and physiological responses to child-directed speech as predictors of communication outcomes in children with autism spectrum disorders. *J Speech Lang Hear Res.* 2010 Aug;53(4):1052-64. PMID: 20631229. X-1, X-3, X-4
4550. Watson R, Parr JR, Joyce C, et al. Models of transitional care for young people with complex health needs: a scoping review. *Child Care Health Dev.* 2011 Nov;37(6):780-91. PMID: 22007977. X-1, X-2, X-3, X-4
4551. Watson SF. Barriers to inclusive education in Ireland: the case for pupils with a diagnosis of intellectual and or pervasive developmental disabilities. *Br J Learn Disabil.* 2009 Dec;37(4):277-84. -1, X-2, X-3, X-4
4552. Watters RG, 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. PMID: 6927742. X-3
4553. Watters RG, Wheeler LJ, 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. PMID: 7263933. X-3
4554. Webb BJ, Miller SP, Pierce TB, et al. Effects of social skill instruction for high-functioning adolescents with autism spectrum disorders. *Focus Autism Other Dev Disabil.* 2004;19(1):53-62. X-3
4555. Webb EVJ, Lobo S, Hervas A, et al. The changing prevalence of autistic disorder in a Welsh health district. *Dev Med Child Neurol.* 1997 Mar;39(3):150-7. X-4
4556. Webb SJ, Jones EJH. Early identification of autism: early characteristics, onset of symptoms, and diagnostic stability. *Infants Young Child.* 2009 Apr-Jun;22(2):100-18. X-1, X-2, X-3, X-4
4557. Webber CF. Mainstreaming a child with autism: one school's experience. *Focus Autism Other Dev Disabil.* 1990 Aug;5(3):8-12. PMID: 1992-33230-001. X-1, X-3, X-4
4558. Webber LS, McVilly KR, Chan J. Restrictive interventions for people with a disability exhibiting challenging behaviours: analysis of a population database. *J Appl Res Intellect Disabil.* 2011 Nov;24(6):495-507. X-4
4559. Webber LS, McVilly KR, Stevenson E, et al. The use of restrictive interventions in Victoria, Australia: population data for 2007-2008. *AM J Intellect Dev Disabil.* 2010;35(3):199-206. X-4
4560. Weber BP, Dillo W, Dietrich B, et al. Pediatric cochlear implantation in cochlear malformations. *Am J Otol.* 1998 Nov;19(6):747-53. PMID: 9831148. X-4
4561. Weber RC, Thorpe J. Teaching children with autism through task variation in physical education. *Except Child.* 1992 Sep;59(1):77-86. PMID: 1396953. X-3
4562. Webster A, Feiler A, Webster V. Early intensive family intervention and evidence of effectiveness: lessons from the South West Autism Programme. *Early Child Dev Care.* 2003 Aug;173(4):383-98. X-1, X-2, X-3, X-4
4563. Webster A, Feiler A, Webster V, et al. Parental perspectives on early intensive intervention for children diagnosed with autistic spectrum disorder. *Early Child Res Q.* 2004;2(1):25-49. X-2
4564. Weeden M, Porter LK, Durgin A, et al. Reporting of medication information in applied studies of people with autism. *Res Autism Spectr Disord.* 2011 Jan-Mar;5(1):108-11. PMID: 2010-22960-009. X-1, X-2, X-3, X-4
4565. Wegner LM, Macias MM. Services for children and adolescents with autism spectrum disorders: payment issues. *Pediatr Ann.* 2009 Jan;38(1):57-61. PMID: 19213294. X-2, X-4
4566. Wehman P. A New Era: revitalizing special education for children and their families. *Focus Autism Dev Disabil.* 2002 Win;17(4):194-97. X-1, X-2, X-3, X-4
4567. Wehman P, Kregel J. Supported competitive employment for individuals with autism and severe retardation: two case studies. *Focus Autism Other Dev Disabil.* 1988 Aug;3(3):14. X-3

4568. Weil TN, Inglehart MR. Dental education and dentists' attitudes and behavior concerning patients with autism. *J Dent Educ.* 2010 Dec;74(12):1294-307. PMID: 21123497. X-1, X-3, X-4
4569. Weinkauff SM, Zeug NM, Anderson CT, et al. Evaluating the effectiveness of a comprehensive staff training package for behavioral interventions for children with autism. *Res Autism Spectr Disord.* 2011 Apr-Jun;5(2):864-71. PMID: 2010-24419-001. X-3, X-4
4570. Weintraub FJ, Myers RM, Hehir T, et al. A contextual overview of the modified consent decree in the Los Angeles Unified School District. *J Spec Educ Leadersh.* 2008 Sep;21(2):51-7. X-2, X-4
4571. Weiskop S, Matthews J, Richdale A. Treatment of sleep problems in a 5-year-old boy with autism using behavioural principles. *Autism.* 2001 Jun;5(2):209-21. X-1, X-3, X-4
4572. Weiskop S, Richdale A, Matthews J. Behavioural treatment to reduce sleep problems in children with autism or fragile X syndrome. *Dev Med Child Neurol.* 2005 Feb;47(2):94-104. PMID: 15707232. X-1, X-3, X-4
4573. Weiss JA, Lunsky Y. Group cognitive behaviour therapy for adults with asperger syndrome and anxiety or mood disorder: A case series. *Clin Psychol Psychother.* 2010 Sep-Oct;17(5):438-46. X-3
4574. Weiss MJ. Differential rates of skill acquisition and outcomes of early intensive behavioral intervention for autism. *Behav Int.* 1999 Jan-Mar;14(1):3-22. X-1, X-3, X-4
4575. Weiss MJ, DelPizzo-Cheng E, LaRue RH, et al. ABA and PBS: the dangers in creating artificial dichotomies in behavioral intervention. *Behav Anal Today.* 2009;10(3-4):428-39. X-1, X-2, X-3, X-4
4576. Weiss MJ, Pearson N, Foley K, et al. The importance of fluency outcomes in learners with autism. *Behav Anal Today.* 2010;11(4):245-52. X-1, X-2, X-3, X-4
4577. 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. PMID: 2039277. X-1, X-3, X-4
4578. Weiss SJ. Stressors experienced by family caregivers of children with pervasive developmental disorders. *Child Psychiatry Hum Dev.* 1991 Spring;21(3):203-16. PMID: 2007345. X-1, X-3, X-4
4579. Weizman R, Gil-Ad I, Dick J, et al. Low plasma immunoreactive β -endorphin levels in autism. *J Am Acad Child Adolesc Psychiatry.* 1988 Jul;27(4):430-3. PMID: X-1, X-4
4580. Wek SR, Husak WS. Distributed and massed practice effects on motor performance and learning of autistic children. *Percept Mot Skills.* 1989 Feb;68(1):107-13. PMID: 2928030. X-3
4581. Welch MG. Toward prevention of developmental disorders. *Pa Med.* 1987 Mar;90(3):47-52. PMID: 2436128. X-1, X-2, X-3, X-4
4582. Welch MG, Chaput P. Mother-child holding therapy and autism. *Pa Med.* 1988 Oct;91(10):33-8. PMID: 3226740. X-1, X-3, X-4
4583. 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):343-63. X-3
4584. Welterlin A, LaRue RH. Serving the needs of immigrant families of children with autism. *Disabil Soc.* 2007 Dec;22(7):747-60. X-2
4585. Weng SJ, Wiggins JL, Peltier SJ, et al. Alterations of resting state functional connectivity in the default network in adolescents with autism spectrum disorders. *Brain Res.* 2010 Feb 8;1313:202-14. PMID: 20004180. X-3, X-4
4586. Werner S. Assessing female students' attitudes in various health and social professions toward working with people with autism: a preliminary study. *J Interprof Care.* 2011 Mar;25(2):131-7. PMID: 21182438. X-1, X-3, X-4
4587. Werry JS. Child and Adolescent (Early Onset) Schizophrenia: a review in light of DSM-III-R. *J Autism Dev Disord.* 1992 Dec;22(4):601-24. X-1, X-2, X-3, X-4
4588. West L, Waldrop J, 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. PMID: 19232924. X-2
4589. Westendorp M, Houwen S, Hartman E, et al. Are gross motor skills and sports participation related in children with intellectual disabilities? *Res Dev Disabil.* 2011 May-Jun;32(3):1147-53. PMID: 21310587. X-4
4590. Wetherby AM. Ontogeny of communicative functions in autism. *J Autism Dev Disord.* 1986 Sep;16(3):295-316. PMID: 3558289. X-1, X-2, X-3, X-4
4591. Wetherby AM, Prizant BM, Hutchinson TA. Communicative, social/affective, and symbolic profiles of young children with autism and pervasive developmental disorders. *Am J Speech Lang Pathol.* 1998;7(2):79-91. X-1, X-3, X-4
4592. Wetherby AM, Woods JJ. Early social interaction project for children with autism spectrum disorders beginning in the second year of life: a preliminary study. *Topics Early Child Spec Educ.* 2006 Sum;26(2):67-82. X-1, X-3, X-4

