The Help Group HelpLetter
FALL 2011
EMERGING TRENDS IN AUTISM, LEARNING DISABILITIES AND ADHD

# THE HELP GROUP OPENS NEW AUTISM CENTER

*Gary H. Carmona, Help Group Board Chair, L.A. County Supervisor Zev Yaroslavsky, Mayor Antonio R. Villaraigosa, Dr. Barbara Firestone, Help Group President & CEO, L.A. City Controller Wendy Greuel, Dr. Susan Berman, Help Group COO, and Help Group Students*

It was a dream come true when The Help Group, Mayor Antonio R. Villaraigosa, Supervisor Zev Yaroslavksy, a host of dignitaries and special guests proudly gathered on January 24th for a ribbon cutting celebration to mark the official opening of the new Help Group Autism Center.

This state-of-the-art campus, located in Sherman Oaks, is dedicated to education, therapy, arts, research, parent and professional training and outreach. The major components include the **Intervention & Day School Center**, the **Research Training & Conference Center** and the **Theater & Arts Complex**. It is the new home of The Help Group - UCLA Autism Research Alliance and Hasbro Boundless Playground. The Autism Center provides the additional facility infrastructure that enables The Help Group to offer the most comprehensive, innovative and seamless system of autism spectrum disorders services available in the United States. The Center is The Help Group's fifth campus serving young people with special needs. Dr. Barbara Firestone, Help Group President & CEO, welcomed more than 200 guests to this milestone event. "Our new autism

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# SUMMIT 2011 BRINGS TOGETHER 20 OF THE NATION'S LEADING EXPERTS

The Help Group will host its annual Summit: Advances and Best Practices in Autism, Learning Disabilities and ADHD on Friday, October 21st and Saturday, October 22nd at the Skirball Cultural Center in Los Angeles.

This cutting edge conference, generously sponsored by First 5 California, will feature more than 20 of the nation's leading experts presenting the latest information to professionals, parents, graduate and undergraduate students. For online registration and detailed event information, please visit **www.thehelpgroup.org**. Register before September 17 for early bird prices.

for event details see page 5

The Help Group
**SUMMIT 2011**
**Advances and Best Practices in**
**AUTISM ▪ LEARNING DISABILITIES ▪ ADHD**
**October 21st & October 22nd**
**Skirball Cultural Center, Los Angeles**

**SUMMIT CHAIRS**
**Barbara Firestone, PhD**
**Peter Whybrow, MD | Robert Bilder PhD**

## IN THIS EDITION

# HelpLetter

A publication of The Help Group



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www.thehelpgroup.org

Welcome to our fall edition of HelpLetter! I'd like to thank our contributors for offering their insights on a wide range of important topics. We're pleased to share their perspectives with you.

In this edition, we're delighted to tell you about the ribbon cutting celebration of our Sherman Oaks West Campus—the home of our new Autism Center. On this special occasion, we dedicated our campus to children and families confronting the challenges of autism and thanked all who helped to make our new campus a reality.

We also have a preview of our upcoming *Summit 2011: Advances and Best Practices in Autism, Learning Disabilities and ADHD*. We invite you to join us on October 21 and 22 at the Skirball Cultural Center in Los Angeles.

It's always a pleasure to have this opportunity to touch base with our HelpLetter community. We greatly appreciate your interest and friendship!

Best Regards,,

Barbara Firestone

Barbara Firestone, PhD
President & CEO, The Help Group

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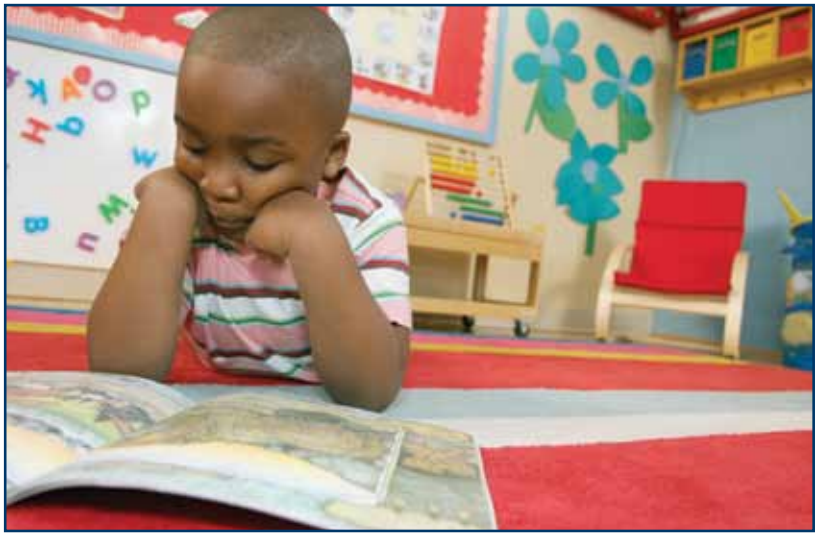
# THE IMPORTANCE OF MULTIPLE-COMPONENT REMEDIATION FOR CHILDREN AND ADOLESCENTS WITH READING DISABILITIES

**Maureen W. Lovett, PhD, Karen A. Steinbach, MA and Jennifer Goudey PhD**

English is a complex language and the ability to read English well requires many different skills. Our understanding of the basic processes underlying reading skill development has increased dramatically in the past 30 years, as has our understanding of why some students struggle with learning to read. Researchers have identified several main areas of difficulty, often called core deficits, which contribute to the development of a reading disability. There are two fundamental processes that are involved in learning to read: the understanding that words are made up of individual sounds and the ability to manipulate sounds in words (what is called "phonological awareness"). It is widely accepted that those who have a reading disability have poor phonological awareness; they are said to have a core "phonological deficit." Several studies looked at the benefit of remediation that targeted only this phonological deficit through instruction of sound-blending skills and letter-sound knowledge and it was found that phonologically-based remediation resulted in significant improvement in students' reading skills. Further research showed, however, that this was not the entire story.



Struggling readers often have additional difficulties outside of the realm of phonological deficits. Many also have trouble naming a series of visually-presented colors, numbers and letters rapidly – often referred to as a "naming speed deficit." Research suggests that problems in developing reading fluency are linked to underlying deficits in naming speed. A third area of difficulty or deficit observed in many with reading problems is a strategy learning deficit. Struggling readers often have few, if any, effective strategies for reading and understanding text. Even if they learn an effective strategy, children with reading disabilities often fail to transfer this knowledge when faced with new and unknown words.

Armed with a better understanding of the multiple causes of reading problems, our research team at the Hospital for Sick Children in Toronto has looked at the benefit to students of receiving remediation that targets more than one area of deficit. Studies show that remediation that targets more than one area of deficit consistently results in greater gains and faster growth in reading ability, as compared to an intervention that focuses solely on one deficit, such as phonologically-based reading instruction. There is now general consensus that teachers should offer multiple-component reading remediation that integrates multiple areas of reading skill instruction—decoding, word recognition, fluency and text comprehension.

What, specifically, should multiple component reading interventions include? It is essential that an intervention include training in phonological awareness (awareness of and ability to manipulate the sounds of spoken words), which should include explicit instruction in the alphabetic system (the sounds the letters make) and how to blend sounds to read words. This component of instruction is necessary to directly remediate the phonological deficit of students with reading disabilities and will improve students' ability to figure out unknown regular words. However, recognizing that the English language is often unpredictable, simply targeting this deficit is not enough for successful remediation. Intervention should also directly target the core deficit in strategy learning. Struggling readers, armed with several word identification strategies, experience more success at reading words and text. An example of the strategies that we teach struggling readers in our Empower™ Reading Program is provided in the sidebar.

