



Science in Autism Treatment

Newsletter of the
Association for Science in Autism Treatment

Volume 13, Issue 3 | Summer 2016

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CONSUMER CORNER

Lifespan Resources From the Web

Peggy Halliday, MEd, BCBA
Franca Pastro, BA

For this Consumer Corner installment, ASAT has focused on the creation of a list of valuable lifespan resources. Once parents have successfully navigated the often choppy waters to access treatment for their child, it may then be a good time to start planning for the future, which is a multi-year project on its own. In the ASAT lifespan resource list, the mission of each organization is briefly presented with a link to its website, often containing valuable information available for download. These worthwhile resources will also be archived on the ASAT website for future reference, as are all of ASAT's Consumer Corner articles. Although the concept of the future may be daunting, the earlier we start to envision a successful life for our children, the sooner we will be able to create a reality that provides quality of life and dignity for our loved ones when they reach the age of majority.



Sabrina Freeman, PhD
Consumer Corner Coordinator

The following is a non-exhaustive list of websites of other organizations that provide information about autism across the lifespan. ASAT developed this list because there is a shortage of high quality resources readily available to support individuals with autism spectrum disorder and their families as they enter adulthood.

 [Advancing Futures for Adults with Autism \(AFAA\)](#)

This website provides brief summaries of the concerns that may arise regarding housing, employment, and community integration for adults with autism spectrum disorders. There are links for information on various efforts of the AFAA to increase appropriate housing and residential supports, as well as their initiatives to improve employment opportunities and community integration.

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The housing information is especially useful since it may be an overlooked area for many adults.

www.affaa-us.org/core-issues

[Aging with Autism](#)

Aging with Autism offers information about services being developed to enrich the lives of “more significantly involved individuals with classic autism.” This website provides links to resources that discuss current initiatives and issues regarding the transition to adulthood for this population, and shares information about evidence-based program choices. The organization recognizes that the needs of individuals with autism change throughout their lives, and supports specific programs for teens and young adults, adults in mid-life, seniors and elders. www.agingwithautism.org/

[Alpine Learning Group](#)

Alpine was one of the United States’ first school programs to provide children, young adults, and adults with autism with comprehensive, scientifically-validated educational and behavioral services. This website offers a free, downloadable “Supported Employment and Volunteerism Training Manual,” reviewed by ASAT and available on our website here: www.asatonline.org/for-parents/education/lifespan/working-in-the-community-a-guide-for-employers-of-individuals-with-autism-spectrum-disorders/. The manual was designed to provide a general overview of the characteristics of autism and general procedures to enhance the volunteer or work experience of individuals on the autism spectrum. www.alpinelearninggroup.org/latest-publications

[Autism New Jersey](#)

Whether or not you live in New Jersey, this website provides resources that help make the process of transition to adulthood a smoother one. Common concerns are broken down by age (e.g., Transition 14-21 years and Adults 21+ years). Links to such topics as Understanding Guardianship, Sheltered Workshops, and Aging Out of the School System offer information about financial and behavioral/instructional supports available at the time of transition and beyond. www.autismnj.org/resources/adults

[Autism Society](#)

The Autism Society website offers guidelines to assist families with transition planning as an individual with ASD moves through school and into adulthood. The focus is on identifying an individual’s interests, abilities, and needs. Quick links on the left side of the page lead to information regarding employment, housing, and relationships, as well as to valuable supports for self-advocacy. www.autism-society.org/living-with-autism/autism-through-the-lifespan/adulthood/

[Autism Speaks: Housing and Community Living](#)

The Housing and Community Living section of the Autism Speaks website contains some helpful information on securing housing for adults with ASD. The Autism Speaks Housing and Residential Supports Tool Kit, available on this website, was created to assist individuals and families as they

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identify and secure appropriate residential supports and services. It was also reviewed by ASAT and is available on our website: www.asatonline.org/research-treatment/book-reviews/a-review-of-transition-resources-for-adolescents-and-adults-with-autism/. The purpose of this tool kit includes providing an overview of housing options and supports often needed, as well as describing options. www.autismspeaks.org/family-services/housing-and-community-living

Council of Parent Attorneys and Advocates (COPAA)

COPAA is an accurate, user friendly website for IDEA and 504 resources across the United States. An independent, nonprofit national organization, COPAA works to protect the legal and civil rights of students with disabilities and their families. The COPAA community welcomes anyone who works primarily from the family perspective at the local, state and federal levels in the courts to promote meaningful programs that give all students a chance at success. COPAA helps parents to locate advocates, attorneys, and related professionals through their website directory. www.copaa.org/

The Daniel Jordan Fiddle Foundation

This foundation's website provides links to various resources that may not typically be considered during the transition process. These include resources for legal information, religious services, recreational programs, safety and community issues, art, music and theater programs, as well as vocational and educational resources. www.djfiddlefoundation.org/autism_resource_links.cfm

Families for Early Autism Treatment (FEAT)

FEAT is a non-profit, volunteer-driven organization of parents, family members, and treatment professionals dedicated to providing best outcome education, advocacy and support. The emphasis for teens and young adults is on parent support networking. This website is for the Northern California autism community; however, it provides links to FEAT websites throughout the USA and Canada. www.feat.org

Job Accommodation Network

The Job Accommodation Network (JAN) is a source of guidance on workplace accommodations and disability employment issues. Working toward practical solutions that benefit both employer and employee, JAN helps people with disabilities enhance their employability, and shows employers how to capitalize on the value and talent that people with disabilities add to the workplace. <https://askjan.org/>

The May Institute - National Autism Center

The National Autism Center is The May Institute's Center for the Promotion of Evidence-based Practice. It is a nonprofit organization dedicated to serving children and adolescents with autism spectrum disorders by providing reliable information, promoting best practices, and offering comprehensive resources for families, practitioners, and communities. An advocate for evidence-

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based treatment approaches, the Center identifies effective programming and shares practical information with families about how to respond to the challenges they face. www.mayinstitute.org/

[Organization for Autism Research \(OAR\)](#)

OAR is a nonprofit organization dedicated to applying research to the daily challenges of those living with autism. OAR funds new research and disseminates evidence-based information in non-technical language, friendly to the consumer. The OAR website contains free downloadable information for families and professionals, as well as information on studies, research and grants. Included in OAR's "Life Journey Through Autism" series are "A Guide for Transition to Adulthood" (in English and Spanish), which has been reviewed by ASAT and available on our website www.asatonline.org/research-treatment/book-reviews/life-journey-through-autism-a-guide-for-transition-to-adulthood/ and "Understanding Autism: An Employer's Guide" www.researchautism.org/resources/reading/index.asp

[Project SEARCH](#)

Project SEARCH provides employment and education opportunities for individuals with significant disabilities. The program is dedicated to workforce development that benefits the individual, community and workplace. Project SEARCH has more than 400 program sites in over 40 states, as well as in Australia, Canada, England, Scotland, and Ireland. The organization coordinates four distinct programs: High School Transition Program, Adult Employment Program, Vocational/Educational Clinic, and Replication and Dissemination. www.projectsearch.us

[Social Security Administration](#)

The U. S. Social Security Administration website describes benefits for adults with disabilities, such as Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicaid and/or Medicare, and, specific to employment, PASS (Plan for Achieving Self-Support) and Ticket to Work programs. Financial, medical, and employment information is also available. www.ssa.gov

[Virginia Commonwealth University – Autism Center for Excellence](#)

VCU-ACE is a university-based technical assistance, professional development, and educational research center for autism spectrum disorder in the state of Virginia. VCU-ACE offers a wide variety of online training opportunities for professionals, families, individuals with ASD, and the community at large. The purpose of the Virginia Commonwealth University Research Rehabilitation Training Center (RRTC) on Workplace Supports and Job Retention is to study those supports that are most effective for assisting individuals with disabilities, including those with Autism, maintain employment and advance their careers. www.worksupport.com



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- Hear noted speakers including **Drs. Joanne Gerenser, Peter Gerhardt, Robert LaRue, Mary McDonald, Michael Selbst**, and others from respected organizations such as **Kennedy Krieger Institute** and the **Behavior Analyst Certification Board**.
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- Share your research with our **Call for Posters** available online through August 1. Research Poster Session sponsored by:  **ASAT Real Science, Real Hope**
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800.4.AUTISM | **www.autismnj.org** | **conference@autismnj.org**

BACB and ASHA CEUs will be available. Call for information about social work credits.