4593. Whalen C, Moss D, Ilan AB, et al. Efficacy of TeachTown: basics computer-assisted intervention for the Intensive Comprehensive Autism Program in Los Angeles Unified School District. *Autism*. 2010 May;14(3):179-97. PMID: 20484002. X-1, X-3, X-4
4594. Whalen C, Schreibman L. Joint attention training for children with autism using behavior modification procedures. *J Child Psychol Psychiatry*. 2003 Mar;44(3):456-68. PMID: 12635974. X-1, X-3, X-4
4595. Whalen C, Schreibman L, 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. PMID: 16810564. X-1, X-3, X-4
4596. Whalon KJ, Hart JE. Children with autism spectrum disorder and literacy instruction: an exploratory study of elementary inclusive settings. *Remedial Spec Educ*. 2011 May-Jun;32(3):243-55. X-3, X-4
4597. Wheeler AC, Hatton D, Holloway VT, et al. Maternal responses to child frustration and requests for help in dyads with fragile X syndrome. *J Intellect Disabil Res*. 2010 Jun;54(6):501-15. X-1, X-3, X-4
4598. Wheeler DL, Jacobson JW, Paglieri RA, et al. An experimental assessment of facilitated communication. *Ment Retard*. 1993 Feb;31(1):49-59. PMID: 8441353. X-3
4599. Wheeler JJ, Baggett BA, Fox J, et al. Treatment integrity: a review of intervention studies conducted with children with autism. *Focus Autism Dev Disabil*. 2006 Spr;21(1):45-54. X-2, X-4
4600. Wheeler JJ, Carter SL, Mayton MR, et al. Preventing challenging behaviour through the management of instructional antecedents. *Dev Disabil Bull*. 2006;34(1-2):1-14. X-1, X-2, X-3, X-4
4601. Whipple J. Music in intervention for children and adolescents with Autism: a meta-analysis. *J Music Ther*. 2004 Sum;41(2):90-106. X-1, X-2, X-3, X-4
4602. White SE. The influence of religiosity on well-being and acceptance in parents of children with autism spectrum disorder. *J Relig Disabil Health*. 2009;13(2):104-13. X-4
4603. White SE, Weiss JA. Services for adults and adolescents with ASD in Ontario—parent and professional perspectives. *J Dev Disabil*. 2010;16(1):34-9. X-1, X-3, X-4
4604. White SW, Albano AM, Johnson CR, et al. Development of a cognitive-behavioral intervention program to treat anxiety and social deficits in teens with high-functioning autism. *Clin Child Fam Psychol Rev*. 2010 Mar;13(1):77-90. PMID: 20091348. X-1, X-2, X-3, X-4
4605. White SW, Koenig K, Scahill L. Group social skills instruction for adolescents with high-functioning autism spectrum disorders. *Focus Autism Dev Disabil*. 2010 Dec;25(4):209-19. X-3
4606. White SW, Ollendick T, Scahill L, et al. Preliminary efficacy of a cognitive-behavioral treatment program for anxious youth with autism spectrum disorders. *J Autism Dev Disord*. 2009 Dec;39(12):1652-62. X-3
4607. 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. PMID: 17082975. X-1, X-3, X-4
4608. Whitehouse AJ, 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. PMID: 18576959. X-4
4609. Whitehouse AJ, Maybery M, Wray JA, et al. No association between early gastrointestinal problems and autistic-like traits in the general population. *Dev Med Child Neurol*. 2011 May;53(5):457-62. PMID: 21418197. X-4
4610. Whitehouse AJO, Hird K. Is grammatical competence a precondition for belief-desire reasoning? Evidence from typically developing children and those with autism. *Int J Speech Lang Pathol*. 2004;6(1):39-51. X-3
4611. Whitehouse AJO, Watt HJ, Line EA, et al. Adult psychosocial outcomes of children with specific language impairment, pragmatic language impairment and autism. *Int J Lang Commun Disord*. 2009;44(4):511-28. X-3, X-4
4612. Whiteley P. Autism unravelled conference--'the biology of autism--unravelled'. *Expert Opin Pharmacother*. 2001 Jul;2(7):1191-3. PMID: 11583070. X-2, X-4
4613. Whiteley P, Haracopos D, Knivsberg AM, et al. The ScanBrit randomised, controlled, single-blind study of a gluten- and casein-free dietary intervention for children with autism spectrum disorders. *Nutr Neurosci*. 2010 Apr;13(2):87-100. PMID: 20406576. X-1, X-3, X-4
4614. Whiteley P, Haracopos D, Knivsberg A-M, et al. The ScanBrit randomized controlled, single-blind study of a gluten- and casein-free dietary intervention for children with autism spectrum disorders. *Nutr Neurosci*. 2010 Apr;13(2):87-100. X-1, X-3, X-4
4615. 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-1, X-3, X-4
4616. Whiteley P, Rodgers J, Shattock P. MMR and autism. *Autism*. 2000 Jun;4(2):207-11. X-4
4617. Whiteley P, Shattock P. What makes trans-indolyl-3-acryloylglycine identified by high-performance liquid chromatography relevant to pervasive developmental disorders? *J Nutr Environ Med*. 2003;13(4):231-7. X-4

