

EMERGING TRENDS IN AUTISM, LEARNING DISABILITIES AND ADHD

BUILDING BRIGHTER FUTURES AT OUR CULVER CITY CAMPUS
NEW EDUCATION BUILDING OPENING FEBRUARY 2014



Rendering of Education Building

Recognized as a leader in the field of autism education and services, The Help Group is committed to bringing help, hope and opportunity to more children and their families. The Help Group is pleased to announce it is nearing completion of its newest education building at the Culver City Campus to help address the growing need for education programs for young people with autism spectrum disorder.

Today, more than 1000 students ages 3 to 22 attend The Help Group's five specialized autism day schools – Village Glen, Bridgeport, Bridgeport Vocational Education Center, Sunrise, and Young Learners Preschool – on four campuses in Los Angeles and Culver City. The new facility at the Culver City Complex features state-of-the-art classrooms, science, media/computer, and "Innovation" labs, an arts studio, and an 8000-square foot rooftop recreation area.

The Help Group looks forward to cutting the ribbon on the new building this winter. Our heartfelt thanks to all who support our efforts on behalf of the children.

EDUCATING THE PUBLIC
ABOUT AUTISM



As part of its ongoing commitment to public awareness and education about autism spectrum disorder, The Help Group recently updated its "Learn the Facts and Early Signs of Autism" brochure in both English and Spanish. The latest version of this brochure reflects the changes to the definition of autism spectrum disorder in the Diagnostic and Statistical Manual

continued on page 10

SUMMIT 2013 CONVENE LEADING EXPERTS
IN AUTISM, LD & ADHD



Help Group President & CEO Dr. Barbara Firestone presents L.A. County Supervisor Mark Ridley-Thomas with the Champion for Children Award at the Summit 2013 luncheon.

IN THIS EDITION

Building Brighter Futures at our Culver City Campus:
New Education Building Opening February 2014

Advance LA's 2013 Innovate Conference Explored the
Transition Process for Teens and Young Adults

The Help Group Summit 2013 Convened Leading
Experts in Autism, Learning Disabilities and ADHD

Educating the Public About Autism

How Our Understanding of ADHD is Changing
Thomas E. Brown, PhD

Helping Young Children with Autism Spectrum
Disorder Learn to Make Friends:

Parenting Tips for Improving the Efficiency of Homework
Using Research on Executive Functioning
**Ani Khatchadourian, PsyD &
Philip Levin, PhD**

Feeding Difficulties in Children with Autism Spectrum
Disorder (ASD)
William Sharp, PhD

The UCLA PEERS® for Preschoolers Program
**Elizabeth Laugeson, PsyD &
Mina Park, PhD**

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

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

Bina Varughese, MS
Coordinator of
Educational Services
Summit View School

PROFESSIONAL ADVISORY COUNCIL

Robert M. Bilder, PhD, ABPP
University of California, Los Angeles

Susan Bookheimer, PhD
University of California, Los Angeles

Thomas E. Brown, PhD
Yale University

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 and Resnick
Neuropsychiatric Hospital

Joseph Torgesen, PhD
Florida State University

Roberta G. Williams, MD
Keck School of Medicine,
University of Southern California
Children's Hospital Los Angeles

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.

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

www.thehelpgroup.org  

W

elcome to our winter edition of HelpLetter! This issue features thought-provoking articles from four presenters at The Help Group *Summit 2013: Advances and Best Practices in Autism, Learning Disabilities and ADHD*. Dr. Thomas Brown shares his perspective on ADHD; Dr. Elizabeth Laugeson and her colleague Dr. Mina Park discuss their latest research on social skills training with preschoolers; Dr. William Sharp presents strategies for addressing feeding problems in children with autism spectrum disorder; and Dr. Ani Khatchadourian and Dr. Philip Levin offer homework tips for parents of children with executive functioning difficulties.

The Help Group *Summit 2013* was a great success, featuring 29 leading experts in the field. I only wish we had room in this edition for articles from each of our outstanding presenters.

Please mark your calendars for the Advance LA *Resilience Conference*, which will be held on Friday, May 2nd at American Jewish University, and for The Help Group *Summit 2014*, which will be held on Friday, October 17th and Saturday, October 18th at the Skirball Cultural Center. We look forward to your joining us for these cutting-edge conferences.

It's always a pleasure to have this opportunity to touch base with our HelpLetter community. Best wishes for a wonderful New Year!

Barbara Firestone, PhD

President & CEO, The Help Group

CONTRIBUTORS



Thomas E. Brown, PhD

Assistant Clinical Professor of Psychiatry,
Yale University School of Medicine
Associate Director, Yale Clinic for
Attention and Related Disorders

Ani Khatchadourian, PsyD

Post-Doctoral Fellow,
The Help Group – UCLA
Neuropsychology Program

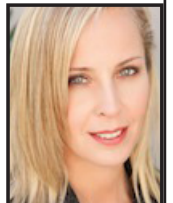


Philip Levin, PhD

Program Director,
The Help Group – UCLA
Neuropsychology Program

Elizabeth Laugeson, PsyD

Director, The Help Group – UCLA
Autism Research Alliance
Director, UCLA PEERS Clinic
Assistant Clinical Professor,
UCLA Semel Institute for
Neuroscience and Human Behavior



Mina Park, PhD

Post-Doctoral Fellow,
Department of Psychiatry and Biobehavioral Sciences
UCLA Semel Institute for Neuroscience
and Human Behavior

William G. Sharp, PhD

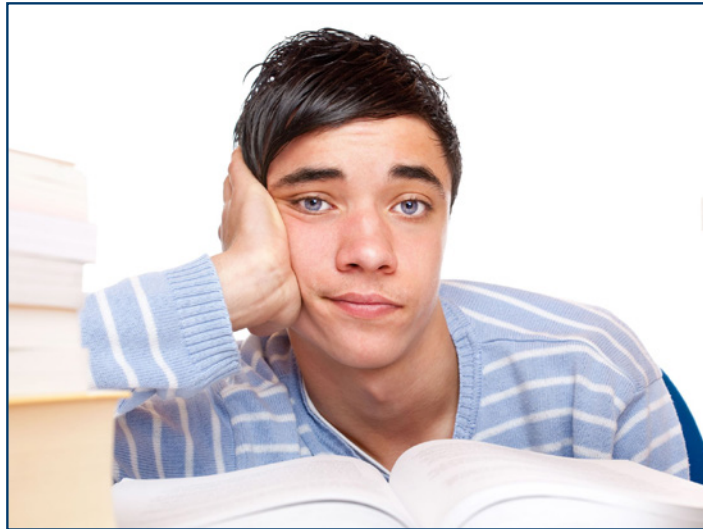
Feeding Disorders Program Director
Assistant Professor,
Marcus Autism Center and
Emory University