RESEARCH REVIEWS

Communication Interventions for Minimally Verbal Children with Autism: A Sequential Multiple Assignment Randomized Trial

&

Preschool-based social-communication treatment for children with autism: 12-month follow-up of a randomized trial.

In this issue of SIAT, we summarize two studies involving young children with autism spectrum disorder. The first looks at the effect of combining a speech-generating device with a novel developmental/behavioral intervention to improve a range of communication skills. The second evaluates the long-term effect of a teacher-implemented intervention on social communication skills. We hope this information is helpful.



Karen Fried, PsyD, BCBA-D
Research Synopses Co-Coordinator

Communication Interventions for Minimally Verbal Children with Autism: A Sequential Multiple Assignment Randomized Trial

Kasari, C., Kaiser, A., Goods, K., Nietfeld, J., Mathy, P., Landa, R., . . . Almirall, D. (2014). Communication interventions for minimally verbal children with autism: A sequential multiple assignment randomized trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(6), 635-646. doi: 10.1016/j.jaac.2014.01.019.

Reviewed by: Sunbul Rai, MSc, BCBA, ASAT Extern and Karen Fried, PsyD, BCBA-D, ASAT Board Member

Why research this topic?

Autism spectrum disorder (ASD) includes substantial communication challenges that can have a tremendous impact on the quality of life of individuals with ASD. This is especially true for the 25-30% of children with ASD who continue to be minimally verbal following intervention (speaking fewer than 30 words to communicate). To enhance or replace spoken language, research has examined different augmentative or alternative communication (AAC) systems including gestures, sign language, picture exchange (such as the Picture Exchange Communication System, or PECS)

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and speech-generating devices (SGDs such as an iPad or DynaVox). Studies show that ABA methods can be used to teach minimally verbal children with ASD to use PECS to make requests. However, there is currently limited evidence that instruction in PECS improves other aspects of communication (e.g., using spoken language for a variety of purposes). Regarding other AAC systems, such as SGDs, there have been promising case reports of effectiveness but no studies with strong scientific design. The current study aims to use a strong design to test novel interventions and SGDs for minimally verbal children with ASD.

What did the researchers do?

The researchers combined two developmental/behavioral interventions, Joint Attention Symbolic Play Engagement and Regulation (JASPER) and Enhanced Milieu Teaching (EMT), referring to the combination as JASP+EMT. JASPER focuses on developing prelinguistic gestures (joint attention, requesting) and play skills within the context of child-led, play-based interactions. EMT uses back-and-forth interaction and systematic modeling and prompting to promote spontaneous, spoken communication. Sixty-one minimally verbal children with ASD, aged 5-8 years, participated in the study. In Stage 1, participants were randomly assigned to either JASP+EMT or JASP+EMT+SGD (i.e., enhanced by an SGD in the form of an iPad or DynaVox). Participants received the intervention for two 1-hour sessions per week for 12 weeks. Measurements included total number of spontaneous communicative utterances, total number of novel words and total comments (taken from a natural language sample scored by raters who were blind to the intervention group the child was in). Stage 2 was also 12 weeks long. “Early responders” to Stage 1 intervention received the same intervention in Stage 2. “Slow responders” to Stage 1 intervention received an intensified intervention in Stage 2, either an additional hour per week of JASP+EMT, or the incorporation of an SGD, or an extra hour per week of JASP+EMT+SGD. Parents observed intervention during Stage 1 and received direct training on intervention procedures in Stage 2. The study included repeated outcome measures (baseline, weeks 12, 24, and 36).

What did the researchers find?

The researchers found more communication improvements on all outcome measures for the group that began with JASP+EMT+SGD than for the group that began with JASP+EMT only. Specifically, the participants in the JASP+EMT+SGD group demonstrated an increase, not just in requesting, but in number of spontaneous communicative utterances, number of novel words and total comments. Ninety-two percent of their spontaneous communicative utterances were spoken utterances. Adding SGD in Stage 2 for “slow-responders” to JASP+EMT was less beneficial than having SGD from the start of intervention. Quality of intervention, defined as implementing the procedures as intended, was higher when trained professionals delivered the intervention than when parents did so.

What are the strengths and limitations of the study?

This study delivered a strong scientific design, with random assignment to intervention groups, observations of communication by blinded raters, and repeated measures of outcome. The children’s

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responses to Stage 1 of the intervention were specifically and operationally defined as either “early responders” or “slow responders” so that Stage 2 of the intervention could be adapted while still systematically examining the contribution of the SGD. Limitations included having a sample size that was only two-thirds of the recruitment target. However, the sample size was still considered large for a randomized trial in ASD research. Parents’ ability to implement the intervention as intended is also a concern. Another limitation is that all participants had at least two years of prior intervention per parent report, but the nature of that intervention was not specified including presence or absence of previous AAC intervention. It was also not stated whether participants were receiving additional interventions during the course of the study.

What do the results mean?

The current study indicates that child-led interventions plus SGDs are a potentially effective tool for increasing a range of spontaneous communication skills in minimally verbal, school-aged children with ASD. The current study delivered effective intervention at a low intensity (2 to 3 hours per week). To increase the utility of this intervention, an important area for future research is to investigate communication gains when intervention occurs at a higher intensity and to improve the parent training procedures so that parents implement the interventions more successfully. Finally, SGD options are not necessarily equivalent. An area for future research is to compare and contrast the SGD options for minimally verbal, school-aged children with ASD so that qualified professionals can make the best decisions for each learner.

Kaale, A., Fagerland, M. W., Martinsen, E. W., & Smith, L. (2013). Preschool-based social-communication treatment for children with autism: 12-month follow-up of a randomized trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53, 188-198.

Reviewed by: Casey L. Nottingham, Caldwell University

Why research this topic?

Children of typical development frequently engage in social communication that includes joint attention skills such as looking or pointing to things in an environment to share an experience with another person. Skill deficits in this area are a defining feature of autism spectrum disorder (ASD) and as such are present in all individuals with this diagnosis. The authors of the current paper previously reported on the short-term effects of a treatment targeting social communication for preschoolers with ASD. The purpose of the current study was to extend the previous report by evaluating the long-term effects of the treatment on social communication, language, and social functioning. An additional purpose was to examine potential individual characteristics that may impact treatment effects.

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What did the researchers do?

The current study was a 12-month follow-up to a randomized controlled trial (RCT). The RCT evaluated a preschool-based social communication treatment for children with ASD. Participants were 61 children with ASD ranging in age from 24 to 60 months and attending integrated preschools in the community. The children were randomly assigned to one of two groups: (a) social communication treatment plus preschool program or (b) preschool program only (i.e., control group). The social communication treatment included procedures modified from the Joint Attention, Symbolic Play, Engagement, and Regulation intervention developed by Kasari and colleagues (<http://www.kasari.org/treatments/jasper/>). In this treatment, opportunities are provided for the children to initiate bids for joint attention and maintain joint engagement, with an adult by following the child's lead, using novel and appealing toys, providing prompts when needed, creating play routines, and talking about what the child was doing. Counselors attended a workshop and rehearsal seminars to learn the treatment and then trained the preschool teachers who ran sessions with the children. Treatment sessions were 20 minutes (i.e., 5 min training and 15 min floor play) and were held twice daily; these sessions lasted 8 weeks. Several measures were used to assess the target behaviors of interest in addition to expressive language skills, nonverbal IQ, and sociability. Those included the Mullen Scales of Early Learning (MSEL), the Norwegian standardization of Reynell Developmental Language Scales (RDLS), the Social Communication Questionnaire: Current Form (SCQ:C), and the Early Social Communication Scales (ESCS). Videos of teacher-child and mother-child interactions were also scored for instances of joint engagement.

What did the researchers find?

Sixty of the 61 participants from the original study were included in the follow-up. The authors reported that there were no changes from end of treatment to follow-up in the type or content of the children's preschool programming. However, the children in the treatment group performed better than the control group at the 12-month follow-up on two of the five social communication goals (i.e., more initiation of joint attention and more time in joint engagement during interaction with mothers). The authors found no significant differences between groups on language measures or social functioning and communication. Ratings of higher sociability correlated with increases in child initiations of joint attention during mother- and teacher-child interactions for the treatment group.