An effective reading program also offers opportunities to build fluency in reading and to enrich vocabulary, and also provides instruction in reading comprehension strategies (to help students understand text). Less is known about what improves reading fluency and reading comprehension and about the role of vocabulary instruction in the development of these skills. Some researchers believe that reading fluency and comprehension are interconnected, such that improvement in one results in improvement in the other. In the area of reading comprehension, research suggests that the most effective interventions teach individual strategies such as comprehension monitoring, clarifying, predicting, generating questions about the text, summarizing and using graphic organizers. As in word reading, the greatest gains in reading comprehension occur when students learn to use many strategies.

Current research has shown that systematic, intense, linguistically-informed interventions are necessary for students with reading disabilities. Although there may be more than one approach to addressing each of the core deficits of students with reading disabilities, multiple-component reading interventions that target a range of core deficits result in greater improvement in the reading skills of struggling readers than programs that target only one area of reading deficit. The advantage of multiple-component remediation can be seen across a range of reading skills, from decoding and word identification to reading fluency and text comprehension.

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# THE TRANSPORTERS: TEACHING CHILDREN WITH AUTISM TO RECOGNIZE EMOTIONS

**Simon Baron-Cohen, PhD, Ofer Golan, PhD and Emma Ashwin, PhD**

*Introduction by Elizabeth Laugeson, PsyD*

Emotion recognition is a key social skill that is impaired in many children with autism spectrum disorders (ASD). The inability to recognize and adapt to various human emotions, such as happiness, sadness and anger, can make it hard for children and adults with ASD to socialize in meaningful ways. Researchers have begun to address the issue of emotion recognition by using empirical data about preferences and cognitive styles of children with ASD in order to explore and develop potential therapeutic interventions. One such innovative intervention developed by researchers at Cambridge University is The Transporters, a DVD that teaches children with ASD how to recognize emotions in others though the use of engaging animated characters.

Our research group had already developed a DVD for teaching emotion recognition to people age 8 and above on the autistic spectrum, called Mind Reading: The Interactive Guide to Emotion. Research has shown that using that DVD for two hours a week over a 10-week period leads to significant improvement in emotion recognition among people with autism spectrum conditions. Our experience on that earlier project persuaded us that there are methods that can make a difference to people with this disability. Just as children with dyslexia can be helped significantly by using tailored educational software to ease them into reading words, so too, children with autism can be helped significantly by using tailored educational software to ease them into understanding emotions and reading these emotions on faces. Despite dyslexia's being a form of word-blindness and autism's being a form of mind-blindness, neither of these conditions is beyond remediation.



We recently took up the challenge of trying to teach empathy to very young children with autism spectrum conditions by making an animated series called The Transporters (www.thetransporters.com). Whereas Mind Reading required children to be able to play a computer game by clicking a mouse, or to be supervised by a teacher or adult who could help them to do this, The Transporters was aimed at relatively neglected ("excluded") people on the autistic spectrum: those with significant learning difficulties and preschoolers. Neither of these two groups may be able to use or even be interested in using computers, but both of these two groups enjoy watching animated films about vehicles.

The reason they love watching films about vehicles is simple. According to one theory, children and adults with autism spectrum conditions are strong 'systemizers'. They are drawn to predictable, rule-based systems, whether these are repeating mathematical patterns, repeating electrical patterns (e.g., turning light switches on and off) or repeating patterns in films. They love lawful repetition. As an aside, it is of interest that the two other major theories of autism that try to explain the non-social factors in autism — the weak central coherence theory and the executive dysfunction theory — have no simple way of explaining this love of lawful repetition, which is a hallmark of the condition. It is ironic, too, that Kanner, who first described autism in 1943, also drew attention to this feature of autism (what he called their "need for sameness" and their "resistance to change"), and yet it has been the social difficulties exhibited by individuals with autism that have been the main focus of psychological research. We believe that at the core of autism is an ability to deal effortlessly with systems because they do not change and hence remain the same. On the other hand, there is disabling difficulty in dealing with the social world because it is always changing unpredictably and is different every time.

According to the hyper-systemizing theory, vehicles whose motion is determined only by physical rules (such as vehicles that can only go back and forth along linear tracks) would be much preferred by children with autism over vehicles like planes or cars whose motion could be highly variable, moving at the whim of the human driver operating them. So we proposed to make a children's animation series based around eight characters that are all vehicles with rule-based motion. Such vehicles would grab the attention of both preschoolers with autism and those so-called 'low-functioning' children with autism who have significant learning difficulties. Onto these vehicles we would graft real-life faces of actors showing emotions, and contextualize them in entertaining social interactions between the toy vehicles.

Together with a leading production company, Catalyst, we created a whole family of different toy vehicles running on tracks or cables, that have limited

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EARLY BIRD REGISTRATION!
Now through September 17, 2011

# The Help Group SUMMIT 2011

Advances and Best Practices in

## AUTISM · LEARNING DISABILITIES · ADHD

**Friday, October 21st & Saturday, October 22nd**

**Skirball Cultural Center, Los Angeles**




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# ADHD AS A DISORDER OF EXECUTIVE FUNCTION: IMPLICATIONS FOR UNDERSTANDING ACADEMIC FUNCTIONING AND IMPROVING ASSESSMENT OF ADHD

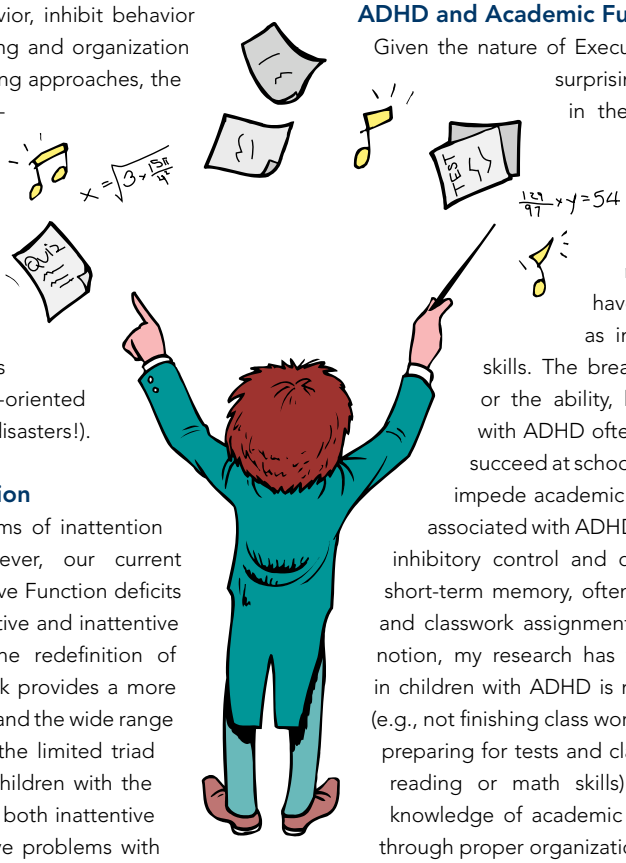
**Marcos DiPinto, PhD**

Current research suggests that ADHD is better characterized as a disorder of Executive Function rather than a disorder of attention. This article will review several important aspects of ADHD that support this notion. Specifically, the following topics will be covered:

1. What are Executive Functions?
2. ADHD as a disorder of Executive Function
3. The impact of ADHD and Executive Functions in the school setting and academic performance
4. Important implications in the assessment of ADHD.

