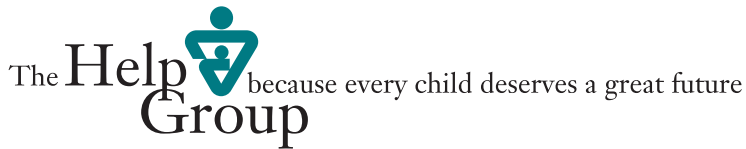




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Founded in 1975, The Help Group is the largest, most innovative and comprehensive nonprofit of its kind in the United States serving children with special needs related to autism spectrum disorders, learning disabilities, ADHD, mental retardation,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

The Help Group's seven specialized day schools offer pre-K through high school programs for more than 1,300 students. The Help Group's wide 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 800 staff members, The Help Group's state-of-the-art schools and programs are located on four major campuses in the Los Angeles area.

The Help Group is highly 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.

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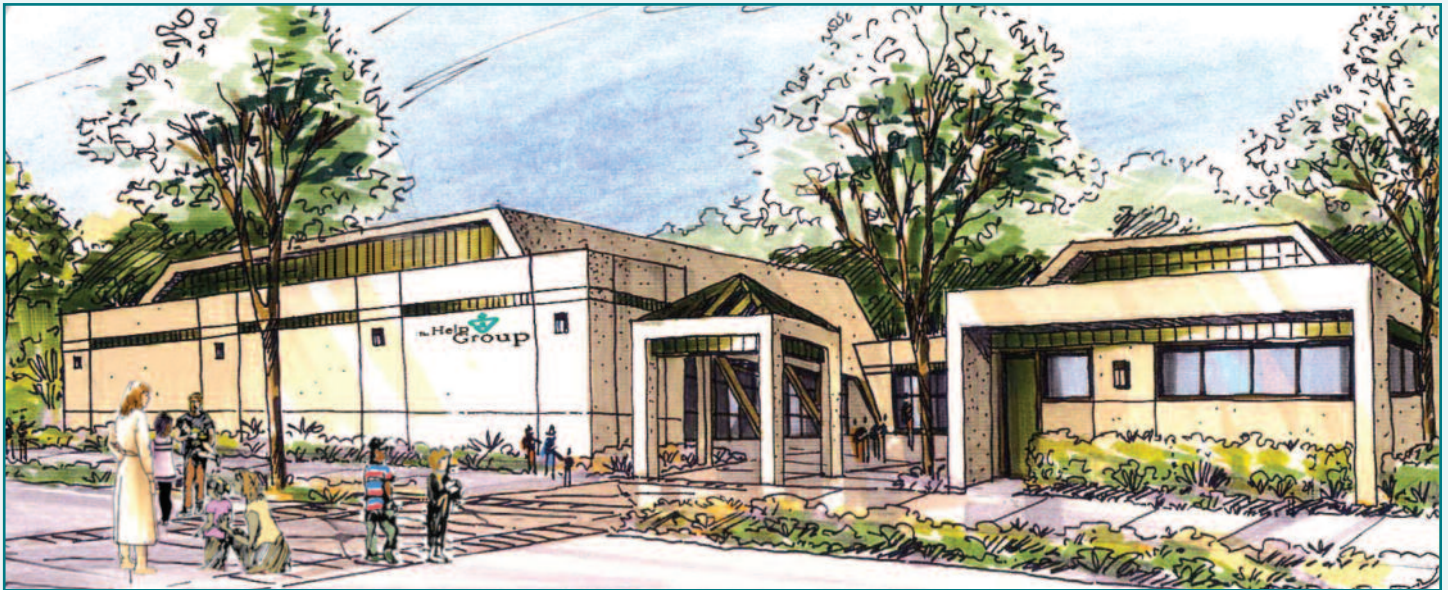
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THE HELP GROUP'S NEW AUTISM CENTER TO OPEN OCTOBER 2010



To provide a lifeline of help, hope and opportunity for the ever-growing number of children diagnosed with autism spectrum disorders, The Help Group will be opening a new state-of-the-art autism center this October.

Situated on 2¼ acres immediately adjacent to its main Sherman Oaks Campus in Los Angeles, this 30,000-square foot facility will offer a broad array of innovative and critically needed programs. The major components of the campus include: the Intervention & Day School Center, featuring comprehensive research-validated approaches; the Research Training & Conference Center that

will include The Help Group – UCLA Research Alliance and graduate and post-graduate professional training, internships and fellowships and extensive parent and family education, support, outreach and engagement; and the Theater & Arts Complex that will give young people the opportunity to enjoy the intrinsic and therapeutic benefits of the arts both as performers and audience members.

With the addition of this third campus dedicated to young people with autism and their families, The Help Group looks forward to serving many more children throughout the years ahead.

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OCTOBER 1ST & 2ND

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For event details, see page 9

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HelpLetter

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Welcome to our fall edition of HelpLetter! This edition explores a range of compelling topics on autism spectrum disorders, ADHD and learning disabilities. We thank our team of experts for the insights and perspectives in their thought provoking articles: Is recovery from autism possible?; Nature vs. nurture in the co-occurrence of psychiatric disorders in ADHD; Decoding social skills for young adults with autism spectrum disorders; Neurobiological factors and learning disabilities; and Identifying the root causes of homework non-compliance among students with ADHD.

In addition, we're delighted to provide a report on The Help Group's new state-of-the-art Autism Center scheduled to open this October, an update on The Help Group – UCLA Autism Research Alliance's newest research studies, news of the important work of the Senate Select Committee on Autism & Related Disorders, a recap of our Summit 2009 and a preview of speakers for our upcoming Summit.

We're glad to have this opportunity to share these articles, updates and announcements with you. We look forward to your joining us at our Summit 2010 on October 1st & 2nd!

Best Regards,

Barbara Firestone, PhD
President & CEO, The Help Group

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NEUROBIOLOGICAL FACTORS AND LEARNING DISABILITIES

Jack M. Fletcher, PhD

It is important for parents and educators to carefully think about how they conceptualize learning disabilities (LDs). Many of us have had the concept of constitutional factors engrained into our consciousness when we evaluate students with LDs. More recent neurobiological research suggests that these conceptualizations need to be altered, particularly if the goal is to change the special education system into one oriented toward results, and not just processes. Thus, all good instruction is brain-based, and response to instruction must drive the search for constitutional factors that contribute to LDs.

