

**Summary of Internal and External Review Team Reports**  
**Center for Autism Spectrum Disorders**  
**Fall 2007**

The following summarizes the strengths and concerns identified by the internal and external review teams and also recommendations which address those concerns.

**Strengths**

The Center for Autism Spectrum Disorders (CASD) has, since its 2003 inception, become a point of almost universal pride among students, faculty, staff and administration associated with it. CASD has secured substantial external funding (cumulatively, almost \$3.5 million) and has developed a competent staff. It has become an important clinical practicum site for graduate students in the BAT and CDS programs. Through CASD many autistic children have received therapy; parents and direct service providers have benefited from CASD workshops and training.

It is obvious that the CASD project is fulfilling a significant service need for southern Illinois. Indeed, it was notable that CASD is viewed by parents/families of children with autism spectrum disorders and community personnel as an invaluable regional resource. The CASD program is presently conducting assessments of children, providing a variety of intervention programs and services, and offering a variety of home, community and school consultation programs. There is strong evidence that the CASD is recruiting and training high quality students from the Behavior Analysis and Therapy Program and the Communication Disorders and Sciences Program.

**Concerns**

It is not clear that CASD has the capacity and resources to adequately fulfill the multiple roles it pursues. Moreover, it appears that CASD is an organization that is attempting to operate without a clear mission and established goals. Without a more clearly articulated statement of purpose and mission, and an alignment of purpose with resource utilization and evaluation activities, CASD appears to be on a course that will likely erode its future effectiveness and vitality.

One concern is that abundant TAP funding is made available to support training of individuals to serve children with autism spectrum disorders. Such resources are not generally available for other CASD goals, such as additional direct service to individuals with autism and research on autism. This limitation on core funding is an important limitation on the Center's ability to accomplish its goals. These other activities, additional direct service and research, are supported by the Rehabilitation Institute, and by minimal parent fees. The appearance of generous funding for all Center goals is, as a consequence, somewhat misleading.

While collaboration by students and faculty from other units on campus has taken place, it has been limited. Practicum experiences have been limited largely, if not exclusively, to students in the two related programs in the Rehabilitation Institute. While inclusion of students from other disciplines in internship/practicum opportunities would make operations more complex and would continue to be space limited, benefits would accrue from broader participation. Similar inclusion of faculty from other disciplines with an interest in autism would also benefit CASD, particularly with its research agenda.

A significant concern is that while CASD's service mission has thrived, its goal of conducting basic and applied research has lagged behind. A related concern, and one that can potentially account for the limited research productivity of CASD over its early years, is that the majority of the research duties fall upon Dr. Cuvo. He is largely responsible for supervision of MA projects, the publication of research projects (which is mainly based on MA theses), and the lion's share of grant-writing. Dr. Cuvo is the only PhD-level faculty member directly affiliated with CASD.

## **Conclusions and General Recommendations**

Those involved with its creation and operation of CASD should be commended for their efforts and their success. Nonetheless, the Center has reached a critical point in its existence.

Deliberate decisions need to be made about the Center's mission. Given its early success, the directions which can be pursued are several with variable balancing of teaching, research and service missions. In order to establish a clear mission and realistic plan, a careful, broad-based planning effort should be undertaken. To quote the COEHS Dean from the first meeting during the internal team review; "The Center has been a success; the real question is 'What next?'" This effort could be undertaken in conjunction with the efforts of the recommended advisory committee recommended below.

Other recommendations:

- Consider the creation of an advisory committee whose membership would include, in addition to those from the Rehabilitation Institute, faculty from Psychology, Educational Psychology, Special Education, Early Childhood Education, the School of Medicine and other disciplines and departments with an interest in the study of autism. From this platform, opportunities for interdisciplinary collaboration would spring.
- Consider marketing itself within the University as an internship/practicum site for graduate students who may wish to observe, or gain hands-on experience in, the education of children with autism.
- Consider joint appointments of faculty from other units and also consider the purchase of faculty time from these other units for research.
- Expand its collaborative research endeavors. By inviting faculty from other departments to collaborate with CASD staff and researchers, it can increase the research productivity of the center. In this manner, CASD can serve as an applied research laboratory for faculty both within and outside CASD.
- It is clear from all reports that any expansion to clinical service delivery to children necessitates an expansion in their amount of available space. Whether such services should be expanded depends upon the long-term goals of the program.
- The staffing of the program currently also limits the program, most particularly in the ability of CASD to "officially" diagnose clients (mentioned by one staff member in the Self-Study) and to facilitate insurance payments for services received (as certified clinicians must be involved in the direct therapy).
- Detailed planning such as that outlined in the external reviewers report should be pursued immediately after the mission of the Center has been refined and recast. An external consultant would be helpful in this regard.