

THE HELP GROUP LAUNCHES COUNT ME IN FOR AUTISM AWARENESS CAMPAIGN



On April 2, 2015, World Autism Awareness Day, The Help Group announced the launch of its *Count Me In for Autism Awareness* Campaign dedicated to individuals with autism spectrum disorder and their families.

This public service and social media campaign will disseminate the most up-to-date information and the ongoing challenges that families confront. It will share ways in which individuals and organizations can take part in efforts to create new and expanded opportunities for children, adolescents and adults on the spectrum. This campaign will also feature informational video segments from dignitaries, parent & celebrity advocates, business & community leaders, and autism professionals who are committed to creating brighter futures for individuals with ASD.

To receive Count Me In information and updates, register online at www.thehelpgroup.org. We hope that we can Count You In!

SUMMIT 2014 CONVENES LEADING EXPERTS

The Help Group Summit 2014 convened more than 450 guests and 30 leading experts in basic and applied research, and evidence-based best practices in assessment, intervention and treatment. This year's Summit was held on Friday, October 17th and Saturday, October 18th at the Skirball Cultural Center in Los Angeles. The conference was chaired by Help Group President & CEO, Dr. Barbara Firestone, UCLA Semel Institute Director Dr. Peter C. Whybrow, and Dr. Robert M. Bilder, UCLA-Semel Institute, Tennenbaum Center Director and Professor of Psychology, Psychiatry & Biobehavioral Sciences.

Dr. Firestone welcomed guests and opened the morning proceedings. She recognized and thanked Major Sponsors, First 5 California and First 5 LA, and Media Sponsor NBC4 Los Angeles for their support of the Summit. Dr. Firestone also extended her appreciation to this year's

continued on page 14

NEW AUTISM EDUCATION BUILDING OPENS ON CULVER CITY CAMPUS



For complete story, see page 12

IN THIS EDITION

The Medical and Psychiatric Evaluation of the Nonverbal Child
Robert Accordino, MD, MSc
John T. Walkup, MD

Social Skills in Residential Treatment: The UCLA PEERS® Program
Elizabeth Laugeson, PsyD with Allison Vreeland

Microsoft YouthSpark Grant is Building Brighter Futures for Young People with Special Needs

The Current Explosion of ADHD Diagnoses and ADHD in Females
Stephen Hinshaw, PhD

Advances in Reading Assessment and Interventions for Pre-School and School-Aged Children
Philip Levin, PhD

The Help Group and USC Occupational Science Division Form a New Partnership

Summit 2014 Convenes Leading Experts

Strengths and Weaknesses of Identification Methods for Learning Disabilities: Is a Cognitive Assessment Necessary?

Jeremy Miciak, PhD

New Education Building Opens on Culver City Campus

Corporate and Community Partners Promote Autism Awareness

The Help Group Proudly Sponsors Important Legislation to Help Keep Children with Autism Safe

HelpLetter

A publication of The Help Group

THE HELP GROUP EXECUTIVE ADMINISTRATION

Barbara Firestone, PhD
President & CEO

Susan Berman, PhD
Chief Operating Officer

Tom Komp, LCSW
Senior Vice President

Mike Love
Senior Vice President

Elena Brewer, MBA
Vice President of Operations

PROFESSIONAL DEVELOPMENT & RESEARCH FACULTY

Karen C. Enyedy, PhD
Chief Psychologist
The Help Group

Elizabeth Laugeson, PsyD
Director
The Help Group – UCLA Autism
Research Alliance

Philip Levin, PhD
Program Director
The Help Group – UCLA
Neuropsychology Program

Sara McCracken, PsyD, BCBA
Director
The Help Group Young Learners
& Early Educational Programs

PROFESSIONAL ADVISORY COUNCIL

Robert M. Bilder, PhD, ABPP
UCLA Semel Institute

Susan Bookheimer, PhD
UCLA Semel Institute

Thomas E. Brown, PhD
Yale University

Florence Clark PhD, OTR/L, FAOTA
University of Southern California

Jack M. Fletcher, PhD
University of Houston

Stephen Hinshaw, PhD
University of California, Berkeley

Catherine Lord, PhD
Weill Cornell Medical College and
New York Presbyterian Hospital

James T. McCracken, MD
UCLA Semel Institute

Louis A. Vismara, MD
Co-founder, UC Davis Mind Institute

Dear Friends,

Welcome to our latest edition of HelpLetter featuring articles by leading experts in their respective fields.

We are pleased to share the news of our new *Count Me in for Autism Awareness Campaign*, an exciting new initiative dedicated to individuals with autism and their families, along with an update on our annual *Learn the Facts & Early Signs of Autism* program during National Autism Awareness Month.

In this edition, you'll also read about the ribbon-cutting of our new education building on our Culver City campus, our annual Summit, Microsoft's Youth Spark Grant, our new Help Group-USC Occupational Science Initiative, as well as Silver Alert legislation sponsored by The Help Group.

We look forward to your joining us at The Help Group's **Advance LA 2015 Conference** on May 1st and the **Special Needs Resource & College Fair** on May 17th.

Thanks so much for your interest in HelpLetter!

Barbara Firestone, PhD
President & CEO, The Help Group

CONTRIBUTORS



Robert Accordino, MD, MSc
Fellow, Child & Adolescent Psychiatry
Massachusetts General Hospital & McLean Hospital, Harvard
Medical School

Stephen Hinshaw, PhD
Professor, Department of Psychology,
UC Berkeley, Vice-Chair of Psychology,
Department of Psychiatry, UC San Francisco



Elizabeth Laugeson, PsyD
with Allison Vreeland, Post Baccalaureate
Researcher, UCLA Semel Institute
Director, The Help Group – UCLA Autism Research Alliance
Director, UCLA PEERS Clinic
Assistant Clinical Professor, Semel Institute, UCLA

Philip Levin, PhD
Program Director, The Help Group – UCLA
Neuropsychology Program
Assistant Clinical Professor, Semel Institute, UCLA



Jeremy Miciak, PhD
Research Assistant Professor
Texas Institute for Measurement,
Evaluation, and Statistics (TIMES)
Department of Psychology, University of Houston

John T Walkup, MD
Professor of Psychiatry, DeWitt Wallace
Senior Scholar, Vice Chair of Psychiatry, and Director of the
Division of Child and Adolescent Psychiatry
Weill Cornell Medical College and
New York Presbyterian Hospital



RESEARCH AND TRAINING PARTNERSHIPS



Autism Research Alliance

The Alliance is an innovative partnership between The Help Group and the UCLA Semel Institute for Neuroscience and Human Behavior and is dedicated to enhancing and expanding clinical research in the education and treatment of those with autism spectrum disorder (ASD) and to contributing to the development, greater understanding and use of best practice models by researchers, educators and clinicians.



Neuropsychology Program

The Help Group – UCLA Neuropsychology Program provides comprehensive assessment, testing and diagnosis for children with developmental challenges, as well as family conferencing and follow-up services. It also trains post-doctoral fellows from UCLA's Medical Psychology Assessment Center in pediatric neuropsychology.



Occupational Science Initiative

The Help Group - USC Occupational Science Initiative is dedicated to developing evidence-based animal-assisted intervention programs for children with ASD through an interdisciplinary team of researchers, educators and clinicians.

THE MEDICAL AND PSYCHIATRIC EVALUATION OF THE NONVERBAL CHILD

Robert E. Accordino, MD, MSc and John T. Walkup, MD

Nonverbal children and adolescents with autism spectrum disorder (ASD), intellectual disabilities, or communication disorders who are nonverbal with co-occurring medical problems can present with a change in behavior and little other indication that they are experiencing illness or pain. For clinicians, first considering new or worsening medical problems in the nonverbal child or adolescent rather than a change in psychiatric status might lower the risk of ongoing suffering and impairment. Such consideration also, importantly, might decrease the likelihood of patient exposure to inappropriate psychiatric care, including hospital admission and unneeded psychotropic medication. Although child and adolescent psychiatrists are aware of and consider medical issues first in the differential diagnosis, we are increasingly reliant on other medical professionals to “medically clear” our patients for psychiatric care. The ability of the child psychiatrist to advocate for the medical assessment of behavior change in nonverbal patients is of particular importance given higher than expected rates of medical conditions in those with ASD or other developmental disorders¹. Specifically, children with ASD are 1.8 times more likely to have asthma, 1.6 times more likely to have eczema or skin allergies, 2.2 times more likely to have chronic severe headaches, and 3.5 times more likely to have chronic diarrhea or colitis compared with typically developing children.

The medical evaluation of a behavior change can be more complicated with the nonverbal child and even challenging for pediatricians. Here we discuss 4 patient examples in various psychiatric treatment settings to illustrate how infection, foreign body insertion, medication side effects, and pain can present as aggression and irritability that would not have been managed appropriately without a primary medical focus in the initial psychiatric workup. In these examples, the diagnosis of a medical condition leading to an acute and reversible behavioral change was challenging to discover but was astutely discerned by psychiatrists who thought through the medical differential and did not assume an underlying psychiatric cause in these medically cleared patients.

