

Since 1957, a unique partnership between the Hadassah-WIZO Organization and Dr. Reuven Feuerstein has transformed the lives of thousands of children, giving them and their families hope for a more promising future. In 1965, the Hadassah-WIZO Canada Research Institute was founded to formalize this partnership. The mandate of the Research Institute is to promote the international dissemination and application of Dr. Feuerstein's theories of cognitive modifiability and enhancement of learning potential through the use of dynamic cognitive assessment and the mediated learning experience. Since its founding, the Research Institute has become the parent body for a number of institutes and programs headed by Dr. Feuerstein. Foremost among them is the International Center for the Enhancement of Learning Potential (ICELP), which in turn houses the Institute for the Study of Autistic Spectrum Disorders and Pervasive Development Disorders. The Research Institute also assumes responsibility for all educational and mediational services for children referred to ICELP for diagnosis and treatment.

Currently, the Hadassah-WIZO Organization of Canada is also supporting ICELP's research aimed at the conceptualization of its work in the assessment and treatment of children who, because of their behaviour, have been previously diagnosed with Autistic Spectrum Disorders and/or Pervasive Development Disorders (PDD).

Over the past 35 years, the staff at the Research Institute and ICELP have examined and treated thousands of children. Some of these children arrived with the diagnosis of Autistic Spectrum Disorder or PDD. In the main, they were referred to us because of cognitive deficiencies, specifically low academic achievement and poor social/behavioural skills. Over the last six years of working with children with Autistic Spectrum Disorders and/or PDD and their parents, we learned that the principles of dynamic assessment and mediated learning experiences can be meaningfully applied to this challenging population. We were able to offer hope to despairing parents by providing them with

specific, practical direction for helping their children. Using our dynamic cognitive assessment method, we learned how to operationally define the condition that prevented these children from learning and benefitting from regular social, educational and psychological interventions. The application of our cognitive approach, especially the Mediated Learning Experience (MLE), to communications skills and language, has helped many children. Some were able to return to regular school programs where they made substantial progress. By using dynamic cognitive assessment and MLE, we have been able to modify the innate functioning patterns of these children sufficiently to render their previous label inapplicable.

With the financial support of the Hadassah-WIZO Organization of Canada, Hasbro Foundation and others, we are now beginning to conceptualize our theory, methods and techniques of treatment. Our empirical work provides a strong basis for this development. Our goal is to be able to train large numbers of professional caregivers, parents and educators to work more successfully with the many needy children and adults diagnosed with Autistic Spectrum Disorders and PDD.

### **AUTISTIC BEHAVIOUR CAN BE MODIFIED**

The following is a schematic overview of our basic assumptions, methods and techniques for working with children with Autistic Spectrum Disorders and PDD. The starting point is the fundamental principle of modifiability of human behaviour. "Human beings are capable of meaningful change; human intelligence is not immutable." This principle allowed us to bypass issues of etiology and focus on the immediate problem: *"We need to effect change in the child's developmental profile. What can we do to bring about that change?"*

**A. Diagnosis and Labelling at the Stage of Early Detection.** The conventional approach to the assessment of children displaying autistic spectrum symptoms is a veritable minefield of potential errors that can lead to a large number of false positive diagnoses. Because a diagnosis of Autistic Spectrum Disorder or Pervasive Developmental

Delay is perceived as being unmodifiable and deterministic, parents are devastated. The diagnosis influences everyone's attitude toward that child, including educational placement and prospects for the future. In our opinion, the diagnosis and label can have a stronger influence on a child's future than the condition itself. Because of this combined potential for error and harm, we urge extreme caution at the stage of early detection. Children should be guarded against the possibility of misdiagnosis. At this stage, we urge that a thorough search be made for possible alternative explanations for a child's autistic-like behaviour.

### **B. Dynamic Cognitive Assessment.**

**Step 1:** For the child who has already been diagnosed as autistic, we begin by looking for positive signs of non-autistic behaviour. That behaviour can either be spontaneous or specially elicited. The clinician should search for signs of eye contact, empathy, differential attitudes towards different people, imitation and other positive behaviours that are incompatible with the diagnosis of autism. Using eye contact as an example: Rather than glossing over minute distinctions and perhaps concluding that "the child does not make eye contact", the clinician working dynamically might note, "in the presence of a loud auditory stimulus, the child was startled and looked briefly at his mother".