As we reviewed in our book on LDs¹, recent investigations of learning disabilities question the presumption that LDs are simply and directly caused by neurobiological factors. In fact, the interactions between neurobiological and environmental factors that occur in the development of students identified with LDs must be assessed in order to predict a student's response to intervention. Together with the neurobiological research, such studies suggest that LDs are not direct products of constitutional factors, but instead reflect the interplay of genes, brains and experience. Neurobiological factors lead to risk for LDs; however, the neural systems observed to be impaired in students with reading disabilities are malleable and can be changed if the environment is altered in a way that is intense enough to impact these areas of the brain.

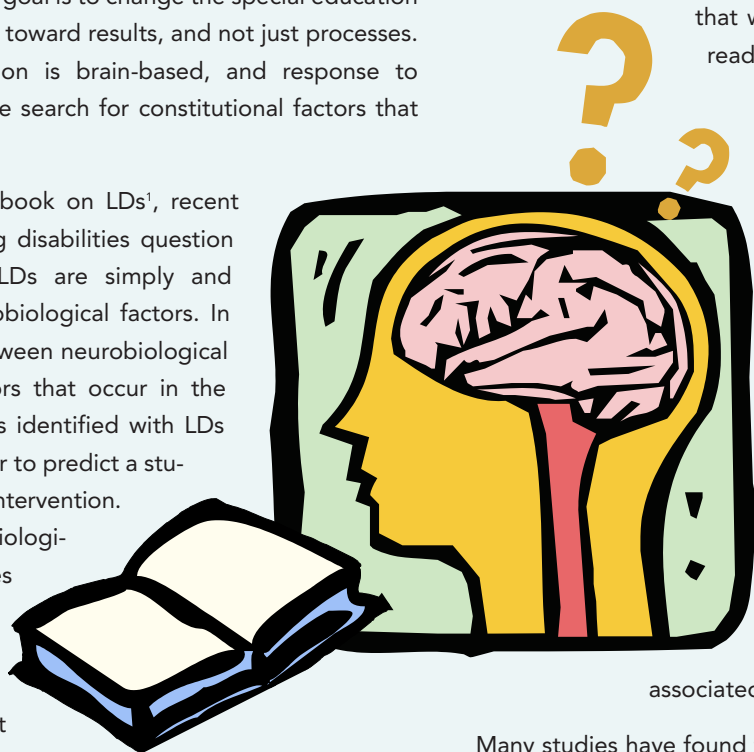
The interaction between neurobiology and constitution is most apparent in recent functional neuroimaging studies of students with reading disabilities, which use functional magnetic resonance imaging to measure the metabolic or neurophysiological changes that take place when a person engages in cognitive activity. Multiple studies have imaged the brain before and after reading intervention. These studies have found that effective instruction changes brain function and that the changes are predominantly associated with normalization of brain function,

as opposed to compensatory patterns representing mediation by areas of the brain not usually involved in reading. Thus, instruction leads to the development of the neural networks that must be in place to mediate reading.

These findings are consistent with studies of the genetics of reading disability. Different studies have shown that while half or more of the variability in reading performance can be accounted for by heritable factors, environmental factors also account for a significant amount of this variability. These environmental factors involve the language/literacy and instructional environments in which a student develops. Although the association of economic disadvantage and achievement is well-known, it is also apparent that families in which the parents have reading problems often do not engage in literacy activities that promote the development of literacy and language skills. Instruction is another example of an environmental variable associated with reading difficulties.

Many studies have found that when intervention is provided for at-risk students early on in their development, more students become average readers. Many students who begin remedial programs at older ages also make progress if the intervention is sufficiently intense. However, these students commonly lag in their development of fluency, even as they improve in word recognition and fluency. As fluency is a skill that develops with practice and repetition, such deficits may be partly experiential, reflecting beginning reading problems that limit the student's access to print.

These findings are important in the context of current efforts to revitalize the construct of LDs through response-to-instruction models, reflected in the most recent reauthorization of the Individuals with Disabilities Education Act (IDEA). Many students eventually identified as having LDs may master academic skills if instruction is matched to their learning needs early on in their



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SENATE SELECT COMMITTEE ON AUTISM & RELATED DISORDERS HOLDS PUBLIC HEARING AT STATE CAPITOL

Barbara Firestone, PhD

California Senate President pro tem Darrell Steinberg convened the first public hearing of the California Senate Select Committee on Autism & Related Disorders on April 13th at the State Capitol in Sacramento. This 14-member bipartisan Committee, chaired by Senator Steinberg, was established to build on the work of the three-year California Legislative Blue Ribbon Commission on Autism, which Senator Steinberg chaired and I vice-chaired. The Select Committee provides a legislative forum for research, analysis, deliberations and outreach on the most pressing issues and concerns facing families who are dealing with autism spectrum disorders.

To ensure input from stakeholders across California, 12 regional taskforces, collectively more than 600 members strong, were established to review and prepare recommendations for consideration by the Select Committee in four key areas: Early Identification and Intervention; Medical Insurance Coverage by Private Health Plans; Training and Employment; and Appropriate & Affordable Housing. Locally, the North Los Angeles Autism Regional Taskforce has convened more than 100 members from throughout the area to address these important issues. I am pleased to serve as Chair of the Statewide Coordinating Council of Autism Taskforces and the North Los Angeles Autism Regional Taskforce.



Dr. Barbara Firestone,
Senate President pro Tem Darrell Steinberg



Throughout the past year, the regional taskforces have actively participated in developing the preliminary recommendations that were presented at the April 13th meeting.

Senator Steinberg began the hearing by saying, "We have to be poised to launch new and important initiatives to meet the needs of children and families in California, and at the top of the list we need to be more aggressive and more effective in treating autism spectrum disorders, continuing our groundbreaking research and in being able to provide the necessary supports for adults to transition into a productive and good life. Let this hearing be another step toward implementation and action."

The outstanding leadership of Senator Steinberg and the Senate Select Committee on Autism & Related Disorders, along with the collective efforts of the statewide taskforces, demonstrates California's ongoing commitment to "partnering with families and communities for a brighter future."