## What are Executive Functions?

Executive Functions comprise a group of higher order skills necessary for effective problem solving and task completion. These skills are often drawn upon heavily by corporate executives, hence the term "Executive Functions." Corporate executives are often excellent multi-taskers, and have excellent planning, organization and time management skills. Executive Functions help us organize our thoughts and behavior, hold relevant details in short-term memory and avoid the mental traps of distractions and irrelevant information. Specific skills that best capture the various descriptions of Executive Functions include: the ability to initiate behavior, inhibit behavior or "put on the brakes" when needed, planning and organization skills, flexibility in using different problem-solving approaches, the capacity to hold relevant information in short-term memory (working memory) and being able to monitor and evaluate one's own behavior. Executive Functions are analogous to a conductor in an orchestra. They help us mobilize and orchestrate all of our basic skills in order to efficiently solve problems and carry out daily activities. Like the conductor of an orchestra, Executive Functions can either produce a symphony (effective goal-oriented behavior) or a cacophony (complete planning disasters!).



## ADHD as a Disorder of Executive Function

The diagnosis of ADHD is based on symptoms of inattention and/or hyperactivity and impulsivity. However, our current understanding of ADHD suggests that Executive Function deficits represent the underlying cause of the hyperactive and inattentive behaviors associated with the condition. The redefinition of ADHD within an Executive Function framework provides a more comprehensive way to incorporate and understand the wide range of symptoms associated with ADHD beyond the limited triad of inattention, hyperactivity and impulsivity. Children with the combined subtype of ADHD, characterized by both inattentive and hyperactive/impulsive behavior, often have problems with the ability to inhibit behavior or "put on the brakes" when needed. Children with the predominantly inattentive subtype of ADHD, characterized by inattention without the accompanying hyperactivity/impulsivity, often have difficulty holding information in short-term memory or "working memory" (e.g., trouble remembering tasks that involve more than one or two steps). These children often have problems with initiating behavior as well.

Children with ADHD are often reported to have memory problems, even though they typically perform normally on memory tests. Such "memory problems" may actually reflect inefficient learning caused by more primary Executive Function deficits (i.e., poor planning and organization skills, becoming easily distracted and not blocking out irrelevant information). Research has demonstrated that if we can better organize the information that we are attempting to learn, it is more likely that we will be able to encode this information and retrieve it when needed. This would be akin to having an efficient and well-organized filing system. Our brain and memory system work similarly, in that we can more easily retrieve and access information if it is better organized. The organization of information is often an inherent weakness in individuals with ADHD. Therefore, even when a child with ADHD knows the information it might still not be retrieved quickly enough, such as during a timed test.

## ADHD and Academic Functioning:

Given the nature of Executive Function deficits in ADHD, it is not surprising that academic problems are prevalent in the condition. A number of studies have actually found Executive Functions to be a stronger predictor of grades and general school performance in children with ADHD than IQ. The large majority of children with ADHD actually have completely normal intelligence as well as intact or average reading and academic skills. The breakdown is usually not in the lack of skill or the ability, but in the lack of application. Children with ADHD often "know how to do the work," but fail to succeed at school because their Executive Function deficits impede academic function. The Executive Function deficits associated with ADHD, such as poor planning and organization, inhibitory control and difficulty holding relevant information in short-term memory, often result in failure to complete homework and classwork assignments in a timely manner. In support of this notion, my research has found that academic underachievement in children with ADHD is more often the result of poor study skills (e.g., not finishing class work on time, not completing homework, not preparing for tests and class) rather than lack of skill (i.e., deficient reading or math skills). Academic success requires not only knowledge of academic skills but also their effective application through proper organization and planning.

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# THE SCIENCE AND ART OF MEDICATION USE IN AUTISM SPECTRUM DISORDER (ASD) ~ A PEDIATRICIAN'S APPROACH

**Ricki G. Robinson, MD, MPH**

Using medications for children with ASD can be daunting for parents, therapists and educators. It is often worrisome for parents to think about their child taking medications. Because medications used in treatment of ASD are designed to modulate brain function and because these medications are often little understood by both doctors and patients, they can inspire resistance, worry and fear.

However, I have learned in my years of practice that if managed properly, medications can be essential tools in helping a child with an imbalanced or poorly coordinated brain system. As in all medicine, proper use of medication is both a science and an art. Treatment of neurological conditions has improved over the past decade due to remarkable advances in science. These advances include new information on the mechanisms of how neurotransmitters and chemicals function in the brain, as well as the refinement of specific medications that are designed to increase benefits while reducing unwanted side effects. There have also have been innovations in how medications can be given to a child in more palatable or easy-to-take forms.

There is no "magic pill" for treating ASD. The goal of medication treatment is to balance the chemicals in the brain in order to allow a child to be more mentally available and able to learn from all of his interventions. Medications given to a child with ASD are more "symptom-specific" than "diagnosis specific." In other words, the medications will treat a symptom (e.g., anxiety, aggression, inattention) and are not dictated by the diagnosis (ASD). And while the use of medications represents one aspect of treatment, targeting behavioral symptoms with medications should be considered as only one part of the entire treatment regimen. Used in this way, medication management can have a very significant role in helping a child, particularly when combined with a carefully designed and executed multi-disciplinary treatment plan.

To understand how ASD medications work, it is helpful to understand how the brain functions normally. The wiring of the brain, as well as other components of the nervous system, exists in the form of cells called neurons. These neurons manufacture neuro-electrical substances called neurotransmitters; put another way, neurons can be thought of as the tracks that carry important messages, the neurotransmitters, to other cells. Synapses, which can be thought of as the switches on the tracks, serve as the connection between neurons. Each neuron has many connections through different synapses to many other neurons, which increases the neurons' ability to communicate with each other. The neurotransmitters carry, or transmit, specific messages and instructions from the brain to other areas of the body.

In ASD, research indicates that there are fewer connections between neurons, as well as other abnormalities in synaptic functioning. These changes may result in either an excess or a scarcity of a particular neurotransmitter. This can, in turn, lead to problems with information processing.

Research has identified over 60 different neurotransmitters thus far. The neurotransmitters serotonin, norepinephrine, dopamine, GABA, glutamate and acetylcholine seem to be particularly related to producing ASD target symptoms. These neurotransmitters aid in processing sensory input and motor output, as well as processing memory, attention, sleep-wake cycles, OCD, cognition, preventing depression and modulating appetite and mood—all of which are issues in ASD. For the most part, the medications prescribed for ASD work by manipulating or modifying the balance of various neurotransmitters. For example, selective serotonin reuptake inhibitors (SSRI's), commonly known by brand names Prozac, Paxil, Luvox, Zoloft, Celexa and Lexapro, increase the availability of serotonin for transmission. This can be helpful in treating depression, anxiety and OCD symptoms in ASD.

If a child has a single identifiable symptom that requires medication, the treatment plan is generally straight-forward. However, children with ASD usually have a unique combination of complex issues. It takes time to

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# MEMORY STRATEGIES FOR STUDENTS WITH TEST ANXIETIES

**Philip Levin, PhD**

Almost every student has had the experience of studying hard for an exam only to be unable to recall the information at the time of the test. Known as Test Anxiety, this problem plagues many students throughout their academic careers. Clinically, Test Anxiety is currently defined as a complex set of symptoms, including physiological over-arousal and negative ruminations, which result in impaired performance on testing. Test anxiety is different from being worried about lack of preparation for an exam. Students with test anxiety usually report being well prepared or even over prepared for their exam, but they cannot access the material upon command due to anxious feelings. These students usually report physical complaints at the time of testing, including feelings of nausea, excessive sweating, rapid heart rate and shortness of breath. They also experience intense feelings of self-doubt, including negative self-talk, feelings of inadequacy and a fear of failure. These physical symptoms often contribute to memory failures, which greatly impair test performance. A recent study by Dr. Mark Chapel suggests that if students with test anxiety are compared to non-anxious peers with the same intellectual capacity, the anxious student's GPA is usually significantly lower. Methods to improve memory performance often focus on strategies that help reduce the anxiety during the studying period and therefore help with memory retrieval at the time of testing.