HOW OUR UNDERSTANDING OF ADHD IS CHANGING

Thomas E. Brown, PhD

Understanding of the disorder known as ADD or ADHD has been changing dramatically over recent years. For decades this disorder was understood as a behavior problem of little kids, mostly boys, who couldn't sit still, wouldn't shut up, and were driving their parents and teachers nuts. Recent research has shown that ADD/ADHD (this article uses ADHD for both) is not essentially a behavior disorder, but an impairment of the unfolding development of the management system of the brain and its executive functions.



It is now clear that many persons with ADHD have never had any significant behavior problems, and even for those who have, their persisting struggles are not usually with misbehavior. Primary difficulties of those with ADHD are with shifting and sustaining focus, getting organized, getting started on necessary tasks, managing alertness, keeping up effort to finish tasks, managing emotions, and utilizing short-term working memory.

Current research indicates that in the U.S. 6 to 11% of children aged 6 to 17 years have been diagnosed with ADHD while approximately 4 to 5% of adults continue to suffer from this disorder. ADHD is highly heritable. Out of every 4 persons with ADHD, one has a parent with the disorder and the other three usually have a sibling, grandparent, uncle, aunt or cousin with similar problems. Sometimes ADHD symptoms are apparent early in childhood, but often they do not appear until elementary school, middle school or adolescence. For some, parents provide so much support while the child is living at home that ADHD symptoms become apparent only after their son or daughter has moved away from home to attend college or take a job.

The most puzzling problem in recognizing this disorder is the fact that those with ADHD all have a few activities in which they are able to focus very well, even though they have great difficulty in focusing on many other tasks that they and others recognize as important. The student with ADHD may focus very well when building Lego constructions, surfing the internet, making art or music, participating in a sport, or playing video games. Yet that same student may have chronic and severe difficulty in mustering adequate focus for doing homework, participating in class, or doing assigned reading. Often ADHD looks like a problem of lacking willpower—you can focus for this, why not for that?—when, in fact, it is a problem with the dynamics of the chemistry of the brain.

Changes in Understanding Causes of ADHD: Recent research has demonstrated significant differences in brain development and brain

functioning for those with ADHD. These differences have been shown in 3 different domains:

Brain maturation is often delayed in ADHD: Imaging studies show that shortly before puberty there is a massive proliferation of cortical cells in every child's brain; over the following 6 to 10 years there is a gradual process of pruning those cells which produces more efficient circuits. Comparison of over 200 children with ADHD vs a comparable group of typically developing

children showed that much of the brain maturation was identical in the two groups. However, in about 5 different areas, that maturation process took 3 to 5 years longer in children with ADHD. Those delayed regions were all areas critical for the development of the brain's management system. Most of the ADHD children eventually caught up in their brain development, but that delay can be costly in their functioning during middle and late adolescence.

Brain Connectivity is often problematic in ADHD: Neural wiring that connects various regions of the brain plays an essential role in many cognitive functions. Over 55 different imaging studies have shown that connectivity between brain regions is often impaired in persons with ADHD. There is reduced volume of white matter connections needed to facilitate rapid communications between brain regions. And there is chronic inefficiency in suppressing the "wandering mind" mode when necessary to focus and sustain attention.

Chemical communication across neuron networks is often impaired in ADHD: Communication within the brain is done mostly via low voltage electrical impulses that have to jump like spark plugs over gaps between countless infinitesimal neurons that work in vast networks. Those jumps are facilitated by chemicals manufactured in the brain. Release and reloading of those chemicals at the countless tiny gaps is typically very efficient for messages that carry strong interest or fear for persons with ADHD, but often those chemicals are insufficiently released or pulled back too quickly for messages that are less important to the person with ADHD, resulting in less intensity or quicker loss of attention. These chemical dynamics are responsible for the puzzling ability of those with ADHD to focus well for tasks that truly interest them or cause them to feel intense pressure, while they tend to have much difficulty focusing for other tasks that may be less interesting at the moment, but more important over the longer run.

Changes in Understanding Treatments for ADHD: Consistent evidence has shown that those significantly affected by ADHD tend to

continued on page 12

SAVE THE DATE

development support pathways vitality
courage perform work power work
work solutions courage pathways
power attain strength strength attain
strength development support vitality work power
courage attain work work vitality achieve attain work achieve
power attain work vitality pathways work power
vitality pathways work pathways vitality support

THE HELP GROUP'S
Advance LA explore

resilience

CONFERENCE 2014

Parents, professionals and young adults

development support attain work work vitality strength
vitality strength courage pathways work achieve
achieve attain power vitality pathways power
work attain perform work vitality work perform
attain pathways work vitality
vitality work solutions perform
pathways work achieve development
pathways attain pathways

LOCATED AT

American Jewish University - Los Angeles, California - Lower Campus

Advance LA is dedicated to providing transition support, residential programs, training, and resources to teens and young adults with a wide range of needs including learning disabilities, autism spectrum disorder, Asperger's Disorder, executive functioning difficulties, ADHD, and other social or emotional issues.

www.thehelpgroup.org | www.advancela.org  

The Help 
Group

HELPING YOUNG CHILDREN WITH AUTISM SPECTRUM DISORDER LEARN TO MAKE FRIENDS: THE UCLA PEERS® FOR PRESCHOOLERS PROGRAM

By Elizabeth Laugeson, PsyD. and Mina Park, PhD

Social deficits associated with Autism Spectrum Disorder (ASD) are persistent and pervasive throughout development. Research has consistently shown that regardless of one's cognitive and language functioning, significant social difficulty is a defining feature of ASD and impacts the lives of these individuals throughout their lifespan. While other ASD symptoms may improve with age, social deficits are, unfortunately, likely to exacerbate as social contexts become increasingly complex and sophisticated. Over time, these social deficits may lead to poorer psychosocial outcomes in later childhood, adolescence, and adulthood as evidenced by peer rejection, lack of meaningful friendships, few romantic relationships, academic and vocational underachievement, experiences of loneliness and social isolation, the development of behavioral problems, and higher rates of co-occurring psychopathology such as anxiety and depression. Consequently, evidence-based early childhood interventions that address overall psychosocial functioning and, more specifically, the development and maintenance of satisfying peer relationships, are needed and may buffer the long-term impacts of these social difficulties.