4618. Whitenstall M. My life with Asperger's syndrome. *Arch Dis Child*. 2004 Mar;89(3):281. PMID: 14977714. X-1, X-2, X-3, X-4
4619. Whitney-Thomas J, Shaw D, Honey K, et al. Building a future: A study of student participation in person-centered planning. *J Assoc Pers Sev Handicaps*. 1998 Sum;23(2):119-33. X-3, X-4
4620. Whittaker CA, Reynolds J. Hand signalling in dyadic proximal communication: social strengths of children with autism who do not speak. *Child Lang Teach Ther*. 2000;16(1):43-57. X-3
4621. 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. *Res Autism Spectr Disord*. 2009 Jan;3(1):129-44. X-1, X-3, X-4
4622. 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. *J Abnorm Child Psychol*. 2009 May;37(4):469-80. PMID: 19023654. X-1, X-3
4623. Whittingham K, Sofronoff K, 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. PMID: 16051461. X-1, X-3, X-4
4624. Wichnick AM, Vener SM, Keating C, et al. The effect of a script-fading procedure on unscripted social initiations and novel utterances among young children with autism. *Res Autism Spectr Disord*. 2010 Jan-Mar;4(1):51-64. X-1, X-3, X-4
4625. Wick JY, Zanni GR. Autism and aging: hardly out of the woods. *Consult Pharm*. 2009 Sep;24(9):648-50, 53-60. PMID: 19842781. X-2, X-4
4626. Wieder S. Integrated treatment approaches for young children with multisystem developmental disorder. *Infants Young Child*. 1996 Jan;8(3):24-34. X-1, X-2, X-3, X-4
4627. 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 Autism Dev Disabil*. 2007 Spr;22(1):33-8. X-4
4628. 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. *Psychol Sch*. 2005 Feb;42(2):189-96. X-1, X-3, X-4
4629. Wilczynski SM, Menousek K, Hunter M, et al. Individualized education programs for youth with autism spectrum disorders. *Psychol Sch*. 2007 Sep;44(7):653-66. X-2
4630. Wilder DA, Allison J, Nicholson K, et al. Further evaluation of antecedent interventions on compliance: the effects of rationales to increase compliance among preschoolers. *J Appl Behav Anal*. 2010 Winter;43(4):601-13. PMID: 21541147. X-1, X-3, X-4
4631. Wilder DA, Register M, Register S, et al. Functional analysis and treatment of rumination using fixed-time delivery of a flavor spray. *J Appl Behav Anal*. 2009 Winter;42(4):877-82. PMID: 20514197. X-3
4632. 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. PMID: 16154643. X-4
4633. Wilkins D. I'm not sure what I want (and I don't know how to get it): how do social care workers perceive the parental relationships of children with autistic spectrum conditions? *J Soc Work Pract*. 2010;24(1):89-101. X-1, X-3, X-4
4634. Wilkinson KM, Albert A. Adaptions [sic] of fast mapping for vocabulary intervention with augmented language users. *AAC*. 2001;17(2):120-32. X-3
4635. Wilkinson KM, Rosenquist C. Demonstration of a method for assessing semantic organization and category membership in individuals with autism spectrum disorders and receptive vocabulary limitations. *AAC: Augmentative & Alternative Communication*. 2006;22(4):242-57. X-1, X-2, X-3, X-4
4636. Wilkinson LA. Supporting the inclusion of a student with asperger syndrome: a case study using conjoint behavioural consultation and self-management. *Educ Psychol Prac*. 2005 Dec;21(4):307-26. X-1
4637. Wilkinson LA. Self-management for children with high-functioning autism spectrum disorders. *Interv School Clinic*. 2008;43(3):150-7. X-2
4638. Wilkinson LA. Facilitating the identification of autism spectrum disorders in school-age children. *Remedial Spec Educ*. 2010 Sep-Oct;31(5):350-7. X-1, X-2, X-3, X-4
4639. Wilkinson LA. School-age children with autism spectrum disorders: screening and identification. *Eur J Spec Needs Educ*. 2010 Aug;25(3):211-23. X-1, X-2, X-3, X-4
4640. 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. PMID: 10382138. X-1, X-3, X-4
4641. Willemsen-Swinkels SH, Buitelaar JK, 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. PMID: 8780837. X-1, X-3, X-4

4642. 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. PMID: 8570776. X-1, X-3, X-4
4643. 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. *J Autism Dev Disord.* 1999 Apr;29(2):167-9.. X-1, X-3, X-4
4644. Willette AA, Lubach GR, Knickmeyer RC, et al. Brain enlargement and increased behavioral and cytokine reactivity in infant monkeys following acute prenatal endotoxemia. *Behav Brain Res.* 2011 May 16;219(1):108-15. PMID: 21192986. X-1, X-3, X-4
4645. Williams B. Mental handicap nursing. *Autism--help for the family.* *Nurs Times.* 1991 Aug 21-27;87(34):61-3. PMID: 1881792. X-2, X-4
4646. 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. PMID: 11918110. X-1, X-3, X-4
4647. Williams CM, Fan W, Goodman G. Preliminary analysis of the "survey of educators' knowledge and value of research-based practices for students with autism". *Assess Eff Interv.* 2011 Mar;36(2):113-30. X-1, X-3, X-4
4648. Williams DE, Kirkpatrick-Sanchez S, Crocker WT. A long-term follow-up of treatment for severe self-injury. *Res Dev Disabil.* 1994 Nov-Dec;15(6):487-501. X-3
4649. Williams E, Kendell-Scott L, Costall A. Parents' experiences of introducing everyday object use to their children with autism. *Autism.* 2005 Dec;9(5):495-514. PMID: 16287702. X-4
4650. Williams E, Reddy V, Costall A. Taking a closer look at functional play in children with autism. *J Autism Dev Disord.* 2001 Feb;31(1):67-77. PMID: 11439756. X-4
4651. Williams G, Carnerero JJ, Perez-Gonzalez LA. Generalization of tacting actions in children with autism. *J Appl Behav Anal.* 2006 Summer;39(2):233-7. PMID: 16813044. X-3
4652. Williams G, Donley CR, Keller JW. Teaching children with autism to ask questions about hidden objects. *J Appl Behav Anal.* Special Issue: Establishing operations in applied behavior analysis. 2000 Win;33(4):627-30. X-1, X-3, X-4
4653. 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. PMID: 11263692. X-4
4654. Williams G, Perez-Gonzalez LA, 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. PMID: 14596570. X-3
4655. Williams J, Brayne C. Screening for autism spectrum disorders: what is the evidence? *Autism.* 2006;10(1):11-35. X-2, X-4
4656. Williams JA, Koegel RL, Egel AL. Response-reinforcer relationships and improved learning in autistic children. *J Appl Behav Anal.* 1981 Spring;14(1):53-60. PMID: 7216932. X-1, X-3, X-4
4657. 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. PMID: 15541632. X-1, X-3, X-4
4658. 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. PMID: 16301550. X-4
4659. Williams K, Wishart JG. Combining school attendance with home-based interventions for autism. *J Res Spec Educ Needs.* 2001;1(1) X-7
4660. Williams KE, Gibbons BG, Schreck KA. Comparing selective eaters with and without developmental disabilities. *J Dev Phys Disabil.* 2005 Sep;17(3):299-309. X-4
4661. Williams KR. The son-rise program intervention for autism: prerequisites for evaluation. *Autism.* 2006 Jan;10(1):86-102. PMID: 16522712. X-1, X-3, X-4
4662. Williams KR, 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. PMID: 12787161. X-1, X-3, X-4
4663. 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. PMID: 11439748. X-1, X-3, X-4
4664. Williams PG, Dalrymple N, Neal J. Eating habits of children with autism. *Pediatr Nurs.* 2000 May-Jun;26(3):259-64. PMID: 12026389. X-2, X-4
4665. Williams SK, Johnson C, Sukhodolsky DG. The role of the school psychologist in the inclusive education of school-age children with autism spectrum disorders. *J Sch Psychol.* 2005 Mar;43(2):117-36. X-2, X-4
4666. 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. PMID: 16601648. X-1, X-3