To learn more about the Senate Select Committee please visit:
www.senate.ca.gov/autism

To view the hearing please visit:
<https://www.calchannel.com/channel/viewvideo/1242>



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President & CEO, The Help Group

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Michael O'Hanlon, Senior Fellow, Brookings Institution
Parent of child with an autism spectrum disorder

All author royalties are being donated to The Help Group
www.autismheroes.org

IS “RECOVERY” FROM AUTISM POSSIBLE? DEFINING POSITIVE OUTCOMES FOR CHILDREN DIAGNOSED WITH ASD

Deborah Fein, PhD and Molly Helt, MA

Autism spectrum disorders (ASD) are a group of related disorders that disrupt the development of social interaction and language. Children with ASD typically display a narrow range of interests and often have stereotypical motor behaviors, such as rocking, flapping or toe-walking.¹ ASD are generally considered lifelong conditions; however, educational intervention can greatly improve a child’s skills and, in many cases, helps to decrease the severity of ASD. In somewhere between 3% and 25% of children with ASD, the children’s progress in cognitive, adaptive and social skills improves so much that they actually lose their diagnoses at some point. Is it reasonable to say that these children have “recovered” from autism?

With our colleagues at the University of Connecticut, we have researched the phenomenon of recovery from autism and set forth specific criteria that the field of psychology can use when discussing this phenomenon. Those who might be described as having “recovered” from autism must, first and foremost, have a convincing history of ASD, including an early language delay. The child must also be currently applying a core set of skills at a level and with a quality that reaches the trajectory of typical development in most or all areas. Since children with ASD will have initially (by definition) experienced developmental delays compared with their typically developing peers, reaching the trajectory of typical development will require that they have some period of time in which they actually make more rapid gains than their typically developing peers in order to “catch up.” Finally, the child must no longer display the social symptoms of ASD. Notably, children who no longer meet criteria for an ASD, but who remain intellectually impaired, are not considered “recovered” by these criteria. Furthermore, the requirement of an early language delay means that this



discussion does not include children with an initial accurate diagnosis of Asperger’s Syndrome, who may later achieve significant gains in social functioning. The reason for this exclusion is that current diagnostic practice makes it difficult to discern children with true Asperger’s Syndrome from children with typical early development who later develop eccentric personalities.

Many researchers, clinicians and parents are highly skeptical that it is possible to “recover” from a neurological disorder such as

ASD. The criteria discussed above do not rule out children who continue to suffer from milder cognitive impairments in attention and executive functioning, or psychiatric syndromes such as anxiety or depression. Indeed, the first studies to take a close look at children who have lost their diagnoses of ASD have reported that these children, as a group, have elevated rates of

attention problems, tics and specific phobias compared with the general population.² Because these children may have residual symptoms or vulnerabilities related to their history of ASD, despite their remarkable gains (e.g., no special services in schools, groups of friends), my research group refers to these children as having achieved an “optimal outcome.”³

Over the last quarter century, numerous studies have followed the progress of a group of individuals with ASD into young adulthood, and in all studies, a small subset of the group was reported to be living a “normal” life and seemingly no longer suffering from the symptoms of an ASD (living independently, holding a job, having friends, getting married, etc.) In more recent years, a few studies have appeared with the explicit aim of characterizing these “optimal outcome” children and adults, in order to discover how rare such an outcome may be and if there are clear predictors of which children may be expected to

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NATURE VS. NURTURE IN THE CO-OCCURRENCE OF PSYCHIATRIC DISORDERS IN ADHD

Sandra K. Loo, PhD

Attention-Deficit Hyperactivity Disorder (ADHD) is one of the most common childhood psychiatric disorders, affecting approximately 5% to 8% of the population. Psychiatric co-morbidity (or the co-occurrence of other psychiatric disorders) in ADHD is the rule rather than the exception, with approximately 60% to 70% of children with ADHD having one or more co-occurring behavioral, learning or developmental disorders. ADHD and other disruptive behavior disorders, such as Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD), are the most common co-morbidity and occur in 30% to 50% of cases. Co-occurring depression is found in approximately 30% of cases but may increase with age into adolescence to 45%. In addition, rates of anxiety (20% to 30%) and substance abuse (15% to 20%) disorders are elevated among individuals with ADHD compared to the general population.

Increased ADHD symptom severity, psychiatric co-morbidity and impairment in children with ADHD have been linked to elevated levels of family conflict, reduced family cohesion, low socioeconomic status, non-intact nuclear families, punitive-authoritative parenting and parental psychiatric diagnoses. Some studies suggest that parental psychiatric disorders are elevated among parents who have children with ADHD and that these disorders may be passed on to their children through shared genes. Other studies suggest that psychosocial factors, such as family environment and parenting practices, create an environmental risk for increased rates of psychiatric co-morbidity among children with ADHD. Thus, we sought to disentangle the interacting influences of parental psychiatric diagnosis and family environment to determine their effects on psychiatric co-morbidity among children with ADHD.

We studied this question within the ongoing *UCLA ADHD*



Genetics Study, where we see families with two or more children with ADHD (age range 5 to 18, average age is 11 years old). Each member of the nuclear family was evaluated for a wide range of psychiatric diagnoses using a semi-structured diagnostic interview. Individual diagnoses with small sample sizes were lumped together into larger subgroups, such as anxiety disorders (includes Generalized Anxiety Disorder, Panic Disorder with or without Agoraphobia, Obsessive-Compulsive Disorder, Separation Anxiety Disorder, Social Phobia and Simple Phobia) and mood disorders (defined as Bipolar Disorder, Major Depressive Disorder or Dysthymia). The ADHD, ODD and CD groups were large enough to analyze separately. In addition, disorders that were present in less than 5% of either the parent or child sam-

ples (such as Substance Use/Abuse in the children and Chronic Tic Disorders in the parents) were removed from analyses. Parents were also asked to fill out a questionnaire called the Family Environment Scale (FES), which probed different aspects of the family environment, such as the level of family conflict and how supportive family members are of each other (e.g., cohesion). Then we used each parent's psychiatric diagnoses (mom and dad were considered separately) and the FES scores to predict the types of co-morbid disorders among children with ADHD.

Our study set out to answer three main questions. First, we asked: What is the prevalence of psychiatric disorders in our sample of families with two or more children with ADHD? As seen in the table on page 14, rates of psychiatric disorder are elevated in both parents and children within our sample. For example, 57% of the children have a co-morbid disruptive behavior disorder (ODD or CD), approximately 40% of parents have ADHD and 65% of mothers have had a mood disorder.