What are the strengths and limitations of the study?

The authors selected an important goal to evaluate. They examined a target skill – social communication or joint attention – that is a core deficit of individuals with ASD. Additional strengths are that the authors included a large number of preschoolers with ASD and treatment was provided in a community preschool. Additionally, the authors reported findings of a follow-up evaluation; evaluations such as these are important to make conclusions about the durability of treatment effects

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across time. Along with these strengths, several limitations should be noted. The services received during the follow-up period were not measured and may have differed among children in and across both groups. Also, details about treatment procedures were limited in the current report and in the prior report on outcomes at the end of treatment; therefore, it is unclear if other researchers would be able to replicate the procedures or if portions of the procedures could be effective alone rather than in a treatment package. Additional research would be needed to draw conclusions about effective treatments for these targets.

What do the results mean?

The authors showed that teachers in community preschools could implement a specialized intervention for social communication in ASD and that this teacher-implemented intervention led to improvements in some aspects of social communication in a large sample of young children with ASD. However, additional research is needed to examine the replicability of the treatment procedures. In addition, because treatment benefits were observed on only a subset of the outcome measures, additional research is needed to determine how to obtain broader changes in social communication.

SCIENCE IN AUTISM TREATMENT TEAM

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FROM THE ARCHIVES

Science, Pseudoscience, and Antiscience: Choices that Change Lives

Gina Green, PhD, BCBA-D
Lora Perry, MS, BCBA

Parents who have just learned that their child has a diagnosis of autism spectrum disorder are faced with the enormous challenge of getting informed about the treatment options for their loved one. The decision regarding treatment is one that has long lasting effects. With a multitude of treatment options out there, it is crucial for parents to be well informed about which treatments have evidence to support their claims. In this installment of *From the Archives*, Dr. Gina Green and Lora Perry suggest some pertinent questions that parents should be asking when considering their treatment options.

Caroline Simard, MS, BCBA
Newsletter Content Coordinator

The Importance of Informed Treatment Decisions

“Your child has autism.” With those words, a parent’s world comes crashing down. What to do? Choosing a treatment is one of the most important decisions the parents of a person with autism will ever have to make. How do parents find truly effective treatment for their child? In an ideal world, the person who dropped the autism diagnosis on a family would provide the answer. But the unfortunate fact is that many who make this diagnosis are not well informed about the wide array of autism treatments, and the degree to which these treatments have proven effective (or not). So until the day comes when parents can count on data based professional guidance, they will need to become very discerning about the various treatments, therapies, and programs that are claimed to be effective for autism. The same applies to those who are concerned with helping families get effective services. There is a need to do a lot of homework, and to do it quickly. Why the urgency? Because the stakes are high, and every moment is precious.

Children and adults with autism can learn, and there are effective methods for helping them develop useful skills and lead happy, productive lives. At the same time, research has shown that many currently available interventions for autism are ineffective, even harmful, while others have simply not been tested adequately. Every moment spent on one of those therapies instead of effective intervention is a moment lost forever. Besides, common sense suggests that it is wise for parents and professionals alike to invest in interventions that can be reasonably calculated to produce lasting, meaningful benefits for people with autism—that is, interventions that have withstood scientific testing.

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As parents and professionals seek information about autism treatments, they discover a long and perplexing list of “options,” many of them promoted by sincere, well-meaning, persuasive people. Everyone claims that their favorite treatment works, and parents and practitioners are often encouraged to try a little bit of everything. This can be very appealing to people who are seeking anything that might help. How does one choose wisely? To quote the late Carl Sagan, “The issue comes down to the quality of the evidence.” So the first step is to find out exactly what evidence is available to support claims about autism treatments. But all evidence is not created equal. How does one sort pure hype from solid proof, wishful thinking from rigorous testing?

Science, Pseudoscience, and Antiscience

Approaches to answering fundamental questions about how the world works can be grouped into three broad categories: science, pseudoscience, and antiscience. Science uses specific, time-honored tools to put hunches or hypotheses to logical and empirical tests. Some of those tools include operational definitions of the phenomena of interest; direct, accurate, reliable, and objective measurement; controlled experiments; reliance on objective data for drawing conclusions and making predictions; and independent verification of effects.

Science does not take assertions or observations at face value, but seeks proof. Good scientists differentiate opinions, beliefs, and speculations from demonstrated facts; they don’t make claims without supporting objective data.

In contrast, pseudoscience tries to lend credibility to beliefs, speculations, and untested assumptions by making them appear scientific — for example, by using scientific jargon, endorsements from individuals with “scientific” credentials, perhaps even some numbers or graphs. But instead of objective measurements from well-controlled experiments, pseudoscientists offer testimonials, anecdotes, and unverified personal reports to back up their claims. Antiscience is the outright rejection of the time-tested methods of science as a means of producing valid and useful knowledge. The extreme antiscientific view is that there are no objective facts; all knowledge is made up of personal interpretations of phenomena.

Pseudoscientific and antiscientific treatments and approaches for various conditions, including autism, abound. They are promoted enthusiastically, not in peer-reviewed scientific journals, but in materials published by their promoters, such as newsletters, videotapes, books, advertisements, and the Internet. These treatments have several distinguishing features (see side-bar). Some may seem benign at first glance, but that can be misleading. Over the years, many such treatments have proven to have very harmful physical and emotional side effects. They also exact a great societal toll by diverting precious resources from effective treatments and sound research, raising false hopes, and perpetuating illusions (for some examples, see the books *Controversial Therapies for Autism and Intellectual Disabilities* and *Crazy Therapies*, listed below).

Smart Questions

Parents and professionals can protect people with autism from the harms of bogus and ineffective treatments by exercising healthy skepticism, and asking several questions of everyone who claims to have an effective intervention for autism: What is the intervention, precisely? Exactly what is it

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supposed to do? Have its effects been tested in controlled experiments using direct, objective measures? If so, were those studies published in peer-reviewed scientific journals? What did studies show about positive effects and negative side effects? Did the effects carry over beyond the immediate treatment setting? Is there another scientifically validated treatment that is similarly effective but has fewer negative side effects? Who will administer this treatment, and how can I be sure they are qualified to do so? How will its effects on this individual be evaluated, and by whom? What will happen if we do nothing? Listen to the answers, but don't take them at face value. Seek out published research on the treatment, and, if necessary, someone with expertise in scientific research methodology to help you evaluate it. Also take note when no answers—and no solid supporting studies — are provided. What is not known or said matters, too.

When families seek treatment for a child diagnosed with cancer or diabetes, they aren't simply given a long list of interventions that someone somewhere believes to be effective, and told to choose from that list on their own; they can usually expect to be informed about treatments that are based on sound scientific research. Why settle for anything less when the diagnosis is autism?

**PSEUDOSCIENTIFIC THERAPIES: Some Warning Signs
(adapted from the American Arthritis Foundation)**

- 1) High “success” rates are claimed.
- 2) Rapid effects are promised.
- 3) The therapy is said to be effective for many symptoms or disorders.
- 4) The “theory” behind the therapy contradicts objective knowledge (and sometimes, common sense).
- 5) The therapy is said to be easy to administer, requiring little training or expertise.
- 6) Other, proven treatments are said to be unnecessary, inferior, or harmful.
- 7) Promoters of the therapy are working outside their area of expertise.
- 8) Promoters benefit financially or otherwise from adoption of the therapy.
- 9) Testimonials, anecdotes, or personal accounts are offered in support of claims about the therapy's effectiveness, but little or no objective evidence is provided.
- 10) Catchy, emotionally appealing slogans are used in marketing the therapy.
- 11) Belief and faith are said to be necessary for the therapy to “work.”
- 12) Skepticism and critical evaluation are said to make the therapy's effects evaporate.
- 13) Promoters resist objective evaluation and scrutiny of the therapy by others.
- 14) Negative findings from scientific studies are ignored or dismissed.
- 15) Critics and scientific investigators are often met with hostility, and are accused of persecuting the promoters, being “close-minded,” or having some ulterior motive for “debunking” the therapy.

