

Book Reviews

Évaluation des ouvrages écrits



Laboratory Exercises in Evoked Potentials (1997)

John A. Ferraro

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Reviewer:

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Audiologists who do electrophysiology often find themselves faced with the task of interpreting the evoked waveforms. Needless to say, this requires clinical experience and confidence. To that end, this book is really quite helpful, especially for the new clinician. The pages are large, with lots of full-page diagrams illustrating examples of auditory evoked potential (AEP) waveforms, but the entire book is thin (179 pages). It is appropriate that most attention is paid to the AEP encountered most often in clinical practice; namely, the auditory brainstem response (ABR). Right at the outset, the author puts forth the main purpose of the book – a lab

manual intended as a supplement to other, more theoretical texts which discuss anatomical, electrical, and philosophical underpinnings of AEPs.

The book is divided into two main sections. The first five chapters introduce the reader to AEPs (pages 1-70); the sixth chapter (pages 71-169), offers a series of practice waveforms for the new clinician to examine and identify important morphological landmarks. The introduction gives historical perspectives on auditory evoked responses and discusses components of generic AEP equipment. Chapter 1 provides a tighter focus on equipment for gathering AEPs and guides the student through the system setup and usual protocols for conducting AEP measurements. Chapters 2 through 5 provide a quick look at the general “family” AEPs. Clinical implementation of the ABR is covered in Chapter 2. Subsequent chapters each respectively discuss clinical implementations of electrocochleography (EcochG), auditory middle latency responses (AMLR), and auditory late potentials. The second section (Chapter 6, pages 71-169) consists of practice AEP waveforms. The reader can examine and label peaks on actual, unlabelled AEP waveforms obtained from the files of actual clients. Each set of unlabelled waves is immediately followed on the next page by the same waveforms labeled in the clinic with whom the author is affiliated. Readers can thus attain practice at identifying

important landmarks of evoked response morphology, and can then compare their attempts with “answers” on the next page. Again, most of the AEPs in this second section of the book are ABR waveforms, from both the infant and adult populations.

Many audiologists who perform AEP measures, such as the ABR, often ask themselves *why* their specific protocols exist, such as filter settings, electrode montage, stimulus repetition rate, etc. They also may wonder what would happen if one or more of the aspects of their protocols were changed. This lab manual offers up these important topics as “Variations on a theme” at the end of each chapter. It does not, however, show the reader resultant waveforms that could occur as a result of measurement protocol change. This omission was the only disappointing aspect of the book.

The main strength of this lab manual, however, is that it has a straight-forward focus – clinical implementation and interpretation of AERs. Indeed, the whole layout and format of the book support a necessary corollary to good clinical practice – improving clinical confidence. The present reviewer teaches a graduate course in electrophysiology, and will no doubt utilize this lab manual, with its practice waveforms, the next time the class is taught.

**Making A Difference:
Behavioral Intervention for
Autism (2001)**

**Catherine Maurice, Gina
Green, Richard M. Foxx
(Editors)**

Publisher

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Reviewer

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This latest book from Catherine Maurice, Gina Green, and Richard M. Foxx is a follow-up to her previous book *Behavioral Intervention for Young Children with Autism: A Manual for Parents and Professionals* (Maurice, Green, & Luce, 1996). Both works were intended to reach parents, professionals, and academicians alike, with a purpose to provide information regarding effective intervention techniques that have at their foundation high-quality treatment research from the field of applied behavioral analysis (ABA). Maurice et al. strive to translate current research and theory into practice for the family or clinician, citing the specific studies to back their claims, and explaining where good research does not yet exist.

The book is organized into eleven separate and distinct chapters. The chapters cover topics ranging from the political difficulties, personal tragedies, and operational definitions within the field of Autistic Spectrum Disorders (ASD) and ABA, to effective treatment strategies for behavioral problems, eating disorders, social skills, peer interaction, and speech and language development.

In the first chapter, Catherine Maurice, author of previous works such as *Let Me Hear Your Voice: A Family's Triumph over Autism* (1993)

and *Behavioral Intervention for Young Children with Autism: A Manual for Parent and Professionals* (Maurice, Green & Luce, 1996), recounts the personal attacks and professional discrediting of ABA since her foray into public life. Maurice once again highlights the continuing controversy and the division within the current theoretical treatment approaches available within this field. However, Maurice's tone only serves to make herself appear in the same vein as those she is exposing to the public.

Embedded within her rhetoric, however, is valuable information: information such as tailoring the treatment to best "fit" the child; what children with ASD can do easily; where to begin a program and why. Maurice claims that ABA can teach communication, language, and higher-level skills and that there are over 500 peer reviewed studies related to ASD and ABA to date. Maurice also highlights the components of good behavioural teaching. This teaching incorporates techniques such as prompt fading, generalization, and careful teaching of the areas of play, language, academics, and social skills, which as a package, are the hallmarks of a quality ABA program.

She reiterates the current downfalls of special education programs within current educational institutions. These downfalls appear to be systemic and prevalent across geographical boundaries. Nonetheless, such important information is somehow obscured in her attempts to discredit her discreditors, even though she clearly recognizes that, "...it serves no purpose to respond in kind. Most ad hominem attacks are best left unanswered". As difficult as it has been for her (and many, many others—parents and professional alike) to be repeatedly subjected to constant questioning, denigration, and personal assault, this too is the road to change. All roads are not paved with gold nor good intentions

but rather with pebbles—small pebbles of explanation, information, support, and more information. Then slowly, very slowly, stone by stone, the road is laid and the path winds its way to the eventual destination of scientific truth. There will be many evidence-based explorers in this still relatively uncharted field. Like those before her, Maurice would do well to report the journey without dwelling on the nay-sayers who try to quell the exploration.

In Chapter 2, Pamela F. Dawson provides a vivid and all-too-common recount of how Autism entered her family through their newborn daughter. This is one family's accounting of their quest to search for treatment. It offers a glimpse of their journey through the medical system and the educational systems. It provides a clear description of their foray into an IBI (Intensive Behavioural Intervention) program. Pamela's story is recounted, almost verbatim, by hundreds and thousands of families with newly diagnosed children from coast to coast each year. She paints a realistic picture of the mountains of triumph and the valleys of despair within an intensive treatment program. She describes the stamina needed to endure the plethora of treatments available; the overwhelming quantity of information from well meaning acquaintances, professionals, family members, internet lists, and so on. She reiterates the lack of treatment guidelines (unlike established "gold standards" developed for medical conditions such as cancer, stroke therapy, etc.); the burden on the parents to determine the best course of treatment for their child. As well, there are the difficulties in finding truly qualified professionals and therapists, and the unanswered questions and uncharted territory of the future years. This chapter should be recommended reading for every family ever given the diagnosis of ASD,

and for every course that discusses ASD, as it so clearly puts you "in their shoes".

In Chapter 3, Deborah Fein, Diana Robins, Miriam Liss, and Lynn Waterhouse provide an overview of Autism—"Autism 101"—if you will. This chapter is a must read for every student, professional, or parent involved in the study of Autistic Spectrum Disorders. This chapter should be found in every library, education program, and school of Speech-Language Pathology in the country. The authors explain in clear and concise terms the definitions and characteristics of Autism and related disorders. They provide up-to-date findings from research to support current treatment approaches and identify other areas in need of further investigation.

Gregory S. MacDuff, Patricia J. Krantz, and Lynn E. McClannahan, provide a clear explanation of the principles of ABA in everyday terms with examples from everyday life that makes it easy to relate the field to personal experience. The behavioural techniques of prompting and fading are discussed along with the use of these prompting techniques. This chapter is the nuts and bolts of ABA. However, while technical and detailed, it can never replace solid instruction in these principles. The authors do a commendable job of explaining these ABA techniques but, at times, fail to provide additional information that may be critical to the application of these procedures. For example, they state that "of 268 ABA articles...verbal prompts are the most common". However, at the same time they fail to state that verbal prompts are also the most difficult to fade (information only provided further in the chapter). Also, the inclusion of other descriptive terminology for the defined prompts would enable the reader to make useful connections to specific ABA

training or other literature that they may have encountered.

While the content is solid and irrefutable, the information presented is technical and thus, difficult to assimilate and remember. The use of checklists and flow charts to chunk and organize the information, may have assisted the new learner in remembering the various prompting techniques and to apply the most effective prompt fading procedures within specific situations or tasks.

In Chapter 5, William A. Ahearn provides a much needed overview of the feeding behaviour, physiology of eating, and research as to the behavioural differences in the eating habits of children with ASD. He carefully defines the types of feeding problems: refusal; type/texture over selectivity; and, inadequate intake, and the physiological and behavioural problems that impact these difficulties. Ahearn also goes the next step in discussing the causes of specific feeding problems which can then lead directly to appropriate interventions. Assessment tools, graphs, charts, and data collection forms are included for use with specific and detailed instructions for implementation. This is a wonderful chapter that will assist many families and clinicians in understanding the importance of early development of feeding/eating skills and with the tools to assess and provide treatment.

In Chapter 6, the authors, Edward C. Fenske, Patricia J. Krantz and Lynn E. McClannahan, provide an exceptionally clear explanation of what ABA is, and what it is not. The distinction between Discrete Trial Teaching, as one tool within the field of ABA, is clearly made. The authors highlight other methods employed within ABA, such as incidental teaching methods, setting up of communication temptations, and elaboration/expansion of language within naturalistic environments. This should assist Speech-Language

Pathologists and those who favour a more developmental approach, that the two fields are much closer than we think and preach. This chapter is of paramount importance in helping students within University training programs and experienced SLPs understand their contribution to ABA programs because of their expertise in language and speech development. At the same time, the chapter should serve to allay fears and skepticism about the teaching methods employed within well rounded contemporary ABA programs.

Bridget A. Taylor and her colleague, Suzanne Jasper provide further evidence for the importance of Speech-Language Pathologists within ABA programs with their chapters (Chapters 7 and 8) on the teaching of social skills. An overview of the research on teaching peer interaction skills to children with ASD is summarized along with specific teaching procedures.

Chapter 8 provides the specific programs from beginning social skills or peer interaction skills (e.g., Imitates Peer's Verbalizations) to advanced social-conversational skills (e.g., Initiates Topic for Conversation). Each program sheet is concise, and clearly indicates the target goal and provides recommendations for specific prompting procedures to follow. It should be noted that Pro-Ed has granted permission to the user to make copies of the programs in this chapter for clinical purposes.

In Chapter 9, Margery F. Rappaport, a speech-language pathologist, describes useful clinical strategies for promoting language and higher-level language/communication skills. The chapter is organized in a question and answer format where the questions have come from parents. This chapter will serve as a resource to assist the Speech-Language Pathologist in consulting to an ABA program by providing the

goals and therapy in a behavioural framework. Margery brings to this chapter a wealth of experience and an obvious joy and commitment to using ABA principles and techniques while meeting traditional speech and language goals. She provides concrete examples of difficulties and strategies to assist with learning. As well, parents are given the information to understand the difficulties and appropriate strategies are suggested. The topics addressed and the suggested strategies along with the parent training component confirm her commitment to having the parent as a partner in the therapy. A resource list for materials is also provided at the end of the chapter.

Richard M. Foxx, in Chapter 10, addresses a most critical area but one which is often omitted within the field of ABA—children who fail or continue to exhibit problem behaviours within a behavioural approach. Foxx highlights four areas: (a) why programs and individuals fail; (b) factors that can cause or influence problem behaviour; (c) general program issues and considerations that relate to problem behaviours; and finally, (d) how to treat problem behaviour and maintain the successes.

Foxx provides invaluable information regarding the over-focus on decreasing problem behaviours, rather than on increasing appropriate behaviours. He lists the factors necessary in order to treat behaviours such as: staff selection; the ability of consultants to demonstrate/model and not just provide written programs; the function of behaviours; the inclusion of the family; and, many others.

Foxx also stresses the importance of maintaining treatment effects and programming for generalization in order to assist in maintenance. Non-therapeutic factors that may impact on progress and maintenance are outlined (e.g., termination of the

program based on age, availability, or financial considerations). Foxx reiterates that, although problem behaviour is a major obstacle within treatment programs and educational settings, applied behavioural analysis offers methods for overcoming it.

The final chapter, Chapter 11, is written by another parent, Lora Perry. Lora outlines her journey into creating an intensive treatment program based on applied behavioural analysis and the medical, education, and legal stumbling blocks to provide that treatment for her Autistic twin sons. It is again, a parent's quest to provide a 30-40 hour ABA program and reach for that possible "cure" for children with ASD. The story is not uncommon and can be found in every neighborhood and reiterated many times during the day on the vast number of listserves on the Internet. What makes Lora's story worth reading, however, is the determination, resolve, and forward thinking that, in the end, benefits a large number of children with ASD and their families.

Lora Perry helped found The Association for Science in Autism Treatment (ASAT) with no magic, but just work and commitment. As for the "cure", Lora explains that there is nothing wrong with pursuit of the ideal. In the end, the "cure" is less important than continuing to do whatever it takes for her children to reach their full potential—no matter what that potential is, she attests to the importance of never giving up.

The latest book edited by Catherine Maurice, Gina Green, and Richard M. Foxx will definitely find its place on most bookshelves, albeit weathered and worn from years of use. It is a wonderful collection of topics at the fore in the field of Autism today. The authors have strived to provide highly accurate information and conveyed it in common language that parents and professionals alike will appreciate. It should be

considered as a must read for anyone involved in understanding and treating individuals with Autistic Spectrum Disorders.