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IDENTIFYING THE ROOT CAUSES OF HOMEWORK NON-COMPLIANCE AMONG STUDENTS WITH ADHD

Philip Levin, PhD

Homework assignments have been a controversial teaching strategy ever since public education was first mandated in the United States in 1918. In fact, as early as 1925 a parent-based movement in Massachusetts suggested the abolishment of homework. By the 1980s, however, the tide had turned, and most schools and families agreed that the mental exercise of practicing skills learned in school was a necessary function of the educational process. Duke University researchers reviewed more than 60 research studies on homework, published from 1987 to 2003, and concluded that homework does, indeed, have a positive effect on student achievement.

At The Help Group schools, we have studied the effectiveness of our teaching strategies with current students and have reviewed follow-up data regarding graduates and former students. The ability of a student to independently complete his or her homework was one of the best predictors of success among graduates. Homework provides students with the opportunity to develop study skills and good work habits. In fact, compliance with homework assignments was a better predictor of a student's ability to be successful in a mainstreamed school setting than the student's level of academic competency, compliance with school rules or their ability to inhibit impulsive behaviors.

According to the Duke University study, 73 percent of parents of students diagnosed with ADHD or other learning difficulties report significant challenges with homework compliance. These are usually thought to be related to a student's motivation, academic underachievement, parent-child conflicts or family-school relationship problems. Yet, specific intervention-related research in this area suggests there are multiple factors which

affect homework compliance. Assessment of these factors may lead to more specific interventions to improve compliance.

Factors Predicting Homework Compliance

In a parent guide titled, "Helping Your Child Get the Most Out of Homework," The National Education Association (NEA) states that most educators agree that homework assignments for children in grades K–2 should not exceed 10 to 20 minutes each day. Children in grades 3–6 can handle from 30 to 60 minutes a



day, the guide states, while the amount of homework given in junior and senior high school classes will vary by subject. Many school districts' policies state that high school students should expect about 30 minutes of homework for each academic course they take, or more for honors or Advanced Placement courses. These recommendations are consistent

with the conclusions reached by a combined analysis of dozens of studies.

Psychologist Kathleen M. Anesko developed the Homework Problem Checklist as a method of assessing difficulties in compliance with homework assignments. Two factors have emerged from the use of this instrument in determining homework compliance. The first factor reflects difficulties associated with inattention or avoidance of homework. Students in this domain tend to struggle with paying attention, working independently and working efficiently. The second factor reflects difficulties associated with poor productivity or non-adherence with homework rules. Students in this domain tend to struggle with understanding the assignment, completing it according to the instructions and submitting homework. Factor I is usually associated with students diagnosed with ADHD-

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SUMMIT 2009 CONVENES LEADING EXPERTS IN AUTISM, LEARNING DISABILITIES & ADHD

The Help Group Summit 2009 – **Advances and Best Practices in Autism, Learning Disabilities and ADHD** took place on Friday, October 2nd and Saturday, October 3rd at The Skirball Cultural Center in Los Angeles. This cutting-edge conference featured more than 20 leading experts from across the country. Generously sponsored by **First 5 California** and **First 5 LA**, last year's Summit was a record-breaking success, with more than 600 professionals and parents in attendance.

The two-day conference was co-chaired by Dr. Barbara Firestone, Dr. Paul Satz, Professor Emeritus, UCLA Semel Institute for Neuroscience and Human Behavior and Dr. Peter Whybrow, Director, UCLA Semel Institute for Neuroscience and Human Behavior.

Congressman Brad Sherman (D – 27th) joined Dr. Firestone to convene the Summit. He noted that, "The Help Group not only serves 1,300 students on a daily basis, but it is a model for this country on how to provide treatment and education for an array of disabilities, especially autism spectrum disorders." To mark this special occasion, Congressman Sherman presented The Help Group with an American flag flown over the Capitol building on Independence Day.

During the morning proceedings, The Help Group presented its *Champion for Children Award* to Senate President pro Tem, Darrell Steinberg (D – 6th) in recognition of his extraordinary vision, leadership and compassion, which have ensured brighter



Dr. Barbara Firestone, Senate President pro Tem,
Dr. Paul Satz, Darrell Steinberg



Dr. David Amaral



Katie Kurutz,
Public Affairs Officer First 5 LA

futures for children with special needs throughout the state. Dr. Firestone presented the award to Senator Steinberg and said, "He is the embodiment of what it means to be a true public servant. At the core of his being is the commitment to becoming the voice for children and families, the underserved, the mentally ill and children confronting special challenges in their lives."

Graciously accepting the award, Senator Steinberg stated, "I've long held an interest and a belief that disability is much less about the 'dis' and much more about the 'ability.' I join you proudly in your work and in your efforts

to help change lives and to make sure that everybody, regardless of what they may not be able to do, is able to have a great life."

During the luncheon program, Dr. Firestone presented The Help Group's 2009 *Distinguished Professional Award* to Dr. David Amaral, professor in the Department of Psychiatry & Behavioral Sciences at the Center for Neuroscience, UC Davis, and Research Director of the M.I.N.D. Institute.

At the conclusion of the luncheon program, Dr. Firestone saluted Summit Co-Chair Dr. Paul Satz, Chair Emeritus, The Help Group – UCLA Neuropsychology Program, for his outstanding achievements and for his leadership in establishing this innovative program. She also announced the naming of the *Paul Satz Fellowship in Clinical Neuropsychology* in his honor.



In Memoriam: Dr. Paul Satz

September 12, 1932 - June 20, 2010

Recognized as a luminary in his field, Dr. Paul Satz was Professor Emeritus of Psychiatry and Biobehavioral Sciences and the founder of the neuropsychology program at UCLA's Semel Institute for Neuroscience and Human Behavior and Resnick Neuropsychiatric Hospital.

Dr. Satz was renowned for his pioneering research on brain-behavior relations and is acknowledged as one of the founders of the discipline of neuropsychology. One of his many accomplishments during his 21 years at UCLA (1981–2002) was the establishment of the UCLA Neuropsychology Program, which he helped to build into one of the world's largest and most successful training programs for clinical neuropsychologists.

His scientific contributions to the understanding of normal and abnormal brain development, including authorship of more than 300 scholarly

publications, continue to have a tremendous impact on a number of diverse disciplines. A dedicated teacher and mentor, Dr. Satz's influence continues through the ongoing work of his more than 200 trainees – many of whom have gone on to make major contributions to the field.

In collaboration with Dr. Barbara Firestone, Dr. Satz established The Help Group – UCLA Neuropsychology Program, where he served as chief for nine years, as well as The Help Group's Annual Summit on autism, learning disabilities and ADHD.