Despite the growing number of early intervention programs, there are relatively few evidence-based social skills training programs for young children with ASD. Of the few that are available, several studies have shown that these social skills training groups have modest outcomes in meaningfully improving the social lives of the children that participate. Factors that are likely to limit the extent to which children with ASD benefit from existing social skills training programs include failing to actively involve parents in treatment, limited maintenance of treatment gains, lack of generalization of newly learned skills across natural social contexts (e.g., home, school, community, etc.), and failing to individualize interventions to subpopulations of those with ASD (i.e., children without an intellectual disability, or "high-functioning" children). Moreover, many of these programs do not explicitly target fundamental friendship or relationship skills.

Considering that high-functioning children with ASD (i.e., those without an intellectual disability) may particularly benefit from social skills training groups, it is unfortunate that many existing programs generally have not tailored their interventions to meet the strengths and needs of this vulnerable population. These children, who are likely to struggle more with social deficits rather than language impairments, are often inappropriately placed in early intervention programs designed to improve their language abilities rather than their social skills. In addition, these children are likely to face unique social challenges and opportunities as they are more and more mainstreamed into educational and social settings with typically

developing peers. As such, it is imperative that these young children participate in social skills interventions that are individualized to capitalize on their distinct strengths and address their unique social needs. Finally, one such program exists.

PEERS® for Preschoolers is a new clinical research study aimed at examining the benefit of a parent-assisted intervention for young children with ASD without intellectual disabilities who are between the ages of 4 to 6 years and are having difficulty making and/or keeping friends. Led by researchers

Dr. Elizabeth Laugeson, Director of The Help Group – UCLA Autism Research Alliance, and Dr. Mina Park, a post-doctoral fellow at the UCLA Semel Institute for Neuroscience and Human Behavior, the 16-week intervention held at UCLA instructs parents and children on social skills essential to friendship development. Targeted skills include social communication, sharing and turn-taking, peer entry, initiating and maintaining play, good sportsmanship, helping behaviors,

and body boundaries. Skills are taught in a small group format to include role-playing demonstrations, behavioral rehearsal exercises, socialization homework assignments, and parent coaching—teaching methods established by the UCLA Program for the Education and Enrichment of Relational Skills (PEERS®), an evidence-based social skills program for youth with ASD. A novel method of instruction in this study is the use of live puppet shows to engage children and teach key social skills necessary for making and keeping friends. Social skills are further developed and refined through play-based activities with other group members. Another innovative feature of this intervention includes ongoing parent education and training. Parents not only attend concurrent parent training groups as part of PEERS® for Preschoolers, but they also receive real-life performance feedback from the treatment team as they practice social coaching their children during play interactions.

By teaching fundamental social skills from an early age and helping parents to more effectively support their children in developing and maintaining meaningful friendships, children with ASD receive positive social learning opportunities that they may not have been afforded previously. Furthermore, the promotion of social skills in early childhood may, in turn, collaterally lead to better psychosocial functioning in adolescence and adulthood, and ultimately, improved overall quality of life.

If you or someone you know would like to participate in this study, or for more information about this research, please contact Dr. Mina Park at (310) 26-PEERS or peersclinic@ucla.edu.

UCLA PEERS® Clinic
Find us on Facebook www.semel.ucla.edu/peers



SUMMIT 2013

SUMMIT CHAIRS

BARBARA FIRESTONE, PhD

PETER C. WHYBROW, MD

ROBERT M. BILDER, PhD, ABPP

Featured Speakers

THOMAS E. BROWN, PhD

CONNIE KASARI, PhD

MAUREEN LOVETT, PhD, C. Psych

Presenters

JANE TAVYEV ASHER, MD

BRUCE BAKER, PhD

ROBERT M. BILDER, PhD, ABPP

JAN BLACHER, PhD

ERNA I. BLANCHE, PhD, OTR/L, FAOTA

SUSAN BOOKHEIMER, PhD

XAVIER E. CAGIGAS, PhD

DAN CAMPBELL, PhD

PAMELA CLARK, MA

MICHAEL ENENBACH, MD

JEFF GILGER, PhD

IRVA HERTZ-PICCIOTTO, PhD, MPH

SHAFALI SPURLING JESTE, MD

ELIZABETH LAUGESON, PsyD

MICHAEL LEON, PhD

PHILIP LEVIN, PhD

SANDRA LOO, PhD

MAJA MATARIC, PhD

DANIEL OPENDEN, PhD, BCBA-D

ALBERT "SKIP" RIZZO, PhD

ERIC SAILERS, MA, CCC-SLP

CYNTHIA SCHUMANN, PhD

WILLIAM SHARP, PhD

BINA VARUGHESE, MS

LOUIS A. VISMARA, MD

JEFFREY WOOD, PhD

Major Sponsor



Media Sponsor



The Help Group Summit 2013 – *Advances and Best Practices in Autism, Learning Disabilities and ADHD* took place on October 25th and 26th at the Skirball Cultural Center in Los Angeles. With First 5 California as the Major Sponsor and ABC7 as Media Sponsor, the event featured an outstanding group of leading experts in basic and applied research and evidence-based best practices in assessment,

intervention and treatment. The program provided a rich, informative experience for all in attendance.