Strategies to help reduce anxiety during studying are derived from Hans Eysenck PhD and Martin Calvo PhD's Processing Efficiency Theory (PET). Eysenck and Calvo determined that the state of anxiety during the time of studying affected the ability to recall the information at the time of test. Students with test anxiety experience such intense feelings of dread and worry that it interferes with their ability to encode information into memory. Episodic memory, which is used to remember the association between events, times and places based on personal experience, seems to be particularly inhibited. This may explain why students generally report test anxiety in subjects such as History or Science, which often require students to remember the context of an idea as opposed to just a simple fact. For example, students may be able to recall specific generals during the Civil War, but would be unable to generate hypotheses about why the war started. The most troubling part of the Processing Efficiency Theory is that students with test anxiety exert much more mental energy than their non-anxious peers when studying, but still have difficulties with the recall on information at the time of the test. The following strategies have been empirically determined to improve memory function in students with test anxiety:

## Exercise prior to studying

The first strategy to reduce anxiety during studying is to make sure that the student gets some physical activity prior to studying. According to Dr. Andre Miu, who has studied the effects of exercise on memory function, a brisk 10-min walk followed by a 15 to 30-minute recovery period resulted in significant improvement in memory recall. Rhythmic changes in serotonin, epinephrine, norepinephrine and acetylcholine levels all affect cortical arousal and cognitive function. Exercise may result in "altered levels of these neurotransmitters, increased glucose, oxygen or nutrient levels resulting in increased synaptogenesis and neurogenesis." The physiological basis of this temporary improvement in memory remains to be determined, but this simple behavioral intervention may have widespread application in improving memory function.

## Positive attitude during the study period

Following a period of exercise, the student needs to be in the right mindset. Dov Zohar in the Journal of Educational Psychology found that students with test anxiety scored up to 50 points lower on the SAT than their non-anxious peers with similar preparation. When the anxious students were questioned about their possible performance before the test, they predicted that their performance would be poor. Self- efficacy, the belief that one is capable, was cited as one of the main differences between the anxious and non-anxious groups. Thus, students with test anxiety should be encouraged during the study period to believe that they have a good memory. Positive expectations can result in significantly improved memory performance.

## Active learning strategies

Once students are in the right frame of mind to learn, organizing and ordering information can significantly improve memory. Imagine, for example, how difficult it would be to remember a random list of 62 letters. On the other hand, it would not be difficult to memorize the first sentence in this paragraph, which also consists of 62 letters. Similarly, learning a large amount of unconnected and unorganized information from various classes can be very challenging. Students should therefore be encouraged to learn general concepts before moving on to specific details. When students understand the general concepts first, the details, such as specific history dares, make more sense because the material fits together within the overall framework of a subject. Seeing how the smaller details relate to one another enables students to process the information more deeply (which in turn helps them store, and later retrieve, it from memory). Organizing and adding meaning to the material prior to learning it can facilitate both storage and retrieval. This can mean organizing material on paper, such as making an outline or an idea web, or simply organizing material in the memory, such as learning it in a particular order or making intentional associations between ideas. For example, students may remember the name "Robert Green" by picturing Robert playing golf (on the green), wearing green clothes or covered in green paint.

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# BULLY PROOFING STRATEGIES FOR TEENS WITH AUTISM SPECTRUM DISORDERS

**Elizabeth Laugeson, PsyD**

We've all heard the old adage, "Sticks and stones may break my bones, but names will never hurt me." Tell that to a typical teenager and they'll tell you that's just wrong. The reality is that names do hurt and are a far more familiar weapon than those medieval sticks and stones. Recent reports indicate that as many as 30% of middle and high school students report frequently being involved in bullying, either as the victim, perpetrator, or in some cases, both. The National Center for Educational Statistics reports that 28% of adolescents are the recent victims of bullying, but this number nearly doubles in size to 54% for adolescents with special needs. Prevalence rates for adolescents with autism spectrum disorders (ASD) are even more staggering with 94% of teens with ASD experiencing some form of bullying last year. Strikingly, research indicates that teens with ASD are nine times more likely to be bullied than their typically developing classmates.

Given the high occurrence of bullying rates among adolescents, it is no wonder that the media has picked up on the epidemic. News outlets flood us with stories about bullying in our schools, reminding us of the emotional impact it can have on our kids. Consequences may include symptoms of depression or anxiety, feelings of loneliness or low self-esteem, increased substance abuse, poor academic performance and, in its most severe form, suicidal thoughts and attempts.

Schools, teachers, and administrators have generally been swift to respond. Anti-bullying campaigns abound, preaching tolerance via a no-hate movement. While these bully prevention crusades certainly send a positive message to students and may even be helpful in promoting acceptance, the notion that we can completely abolish bullying is unrealistic. While much of the focus on bullying spotlights the perpetrators and the movement to eradicate bullying from our schools, less attention is actually paid to the victims and how they might reduce the impact of these metaphoric sticks and stones.

While we continue to strive to create bully-free zones in our schools, it is equally important to equip our teens with useful strategies for handling bullying. This is exactly the type of program recently implemented at The Help Group's Village Glen School as part of an innovative research study investigating the impact of a teacher-facilitated social skills curriculum. Conducted through The Help Group - UCLA Autism Research Alliance, over 300 middle and high

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center and campus is much more than bricks and mortar. Our center is all about bringing help, hope and opportunities to many more children and their families. The need for programs and services has never been greater and our resolve to serve those with autism has never been greater." Dr. Firestone expressed The Help Group's appreciation to all those whose commitment to creating brighter futures for the children helped to make this new campus a reality.

Gary H. Carmona, Help Group Board Chair, graciously spoke on behalf of the Board of Directors, saying, "We are honored that so many distinguished leaders of our city, county and state are taking part in these proceedings. It is wonderful to have this opportunity to share this morning with everyone gathered here and to say thank you to our government colleagues and philanthropic friends."

Dr. Firestone added, "We'd like to acknowledge all who have contributed to our capital campaign and recognize those whose leadership gifts gave great momentum to the establishment of our new campus: The Coffee Bean & Tea Leaf®, The Milken Family Foundation, United Health Group, The Rose Hills Foundation and the Zenith."

Mayor Antonio R. Villaraigosa praised The Help Group for its dedication to children with autism. "On behalf of the City of Los Angeles and on behalf of the 900 plus students and families that will be helped by this new Autism Center, thank you to The Help Group. Thank you for caring and for providing a place of dignity, hope, opportunity and love."

In his congratulatory remarks, Supervisor Zev Yaroslavsky said, "This partnership between The Help Group and Los Angeles County has served the community, and especially young people with special needs, extremely well over the years."