4667. Williams TI. A social skills group for autistic children. *J Autism Dev Disord.* 1989 Mar;19(1):143-55. PMID: 2708297. X-3
4668. Williams White S, Keonig K, Scahill L. Social skills development in children with autism spectrum disorders: a review of the intervention research. *J Autism Dev Disord.* 2007 Nov;37(10):1858-68. X-2
4669. Williams-Diehm KL, Lynch PS. Student knowledge and perceptions of individual transition planning and its process. *J Voc Spec Needs Educ.* 2007 Spr;29(3):13-21. X-4
4670. Williamson S, Craig J, Slinger R. Exploring the relationship between measures of self-esteem and psychological adjustment among adolescents with asperger syndrome. *Autism.* 2008 Jul;12(4):391-402. PMID: 18579646. X-3, X-4
4671. Wilson RR, Blades M, Coleman M, et al. Unfamiliar face recognition in children with autistic spectrum disorders. *Infant & Child Development.* 2009;18(6):545-55. X-1, X-3, X-4
4672. Wilson S. On seeing and not seeing. *J Child Psychother.* 1994 Aug;20(2):165-84. X-4
4673. 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. PMID: 16950225. X-4
4674. Wilson WH. Diagnostic consultation to a state hospital. *Hosp Community Psychiatry.* 1989 Dec;40(12):1290-3. PMID: 2591885. X-4
4675. Wilson WH. Reassessment of state hospital patients diagnosed with schizophrenia. *J Neuropsychiatry Clin Neurosci.* 1989 Fall;1(4):394-7. PMID: 2521089. X-3, X-4
4676. Wimmer MC, Doherty MJ. Children with autism's perception and understanding of ambiguous figures: evidence for pictorial metarepresentation, a research note. *Br J Dev Psychol.* 2010;28(3):627-41. X-4
4677. Wimpory D. Mental handicap nursing. Autism--breaking through the barriers. *Nurs Times.* 1991 Aug 21-27;87(34):58-61. PMID: 1881791. X-2, X-4
4678. Wimpory D, Chadwick P, 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. PMID: 8567598. X-1, X-3, X-4
4679. Wimpory DC, Nash S. Musical interaction therapy: therapeutic play for children with autism. *Child Lang Teach Ther.* 1999 Feb;15(1):17-28. X-1, X-3, X-4
4680. Windsor J, Doyle SS, Siegel GM. Language acquisition after mutism: a longitudinal case study of autism. *J Speech Hear Res.* 1994 Feb;37(1):96-105. X-3
4681. Wing L. Management of early childhood autism. *Br J Hosp Med.* 1981 Apr;25(4):353, 5-6, 9. PMID: 7236955. X-1, X-2, X-3, X-4
4682. Wing L, Shah A. Catatonia in autistic spectrum disorders. *Br J Psychiatry.* 2000 Apr;176:357-62. PMID: 10827884. X-4
4683. Winner E. Commentary: what drawings by atypical populations can tell us. *Vis Arts Res.* 1996 Fall;22(44):90-5. X-1, X-2, X-3, X-4
4684. 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. PMID: 1582967. X-3
4685. Winterrowd E, Hepburn SL, Kimel LK, et al. Relationship of psychiatric disorders to measures of child function in parents of children with autism. *Ment Health Asp Dev Disabil.* 2008;11(2):42-54. X-3
4686. 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. PMID: 19968048. X-3
4687. Wise MD, Little AA, Holliman JB, et al. Can state early intervention programs meet the increased demand of children suspected of having autism spectrum disorders? *J Dev Behav Pediatr.* 2010 Jul-Aug;31(6):469-76. PMID: 20585267. X-1, X-3, X-4
4688. Wishart JG, Cebula KR, Willis DS, et al. Understanding of facial expressions of emotion by children with intellectual disabilities of differing aetiology. *J Intellect Disabil Res.* 2007 Jul;51(7):551-63. X-4
4689. Witwer A, Lecavalier L. Treatment incidence and patterns in children and adolescents with autism spectrum disorders. *J Child Adolesc Psychopharmacol.* 2005 Aug;15(4):671-81. PMID: 16190798. X-1, X-3, X-4
4690. Wolery M. A model for developing individualized services. *J Early Interv.* 1997 Win;21(1):17-9. X-1, X-2, X-3, X-4
4691. 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. PMID: 11098872. X-2, X-4
4692. Wolery M, Garfinkle AN. Measures in intervention research with young children who have autism. *J Autism Dev Disord.* 2002 Oct;32(5):463-78. X-1, X-2, X-3, X-4
4693. Wolf L, Goldberg B. Autistic children grow up: an eight to twenty-four year follow-up study. *Can J Psychiatry.* 1986 Aug;31(6):550-6. PMID: 3756758. X-4