The conference was chaired by Help Group President & CEO Dr. Barbara Firestone; UCLA Semel Institute Director Peter C. Whybrow, MD, and Robert M. Bilder, PhD, ABPP,

continued on page 13



1. Dr. Barbara Firestone, Dr. Peter Whybrow 2. Dr. Robert Bilder 3. Dr. Connie Kasari 4. Dr. Thomas Brown 5. Phillip Palmer 6. Dr. Maureen Lovett 7. Dr. Albert "Skip" Rizzo 8. Dr. Susan Bookheimer 9. Dr. William Sharp, Dr. Louis Vismara, Dr. Michael Leon 10. Dr. Xavier Cagigas 11. Dr. Irva Hertz-Picciotto 12. Dr. Daniel Openden 13. Dr. Jeffrey Wood, Dr. Jane Tavyev Asher, Dr. Jan Blacher, Dr. Elizabeth Laugeson, Dr Bruce Baker 14. Dr. Daniel Campbell, Dr. Sandra Loo, Dr. Philip Levin Pamela Clark with Help Group student 15. Dr. Elizabeth Laugeson, , Dr. Michael Enenbach 16. Pamela Clark with Help Group student 17. Dr. Cynthia Schumann, 18. Dr. Jeffrey Gilger 19. Dr. Erna Blanche 20. Dr. Shafali Spurling Jeste

PARENTING TIPS FOR IMPROVING THE EFFICIENCY OF HOMEWORK USING RESEARCH ON EXECUTIVE FUNCTIONING

Ani Khatchadourian, PsyD and Philip Levin, PhD

“Johnny! How many times do I have to tell you to finish your homework before computer games?!” “Sarah, how do you expect to get your book report done if it’s due tomorrow and you haven’t even started it yet?” “David – your teacher tells me you’re not turning in your homework...”

Do any of these sound familiar? Is your child having problems managing the demands of increasingly difficult classes and homework assignments? If so, then your child may be struggling with a set of skills referred to as “executive functioning.”

What is executive functioning? Executive functioning is a set of cognitive skills that develop during adolescence. In younger children, executive issues may look like problems with focusing, following instructions, impulsivity, and irritability. In older children and teens, executive difficulties affect one’s ability to plan for large projects, organize materials, and complete assignments (Gioia, Isquith, Guy, & Kenworthy, 2000). These difficulties result in becoming easily overwhelmed by life’s daily tasks and challenges and an overall feeling of distress and failure. This can also be very frustrating for parents dealing with a child with executive difficulties. Executive functioning is thought to play a fundamental role in the difficulties of individuals with ADHD. However, many individuals who do not have ADHD may have challenges with executive skills.



What are common problems seen in children with executive functioning difficulties? Executive functioning can be thought of as self-directed actions needed to choose and achieve goals (Barkley, 2012). For school-aged children, related problems are most apparent in their academics, including homework. Parents frequently complain of their child having a hard time focusing on homework and being easily distracted; not being able to answer comprehension questions; leaving large projects for the “last minute”; forgetting to turn in homework; or having a hard time shifting focus from a math assignment to a reading project. Problems can be more “behavioral,” such as with a child who can’t seem to sit still during homework; or, they can be more “cognitive,” such as with a student who has a hard time planning how to approach a complex project that is due in a couple months.

How to help your child with executive functioning difficulties. Now that we know what the problem is, how do I help my child fix it? Because children with weaker executive skills are unable to control their goal-directed actions as well as others, interventions for executive functioning must start with more external prompts and supports until these skills are increasingly internalized

by the child and used more independently over time (Barkley, 2012).

The following are some recommendations to help your child with executive difficulties as they may impact academics, grouped into “clusters” of skills (Cooper-Kahn & Dietzel, 2008; Gioia et al., 2000).

Inhibition

- Provide external structure for impulsive children by teaching rules and expectations surrounding homework. For example, explain to your child that homework must be completed by 6 p.m. if she wants to play a computer game.
- Prompt your child to review his homework once it is completed. This will help your child catch and correct careless mistakes that may have been made.

- If you know an assignment will be difficult for your child, preview it with him and encourage him to try his best. Praise your child’s efforts as he sticks with the task.

- Encourage your child to highlight important words in the directions for an assignment. Before she starts the assignment, review the highlighting to be sure she has done this correctly.

Mental Flexibility and Initiating

- Provide a checklist or schedule for your child that includes all

homework assignments for the day and cross out each task as it is completed. This could include pictures for younger children. Older children could create their own written checklist.

- Use a timer to alert your child when computer, TV, or playtime is over and it is time to start homework. Having an external way to track time and know to begin work may help your child transition more smoothly to homework than you repeatedly telling him to.

- Develop schedules and routines around homework as well as other daily tasks and activities. There should be a consistent time for after-school snack, homework, dinner, and bedtime. Visual schedules may be helpful reminders for each activity.

Working Memory

- Your child should complete only one task at a time before moving on to the next task.

continued on page 13

ADVANCE LA'S 2013 INNOVATE CONFERENCE EXPLORED THE TRANSITION PROCESS FOR TEENS AND YOUNG ADULTS

APRIL 26, 2013
PARENTS AND PROFESSIONALS
APRIL 27, 2013
YOUNG ADULTS

THE HELP GROUP'S
Advance LA
in'no·vāte
CONFERENCE 2013

for parents, professionals
and young adults

LOCATED AT
American Jewish University
Los Angeles, California
Lower Campus

The Help Group
www.thehelpgroup.org
www.advancela.org
f t



workshops for teens and young adults.

Day one of the conference was held on Friday, April 26, and brought together parents and professionals to explore viable strategies to ease the transition between high school and the next step for young people. There were a number of distinguished speakers who gave inspiring and educational presentations on topics related to the transition process. A few notable presenters included Keynote Address speaker Erik Carter, PhD, Associate Professor of Special Education at Vanderbilt University; David Finch, author of The New York Times Best Seller, *The Journal of Best Practices: A Memoir of Marriage, Asperger's Syndrome, and One Man's Quest to be a Better Husband*; and Richard Guare, PhD, BCBA, with Colin Guare, co-authors of *Smart but Scattered Teens: The "Executive Skills" Program for Helping Teens Reach Their Potential*.