In this Clinical Perspectives, we describe several patient vignettes with details changed to provide anonymity. Each “patient” is a composite, with details drawn from more than 1 actual patient and then combined.

Our first example is a school-age nonverbal girl with Down syndrome who was sent home from school because of increased irritability and aggression and presented to her outpatient psychiatrist’s office with her mother. The psychiatrist observed the patient removing her shoes and socks and repetitively scratching her feet, with significant erythema and excoriation. The mother had suspected athlete’s foot (tinea pedis) but had not understood the potential impact on the patient’s behavior. Through the prescribing of an antifungal topical medication to the tinea pedis, the patient’s irritability resolved.

A second example is a 17-year-old nonverbal boy with ASD who was started on sertraline for affect changes and became irritable during the course of

upward adjustment of the medication. The parents were unable to identify other changes in behavior but noted that attempts by the young man to masturbate increased in frequency and duration. The outpatient psychiatrist carried out a discontinuation trial of the medication and asked his parents to observe his level of irritability, which greatly lessened. His frequency of masturbation also normalized. Because the patient’s outpatient psychiatrist had spent time explaining to the family the potential side effects of the medication and how these could affect the patient’s behaviors, the parents and the psychiatrist believed that this irritability was secondary to a sexual side effect of the medication at the higher dose. The psychiatrist subsequently identified a tolerable and effective lower dose of sertraline for the patient. The cause of the patient’s irritability would not have been identified if it had not been for the psychiatrist’s exhaustive informed consent, including sexual side effects, to the family before prescribing the medication.



A third example is a nonverbal 10-year-old boy with ASD who was sent to the emergency department for aggression toward his parents, leading to their having to call 911. The patient required intramuscular sedative medications to tolerate the physical examination and was subsequently medically cleared. The psychiatrist in the psychiatric emergency department noticed prominent halitosis and, at examination, a foul-smelling discharge from the patient’s nose and decided to continue the medical workup. The psychiatrist ordered a head x-ray that displayed a peanut that the patient had lodged in his nasal cavity and had led to a surrounding intranasal abscess. The treatment of this painful abscess led to the patient returning to baseline. This case illustrates the importance of the emergency department psychiatrist performing her own medical review of systems to complement the primary care provider’s medical clearance.

The fourth patient is a 15-year-old boy with ASD who was nonverbal and who had a protracted postoperative inpatient pediatrics stay after an appendectomy for appendicitis. The patient was aggressive during daily care, repeatedly pulling out intravenous and Foley catheters. The parents were concerned about inadequate pain coverage, but the medical team believed the plan was appropriate to his age and weight and commented that they believed children with ASD actually have higher pain thresholds. The medical team requested a psychiatric consultation for possible delirium. The consult liaison psychiatrist determined that there was no indication of delirium but assisted the pediatrics team to review the current plan for pain management which consisted of a standing medication and as needed medication for breakthrough pain. The patient had received none of the as needed breakthrough doses. The psychiatrist worked with the medical and nursing staff to use the patient’s facial grimace to increase the dose of pain medications while observing for oversedation leading to daytime naps, which the patient did not display at the current medication dose. This intervention led the patient’s aggression, presumably secondary to inadequate analgesia, to resolve.

This case illustrates how conventional strategies in assessing and managing pain need to be adapted appropriately to suit those who are



THE HELP GROUP'S

Advance LA

Preparing teens and young adults with unique challenges for a successful future

Advance LA's 2015 Conference

THE SCIENCE OF HAPPINESS

PURPOSE. CONNECTION. OPTIMISM. GRIT.

Cutting-Edge Research and Best Practices
for Young Adults with Special Needs

Friday, May 1st

www.thehelpgroup.org | www.advancela.org



*If you have questions
please contact **Tamika** at
tdecambra@thehelpgroup.org,
or call **818-779-5198***

THE CURRENT EXPLOSION OF ADHD DIAGNOSES AND ADHD IN FEMALES

Stephen P. Hinshaw, PhD

At the 2014 Help Group Summit at the Skirball Center, I gave a two-part presentation on current findings related to attention-deficit hyperactivity disorder (ADHD). Among the many findings I discussed, this article focuses on the explosion of ADHD diagnoses in recent years, along with key findings related to girls and women with ADHD.

In the first place, despite ever-present headlines related to ADHD—including the contention that it's merely a social phenomenon, a diagnostic "excuse" for intolerant parents or unresponsive schools—ADHD is decidedly real. Genes play the major role in determining whether one is highly focused or distracted or whether one is cautious or a risk-taker. Neuroimaging studies point to brain regions and systems, particularly those related to the neurotransmitter dopamine, as linked to ADHD.

Yet it wasn't until education became compulsory about 150 years ago that scientists and clinicians began to describe symptoms that resemble what we today call ADHD. Thus, despite the clear biological reality of ADHD, changing social conditions and demands for performance "revealed" its core features.

Around the world, in fact, in every society with mandatory schooling, ADHD occurs at remarkably similar percentages (about 5% of school-aged youth). However, rates of diagnosis in the U.S. have skyrocketed in the past decade. In fact, data from the Centers for Disease Control and Prevention reveal that parents of one in nine children and adolescents report that a professional has either diagnosed their child or told them that he or she has ADHD. That's 11% of all children aged 4-17. For boys, the rate approaches 20% for those beyond grade school.

How has this surge happened? Part of the answer is that public recognition is finally being given to ADHD; another reason is that premature babies, who are at risk for developing conditions like ADHD, are now surviving in record numbers thanks to neonatal intensive care services. There's undoubtedly a role for pharmaceutical advertisements, now allowed directly to consumers, in fueling demand.

Yet in the *ADHD Explosion: Myths, Medication, Money, and Today's Push for Performance*, my co-author Richard Scheffler and I found that school policies are playing a key role as well. In brief, once a state—either through its own laws or those imposed by the federal government—makes public-school test scores the major basis for evaluating and funding a school district, the poorest children in that state show a major spike in ADHD diagnoses over the next few years. In part, districts are trying to get services for low-achieving children (and kids with ADHD typically have academic problems). But in other cases, some districts have been motivated to diagnose children because these youths' scores would no longer be included in the district's average achievement ranking. This practice was most pronounced in public schools receiving Title I funding—with a number of children at or near the poverty level.

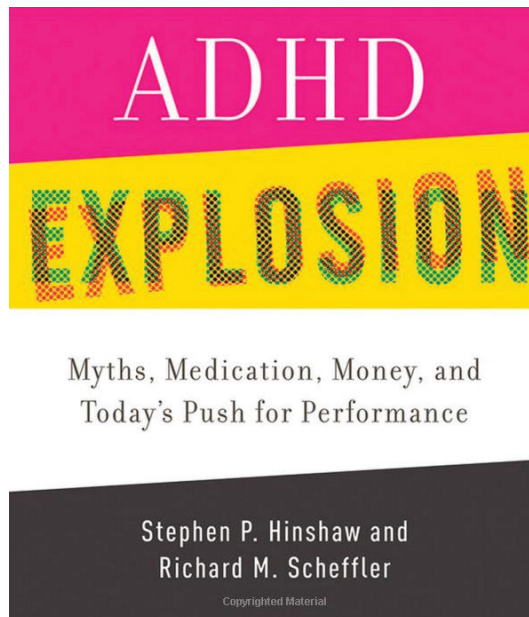
Several comments are immediately apparent. First, we aren't opposed to school accountability or evidence-based standards like Common Core. But prioritizing test score improvements at all costs may have the "unintended effect" of boosting ADHD diagnoses for a district's poorest children, now

eligible for public assistance regarding ADHD diagnosis and medication treatment. Second, another culprit here is that far too many youth are receiving evaluations for and diagnoses of ADHD on the basis of brief, 10-15 minute doctor's office visits. The hard work needed to assure a true diagnosis of ADHD, including detailed interviews with parents, rating scales from teachers and families, and appropriate tests for the child, cannot possibly be done in such cursory assessments. We all pay the price when ADHD is "assessed" in quick-and-dirty fashion, which leads to both overdiagnosis and underdiagnosis.

What about ADHD in girls and women? Until the last couple of decades, professionals believed that ADHD existed almost exclusively in boys and men. It's true, in fact, that nearly all developmental disorders (autism-spectrum disorders, Tourette's, aggressive conduct problems, ADHD) are more common in boys. Yet girls can and do experience such conditions. For ADHD, it's about two and a half boys for every girl; for autism, it's even higher, about four to one. In fact, males are vulnerable to just about every form of neurodevelopmental disorder experienced in the first decade of life, for complicated reasons related to prenatal hormones and other influences.