4694. Wolfberg P, LePage P, Cook E. Innovations in inclusive education: two teacher preparation programs at the san francisco state university. *Int J Whole Schooling*. 2009;5(2):16-36. X-2, X-4
4695. Wolfberg PJ, 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. PMID: 8226582. X-1, X-3, X-4
4696. Wolff S. Childhood autism: its diagnosis, nature, and treatment. *Arch Dis Child*. 1991 Jun;66(6):737-41. PMID: 2053803. X-2, X-4
4697. Wong CS, Kasari C, Freeman S, et al. The acquisition and generalization of joint attention and symbolic play skills in young children with autism. *Res Pract Persons Severe Disabl* 2007 Sum;32(2):101-9. X-1, X-3, X-4
4698. Wong HH, 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. PMID: 16897395. X-1, X-3
4699. 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. *J Behav Ther Exp Psychiatry*. 1991 Dec;22(4):299-304. PMID: 1993-02520-001. X-1, X-3, X-4
4700. Wong SK, 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. PMID: 11775031. X-1, X-3, X-4
4701. Wong VC. Use of complementary and alternative medicine (CAM) in autism spectrum disorder (ASD): comparison of Chinese and western culture (Part A). *J Autism Dev Disord*. 2009 Mar;39(3):454-63. PMID: 18784992. X-1, X-3, X-4
4702. Wong VC, 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. PMID: 17605098. X-2, X-4
4703. Wong VC, Kwan QK. Randomized controlled trial for early intervention for autism: a pilot study of the Autism 1-2-3 Project. *J Autism Dev Disord*. 2010 Jun;40(6):677-88. PMID: 20020319. X-1, X-3, X-4
4704. Wong VC-N, Sun J-G. Randomized controlled trial of acupuncture versus sham acupuncture in autism spectrum disorder. *J Altern Complement Med*. 2010 May;16(5):545-53. X-1, X-3, X-4
4705. Wood AL, Luiselli JK, Harchik AE. Training instructional skills with paraprofessional service providers at a community-based habilitation setting. *Behav Modif*. 2007 Nov;31(6):847-55. PMID: 17932239. X-4
4706. Wood BK, Wolery M, Kaiser AP. Treatment of food selectivity in a young child with autism. *Focus Autism Dev Disabil*. 2009 Sep;24(3):169-77. X-1, X-3, X-4
4707. Wood JJ, Drahota A, Sze K, et al. Cognitive behavioral therapy for anxiety in children with autism spectrum disorders: a randomized, controlled trial. *J Child Psychol Psychiatry*. 2009 Mar;50(3):224-34. PMID: 19309326. X-4
4708. 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. *J Autism Dev Disord*. 2009 Nov;39(11):1608-12. PMID: 19562475. X-1, X-3, X-4
4709. 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. PMID: 17175572. X-3
4710. Woodard C, Groden J, Goodwin M, et al. The treatment of the behavioral sequelae of autism with dextromethorphan: a case report. *J Autism Dev Disord*. 2005 Aug;35(4):515-8. X-1, X-3, X-4
4711. Woodard CR, Van Reet J. Object identification and imagination: an alternative to the meta-representational explanation of autism. *J Autism Dev Disord*. 2011 Feb;41(2):213-26. PMID: 20532603. X-1, X-2, X-3, X-4
4712. Woods J, Goldstein H. When the toddler takes over: changing challenging routines into conduits for communication. *Focus Autism Dev Disabil*. 2003 Fall;18(3):176-81. X-1, X-2, X-3, X-4
4713. Woods JJ, Wetherby AM. Early identification of and intervention for infants and toddlers who are at risk for autism spectrum disorder. *Lang Speech Hear Serv Sch*. 2003 Jul;34(3):180-93. X-1, X-2, X-3, X-4
4714. Woods TS. The selective suppression of a stereotypy in an autistic child: A stimulus control approach. *Behav Psychother*. 1983 Jul;11(3):235-48. X-1, X-3, X-4
4715. 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. PMID: 6470154. X-3
4716. Woods TS. Programming common antecedents: A practical strategy for enhancing the generality of learning. *Behav Psychother*. 1987 Apr;15(2):158-80. X-1, X-3, X-4
4717. Woolfson LM, Taylor RJ, Mooney L. Parental attributions of controllability as a moderator of the relationship between developmental disability and behaviour problems. *Child Care Health Dev*. 2011 Mar;37(2):184-94. PMID: 20533916. X-1, X-4

4718. 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. PMID: 15739724. X-4
4719. Wright B, Sims D, Smart S, et al. Melatonin versus placebo in children with autism spectrum conditions and severe sleep problems not amenable to behaviour management strategies: a randomised controlled crossover trial. *J Autism Dev Disord*. 2011 Feb;41(2):175-84. PMID: 20535539. X-1, X-3, X-4
4720. Wright C, Conlon E, Wright M, et al. Sub-lexical reading intervention in a student with dyslexia and asperger's disorder. *Aust J Educ Dev Psychol*. 2011;11:11-25. X-3
4721. Wuang YP, Wang CC, Huang MH, et al. The effectiveness of simulated developmental horse-riding program in children with autism. *Adapt Phys Activ Q*. 2010 Apr;27(2):113-26. PMID: 20440023. X-1, X-3, X-4
4722. 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. PMID: 19522789. X-4
4723. 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. *Cogn Behav Pract*. 2005 Sum;12(3):338-50. X-3
4724. Wynne ME, Rogers JJ. Variables discriminating residential placement of severely handicapped children. *Am J Ment Defic*. 1985 Mar;89(5):515-23. PMID: 3158202. X-4
4725. Xia RR. Effectiveness of nutritional supplements for reducing symptoms in autism-spectrum disorder: a case report. *J Altern Complement Med*. 2011 Mar;17(3):271-4. X-1, X-3, X-4
4726. Xin JF, Sutman FX. Using the smart board in teaching social stories to students with autism. *Teach Except Child*. 2011 Mar-Apr;43(4):18-24. X-1, X-2, X-3, X-4
4727. Xu X, Yang H, Lin YF, et al. Neuronal Abelson helper integration site-1 (Ahi1) deficiency in mice alters TrkB signaling with a depressive phenotype. *Proc Natl Acad Sci U S A*. 2010 Nov 2;107(44):19126-31. PMID: 20956301. X-1, X-3, X-4
4728. Yahalom I. Infinity and the limits of the unconscious. *Psychoanal Rev*. 1998 Apr;85(2):205-15. PMID: 9658451. X-2, X-4
4729. 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. PMID: 17092471. X-4
4730. 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. PMID: 17158011. X-4
4731. 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. PMID: 18081627. X-4
4732. Yamamoto Ji, Mochizuki A. Acquisition and functional analysis of manding with autistic students. *J Appl Behav Anal*. 1988 Spr;21(1):57-64. PMID: 1988-24228-001. X-1, X-3, X-4
4733. Yamashita Y, Mukasa A, Honda Y, et al. Short-term effect of American summer treatment program for Japanese children with attention deficit hyperactivity disorder. *Brain Dev*. 2010 Feb;32(2):115-22. PMID: 19150587. X-1, X-3, X-4
4734. Yanardağ M, Birkan B, Yılmaz İ, et al. The effects of least-to-most prompting procedure in teaching basic tennis skills to children with autism. *Kinesiology*. 2011 Jun;43(1):44-55. X-1, X-3, X-4
4735. Yang M, Perry K, Weber MD, et al. Social peers rescue autism-relevant sociability deficits in adolescent mice. *Autism Res*. 2011 Feb;4(1):17-27. PMID: 20928844. X-1, X-3, X-4
4736. Yang NK, Huang T-A, Schaller JL, et al. Enhancing appropriate social behaviors for children with autism in general education classrooms: an analysis of six cases. *Educ Train Dev Disabil*. 2003 Dec;38(4):405-16. X-3
4737. 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. PMID: 14678682. X-1, X-3, X-4
4738. Yanos PT, Lysaker PH, Roe D. Internalized stigma as a barrier to improvement in vocational functioning among people with schizophrenia-spectrum disorders. *Psychiatry Res*. 2010 Jun;178(1):211-3. X-1, X-3, X-4
4739. 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. PMID: 3308829. X-4
4740. Yarwood J, Moreton J. MMR: midwives' guide to providing information for parents. *Midwives*. 2003 May;6(5):208-10. PMID: 12929353. X-2