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Visit ASAT Online



MEDIA WATCH FEATURED LETTER

ASAT Responds to smh.com.au’s “Adjunctive therapies providing positive results for autism and other conditions”

Erin Leif, PhD, BCBA-D
Elizabeth Callahan, MA, BCBA

Our featured Media Watch letter this quarter was written in response to a portrayal of circus arts as an adjunctive therapy for autism. While the authors of the letter pointed out that children with autism, like their typically developing peers, may enjoy and even benefit from participating in recreational activities such as circus arts, they also suggested that journalists must exercise care and caution when describing potential “therapies” in the mainstream media, especially those that lack scientific support.



Renee Wozniak, PhD, BCBA-D, LBA
Media Watch Lead

Dear Ms. Singh:
We are writing in response to your [article \[http://goo.gl/B54J3F\]](http://goo.gl/B54J3F), “Adjunctive therapies providing positive results for autism and other conditions.” In the article, you describe the experience of the Dalton family, who enrolled their son Jaron in a circus arts program for children with autism. The Dalton family noticed improvements in Jaron’s coordination and balance as a result of his participation. We agree that children with autism, like their typically developing peers, may enjoy and even benefit from participating in recreational activities such as circus arts. However, it is worth noting that there are currently over 400 advertised therapies for autism, the vast majority of which lack scientific support. We feel that journalists must exercise care and caution when describing potential “therapies” in the mainstream media, and we would like to raise some specific concerns regarding the circus arts program discussed in your article.

You write that complimentary therapies, such as circus arts programs, are proving effective as adjuncts to mainstream treatment. Kristy Seymour, director of the Gold Coast Circus Arts Program, states that the children enrolled in the circus program learn important skills beyond the trapeze and rola bars, that they “learn about each other’s behaviour, how to interact socially, and how to push themselves.” Seymour is also quoted as saying, “It is absolutely a therapeutic process, but we don’t present it to them in that way. [We say] ‘here’s something that’s a positive experience for you physically, emotionally or socially’.”

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We agree that it is very important for children with autism to learn social skills, balance and coordination skills, and to push and challenge themselves. However, in the absence of published peer-reviewed research, we believe that circus arts programs do not meet the definition of a “therapy.” This word, “therapy,” is a powerful yet often overused word in the world of autism treatment. There are several faulty assumptions associated with the word “therapy” that we believe journalists should consider when reporting on autism treatment:

1. *Anything involving the word “therapy” must have therapeutic value.* In today’s booming autism treatment market, many recreational experiences are touted as “therapy” when, in fact, they have no demonstrated therapeutic value. It is the responsibility of the provider to demonstrate that the “therapy” treats autism in observable and measurable ways, either by teaching functional skills or decreasing behaviours of concern.

2. *Providers of “therapy” are actually therapists.* A provider may offer an enjoyable recreational experience, but that does not make the provider a qualified therapist. In the therapeutic disciplines, providers (e.g., behaviour analysts, psychologists, speech pathologists) must meet specific educational and training requirements before achieving certification or licensure, and must abide by ethical and professional practice guidelines.

3. *All “therapies” are grounded in research, and are delivered in accordance with established protocols and guidelines.* This is not true for many autism “therapies.” Most therapies lack scientific support and are carried out in inconsistent and haphazard ways across providers.

While we do not believe that circus arts programs should be labelled “therapy,” we do believe that circus arts may be an enjoyable recreational activity for people with autism. Circus arts programs provide opportunities for children with autism to socialise with peers, to practice skills, and participate in a fun and pleasurable experience. While some children with autism may benefit from such programs on a case-by-case basis, there is no research to support the effectiveness of the program for ameliorating the core symptoms of autism.

We commend parents who seek out these experiences for their children with autism, and the talented staff who provide them. However, misusing the term “therapy” when describing these experiences may have unwanted consequences. Parents may spend enormous time and money on ineffective “therapies,” instead of pursuing therapeutic interventions with a demonstrated track record of success. We feel that the term “therapy” should be reserved for interventions that are scientifically proven to be therapeutic. Circus arts, like many other adjunctive “therapies,” are simply enjoyable recreational activities for people with autism. We at the Association for Science in Autism Treatment believe that such a change in how we refer to these experiences is not meant to cheapen their value, but to clarify our expectations with regard to outcomes.

Sincerely,

Erin Leif, PhD, BCBA-D
Elizabeth Callahan, MA, BCBA



MEDIA WATCH QUARTERLY SUMMARY

Renee Wozniak, PhD, BCBA-D, LBA
Media Watch Lead

ASAT's Media Watch monitors mainstream media to identify published information about autism and autism treatment. Understanding that each and every media contribution has the potential to reach a large number of consumers and colleagues, we support accurate media depictions of empirically–sound interventions, and also respond to inaccurate information or proposed treatments described or even promulgated by news outlets.

☞ **ASAT Responds to abc.news.go.com's "How A Child With Autism Became 'His Own Man' After Treatment"** (February 8, 2016)

We are delighted to see your article and its recognition of the improvements that can be gained for individuals with autism receiving applied behavior analysis (ABA) services. <http://goo.gl/1bUUda>

☞ **ASAT Responds to Scotsman.com's "How dogs are helping children with autism in Scotland"** (February 15, 2016)

We agree on the importance of children engaging in activities where they find enjoyment and can learn new skills, and we applaud you for providing those activities. However, in the absence of published peer-reviewed research, we believe it is imprudent to make bold claims about this program as having "therapeutic benefits." <http://goo.gl/YRW3mR>

☞ **ASAT Responds to wtsp.com's "Mother says essential oils help with daughter's autism"** (February 22, 2016)

Anecdotal reports, such as yours, claim essential oils help with sleeplessness with children with ASD; however those reports have not been corroborated by science. <http://goo.gl/KjKAzc>

☞ **ASAT Responds to West-info.eu's "Special dental care for children with autism"** (March 2, 2016).

Through proper teaching, more and more children can have access to pertinent dental and other medical care. <http://goo.gl/vjSU1b>

☞ **ASAT Responds to ksw.com's "How autism affects the whole family"** (March 14, 2016)

This study is an initial step in evaluating a measure for the early detection of quality of life impairments in families of young children with autism and related developmental disabilities. <http://goo.gl/9MQPhT>

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➤ASAT Responds to DailyMail.com’s “Meet Leka, the vibrating ‘social robot’ designed to help children with autism learn new skills” (April 10, 2016)

It is our hope that Leka’s creators will indeed investigate product effectiveness via science-based research designs, such as single-subject research designs, or that they will implement the technology using ABA strategies or other science-based procedures. <http://goo.gl/Yv8qNu>

➤ASAT Responds to Globeandmail.com’s “Embracing autism: Owners of Vancouver Canucks want families of autistic kids to receive support” (April 29, 2016)

When evidence-based strategies are used to teach vocational skills and social skills, and to support on-the-job coaching, many individuals can be taught to thrive in the work that they do. <http://goo.gl/0IjvnY>

➤ASAT Responds to 9news.com.au’s “‘Unbelievable’: The therapy parents claim is transforming the lives of children with autism” (May 17, 2016)

Thank you again for shedding light on ABA’s effectiveness, which has the potential to benefit the lives of individuals with ASD and their families, as well as the Australian community at large. We also thank you for including information regarding the many fallacious myths about applied behavior analysis that still exist. <http://goo.gl/0ZVI0b>

➤ASAT Responds to CNN’s “Helping patients with autism navigate the stressful ER” (May 22, 2016)

By sharing your story with our readers and commending your reporting on this topic, we hope to help spark transformation and continued research in the care and acceptance of individuals with autism, as well as encourage the use of evidence-based interventions to teach essential skills for functioning in the community. <http://goo.gl/dPoyDk>

➤ASAT Responds to aa.com.tr’s “South African mother battles stigma over autism” (June 10, 2016)

Inherent to a diagnosis of autism, are challenges in communication, socialization, thought processes, as well as behavior, and while these deficits create barriers in the absence of necessary evidence-based interventions, they are even more difficult to overcome when the society you live in attaches that type of stigma to you. <http://goo.gl/P3PUYv>

➤ASAT Responds to smh.com.au’s “Adjunctive therapies providing positive results for autism and other conditions” (June 23, 2016)

We agree that children with autism, like their typically developing peers, may enjoy and even benefit from participating in recreational activities such as circus arts. However, it is worth noting that there are currently over 400 advertised therapies for autism, the vast majority of which lack scientific support. We feel that journalists must exercise care and caution when describing potential “therapies” in the mainstream media, and we would like to raise some specific concerns regarding the circus arts program discussed in your article. <http://goo.gl/VAhvCd>

PERSPECTIVES

Interview with Beverley Sharpe, Mother of Allison

Franca Pastro, BA

In this issue, Beverley Sharpe shares her heartfelt journey from early diagnosis to adulthood of her daughter, Allison. The interview demonstrates what has been achieved with her commitment, personal sacrifice and the application of applied behaviour analysis in Allison's life.