Senator John Burton (ret.), expressed how honored he felt to share this special day with The Help Group. "Every time I come here I am so thankful and I feel so happy for what The Help Group and its staff are doing for these children." Los Angeles City Controller Wendy Greuel acknowledged her longstanding relationship with The Help Group, telling the crowd, "We met almost 30 years ago and boy, have you come a long way! The Help Group has always been an organization that has worked hard to do whatever


*1. Hon. Paul Krekorian, Hon. Paul Koretz, Gary H. Carmona, Hon. Zev Yaroslavsky, Hon. Antonio R. Villaraigosa, Dr. Barbara Firestone, Hon. Wendy Greuel, Help Group Students 2. Autism Center Rendering 3. Dr. Barbara Firestone, Hon. Antonio R. Villaraigosa 4. Hon. Zev Yaroslavsky 5. Stanley Zax, Dr. Barbara Firestone, Hon. John Burton 6. Howard Tenenbaum, Joy Monkarsh, Jerry Monkarsh, Susan Berk, Gary H. Carmona, Judd Swarzman, Richard M. Zelle, Barry Nagoshiner, Dr. Susan Berman 7. Steve Henry, Mel Elias, Gary H. Carmona 8. Hon. Wendy Greuel 9. Help Group Student meets Hon. Antonio R. Villaraigosa 10. Dr. Peter Whybrow 11. Hon. Paul Koretz 12. Dr. Susan Berman, Gary Coleman 13. Hon. Paul Krekorian 14. Hon. Zev Yaroslavsky, Dr. Barbara Firestone 15. Help Group Children's Choir 16. Gary Cole 17. Lisa Davidson 18. Louis Price 19. Help Group Recorder Ensemble 20. Nina Storey*


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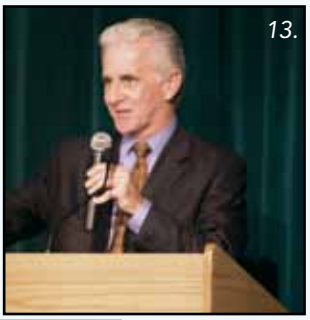
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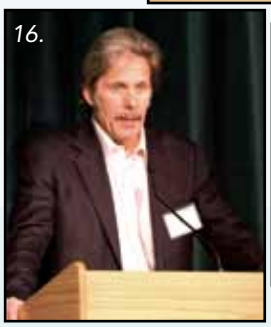
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is necessary for children with autism and I know that we will continue to support The Help Group and what they do for many more years to come."

LA City Councilmember Paul Koretz recognized that The Help Group's efforts have not only enhanced the quality of life for its students but have also positively affected families and provided innovative approaches to special education programs. LA City Councilmember Paul Krekorian echoed Councilmember Koretz's sentiments and noted that it is not only the ribbon cutting that should be celebrated, but also the broad array of Help Group services that are provided to children and families every single day.

Dr. Susan Berman, Help Group Chief Operating Officer, spoke about the wide range of programs that are dedicated to helping children, adolescents and young adults with autism and other special needs. "These services allow children and their families to experience the dignity of achievement and to look forward to productive and rewarding lives," she said.

Gary Cole, Help Group Celebrity Spokesperson, shared his own experiences with having a child on the spectrum. "As a parent, I know firsthand how important The Help Group is to children of our community. What The Help Group does each and every day is nurture and support the miracle of each child's potential."

Parent speaker, Lisa Davidson, spoke movingly about what The Help Group means to her family. "When I stop to reflect on my son Ryan's progress, I'm pretty close to tears…words seem to fall short in expressing my thankfulness for the amazing progress of an amazing boy," she said. "We are so lucky to be working with such exceptionally talented and caring teachers, therapists, administrators and staff."

The Help Group's Children's Choir performed a touching rendition of "Somewhere Over the Rainbow" with singer/songwriter Nina Storey and a rousing performance of "I Believe I Can Fly" with Louis Price, former lead singer of the Temptations. With a standing ovation, the audience cheered for the children and all of the wonderful potential that they possess. The ribbon cutting celebration was truly a day to remember!

freedom of motion: two trams (Charlie and Jennie), two cable cars (Sally and Dan), a chain ferry (William), a coach (Nigel), a funicular railway (Oliver) and a tractor (Barney). Since all of the characters were depicted as toys in a child's bedroom, motion of the latter two was constrained to a track, in a Scalextric-like manner.

Each of the 15 episodes lasts five minutes and opens with a catchy tune and a sequence panning around the boy's bedroom, where he plays with his toy vehicles. We then see the boy going off to school, the vehicles then 'come to life' and become caught up in dramatic stories that enable the child watching to see different key emotions on the faces of the vehicles. The Transporters aims to teach not just basic emotions (happy, sad, angry, disgust, fear, surprise) but also more complex ones (ashamed, joking, jealous, proud, tired, sorry, kind, excited, worried, unfriendly and grumpy). Each short story is entertaining and narrated, but the program works even for a child without language, because the actions speak for themselves.

The hope is that through hours of repetitive TV watching, children with autism — instead of turning away from faces as they usually do because they find them so unpredictable (thus missing out on crucial experience in learning about emotional expressions) – will tune into faces without even realizing that they are doing so. Why? Because unlike faces on the people in their own homes, which are attached to human bodies that move unpredictably and are therefore stressful and confusing, the faces on the vehicles in The Transporters are attached to mechanical bodies that move with beautiful predictability. The wheels turn — round and round and round. The gears on the wheels lift up and down and up and down. The vehicles move back and forth and back and forth. All of these predictable movements are soothing for a child with autism who has a "need for sameness." Such systems, far from being confusing, are easy to understand because they are 100 percent lawful, following the laws of mechanics and "Does this work?" cause and effect. All you need to understand such mechanical motions are concepts like causality, temporal sequence and contingency (If A, then B). The movements are unvaryingly the same, over and over and over again. And if you are a child who has difficulties with 'theory of mind' or 'empathy', such that you are puzzled why a person's facial expression has suddenly changed, the hope is that you could become familiar with how people look when they are surprised or afraid or proud through massive exposure to these patterns.

Our team has conducted an evaluation of The Transporters as an intervention. One group of 25 children with high-functioning autism, ages four to seven years old, was given copies of the animated series to use over a four-week period, for 20 minutes per day. They were assessed prior to the intervention and at the end of it. A typically-developing control group (matched on age, sex, IQ, handedness, language and parental educational level) were simply assessed at two time-points with the same four-week interval in between. Results indicate that while the children in the intervention group began at below-average levels on four tests of emotion-recognition in time period one, by the second time period they achieved equivalent levels to the typically developing controls. The tests included using character's faces that had not appeared in the films themselves, thereby showing some degree of generalization, as well. This suggests that even with a relatively short intervention period, gains are possible. Future research will need to evaluate if the series is also of benefit to less-able children on the autistic spectrum.

In conclusion, we don't wish to claim for a moment that teaching emotion recognition is tantamount to teaching the whole of empathy, but it is at least one component of empathy that can be enhanced. And unlike medical treatments, we assume that this psychological intervention has no unwanted side-effects and potentially has many benefits, both for the child, in finding faces less confusing, and for his or her family, in being able to talk about feelings and making that special connection.

For more information, please visit our website at www.thetransporters.com.

**Acknowledgements:**
We are grateful to Jonathan Drori, Claire Harcup, Paul Bason, Khairoun Abji and Graham Thomas at Culture Online; Nik Lever and Paul Perry at Catalyst Pictures; and the families who kindly took part in the evaluation of The Transporters. Parts of this article appeared in *The Psychologist*.

The Help Group UCLA

# Autism Research Alliance

The Help Group – UCLA Autism Research Alliance has been hard at work making critical strides in autism research initiatives that will contribute to the education and treatment of children, adolescents and young adults with autism spectrum disorders. The cutting-edge studies that are currently in progress include research into studying how children with autism can be more successful in school; understanding the positive impact of music education; and understanding how children with autism hear and process sounds in their environments. Here is an overview of the 12 studies that are currently a part of The Help Group – UCLA Autism Research Alliance.

## HEARING ABILITIES IN CHILDREN WITH ASD

**Anjali Bhatara PhD** - *UCLA Division of Head & Neck Surgery Fellowship American Association of University Women Postdoctoral Fellowship*

To better understand how children with autism spectrum disorders (ASD) hear and process sounds in their environments, Dr. Anjali Bhatara is testing the hearing abilities of children ages 10-14 while measuring their brain activity using EEG technology.