Help Group COO Dr. Susan Berman welcomes attendees to the Innovate conference

On Saturday, April 27, Advance LA held the first conference of its kind designed specifically for teens and young adults. The conference featured a number of hands-on interactive workshops that provided attendees with the opportunity to learn transition skills and also aimed to spark their passions and develop their interests while interacting with peers.



Erik Carter, PhD, Associate Professor of Special Education at Vanderbilt University, delivers Friday's Keynote Address

"There are very few resources available that specifically address the needs of these young people and their families," said Diane Flannery, PhD, Director of Design and Strategy at The Help Group. "Day two of the conference aimed to provide teens and young adults with the opportunity to explore new interests, make friends, and work together in a supportive setting to learn strategies for tackling the transition process."

For more information about Advance LA's transition services, visit www.advancela.org

As teens and young adults with autism spectrum disorder and other special needs prepare for the transition to college, the workforce, and increased independence, they often experience a lack of resources and guidance to help them along the way. Advance LA, a program of The Help Group that specializes in preparing these young people for a successful future, hosted the 2013 Innovate Conference at American Jewish University last May. The conference was a two-day event: day one provided an opportunity for parents and professionals to collaborate on ways to effectively navigate the transition process, and day two was filled with educational and creative

Live. Advance. LA.

TRANSITIONAL LIVING PROGRAM

Preparing young adults facing unique challenges for a successful future

Alyssa Bower, M.A. | abower@thehelpgroup.org | (310) 440-0201 | www.advancela.org



FEEDING DIFFICULTIES IN CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD)

William Sharp, PhD

Dietary diversity is a well-recognized and critical component of a healthy diet that holds key biological and psychological benefits throughout the lifespan. These include protection against major chronic disease (e.g., cancer, cardiovascular disease), reduced body mass, decreased likelihood of dietary deficiencies and/or excesses, and enhanced enjoyment of eating. Childhood represents a crucial time period for establishing dietary diversity in order to promote healthy eating patterns and avoid long-term medical concerns associated with food selectivity and/or chronic malnutrition. Exposure to different food tastes and textures during infancy and early childhood leads to enhanced dietary diversity in adulthood, including greater intake of nutrient-dense foods (such as fruits and vegetables) which serve as the foundation of a healthy diet. Eating a variety of foods is also an important indicator of child wellness, with more restricted diets linked with growth failure in children (e.g., stunting, wasting) and increased risk for cognitive deficits, poor academic achievement, and infection. It is not surprising, therefore, that dietary guidelines, such as ChooseMyPlate (U.S. Department of Agriculture [USDA]) and 2010 Dietary Guidelines for Americans (U.S. Department of Health and Human Services and USDA) include food diversity as a cornerstone of health and disease prevention.

Children with developmental disabilities represent a vulnerable population for underlying dietary deficiencies due to the pervasiveness of feeding difficulties in this population. Approximately a third of children with developmental disabilities experience a clinically significant feeding concern, with prevalence estimates much higher among children with autism spectrum disorder (ASD). Children with ASD are five times more likely to develop a feeding problem when compared with peers. Food selectivity (i.e., only eating a narrow variety of foods) is the most widely documented feeding issue associated with ASD, often involving strong preferences for starches and snack foods coinciding with a bias against fruits and vegetables. Estimates of food selectivity in ASD reach as high as 95%, suggesting feeding problems may occur at near epidemic levels in this population. Given the central role of dietary diversity, high prevalence of food selectivity in ASD represents a significant health concern in this population. Emerging evidence indicates poor dietary diversity in ASD may lead to nutritional and/or related medical issues, including vitamin and mineral deficiencies and poor bone growth. Selective eating patterns may also explain high rates of constipation, while raising important questions regarding the long-term risk for diet-related diseases (e.g., obesity, cardiovascular disease) into adolescence and adulthood, both of which are associated with excessive consumption of snacks and fats. For example, a recent study estimated the odds of obesity in ASD to be 1.42 times the rate found in typically developing peers. A similar study reported significantly higher rates of overweight and obesity in children with ASD compared with a nationally representative sample.

Chronic feeding difficulties and related dietary concerns also represent a significant source of stress for caregivers, increasing child rearing burden and decreasing social opportunities for both the child and family. Many children



with ASD exhibit a strong emotional response when presented with non-preferred food, including crying, disruption, and aggression during meals. Because children with ASD are less likely to consume the typical family diet, caregivers often prepare multiple menus for each meal.

Further, for children unable to tolerate the sight or smell of non-preferred foods, they cannot participate in family meals or school lunch with peers. As a result, they miss out on sorely needed opportunities to learn and enjoy social engagement. Families may also be unable to participate in religious observances (which often include food), eat at restaurants and/or attend social occasions or other organized activities that involve eating - resulting in further isolation.

Evidenced-Based Treatment

The high prevalence of feeding problems in ASD combined with the risk for long-term nutritional, medical, and quality of life issues intensifies the need to identify and refine effective treatments. At this time, behavioral intervention is the only treatment for severe feeding disorders with well-documented empirical support, and it appears that this form of treatment extends to addressing selective eating patterns associated with ASD. For example, retrospective chart reviews conducted suggest significant improvement in feeding behaviors following behavioral intervention aimed at expanding dietary variety among samples of 46 and 13 children (respectively) treated at intensive feeding programs. The available literature, however, primarily involves children working with behavioral therapists in highly structured settings (e.g., inpatient hospital unit; day treatment program). There are, however, few inpatient or outpatient programs available in the ASD community. This severely limits treatment availability and highlights a strong need to develop and evaluate alternative treatment avenues to promote greater access to care. Parent training represents a possible avenue for providing access to behavioral interventions to families in need, as this approach has been successfully applied to other wide-spread childhood concerns (e.g., conduct problems, toileting issues, anxiety). Our recent work developing the Autism MEAL Plan, a behaviorally based parent-training curriculum to address feeding problems associated with autism spectrum

continued on page 12



of Mental Disorders, Fifth Edition, abbreviated as DSM-5, released last May by the American Psychiatric Association.