However, it's essential to note the following. **(1)** Girls can and do have ADHD, just like boys. **(2)** Girls (and later on, women) are somewhat more likely than boys and men to show the inattentive form of ADHD, as opposed to the more exuberant symptoms of hyperactivity/impulsivity (HI). **(3)** Because inattentive symptoms persist longer into adolescence and adulthood than HI across development, girls may be more likely than boys to have long-lasting manifestations of ADHD. **(4)** More than boys, girls with ADHD have particularly high risk for displaying self-harm—such as cutting and other forms of self-injury, as well as suicide attempts—once they reach adolescence and early adulthood. In our own Berkeley Girls with ADHD Longitudinal Study (BGALS), which is the largest sample of girls with ADHD in existence, we have found that girls with this condition, especially when they display impulse-control problems at a young age, are not only liable to show academic and social problems in later life (like boys) but are highly likely to display self-destructive behaviors by their late teen years, far more than boys in other samples. We are currently following BGALS participants into their late 20s, in the hope of discovering pathways that may lead out of such patterns of self-destruction.

In all, ADHD is decidedly real, and its long-term consequence may be, in some ways, even more serious for females than for males. At the same time, the combination of aggressive pharmaceutical advertising, school policies that insist on "test scores or bust," and sub-optimal evaluation procedures appear to be conspiring to drive up rates of ADHD diagnoses in the U.S.—especially in our poorest children—with rates surpassing those in the rest of the world. The consequences of ADHD are sufficiently serious, and the need for evidence-based treatment is sufficiently great, that we owe it to ourselves to diagnose ADHD carefully and thoroughly.



MICROSOFT YOUTHSPARK GRANT IS BUILDING BRIGHTER FUTURES FOR YOUNG PEOPLE WITH SPECIAL NEEDS

Microsoft recognizes the difference technology can make for young people with special needs helping them to more fully develop their school and workplace skill sets. Microsoft YouthSpark awarded The Help Group a most generous \$800,000 product grant for the new "Building Brighter Futures for Young People with Special Needs" technology initiative. In 2011, Microsoft awarded The Help Group a \$500,000 product donation for "Tools for the Future: The Help Group Technology Project."

Funding for the new initiative will enable The Help Group to enhance the digital literacy, learning, achievement and preparation for post-secondary education and vocational workplace opportunities for its students. "The lasting benefit of this Microsoft YouthSpark grant will be to provide our students with the enhanced skillsets which will prepare them for positive and productive futures," commented Dr. Barbara Firestone. "The Help Group is immensely grateful to Microsoft for its ongoing partnership and commitment to our children."

The Help Group saluted Microsoft YouthSpark with its *Champion for Children Award* for its commitment to creating brighter futures for young people at its 2014 Summit Conference. Accepting the award on behalf of Microsoft YouthSpark, Celeste Alleyne, Director, Citizenship & Public Affairs remarked, "Microsoft recognizes the great work that The Help Group is doing on behalf of young people with special needs, and is fulfilling its commitment to bridge the opportunity divide for these remarkable young people through technology."

Microsoft established its YouthSpark Program in 2012. A powerful catalyst, YouthSpark is a company-wide initiative that aims to create opportunities for

300 million young people around the world by 2015. A key part of YouthSpark is the work it is doing with nonprofit organizations focused on helping young people access education, employment and entrepreneurship. Microsoft YouthSpark is making a real impact and helping young people prepare for their next steps.

We thank Microsoft for believing in our children and for nurturing their potential!



Photo courtesy of Microsoft YouthSpark



THE HELP GROUP PROUDLY SPONSORS IMPORTANT LEGISLATION TO HELP KEEP CHILDREN WITH AUTISM SAFE

Wandering is a serious concern for families of children with autism and developmental disabilities. A recent national survey of parents found that almost half of children with autism have gone missing long enough to cause serious concern about their safety. The tendency of individuals with autism to wander, or "elope,"



as the behavior is clinically known, puts them at risk of injury, trauma or even fatalities. The social and communication challenges that characterize autism place these individuals at even greater risk.

In response to the need for additional safety measures, The Help Group was proud to be the sponsor of California Senate Bill 1127, authored by former Senator Norma Torres. The bill expands California's current Silver Alert program, designed to quickly respond to missing individuals who are elderly, to include missing individuals

with developmental disabilities and cognitive impairments. Governor Jerry Brown signed the bill, and it took effect January 1, 2015.

"Our thanks to Governor Brown for signing SB 1127 and to Senator Torres for her leadership on this critical issue," said Dr. Barbara Firestone. "This legislation is a key safety measure to support families of children with autism and developmental disabilities and reduce harm to children."

AB643 to Enhance Silver Alert

Most recently, The Help Group sponsored AB 643, authored by Assemblymember Adrin Nazarian. This bill specifically expands the program to activate an alert via Changeable Message Signs (CMS) on California highways. By expanding the Silver Alert to include activation of a CMS, the Alert will reach millions of motorists that use the highway system each day and be an added measure to ensure the safe return of a missing person.

STRENGTHS AND WEAKNESSES OF IDENTIFICATION METHODS FOR LEARNING DISABILITIES: IS A COGNITIVE ASSESSMENT NECESSARY?

Jeremy Miciak, PhD

When considering the necessity of cognitive assessment for the identification of learning disabilities (LD), it is important for parents and educators to recognize that the question can be answered from both a legal and a scientific framework. Fortunately for simplicity's sake, the answer to both questions is generally no, with some important caveats and considerations. The legal answer is complicated by the diversity of state-level guidance for special education identification processes. The Individuals with Disabilities Education Act (IDEA) does not require an assessment of cognitive processes as part of the LD identification process (Zirkel, 2013) unless necessary to rule out other handicapping conditions (e.g. intellectual disabilities). Most state regulations do not require cognitive assessment either. However, at least three states—Georgia, Idaho, and Maine—require an assessment of cognitive processes and many other states allow for it as part of the LD identification process (Hauerwas, Brown, & Scott, 2013). Thus, from a legal perspective cognitive assessment is typically not required as part of the LD identification process except in certain states or for individuals for whom other handicapping conditions are suspected.

To address the question from a scientific perspective, it is helpful to remember that the definition of LD has long focused on “unexpected” academic underachievement. Children with LD are those who exhibit pronounced difficulties in basic academic process (e.g. reading, writing, or math) despite seemingly having all of the necessary attributes and opportunities to learn. But—and importantly—what makes this low achievement unexpected? Different answers to this question result in different conceptualizations of the defining characteristics of LD and lead to much different processes for its identification. In our work, we identify two competing frameworks for understanding LD: cognitive discrepancy frameworks and instructional frameworks. Proponents of a cognitive discrepancy framework assert that low achievement is unexpected when the cognitive abilities of the child would suggest she has normal ability or considerable potential to learn based on cognitive strengths. In contrast, proponents of an instructional framework assert that unexpected low achievement is exemplified by continued academic struggles in the presence of instruction that is effective for most students. Thus, one's view of the necessity of cognitive assessment for the identification of LD largely depends on the framework by which LD is understood.

Yet, definitional debates like this are not simply matters of personal preference or opinion. Instead, competing conceptualizations can be investigated to determine their validity and utility. There has been considerable research of this type investigating cognitive discrepancy approaches for the identification LD and the utility of cognitive assessment as part of the identification process. A survey of this research leads

us to conclude that there is very little evidence for the validity or utility of classifications based on cognitive discrepancies and that cognitive assessment, to the extent it diverts finite resources away from instruction and delays the LD identification process, is detrimental to the shared goal of ensuring that targeted, timely academic help is provided to struggling students. The most common method for identifying a cognitive discrepancy is to evaluate whether there is a significant discrepancy between a child's actual academic achievement and his ability as measured by an IQ test. This is commonly called the IQ achievement discrepancy method and it was the only method for LD identification allowed by federal law for the three decades prior to the reauthorization of IDEA in 2004. Despite its prominent role in the history of LD research and practice in the United States, few today would argue for the validity of the IQ achievement discrepancy as a method for LD identification. Struggling students who demonstrate an IQ achievement discrepancy and struggling students who do not demonstrate

a discrepancy perform similarly on other academic and cognitive tests, demonstrate similar response to high quality instruction, and do not differ in studies of brain function. In short, there is little evidence that the identification of an IQ achievement discrepancy is educationally meaningful and there is general consensus that it should not be utilized as a criterion for the identification of LD.

Recently, new methods for identifying cognitive discrepancies have been proposed. These methods are based on the notion that LD is marked by an intraindividual pattern of cognitive processing strengths and weaknesses. Proponents argue that these methods

align with the definition of LD and that an assessment of cognitive strengths and weaknesses can help inform instruction because special educators can tailor interventions to student's specific cognitive abilities. However, there is very little evidence to support the validity of these methods. In our own research, we have found that the complexity of these methods results in significant reliability problems and that resulting groups do not differ in any educationally meaningful way. Further, the common assertion that interventions should be tailored to individual cognitive characteristics is not supported by empirical research. Recent reviews of research conclude that there is little evidence for the effectiveness of intervention approaches tailored to individual students' cognitive patterns or learning style (Kearns & Fuchs, 2013; Pashler, McDaniel, Rohrer, & Bjork, 2009).