4741. Yaw JS, Skinner CH, Parkhurst J, et al. Extending research on a computer-based sight-word reading intervention to a student with autism. *J Behav Educ*. 2011 Mar;20(1):44-54. X-1, X-3, X-4
4742. Yazaki N. Regression in schizophrenia and its therapeutic value. *Jpn J Psychiatry Neurol*. 1992 Mar;46(1):71-98. PMID: 1353128. X-4
4743. Yazbak FE, Diodati CJ. Postpartum live virus vaccination: lessons from veterinary medicine. *Med Hypotheses*. 2002 Sep;59(3):280-2. PMID: 12208153. X-2, X-4
4744. Yeh-Kennedy M. Brady, our firstborn son, has autism. *Odyssey*. 2008 Spr-Sum;9(1):26-30. X-1, X-3, X-4
4745. Yell ML, Drasgow E. Litigating a free appropriate public education: the Iovaas hearings and cases. *J Spec Educ*. 2000 Win;33(4):205-14. X-1, X-2, X-3, X-4
4746. Yi JI, Christian L, Vittimberga G, et al. Generalized negatively reinforced manding in children with autism. *Anal Verbal Behav*. 2006;22:21-33. X-3
4747. 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. PMID: 18627431. X-1, X-3, X-4
4748. 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. PMID: 9119934. X-1, X-2, X-3, X-4
4749. Yoder P, 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. PMID: 16908870. X-1, X-3, X-4
4750. Yoder P, Stone WL. Randomized comparison of two communication interventions for preschoolers with autism spectrum disorders. *J Consult Clin Psychol*. 2006 Jun;74(3):426-35. PMID: 16822100. X-1, X-3, X-4
4751. 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. PMID: 17102148. X-1, X-3, X-4
4752. Yoder PJ, Layton TL. Speech following sign language training in autistic children with minimal verbal language. *J Autism Dev Disord*. 1988 Jun;18(2):217-29. PMID: 3410812. X-1, X-3, X-4
4753. Yoder PJ, 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*. 2010 May;40(5):629-32. PMID: 19904596. X-1, X-4
4754. Yokotani K. Educational level signals unobserved abilities of people with high functioning autism spectrum disorders. *Psychol Rep*. 2010 Aug;107(1):227-35. PMID: 20923067. X-4
4755. Yokoyama K, Naoi N, Yamamoto J-i. Teaching verbal behavior using the picture exchange communication system (pecs) with children with autistic spectrum disorders. *Jpn J Spec Educ*. 2006 Mar;43(6):485-503. X-1, X-3, X-4
4756. 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. *J Appl Behav Anal*. 2003 Sum;36(2):245-8. X-4
4757. 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. PMID: 10466870. X-4
4758. Young A, Ruble L, McGrew J. Public vs. private insurance: Cost, use, accessibility, and outcomes of services for children with autism spectrum disorders. *Res Autism Spectr Disord*. 2009 Oct-Dec;3(4):1023-33. X-4
4759. Young B, Simpson RL, Myles BS, et al. An examination of paraprofessional involvement in supporting inclusion of students with autism. *Focus Autism Dev Disabil*. 1997 Spr;12(1):31-8. X-1, X-3, X-4
4760. 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. PMID: 6180470. X-1, X-2, X-3, X-4
4761. Young RL, Posselt M. Using the transporters dvd as a learning tool for children with autism spectrum disorders (ASD). *J Autism Dev Disord*. 2011 Aug 6 PMID 21822764. X-1, X-3, X-4
4762. Young S, Amarasinghe JM. Practitioner review: Non-pharmacological treatments for ADHD: a lifespan approach. *J Child Psychol Psychiatry*. 2010 Feb;51(2):116-33. PMID: 19891745. X-2, X-4
4763. Yuan TF, Hoff R. Mirror neuron system based therapy for emotional disorders. *Med Hypotheses*. 2008 Nov;71(5):722-6. PMID: 18703289. X-2
4764. 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. PMID: 17063401. X-1, X-3, X-4