At the UCLA Semel Institute's memorial program, Dr. Firestone remarked, "Over the years, I absolutely marveled at the breadth of Paul's contributions to the field, his extraordinary intellect, his clinical acumen, his research endeavors, his commitment to excellence and his uncanny ability to share his wisdom and sage counsel with others."

Dr. Satz will be deeply missed.

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Young Learners Preschool for Autism is designed for children with autism spectrum disorders and other social communication and developmental delays. This program assesses the nature and degree of the challenges each child is confronting and fosters early development through an interdisciplinary approach. www.younglearnerspreschool.org

Bridgeport School integrates an academic curriculum with hands-on life skills training and vocational services for students with mild cognitive delays and challenges in the areas of social communication and/or language development. The **Bridgeport Transition Program** prepares students who are 18 through 22 years old to transition from the school environment to young adulthood by fostering vocational and independent living skills.

Sunrise School for Autism & Developmental Disabilities is dedicated to promoting communicative, behavioral, social, academic, motor, adaptive and independent living skills. These comprehensive programs enable all students to maximize their potential. www.sunriseschool.net

Summit View School fosters the fullest potential of students with specific learning disabilities. In this dynamic environment, students build their academic skills and experience the educational process as positive and rewarding. www.summitviewschool.org

Coldwater Canyon Prep offers a comprehensive academic and therapeutic curriculum in a highly specialized day school setting for students with specific learning disabilities and accompanying social-emotional needs. www.coldwatercanyonprep.org

Harbor School West is a unique school where students can feel safe to be themselves. The program focuses on students' strengths and accomplishments by tapping into individual needs, interests and goals. Harbor School West's team of teachers, therapists and adjunctive staff utilize a collaborative approach in order to deliver a strengths-based academic program within a supportive therapeutic environment.

Pacific Schools comprise two unique educational and therapeutic day school programs. **Harbor School West** serves students with issues related to mood disorders, lack of motivation and withdrawal. In this environment students can feel safe to be themselves (www.harborschoolwest.org). **Pacific Ridge** addresses the educational needs of students with emotional and behavioral challenges.



The Help Group admits students of any race, color, national or ethnic origin and of either sex

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child deserves a great future

CLINICAL PROGRAMS

Serving children, adolescents, young adults and families, **The Help Group Child & Family Center***, offers a broad spectrum of clinical services encompassing the following programs:

The Mental Health Services Program provides psychiatry, individual, family and group therapy, case management, day treatment services for at-risk preschoolers and after-school enrichment for at-risk children as well as vocational services.

The Help Group Center for Autism Spectrum Disorders provides multidisciplinary assessment, consultation, intervention and family support. This center offers seminars for parents and professionals and promotes public awareness of ASD. **Kids Like Me** provides a wide array of ASD after-school, weekend and summer programs including day camps, social skills groups and enrichment classes. **Camp Discovery** is an outdoor day camp for children with mild to moderate special needs.

Stepping Stones Preschool Program for children with behavioral and emotional difficulties offers a therapeutic day treatment program for preschoolers who are challenged by special needs, providing early childhood education in combination with comprehensive mental health services.

The Speech and Language Disorders Program and Occupational Therapy Program provides 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. It is dedicated to enhancing and expanding clinical research into autism spectrum disorders education and treatment and to contributing to the development, greater understanding and use of best practice models by educators and clinicians.

The Child Abuse Prevention & Intervention Programs include child and family counseling, family preservation, teen parenting counseling, parent education and family reunification counseling.

...

Village Glen Commons is a therapeutic residential program for adolescents with challenges in the areas of socialization, communication and peer relations, including those with Asperger's Disorder, high-functioning autism, nonverbal learning disabilities and other related disorders. The program offers individualized intensive treatment based on the latest research in the field, provided in a nurturing therapeutic environment.

Project Six creates therapeutic living opportunities in nurturing, home-like settings. With a full continuum of integrated services, these programs promote personal and interpersonal development as well as vocational and independent living skills.

ADVANCE LA provides comprehensive and individually designed support services to help post high-school young adults with ASD reach their full potential in academic and/or employment settings.



*Includes mental health services funded under the Short-Doyle Plan of the County of Los Angeles

THE HELP GROUP HOSTS INAUGURAL “EXCELLENCE IN EMPLOYMENT” AWARDS RECEPTION

In acknowledgment of Autism Awareness Month in April, the California Senate Select Committee on Autism & Related Disorders established the *Excellence in Employment Awards* to recognize individuals, organizations and business that are leading the way in providing employment opportunities for people with autism spectrum disorders (ASD) and other special needs.

Members from the 12 autism regional taskforces under the Senate Select Committee nominated business leaders in their communities and presented individual awards to the honorees. On April 23rd, The Help Group hosted the awards reception for those selected by the North Los Angeles Autism Regional Taskforce (NLAART).

Sen. Carol Liu (D-La Canada Flintridge), Senate Select Committee Member, and Dr. Barbara Firestone, Chair, Statewide Coordinating Council of Autism Taskforces, Chair, NLAART and President & CEO, The Help Group, presented the awards to 10 area recipients.

“Today we celebrate the potential of young people with autism and other special needs to lead productive and rewarding lives in our communities—and we’re here to honor those who give these young people the chance to succeed,” Dr. Firestone told the enthusiastic audience of taskforce members and other guests.

Award recipient Anne Altman introduced Colby, an individual with autism employed for 12 years under her mentorship, who captured the spirit of the event when he said, “I love coming to work every day. Thank you to everyone here for making opportunities like this possible.”