In contrast to cognitive discrepancy approaches, classifications based on instructional response demonstrate good validity. Students who respond to intervention adequately and students who respond inadequately differ in a number of theoretically important ways, including: academic level, cognitive characteristics, behavior, subsequent intervention response, and even brain function. Clearly, the separation of students based on instructional response results is educationally meaningful. Further, because the focus of these methods is on instruction and student achievement,



CORPORATE AND COMMUNITY PARTNERS PROMOTE AUTISM AWARENESS

In recognition of National Autism Awareness Month in April, The Help Group is pleased to provide its annual *Learn the Facts and Early Signs of Autism* campaign in both English and Spanish to the public.

Thanks to the participation of The Help Group's corporate and community partners, the brochure will be prominently displayed in stores and on-line, and will offer the public up-to-date information about autism.

For the 13th year, The Coffee Bean & Tea Leaf® is making brochures available in nearly 200 participating company-owned locations in California and Arizona, as well as on its in-store television displays and social media outlets.

For the ninth year, Gelson's is hosting an autism awareness and fundraising campaign at its 18 Southern California locations. Brochures are available in stores, and customers will have the opportunity to make donations at the registers.

The Help Group has also distributed *Learn the Facts* brochures in English and Spanish to 21 California Regional Centers and to more than 75 Los Angeles community clinics this spring, and will be made available throughout the year.



NBC4 Southern California and Telemundo 52 are airing PSAs throughout the month of April featuring anchors Daniella Guzman and Dunia Elvir. The Early Signs are also listed on their websites.

www.nbclosangeles.com
www.telemundo52.com



Lori Samuels, owner of the San Marino boutique Colori, is donating 50% of online sales from her oneoddbird collection for the month of April. www.oneoddbird.com



The Help Group is most grateful to the organizations and individuals that have joined us in this effort!

SOCIAL SKILLS IN RESIDENTIAL TREATMENT: THE UCLA PEERS® PROGRAM

Elizabeth Laugeson, PsyD and Allison Vreeland, BA

Residential treatment programs offer consistency for youth with autism spectrum disorder (ASD) as well as an environment where residents can optimize their ability to function independently. Indeed, the mission of many current residential treatment models emphasizes assisting residents with ASD in their development of new skills and their ability to reside in safe and comfortable living conditions. These programs do so by focusing on special education, as well as techniques that aim to increase the youth's self-sufficiency. However, little is known about how effective these residential treatment models are in targeting social deficits. Because children with ASD eventually mature into adults who may ultimately wish to move from home and establish a more independent life, more research examining the effectiveness of youth treatment options that might support independent living skills are needed.

Current research has shown that people with autism continue to have poor adjustment in adulthood. Their transition into adulthood can be particularly difficult as new challenges emerge, such as postsecondary education and employment. Arguably, certain characteristics and challenging behaviors among individuals with ASD, including poor social skills, may contribute to the appearance of being unsuitable for employment. These social barriers are often the tip of the iceberg and effect more than just employment opportunities; they may also interfere with peer relationships. This leads individuals with ASD to face significant obstacles when reaching adulthood—social isolation, lack of relationships, diminished success in postsecondary education and employment—and many times these hurdles are often attributed to poor social skills. Even though many believe that social impairments are the most distressing symptom for individuals with ASD, unfortunately few evidence-based social skills programs exist for these transitional youth. Consequently, evidence-based interventions that address the development and maintenance of satisfying peer relationships are needed and may buffer the difficulties youth with ASD experience when transitioning into adulthood.

Despite the growing number of overall intervention programs, there are few that target adolescents, and even fewer that take place in a residential treatment setting. Considering that social impairment is thought to get in the way of daily living skills, it is important that interventions target these deficits. If they go untreated, continual isolation may cause many adolescents with ASD to lack community connections and friendships, which is a factor that is taken for granted by typically developing persons.

The *Program for the Education and Enrichment of Relational Skills (PEERS®)* is one of the only evidence-based social skills training programs for adolescents and young adults with ASD without intellectual disabilities. Although this program has been shown to be effective using parent assistance and/or teacher support, recently, a new clinical research study examined the benefit of this intervention for adolescents with ASD who were residing in a residential treatment program. Coordinated by researchers Dr. Elizabeth Laugeson, Director of The Help Group – UCLA Autism Research Alliance, and Allison Vreeland, a post baccalaureate researcher at the UCLA Semel Institute for Neuroscience and Human Behavior, the 14-week intervention was implemented for high school students with ASD through The Help Group's Project Six/The Commons, a residential treatment program for adolescents with ASD and other socio-emotional challenges. Targeted skills included conversational skills, electronic forms of communication, identifying an appropriate social group, appropriate uses of humor, peer entry and exiting strategies, good host and guest behavior at get-togethers, good sportsmanship, strategies for handling teasing and bullying, changing reputations, resolving disagreements, and managing rumors and gossip. Skills were taught by residential advisors once a week over the course of 14-weeks. Youth spent an additional 30-minutes per week practicing newly learned skills in behavioral rehearsal activities and were then given assignments to practice these skills in more natural contexts. Typically, PEERS® involves the use of parents and/or teachers as social coaches; however, an innovative feature of this intervention study was the substitution of parent and teacher involvement with social coaching from residential advisors.

To examine the benefit of this residential advisor-assisted intervention, researchers tracked treatment outcome through collecting a variety of self-report measures completed by youth, residential advisors, and teachers who were independent from the intervention. Results suggested that using the PEERS® curriculum in a residential setting was effective in improving the social functioning of high school adolescents with ASD. Specifically, participants who received the PEERS® intervention showed an improvement in responsibility and self-control. Additionally, teachers, who were unaware as to whether the adolescent received treatment, reported improvements in cooperation and self-control.

Findings from this small pilot study are important for a number of reasons. First, it demonstrates the benefit of an evidence-based treatment for an understudied and underserved population. Specifically, the current study shows the effectiveness of adapting the PEERS® curriculum for adolescents with ASD in a residential setting. Utilizing this method of treatment delivery may allow mental health professionals to reach a previously under-treated group of adolescents with ASD. Further, it will allow residential treatment facilities to provide assistance to adolescents with ASD in learning the basic rules of social etiquette needed to develop meaningful relationships in new social settings. Ultimately, this may improve overall outcomes, promoting independence and enhancing quality of life.

If you or someone you know would like to participate in PEERS® or for more information, please contact Elina Veytsman, the clinic coordinator, at (310) 26-PEERS or peersclinic@ucla.edu, or visit <http://www.semel.ucla.edu/peers>.



ADVANCES IN READING ASSESSMENT AND INTERVENTIONS FOR PRE-SCHOOL AND SCHOOL-AGED CHILDREN

Philip Levin, PhD

There have been vast changes in the understanding and diagnosis of reading disorders over the past twenty years, from advances in research on causation and changes in the diagnosis, to advances in the assessment of reading. Here's what we know now, and the new directions and advances in reading assessments and interventions for pre-school and school-aged children.

This year marks the twentieth anniversary of the publication of Albert Galaburta's study on differences in brain functioning between reading delayed students and their neurotypical peers titled *Neuroanatomical Basis of Developmental Dyslexia*. Dr. Galaburta studied the brain of a recently deceased man who had been diagnosed with a reading disorder and found structural differences that were attributed to the development of a reading disorder. That original study was replicated by other scientists who found that the neural pathways for reading differ in those with a reading disorder.

As a result, we now know that most students with a reading disorder tend to have overreliance on certain areas of the brain which lead to slow, inaccurate, and effortful reading that is typically associated with weaknesses in the phonological processing system of language. This research had led to a unified understanding of the issues underlying reading disorders but several questions persist. For example, Dr. Galaburta's 2012 update noted that although there was agreement on the hypothesis of structural differences in the brain associated with reading disorders, we still do not know the cause of structural differences; we don't know the percentage of students with reading disorders who have the proposed structural differences; and finally we still do not know if the structural differences are the cause or the effect of the development of poor phonemic awareness. These are areas that neuroscientists will need to continue to focus upon in the near future.

The diagnosis itself has also undergone advances recently. The Fifth Edition of the Diagnostic and Statistical Manual (DSM-V) has created changes in the name of the diagnosis as well as the criteria for diagnosing reading disorders. In the past, specific learning disabilities were diagnosed due to a discrepancy between intellectual capacity and achievement in a specific area of learning; such as reading. Currently, all academic difficulties are diagnosed using an overarching diagnosis of Specific Learning Disorder. In addition the criteria specifying the need for a discrepancy between achievement and IQ was nullified in DSM-V. The current criteria specifies that psychodiagnostic data of a discrepancy is insufficient to diagnose a reading disorder because the psychologist should also consider a lack of response to intervention as well as information from a variety of sources including school records and instructional history. The stated purpose of these changes is to allow psychologists to shift from 'assessment for

diagnosis' to 'assessment for intervention' and have more time to provide psychoeducation and consultation with parents and teachers. Interestingly, studies conducted in the past two years since the adoption of DSM-V have found that there is no change in the number of students being served for learning disorders, despite the change in criteria.