4765. 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. PMID: 10367290. X-4
4766. Zachor DA, Itzchak EB. Treatment approach, autism severity and intervention outcomes in young children. *Res Autism Spectr Disord*. 2010 Jul-Sep;4(3):425-32. X-1, X-3, X-4
4767. Zager D, Alpern CS. College-based inclusion programming for transition-age students with autism. *Focus Autism Dev Disabil*. 2010 Sep;25(3):151-7. X-2, X-4
4768. Zaidman-Zait A, Mirenda P, Zumbo BD, et al. An item response theory analysis of the parenting stress index-short form with parents of children with autism spectrum disorders. *J Child Psychol Psychiatry*. 2010 Nov;51(11):1269-77. PMID: 20546082. X-1, X-3, X-4
4769. Zambolin K, Fabrizio M, Ferris K, et al. Tracking teachers' behavior to concurrently decrease punishment use with and problem behavior in a child with autism while decreasing the child's frequency of negative statements. *J Precision Teach Celeration*. 2007;23:27-9. X-3
4770. Zanolli K, 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. PMID: 9532755. X-4
4771. Zanolli K, Daggett J, 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. PMID: 8863092. X-1, X-3, X-4
4772. 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. PMID: 10467889. X-1, X-3, X-4
4773. Zappella M. Young autistic children treated with ethologically oriented family therapy. *Fam Syst Med*. 1990 Spr;8(1):14-27. X-1, X-3, X-4
4774. Zappella M. Early-onset tourette syndrome with reversible autistic behaviour: a dysmaturational disorder. *Eur Child Adolesc Psychiatry*. 2002 Feb;11(1):18-23. PMID: 11942423. X-2
4775. Zappella M, Chiarucci P, Pinassi D, et al. Parental bonding in the treatment of autistic behavior. *Ethol Sociobiol*. 1991 Jan;12(1):1-11. X-1, X-3, X-4
4776. Zarcone JR, et al. Analysis of free-time contingencies as positive versus negative reinforcement. *J Appl Behav Anal*. 1996 Sum;29(2):247-50. X-1, X-3, X-4
4777. 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. PMID: 11708938. X-6
4778. 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. PMID: 15658788. X-2, X-4
4779. Zaw FKM, Bates GDL, Murali V, et al. Catatonia, autism, and ECT. *Dev Med Child Neurol*. 1999 Dec;41(12):843-5. X-4
4780. Zeiner P, Gjevik E, Weidle B. Response to atomoxetine in boys with high-functioning autism spectrum disorders and attention deficit/hyperactivity disorder. *Acta Paediatr*. 2011 Sep;100(9):1258-61. PMID: 21392103. X-3
4781. Zelazo PR. Infant-toddler information processing treatment of children with pervasive developmental disorder and autism: part ii. *Infants Young Child*. 1997 Oct;10(2):1-13. X-1, X-3, X-4
4782. Zentall SS, Zentall TR. Optimal stimulation: a model of disordered activity and performance in normal and deviant children. *Psychol Bull*. 1983 Nov;94(3):446-71. PMID: 6657825. X-1, X-2, X-3, X-4
4783. 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-1, X-3, X-4
4784. Zhang C, Bennett T. Facilitating the meaningful participation of culturally and linguistically diverse families in the ifsp and IEP process. *Focus Autism Dev Disabil*. 2003 Spr;18(1):51-9. X-1, X-2, X-3, X-4
4785. Zhang X, Ji CY. Autism and mental retardation of young children in China. *Biomed Environ Sci*. 2005 Oct;18(5):334-40. PMID: 16370317. X-4
4786. Zhu H, Sun Y, Zeng J, et al. Mirror neural training induced by virtual reality in brain-computer interfaces may provide a promising approach for the autism therapy. *Med Hypotheses*. 2011 May;76(5):646-7. PMID: 21300442. X-1, X-2, X-3, X-4
4787. Zimmerman AW. Commentary: immunological treatments for autism: in search of reasons for promising approaches. *J Autism Dev Disord*. 2000 Oct;30(5):481-4. PMID: 11098888. X-2
4788. Zimmerman RK, Wolfe RM, Fox DE, et al. Vaccine criticism on the world wide web. *J Med Internet Res*. 2005;7(2):e17. PMID: 15998608. X-2, X-4
4789. Zingale M, Belfiore G, Mongelli V, et al. Organization of a family training service pertaining to intellectual disabilities. *J Pol Prac Intellect Disabil*. 2008 Mar;5(1):69-72. X-4

4790. 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. PMID: 1497864. X-3
4791. Zingerevich C, Greiss-Hess L, Lemons-Chitwood K, et al. Motor abilities of children diagnosed with fragile X syndrome with and without autism. *J Intellect Disabil Res.* 2009 Jan;53(1):11-8. X-1, X-3, X-4
4792. Zionts LT, Zionts P, Harrison S, et al. Urban african american families' perceptions of cultural sensitivity within the special education system. *Focus Autism Dev Disabil.* 2003 Spr;18(1):41-50. X-1, X-2, X-3, X-4
4793. Zirkel PA. What does the law say? *Teach Except Child.* 2006 Sep-Oct;39(1):65-6. X-1, X-2, X-3, X-4
4794. Zirkel PA. What does the law say? *Teach Except Child.* 2008 May-Jun;40(5):73-5. X-2, X-4
4795. Zirkel PA, Rose T. Scientifically based research and peer-reviewed research under the idea: the legal definitions, applications, and implications. *J Spec Educ Leadersh.* 2009 Mar;22(1):36-50. X-2, X-4
4796. Zissermann L. The effects of deep pressure on self-stimulating behaviors in a child with autism and other disabilities. *Am J Occup Ther.* 1992 Jun;46(6):547-51. X-1, X-3, X-4
4797. Ziviani J, Boyle M, Rodger S. An introduction to play and the preschool child with autistic spectrum disorder. *Br J Occup Ther.* 2001;64(1):17-22. X-1, X-2, X-3, X-4
4798. Ziviani J, Rodger S, Peters S. The play behaviour of children with and without autistic disorder in a clinical environment. *NZ J Occup Ther.* 2005;52(2):22-30. X-1, X-3, X-4
4799. Zollweg W, Palm D, Vance V. The efficacy of auditory integration training: a double blind study. *Am J Audiol.* 1997;6(3):39-47. X-1, X-3, X-4
4800. Zoltak BB. Autism: recognition and management. *Pediatr Nurs.* 1986 Mar-Apr;12(2):90-4. PMID: 3634294. X-1, X-2, X-3, X-4
4801. 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. PMID: 10933118. X-3
4802. Zwaigenbaum L, Thurm A, Stone W, et al. Studying the emergence of autism spectrum disorders in high-risk infants: methodological and practical issues. *J Autism Dev Disord.* 2007 Mar;37(3):466-80. X-2, X-4
4803. 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. PMID: 8077453. X-4

Appendix G. Quality of the Literature

Table G-1. Quality of the literature

Author Year	Group Design	Random Assignment	Appropriate Comparison Group	Correct Randomization	Systematic Diagnostic Approach	Clear Sample Characterization	Clear Inclusion/Exclusion Criteria	Attrition Reported	Intervention Fully Described	Treatment Fidelity Monitored	Adherence Measured/ Reported	Concomitant Interventions Held Steady/ Reported	Outcome Measures Reliable and Valid	Outcome Data Collected From Appropriate Sources	Outcomes Coded Blindly	Appropriate Statistical Analysis	Rating
Laugeson 2011 ¹	+	-	+	-	-	+	+	-	+	+	-	-	+	+	-	+	P
Verhoven 2011 ²	-	NA	NA	NA	+	+	+	NA	-	-	NA	-	+	+	-	+	P
Garcia-Villamisar 2010 ³	+	+	+	-	+	+	+	-	+	-	NA	-	+	+	+	+	F
Gentry 2010 ⁴	-	NA	NA	NA	-	-	+	+	+	+	+	-	+	+	-	+	P
Greher 2010 ⁵	-	NA	NA	NA	-	-	+	NA	+	-	-	-	-	+	-	-	P
Valenti 2010 ⁶	-	NA	NA	NA	+	+	+	NA	+	-	NA	-	+	+	-	+	P
Laugeson 2009 ⁷	+	+	+	-	-	+	+	+	+	+	NA	+	+	+	-	+	P
Lawer 2009 ⁸	-	NA	NA	NA	-	-	+	NA	-	-	NA	-	+	+	-	+	P
Garcia-Villamisar 2007 ⁹	+	-	+	NA	+	+	+	-	-	-	NA	-	+	+	-	+	P
Jewell 2007 ¹⁰	-	NA	NA	NA	-	-	+	-	+	NA	NA	-	+	+	-	+	P
Tse 2007 ¹¹	-	NA	NA	NA	-	-	+	+	+	-	NA	-	+	+	-	+	P
Golan 2006-1 ¹²	+	-	+	NA	-	+	+	+	+	-	+	+	+	+	+	+	P
Golan 2006-2 ¹²	+	-	+	NA	-	+	-	+	+	-	+	-	+	+	+	+	P
Hellings 2006 ¹³	+	+	-	+	+	+	+	+	+	NA	-	+	+	+	+	+	P
Kaplan 2005 ¹⁴	-	NA	NA	NA	-	-	+	-	-	-	NA	-	-	+	-	+	P
Howlin 2005 ¹⁵	-	NA	NA	NA	+	+	+	-	+	+	NA	-	+	+	-	+	P