**Franca Pastro, BA
Perspectives Coordinator**

Franca: How about we begin with you sharing with us a little bit about your daughter, Allison.

Beverley: Allison was diagnosed with autism at two years and nine months and just turned 22 this summer. Allison loves her chubby pet pug dog, Henry, and also enjoys some of the “girly” things in life, thanks to our behaviour consultant (BC) who encouraged the many applied behaviour analysis (ABA) team members to “bring what YOU like to do to Allison’s table.” Allison enjoys getting her nails done, whether this is at a salon or at home. This skill took some time to develop. We had to introduce Allison to this grooming skill slowly and methodically, so that she would keep her hands still while allowing a behaviour interventionist (BI) or myself to trim her nails. Next, my lovely therapy team would do their own nails with pretty appliques before arriving for a shift. They would ask Allison, “Would you like to work for a butterfly on your thumb?” This is how “getting your nails done” started! We have generalized this reinforcer to “What colour nail polish would you like to get at the store?” Fortunately, Superstore now sells small bottles of many coloured nail polishes for about \$4 each – a well priced treat/reinforcer for Allison.

Because Allison is a “foodie” by nature, she likes food preparation and cooking. Our BC, Shelley Davis, instructed us to expand this skill by adding a discriminatory component, such as “Open the fridge, please. What do we need to buy at the store?” Allison generates a list, the BI writes it down, then Allison copies the list. Next, there is a trip to Safeway where Allison must find all of the items on her list. At first, we had to use discriminating language (e.g. “Is it a good apple?”), as initially Allison would just put the six listed apples into a bag without checking their quality. We expanded this drill to all of the vegetables and fruits.

Another favourite of Allison’s is shopping for clothes and shoes. She has a definite liking for bright colours and flowers on her clothes! She is allowed to pick clothing items and this is a real pleasure

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for her. With shoes, Allison likes sparkle and bows. Really amazing when I remember that she never used to make choices of any kind when we started her ABA program at the age of three.

Going to the library is an outing that Allison enjoys as well. She chooses books that have pictures of animals, dinosaurs and food dishes. She will choose a book and sit turning the pages for up to 20 minutes. This is an outing that is quiet, appropriate and enjoyable for everyone.

Last but not least, Allison loves going to Lush. She will pick out one bath bomb and the staff at the store know Allison and enjoy her visits. This store is a huge reinforcer for Allison. She will often say that she would like to work for Lush as a reward.

Allison is now a higher skilled but still very impaired young lady with autism. ABA and her talented, committed BC and therapy team have resulted in Allison acquiring language, self help and some social skills. I am very proud of Allison.

Franca: It sounds like Allison is really enjoying being a young lady! Now, let's talk about Allison's work experiences. I'm assuming she started while still in school. Did any of her job placements continue after she graduated from High School?

Beverley: Allison started her work experiences in elementary school. My BC had us work on vocational skills at home first: printing her name (to-sign in and out for her job), washing hands (a requirement prior to starting a shift), sweeping the floors, stuffing envelopes, washing dishes in the kitchen, wiping down chalkboards, and doing routine tasks which helped clean up the therapy area. These skills transferred to Allison helping in the school office with envelopes, in the staff room doing dishes, wiping down tables, putting chairs neatly around tables, and in the classroom where Allison had a daily job at the end of the day washing chalkboards and cleaning brushes. She was very proud of these jobs and her special education assistant, who was also a BI in our home therapy team, was instrumental in prompting Allison through these tasks.

In High School, Allison did work experiences at London Drugs and Old Navy. At London Drugs, she had to sign in and report to the site supervisor. Next, she would go to the Returns bin and was required to "put with same" to sort the items returned by customers. At Old Navy, the folding program was put into good use! Allison was required to fold all types of clothing and sort by sizes. We worked on these skills at home prior to starting at the store.

None of the job placements continued after High School. Both employers cited insurance issues with Allison continuing as a volunteer, and they also wanted to provide the volunteer positions to students who were still in High School.

Franca: You mentioned that Allison has a job volunteering at a local non-profit organization. Can you share how Allison managed to get this position and what are some of her duties?

Beverley: One of Allison's BIs, Marella, would often take Allison to her home. Allison met Marella's entire family and occasionally was invited to share the family meal with them together. Marella's mother, Elizabeth, is the Director of Quest Food Exchange*. She commented that Allison's abilities were remarkable and thought that volunteering at Quest would be a good fit. This is how Allison began as a volunteer at Quest Food Exchange. As soon as Allison arrives at Quest,

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she will unpromptedly put on her apron (she needs help to tie the final loop of the bow when tying the apron from the back, we are working on this) and signs in on the volunteer sheet. Her chores at Quest include: stocking the shelves (“put with same” drill really makes sense when you see your child use this skill - wonderful!); sweeping the floor; marking prices on items with a price gun; and deconstructing boxes, readying them for the cardboard compacter.

Franca: How do you think Allison feels about her job?

Beverley: It is clear that Allison looks forward to working at Quest. She will start the morning with excited remarks, such as, “I go to Quest to work today!” Twice now, when driving and pulling up to Quest, unprompted Allison has hurriedly gotten out of the car, gone into Quest, said a quick hello to her co-worker and then headed to the staff room. Also, her decisions to wear something pretty, do her hair, and put a special beret in her hair indicate a desire to look nice for work. Allison smiles when asked about her work at Quest. She says, “I like to work at Quest.”



Allison at work at Quest

Franca: What supports and/or strategies (if any) are in place for Allison in her work environment?

Beverley: The staff at Quest asked me questions about how best to work with Allison. Also, the staff learned by observing Allison with her BIs and with myself which tasks she can do and how to best set them up. The ABA strategies in place are task analysis, prompt fading, natural reinforcement and her DRL (Differential Reinforcement of Lower Rates of Behaviour) board implemented by her BI only.

When frustrated with a task, Allison will mutter under her breath or swear quietly. This behaviour has been targeted for many years and we now see this behaviour infrequently. The staff at Quest never observed this behaviour. Allison’s reinforcement at the end of her shift is that she gets to shop for her household. She is allowed to purchase five items. She enjoys shopping at Quest very much.

Franca: Looking back, did you ever expect Allison to be able to consider employment?

Beverley: This is a difficult question. When Allison was diagnosed, a social worker told me and my then-husband, “Children like Allison will not be able to stay home for longer than a couple of more years because the behaviours would become too difficult to manage. There is a place for children like Allison.” No, I did not foresee that Allison would be able to be employed. My

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opinion changed after hiring a BC and seeing Allison's acquisition of skills and improvement in her behaviours. We have not looked back since.

Franca: Why is employment important for Allison? Do you see value in Allison's employment even though it is a volunteer as opposed to a paid position?

Beverley: Any kind of employment is important for Allison because it gives her opportunities for socialization with others, allows her to use her skills in another environment, enables her to discriminate unfamiliar items, and exposes her to new life experiences which promote maturity. It is wonderful.

Franca: As all this has unfolded over the years, how has it impacted your life personally and as a family?

Beverley: ABA Treatment was not funded at all in Canada when Allison was diagnosed in 1997. When I discovered ABA treatment, I was thrilled on one hand - but gut-wrenched on the other to find out that it was not covered by Medicare. My at-the-time husband stated he was not willing to spend his retirement savings on his little girl's treatment. He was prepared to let her be. This was the end of our relationship. I went on to empty every bank account I owned, cash in my retirement savings, pawn my valuables, take on extra overtime and rent out rooms in my house. I resorted to sleeping on my living room floor. This enabled me to pay for Allison's treatment, and do the right thing for my child. I was honoured to be part of a small group of parents, spearheaded by Dr. Sabrina Freeman, who took the Canadian government to court. The landmark *Auton* decision made a difference for every child with autism in Canada. ABA was recognized as being medically necessary and the gold standard treatment for autism. I am one of the founding members of the Families for Early Autism Treatment (FEAT) of British Columbia and am still one of its directors. I am forever grateful to Dr. Freeman.