1. Dr. Barbara Firestone, Sen. Carol Liu 2. Award Recipient Anne Altman, ICM, Colby Pittard 3. Michael Cooney and Award Recipient Joey Travolta, Creative Director, Inclusion Films 4. Louis Price, The Help Group Children's Choir 5. Beverly Mendez, Chief Operating Officer, Easter Seals Southern California and Award Recipient Ronald King, Employment Representative, Vons 6. Award Recipients Joclynn Benjamin and Eric Amundson, co-owners, Leaps N Boundz, Dr. Linda Demer, Director, UCLA's David Geffen School of Medicine 7. Debby Webb, Executive Program Administrator, The Help Group, and Award Recipient Kathleen Oliva, Manager Sun Valley Blockbuster Video 8. Catherine Monroe & Peter Zimble, Best Buddies Director 9. Emily Iland, Autism Society of America-Los Angeles, Award Recipients Danny and Cathy Gott, Danny's Farm 10. Pamela Clark, Director of The Help Group's Autism Spectrum Disorders Schools, Award Recipient Rick Ziegler, Manager Vons Store #77, Sen. Liu 11. Marilyn Simon-Gersuk, Chief Development Officer, New Horizons, Award Recipient Lisa Hughes, Human Resources Manager, Jons Marketplace, Cynthia Kawa, CEO, New Horizons 12. Award Recipient, Gil Zaharoni, CEO, Symmetry Electronics 13. Steve Miller, Executive Director, Tierra del Sol, Kristina Hamson, Account Executive and Paula Stewart, Executive Assistant in Human Resources, The Los Angeles Daily News, Sofia Castellanos, Tierra del Sol Job Coach for The Los Angeles Daily News and Award Recipient Steve Jameson, Retail Sales/Target Marketing Manager, Los Angeles Daily News 14. Linda Andron-Ostrow, Director, Focus on All-Child Therapies (F.A.C.T.)

DECODING SOCIAL SKILLS FOR YOUNG ADULTS WITH AUTISM SPECTRUM DISORDERS

Elizabeth Laugeson, PsyD

Research on autism spectrum disorders (ASD) has been extensive in the child and adolescent literature, and newly emerging evidence-based treatments are continually being developed and tested to treat youth on the spectrum. Although ASD are often thought of as disorders of childhood and adolescence, they are in fact chronic developmental conditions that typically affect an individual's social, behavioral and adaptive functioning throughout the lifespan. Despite this critical developmental detail, very little attention has been paid to promoting the adaptive functioning of adults on the spectrum.

Even with all we know about the social deficits and symptom clusters common to individuals with autism, there is a



tremendous void in the treatment research that encompasses transitional youth and adults with ASD. Some research suggests that the effects of autistic traits are greatest in adolescence and young adulthood; yet very few studies have examined the difficulties these individuals endure during this socially, emotionally and physically demanding period of their lives. Social deficits in particular often lead to significant impairment in daily living, vocational skills and social relationships for these young adults, often resulting in peer rejection, victimization, social isolation and psychological distress. These impairments may in turn lead to symptoms of depression, anxiety and/or behavior disorders.

Although some autism-related symp-

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THE HELP GROUP - UCLA AUTISM RESEARCH ALLIANCE LAUNCHES TWO NEW STUDIES



Hearing Abilities in Children with ASD Anjali Bhatara, PhD

American Association of University Women Postdoctoral Fellow



Decreasing Anxiety in Young Adolescents with High-Functioning Autism Jeffrey J. Wood, PhD

Assistant Professor, Psychological Studies in Education, UCLA

Dr. Anjali Bhatara is a postdoctoral fellow at UCLA specializing in auditory neuroscience. Her study, funded by the American Association of University Women and the Children's Music Fund, will test the hearing abilities of children ages 10 to 14 with autism spectrum disorders by measuring brain activity using EEG in response to different types of sounds. The goal of her research is to better understand how children with ASD hear and process sounds within their environments. Dr. Bhatara's study will be conducted through The Help Group's Village Glen School.



In this study funded by the National Institute of Mental Health, Dr. Jeff Wood is testing the efficacy of a cognitive behavioral therapy intervention to treat anxiety problems in high-functioning children with autism spectrum disorders. Weekly cognitive behavioral therapy intervention sessions will be conducted with individual children ages 11 to 14 with high-functioning ASD and co-morbid anxiety disorders and their families. The study seeks to decrease anxiety and increase adaptive functioning for children with high-functioning ASD and anxiety.

	Prevalence among family members		
	Children	Fathers	Mothers
ADHD, N (%)	538 (100%)	92 (37%)	103 (39%)
Combined Type	268 (50%)	27 (11%)	39 (15%)
Inattentive Type	228 (42%)	55 (22%)	49 (18%)
Hyperactive-Impulsive Type	42 (8%)	10 (4%)	15 (6%)
Anxiety Disorders	75 (14%)	19 (8%)	51 (19%)
Generalized Anxiety	81 (15%)	10 (4%)	31 (11%)
Separation Anxiety	63 (12%)	2 (1%)	12 (4%)
Social Phobia	46 (9%)	44 (16%)	59 (22%)
Post-Traumatic Stress	14 (3%)	12 (4%)	35 (13%)
Panic Disorder	8 (1%)	5 (2%)	17 (7%)
Simple Phobia	105 (20%)	32 (12%)	57 (21%)
Any Mood disorder	121 (22%)	85 (34%)	174 (65%)
Major Depressive Disorder	86 (16%)	73 (27%)	155 (57%)
Bipolar Disorder	5 (1%)	2 (1%)	3 (1%)
Dysthymia	30 (6%)	18 (7%)	39 (14%)
Any Disruptive Behavior	308 (57%)	51 (19%)	36 (13%)
Conduct Disorder (& Antisocial Personality Disorder in adults only)	52 (10%)	36 (13%)	13 (5%)
Oppositional Defiant Disorder	256 (48%)	15 (6%)	23 (8%)

NOTE Percentages may not add up to 100% due to rounding or because of multiple disorders within a category (anxiety & mood disorders).

The second question we addressed was: Are parental psychiatric diagnoses associated with the psychiatric co-morbidity in their offspring with ADHD? To examine this, we tested how strongly a parent’s psychiatric disorder predicted a psychiatric disorder in the child. Results indicate that two of the psychiatric disorders assessed in children and parents show significant parent-offspring associations: depression and conduct disorder.

Predicting depression among children with ADHD

Mood disorder within children with ADHD was actually associated with several psychiatric disorders: maternal anxiety disorders, maternal mood disorder, maternal ODD and maternal ADHD. To better understand the association of so many maternal disorders with child co-morbid depression, we examined the degree of overlap in maternal psychiatric disorders: 95% of mothers with ODD, 92% of mothers with anxiety disorders and 83% of mothers with current ADHD also had depression. This suggests that maternal depression is probably the best explanation for the observed associations of several maternal disorders with child co-morbid depression.

Predicting conduct disorder among children with ADHD

Conduct disorder (CD) among children with ADHD was strongly predicted by paternal anxiety disorder and paternal conduct disorder/antisocial personality disorder (APD). Paternal anxiety disorders were co-morbid with CD/APD (37%), however the over-

lap was not nearly as extensive as the maternal disorders. These results suggest that paternal CD/APD is significantly associated with the development of co-morbid CD among their offspring.