“We recognize the tremendous importance of early identification and intervention and are pleased to provide the community with the very latest information about autism spectrum disorder,” remarked Dr. Barbara Firestone.

These brochures were widely distributed in California to Regional Centers and community clinics last fall, and will be made available this spring as part of The Help Group’s efforts for April’s National Autism Awareness Month. If your organization is interested in partnering with The Help Group to raise autism awareness in April by displaying copies of the “Learn the Facts and Early Signs of Autism” brochure in English or Spanish in your office, please contact events@thehelpgroup.org or call (818) 779-5212.



LEARN THE FACTS

Autism Spectrum Disorder (ASD), commonly referred to as autism, is a group of brain-based developmental disabilities characterized by impaired social communication and interaction, and restricted, repetitive behaviors, interests or activities.

- Autism is estimated to affect 1 in every 88 children in the United States; 1 in every 54 boys; 1 in every 252 girls.
- A new U.S. government survey of parents estimates that 1 in 50 school-age children has autism.
- No two individuals with autism are the same. There is a wide spectrum of symptoms that range from mild to severe.
- May be accompanied by intellectual disability and/or language impairment.
- Autism occurs in children of all racial, ethnic and socioeconomic backgrounds.
- Research suggests that the causes of autism are complex and include genetic, biological, and environmental risk factors.
- An increased prevalence in autism has been influenced by greater awareness, improved expertise in diagnosis, and an expanded definition though a true increase in the number of children with autism cannot be ruled out.
- Symptoms of autism can often be detected at 18 months or earlier, and some of the early warning signs may even be recognizable within the first year of life.
- When parents first suspect their child is developing differently, they should discuss their concerns with their pediatrician and ask for an autism screening or referral to a qualified autism professional.
- Early identification and intensive early intervention can result in significant positive outcomes for many children with ASD.
- Individuals with autism can make gains throughout their lives with the support of evidence-based educational and therapeutic programs tailored to meet their challenges and strengths.
- 84% of individuals with autism in California are under the age of 22. There is a significant need for services to help young people successfully transition to adulthood with the greatest levels of independence possible.

EARLY SIGNS OF AUTISM

By 4 Months of Age

- Does not make eye contact or makes little eye contact
- Does not seem interested in other people
- Does not show as much interest in people as objects
- Does not react by looking at people when they are making “social sounds,” such as humming or clapping
- Does not have a social smile (does not smile back at someone who smiles at them)
- Does not show interest in watching people’s faces

By 12 Months of Age

- Does not combine eye contact with smiling
- Does not babble (or the babble doesn’t sound like “talking”)
- Does not look where another person is pointing
- Does not try to engage other people in what he or she is looking at or doing
- Does not engage in interactive gestures, such as giving, showing or reaching for parents
- Does not respond when his or her name is called

OTHER EARLY SIGNS OF AUTISM

- Does not show a caring or concerned reaction to other people crying or in distress
- Does not use gestures, such as waving “hi” or “bye,” or use the index finger to point
- Echoes what others say (echolalia) without regular spontaneous speech
- Demonstrates speech that sounds mechanical, almost robotic
- Uses limited or atypical facial expressions
- Prefers to play alone or does not show interest in other children
- May not enjoy cuddling or being touched, unless it is on his or her own terms
- Displays repetitive body movements (hand flapping, spinning)
- Fixates upon a single object, such as a spoon or book
- Cannot tolerate change in routine or environment, such as a new toothbrush or a replacement for a lost toy
- Increased or decreased sensitivity to sensory experiences (light, texture, sound, taste, smell, movement)
- Lines items up or puts things in order repeatedly
- Has excessive tantrums and is difficult to console
- Walks on tiptoes
- Unusual eating & sleeping habits
- Gives unrelated answers to questions
- Does not look toward an object that is pointed to
- Does not point to share interests with others, such as pointing to an appealing toy
- Does not imitate common activities of others, such as sweeping the floor
- Does not learn simple, new interactive routines
- Does not develop pretend or make-believe play, such as feeding a doll
- Does not use single words by 16 months
- Does not spontaneously use meaningful two-word phrases (“go car” or “look doggie”) by 24 months
- Experiences a significant loss of language or social skills that he or she once had

The presence of any one or a combination of these early signs does not necessarily mean that your child has an autism spectrum disorder. If your child demonstrates any of these signs, please discuss your concerns with your pediatrician and ask for an autism screening.

THE HELP GROUP PRESENTS

SUMMIT 2014

Advances and Best Practices in
AUTISM ■ LEARNING DISABILITIES ■ ADHD

A CUTTING EDGE CONFERENCE FEATURING LEADING EXPERTS

Friday, October 17 & Saturday, October 18
Skirball Cultural Center, Los Angeles

suffer much frustration in their schooling, family life, social relationships, employment and other aspects of life if their ADHD impairments are not effectively treated. For many years there have been arguments about whether ADHD can be effectively treated with just behavior treatments or whether medication treatments are necessary. It is now clear that neither medications nor behavioral treatments cure ADHD as an antibiotic may cure an infection. Treatments may improve functioning while they are being utilized, just as eyeglasses can improve vision while they are being worn, but neither medication nor behavioral treatments cure ADHD. Scientific evidence for behavioral treatments improving memory or ability to focus efficiently on complex tasks is not impressive. Medications, if properly fine-tuned and taken regularly, have been shown effective in alleviating ADHD symptoms not for everyone, but for about 80% of those with ADHD. Many computer programs are now offered to “train the brain” of persons with ADHD as though the brain were a muscle that simply needs particular exercises to work more efficiently. Recent research indicates that there is no credible scientific evidence to support claims that such computer training programs improve working memory of those with ADHD.



Dr. Thomas E. Brown signs a copy of his book *A New Understanding of ADHD in Children & Adults: Executive Function Impairments at The Help Group Summit*.

life from one or more other disorders of learning, emotion, behavior, or social functioning. Epidemiological studies have shown that an adult with ADHD has 6 times the likelihood of having at least one additional disorder at some time in his or her life. This may be an anxiety disorder, mood disorder, dyslexia or another learning disorder, sleep disorder, substance use disorder, obsessive-compulsive disorder, etc. Often the other disorder is diagnosed and treated while the ADHD is not identified and not appropriately treated.