There is a Chinese proverb: "A good parent is as happy as their least happy child." When my child was locked in her lonely world of autism, non-verbal, without any self-help skills, fecal smearing, night-waking, non-responsive to any family member or even to her own name, it was a very low point for me. When I started her ABA program by myself, without the support of any family member, I was hopeful. Allison was mute for four years, only acquiring language after our BC designed specific programs for her. After the first month of treatment, Allison spoke her first word - it was "Mom." Allison is now a happy young woman with many self help skills and some language skills, able to express her interests, go to a movie, order a drink at Starbucks, and shop for food items from her list. She is responsible for several household chores. While Allison has many skills, she is still a very impaired young woman who requires that a BI be with her to prompt her through tasks and to manage behaviours when required.

"When I started her ABA program by myself, without the support of any family member, I was hopeful. Allison was mute for four years, only acquiring language after our BC designed specific programs for her. After the first month of treatment, Allison spoke her first word - it was "Mom." Allison is now a happy young woman with many self help skills and some language skills, able to express her interests, go to a movie, order a drink at Starbucks, and shop for food items from her list."

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Having a child with autism is life-changing. I discovered who my real friends were, as many friends couldn't take the news of my daughter's diagnosis and my husband's departure. Interesting observation of human behaviour that some people just want to know you when the "going is good" and not when "the going gets rough." I also learned how to do most of my own carpentry, yard and house maintenance. Many neighbours donated their used tools to me after their husbands received new ones for Father's Day. I can fix a toilet, a faucet, do drywall and build cement walls. These are skills which came by necessity as I could not afford a work crew to do this maintenance.

I have a son, a big brother to Allison, Jackson who is 24 years old. He loves his sister, and has taken a lot of ABA training to allow for understanding and appropriate interaction with her. He is proud of her and treats her to special outings. He often will accompany Allison with her BI on a community outing such as going to a movie, going out for pizza, or attending a community day event. At every consult, I schedule special one-on-one time for Jackson to spend with our BC. He can ask any question and get factual, honest answers. One concern of Jackson's is, "Am I going to have to look after Allison after you are gone, Mom?" This is an honest question. I don't yet have an answer for him, but I've hired a good lawyer with the view to making sure that Allison gets what she's entitled to.

Franca: Do you have any advice for other parents of young adults with autism who are thinking about their future? What would you do differently if you were restarting the process?

Beverley: My first advice to parents is to give your child the medically necessary treatment for autism, ABA, immediately upon diagnosis. Consistency is key, all family members of the household must be trained and informed about prompt levels and behaviour expectations when the BI's shifts are over. When considering making a future for your young adult with autism, I recommend for parents to fill days with meaningful daily living skills. Cleaning, meal preparation, laundry and yard work are all pieces of the daily living skills puzzle. Dr. Lovaas was clear that his direction was for a child with autism to become functional in a family setting, in their home. Next, use your BC's and your BIs' observations and expertise to help set goals for your young adult. As much as you know your own child, be open to advice and direction from those who deeply care for your child. Another piece of advice is to not believe in the empty words of bureaucrats. Unless a statement is in writing, such as funding for job skills or housing, forge ahead with your own plans whilst keeping the lines of communication open with government agencies that may be able to help you with your child down the road. My child is a Canadian citizen worthy of treatment and of a life outside of her childhood home.

I am not sure I would do very much differently if I were restarting the process. We are exactly where we are meant to be. The road has been long and bumpy, but we never fell off the road. We are thankful for the good people that have crossed our path.

Franca: It's been a real pleasure talking with you, Beverley.

—

Beverley Sharpe lives with her children, Allison and Jackson, in West Vancouver, BC, Canada

* Quest Food Exchange (<http://www.questoutreach.org>) is a not-for-profit organization that provides access to a variety of affordable foods to individuals facing food security challenges in British Columbia, Canada.

FUNDRAISING

Life of Hair Cut-a-Thon: Making a Difference One Cut at a Time

Ruth Donlin, MS
Leanne Tull, MADS, BCBA

Sofia Pastro, owner of [Life of Hair](#), is a talented young hair stylist and autism awareness advocate. Sofia partnered with [DM & Company](#) in Victoria, British Columbia Canada and hosted a cut-a-thon fundraiser for the Association for Science in Autism Treatment (ASAT) on May 1, 2016.



The fundraiser had personal significance and sentiment for several of the stylists who have family members with autism. The event was celebrated with great commitment to promoting autism awareness and science-based interventions.

Within three hours, 35 clients participated and generously raised \$1,570!

The volunteers included five stylists, four assistants, a photographer, and a donations collector. ASAT would like to thank all the people who dedicated their time and energy to this unique event! Special accolades go out to:

Hairstylists:

Sofia from [Life of Hair](#)

Dwane and crew from [DM & Company](#)

Liz from [Lavish Salon](#)

Shelley from [Salon C](#)

Hairstylists' assistants:

Mika, Taylor

Chantal and Danalyn (students @ [Aveda Institute](#))

Raffle donations provided by:

[Village Butcher](#)

[The Whole Beast](#)

[Stage Wine Bar](#)

Advertising:

Lindsey from [Island Blue Print](#)

Click [here](#) to view Sofia's cut-a-thon fundraiser Facebook post and check Life of Hair's Facebook page @ www.facebook.com/Life-of-Hair

There is a way for everyone to help make a difference:

- ★ 18 Ways to Support ASAT: <http://goo.gl/e10Yrt>
- ★ Donate now: www.asatonline.org/donate/

FUNDRAISING

A Coin a Day Can Make a Change

Melina Morel, BA, ASAT Extern
Ruth Donlin, MS, ASAT Board Member

The support ASAT has received has been far reaching throughout our various fundraising efforts. One of our successful initiatives is the donation jar, currently on display by businesses in New Jersey and Maine. The simple act of showcasing a donation jar in a place of business allows even the smallest of donations to make a significant difference. These donations are utilized to continue to expand upon our website offerings and to allow us to publish free, quarterly newsletters that highlight science-based treatments; treatments proven to make a difference in the lives of those with autism. Every penny donated to ASAT is a contribution for communities to be educated about autism research both locally and internationally through ASAT's newsletter, booklets and information fliers. The donation jars not only benefit ASAT, they are also beneficial for the business as they showcase their benevolence, community engagement, and support for the autism community.



In Maine, Dairy Queen owners Larry and Kathy Hannon have been the greatest supporters of ASAT over the last several years. Thanks to their long-lasting and extensive support, they have raised over \$10,000 for ASAT with donation jars in their three Dairy Queen locations in Old Town, Bangor, and Freeport. Their passion and commitment to ASAT are also personal. As parents of a daughter with autism, they have found the resources ASAT offers to be important information for the community and often display ASAT's posters and fliers in their Dairy Queen locations. Larry and Kathy want other parents to learn about science-based treatments and make the best-informed decisions for their children.

In New Jersey, the support for ASAT is also growing. Donation jars have been placed in a few business locations to assist with the dissemination efforts of best practices in autism treatment. Two establishments in Hoboken are taking part: Impasto's, a pizzeria located in downtown Hoboken with a vast menu and catering services, and Giovanni's Liquor where you can be sure to find something different and new. With the support of these businesses, ASAT continues to grow and remain a leading organization for disseminating quality information about science-based autism treatment.

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Donation jars can be displayed at a wide array of business establishments to help educate consumers and to raise money to support ASAT's mission. ASAT will provide the materials needed for any participating business (e.g., donation jars, an ASAT information insert card for the donation jar, ASAT business cards, fliers, and signage). ASAT appreciates our participating fundraising businesses, and in order to reciprocate our gratitude for helping promote science-based treatments in autism, ASAT will provide publicity and social media support to build awareness about the business. If you are interested in supporting ASAT through donation jars, please write us at donate@asatonline.org. We would love to hear from you!