Lastly, we asked: Do family environmental factors contribute to ADHD co-morbidity over and above parental psychiatric disorder? Included in the models were FES conflict and cohesion to account for the relative contribution of family environment over and above parental psychiatric diagnoses. FES conflict and cohesion were not significant for either anxiety or depression, suggesting that they do not contribute independently to these co-morbidities among children with ADHD. High family conflict modestly predicted child co-morbid ODD, and low family cohesion was significantly associated with co-morbid CD. These results suggest that a family environment with high conflict and low cohesion significantly contributes to the development and maintenance of co-morbid disruptive behavior disorders such as ODD and CD among children with ADHD.

In conclusion, both parent psychiatric diagnosis as well as family environment may play a role in the development and maintenance of co-morbid psychiatric disorder among children with ADHD. Maternal mood disorder and paternal CD/APD seem to have the greatest effect on co-morbid depression and CD among their offspring with ADHD. Co-morbid externalizing disorders of conduct disorder and ODD are strongly influenced by family cohesion and conflict. In the case of CD, paternal CD/ASP acts additively with low family cohesion to increase the risk of CD in offspring. Caution should be used in generalizing these findings to families with a single child with ADHD, which is a more common situation. More work is needed to test whether the familial clustering patterns of psychiatric diagnoses and contribution of family environment are similar in families where there is only one child diagnosed with ADHD. In the clinical setting, this work suggests that increased assessment and intervention of family functioning may assist with reducing impairment of co-morbid disruptive behavioral disorders and should be tested as a preventive intervention to reduce the occurrence of co-morbid externalizing disorders. In addition, assessment of multiple psychiatric disorders among parents of multiplex families with ADHD is recommended.

RECOMMENDATIONS

Based on these findings, there are several treatment recommendations that may assist families with children who have co-occurring psychiatric disorders. First, reducing the degree of conflict and increasing positive interactions in the home is important. Several steps may be helpful in achieving a less

continued on next page

conflictual family environment.

1 EDUCATION about ADHD, especially in the case of a new diagnosis, will help parents understand the disorder and what to expect.

2 PARENTING CLASSES. Children with ADHD do best in a structured environment, and these classes will give parents ideas for increasing structure at home and tools to manage their child's behavior.

3 FAMILY THERAPY will help to address more systemic family issues. These findings also show that parents should seek assessment and treatment for their own difficulties with depression, anxiety and antisocial behavior.

There is growing literature that suggests that these and other psychiatric diagnoses in parents increase a child's risk for behavioral problems, academic difficulties and poor social relationships. In addition to seeking treatment for the particular problem that parents are experiencing, research shows that therapy should also address changing destructive parenting practices and teaching children coping skills to lessen the negative effects of parental psychiatric disorders. The following Web sites provide resources and support for families who may be encountering these difficulties: www.apa.org; www.shareselfhelp.org; www.chadd.org; and www.familyaware.org.

development. The most important inclusionary criterion for determining the presence of LDs may involve ensuring that the student has received quality instruction. If a student receives quality instruction in the general education classroom and, if needed, supplemental interventions that extend the amount and intensity of instruction, LDs would represent only those who are difficult to teach. Such intractability is not predicted by an IQ-achievement discrepancy. Rather, students who are difficult to teach can only be identified through efforts to instruct the child with careful monitoring of progress. This is the basis for the opportunities in the reauthorization that permit states to drop IQ tests from the identification of LDs and to move toward response-to-instruction approaches. The opportunities in the reauthorization are not mandates or requirements, but opportunities for each state to reauthorize the construct of LDs into one that is meaningfully related to instruction. These opportunities are consistent with what is known about neurobiological factors that make students with LDs difficult to teach but not unable to learn.

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related symptoms and anxiety. Factor II is usually associated with students diagnosed with externalizing behaviors and poor overall compliance with adult authority. Note that neither domain is associated with poor academic fluency. In other words, students who struggle with homework compliance typically have poor work habits, as opposed to poor academic skills.

Determining which factor is responsible for the poor work habits that may ultimately lead to homework non-compliance is a necessary function in establishing interventions to change the behavior.

Recommendations for Improving Homework Compliance

HOMEWORK NON-COMPLIANCE PROFILES: A SIDE-BY-SIDE COMPARISON	
FACTOR I PROFILE	FACTOR II PROFILE
Issues usually arise during the course of homework completion	Issues are usually apparent from the beginning of the homework process
Tend to have difficulties sticking to the task at hand	Tend to have difficulties organizing the task
Can start an assignment, but may have difficulties continuing their effort throughout the course of the task	Have difficulties starting the process or do not turn in their work when it is complete
Understand the assignment, but have difficulties completing it quickly and efficiently	May not have written down the assignment or may be too confused about the instructions to complete the assignment
Need assistance to help them maintain their efforts throughout the assignment	Need assistance starting the task and staying organized

Factor I students may benefit from family-based interventions. Given that these types of issues are usually more apparent in the home, rather than at the school, it stands to reason that intervention should take place in the home. Specific interventions for this type of student tend to focus on improving attention to tasks, work efficiency and parent-child interactions during homework. One intervention that has proven to be successful for this type of student is the use of a kitchen timer during homework. Students who are inattentive tend to overestimate the amount of effort it will take to complete an assignment. In order to deal with this issue, it is suggested that parents work with the child to estimate how much time it should take to complete each task. An assessment is made by the child and a timer is set to see if they are correct. Children invariably overestimate the time it will take to complete the assignment and are reinforced when they

complete it prior to the time set on the timer. Finally, parents and students can work on trying to become more efficient in estimating how long each assignment should take.

Factor II students tend to require family-school interventions designed to improve parent-teacher communication and the accuracy of recording homework assignments. These students often benefit from increased structure during the homework process. Establishing a regular time to begin homework is useful. Planning and scheduling homework is also a useful intervention. This type of student needs a planner to identify which assignments are due immediately and which assignments require long-term planning. Students with these difficulties may also benefit from a stimulus-reduced study environment. Sandra Rief, author of "How to Reach and Teach Students with ADHD," suggests developing an organized study carrel. Using a simple piece of cardboard, the student builds in pockets for all of the materials needed to complete an assignment, places for homework instructions and a monthly calendar listing all the assignments for the month.