An important example is autism spectrum disorder. Until 2013, the psychiatric diagnostic manual did not allow diagnosis of ADHD for persons with autism spectrum disorder. That rule was overturned this year because research had shown that many with autism spectrum disorder also suffer from ADHD and treatments used for ADHD are often helpful for those with an autism spectrum disorder. Much more remains to be learned about complexities of ADHD.

More information about Dr. Brown's work can be found at www.DrThomasEBrown.com and in his recently published book, *A New Understanding of ADHD in Children & Adults: Executive Function Impairments* (Routledge, 2013).

Changes in Understanding Overlap of ADHD and

other Disorders: Most persons with ADHD also suffer at some time in their

Feeding Difficulties in Children... - Cont. from page 9

disorder, represents an attempt to fill this gap in the literature; however, there has yet to be a large-scale evaluation of the effectiveness of this program.

With this in mind, one important aspect of designing effective interventions to target food selectivity in ASD is to slowly introduce new sensory experiences (taste, texture, and temperature) to prevent the strong emotional response associated with the introduction of novel foods. Indeed, many parents give up their attempts to introduce new foods into their child's diet due to the intensity of refusal behaviors. By constructing treatments that involve persisting with a reasonable feeding demand, the use of interventions that consider the unique cognitive and behavioral profile associated with ASD (e.g. resistance to change and heightened sensory issues) with the overall goal of increasing the likelihood of the child trying new foods while simultaneously reducing the chance of negative behavioral responses associated with the intervention. Common feeding strategies applied with children with ASD include:

1. Reducing the bite volume and/or portion size of new or non-preferred foods when first introducing treatment. In practice, this may involve initially presenting extremely small bites, such as the size of a grain of rice or green pea.
2. Modifying the food texture to promote taste exposure and decrease the feeding demand. In doing so, it is important to recognize that consumption involves a series of successive steps, beginning with bringing the food to the mouth, depositing the bite, processing (chewing if needed), moving to the back of the mouth, and finally swallowing. By reducing foods to a smooth or pureed texture, the child can gain exposure to the taste of foods without the additional requirement of chewing, even in cases where a child possesses

the skills needed to chew higher texture foods.

3. Interspersing the presentation of non-preferred foods with preferred foods at established ratios. The typical sequence involves presenting a higher ratio of preferred bites to non-preferred bites (Step 1: 80% preferred to 20% non-preferred) and gradually increasing this ratio as the child acclimates to the new food (Step 2: 60% preferred to 40% non-preferred). This helps provide the child with a break between more challenging bites (and thus making the meal much more tolerable) while also potentially reinforcing consumption of non-preferred foods with access to preferred foods.

With each of these modifications, the goal is to gradually increase (or decrease if needed) the feeding demand, such as doubling the bite size, based on the child's behavior during the meal. A decision rule (e.g., 3 meals with no disruptions or crying) should be established prior to intervention to guide this process and data should be collected on key mealtime behaviors of interest. The data collection process should be kept simple and flexible, but also capture behaviors on a bite-by-bite basis to allow caregivers to track progress over time. It is also critical that intervention also incorporate general behavior management strategies (e.g., positive attending; selective ignoring) into the structure of meals in order to shift the patterns of interaction on both sides of the parent-child dyad. This should involve providing high quality praise (e.g., "Great job taking a bite"; "You are doing such a nice job sitting at the table") for all appropriate mealtime behaviors while ignoring mild whining and negative statements regarding food. The use of preferred items and activities, such as providing access to a movie or toy, may also be helpful in cases where additional motivation is needed to establish this contingency.

- Break multi-step instructions into single steps. For example, instead of telling your child to go to his desk, pull out his math book, and turn to the assigned page, give him each of these steps one by one and praise him for completion of each.
- Encourage your child to highlight the most important aspects of each paragraph, including the topic sentence and important supporting details. This should help improve comprehension.
- "Prime" your child for homework. This involves having a quiet, structured environment with reduced distractions. Also, research has shown that slow-paced activities, such as educational television programs or drawing, may enhance performance on academic tasks (Lillard & Peterson, 2011). Your child may benefit from engaging in such activities for approximately 10 minutes before homework.

Planning/Organizing

- Having a "homework folder" that is organized by subject could help with turning in assignments. Also, smartphones/planners may be used to jot down a reminder to "turn in homework."
- Break down large projects or studying for tests into component parts, and provide a checklist for each. Work with your child to create a list of daily steps needed to complete the project, and enter these into a calendar as homework.
- Visual organizers may be helpful for planning and structuring complex written assignments such as book reports. Templates may be found online.

Whether your child has difficulties with starting homework, sticking to it, or getting it turned in, there are various strategies that could be taught to help overcome the executive challenges that get in the way of homework success. With consistency, predictability, and practice, these skills should become more like habits over time, leading to increased independence, success, and feelings of competence.

UCLA-Semel Institute Tenenbaum Family Professor of Psychiatry & Biobehavioral Sciences & Psychology. Featured speakers were Thomas E. Brown, PhD; Connie Kasari, PhD and Maureen Lovett, PhD, C.Psych.

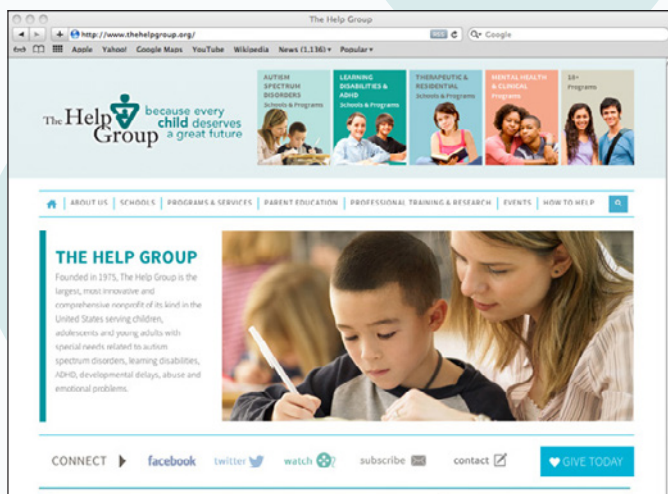
Phillip Palmer, anchor of ABC 7 Eyewitness Morning News, emceed the Summit luncheon. In welcoming the guests, Mr. Palmer said, "ABC 7 is proud once again to be the media sponsor for the Summit. We always try to be here because The Help Group is a remarkable organization."