Finally, here are the updates in the assessment of reading disorders. 2014 ushered in a new edition of the Woodcock Johnson Tests of

Achievement, the most widely used achievement test in academic settings. The newest version has a stronger theoretical underpinning and the stimuli have been modernized, but the essential tasks are similar to prior versions. As a suggestion, based on updates in the interpretation of the Woodcock-Johnson Tests of Achievement, an alternative, standardized scoring method called the Relative Proficiency Index (RPI) may serve as a more effective assessment tool. Subtests of the Woodcock-Johnson Tests of Achievement are usually reported in standard

scores. Standard scores have an average of 100 and the average range is between 85-114. Traditionally standard scores were generated because they used the same format as IQ scores and therefore the discrepancy was easier to analyze. However, Woodcock-Johnson Achievement Tests may also be interpreted using the RPI. The RPI is analogous to results from an eye examination. 20/20 vision indicates that the individual can see as much at a twenty foot distance from the source, as most people can see at a twenty foot distance. In academics, we translate using the comparison of what a proficient reader should be able to decode. Woodcock-Johnson defines proficient readers as those who can read grade level words with 90% accuracy. Individuals who can read with 70% accuracy would be reported as having a 70/90 RPI. Students with RPI's between 90/90 and 96/90 are considered to be "independently proficient", 76/90 – 89/90 is considered to be at an "instructional level" of proficiency which requires additional practice in reading to be proficient, and 75/90 and below are at the "frustrational level" which requires additional remediation of reading.

Currently, most Individualized Educational Plans measure progress in reading using standard scores. These are the three digit scores with an average of 100, similar to how IQ scores are reported. Standard scores are very reliable but they do not vary over time and therefore may not demonstrate the changes that have occurred due to intervention. For example, a student with a standard score of 80 in reading recognition may respond well to intervention, but when compared to the progress of their non-delayed peers may still get a 80 in the next year's Woodcock Johnson testing due to the statistical factors of the test. As a result, if we only report the standard score to parents and in IEP's we may not be demonstrating the progress made with year of intervention between IEP's. Thus, it was proposed that educators, parents and assessors begin to adopt the use



THE HELP GROUP AND USC OCCUPATIONAL SCIENCE DIVISION FORM A NEW PARTNERSHIP

The Help Group is pleased to announce an innovative partnership between The Help Group and the University of Southern California (USC) Mrs. T.H. Chan Division of Occupational Science and Occupational Therapy. The Help Group – USC Occupational Science Initiative is dedicated to developing evidence-based intervention programs for children with autism spectrum disorder through an interdisciplinary team of researchers, educators and clinicians.



Dr. Olga Solomon

The collaboration was established to better identify how animal-assisted intervention can be integrated into a curriculum that meets the educational and therapeutic needs of students in The Help Group's five autism schools. "With the success of our Paws and Pals program, we recognized the benefits of having volunteers and their therapy dogs visiting our classrooms and interacting with children across the autism spectrum," said Dr. Barbara Firestone. "The Initiative holds great promise as one of the first of its kind to demonstrate how therapy animals can be utilized to help to facilitate social behavior and communication in children and teens with autism."

Leading the effort on behalf of USC is Dr. Olga Solomon, Assistant Professor at USC's Division of Occupational Science and Therapy. Dr. Solomon, a 2014 Summit presenter, also led a Distinguished Lecturer Series presentation at The Help Group on "Animal-Assisted Therapy in Classroom

and Clinical Settings" to provide practical strategies for including therapy dogs in a school setting. Joining The Help Group, under the mentorship of Dr. Solomon, is Occupational Science and Therapy Doctoral Resident, Allie Tickin.

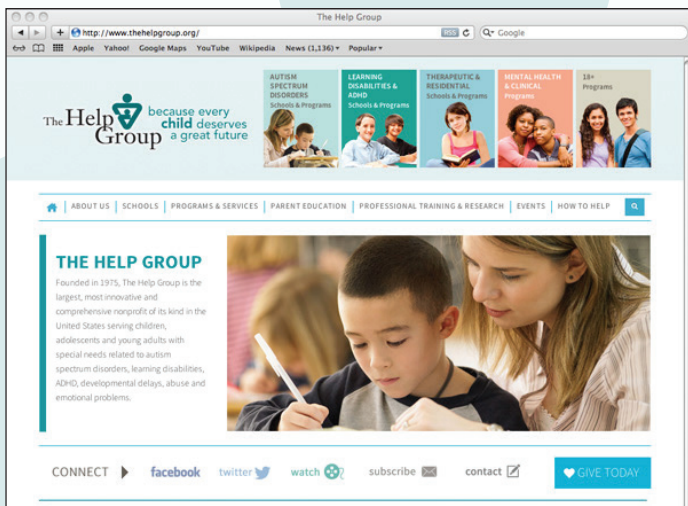
A program development and evaluation project is already underway this academic year at The Help Group. Therapy dog-handler teams are working in coordination with therapists and educators to develop animal-assisted activities for five to seven year-old students with mild cognitive delays and social and communicative challenges.

The initiative is The Help Group's third partnership with a leading research university. In 1999, The Help Group partnered with the UCLA Semel Institute for Neuroscience and Human Behavior to create The Help Group Neuropsychology program, and once again in 2007, to form the groundbreaking Help Group – UCLA Autism Research Alliance.

Dr. Firestone shared, "We are delighted to join USC on this cutting-edge initiative to expand research into animal-assisted intervention and look forward to a productive collaboration to foster growth and progress for young people with autism."



WE INVITE YOU TO CONNECT WITH THE HELP GROUP



It was a truly memorable afternoon when The Help Group cut the ribbon on its newest autism education building on Wednesday, May 21st, at its Culver City Campus joined by dignitaries and friends.

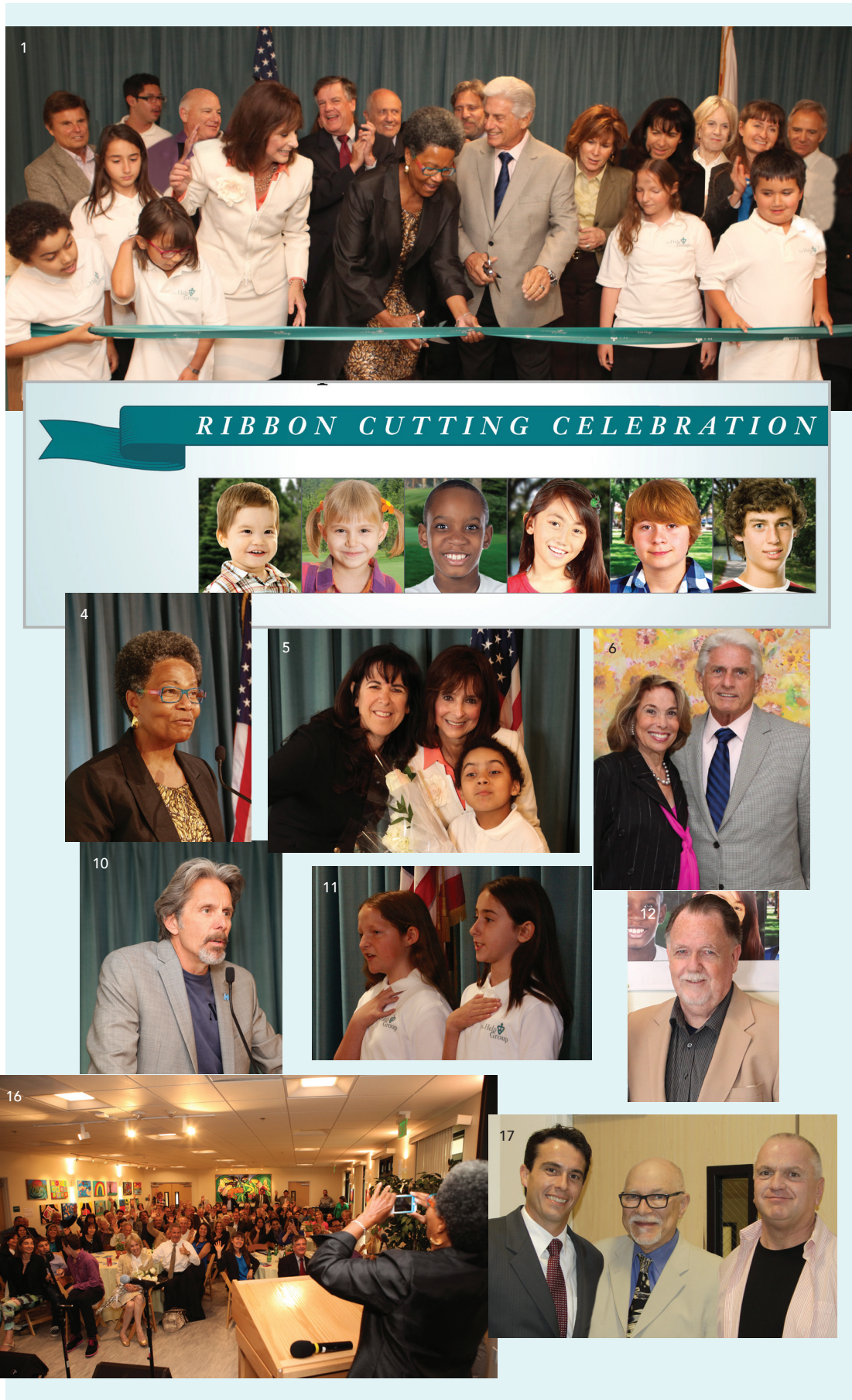
Dr. Barbara Firestone, opened the proceedings, "Today's celebration is about the children and their families – and the hope and opportunity that this beautiful new building brings. And it's about celebrating the partnership of caring of our Board of Directors, administration, faculty, staff, governmental colleagues and philanthropic friends all working hand in hand for the children to make this new education facility a reality." Help Group Board Chair Gary H. Carmona remarked, "It seems like just yesterday that we were donning hard hats and shovels to break ground on this space, and here we are today in this amazing building to mark its completion."