Many educational plans suggest the accommodation of reduced homework assignments, yet there is no evidence of the efficacy of this accommodation in educational literature. In fact, the opposite approach is often more efficacious. Students who develop good work habits are not only associated with improved academic achievement, but also improved overall compliance with authority. They also experience more satisfaction with their academic efforts. For example, students who struggle with completing their homework assignments on their own are more likely to report that the grades they received were worth their efforts. Reducing the assignments tends to get interpreted by students as a reflection of their abilities, as opposed to their efforts.

Developing Independent Learners

Homework can be an arduous task for families of students with special needs. However, the ability to independently practice lessons learned in school helps to develop work habits that will serve a student throughout his or her lifetime. Parents and teachers are encouraged to assess the source of their child's difficulties with homework. More often than not, a child's non-compliance with homework is associated with poor study skills, rather than difficulties with academic skills. Careful assessment of the factors that lead to non-compliance should drive the efforts to solve the problem. Abandoning homework is not an option if parents, teachers and school administrators want to develop independent learners.

toms may be ameliorated with age, social deficits and lack of interpersonal relationships continue to be among the most prominent issues for young adults with ASD. In fact, research estimates that fewer than half of adults on the spectrum report having friendships and even fewer adults ever marry. Instead, many adults on the spectrum become socially isolated, preoccupied by their routines and special interests and experience a lack of personal and romantic relationships, vocational difficulties and increased psychopathology, including higher rates of depression and generalized anxiety.

A recent study assessing psychosocial functioning among adults with autism found that these individuals often have extensive need for help from their families and/or society. The study reported that very few adults on the spectrum were living in typical psychosocial conditions; instead, they most often lived with parents or alone, seldom had relationships with partners and were often without employment of any kind. These findings suggest the need for parent and/or caregiver involvement in treatment to improve social functioning for young adults with ASD.

Numerous studies have shown that social skills are an important factor in long-term adjustment for individuals with ASD. Consequently, social skills training is a well-documented intervention strategy for children and adolescents on the spectrum, having the potential to greatly impact quality of life and increase independence. Social skills interventions that focus on improving friendship quality in particular can be of significant benefit, since research indicates that the development of friendships is closely related to psychological and behavioral adjustment. Specifically, having one or two close friends can buffer the impact of stressful life events, may increase independence and correlates positively with self-esteem and negatively with anxious and depressive symptoms. Consequently,

improving social functioning in young adults with ASD would be expected to have a positive impact on the psychosocial functioning of these individuals. Until recently, there were no known evidence-based treatments that focused on improving social skills for young adults on the spectrum.

Heading an innovative treatment-focused study under the auspices of The Help Group – UCLA Autism Research Alliance, Dr. Alexander Gantman, a research fellow at the UCLA Semel Institute for Neuroscience and Human Behavior, is testing a caregiver-assisted social skills intervention to improve interpersonal relationship skills in young adults 18 to 23 years of age with ASD. Bridging upon the PEERS curriculum, an evidence-based social skills intervention previously used with teenagers on the spectrum, Dr. Gantman and colleagues have adapted the intervention for use with young adults. Parents and caregivers are included in weekly classes that teach young adults the rules of social etiquette. Lessons are taught using concrete rules and steps, helping young adults to decode complex elements of social behavior. During the 14-week intervention, conducted at The Help Group's Sherman Oaks campus, core skills necessary to developing interpersonal relationships are addressed, including social communication, choosing appropriate friends, organizing social activities, dealing with social rejection, resisting social pressure, dating etiquette and more.

With roughly 85% of individuals living with a diagnosed autism spectrum disorder currently under the age of 23, a wave of teens will be entering young adulthood in the very near future and will need tools to tackle the social challenges typically encountered during this period of transition.

If you or someone you know would like to participate in this study, or for more information about this research, please contact Dr. Alexander Gantman at 310.206.7284, agantman@mednet.ucla.edu or visit www.semel.ucla.edu/socialskills/programs

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achieve such an outcome. A careful review of these studies reveals that between 3% (in the oldest studies) and 25% (in the newer studies that include only higher functioning children) of children initially diagnosed with ASD may be expected to achieve an optimal outcome.

An important question for this line of research is how, exactly, do these optimal outcomes come about? Since the majority of children with ASD who receive early intensive educational intervention do not achieve optimal outcomes, it is likely that optimal outcomes are the result of a combination of treatment variables and the child's own neurological profile. For example, children who receive an initial diagnosis of PDD-NOS, rather than Autistic Disorder, children whose motor skills are intact at age 2 and children whose cognitive, communication and imitation skills are only mildly impaired at age 2 have the best chances of achieving an optimal outcome. In contrast, children who, at age 2, are functioning in the mental retardation range, suffer from seizures or are diagnosed with co-morbid genetic syndromes are less likely to achieve optimal outcomes (but nevertheless continue to benefit from therapeutic services). Early accelerated head growth and regression appear to be as common among children who achieve optimal outcomes as they are among children who continue to meet criteria for ASD. The most important finding in terms of public health policy, along with the need for careful nationwide screening at pediatric well-baby checkups beginning

at 12 months, is that optimal outcomes are most common among children who were diagnosed early,⁴ although this finding is based on a small sample of children and needs to be replicated.

There is currently no evidence that biomedical interventions alone can result in "recovery" from ASD. Thus, a focus on quality educational intervention provides young children with ASD the best chances of achieving an optimal outcome, and short of that, achieving the best outcome possible for each individual child. However, interventions directed at improving sleep, nutrition and mood may boost the effectiveness of educational intervention. For example, a child who is sleep-deprived, malnourished or depressed/irritable may not be learning at his/her optimal rate. Although more research is needed to determine whether specific types of educational intervention programs are more likely to produce optimal outcomes, it is notable that most studies that have thus far reported such outcomes have used behavioral techniques.

The remarkable improvements over the last decade in the early detection of ASD, along with the implementation of intensive early educational intervention, have likely caused the number of children with optimal outcomes to increase dramatically. We estimate that as many as 10% to 20% of children who meet criteria for ASD as toddlers today will respond remarkably well to early intensive behavioral treatment, and at some point during childhood, will no longer meet diagnostic criteria for ASD.

• • •

For more information on the Optimal Outcome Study underway at the University of Connecticut, please contact our office at 860.486.0828 or e-mail mollyhelt@aol.com or deborah.fein@uconn.edu.

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