The Selective Mutism Resource Manual (2001)
Maggie Johnson and Alison Wintgens

Publisher

Speechmark Publishing Ltd.
www.speechmark.net

Available from

www.psycan.com

Reviewer

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The *Selective Mutism Manual* was written for a wide range of people including speech-language pathologists, clinical and educational psychologists, teachers and parents. It was designed to be a "hands on" tool for those unfamiliar with selective mutism (also referred to as "elective mutism"). Health care professionals working with children who have selective mutism (SM) will find this manual a useful source of information not typically part of their educational programs. Besides acting as a useful reference book for practicing clinicians, this manual also provides the backbone for a comprehensive treatment program, from practical assessment and intervention through to progress and discharge.

The *Selective Mutism Manual* is divided into five parts and 14 chapters. Part 1, Introduction includes two chapters on theory, background information, and frequently asked questions. Chapter 1 covers key theoretical points about SM including its definition, history, incidence and onset, associated features, etiology, and treatment approaches. Its aim is to highlight key aspects of past research that have influenced current

thinking about SM. Chapter 2 begins with a question-and-answer format to dispel common myths, clarify misunderstandings and explain disagreements surrounding SM. The rest of this chapter is devoted to questions most frequently asked by parents and professionals. The information presented in the introduction is practical, easy to read, logically organized, interesting and informative. It lays a good foundation for the chapters to follow.

Part 2 focuses on factors to consider prior to, during, and following assessment. Chapter 3 covers general assessment considerations. Issues discussed include criteria for "extended" versus "standard" assessment, as well as when referral to an outside agency is appropriate. This chapter also discusses the use of assessment results in determining a diagnosis of SM, possible causes, and an appropriate course for intervention. Chapters 4 and 5 give specific information on gathering preliminary data as well as how to conduct interviews and assessments. The book is extremely well laid out within these chapters, which include photocopyable forms to conduct parental interviews, child interviews and school reports.

Part 3 changes focus from assessment to management. It includes six chapters that provide an overview of the treatment program for children with SM. Chapter 6 focuses on "setting the stage" for successful intervention by teaching others in the child's environment ways to encourage and reinforce increased verbal communication from the child. Written information to be shared with school personnel is provided. In Chapter 7, program structure and organization are discussed, as well as identifying and coordinating the roles of those involved in the treatment program. Included in this discussion is the importance of establishing a key

worker as an integral part of the treatment program. Chapter 8 provides an overview of the treatment progression and discusses the five phases of intervention. In chapter 9, strategies to elicit speech for the first time are described in considerable detail. Valuable information is also provided on building rapport with the child and introducing activities appropriate to his/her speaking confidence level. Strategies take into account a variety of treatment settings and levels of severity. Chapter 10 focuses on intervention goals and strategies for generalizing speech across people and settings. Chapter 11 discusses practical considerations to help ensure intervention is as effective as possible. Topics covered include time management, reinforcement and evaluation, problems that may be encountered and possible solutions. Chapter 12 discusses the importance of parents and teachers of children with SM to seek support through organizations at a local, national or international level. A list of suggested organizations and addresses is provided.

Part 4, Progress and Discharge, discusses the final phases of the therapy program. Chapter 13 outlines three main approaches used according to whether the diagnosis was "pure" SM or "SM with speech and language impairment" versus "complex SM". Pointers for involving other agencies as necessary are provided. Factors influencing and maintaining progress and final discharge criteria are discussed. Chapter 14 is a compilation of case studies of children with SM ranging in age from 3 to 14 years of age.

Part 5, the appendices are a compilation of information relevant to the implementation of the treatment program. Included are forms, handouts, activity suggestions,

and examples for each stage of intervention.

Strengths: This manual is easy to read, logically organized, interesting and informative. A practical manual, it offers a multitude of therapy ideas, strategies, and materials. It emphasizes the importance of a team approach and encourages psychologists and speech-language pathologists to work together. Another strength is the "sensitivity and understanding" for parents' and children's feelings shown throughout. By explaining the emotional aspects of SM, this manual dispels the common myth that children with SM are just stubborn, defiant children.

Weaknesses: The treatment program requires a significant amount of time and support on the part of the SLP to see the program through; the problem from my point of view as an "itinerant SLP working in a rural school division with a large caseload" is self-explanatory. Another weakness is that there is mention of some successes using pharmacological treatment to reduce the anxiety disorder symptoms associated with SM, in my opinion this still needs to be viewed with caution as not enough research has been done to prove its effectiveness. A final weakness of this manual was that no mention was made of the "speech buddies" model, as a bridging step in helping the child with SM to speak within the classroom. In my experience this can be a beneficial approach for children with SM.

Overall, this book provides a practical "hands on" approach for working with children who have SM. It gives detailed intervention plans and relevant material in photocopyable form. As part of a team approach it also provides valuable information to other professionals and to parents. As a speech-language pathologist, I would highly recommend this book to anyone with a child with SM on his or her caseload.

