

Autism Spectrum Disorder in the Pandemic World and Beyond: Implications for School Psychologists

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Relevant Disclosure

- Co-author of the Autism Spectrum Rating Scales (MHS, 2009).
- Co-author of Assessment of Autism Spectrum Disorders 1st and 2nd Editions (Guilford, 2009, 2018).
- Co-author/presenter Assessment of Autism Spectrum Disorders CEU (APA, 2009).
- Co-author of Raising a Resilient Child With Autism Spectrum Disorders (2011, McGraw Hill).
- Co-author of Treatment of Autism Spectrum Disorders (2012, Springer).
- Co-author of the Autism Spectrum Evaluation Scales (in development, MHS).
- Compensated speaker.



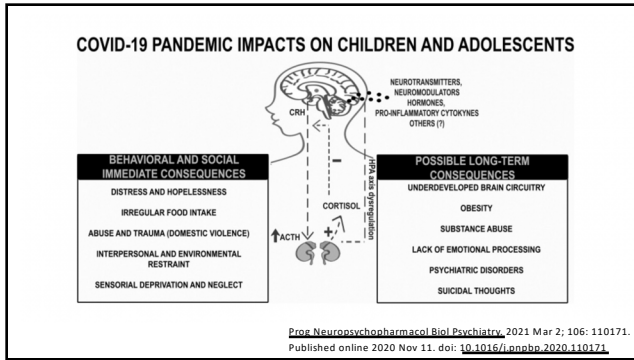
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Session Objectives

After this Session I will:

1. Better understand ASD and the increased mental health risks to students with ASD.
2. Better understand the concepts of resilience, self-discipline and tenacity.
3. Possess a set of guidelines and some resources to apply in my work with students with ASD.

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COVID 19 Impact on Youth

- Since the Coronavirus disease 2019 (COVID-19) pandemic was announced, we had an unprecedented change in the way we organize ourselves socially and in our daily routine.
- Children and adolescents were also greatly impacted by the abrupt withdrawal from school, social life and outdoor activities.
- The stress they are subjected to directly impacts their mental health on account of increased anxiety, changes in their diets and in school dynamics, fear or even failing to scale the problem.
- Although youngsters appear to be less vulnerable to COVID-19, the side effects of the pandemic can be devastating
- Children and adolescents may be highly exposed to biopsychosocial stressors generated by the pandemic and once population's containment measures to reduce virus spread are required, they could be potentially affected by the disruption in daily life routine as a result of social isolation and their unseasoned ability to conceive and comprehend the short- and long-term consequences of this outbreak.

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COVID 19 Impact on Youth

- Recently, an early published study evaluated 1036 quarantined children and adolescents in China in an age range from 6 to 15 years, of which 112, 196, and 68 presented depression, anxiety, and both, respectively.
- Another study demonstrated a high prevalence of psychological distress in quarantined children and adolescents due to the COVID-19 pandemic in India. These children experienced helplessness (66.11%), worry (68.59%) and fear (61.98%), compared to non-quarantined children.
- It was also reported in China that children and adolescents aged 3–18 years presented symptoms of inattention, clinging, worry and irritability during this pandemic.

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Why are These Data a Concern?



- Stress and neuroinflammation.
- Social isolation and diet.
- Brain plasticity: social behavior; social inequalities, neglect and distress.
- Diminished opportunity for play and access to the community environment.
- Reduced public health and support.
- It is the nature of human beings to be social and, despite the need for these restraint measures, it is of great concern how this pandemic period can affect the young brain under development.
- Therefore, the search for strategies to mitigate a harmful long-term impact on it should be sought. This knowledge will bring us information and guide us in the future should we have to face another world wide like the COVID-19 pandemic.

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COVID 19 and ASD

- Children and youth with ASD are as vulnerable to the effects of prolonged isolation or quarantine as other children but may experience greater difficulty adapting to our new norms, especially as inflexibility and insistence on sameness are hallmark characteristics of this disorder.
- The consequences of a pandemic and the measures put in place to decrease transmission of COVID-19 have the potential to adversely affect children and youth with ASD and their families, including siblings.
- Parental anxiety around job loss, economic uncertainty, lack of access to health care facilities and treatment centers and extension of wait-lists for early intervention programs may cripple a caregiver's or parent's ability to cope with the COVID-19 pandemic.

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Current COVID/ASD Resources

- Handle the Autism Spectrum Condition during Coronavirus (COVID-19) *Stay at Home* Period: Ten Tips for Helping Parents and Caregivers of Young Children. <https://doi.org/10.3390/brainsci10040207>
- Autism and COVID-19: A Case Series in a Neurodevelopmental Unit <https://doi.org/10.3390/jcm9092937>
- Could Autism Spectrum Disorders Be a Risk Factor for COVID-19? <https://doi.org/10.1016/j.mehy.2020.109899>
- An Expert Discussion on Autism in the COVID-19 Pandemic <https://doi.org/10.1089/aut.2020.29013.sjc>
- Neuropsychology of COVID-19: Anticipated Cognitive and Mental Health Outcomes <https://doi.org/10.1037/neu0000731>

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What Benefits Do We Derive From Socialization?

- Support
- Survival
- Affiliation
- Pleasure
- Procreation
- Knowledge
- Friendship

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The social development of children with ASD is qualitatively different from other children.

A black and white photograph of four children playing on a grassy field. They are all holding hands and jumping or running together, looking happy and engaged.

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In normal developing children perceptual, affective and neuroregulatory mechanisms predispose young infants to engage in social interaction from very early on in their lives. They must in order to maximize chances of survival.