## EXAMINING CHANGES IN DEVELOPMENT FOR YOUTH WITH AUTISM AND INTELLECTUAL DISABILITIES

**Bruce Baker, PhD** - *National Institutes of Health*

To better assess developmental issues of youth ages 12-15, Dr. Bruce Baker is studying differences among adolescents with mild intellectual disabilities, autism spectrum disorders and those with typical development.

## UNDERSTANDING FACTORS THAT LEAD TO SUCCESS IN SCHOOL

**Jan Blacher, PhD** - *UC Riverside SEARCH Fellowship Program*

To gain a comprehensive understanding of the processes involved in early adaptation to school, Dr. Jan Blacher is investigating the factors that contribute to school success for children ages 5-12 with ASD.

## IMPROVING FRIENDSHIP SKILLS FOR YOUNG ADULTS

**Alexander Gantman, PsyD** - *NIH T32 Postdoctoral Fellowship - Organization for Autism Research*

This one-year research study, spearheaded by Dr. Alexander Gantman, is testing the effectiveness of a caregiver-assisted social skills intervention for transitional young adults ages 18-24.

## ASSISTING PARENTS WITH UNDERSTANDING THE IMPORTANCE OF EVIDENCE-BASED TREATMENTS

**Araksia Kaladjian, MA**, *UC Riverside SEARCH Fellowship*

In an effort to enhance understanding of evidence-based treatments, Araksia Kaladjian is leading a study to test the utility of providing parent education groups for parents of preschool children with ASD.

## IMPROVING LANGUAGE DEVELOPMENT IN PRESCHOOL CHILDREN

**Connie Kasari, PhD,** *Organization for Autism Research*

This two-year project, headed by Dr. Connie Kasari, is testing the effectiveness of improving language development for preschool children with ASD through treatment in joint attention and symbolic play.

## IMPROVING SOCIAL SKILLS FOR MIDDLE & HIGH SCHOOL STUDENTS

**Elizabeth Laugeson, PsyD** - *Shapell & Guerin Family Foundation, Friends of the Semel Institute*

This study, led by Dr. Elizabeth Laugeson, is testing the effectiveness of improving friendship skills for middle and high school students with ASD using a teacher-facilitated, parent assisted social skills intervention in the classroom.

## UNDERSTANDING THE POSITIVE IMPACT OF MUSIC

**Elizabeth Laugeson, PsyD** - *NAMM Foundation*

Dr. Elizabeth Laugeson will be examining the positive emotional and behavioral impacts of a school-based music education program for lower functioning children with ASD.

## IDENTIFYING THE NEURAL PATHWAYS ASSOCIATED WITH UNDERSTANDING EMOTIONS

**Istvan Molnar-Szakacs, PhD** - *Grammy Foundation Grant Program*

In this innovative project, Dr. Istvan Molnar-Szakacs is using music as a tool to explore the ability of children with ASD and to identify emotions in musical excerpts and facial expressions using functional magnetic resonance imaging (fMRI) technology.

## DETECTING DYNAMIC FACIAL EXPRESSIONS IN CHILDREN AND ADOLESCENTS

**Judith Piggot, PhD** - *UCLA Center for Autism Research & Treatment Grant*

Using fMRI technology, Dr. Judith Piggot is comparing children and adolescents with ASD to typically developing children in order to understand the neurological processing of emotion in dynamic faces.

## DECREASING SOCIAL ANXIETY IN ELEMENTARY SCHOOL AGED CHILDREN

**Jeff Wood, PhD**, *Autism Speaks Family Services Community Grant*

Dr. Jeff Wood is heading this project to test the effectiveness of training mental health practitioners at The Help Group to implement a cognitive behavioral treatment intervention to treat social anxiety in children ages 7-11 with ASD.

## IMPROVING OUTCOMES FOR ADOLESCENTS WITH ASD AND CO-MORBID ANXIETY

**Jeff Wood, PhD** - *National Institutes of Health (NIH) Grant*

Using a cognitive behavioral treatment intervention to treat social anxiety, Dr. Jeff Wood is examining the effectiveness of decreasing social anxiety and increasing adaptive functioning in adolescents ages 11-14 with ASD.


Bruce Baker, PhD


Anjali Bhatara, PhD


Jan Blacher, PhD


Alexander Gantman, PsyD


Araksia Kaladjian


Connie Kasari, PhD


Elizabeth Laugeson, PsyD


Istvan Molnar-Szakacs, PhD


Judith Piggot, MBChB., PhD


Jeffrey Wood, PhD

school students at Village Glen received in-class instruction on strategies for handling peer rejection through the use of an evidence-based social skills program known as PEERS. Using social skills taken from the PEERS curriculum, students were taught strategies for handling challenging social situations such as verbal teasing, physical bullying and rumors and gossip. Most importantly, students were not presented with run-of-the-mill approaches to bullying (the ones adults typically advocate). Instead, they were given strategies with ecological validity - tactics that have been supported by research and are used by socially accepted teens who have successfully staved off rejection from their peers.

**Here is an overview with a few highlights from the PEERS bullying curriculum.**

## STRATEGIES FOR HANDLING VERBAL TEASING

**Question:** What do most adults tell teens to do in response to teasing?

**Answer:** Walk away, ignore them, tell an adult

**Problem:** When you ask a teen if these strategies work, they will most likely say no. The person often keeps teasing them even when they ignore them or walk away. Telling an adult may result in being labeled a "snitch" and may make the teaser want to retaliate and tease more.

**Solution:** Use an ecologically valid social skill instead. The teen should simply act like what the person said didn't bother them and give a brief comeback that demonstrates their indifference. They might say,

**Whatever...**

**Yeah, and?**

**So what?**

**Who cares?**

**And your point is?**

**Am I supposed to care?**

**Is that supposed to be funny?**

**Anyway...**

These comebacks might be accompanied by a little eye-rolling or some shoulder shrugging, followed by the teen walking away or removing him/herself from the situation when possible. This strategy ensures that the teasing was not fun for the bully and makes it less likely that the teen will be teased again. While effective for handling verbal teasing from peers, this strategy should not be used with adults or teens who have a tendency to get violent.

## STRATEGIES FOR HANDLING PHYSICAL BULLYING

**Question:** What do most adults tell teens to do in response to physical bullying?

**Answer:** Tell an adult, fight back

**Problem:** Telling an adult gets the bully in trouble and makes them want to retaliate. Fighting back may result in injury or getting the teen in trouble.

**Solutions:**

- Avoid the bully. Stay out of reach. Don't draw attention to yourself when the bully is around.
- Don't provoke the bully. Don't "police" the bully or tell on him for minor offences. Don't tease or make fun of the bully. Don't use the strategies for handling verbal teasing (listed above), as this will embarrass the bully and may result in violence.
- Don't try to make friends with the bully. This rarely works and often results in further victimization.
- Hang out with other teens. Bullies like to pick on teens who are by themselves because they are an easy target.
- Stay close to adults when the bully is around.
- If you're in danger, get help from an adult.

## STRATEGIES FOR HANDLING RUMORS AND GOSSIP

**Question:** What do most adults tell teens to do when they are the target of rumors or gossip?

**Answer:** Confront the person and tell them how you feel and let everyone know that the rumor is untrue.

**Problem:** Confronting the person who is spreading the rumor and telling them how you feel will only create more gossip. You can also never completely disprove a rumor or gossip. Telling others that the rumor is untrue will often make you look defensive and will usually result in more gossip.

**Solution:**

- Don't confront the person(s) spreading the gossip. This will create more gossip, add fuel to the rumor mill and may result in the bully wanting to retaliate further.
- Avoid the person(s) spreading the gossip when possible. The bully and others are expecting a confrontation. Don't create

more attention and gossip by going near them.

- Act amazed that anyone would believe or care about the rumor. When the topic is brought up, make statements like, "Can you believe anyone cares about that?" "I can't believe anyone would believe that" or "People need to find something better to talk about."

