Autismus im Kindes- und Jugendalter gestern, heute und morgen in Forschung, Klinik und Gesellschaft

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KIND
CENTER OF NEURODEVELOPMENTAL DISORDERS AT KAROLINSKA INSTITUTET

Interessenkonflikterklärung

Royalties
Hogrefe, UTB, Ernst Reinhardt, Kohlhammer, Liber

Beratung/Vorlesungen
Medice, Takeda, Roche, LinusBio, MSD

Firma
NeuroSupportSolutions International AB

KIND
CENTER OF NEURODEVELOPMENTAL DISORDERS AT KAROLINSKA INSTITUTET

KIND (seit 2010)

- ✓ Klinik, Ausbildung, Forschung, Entwicklung
- ✓ ~ 40% der Autismusforschung in Schweden
- ✓ ~ 65 MitarbeiterInnen
- ✓ 15 Länder
- ✓ 12 Berufsgruppen
- ✓ 4 Forschungsgruppen
- ✓ 2 Forschungsteams
- ✓ 6 seniore Forscher, 20 mit PhD
- ✓ 15 Doktoranden

KIND

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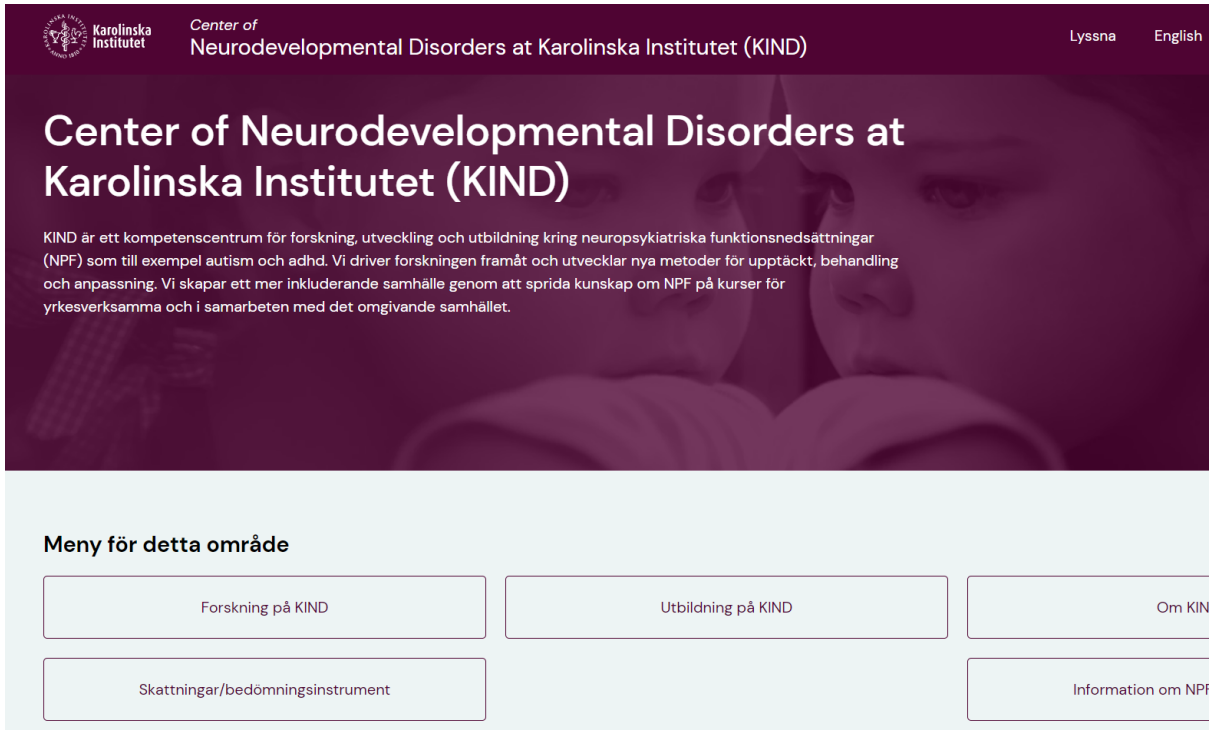
Mehr über KIND



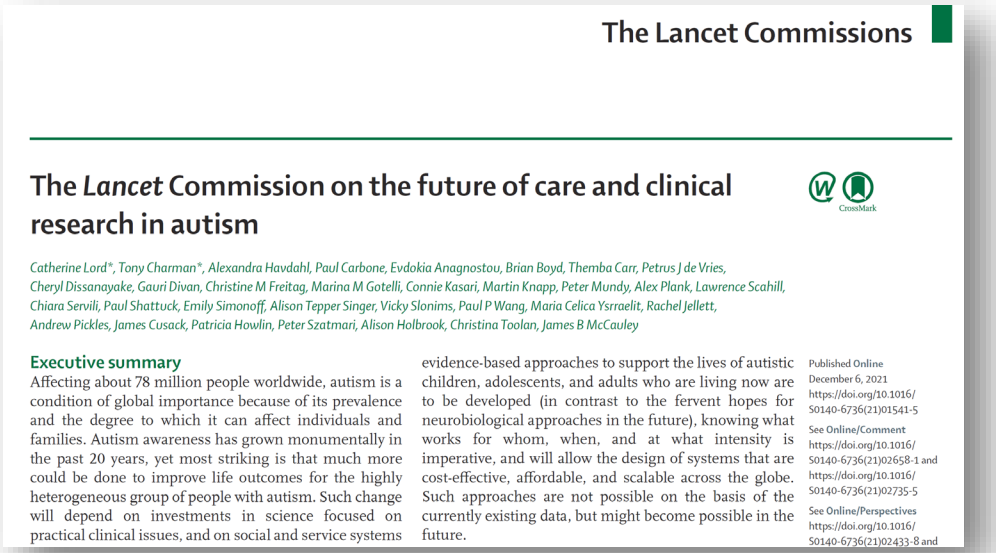
https://ki.se/kind

”Die aktuellen Autismusthemen (in der KJP in Schweden)”

- ✓ Entwicklung von Diagnoseraten!
- ✓ Wartezeiten
- ✓ Überdiagnostizierung?
- ✓ RF Kennedy Jr.
- ✓ Fokus auf Funktion: WHOs ICF
- ✓ Kritik an Frühintervention

- ✓ [Mehr Info, drumherum, kurzgefasst]
- ✓ Autismus: gestern, heute, morgen

Autism Commission Lancet



The Lancet Commissions

The *Lancet* Commission on the future of care and clinical research in autism

Catherine Lord, Tony Charman*, Alexandra Havdahl, Paul Carbone, Evdokia Anagnostou, Brian Boyd, Themba Carr, Petrus J de Vries, Cheryl Dissanayake, Gauri Divan, Christine M Freitag, Marina M Gotelli, Connie Kasari, Martin Knapp, Peter Mundy, Alex Plank, Lawrence Scahill, Chiara Servili, Paul Shattuck, Emily Simonoff, Alison Tepper Singer, Vicky Slonims, Paul P Wang, Maria Celica Ysrraelit, Rachel Jellett, Andrew Pickles, James Cusack, Patricia Howlin, Peter Szatmari, Alison Holbrook, Christina Toolan, James B McCauley*

Executive summary

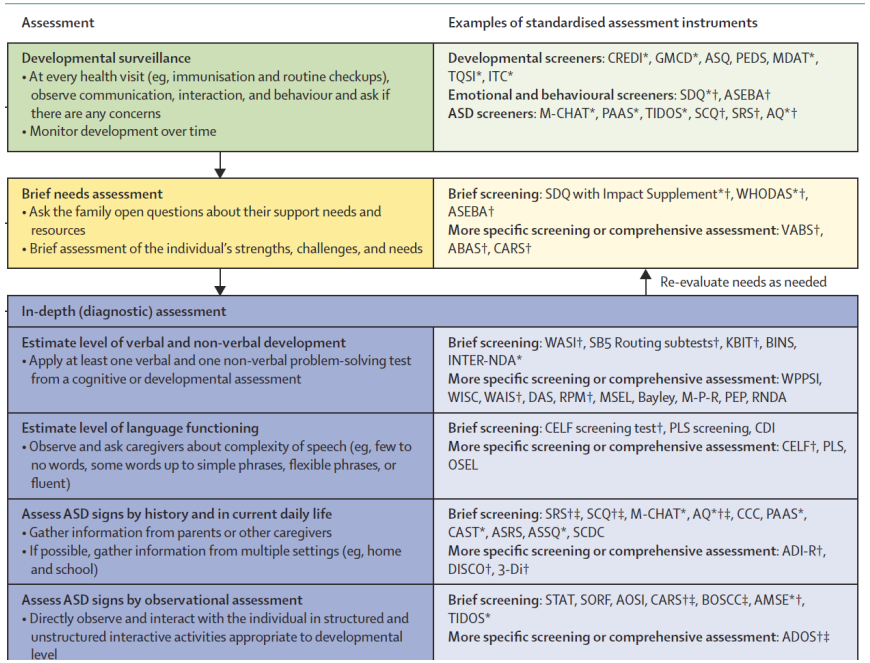
Affecting about 78 million people worldwide, autism is a condition of global importance because of its prevalence and the degree to which it can affect individuals and families. Autism awareness has grown monumentally in the past 20 years, yet most striking is that much more could be done to improve life outcomes for the highly heterogeneous group of people with autism. Such change will depend on investments in science focused on practical clinical issues, and on social and service systems evidence-based approaches to support the lives of autistic children, adolescents, and adults who are living now are to be developed (in contrast to the fervent hopes for neurobiological approaches in the future), knowing what works for whom, when, and at what intensity is imperative, and will allow the design of systems that are cost-effective, affordable, and scalable across the globe. Such approaches are not possible on the basis of the currently existing data, but might become possible in the future.

Published Online December 6, 2021 https://doi.org/10.1016/S0140-6736(21)01541-5

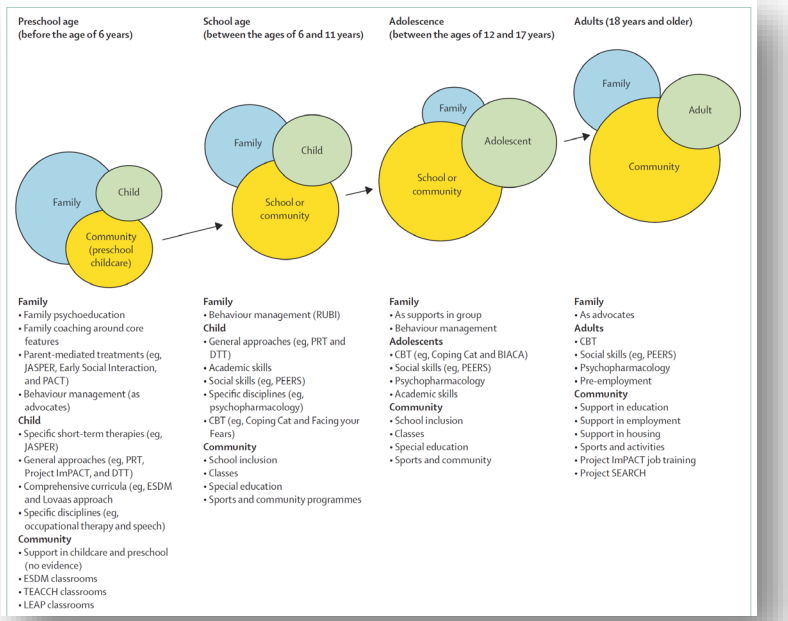
See Online/Comment https://doi.org/10.1016/S0140-6736(21)02658-1 and https://doi.org/10.1016/S0140-6736(21)02735-5

See Online/Perspectives https://doi.org/10.1016/S0140-6736(21)02433-8 and

https://www.thelancet.com/commissions/autism



Assessment	Examples of standardised assessment instruments
Developmental surveillance • At every health visit (eg, immunisation and routine checkups), observe communication, interaction, and behaviour and ask if there are any concerns • Monitor development over time	**Developmental screeners**: CREDI*, GMCD*, ASQ, PEDS, MDAT*, TQSI*, ITC* **Emotional and behavioural screeners**: SDQ*†, ASEBA† **ASD screeners**: M-CHAT*, PAAS*, TIDOS*, SCQ†, SRS†, AQ*†
Brief needs assessment • Ask the family open questions about their support needs and resources • Brief assessment of the individual's strengths, challenges, and needs	**Brief screening**: SDQ with Impact Supplement*†, WHODAS*†, ASEBA† **More specific screening or comprehensive assessment**: VABS†, ABAS†, CARS†
Re-evaluate needs as needed	
In-depth (diagnostic) assessment	
Estimate level of verbal and non-verbal development • Apply at least one verbal and one non-verbal problem-solving test from a cognitive or developmental assessment	**Brief screening**: WASI†, SB5 Routing subtests†, KBIT†, BINS, INTER-NDA* **More specific screening or comprehensive assessment**: WPPSI, WISC, WAIS†, DAS, RPM†, MSEL, Bayley, M-P-R, PEP, RNDA
Estimate level of language functioning • Observe and ask caregivers about complexity of speech (eg, few to no words, some words up to simple phrases, flexible phrases, or fluent)	**Brief screening**: CELF screening test†, PLS screening, CDI **More specific screening or comprehensive assessment**: CELF†, PLS, OSEL
Assess ASD signs by history and in current daily life • Gather information from parents or other caregivers • If possible, gather information from multiple settings (eg, home and school)	**Brief screening**: SRS†‡, SCQ†‡, M-CHAT*, AQ*†‡, CCC, PAAS*, CAST*, ASRS, ASSQ*, SCDC **More specific screening or comprehensive assessment**: ADI-R†, DISCO†, 3-Di†
Assess ASD signs by observational assessment • Directly observe and interact with the individual in structured and unstructured interactive activities appropriate to developmental level	**Brief screening**: STAT, SORF, AOSI, CARS†‡, BOSCC‡, AMSE*†, TIDOS* **More specific screening or comprehensive assessment**: ADOS†‡



S3 Leitlinien Autismus

Seit > 5 Jahren nicht aktualisiert, Leitlinie wird zur Zeit überarbeitet

Autismus-Spektrum-Störungen im Kindes-, Jugend- und Erwachsenenalter

Teil 1: Diagnostik

Interdisziplinäre S3-Leitlinie der DGKJP und der DGPPN

sowie der beteiligten Fachgesellschaften, Berufsverbände und Patientenorganisationen

Langversion; Konsensuskonferenz am 24./25.04.2015

Stand Text Leitlinie: 23.02.2016

S3-Leitlinie	AWMF- Registernummer:	028 - 018

dgkjp Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie e.V.

DGPPN

Aspies e.V. | autismus Deutschland e.V. | bag kjpp | bkjpp

Seit > 5 Jahren nicht aktualisiert, Leitlinie wird zur Zeit überarbeitet

publiziert bei: AWMF online – Das Portal der wissenschaftlichen Medizin

Autismus-Spektrum-Störungen im Kindes-, Jugend- und Erwachsenenalter

Teil 2: Therapie

Interdisziplinäre S3-Leitlinie der DGKJP und der DGPPN

sowie der beteiligten Fachgesellschaften, Berufsverbände und Patientenorganisationen

Langversion; Konsensuskonferenz am 22. und 23.11.2018

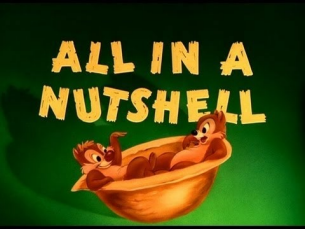
Onlineabstimmungen: Im Verlauf von 2019/2020

Stand Text Leitlinie: 2. Mai 2021

S3-Leitlinie	AWMF- Registernummer:	028 - 047

dgkjp Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie e.V.

Aspies e.V. | autismus Deutschland e.V. | bag kjpp | bkjpp | Bundesdirektorenkonferenz | BVDP | bvkj. Berufsverband der Kinder- und Jugendärzte e.V.



Autismus kurzgefasst

- Ausdruck diverser neurologischer Entwicklung (Reife, Funktion, Struktur)
- Extreme Normvarianten mit Anfälligkeit und erhöhtem Risiko für psychische und somatische Erkrankungen
- Herausforderungen im täglichen Leben (Schule, Zuhause, Freizeit, Arbeit)
- Überwiegend genetisch bedingt (Heritabilität ~80%)
- Kognitive Besonderheiten (Exekutivfunk., soziales Denken, Regulation, Detailaufmerksamkeit)

- Ziel von Interventionen: Prävention und Behandlung negativer Folgen: z. B. Schulabsentismus, psychische/somatische Erkrankungen, geringe Lebensqualität und Anpassungsfähigkeit, ungesunder Lebensstil, soziale Ausgrenzung/Einsamkeit, Arbeitslosigkeit usw.
- Interventionen: Psychoedukation/Training, kognitive Hilfsmittel, Kompensation von Schwierigkeiten, Anpassung des Umfelds, Verbesserung der Lern-/Entwicklungsmöglichkeiten, Inklusion, Behandlung von Komorbidität, stärkenbasierte Interventionen, Fokus auf Möglichkeiten/Chancen (positive Psychologie).

Autismus gestern

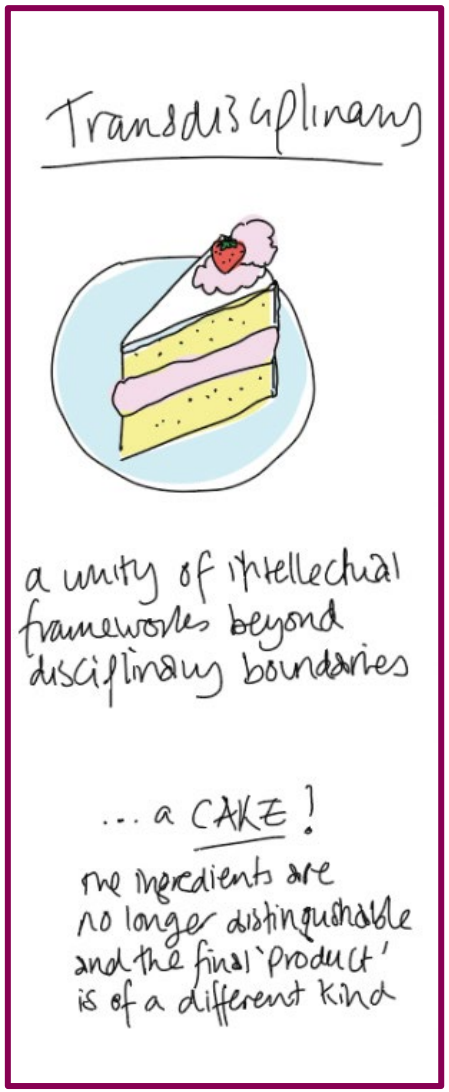
- Autismus ist selten (‰), keine große Gruppe (Versorgung, Bildungswesen, Arbeitsplatz)
- Die Diagnose Autismus ist einfach zu stellen
- Autismus ist stigmatisiert
- Klinische Diagnostik
- Begrenztes Interesse (z.B. in der Erwachsenenpsychiatrie, Schule, Arbeit)
- Autismus und Intelligenzminderung
- Die Diagnose Autismus deckt alles ab
- Überwiegend Jungen/Männer mit Autismus
- Autismus ist kategorial – hat man oder nicht
- Menschen mit Autismus sollten dafür behandelt werden (Heilung als Ziel)

Autismus heute

- Autismus ist nicht selten (%) > klinische & systemische Herausforderungen
- Komplexe Diagnostik (Abgrenzung zu anderen Diagnosen/neurotypisch)
- Autismus plus evtl. viele andere Diagnosen
- Hohes Interesse der Allgemeinheit, viele Disziplinen, Akteure
- Standardisierte Diagnostik, Leitlinien, Berichte, Strategien
- Autistische Mädchen/Frauen
- Unterstützung & Akzeptanz bei Autismus; Umwelteinflüsse/-verantwortung
- Autismus und Gesundheit (geistig, körperlich)
- Neurologische Vielfalt, Autismus als Trait
- Neue Konzepte: Maskierung, Burnout, Hypersensibilität, Extr/Path. Demand Avoid.
- Autistische Stimmen, Aktivismus

Transdisziplinäre, transformative Phase!

...keine "klinische Normalität"



Autismus morgon?

Medizinisches > biopsychosoziales Modell

Ursachen > Unterstützung

Individuum > Umweltfaktoren

Störung > Diversität > Prototyp

Klinik > Gesellschaft (Schule, Arbeit, Freizeit)

Probleme > Lösungen, Möglichkeiten, Resilienz, Stärken

Gruppe > Individuum

Experten > Ko-Kreation

In der Zukunft > jetzt

Diagnose, Symptome > Funktion, Lebensqualität, persönliche Ziele

Zurück in die Zukunft?

- Unkenntnis von Forschung
- Probleme, Forschung zu verstehen
- Zweifel an Forschung
- Unsichtbarkeit des Erfolgs von Impfprogrammen
- Impfungen verursachen Immunreaktion
- Parallelität von Ereignissen
- Eingriffe im Säuglings-/Kleinkindalter ohne Not
- Impfstoffe und "Impfstoffe"
- Polarisierte Diskussion (Covid 19)

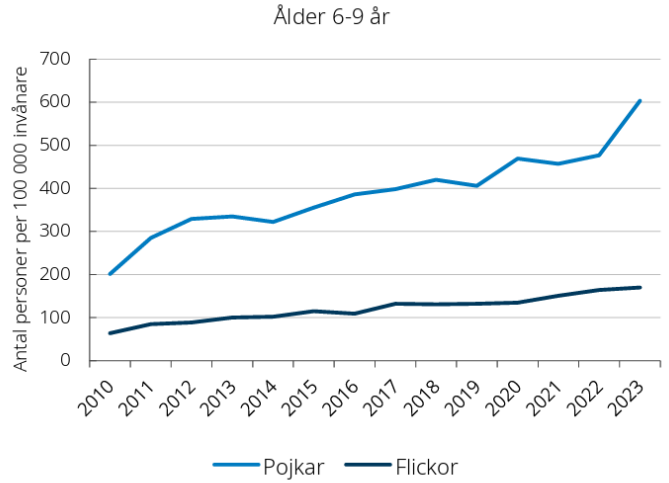
https://theconversation.com/why-do-false-claims-that-vaccines-cause-autism-refuse-to-die-here-are-nine-reasons-246360

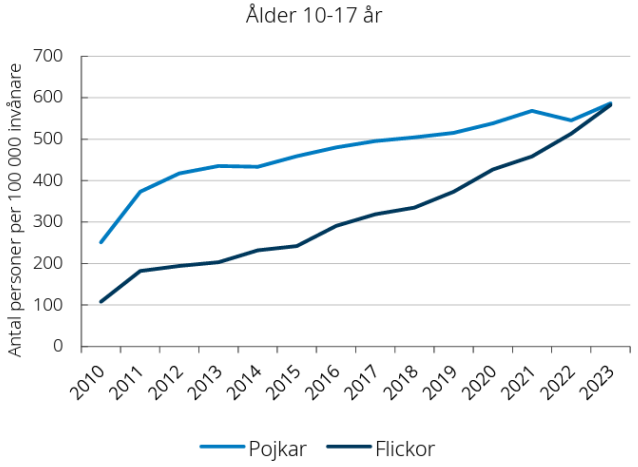
Steigende Diagnoseraten

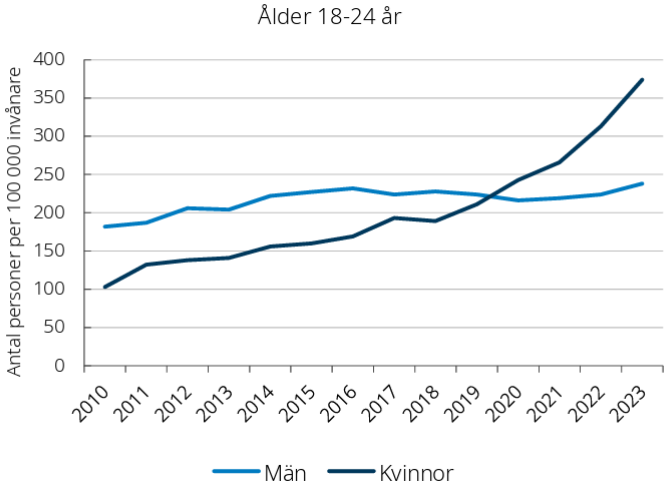
% Autismusdiagnosen im Kindesalter in Schweden 2023

	Andel (%)
Barn	
pojkar 2–5 år	1,0
flickor 2–5 år	0,4
pojkar 6–9 år	2,9
flickor 6–9 år	0,9
pojkar 10–17 år	4,7
flickor 10–17 år	2,5

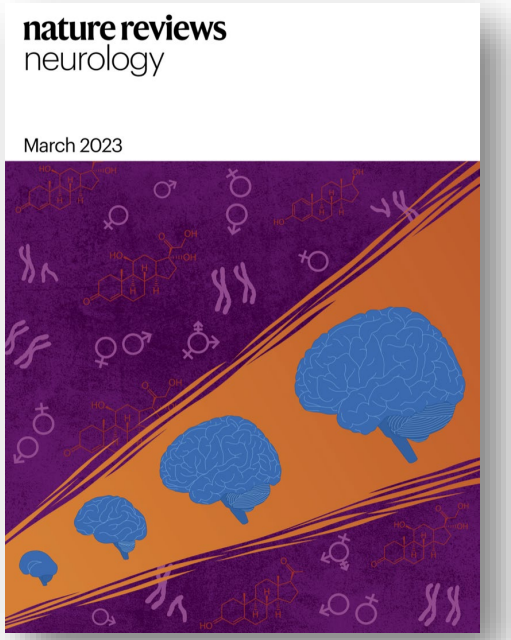
Zahl der Mädchen/Frauen & Jungen/Männer mit Autismusdiagnosen in Schweden in verschiedenen Altersgruppen 2010-2023







Autismus bei Mädchen/Frauen




Review article

Sex and gender in neurodevelopmental conditions

Sven Bölte[1,2,3], Janina Neufeld[1,4], Peter B. Marschik[1,5,6], Zachary J. Williams[7,8,9], Louise Gallagher[10,11] & Meng-Chuan Lai[11,12,13]

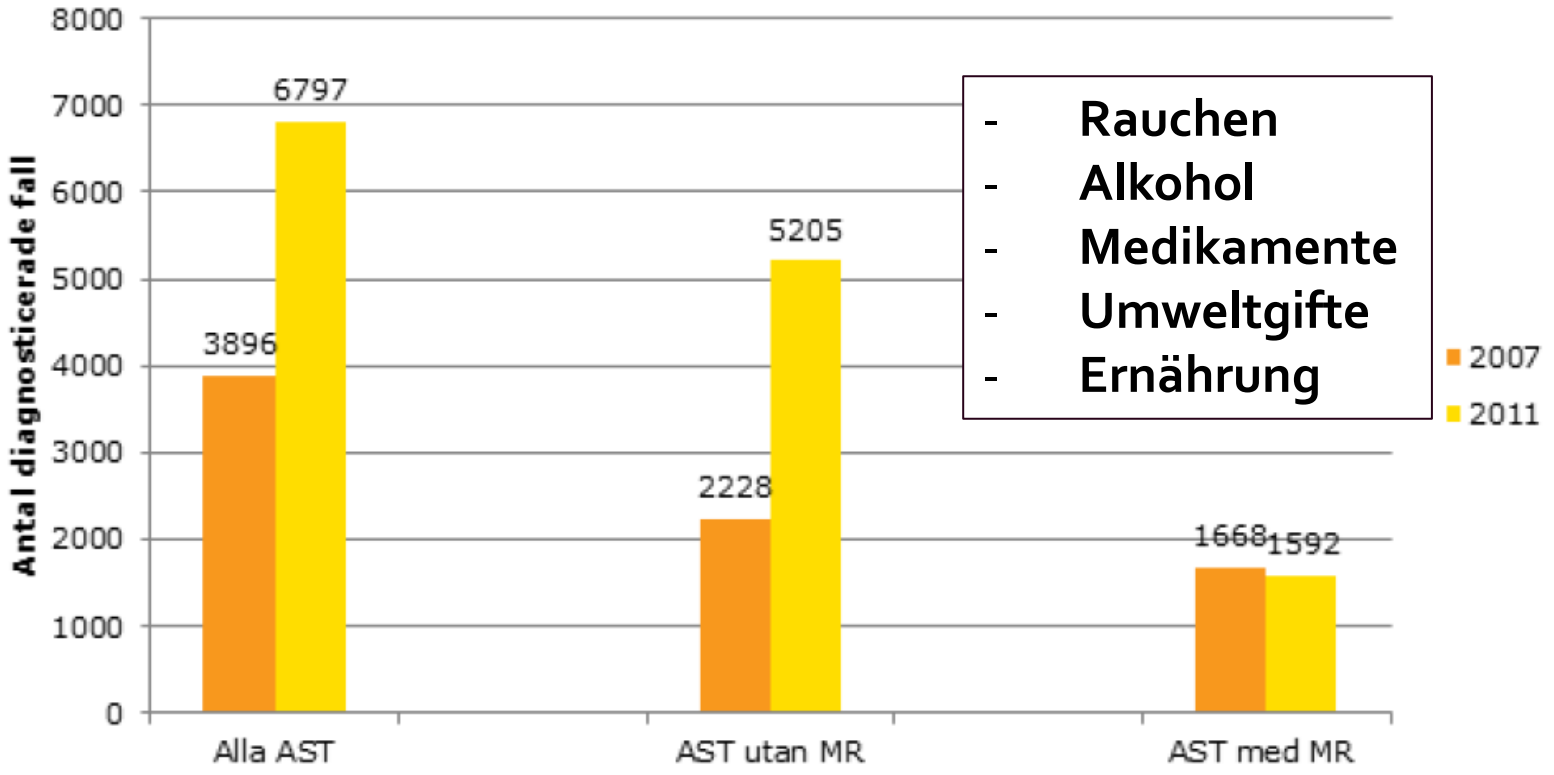
- Mehr internalisierende Probleme
- Weniger externalisierende Probleme
- Weniger auffällige Interessen
- Mehr normative Interessen / soziale Bedürfnisse
- Bessere verbale Kommunikation
- Maskierung / soziale Tarnung ausgeprägt
- Perfektionismus, Kontrolle
- Vermeiden von Anforderungen
- Perioden von Essstörungen
- Stärkere zentrale Kohärenz
- Stärkere Exekutivfunktionen

Mit Autismus zusammen diagnostizierte Diagnosen & Diagnosezeitpunkt (vor Autismus) in Schweden 2023

	Pojkar		Flickor	
Diagnos (ICD-10)	**Före (%)**	**Autism (%)**	**Före (%)**	**Autism (%)**
Substansbruk (F1)	0,3	0,1	1,7	0,5
Psykossjukdom (F2)	0,2	0,2	0,2	0,1
Bipolär sjukdom (F30-31)	0,1	0,0	0,2	0,1
Depressioner (F32-39)	3,5	1,3	15,2	3,6
Ångestsyndrom (F4)	8,0	3,2	26,6	8,5
Ätstörning (F50)	0,7	0,3	4,4	0,9
Sömnstörning (F51)	2,0	1,0	4,1	1,5
Intellektuell funktionsnedsättning (F7)	2,4	8,1	2,1	4,2
Utvecklingsstörningar (exklusive autism) (F8)	8,4	7,6	5,7	4,8
Adhd (F90)	17,9	29,8	17,0	30,3
Beteendestörningar (F91-99)	10,6	3,7	11,6	3,4

Anteil Autismus mit Intelligenzminderung sinkt

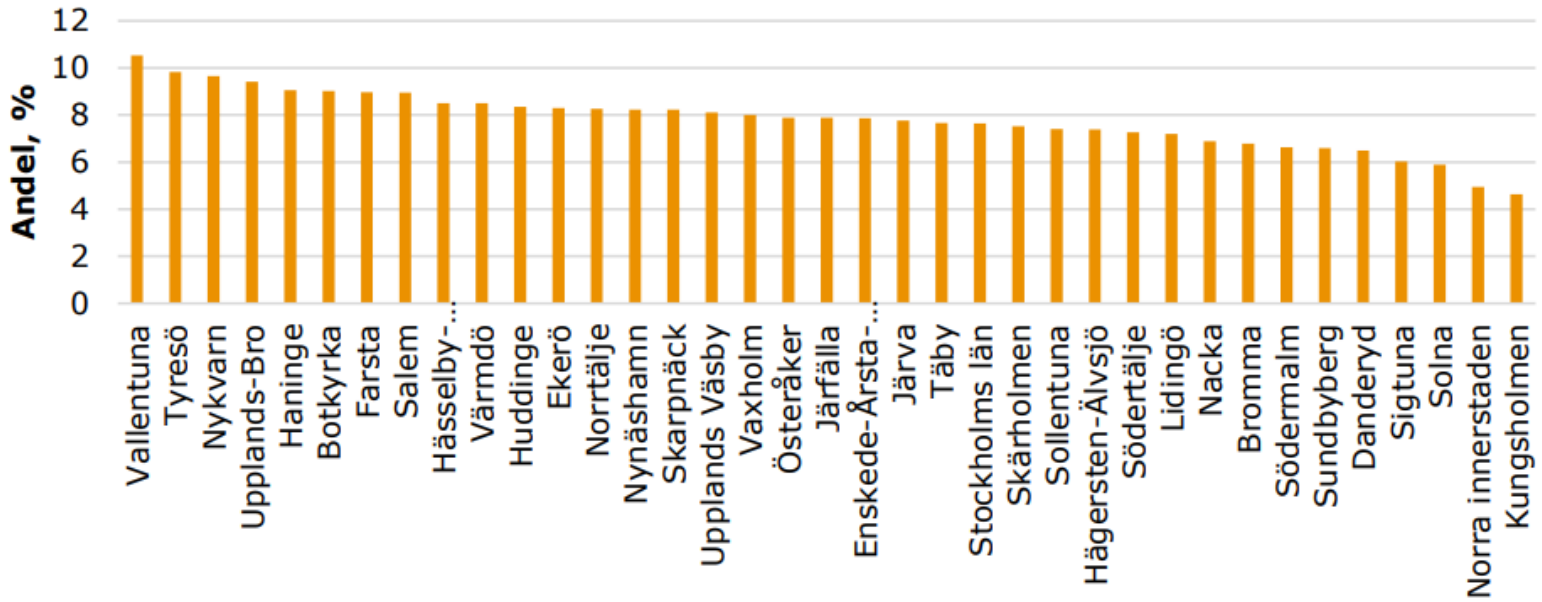
Figur 1. Antal diagnostiserade fall av autism-spektrumtillstånd (AST), med och utan mental retardation (MR), bland barn (0–17 år) i Stockholms län år 2007 och 2011



- Rauchen
- Alkohol
- Medikamente
- Umweltgifte
- Ernährung

Jungen = 8.1%
Mädchen= 4.2%

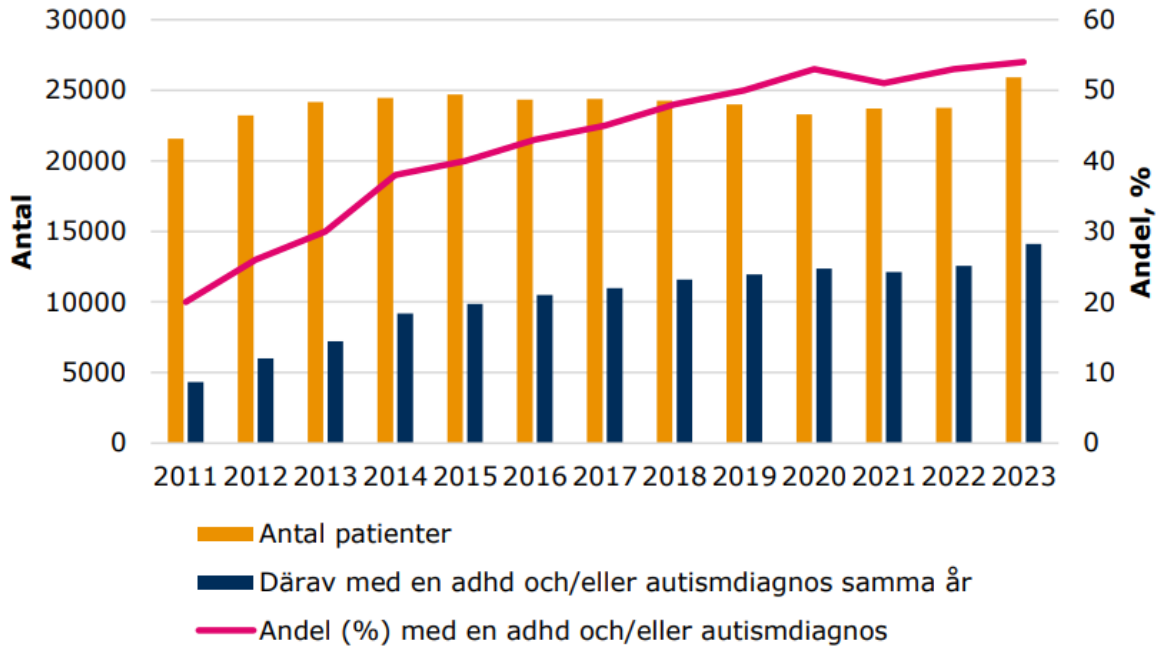
% mit Diagnose Autismus (&/oder ADHS) per Kommune im Grossraum Stockholm 2023



Figur 8. Andel (%) barn och ungdomar (0–17 år) i Stockholms län år 2023 med en adhd-, autism- eller dubbeldiagnos registrerad någon gång mellan år 2018 och 2023 (sexårsvårdprevalens), uppdelat efter kommun och stadsdel.

Källa: VAL, 2024.

% von Klienten mit Autismus (&/oder ADHS) aller in der KJP Stockholm 2011–2023



Figur 11. Antal patienter på BUP per år samt därav antalet och andelen patienter med en adhd-, autism- eller dubbeldiagnos samma år.

Källa: VAL, 2024.

Nimmt Autismus zu oder nehmen Autismusdiagnosen zu?

RESEARCH

OPEN ACCESS

Autism phenotype versus registered diagnosis in Swedish children: prevalence trends over 10 years in general population samples

Sebastian Lundström,[1 2] Abraham Reichenberg,[3] Henrik Anckarsäter,[2] Paul Lichtenstein,[4] Christopher Gillberg[1]

Psychiatry Research 351 (2025) 116613

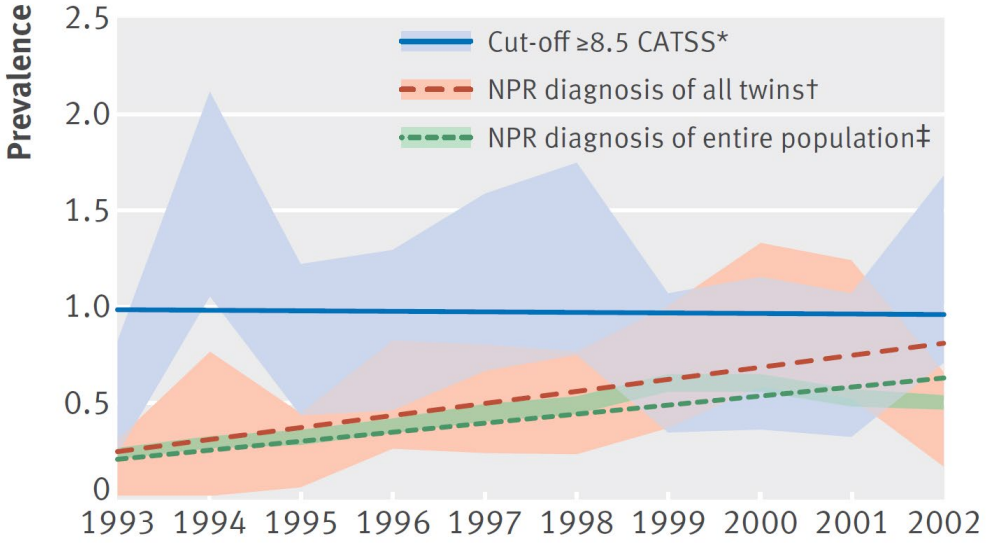
Contents lists available at ScienceDirect

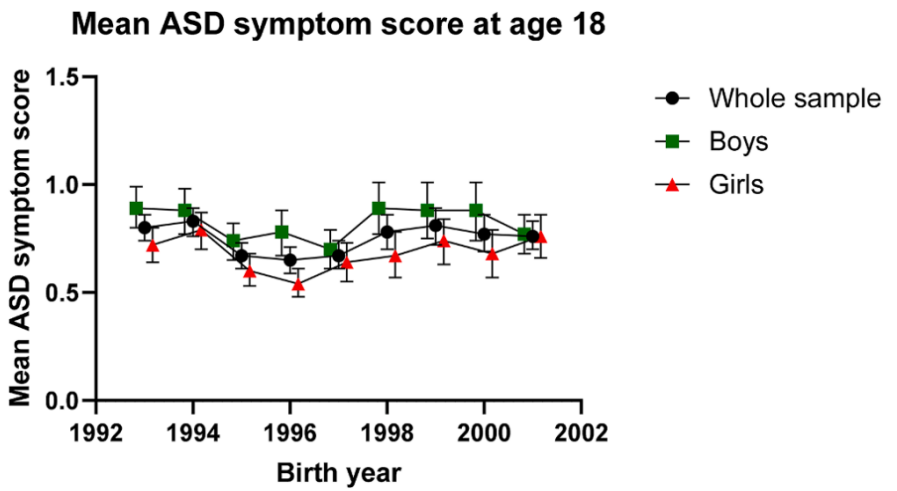
Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

ASD and ADHD symptoms in 18-year-olds – A population-based study of twins born 1993 to 2001

Olof Arvidsson [a,*], Isabell Brikell [b,c,d], Henrik Larsson [b,e], Paul Lichtenstein [b], Ralf Kuja-Halkola [b], Mats Johnson [a], Christopher Gillberg [a], Sebastian Lundström [a,f]





Warum mehr Diagnosen?

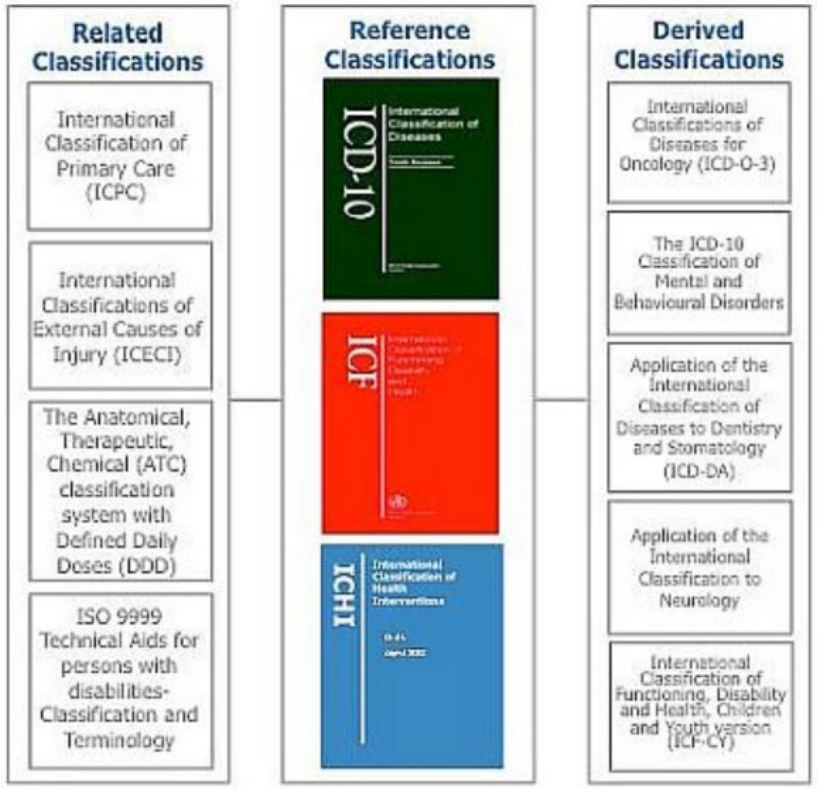
- Mehr „komorbide“ Diagnosenstellungen, z.B. ADHS & Autismus
- Zunahme v.a. bei Mädchen/Frauen & Erwachsenen
- Breite, liberale, inklusive Interpretation von Kriterien
- Entstigmatisierung
- Bewusstsein und Wissen erzeugt Bedürfnisse
- Erwartungen & Anforderungen an (kognitive) Funktion und Gesundheit
- Zunehmend unklarer, unerfüllter Hilfebedarf in komplexer Gesellschaft
- Keine praktizierten Alternativen zu Diagnosesystemen/Psychiatrie
- Prioritäten der Gesundheitsversorgung/Politik
  (Fokus auf Wartzeiten und Diagnostik)
- Schulpolitik/Pädagogik ("kleine Universitäten")
- Zugang zu Versorgung und Unterstützung, Verständnis, Glaubwürdigkeit
  („Diagnostic Upgrading")
- Medikalisierung von Verhalten, Gefühlen, Gedanken, Stress
- Identitätsfindung, -erforschung, Erklärungs- & Zugehörigkeitsbedürfnisse

Überdiagnostizieren wir Autismus?

- Diagnosezahlen heute höher als alle erwartet haben! Alle wundern sich.
- Wissenschaftliche Studien vs Registerdaten
- Frage letztlich schwer zu beantworten, was „wahre“ Prävalenz ist
- Wer überdiagnostiziert? Anklagen gegen wen?
- DSM och ICD nicht absolut; erheblicher Deutungsspielraum
- Kriterium „qualitative Funktionsminderung“ schwer zu beurteilen/abzugrenzen
- Weiterhin auch Unterdiagnostizierung einiger Gruppen

- ➢ Überanwendung des medizinischen Modells!
- ➢ Nicht umstritten, dass bis zu 15% aller Menschen Hilfebedarf haben
- ➢ Bedarf nach alternativen Hilfemodellen basierend auf biopsychosozialem Modell von Autismus und „Funktionsvermögen“ (WHO‘s ICF!)

Familie der Klassifikationen der WHO



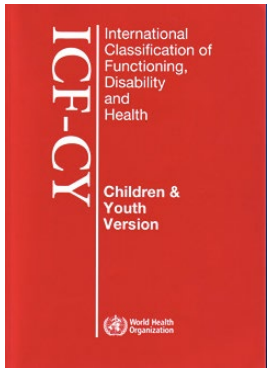
ICD : *„Was jemand hat“ (Diagnose)*

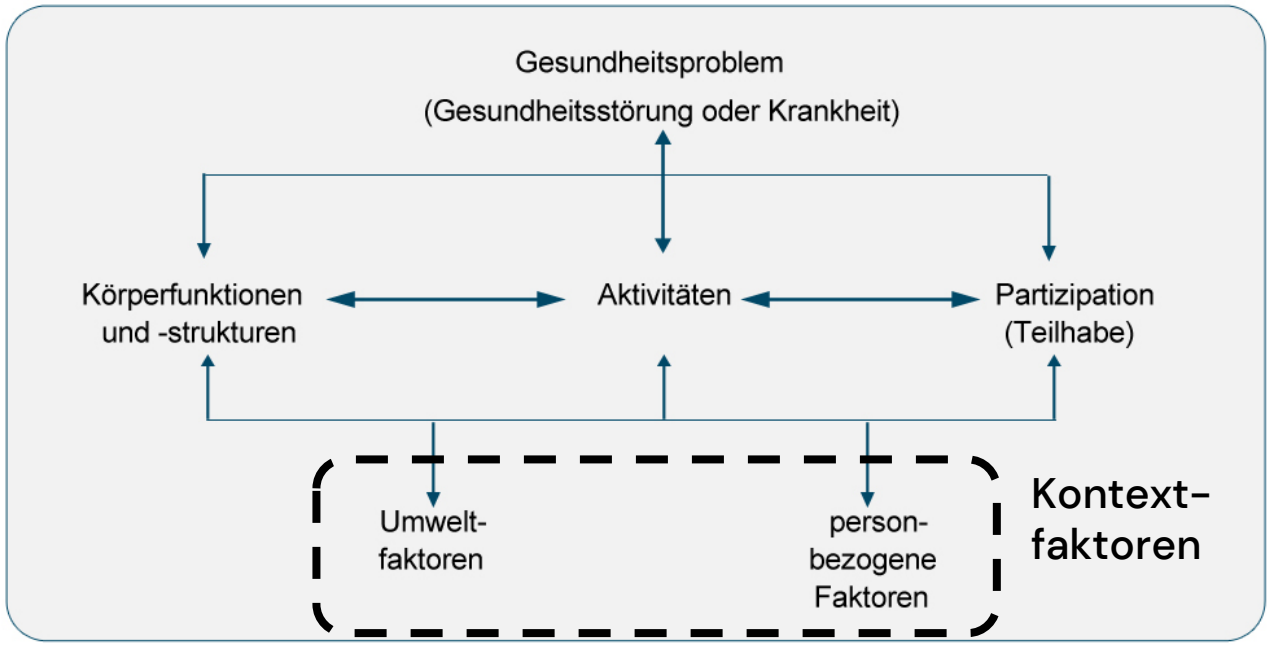
ICF : *„Wie man damit lebt“ (Funktion)*

ICHI: *„Was getan werden kann“ (Interventionen)*

ICF World Health Organization

Internationale Klassifikation der Funktionsfähigkeit, Behinderung und Gesundheit





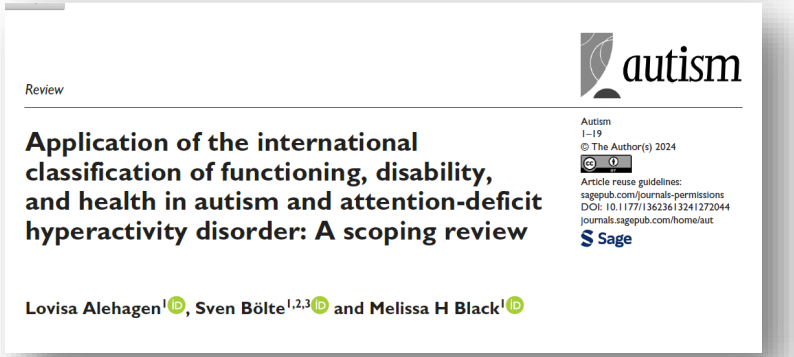
Interaktives bio-psycho-soziales Modell

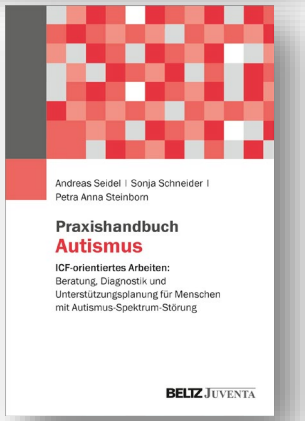
https://www.bfarm.de

ICF bei Autismus

ICF Research Branch

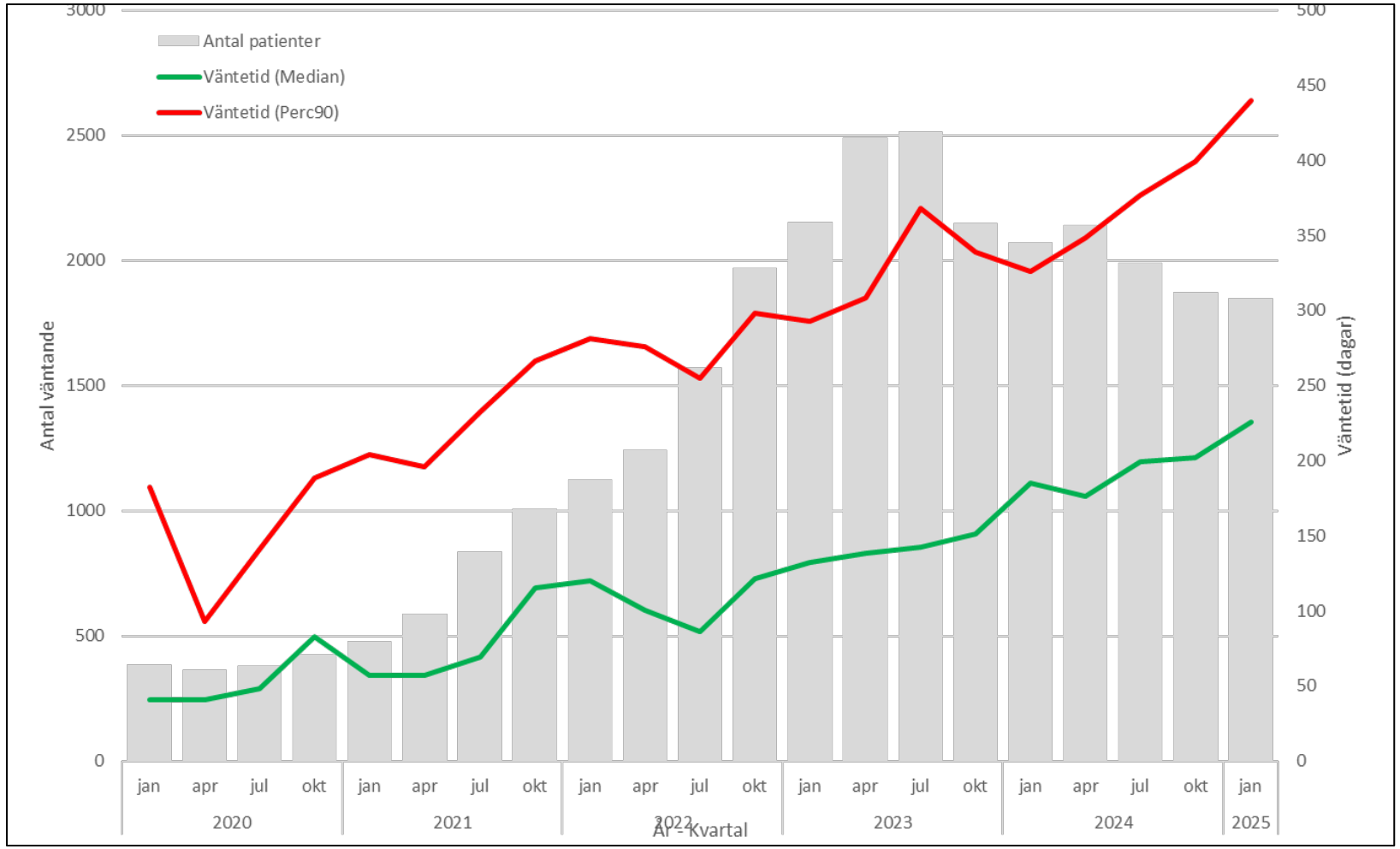
World Health Organization





Lange Wartezeiten

Statistik KJP Stockholm 2011–1/2025



Wartezeit Diagnostische Abklärung

Md, 1/2025 = 225 T (7,5 Mo)
10% > 450 T (15 Mo)

Aktuelle Versuche, die Wartelisten in der KJP zu bewältigen

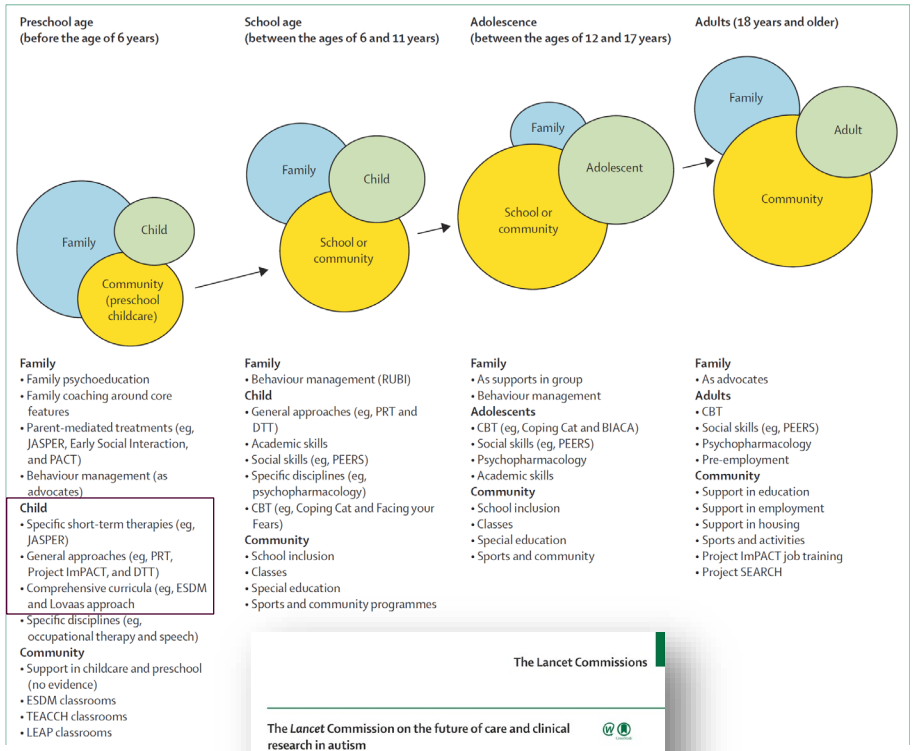
- Spezialisierte Diagnostikambulanzen für Autismus (und ADHS)
- Streichung von Elementen aus dem diagnostischen Standard (z.B. Intelligenztests)
- Forderung nach sonderpädagogischen Beurteilungen durch Schulgesundheitsteams
- [Untersuchung/Kontrolle privater, privater KJP-Anbieter]
- [Triage zur Priorisierung schwerer psychiatrischer Fälle]

Einige KJPs haben keine Wartezeiten!
Warum? Wie machen sie das?

- „Neuere“ KJPs hatten noch nie eine Warteliste und generieren keine
- Sie haben nicht die volle klinische Verantwortung (z.B. nicht-vollstationär/Tagesklinik)

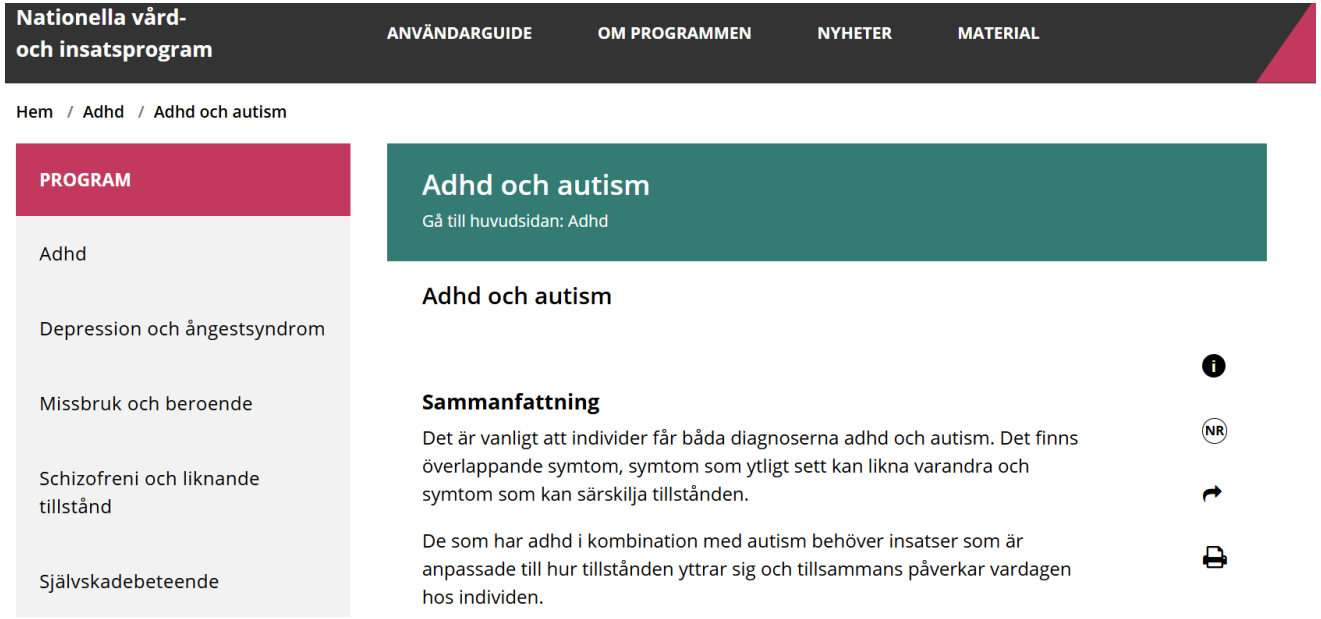
- Sie haben die besten und erfahrensten Kliniker an vorderster Front
- Geringer Verwaltungsaufwand für Kliniker, effiziente Verwaltung
- Entscheidungen werden i.d.R. von einzelnen erfahrenen Klinikern getroffen, nicht vom Team
- Die Beurteilung wird an den Einzelfall angepasst (kein Standardbeurteilungsprotokoll)
- Alle Kliniker (einschließlich der leitenden und älteren) sind an der Diagnostik beteiligt

Kritik (nicht nur) an Frühintervention



Nationale Richtlinien in Schweden

- starke Empfehlung früher Intervention
- kein Aus-/fortbildungssystem



EIBI/ABA

Original Article

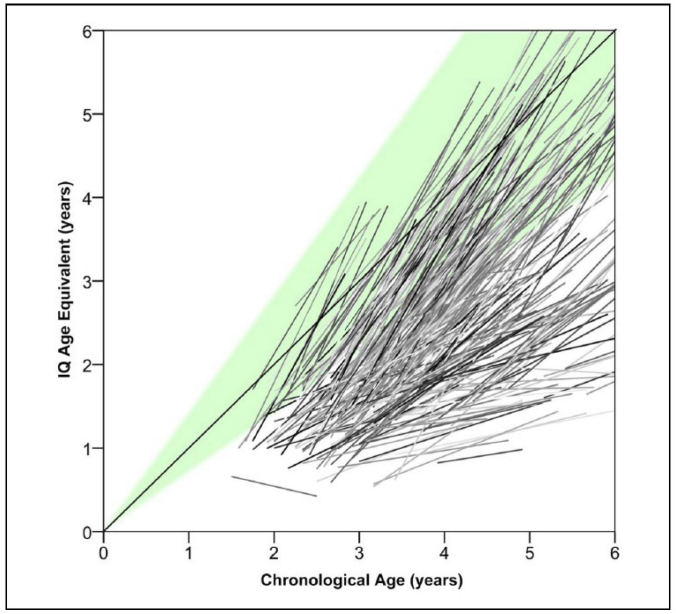
autism

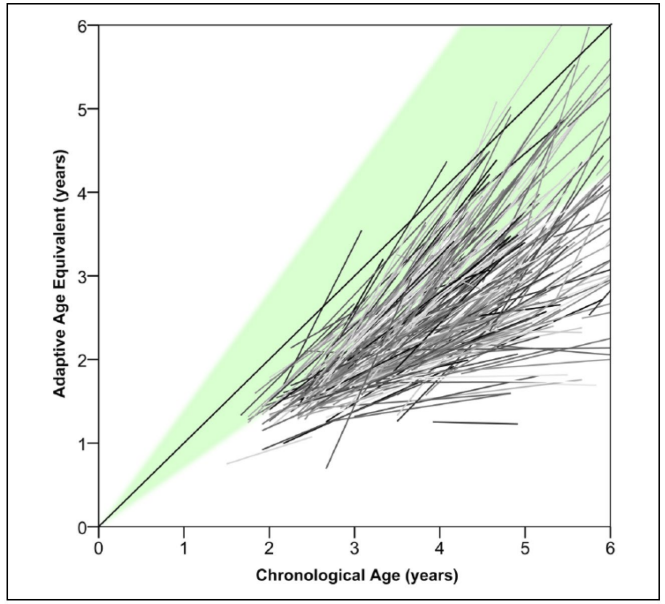
Narrowing the gap: Effects of intervention on developmental trajectories in autism

Autism
2015, Vol. 19(1) 53–63

DOI: 10.1177/1362361313510067
aut.sagepub.com
SAGE

Lars Klintwall, Sigmund Eldevik and Svein Eikeseth





IQ

Adaptives Verhalten

Journal of Autism and Developmental Disorders (2022) 52:2838–2853
https://doi.org/10.1007/s10803-021-05137-y

COMMENTARY

Check for updates

Concerns About ABA-Based Intervention: An Evaluation and Recommendations

Justin B. Leaf[1] · Joseph H. Cihon[1] · Ronald Leaf[1] · John McEachin[1] · Nicholas Liu[2] · Noah Russell[1] · Lorri Unumb[3] · Sydney Shapiro[4] · Dara Khosrowshahi[4]

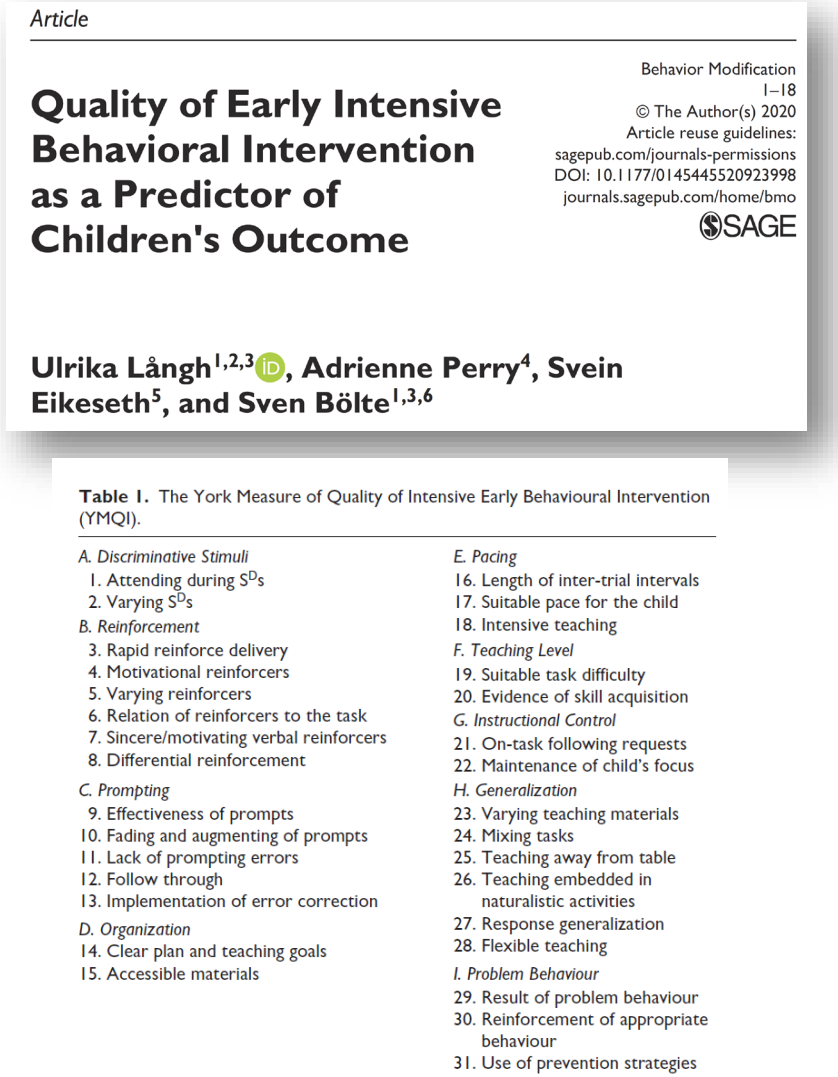
- Historische Fehler
- Nur Discrete Trial Training
- Strafe & negative Konsequenzen
- Negative Erfahrungen

- Zwang
- Normalisierung
- Manipulation

- Intensität
- Rigidität

- Effekte?

Qualität des Trainings



Article

Quality of Early Intensive Behavioral Intervention as a Predictor of Children's Outcome

Behavior Modification
1–18
© The Author(s) 2020
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sagepub.com/journals-permissions
DOI: 10.1177/0145445520923998
journals.sagepub.com/home/bmo
SAGE

Ulrika Långh[1,2,3], Adrienne Perry[4], Svein Eikeseth[5], and Sven Bölte[1,3,6]

Table 1. The York Measure of Quality of Intensive Early Behavioural Intervention (YMQI).

A. Discriminative Stimuli
1. Attending during S^Ds
2. Varying S^Ds

B. Reinforcement
3. Rapid reinforce delivery
4. Motivational reinforcers
5. Varying reinforcers
6. Relation of reinforcers to the task
7. Sincere/motivating verbal reinforcers
8. Differential reinforcement

C. Prompting
9. Effectiveness of prompts
10. Fading and augmenting of prompts
11. Lack of prompting errors
12. Follow through
13. Implementation of error correction

D. Organization
14. Clear plan and teaching goals
15. Accessible materials

E. Pacing
16. Length of inter-trial intervals
17. Suitable pace for the child
18. Intensive teaching

F. Teaching Level
19. Suitable task difficulty
20. Evidence of skill acquisition

G. Instructional Control
21. On-task following requests
22. Maintenance of child's focus

H. Generalization
23. Varying teaching materials
24. Mixing tasks
25. Teaching away from table
26. Teaching embedded in naturalistic activities
27. Response generalization
28. Flexible teaching

I. Problem Behaviour
29. Result of problem behaviour
30. Reinforcement of appropriate behaviour
31. Use of prevention strategies

Gemessen mit York Measure of EIBI Quality
Nach 4 bis 6 Monaten
Mullen, Vineland, SRS, CGI

- Organization (p =.035)
- Teaching level (p = .037)

- Teaching embedded in naturalistic activities (p = .004)

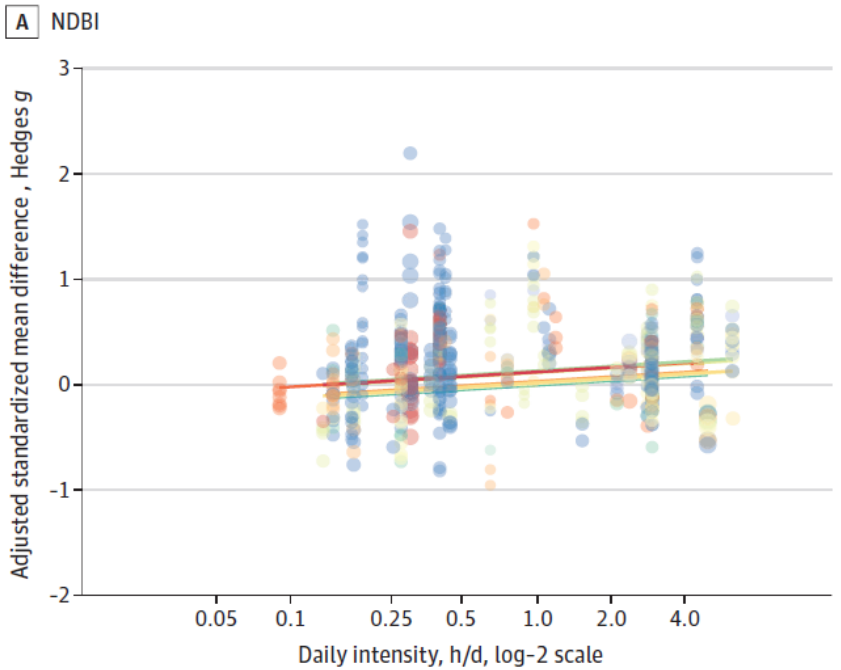
- Relation of reinforcers to task (p = .001)
- Differential reinforcement" (p = .013),
- Implementation of error correction (p = .005)
- Mixing tasks" (p = .021)
- Response generalization (p = .019)

Intensität und Effekt – schwacher systematischer Zusammenhang.

JAMA Pediatrics | Original Investigation

Determining Associations Between Intervention Amount and Outcomes for Young Autistic Children
A Meta-Analysis

Micheal Sandbank, PhD; James E. Pustejovsky, PhD; Kristen Bottema-Beutel, PhD; Nicolette Caldwell, PhD; Jacob I. Feldman, PhD; Shannon Crowley LaPoint, PhD; Tiffany Woynaroski, PhD, CCC-SLP



Marginalisierung von Autismus mit IM/anderen Diagnosen

Current Psychiatry Reports (2024) 26:753–760
https://doi.org/10.1007/s11920-024-01552-x

RESEARCH

Check for updates

Autism Early Intervention – Progress, Steps Backward, and the Reconciliation of Conflicting Narratives

Giacomo Vivanti[1]

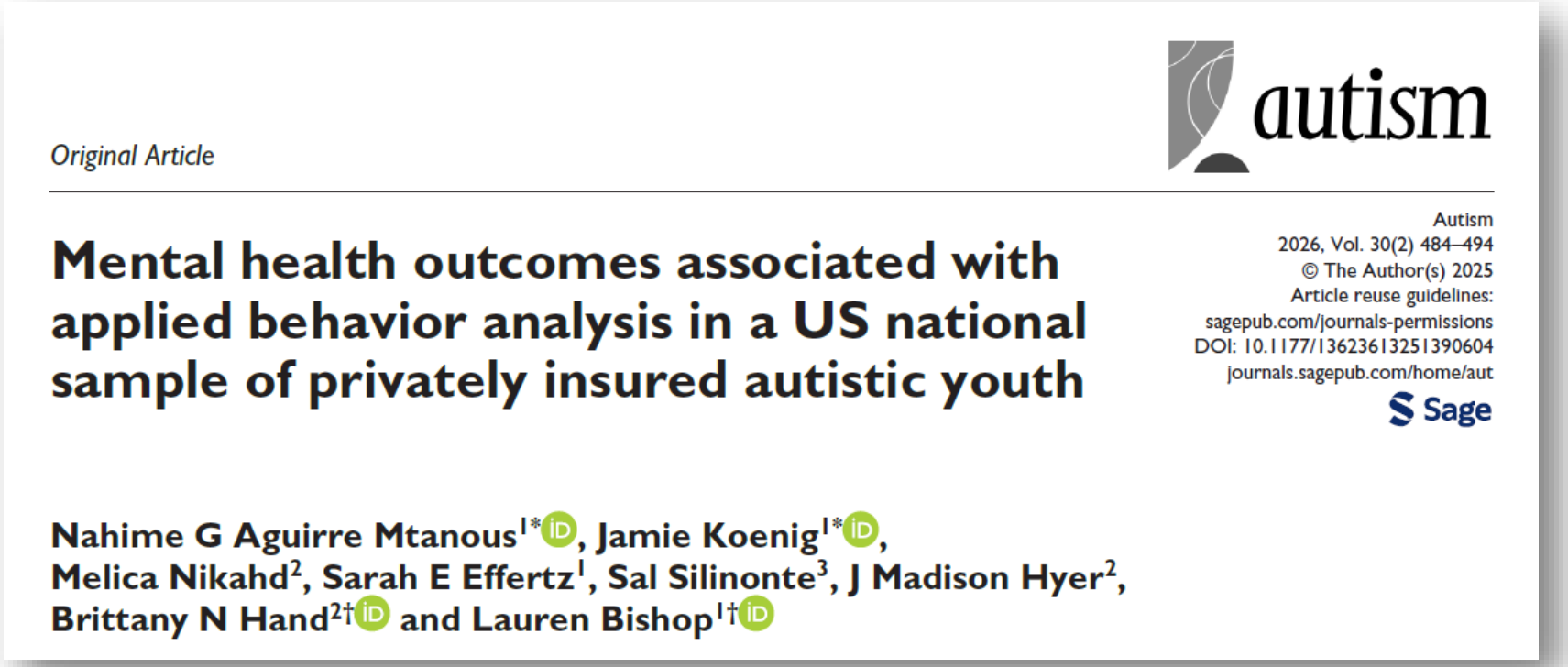
The *Lancet* Commission on the future of care and clinical research in autism

CrossMark

Catherine Lord, Tony Charman*, Alexandra Havdahl, Paul Carbone, Evdokia Anagnostou, Brian Boyd, Themba Carr, Petrus J de Vries, Cheryl Dissanayake, Gauri Divan, Christine M Freitag, Marina M Gotelli, Connie Kasari, Martin Knapp, Peter Mundy, Alex Plank, Lawrence Scahill, Chiara Servili, Paul Shattuck, Emily Simonoff, Alison Tepper Singer, Vicky Slonims, Paul P Wang, Maria Celica Ysrraelit, Rachel Jellett, Andrew Pickles, James Cusack, Patricia Howlin, Peter Szatmari, Alison Holbrook, Christina Toolan, James B McCauley*

"Profound autism" >
high support needs autism

Keine Hinweise auf langfristige negative Effekte (z.B. Trauma, PTSD)



Original Article

autism

Mental health outcomes associated with applied behavior analysis in a US national sample of privately insured autistic youth

Autism
2026, Vol. 30(2) 484–494

DOI: 10.1177/13623613251390604
journals.sagepub.com/home/aut
Sage

Nahime G Aguirre Mtanous[1*], Jamie Koenig[1*], Melica Nikahd[2], Sarah E Effertz[1], Sal Silinonte[3], J Madison Hyer[2], Brittany N Hand[2†] and Lauren Bishop[1†]

Naturalistische Intervention: soziale Kommunikation

– Fokus auf Initiativen des Kindes im Alltag und Angebote

RESEARCH

OPEN ACCESS

Check for updates

Autism intervention meta-analysis of early childhood studies (Project AIM): updated systematic review and secondary analysis

Micheal Sandbank,[1] Kristen Bottema-Beutel,[2] Shannon Crowley LaPoint,[3] Jacob I Feldman,[4,5] D Jonah Barrett,[6] Nicolette Caldwell,[7] Kacie Dunham,[4,8] Jenna Crank,[9] Suzanne Albarran,[10] Tiffany Woynaroski[4,5,8,11,12]

Journal of Autism and Developmental Disorders (2025) 55:1–13
https://doi.org/10.1007/s10803-023-06198-x

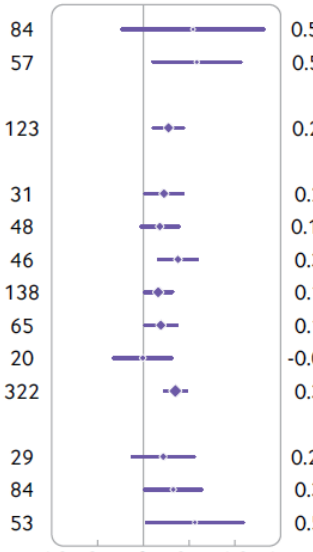
ORIGINAL PAPER

Check for updates

Overview of Meta-Analyses on Naturalistic Developmental Behavioral Interventions for Children with Autism Spectrum Disorder

Jinwei Song[1,2] · Molly Reilly[1,2] · Brian Reichow[1]

Intervention and outcome type	Studies	Effect sizes	Hedges' g (95% CI)	Hedges' g (95% CI)
Behavioral				
Social communication	9	84		0.54 (-0.24 to 1.32)
Social emotional or challenging behavior	10	57		0.58 (0.11 to 1.06)
Developmental				
Social communication	14	123		0.28 (0.12 to 0.44)
NDBI				
Adaptive	11	31		0.23 (0.02 to 0.43)
Cognitive	13	48		0.18 (-0.02 to 0.38)
Diagnostic characteristics of autism	17	46		0.38 (0.17 to 0.59)
Language	26	138		0.16 (0.01 to 0.31)
Play	8	65		0.19 (0.02 to 0.36)
Restricted and repetitive behaviors	7	20		-0.01 (-0.32 to 0.31)
Social communication	32	322		0.35 (0.23 to 0.47)
Technology based				
Language	9	29		0.21 (-0.13 to 0.55)
Social communication	17	84		0.33 (0.02 to 0.64)
Social emotional or challenging behavior	8	53		0.57 (0.04 to 1.09)



iBASIS: [sehr] frühe Intervention, Prävention > PACT / Inklings

THE JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY

ACAMH THE ASSOCIATION FOR CHILD AND ADOLESCENT MENTAL HEALTH

Journal of Child Psychology and Psychiatry **:* (2017), pp **–** doi:10.1111/jcpp.12728

Randomised trial of a parent-mediated intervention for infants at high risk for autism: longitudinal outcomes to age 3 years

J. Green,[1,2] A. Pickles,[3,4] G. Pasco,[3,5] R. Bedford,[3] M.W. Wan,[6] M. Elsabbagh,[5,7] V. Slonims,[8] T. Gliga,[5] E.J.H. Jones,[5] C.H.M. Cheung,[5] T. Charman,[3] M.H. Johnson,[5] and The British Autism Study of Infant Siblings (BASIS) Team*

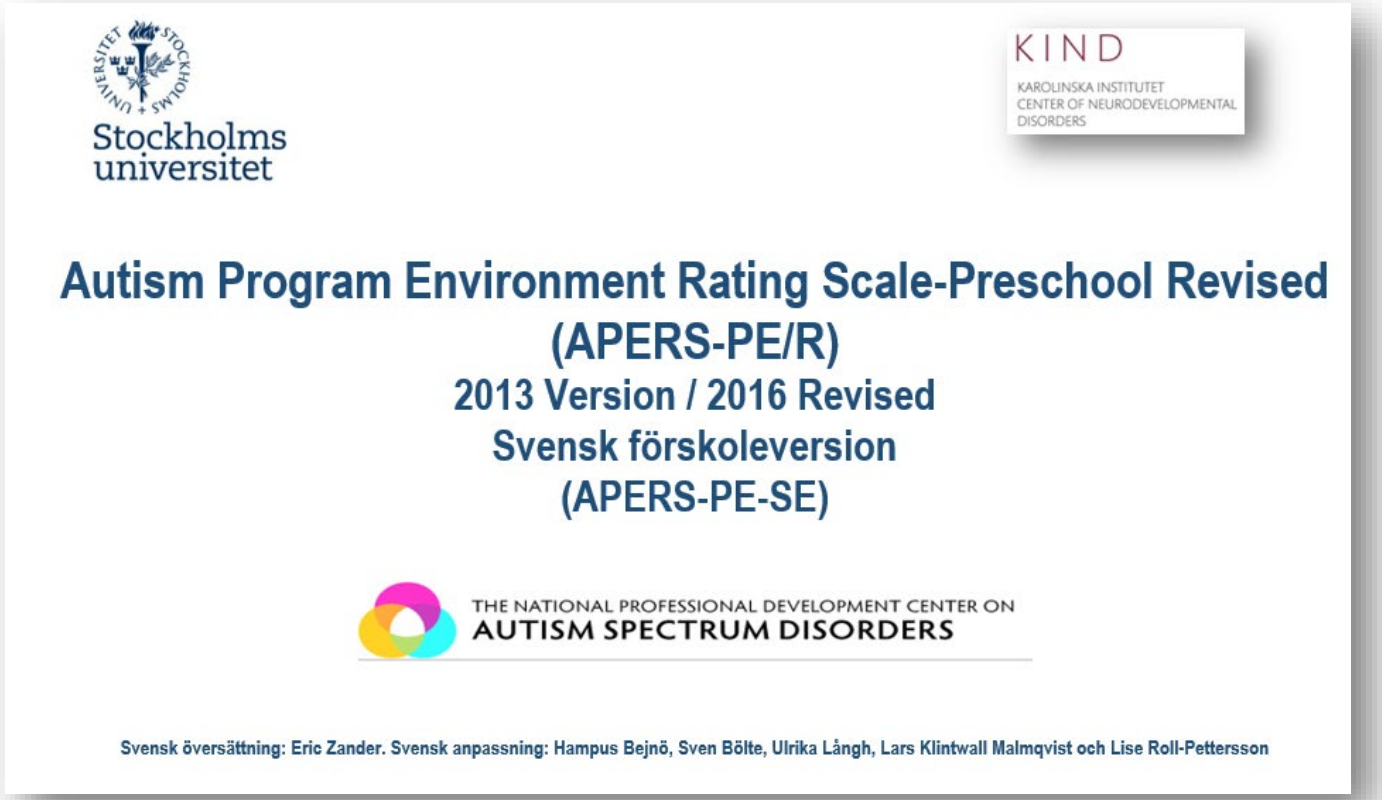
[1]Social Development Research Group, School of Biological Sciences, University of Manchester, Manchester; [2]Royal Manchester Children's Hospital, Manchester; [3]Institute of Psychiatry, Psychology and Neuroscience, King's College London, London; [4]National Institute for Health Research Medical Health Biomedical Research Centre, South London and Maudsley NHS Foundation Trust, London; [5]Centre for Brain and Cognitive Development, Birkbeck College, London; [6]School of Health Sciences, University of Manchester, Manchester, UK; [7]Department of Psychiatry, McGill University, West Montréal, QC, Canada; [8]Evelina London Children's Hospital and King's College London Neurosciences Centre, London, UK

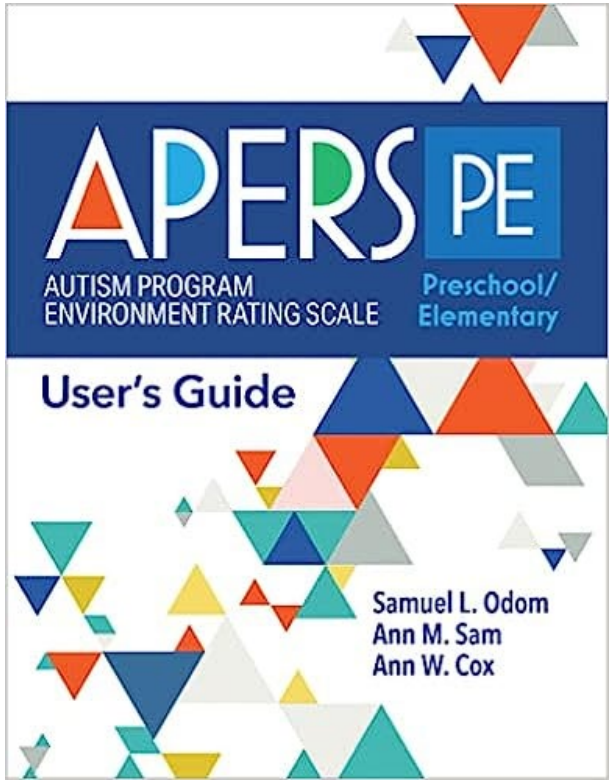
- Alter: 9 bis 14 Monate
- Elterntraining (5 Monate)
- Soziale Kommunikation
- Jüngere Geschwister (evtl. andere Gruppen)

- RCT
- Effekte auf autistische Vh

APERS

(”Exposome” early intervention)





APERS in Kindergarten und Grundschule

Curriculum and Instruction
- Classroom Instruction

Communication
- Planning for Communication
- Communication Rich Environment
- Individualized Communication Instruction
- Responsiveness to Student Communication
- Communication Systems

Social Competence
- Arranging Opportunities
- Teaching and Modeling
- Social Skills Instruction
- Peer Social Networks

Personal Independence and Competence
- Personal Independence
- Self-Management

Functional Behavior (Interfering and Adaptive)
- Proactive Strategies
- Behavioral Assessment
- Behavior Management
- Data Collection

Family Involvement
- Teaming
- Communication
- Parent Teacher Meetings

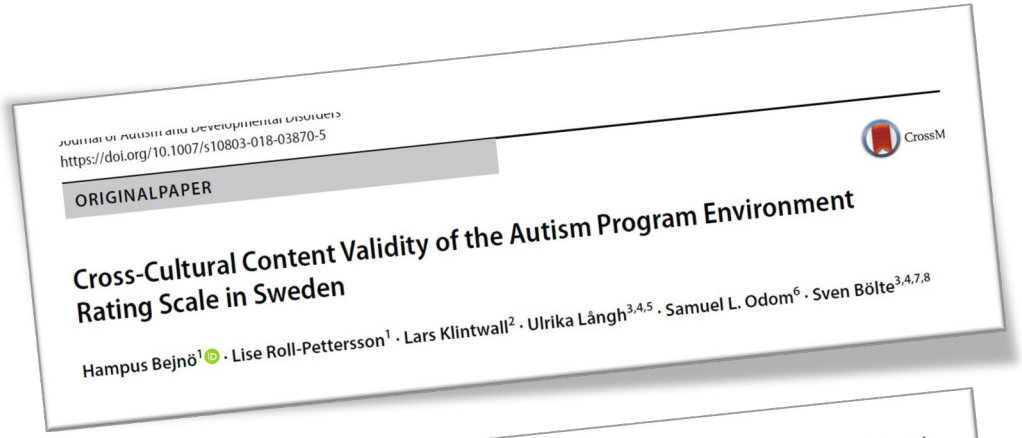
Learning Environments
- Safety
- Organization of Learning Environments
- Materials
- Visual Schedules
- Transitions
- Interactions

Positive Learning Climate
- Staff-Student Interactions
- Staff Behaviors
- Promoting Diversity

Assessment and IEP Development
- Assessing Student Progress
- Assessment Process
- IEP Goals
- Transition Planning

Learning Environments				
	1	3	5	
7	☐ Most classroom/setting materials are broken and are not able to be used by students. ☐ An insufficient number of classroom/setting materials are provided and some students are unable to participate in the activity.*	☐ Most classroom/setting materials are in good working order/good condition. ☐ A sufficient number of classroom/setting materials are provided to allow most students to participate in activities (although there may be activities where team members plan for students to share materials).	☐ All classroom/setting materials are in good working order/good condition. ☐ There are enough materials for all students to participate in classroom/setting activities.	Materials
8	☐ Team members do not use or post schedules and/or written instructions in the classroom (e.g., weekly schedules, classroom assignments, important reminders). ☐ Team members do not use individual schedules to support the independent transition of any of the students. ☐ Students are not provided with portable schedules (e.g., written checklist, picture schedule, iPad, iPod, etc.) to help them transition independently between classes and activities (e.g., lab area, individual work, small group).*	☐ Key team member posts and uses schedules and/or written instructions in the classroom (e.g., weekly schedules, classroom assignments, important reminders). ☐ Some students have portable schedules (e.g., written checklist, picture schedule, iPad, iPod, etc.) to help them transition independently between classes and activities (e.g., lab area, individual work, small group).*	☐ Team members provide and use schedules and/or written instructions in a variety of formats (e.g., picture, written words, object) when necessary. ☐ Visual schedules are appropriate based on the individual student's developmental abilities. ☐ Most students have portable schedules (e.g., written checklist, picture schedule, iPad, iPod, etc.) to help them transition without prompting or assistance between classes and activities (e.g., lab area, individual work, small group).*	Visual Schedules

Positive Learning Climate				
	1	3	5	
12	☐ Team members do not acknowledge students' efforts and positive behaviors.	☐ Key team member consistently acknowledges students' efforts. ☐ Key team member uses effective approaches to acknowledge students efforts informally (e.g., pats on back, high fives) and/or formally (e.g., homework pass, rewards, graded materials).	☐ Key team member consistently acknowledges students' efforts, and acknowledgements are individualized to the student. ☐ All team members acknowledge students' efforts/positive behaviors both informally (e.g., pats on the back, high fives) AND formally (e.g., notes, rewards, graded materials).	Staff Behaviors
13**	☐ Classroom/setting materials or supplies do not reflect any type of diversity (e.g., cultural, linguistic, ability).* ☐ Team members do not group students for activities and projects so that all students have opportunities to interact with a diverse range of students (students with different ability levels, from different races, from different cultures, etc.) when possible based on school demographics.	☐ Some materials show different races, cultures, ages, abilities and gender in non-stereotyping roles (e.g., books representing cultural diversity, music, history, novels, wall hangings, written/class assignments, stories that portray individuals both with and without disabilities).* ☐ Team members group students for activities and projects so that all students have opportunities to interact with a diverse range of students (students with different ability levels, from different races, from different cultures, etc.) when possible based on school demographics.	☐ Diversity is included in a variety of activities (e.g., books representing cultural diversity, music, history, novels, wall hangings, written/class assignments, stories that portray individuals both with and without disabilities).*	Promoting Diversity


https://doi.org/10.1007/s10803-018-03870-5

ORIGINALPAPER

Cross-Cultural Content Validity of the Autism Program Environment Rating Scale in Sweden

Hampus Bejnö[1] · Lise Roll-Pettersson[1] · Lars Klintwall[2] · Ulrika Långh[3,4,5] · Samuel L. Odom[6] · Sven Bölte[3,4,7,8]

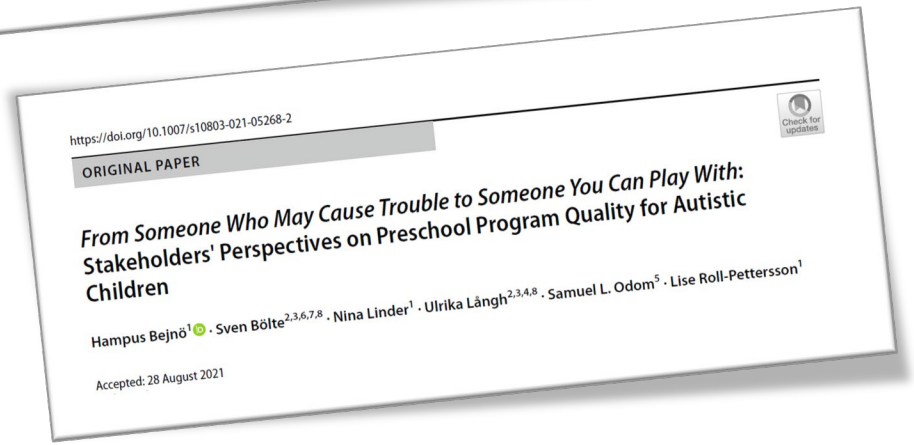

SCANDINAVIAN JOURNAL OF OCCUPATIONAL THERAPY
https://doi.org/10.1080/11038128.2021.1993330

OPEN ACCESS

RESEARCH ARTICLE

Adapting the preschool environment to the needs of children on the autism spectrum in Sweden: A quasi-experimental study

Hampus Bejnö[a], Lise Roll-Pettersson[a], Lars Klintwall[b], Ulrika Långh[c,d], Samuel L. Odom[e]


https://doi.org/10.1007/s10803-021-05268-2

ORIGINAL PAPER

***From Someone Who May Cause Trouble to Someone You Can Play With*: Stakeholders' Perspectives on Preschool Program Quality for Autistic Children**

Hampus Bejnö[1] · Sven Bölte[2,3,6,7,8] · Nina Linder[1] · Ulrika Långh[2,3,4,8] · Samuel L. Odom[5] · Lise Roll-Pettersson[1]

Accepted: 28 August 2021

Diskussion, Fragen?

Karolinska Institutet

KIND

CENTER OF NEURODEVELOPMENTAL DISORDERS AT KAROLINSKA INSTITUTET

VIELEN DANK! Tusen tack!