Visit our Fundraising page:
www.asatonline.org/fundraising/

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CLINICAL CORNER

Productive Meetings in Home ABA Programs

Preeti Chojar, MCA

Often, ABA home programs include a number of providers and team meetings offer a great opportunity to review progress and get valuable input from each provider. In this edition of Clinical Corner, Preeti Chojar offers recommendations on how to best organize and maximize team meetings so that all participants, including parents, have the opportunity to learn from one another.

Nicole Pearson, PsyD, BCBA-D
Clinical Corner Co-Coordinator

I am a parent who has a home-based ABA program. We have monthly meetings with all of the providers that work with my child. I am looking for some ideas on how to make the most of these meetings. Any suggestions?

Answered by Preeti Chojar, ASAT Parent Board Member

It is terrific that your team meets monthly! Collaboration and consistency amongst members of the professional team is the hallmark of a successful home program. I have found that a great way to build teamwork is to have regular meetings to keep the whole team on the same page. Here are some suggestions to help you use this time effectively and efficiently. In our particular case, we meet monthly, but keep in mind that some teams may need to meet more frequently (depending on the composition of the team, level of oversight required, and needs of the child).

Meeting composition

Ideally, a time should be scheduled when the entire team can be present. A supervisor like a behavior consultant (e.g., BCBA) or a family trainer should be present as well. It could also include any related service providers, such as the speech pathologist, occupational therapist, or physical therapist. Assembling the entire team can be difficult but try your best, as the benefits will make it worthwhile.

Develop the agenda

Always create an agenda well before a team meeting. Please note that this agenda should not side-step any other communication that should be occurring (e.g., the consultant may want to know right

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away if a new skill-acquisition program is not going well).

- Start by writing down any new behaviors, both positive and negative. Also note if there is evidence of lost skills or discrepancies in skill levels across settings, situations or people.
- Any data taken by instructors should be summarized and analyzed before the meeting.
- Add anything that the supervisor or the collective wisdom of the group could help resolve.
- One of the agenda items should always be to review last month's meeting notes paying close attention to any open or unfinished items.
- If the child is also receiving services in a school or center-based environment, it is beneficial to seek input from those providers as well. Any observations made by people in the community that highlight some skill or skill deficit which had gone unnoticed can be brought to the table too.
- Finally, make sure the agenda is well balanced and addresses everyone's concerns. Prioritize agenda items and if necessary suggest some time limits.

Circulate the agenda

- Make sure to circulate the agenda to everyone attending the meeting, ideally a few days before the meeting.
- Ask all team members to notify you ahead of time of any other agenda items they might have that were not added yet.

Starting the meeting

- Begin the meeting promptly (and end on time as well).
- Ensure that there is agreement about the agenda items and inquiring as to whether there are any important items to add.
- Consider asking members to share a personal good news story. This is a good way to get to know each other and build team morale.

During the meeting

- Stick to the agenda to the extent possible, being flexible to add in any new items of importance.
- Encourage every team member to share their ideas, tips for working with the child, or difficulties. Often team members will find specific reinforcers or strategies that they can share with the group.

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Similarly, they may be struggling to teach a particular skill. This will help them learn about any discrepancies across team members or general concerns.

- Whenever two members go off on a tangent that doesn't require the full team's attention, ask them to discuss it after the meeting. This would include off-topic discussions and other "small talk."
- Discourage attendees from checking their phones or texting during the meeting.
- Vary the format as warranted.
- It can be beneficial to review videos of teaching sessions as a group.
- In some instances, the child can be involved in the meeting as well. Every team member can work briefly with the child on one or more tasks while the remainder of the team observes. The supervisor will take notes and give feedback afterwards. Consider having the supervisor demonstrate new and important procedures. This will go best if there is a positive, nurturing atmosphere on the team and everyone is committed to one another's professional development.

Make sure to end on a positive note

- Mention any positive events or achievements of the child.
- Reinforce the efforts of the team or particular individuals' efforts (be specific about what is being praised and why).

Take meeting notes

- Take careful notes of any recommendations, ideas or changes to specific programs. Meeting notes should clearly identify any action items along with who is responsible for completing that item (include time frame for completion).
- Any action items not completed from last month's meeting notes should be continued on the subsequent month's meeting notes.
- The meeting notes would not preclude the consultant from distributing written recommendations (this would be particularly important if a behavior reduction plan was warranted).

Distribute meeting notes

- Send meeting notes to everyone attending the meeting and anyone who missed the meeting (we rely heavily on email with the assurance that the email content is privileged and kept confidential). Send copies to any other relevant people, like the child's teacher or other related service providers.
- In some cases, it may be helpful to have attendees initial a group copy to ensure that the notes were reviewed and understood or respond back via email to indicate such.

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Final Suggestion

Use applied behavior analysis with your team, not just with your child, by assessing the team's skill at using meeting times productively and efficiently and at taking steps needed to improve both group process and outcomes. It helps if everyone is committed to helping the child realize his or her fullest potential and to investing in the process to become better providers and team members. Best of luck to you with your meetings.

Calling All Supporters: Donate Items for Our Online Auction



This is ASAT's 4th year launching an online auction through Bidding for Good which means that bidding can be opened up to anyone! We have created a list that details donations that may serve as successful silent auctions bid items. Much of this is based on data collected by Bidding for Good pulled from hundreds of live online auctions. These types of items typically draw the greatest number of bidders, and the greatest revenues among charities. Please check out the list below:

1. Travel packages and hotel stays;
2. Unique experiences such as, aerial adventures, lunch with a celebrity or athlete, and personal tours of fascinating places;
3. Sports memorabilia;
4. TV and movie memorabilia;
5. Collectibles; and
6. Gift certificates (restaurants, stores, businesses in which merchandise can be offered online).

If you are in a position to donate an item for our auction, please write to us at auction@asatonline.org.

We deeply appreciate your support! In the meantime, please check out our [auction \[https://goo.gl/xl7z1G\]](https://goo.gl/xl7z1G) and bid....and bid again! We will showcase our donors in the Fall Issue of *Science in Autism Treatment*.

OUR REAL SCIENCE, REAL HOPE

2016 PROFESSIONAL SPONSORSHIP INITIATIVE

Does Your Agency Share ASAT's Values?

ASAT believes that individuals with autism have the right to effective treatments that are scientifically-demonstrated to make meaningful, positive change in their lives.

We believe that it should not be so challenging for families to find accurate information about the efficacy of various autism interventions. ASAT works toward a time when ...

- ★ All families will be empowered with skills in identifying and choosing the most effective, scientifically-validated interventions for their child.
- ★ The media will educate and not confuse parents by providing accurate information and asking the right questions.
- ★ All providers will be guided by science when selecting and implementing interventions and use data to demonstrate effectiveness.

What It Means to Be a 2016 Sponsor:

ASAT's Sponsors indicate their support of the following tenets:

1. All treatments for individuals with autism should be guided by the best available scientific information.
2. Service providers have a responsibility to rely on science-based treatments.
3. Service providers should take steps necessary to help consumers differentiate between scientifically validated treatments and treatments that lack scientific validation.
4. Consumers should be informed that any treatment lacking scientific support should be pursued with great caution.
5. Objective data should be used when making clinical decisions.

Become a 2016 Sponsor Now!

These sponsorships not only provide financial support used specifically for our dissemination efforts, but also send a clear message that ASAT's vision is shared by others within the professional community.

The tasks of educating the public about scientifically-validated intervention and countering pseudoscience are daunting ones, and ASAT appreciates the support of all of our sponsors.

Please visit our website to learn about the [Sponsorship Benefits](#) for Sustaining, Partner, Champion, Benefactor, Alliance and Patron levels:

www.asatonline.org/direct-financial-support/

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We thank this year's sponsors for their generous support of ASAT's mission and initiatives to disseminate science in autism treatment. Please click on the names to access their webpages.

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\$3,500



Well known for its commitment to evidence-based practices, Autism New Jersey leads the way to lifelong individualized services provided with skill and compassion. They recognize the autism community’s many contributions to society and work to enhance their resilience, abilities, and quality of life. In 1965, a group of concerned parents, frustrated by a lack of programs and support from their local school districts, met to discuss ways to support their children and each other. This non-profit membership organization underwent a few name changes over the years and was most recently known as COSAC (Center for Outreach and Services for the Autism Community). For more than 50 years, the agency has supported the expanding needs of individuals with autism, the professionals who work with them, and the families who love them. Autism New Jersey continues to serve as a collective and influential voice for the community. As the agency’s vision statement makes clear, “We are GROUNDED in science, STRENGTHENED by knowledge and DEVOTED to creating a society of compassion and inclusion for all those touched by autism.”