Help Group Chief Operating Officer Dr. Susan Berman took the podium to acknowledge the vision and leadership of Dr. Firestone in bringing this building to life, "With a keen eye and steadfast determination, Dr. Firestone ensures that our students are in environments that maximize learning, celebrate their strengths and are of the highest caliber."

Celebrity spokesperson Gary Cole, proud father of a Help Group graduate, talked about the positive impact of The Help Group on his daughter's life. "As a parent of a child with special needs, there's so much that's unknown and dark and difficult to understand. I know this new building will be filled with staff who will bring light and hope to children and their families for many years to come."

The unanimous support of the Culver City Council has been critical to The Help Group's efforts to serve more children. City dignitaries including Culver City Mayor Meghan Sahli-Wells, former Culver City Mayor and Councilmember, Andrew Weissman and Councilmember Jim Clarke joined the festivities.

Culver City Mayor Sahli-Wells praised The Help Group for its efforts on behalf of the children. "I can never be at The Help Group without being overcome by emotion. Its longstanding commitment to the children is an inspiration to us all." Councilmember Andrew Weissman spoke of how touched





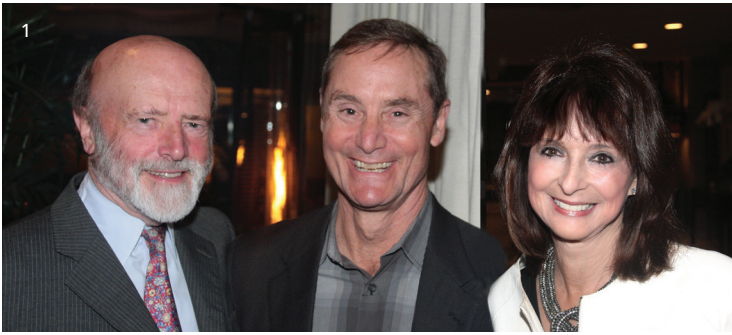
he was by the students, "They reinforce the special nature of The Help Group and we're so proud to have an organization like this in Culver City."

Dr. Firestone announced the dedication of "Opening Doors," the Robert Toll sculpture that graces the front of the new building. This remarkable sculpture that speaks to the heart of The Help Group was commissioned by Joy Monkmarsh, Founding Board member in honor of her husband, Jerry Monkmarsh, Founding Board member, and given with love from the Monkmarsh family. Joy was joined by their son, Jonathan and his wife Heidi, their daughter Julie, and four grandchildren Briana, Russell, Jonah and Isaac. Jerry was integral to the development and expansion of The Help Group's campuses, providing tremendous expertise throughout the years. "Joy and I both remember how excited Jerry was when I met him at the site that would eventually become our Culver City Campus, asking for his assessment of the viability of our acquiring this property and developing it as a school campus" Dr. Firestone said. "He loved this property and said without hesitation that he could envision a wonderful campus here for the children. He was incredibly supportive of this effort and was thrilled when we decided to construct this building. I cannot begin to tell you how privileged we feel to dedicate this sculpture in Jerry's honor and how grateful we are to Joy and the family for this lasting and wonderful gift." We thank Robert Toll and Louis Neiter, Art Consultant who were so committed to this project.

In tribute to Joy and Jerry, longtime Help Group friend Louis Price, former lead singer of the Temptations, performed a stirring rendition of "Stand by Me." Avis Ridley-Thomas, Co-Director of UCLA's Institute for Non-Violence in Los Angeles, shared congratulatory remarks on behalf of her husband, Mark Ridley Thomas, Chairman of the LA County Board of Supervisors. Ms. Ridley-Thomas shared, "I'm really honored to represent my husband today and his efforts on behalf of this community. You all have made tremendous contributions - the artists and architects, the board members, the city council and the mayor - everyone has been part of making this institution what it is today - you are the credits that run after the movie, and my husband and I are proud to be part of that." *

Louis Price and The Help Group's Children's Choir poignantly conveyed the spirit of the afternoon with a medley of "Just the Way You Are" and "I Believe I Can Fly". It was truly a day to remember, when The Help

1. The ribbon is cut on The Help Group's new autism education building **2.** Councilmember Andrew Weissman, Dr. Barbara Firestone, Mayor Meghan Sahli-Wells, Councilmember Jim B. Clarke **3.** Dr. Barbara Firestone, Gary H. Carmona, Joy Monkmarsh, Louis Price **4.** Avis Ridley-Thomas **5.** Dr. Susan Berman, Dr. Barbara Firestone with Help Group student **6.** Rochelle and Gary H. Carmona **7.** Ray & Lorraine Friedman, Dr. Susan Berman **8.** Dr. David Firestone, Susan Kennedy **9.** Heidi Monkmarsh, Julie Gadinsky, Joy Monkmarsh **10.** Gary Cole **11.** Help Group students **12.** Art Bannick **13.** Richard Zelle, Perry Katz **14.** Robert Dorman **15.** Lois Neiter, Robert Toll **16.** The Help Group Ribbon Cutting Celebration **17.** Bradley Shahine, Greg Geddes, Randy Kissel **18.** Mike and Susan Berk **19.** Nata Preis, Pamela Clark



SUMMIT 2014

Summit Chairs

Barbara Firestone, PhD
 Peter C. Whybrow, MD
 Robert M. Bilder, PhD, ABPP

Featured Speakers

Catherine Lord, PhD
 Stephen Hinshaw, PhD
 Jack M. Fletcher, PhD

Presenters

Jane Tavyev Asher, MD
 Robert Accordino, MD, MSc
 Bruce L. Baker, PhD
 Jan Blacher, PhD
 Cindy Cottier, MA, MEd, CCC-SLP
 Pamela Crooke, PhD, CCC-SLP
 Diane M. Danis, MD, MPH
 Elisha Goldstein, PhD
 Stefanie Goldstein, PhD
 Patricia Herrera, MS
 Elizabeth Laugeson, PsyD
 Philip Levin, PhD
 James McCracken, MD
 David Miklowitz, PhD
 Christine Wu Nordahl, PhD
 Daniel Openden, PhD, BCBA-D
 Karen L. Park, OTD, OTR/L, SWC, CLE
 Carolina Peña-Ricardo, MD
 Olga Solomon, PhD
 Louis A. Vismara, MD
 Donna M. Werling, PhD
 Louis A. Vismara, MD
 Jeffrey Wood, PhD



continued from cover

speakers for their participation, and for sharing their expertise, insights and new perspectives in their respective fields.

NBC4 news anchor and multiple, award-winning journalist, Colleen Williams served as the Summit Luncheon host. She spoke of NBC4's commitment to covering important stories that promote the health and well-being of children, and features that relate to children with special needs, including the rising numbers of children being diagnosed and key public policy stories from Sacramento – from the passage and extension of the California autism insurance mandate to the recent extension of the California Highway Patrol Silver Alert system for missing persons and its inclusion of individuals with developmental disabilities.

Summit co-chair, Dr. Bilder, shared with guests the mutual pride that he and Dr. Whybrow have in the innovative partnerships UCLA has with The Help Group. He also spoke of his predecessor, Dr. Paul Satz, in whose memory the conference is dedicated each year.

Ms. Williams introduced The Help Group's *Champion for Children Award* honoree, the Microsoft YouthSpark Program. Gary H. Carmona, Help Group Board Chairman and Dr. Firestone presented the award. "The Help Group is immensely grateful to Microsoft for its ongoing partnership and commitment to our children," remarked Dr. Firestone. "Today it is our privilege to recognize Microsoft YouthSpark for its extraordinary efforts in support

MAJOR SPONSORS



MEDIA SPONSOR



of the young people at The Help Group and young people worldwide.”