Dr. Firestone presented The Help Group's 2013 *Champion for Children Award* to Los Angeles County Supervisor Mark Ridley-Thomas for his vision, leadership and commitment to countless children with special needs and their families. In her remarks, she shared, "How lucky we are to have such extraordinary individuals like Supervisor Mark Ridley-Thomas who believes so deeply and passionately in the beauty and potential that each of our children possesses and is willing to do all that he can to advance the agenda of hope and opportunity for these children."

Supervisor Ridley-Thomas thanked The Help Group for honoring him at the Summit, "It's all about the children. We are here because we all know that to be truly effective, the work of supporting children with special needs requires strong community-based partners like The Help Group. I honor all of you who are here today as partners on behalf of the families."

To cap off the luncheon proceedings, The Help Group's Children's Choir performed a wonderful musical tribute to the audience.

WE INVITE YOU TO CONNECT WITH THE HELP GROUP





- | | | | | |
|----------------------------|--------------------------|---|---------------------------------|-----------------------|
| Village Glen School | Bridgeport School | Bridgeport Vocational Education Center | Young Learners Preschool | Sunrise School |
| Summit View School | North Hills Prep | Coldwater Canyon Prep | Parkhill 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 1,500 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 950 staff members, The Help Group's state-of-the-art schools and programs are located on seven 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 | WEST HILLS

877.943.5747 | www.thehelpgroup.org





ABOUT THE HELP GROUP

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 social and communicative challenges, including Asperger's Disorder and high-functioning autism. The **Pace Program** is available for gifted students. The **Beacon Program** educates students with behavioral challenges.

Young Learners Preschool for Autism for children ages 2 1/2 to 5 with ASD.

Bridgeport School for students with mild cognitive delays and social and communicative challenges.

Bridgeport Vocational Education Center provides young adults with special needs ages 18 to 22 with instruction in independent living skills and vocational opportunities.

Sunrise School for students ages 5 to 22 with moderate to severe global delays associated with ASD and other developmental disabilities.

Summit View School for students with learning differences.

Coldwater Canyon Prep for students with learning differences and accompanying ADHD and social-emotional challenges.

North Hills Prep for students with emotional or motivational challenges, learning differences or problems with attention.

Parkhill School for children and adolescents with emotional and behavioral challenges.

PROGRAMS & SERVICES

The Mental Health & Clinical Programs provide psychiatry, individual, family and group therapy, case management, after-school enrichment for at-risk children and vocational services.

Stepping Stones Preschool Program provides a therapeutic, nurturing and enriching environment for children ages 2 1/2 to 5 who need early intervention for social, emotional, behavioral, neurological and/or psychological challenges.

The Help Group Center for Autism Spectrum Disorder features multidisciplinary assessment, consultation, intervention, family support, after-school programs and camps for children with autism and Asperger's Disorder. This program offers seminars for parents and professionals and promotes public awareness of ASD.

The Speech and Language Disorders Program and Occupational Therapy Program provide comprehensive assessment and intervention services on current research and best practices in individual, small group and classroom settings.

The Help Group - UCLA Neuropsychology Program is an innovative partnership of The Help Group and UCLA's Neuropsychiatric Institute. This 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 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 ASD and to contributing to the development, greater understanding and use of best practice models by researchers, educators and clinicians.

Family-Centered Support Programs include child and family counseling, teen parenting counseling, parent education and family reunification counseling. **Wraparound Program** is a strength-based, family-focused program used by communities to support children and families with complex needs. **Full Service Partnership** is a community-based program that provides intensive mental health services to children ages birth to 15.

Project Six/The Commons is a therapeutic boarding option for teens ages 13 to 17 with a variety of diagnosis and behaviors, including Asperger's Disorder, ASD, mood and anxiety disorders, learning differences and emotional and behavioral challenges.

Advance LA provides coaching, residential living and social and recreational opportunities for teens and young adults who are facing 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. TEEN provides a supported social network for teens who are on the autism spectrum or need assistance in developing and maintaining friendships.

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.

Kids Like Me provides after-school enrichment, social skills groups and day camp programs.

Teens on the Go is a travel camp for young people with ASD.

PROFESSIONAL DEVELOPMENT

Graduate & Post-Graduate Training Programs

Distinguished Lecturer Series

The Help Group Summit - Advances and Best Practices in Autism, Learning Disabilities & ADHD

Advance LA Resilience Conference

MANAGING EDITOR

Karen Swift

CONTENT EDITORS


Elizabeth Laugeson, PsyD
Philip Levin, PhD

PHOTO EDITOR | Julie Hirschberg
GRAPHIC DESIGNER | Dennis Valansi



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

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 1,500 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 950 staff members, The Help Group's state-of-the-art schools and programs are located on seven 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. TEEN
- Paws and Pals for Kids with Autism
- Silverlining Resale Boutique & Vocational Training Center
- Summit View School · Coldwater Canyon Prep
- North Hills Prep · Parkhill School
- The Help Group - UCLA Neuropsychology Program
- The Help Group Child & Family Center

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

PHONE: 877.943.5747 · FAX: 818.779.5295
www.thehelpgroup.org  



SUMMIT VIEW SCHOOL
WHERE STUDENTS WITH LEARNING DIFFERENCES EXCEL




**INDIVIDUALIZED
ACADEMIC CURRICULUM**

UC-APPROVED CLASSES

WASC ACCREDITED

CIF SPORTS PROGRAM

**97% COLLEGE
ATTENDANCE**

NANCY ROSENFELT, MA, MS | Director

TWO LOCATIONS:

VALLEY GLEN CAMPUS

WESTSIDE CAMPUS

TO ARRANGE A TOUR PLEASE CALL

877.943.5747 | 877.994.3586

www.summitview.org 