Autism New Jersey is committed to four service pillars. Individuals outside of New Jersey are welcome to access any of these services as well.

Information Services: New Jersey’s most valued and reliable resource for referrals, services, and the latest information about autism includes the toll-free Helpline, **800.4.AUTISM** and informative website, www.autismnj.org. Individuals, families, and professionals from other states are also welcome to these free resources, including specialized publications. Whether seeking information on early intervention, special education, state-funded services, adult issues, insurance coverage, treatment options, and so much more, compassionate and knowledgeable staff are ready to provide specific, research-based information.

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Education & Training: Autism New Jersey provides evidence-based information to families and professionals on several levels, including the well-respected Annual Autism Conference in October and unique Transition Conference in April. Trainings are also provided for families, partners in the state service delivery systems, schools, agencies, and other community professionals. Both advocacy and clinical topics are offered.

Awareness: Autism New Jersey strives to enhance public understanding of individuals with autism through the popular Autism Awareness Ambassador Program during the month of April. This year, more than 1,200 Ambassadors received a kit of tips and tools for building awareness of not just autism but evidence-based practices and available resources. An active social media presence maintains this focus year-round.

Public Policy: Autism New Jersey serves as a strong voice in Trenton, working to advance initiatives addressing topics across the lifespan such as increasing access to and funding for high-quality educational, behavioral, and residential services. Legislators and their staff often turn to Autism New Jersey and recommend its services to their constituents throughout the state. Regular communication and collaboration takes place with the Departments of Children and Families, Human Services, Health, Education, Banking and Insurance, and more. Along with adult services, the current focus is on recognition for the BACB credentials across all departments to address provider qualifications and thereby increase access to high-quality services for individuals with autism.

For further information, please visit www.autismnj.org or contact 800.4.AUTISM.



CBI Health Group, the parent company of Monarch House, recognizes that families need help identifying and assembling the array of clinical specialists their child might require and navigating the daunting funding and logistical challenges presented before them. As a result Monarch House has been developed as: a network of professional clinical experts

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providing a place for coordinated treatment; an access point for parents to obtain critical information; and an innovative healthcare organization engaged in applied research and dedicated to the advancement of best practices.

Monarch House offers effective treatment for individuals requiring services in the areas of challenging behaviour, communication, motor skills, and learning. These services may be provided in the community, the home, or in one of our state-of-the-art facilities in British Columbia and Ontario.

Monarch House provides the following services and programs:

- **Assessment and Diagnosis:** Individualized assessments and group screenings are offered by experienced clinicians for communication, learning, motor skills, and behavior concerns. Diagnostic services are provided by qualified professionals (e.g., Paediatrician, Psychologist) who will also recommend appropriate treatment avenues.
- **Speech-Language Pathology:** Assessment and treatment of speech, language, communication, and social skills concerns are provided by a qualified Speech-Language Pathologist (SLP) or a Speech-Language Assistant/Communicative Disorders Assistant (SLA/CDA) when appropriate. Our speech and language team follows best practice guidelines which include individually developed intervention goals, consistently measured progress against those goals, and sharing of outcomes with caregivers and/or the clients on a regular basis.
- **Occupational Therapy:** Occupational Therapists (OTs) assist children and adults in developing their independence in activities that are important and meaningful in their daily lives. Our OTs provide assessments and specialized programs in the areas of self-care, gross and fine motor skills, play skills, and vocational skills.
- **Comprehensive ABA (or IBI therapy):** We offer intensive (20 or more hours per week) of Applied Behaviour Analysis (ABA) therapy. Our ABA services are overseen by Board Certified Behavior Analysts (BCBA[®]) who are educated and experienced in the science of learning and behaviour. They develop and monitor intensive ABA programs carried out by our frontline therapists, most of whom are Registered Behavior Technicians (RBT[™]).
- **Focused ABA Therapy:** We offer less intensive ABA therapy (10 – 19 hours per week). Behaviour analysts assess behaviour, develop behaviour intervention plans, and monitor and supervise all ABA programs. Our BCBA's may also consult to family members or other professionals to address behaviour challenges that may range from sleeping and toileting difficulties to extreme problem behavior. We also work with parents/caregivers to improve parenting skills.
- **Afterschool and Recreational Programs:** We offer a wide range of individual and group programs for clients and their family members to provide social opportunities and for the development of new skills (e.g., social skills groups).
- **Research Studies:** At Monarch House, we have a research team dedicated to continuously participating in the advancement of behaviour analysis and allied health research. In partnership with

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PhD researchers, we have published peer-reviewed studies and continue with our goal to contribute to the behaviour analytic and allied health literature on an ongoing basis.

- Student Practicum/Placement site: We are a sought-after student placement site for students from all categories: from those studying to be college level ABA and SLA/CDA technicians, to graduate-level clinicians seeking an OT, SLP, or BCBA designation, to medical students working towards an MD degree. Our students experience hands-on learning while always under the direct supervision of the relevant professional. Many of our students successfully seek employment with Monarch House upon completion of their student placement.

For more information, please visit www.monarchhouse.ca



Mission: The mission of Little Star Center, Inc. is to provide a structured, clean, bright and well maintained facility where children, teens and young adults with autism receive individualized therapeutic intervention. Based on the fundamental principles of applied behavior analysis (ABA), Little Star provides an atmosphere where learners, clinicians, and families can interact, support each other and receive ongoing training so that each learner can reach his or her full potential at home and in a variety of settings outside of therapy.

History: Started in Carmel, Indiana, Little Star Center is a non-profit organization founded in 2002 to serve the needs of children and families affected by autism. A pioneer in the state of Indiana, their state-of-the-art facilities offer environments where learners receive individual intervention based on the fundamental principles of ABA. Families are provided the support they need to face the challenges of autism and become integral partners in their child's success.

Little Star Center provides year round therapeutic intervention and various other programs for individuals with autism. Since its inception, Little Star has become a shining example of a grass-roots effort. Each year Little Star serves more individuals and families and offers support to the Indiana autism community. Little Star Center will celebrate its 15th anniversary in September, 2016 as well as hit the four million-dollar mark in services that were provided to families at no charge. In August of 2011, Little Star Center was named the 2011 Excellence in Direct Care award winner by the Autism Society of Indiana. Little Star is the first center to win this title. LSC currently has centers in Carmel, Lafayette, Bloomington and Lafayette West in Indiana and is in the process of opening up two more centers in underserved areas of the state by the end of the year.

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LSC Programs: LSC is comprised of three distinct programs each targeting a specific age range. The Early Learner Program (ELP) serves individuals under five, the Little Star Program (LSP) serves ages 5-12, and the Middle Star Program (MSP) serves ages 12 and over.

Are you looking for a great place to start your career or looking for a change? Take a look at what Little Star can offer you:

- A collaborative team of behavior analysts from around the country.
- Clean, bright, well maintained facilities with plenty of supplies and equipment.
- An organization that has great staff benefits and supports the community with scholarships.
- An organization with lots of professional development opportunities – check out our advisory board.
- Great advancement opportunities – do what you love.
- A group of co-workers who will challenge you and who you will be proud to work with.
- The chance to focus your time on clinical issues, as there is an entire team of administrative staff to handle, well, the administrative stuff.
- An Advisory board made up of some of the leading names in the field
 - o Dr. Thomas Zane
 - o Dr. Mary Jane Weiss
 - o Dr. Dorthea Lerman
 - o Dr. Dennis Reid
 - o Dr. Patrick Friman
 - o Dr. Eric Larsson

If you are a starry eyed optimist who believes that behavior analysis can change the world when done the right way, by putting people before profits, and you want to work with people who strive to run the organization the right way, then you need to give us a call!

Excellent Pay and Outstanding Benefits:
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Paid Time Off (PTO)
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For further information, please visit www.littlestarcenter.org or call 317-249-2242.

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**For more information about our Externship,
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www.asatonline.org/description-application-process/#externship

Thank You!