Celeste Alleyne, Microsoft’s Citizenship & Public Affairs Director and US Education Lead, accepted the award on behalf of Microsoft YouthSpark, and remarked on the difference technology can make to improve the lives of young people. “Microsoft recognizes the great work that The Help Group is doing on behalf of young people with special needs, and is fulfilling its commitment to bridge the opportunity divide for these remarkable young people through technology.” (See Related Story, page 6.)

At the conclusion of the luncheon program, Dr. Firestone presented Ms. Williams with artwork from the children of The Help Group in recognition of NBC4’s commitment to the children and families of the Los Angeles community.

The conference autism keynote speaker, Dr. Catherine Lord, highlighted emerging perspectives in autism, in addition to findings from her longitudinal study looking at children with ASD from the ages 2 to 22 and developmental trajectories and factors contributing to outcomes in adolescents and young adults. The ADHD Keynote speaker, Dr. Stephen Hinshaw presented findings published in his recent book, the *ADHD Explosion: Myths, Medication, Money and Today’s Push for Performance* and discussed the fast-rising prevalence of ADHD, the roles of genes and heritable risk, in addition to other biological risk factors and the psychosocial forces, including parenting and school pressures in relation to the prevalence and manifestations of ADHD. Learning Disability Keynote, Dr. Jack Fletcher provided an extensive overview on the strengths and weaknesses of identification methods for LD and the role of cognitive assessments for identification and intervention.

The 1 ½-day educational conference was open to the public and offered 23 sessions designed for educators, clinicians/therapists, parents, and undergraduate and graduate students.

A great big thanks to our Summit presenters for sharing their insights and expertise.



THE HELP GROUP PRESENTS

SUMMIT 2015

Advances and Best Practices in
AUTISM ■ LEARNING DISABILITIES ■ ADHD

A CUTTING EDGE CONFERENCE FEATURING LEADING EXPERTS

Friday, October 23 & Saturday, October 24
 Skirball Cultural Center, Los Angeles

1. Dr. Peter Whybrow, Dr. Robert Bilder, Dr. Barbara Firestone
2. Colleen Williams
3. Dr. Catherine Lord
4. Dr. Stephen Hinshaw
5. Dr. Jack Fletcher
6. Dr. James McCracken
7. Dr. Louis Vismara
8. Dr. Olga Solomon
9. Dr. David Miklowitz
10. Celeste Alleyne, Dr. Barbara Firestone, Gary H. Carmona
11. Colleen Williams, Dr. Susan Berman
12. Dr. Robert Accordino
13. Dr. Bruce Baker, Dr. Jan Blacher
14. Dr. Philip Levin, Dr. Elizabeth Laugeson
15. Dr. Daniel Openden
16. Dr. Diane Danis
17. Dr. Pamela Crooke
18. Dr. Carolina Peña-Ricardo
19. Ms. Cindy Cottier
20. Dr. Karen Park
21. Dr. Christine Wu Nordahl
22. Ms. Patricia Herrera
23. Dr. Donna M. Werling

nonverbal. Differences in pain thresholds are often reported in those with ASD, as the pediatrics team stated to the parents of the patient, although these differences might not actually be observed when empirically assessed.² Nonverbal children cannot request medication for breakthrough pain and thus demonstrate their need for analgesia in largely behavioral ways. The effectiveness of the evaluation of facial expression and grimaces in those with ASD, as was done in this case, has been empirically demonstrated.³ Pain in children with severe cognitive impairments has been linked to self-injurious behavior.⁴ When pain is undetected in nonverbal pediatric patients, it could be a reason for physicians failing to identify treatable medical conditions, such as otitis media or streptococcal pharyngitis.

In these 4 patient examples, the diagnosis of a medical condition leading to an acute and reversible behavioral change was identified by physicians who paid close attention to the change in baseline behavior of the nonverbal patient as reported by caregivers. The families of these patients were fortunate that the treating psychiatrists did not take the patient's medical workup for granted. Of note, caretakers of those with ASD are often challenged to find physicians who are particularly knowledgeable about this population and comfortable with assessing and treating this vulnerable group of patients.⁵ Without such an assessment, the nonverbal patients' presenting symptoms could have led to the inappropriate use or increase in dose of psychotropic medication or even an inpatient psychiatric admission.

The authors thank Sandra Fritsch, MD, of Maine Medical Center; Sigita Plioplys, MD, of Ann and Robert H. Lurie Children's Hospital; Michael Pratts, MD, of St. Joseph's Hospital; Laura Prager, MD, of Massachusetts General Hospital; Jean Gottesman, MBA, of New Hampshire Charitable

Foundation; the anonymous reviewers of the article; and all members of the American Academy of Child and Adolescent Psychiatry 60th Annual Meeting's Special Interest Study Group on the Medical and Psychiatric Evaluation of the Nonverbal Child for their insights and ideas.

References

Schieve, L.A., Gonzalez, V., Boulet, S.L. et al. Concurrent medical conditions and health care use and needs among children with learning and behavioral developmental disabilities, National Health Interview Survey, 2006-2010. *Res Dev Disabil.* 2012; 33: 467-476

Nader, R., Oberlander, T., Chamber, C., and Craig, K. Expression of pain in children with autism. *Clin J Pain.* 2004;20: 88-97

Messmer, R.L., Nader, R., and Craig, K.D. Brief report: judging pain intensity in children with autism undergoing venepuncture: the influence of facial activity. *J Autism Dev Disord.* 2008; 38: 1391-1394

Breau, L.M., Finley, G.A., McGrath, P.J., and Camfield, C.S. Validation of the non-communicating children's pain checklist: post-operative version. *Anesthesiology.* 2003; 96: 528-535

Montes, G., Halterman, J.S., and Magyar, C.I. Access to and satisfaction with school and community health services for US children with ASD. *Pediatrics.* 2009; 124: S407-S413

Reprinted from *The Journal of the American Academy of Child and Adolescent Psychiatry*, January 2015, Volume 54, Issue 1, Pages 3-5, *The Medical and Psychiatric Evaluation of the Nonverbal Child*, Robert E. Accordino, MD, MSc and John T. Walkup, MD, Copyright (2015), with permission from Elsevier.

<http://www.elsevier.com>

Strengths and Weaknesses... Continued from page 8

there is increased efficiency and schools need not wait for the completion of a long evaluation before providing necessary help.

Although there continues to be debate in the research community about the best method for the identification of LD, there is near universal consensus that the disorder is real, that students with LD are at-risk for a host of negative educational and socio-emotional outcomes, and that the best treatment is early intervention. With this in mind, we suggest that proposed LD identification processes should be evaluated according to how well they facilitate the delivery of necessary academic help. At present, cognitive assessment does not facilitate access, does not improve instruction, and is not typically required. It is, in a word, *unnecessary*.

Hauerwas, L. B., Brown, R., & Scott, A. N. (2013). Specific learning disability and response to intervention: State-level guidance. *Exceptional Children*, 80, 101-120.

Kearns, D. M., & Fuchs, D. (2013). Does cognitively focused instruction improve the academic performance of low-achieving students? *Exceptional Children*, 79, 263-290.

Pashler, H., McDaniel, M., Rohrer, D., & Bjork, R. (2009). Learning styles: Concepts and evidence. *Psychological Science in the Public Interest*, 9(3), 105-119.

Zirkel, P. A. (2013) A comprehensive evaluation of the supreme court's Forest Grove decision? *Journal of Psychoeducational Assessment*, 31, 313-317.

Advances in Reading... Continued from page 10

of the RPI, as opposed to standard scores when reporting results on IEP's. The standard expectation for the result of a reading intervention should be proficiency in reading. Given these parameters the RPI should be a more appropriate method of assessment.

In the past twenty years advances have been made in our knowledge of the causation, diagnosis and assessment of reading disorders. Currently, we have a unified theory about the cause of the disorder and a unified understanding of the diagnostic criteria. Hopefully, the future will hold improved methods to demonstrate the changes in reading due to intervention for parents and educators.

The Help Group Opens... Continued from page 13

Group family, dignitaries and the children took part in the cutting of the ribbon!

***About Our Building** This state-of-the art facility is designed for 200 students. It features classrooms outfitted with technology to facilitate interactive learning; a Science Lab, a Media Lab; an Art Studio; an "Innovation" Lab in support of STEM education and an 8000-square foot rooftop recreation area, for physical education, performing arts, and open-air classroom activities and has a play structure for younger students.