- Acknowledge the rumor to those you trust in front of those who might overhear, then undermine its importance and/or legitimacy. Do not try to disprove the rumor as this rarely works and may make you look defensive. Instead, do the following:

  > First acknowledge the rumor by saying something like, "Did you hear this rumor about me....." Do this with someone you trust that will support you, while in front of others who will overhear what you're saying.

  > Then discredit the importance or legitimacy of the rumor by saying something like, "Can you believe anyone would believe that or even care? People seriously need to get a life and find something better to talk about. That's so lame." This will take the power out of the rumor and make others who spread it feel less important. If done properly, the new rumor will be how little you care about the old rumor and how lame it was in the first place.

These are just a few strategies from the PEERS curriculum designed to reduce the impact of bullying. While PEERS was developed for adolescents with ASD, these tactics can be used by all teens. One of the unique aspects of this program is that, unlike other anti-bullying efforts, PEERS not only focuses on the victims of bullying, it also teaches social skills that have been supported by research and have shown to be effective for teens with ASD. For more information about PEERS or The Help Group - UCLA Autism Research Alliance please visit www.semel.ucla.edu/peers/ or www.thehelpgroup.org.



### Important Considerations in the Assessment of ADHD

Neuropsychological testing can be a valuable tool in the assessment and diagnosis of ADHD. However, children with ADHD can often perform normally on individually administered performance-based tests of attention and even Executive Function in the clinic setting. How can this be? For starters, children are often tested in a highly structured environment that involves working one-on-one with an examiner in an office. The highly organized and structured environment of the test setting is devoid of the distractions and disorder that children typically encounter in the real word (e.g., completing assignments in a classroom with many other rambunctious children and minimal supervision, or attempting to finish homework instead of playing video games while at home). Therefore, relying too heavily on test results drawn primarily from individually administered performance based measures (paper and pencil tests) without careful consideration of clinical history, particularly parent and teacher input, can be misleading. For this reason, the use of behavior rating scales (questionnaires) is critical in the assessment of ADHD. First, questionnaires provide information about a child's Executive Functions through observation of their behavior within a natural setting rather than a test clinic. Second, information on a variety of different skills and potential problem areas can be gathered with a single questionnaire in a short period of time (usually minutes), which often cannot be gathered in a test clinic, even when a large battery of individually administered tests are used. Third, questionnaires collapse observations of a child's Executive Functions over an extended time interval (weeks to months), which cannot be done with individually administered performance-based measures. Therefore, the use of parent, teacher and self-report questionnaires is critical in the diagnosis and assessment of ADHD. In summary, our understanding of ADHD as a disorder of Executive Function has led to important implications in our conceptualization of the condition and its impact on academic function, and has also improved diagnostic accuracy when assessing and screening for ADHD.

For more information about the assessment of executive functioning skills people can contact the Help Group UCLA Neuropsychology Program at (818) 781-0360.

**Memory Strategies** - Continued from page 9

Students should also be encouraged to engage in active learning. Active learning requires being involved, or attending to and thinking about what is being taught. Even if a student attends every lecture and reads every assignment, there is no guarantee that they will learn and remember the information. However, using active learning principles ensures that the student understands the concepts before trying to memorize specifics about the task. For example, when trying to memorize something, it can help to actually recite the information aloud. Repeating information aloud can help program the information using auditory encoding, which may improve recall. Another technique is the use of visual memory cues, such as writing out vocabulary words, theories or algebraic formulas. This allows students to not only practice (and repeat) the information but also to see the way it looks on the page (to develop a visual memory that may be retrieved later). Finally, an effective way to enhance recall and understanding of dense material is to teach it to an imaginary audience. By doing so, the student is forced to organize the material in a way that makes sense to them and to anticipate potential questions. Moreover, articulating the concepts will uncover gaps in comprehension (and recall) of the material. After mastering a particular section from the textbook, a student should try delivering an organized lecture on any topic from that section. The student and parents can then check for accuracy and brainstorm questions about the material as a way of anticipating potential test questions. During the study period, students should also be encouraged to pay attention to facts that are interesting or intriguing. Students remember much more about people, places and topics that fascinate them. Students who are greatly interested in a subject pay closer attention to that subject and in turn their brains release chemicals to form deeper "imprints" on the cells that store memory. Those can literally become "long lasting impressions." So, rather than trying to remember specific names or dates, students should be encouraged to remember salient facts that will help them recall episodic memories on the exam. For example, the muscles in the knee are often referred to as the "cutest" muscles in the body because they resemble a smile. This type of fact can help cue a student with test anxiety to recall the rest of the facts about the physiology of the knee.

In summation, text anxiety can significantly impair performance. However, the application of exercise, a positive attitude and specific study strategies can assist in the recall of information from memory. Students are encouraged to remain calm during the study period and they should be reminded that positive expectations can make a huge difference when entering into the testing session. Given that recall of information is the most common concern of students with test anxiety, they should also be encouraged to utilize both visual and auditory memory methods to encode information,. Finally, the recall of information is most salient if the student actively engages the subject through discussion or other forms of contemplation.

**Children & Adolescents with Reading Disabilities** - Continued from page 3

### EMPOWER™ READING: DECODING AND SPELLING

This program addresses head-on the core learning problems that prevent children with literacy difficulties from learning to read and spell. Empower™ Reading: Decoding and Spelling teaches struggling readers five decoding strategies and guides students to use these strategies effectively when reading independently for meaning, information or pleasure. Empower™ Reading successfully reshapes learners' maladaptive beliefs about learning and their own abilities and builds intrinsic motivation for reading and learning.

### The Five Empower™ Decoding Strategies

The five strategies are taught in sequence and are practiced cumulatively over 110 lessons . They are:

- **Sounding Out** (a phonological letter-sound decoding strategy)
- **Rhyming** (a word identification-by-analogy strategy)
- **Peeling Off** (a strategy for separating affixes in multi-syllabic words)
- **Vowel Alert** (a strategy for trying variable vowel pronunciations)
- **SPY** (a strategy for seeking familiar parts of unfamiliar words)

The strategies give children the flexibility required to read the often unpredictable English language; each strategy builds upon the mastery of previously taught skills and strategies. A metacognitive organizational structure is used to promote transfer of learning: The metacognitive emphasis is designed to ensure that the child takes ownership of the strategies and monitors his or her application independently.

The program is the result of findings from 30 years of research by Dr. Maureen W. Lovett and her team of psychologists, special education teachers and scientists at The Hospital for Sick Children in Toronto.

### Sample Exercise:

**Child is presented with the word "unplowed"**

"I'm going to use Game Plan to read this word. I see beginnings and endings and a double trouble twin (letter combinations that can make more than one sound) so I'll use Peeling Off and Vowel Alert to figure out this word. First I'll use Peeling Off. I Peel Off un from the beginning and ed from the end. Now I'll use Vowel Alert on the double trouble twin ow. First, I'll try ow as in "glow" and then, I'll try ow as in "cow" and see what gives me a real word. First, I'll try ow as in "glow". I sound out the word and see if it makes a word I know: plllooo. Now, I'll put the word together: "unpload". It doesn't make a real word, but I don't give up. Now, I'll try ow as in "cow": plllowowow. Now I'll put the word together again: "unplowed." Yes, that's a real word! I used Peeling Off and Vowel Alert, and I got the word!"

For more information on Empower™ Reading and the Learning Disabilities Research Program at The Hospital for Sick Children, please call 416-813-6329 or e-mail ldrp@sickkids.ca, or nbadger@sickkids.ca

separate these issues, decide which issues to treat and then to prioritize medication treatment plans. Also, target symptoms often change as the child ages and therapy can be another factor that may move a child up the social-emotional-developmental ladder. As he grows and improves, a change in dosage or type of medication may be needed.