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Socialization Begins Early:
Reina and Her Mother




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When we look at babies our brain responds uniquely.



15


Adrian, my seatmate
on a recent flight.



Hello!

16


Adrian, my seatmate
on a recent flight.



You look like an
interesting guy.

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Adrian, my seatmate
on a recent flight.



See what I can do!
Wanna take me home?

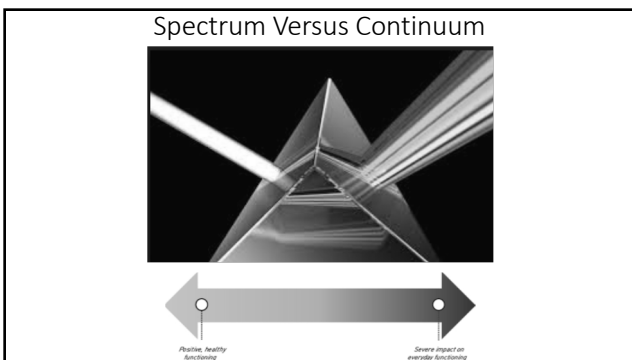
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Autism is increasingly referred to as a spectrum disorder in which individuals can present problems ranging from total impairment to near reasonable functioning.



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In a Spectrum Disorder genetic and phenotypic factors predispose certain individuals to express certain Central Nervous System vulnerabilities leading to poorly adapted variations in development and behavior.



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In a Spectrum Disorder all symptoms are considered relevant to the extent they present in each disorder. Thus a symptom is not exclusive to a disorder.



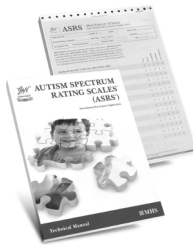
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The form that a Spectrum Disorder assumes is determined by its composite symptoms. These symptoms often have complex relationships.



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A Statistically Derived Model of ASD



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Exploratory Factor Analysis for 2-5 Years

- A two-factor solution was best for parent and teacher raters
 - **Factor I:** included primarily items related to both socialization and communication (e.g., keep a conversation going, understand how someone else felt) - **Social/Communication**
 - **Factor II:** included items related to behavioral rigidity (e.g., insist on doing things the same way each time), stereotypical behaviors (e.g., flap his/her hands when excited), and overreactions to sensory stimulation (e.g., overreact to common smells) - **Unusual Behaviors**

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Exploratory Factor Analysis for 6-18 Years

- A three-factor solution was best for both parent and teachers versions of the ASRS
 - **Factor I:** included primarily items related to both socialization and communication - **Social/Communication**
 - **Factor II:** included items related to behavioral rigidity, stereotypical behaviors and overreactions to sensory stimuli - **Unusual Behaviors**
 - **Factor III:** included items related to attention problems (e.g., become distracted), impulsivity (e.g., have problems waiting his/her turn), and compliance (e.g., get into trouble with adults, argue and fight with other children) - **Self-Regulation**.

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Factor Consistency

- The consistency of the ASRS scale structure across several demographic groups (gender, age group, race, and clinical status) was studied
- The factor loadings for the groups were correlated using the coefficient of congruence
 - results revealed a very high degree of consistency between all groups
 - indicating that the factor structure of the forms generalized across the demographic groups

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Current View of ASD In ASRS

- Based on the factor analysis, we suggest that ASD is best described as having two clusters of behaviors for children ages 2-5 and three for those aged 6 to 18 years of age.
 - Ages 2 – 5 years
 - Social / Communication
 - Unusual Behaviors
 - Ages 6 – 18 years
 - Social / Communication
 - Unusual Behaviors
 - Self-Regulation
- This is the organizational form of the ASRS.



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Students that have a DSM or ICD diagnosis are not automatically eligible for special education services, according to the Individuals with Disabilities Education Improvement Act (IDEIA).

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Educational eligibility and subsequent services are determined by conducting assessments and testing performed by a school's multidisciplinary team and not that of medical diagnostic tests.

These can include observations, history, developmental information, behavior information and a documented prevalence over a period of time.

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Federal Guidelines For Autism Eligibility

(a) General.

(1) Child with a disability means a child evaluated in accordance with §§ 300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

(2)

(i) Subject to paragraph (a)(2)(i) of this section, if it is determined, through an appropriate evaluation under §§ 300.304 through 300.311, that a child has one of the disabilities identified in paragraph (a)(1) of this section, but only needs a related service and not special education, the child is not a child with a disability under this part.

(ii) If, consistent with § 300.39(a)(2), the related service required by the child is considered special education rather than a related service under State standards, the child would be determined to be a child with a disability under paragraph (a)(1) of this section.

(b) Children aged three through nine experiencing developmental delays. *Child with a disability* for children aged three through nine (or any subset of that age range, including ages three through five), may, subject to the conditions described in § 300.111(d), include a child -

(1) Who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: Physical development, cognitive development, communication development, social or emotional development, or adaptive development; and

(2) Who, by reason thereof, needs special education and related services.

(Authority: 20 U.S.C. 1401(3); 1401(30))

[71 FR 46753, Aug. 14, 2006, as amended at 72 FR 61306, Oct. 30, 2007]

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Federal Guidelines For Autism Eligibility

(i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(ii) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section.

(iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.

(Authority: 20 U.S.C. 1401(3); 1401(30))

[71 FR 46753, Aug. 14, 2006, as amended at 72 FR 61306, Oct. 30, 2007]

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Determining Eligibility for Autism Under IDEIA

- Administering a measure of neuropsychological functioning examining planning, sequencing, critical thinking and behaviors related to executive functioning.
- Administering a basic academic battery.
- