How do you take on an epidemic? At Sac State, autism spectrum disorder is being treated one child at a time.

Autism cases grew 900 percent between 1992 and 2001 and experts estimate that up to one in 150 children, and one in 90 boys, will be diagnosed with autism.

The psychology department is responding with a targeted curriculum designed to train students to treat the disorder. In it, students conduct one-on-one sessions with children who have autism.

“We teach students to implement behavioral assessments and design interventions based on results of these assessments,” says Psychology Professor Caio Miguel, who was hired last fall to help build up the Behavior Analysis program. The personalized treatment gives researchers like Miguel insight into what works when dealing with children with autism. Behavioral procedures are constantly evaluated to ensure their effectiveness.

The hope is that the personalized treatment program will eventually grow into an on-campus clinic. "The families are ready to go. They want the services," says Psychology Professor Becky Penrod, who also came to Sac State last fall.

For children with autism, behavior problems can include aggression, feeding disorders and repetitive behavior such as rocking. Miguel and Penrod are also trying to increase functional skills such as washing hands, dressing and toileting, as well as academic skills and communication.

Autism is called a "spectrum" disorder because the children can differ with respect to the skills and characteristics they display. "That's why individualized treatment is so effective," Miguel says. "There is no one solution. Self-injurious behavior, for example, may look the same but be done for different reasons. What does it accomplish? Stimulation? Attention? The behavior would be treated differently depending on why it happens."

It's best to get to children early, Penrod says. If a child has used an inappropriate behavior to get what he or she wants for only a short period of time, it's easier to teach them a more appropriate one. She adds that through treatment, some children are able to be integrated into the system without anyone knowing they have autism.

And, they point out, the Sac State program is not trying to duplicate efforts being done elsewhere, such as at the UC Davis MIND Institute. The intention is to complement existing services.

"We're not trying to conduct etiological studies," Miguel says. "Instead we scientifically evaluate whether or not a specific intervention works. We want to teach students to make data-driven clinical decisions."

At Sac State students get training in their coursework, and many do their clinical work in programs in the community. Penrod says that one of their reasons for wanting an on-campus clinic is to have more control over the supervision students get while children are receiving treatment.

There is a tremendous need in the field for trained professionals, Penrod says, with more jobs for behavior analysts than students to fill them.

Response to Sac State's program has been strong and parents are eager to get their children on board. "It is great that the University is responding to the community need," says Martha Pierce, the mother of a 12-year-old child with Asperger's. And the department expects that as demand grows, they will need more space and expect to seek funding for the clinic in the near future.

For more information on the Behavior Analysis program call (916) 278-6457.