Although symptoms vary widely from child to child with ASD, the most common and potentially treatable target symptom clusters I see in the children I care for include:

- Anxiety
- Compulsive-sameness oriented—repetitive behavior
- Hyperactivity, impulsivity, distractibility
- Explosive/aggressive behavior
- Mood changes
- Stereotypic motor movements, tics
- Motor planning and sequencing difficulties
- Delusions

Once target symptoms have been identified, the next step is to connect the target symptom to the underlying brain neurotransmitters that could be contributing to the behavior. From this, effective medications can be explored. The benefits and disadvantages of possible treatments must be considered by evaluating the desired effect versus the potential side effects of the medications.

In general, medications are divided into categories, depending on the symptom being treated. These include:

- Anxiety-breaking medications
- Stimulants and non-stimulants for attention issues
- Anti-depressants
- Mood stabilizers
- Anti-hypertensives
- Anti-psychotics
- Medications for specific problems, such as sleep and motor planning

Each category has a variety of medication choices. With so many medications on the market and new medications continuously being introduced, it is no wonder that parents and team members are often confused. My new book, "Autism Solutions: How to Create a Healthy and Meaningful Life For Your Child", provides an overview of the range of medications choices, including effects and side-effects. Another useful resource is "Straight Talk About Psychiatric Medications For Kids" by Timothy Willens, M.D.

Once the appropriate medication has been selected, it is implemented in a trial format. A drug trial or plan will be put into place in order to evaluate the drug's effectiveness for treating a specific symptom. If you target a particular symptom to treat in this way, it is easier to monitor progress over time and to watch for side effects. A timeframe should be established with the treatment team to determine whether or not the medication has been effective for helping the identified (targeted) issue. If it has been deemed effective, the medication will be titrated (adjusted) up to its optimal dosage and continued at a steady rate. However, it is important to always be vigilant about watching for side effects throughout the process.

I suggest keeping a medication Treatment Response Chart to document how well a medication is working to alleviate a child's symptoms. Embarking on a medication trial requires a continuous dialogue, particularly between the doctor and family. As patients in my practice get older and more adept at communication, I strive to include them in the decision-making process. Many of my teenage patients are very articulate about how they feel on particular medications and whether they think the dose they are taking is effective.

Once symptoms have been targeted, a medication has been chosen and side effects have been assessed, I suggest starting the medication on as low of a dose as possible. When you start with the lowest possible dose it allows you to finely titrate the dosage, observing for positive effect and stopping if there is a negative side effect. I have found that children with ASD are exquisitely sensitive to medications, and too high a dose can easily overshoot the effective range of the medication for a particular child and will only induce an unwanted side effect. After adjusting to what seems to be the optimal dose, continue monitoring effects versus side effects. Treatment with more than one medication may be beneficial. Each medication, however, needs to be titrated in a similar fashion while the medications are being used together.

Finally, it should be noted that when developing a particular medication treatment plan it is key that all family members agree with the plan and that the goal of using a particular medication is clear to all involved. Clarifying goals and expectations will help the family, therapists and teachers to better note how well the medication is working, if there are any problems with side effects or if there is an unwanted increase in symptoms.

Follow-up is a crucial part of the trial. Ultimately, a consensus can be reached as to whether the medication is a good choice to safely improve the child's well-being, relating, communicating and eventual learning. If a major side effect outweighs the benefit of the medication at even the lowest doses, then the child should be cautiously weaned off of the medication until he is back on his baseline. Then a discussion about potential next steps, including trying another medication, can begin.

In my experience, even when parents understand how medications can change brain biology they may still have deep concerns about using them. It is important that parents discuss their thoughts and feelings on this issue with their doctor. Parents need time, and there are many routes of therapeutic possibilities to try before medications are added to the mix. Occasionally, medication becomes a first choice. By keeping open lines of communication, respecting each others' viewpoints and keeping in mind that the primary goal is always the child and family, the most comfortable and effective options can be identified, prioritized and implemented.

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The Help Group

# Leading the Way for Young People with SPECIAL NEEDS

**Village Glen School**

**Bridgeport School**

**Sunrise School**

**Young Learners School**

**Summit View School**

**Coldwater Canyon Prep**

**Pacific Schools**

**Harbor School West**

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, developmental delays, abuse and emotional problems.

The Help Group's seven specialized day schools offer pre-K through high school programs for nearly 1,400 students. The Help Group's 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 800 staff members, The Help Group's state-of-the-art schools and programs are located on six major campuses in the Los Angeles area.

- ASSESSMENT
- MENTAL HEALTH SERVICES
- RESIDENTIAL PROGRAMS
- TRANSITIONAL PROGRAMS
- LIFE SKILLS COACHING
- SOCIAL SKILLS TRAINING
- PARENT EDUCATION
- AFTER-SCHOOL ENRICHMENT
- SUMMER & WINTER CAMPS

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**877.943.5747 | www.thehelpgroup.org**

**HelpLetter**



# ABOUT THE HELP GROUP

**The Help Group is dedicated to the education, treatment and outreach of children with autism and other special needs:**

## SPECIALIZED DAY SCHOOLS

**Village Glen School** for students with social and communicative disorders, 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 with autism spectrum disorders.

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

**Sunrise School** for students with autism and related developmental disabilities.

**Summit View School** for students with learning differences.

**Coldwater Canyon Prep** for students with learning differences, attentional and emotional issues.

**Harbor School West** for students with issues related to mood disorder, lack of motivation and withdrawl.

**Pacific Schools** for students with emotional and behavioral disabilities.

## CLINICAL 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** 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 autism spectrum disorders.

**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.

**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 UCLA's 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 and Intervention Programs** include child and family counseling, family preservation, teen parenting counseling, parent education and family reunification counseling.

**The Wraparound Program** is a strengths-based, family-focused program used by communities to support children and families with complex needs.

**Village Glen Commons** is a therapeutic boarding school for adolescents on the autism spectrum with challenges in the areas of socialization, communication and peer relations.

**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, vocational and independent living skills for adolescents and young adults.

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

**silverlining resale boutique** is the first resale store of its kind providing vocational training and competitive employment opportunities to young adults with autism and other special needs.

**Kids Like Me** After School Enrichment, Social Skills Groups and Day Camp Programs

## PROFESSIONAL DEVELOPMENT

Graduate & Post-Graduate Training Programs

Distinguished Lecturer Series

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

The Help Group

Administrative Offices:
13130 Burbank Boulevard
Sherman Oaks, California 91401

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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 disorders, learning disabilities, ADHD, developmental delays, abuse and emotional problems.

The Help Group's seven specialized day schools offer pre-K through high school programs for nearly 1,400 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 six 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.

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

**REGISTER ONLINE NOW**

The Help Group
# SUMMIT 2011
**Advances and Best Practices in**
**AUTISM ▪ LEARNING DISABILITIES ▪ ADHD**

**Friday, October 21st & Saturday, October 22nd**
Skirball Cultural Center ~ Los Angeles, California

For detailed event information, please visit
**www.thehelpgroup.org**

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**www.thehelpgroup.org**

Village Glen School · Bridgeport School · Sunrise School · Young Learners Preschool for Autism · Village Glen Commons Boarding Option
The Help Group - UCLA Autism Research Alliance · The Help Group Center for Autism Spectrum Disorders · The Help Group National Autism Foundation
Kids Like Me Day Camps · Camp Discovery · ADVANCE LA · silverlining · Kids Like Me After-School Enrichment & Social Skills Groups

Summit View School · Coldwater Canyon Prep · The Help Group - UCLA Neuropsychology Program · Pacific Schools
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