**Step 2:** Only after identifying positive signs should the clinician turn to the negative signs characteristic of Autistic Spectrum Disorders. The major focus at this stage is on the circumstances under which these behaviours occur. Are they spontaneous or are they triggered by certain events, in relation to whom, etc. The clinician must also investigate the circumstances under which these negative behaviours disappear or lessen.

**Step 3:** The clinician focuses on the positive signs detected in Step 1, investigates them in depth and starts reinforcing them. For example: Under what circumstances and to what degree is eye contact made or avoided? Under what circumstances is eye contact fleeting or fixed? Warm? Indifferent?

to penetrate the child's resistance system thereby "opening" the child to mediation. In order to do this successfully, the clinician must identify those areas, modalities and types of interaction that have a chance of breaking the resistance barrier. Activities such as focusing, imitating, repeating, displaying emotion, etc. should be tried. The child should also be given an opportunity to observe and participate in a coherent activity with other children to learn how others behave under given circumstances.

#### **D. Modifiability Profile**

The ultimate goal of the dynamic cognitive assessment process is to fully describe the child's modifiability profile. That profile becomes the guideline for all subsequent work with the child, including the design of the treatment schedule and the counselling of parents and staff of the educational institution in which the child is placed. The general thrust of treatment is the same for all children displaying signs of autistic behaviour. However, depending in the type and severity of the condition, children receive different amounts and kinds of treatment leading to the penetration of their resistance barriers and facilitating MLE. If and when the child becomes sensitive to MLE, the role of language, symbolic function, emphatic relationships, readiness to accept and adapt to the new and unfamiliar and other related symptoms characteristic of Autistic Spectrum Disorders are all subject to MLE and are significantly affected by it.

#### **E. Placement**

The concept of modifying environments guides our attitude toward the placement of children with autistic behaviour. Placement in a homogeneous environment with other children who display similar negative behaviour may lead to the deterioration of a child's condition. We advocate placement in heterogenous educational environments *but only after the child becomes sensitized to human interaction*. Sensitization may require a period of special preparation including intensive one-on-one training in imitation, attention to others and other skills essential for meaningful participation in the normal activities that occur in the heterogenous environment. *It is important to remember that mere*

*placement in a heterogenous group, without prior preparation, may lead to a negative rather than a positive result. Integration is effective only when properly prepared.*

As mentioned earlier, the above is a schematic overview of our assessment of the modifiability of a child or adult previously diagnosed with Autistic Syndrome Disorders and PDD. Although we are at the beginning of our conceptual work, we believe it offers new insight and a new approach for improving the lives of a great many people suffering from these disorders.

#### **PROFESSIONAL OUTREACH**

During the year 2000, Dr. Feuerstein and members of his assessment and intervention team began an outreach program to raise awareness and train educators and other professionals in our methods for working with children previously diagnosed with Autistic Spectrum Disorders. Our activities included:

- conducting an international clinical internship program that trained 10 educators in dynamic cognitive assessment and MLE-based treatment specific to these children;
- presenting a workshop on our methods for participants at the International Autism Conference in Arnheim, Holland;
- organizing and participating in a panel discussion on the assessment and treatment of these children at the International Seminar of Early Childhood Development in Shores, Israel.

These activities provided us with needed feedback, buy in, and encouragement for initiating more professional outreach programs.

**DR. REUVEN FEUERSTEIN** gained international recognition for his unique theoretical and applied contributions to the field of educational psychology. He graduated from the Jean-Jacques Institute in Geneva, where he was a student of Jean Piaget and André Rey. In 1970, he received his doctorate from the Sorbonne University in Paris. Dr. Feuerstein is Professor of Educational Psychology at Bar Ilan University in Israel and an adjunct professor at Vanderbilt University in the United States. His publications include books and articles in scientific journals.

Numerous books and hundreds of theses, dissertations, scientific reports and articles have been written about Prof. Feuerstein's theory and methods. The BBC produced television programs about his work, including "Out of the Wilderness", part of its **Transformers** documentary series which is also used as a course presentation for its Open University. An award-winning film, "The Mind of a Child", by Canadian film maker Gary Marcuse documents the use of Dr. Feuerstein's methods with First Nation children in Canada and African-American children in the United States. Dr. Feuerstein's achievements have been widely reported in international magazines and newspapers, including Psychology Today, The New York Times, The London Times, Le Monde, La Stampa.