Author Year	Group Design	Random Assignment	Appropriate Comparison Group	Correct Randomization	Systematic Diagnostic Approach	Clear Sample Characterization	Clear Inclusion/Exclusion Criteria	Attrition Reported	Intervention Fully Described	Treatment Fidelity Monitored	Adherence Measured/ Reported	Concomitant Interventions Held Steady/ Reported	Outcome Measures Reliable and Valid	Outcome Data Collected From Appropriate Sources	Outcomes Coded Blindly	Appropriate Statistical Analysis	Rating
O'Connor 2004 ¹⁶	+	+	+	-	+	+	+	NA	+	NA	NA	-	+	+	-	+	P
Van Bourgondien 2003 ¹⁷	+	-	+	NA	-	+	-	-	-	-	NA	-	-	+	-	-	P
Garcia-Villamizar 2002 ^{18, 19}	+	-	+	NA	+	+	-	-	-	-	NA	-	+	+	-	-	P
Remington 2001 ²⁰	+	+	+	+	+	-	+	+	+	NA	-	+	+	+	-	+	F
Silver 2001 ²¹	+	+	+	-	-	+	+	+	+	+	+	-	+	-	+	-	P
Mawhood 1999 ²²	+	-	+	NA	-	+	+	+	+	+	+	-	+	+	-	-	P
McDougle 1998 ²³	-	NA	NA	NA	+	+	+	+	+	NA	-	+	+	+	-	+	P
McDougle 1998 ²⁴	+	+	+	+	+	+	+	+	+	NA	-	+	+	+	+	+	F
Brodkin 1997 ²⁵	-	NA	NA	NA	+	+	+	+	+	NA	-	+	+	+	-	+	P
Bebko 1996 ²⁶	-	NA	NA	NA	+	+	-	+	+	-	NA	-	+	+	-	+	P
McDougle 1996 ²⁷	+	+	+	-	+	+	+	+	+	NA	-	+	+	+	+	+	F
Willemsen-Swinkels 1995 ²⁸	+	+	+	-	+	-	+	+	+	NA	-	-	+	+	+	+	F
Eberlin 1993 ²⁹	-	NA	NA	NA	+	+	+	+	+	+	NA	-	+	+	-	-	P
Cook 1992 ³⁰	-	NA	NA	NA	+	+	-	+	+	NA	-	-	+	+	-	+	P
Elliott 1991 ³¹	+	-	+	NA	+	+	-	-	+	+	NA	-	+	+	-	+	P
Nelson 1980 ³²	+	+	+	-	-	+	+	-	+	-	NA	-	+	+	-	+	P

F=fair; NA=not applicable; P=poor

References

1. Laugeson EA, Frankel F, Gantman A, et al. Evidence-Based Social Skills Training for Adolescents with Autism Spectrum Disorders: The UCLA PEERS Program. *J Autism Dev Disord.* 2011 Aug 20. PMID: 21858588.
2. Verhoeven EW, Marijnissen N, Berger HJ, et al. Brief Report: Relationship Between Self-Awareness of Real-World Behavior and Treatment Outcome in Autism Spectrum Disorders. *J Autism Dev Disord.* 2011 Jun 23. PMID: 21698498.
3. Garcia-Villamisar DA, Dattilo J. Effects of a leisure programme on quality of life and stress of individuals with ASD. *J Intellect Disabil Res.* 2010 Jul;54(7):611-9. PMID: 20500784.
4. Gentry T, Wallace J, Kvarfordt C, et al. Personal digital assistants as cognitive aids for high school students with autism: results of a community-based trial. *Journal of Vocational Rehabilitation.* 2010;32(2):101-7.
5. Greher GR, Hillier A, Dougherty M, et al. SoundScape: An Interdisciplinary Music Intervention for Adolescents and Young Adults on the Autism Spectrum. *International Journal of Education & the Arts.* 2010;11(9)PMID: EJ908863.
6. Valenti M, Cerbo R, Masedu F, et al. Intensive intervention for children and adolescents with autism in a community setting in Italy: A single-group longitudinal study. *Child and Adolescent Psychiatry and Mental Health.* 2010;4(1). PMID: 2010-20181-001.
7. Laugeson EA, Frankel F, Mogil C, et al. Parent-assisted social skills training to improve friendships in teens with autism spectrum disorders. *J Autism Dev Disord.* 2009 Apr;39(4):596-606. PMID: 19015968.
8. 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. PMID: 18810627.
9. Garcia-Villamisar D, Hughes C. Supported employment improves cognitive performance in adults with Autism. *J Intellect Disabil Res.* 2007 Feb;51(Pt 2):142-50. PMID: 17217478.
10. Jewell JD, Grippi A, Hupp SDA, et al. The effects of a rotating classroom schedule on classroom crisis events in a school for autism. *North American Journal of Psychology.* 2007;9(1):37-52. PMID: 2007-05078-003.
11. 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. PMID: 17216559.
12. Golan O, 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. PMID: 16600069.
13. Hellings JA, Zarccone 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. PMID: 16596465.
14. Kaplan RS, 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. PMID: 15839730.
15. Howlin P, Alcock J, 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):533-49. PMID: 16287704.
16. O'Connor IM, 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. PMID: 15162931.
17. Van Bourgondien ME, Reichle NC, Schopler E. Effects of a model treatment approach on adults with autism. *J Autism Dev Disord.* 2003 Apr;33(2):131-40. PMID: 12757352.
18. García-Villamisar D, Wehman P, 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):309-12. PMID: 2004-17073-009.
19. García-Villamisar D, Ross D, Wehman P. Clinical differential analysis of persons with autism in a work setting: A follow-up study. *Journal of Vocational Rehabilitation.* 2000;14(3):183-5. PMID: 2000-16669-005.
20. 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. PMID: 11476129.
21. Silver M, 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. PMID: 11708589.
22. Mawhood L, Howlin P. The outcome of a supported employment scheme for high-functioning adults with autism or Asperger syndrome. *Autism.* 1999 Sep;3(3):229-54. PMID: 1999-11709-002.
23. McDougle CJ, Brodtkin 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. PMID: 9472844.

24. 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. PMID: 9672054.
25. Brodtkin 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. PMID: 9334896.
26. Bebko JM, Perry A, 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. PMID: 8819769.
27. 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. PMID: 8911223.
28. 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. PMID: 7654128.
29. 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. PMID: 8226584.
30. 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):739-45. PMID: 1993-02622-001.
31. Elliott RO, Jr., Hall K, 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. PMID: 1778959.
32. Nelson DL, Gergenti E, 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. PMID: 6927657.