5th Annual Special Needs Resource Fair

for ages 3-22

An opportunity for parents and professionals to discover the wonderful **RESOURCES** that Los Angeles has to offer its **SPECIAL NEEDS COMMUNITY**

There will be exhibitors representing:

- | | |
|---------------------------------------|-----------------------------|
| Local Colleges & Universities | Financial & Estate Planning |
| Schools & Camps | Legal & Advocacy Services |
| Residential Programs | Transitional Programs |
| Social Skills Programs | Vocational Programs |
| Recreational & Creative Arts Programs | Parent Support Groups |
| Medical & Therapeutic Services | Respite Services |
| Educational Supports | Equine Therapy |
| Behavior Intervention Services | & Much, Much More! |

The Help Group
Autism Center
**13164 Burbank Blvd.
Sherman Oaks, CA 91401**

For further information contact
Tracy Peters
310.751.1486 or
tpeters@thehelpgroup.org

Plus...Children's Activities, Food & Family Fun!!!

www.thehelpgroup.org  

Sunday
MAY 17, 2015
11am - 3pm
Free Admission





Leading the Way for Young People with **SPECIAL NEEDS**



**Village Glen
School**

**Bridgeport
School**

**Bridgeport Vocational
Education Center**

**Young Learners
Preschool**

**Summit View
School**

**North Hills
Prep**

**Parkhill
School**

**Sunrise
School**

Founded in 1975, The Help Group is the largest, most innovative and comprehensive nonprofit of its kind in the United States serving children with special needs related to autism spectrum disorder, learning disabilities, ADHD, developmental delays, abuse and emotional problems.

The Help Group's nine specialized day schools offer pre-K through high school programs for more than 1,550 students. Its broad range of mental health and therapy services, child abuse and residential programs extends its reach to more than 6,000 children and their families each year. With more than 980 staff members, The Help Group's state-of-the-art schools and programs are located on six campuses in the Los Angeles area.

ASSESSMENT

MENTAL HEALTH SERVICES

RESIDENTIAL PROGRAMS

18+ PROGRAMS

COACHING

SOCIAL SKILLS TRAINING

PARENT EDUCATION

AFTER-SCHOOL ENRICHMENT

DAY CAMPS

CULVER CITY | SHERMAN OAKS EAST | SHERMAN OAKS WEST
VALLEY GLEN | VAN NUYS NORTH | VAN NUYS SOUTH

877.943.5747 | www.thehelpgroup.org





The Help Group is dedicated to the education, treatment and outreach of children, adolescents and young adults with autism spectrum disorder (ASD) and other special needs.

SPECIALIZED DAY SCHOOLS

Village Glen School for students with Asperger's Disorder, high-functioning autism and nonverbal learning disabilities. The Pace Program is available for gifted students and offers honors and AP classes. The Beacon Program educates students with behavioral challenges.

Young Learners Preschool for Autism for children ages 2.9 to 5 years with autism spectrum disorder.

Bridgeport School for students 5 to 22 with mild to moderate cognitive delays and challenges with social communication and/or language development.

Bridgeport Vocational Education Center serves young adults ages 18 to 22 and bridges the gap between high school and adult independence.

Sunrise School serves students ages 5 to 22 with moderate to severe global delays associated with autism spectrum disorder and other developmental disabilities.

Summit View School for students with learning differences who possess average to above-average intellectual capabilities.

The Help Group's Westview serves students with learning disabilities, autism spectrum disorder, attention deficit and/or mild emotional and social issues.

The Help Group's North Hills Prep offers a WASC-accredited college preparatory curriculum while supporting and challenging creative learners in a nurturing and inclusive community.

The Help Group's Parkhill School is an intensive therapeutic day program serving children and adolescents with emotional and behavioral challenges.

MENTAL HEALTH & CLINICAL PROGRAMS

These programs provide a continuum of comprehensive outpatient services for children and families, including assessment; individual, family and group therapy; case management; psychiatric services; parenting groups; in-home counseling; school-based mental health counseling; **REACH** - after-school day rehabilitation; **Stepping Stones** - an intensive day treatment for children ages 3 to 5 and therapeutic behavioral services. **Wraparound** is an innovative program designed to maintain at-risk children in their homes and avoid placement in institutions or other restrictive settings.

AUTISM SPECTRUM DISORDER PROGRAMS

The Help Group Center for Autism Spectrum Disorder features multidisciplinary assessment, consultation, intervention, family support groups, as well as seminars for parents and professionals.

Paws and Pals for Kids with Autism is a volunteer-supported pet intervention program designed to engage young people with social and communication challenges.

RECREATIONAL AND SOCIAL SKILLS DEVELOPMENT PROGRAMS

Kids Like Me provides after-school enrichment, social skills groups and day camps designed specifically for children and adolescents with ASD and other developmental challenges.

Teens on the Go is a travel camp for young people with ASD. **club i.a. TEEN** provides a supported social network for teens with ASD.

VOCATIONAL PROGRAMS

The Community Employment Program assists adolescents and young adults with social-emotional and/or mental health challenges with the special guidance, skills and support needed to obtain and maintain successful employment.

Silverlining Resale Boutique & Vocational Training Center provides students with special needs the opportunity to learn and develop valuable work experience and job skills that contribute to their knowledge, self-confidence, employability and future independence.

RESIDENTIAL PROGRAMS

Project Six/The Commons is a therapeutic boarding option for teens ages 13 to 17 with Asperger's Disorder, ASD, mood and anxiety disorders, and learning differences.

Project Six Adult Residential Program provides community-based group homes for adults with developmental disabilities.

18 + PROGRAMS

Advance LA provides one-on-one life skills coaching for teens and young adults with unique challenges in their transition to independence.

Live. Advance. LA. offers a supported living experience on a college campus for young adults ages 18 to 29 who are learning the skills needed to transition to independence.

club i.a. facilitates activities for young adults designed to enhance social skills, meet people with similar interests and develop long-lasting friendships.

PROFESSIONAL TRAINING & RESEARCH

The Help Group - UCLA Neuropsychology Program provides neuropsychological assessments and consultations for children, adolescents and young adults and enriches the field of knowledge through its research and educational endeavors.

The Help Group - UCLA Autism Research Alliance is dedicated to enhancing and expanding clinical research in the education and treatment of ASD and to contributing to the development, greater understanding and use of best practice models by researchers, educators and clinicians.

The Help Group - USC Occupational Science Initiative is dedicated to developing evidence-based intervention programs for children with ASD through an interdisciplinary team of researchers, educators and clinicians.

MANAGING EDITOR Lisa Manafian	CONTENT EDITORS Elizabeth Laugeson, PsyD Philip Levin, PhD	PHOTO EDITOR Julie Hirschberg	GRAPHIC DESIGN Dennis Valansi Aldo Jimenez
---	---	---	---


The information in HelpLetter is provided as a public service to heighten awareness of issues related to children with special needs and does not necessarily reflect the views, opinions and/or endorsements of The Help Group.

ALL RIGHTS RESERVED



Administrative Offices
 13130 Burbank Boulevard
 Sherman Oaks, California 91401

Non-Profit Org.
 U.S. POSTAGE
PAID
 PERMIT NO. 718
 Van Nuys, CA

The Help Group  because every child deserves a great future
 Group

Founded in 1975, The Help Group is the largest, most innovative and comprehensive nonprofit of its kind in the United States serving children with special needs related to autism spectrum disorder, learning disabilities, ADHD, developmental delays, abuse and emotional problems.

The Help Group's nine specialized day schools offer pre-K through high school programs for more than 1,550 students. Its broad range of mental health and therapy services, child abuse and residential programs extends its reach to more than 6,000 children and their families each year. With more than 980 staff members, The Help Group's state-of-the-art schools and programs are located on six campuses in the Los Angeles area.

The Help Group is widely regarded for its high standards of excellence, unique scope and breadth of services. Through its public awareness, professional training and parent education programs and efforts at the state and national levels, The Help Group touches the lives of children with special needs across the country and in other parts of the world.

At the heart of its efforts is the commitment to helping young people fulfill their potential to lead positive, productive and rewarding lives.

- Village Glen School · Bridgeport School
- Bridgeport Vocational Education Center · Sunrise School
- Young Learners Preschool for Autism · Project Six/The Commons
- The Help Group - UCLA Autism Research Alliance · Advance LA · Live.Advance.LA.
- The Help Group Center for Autism Spectrum Disorder
- Kids Like Me Recreational Programs & Camps · club i.a./club i.a. TEEN
- Paws and Pals for Kids with Autism
- Silverlining Resale Boutique & Vocational Training Center
- Summit View School · Westview · North Hills Prep · Parkhill School
- The Help Group - UCLA Neuropsychology Program
- The Help Group Child & Family Center
- The Help Group - USC Occupational Science Initiative

Culver City · Sherman Oaks East · Sherman Oaks West
 Valley Glen · Van Nuys North · Van Nuys South

PHONE: 877.943.5747 · FAX: 818.779.5295

www.thehelpgroup.org  

The Help Group  **VILLAGE GLEN SCHOOL**
 A place where students belong...



HOW S T E M
 IS A BOON FOR THOSE ON THE SPECTRUM



"Village Glen offers a college preparatory curriculum including courses highlighting technical skills. We support students in their quest for attaining meaningful, lifelong employment."
 - Dr. Ellis Crasnow, Principal

Village Glen School serves students with social and communicative disorders, including autism spectrum disorder and nonverbal learning disabilities

For more information visit
www.villageglen.org
 ph. 877.994.5386 | fax 818.779.5295
www.thehelpgroup.org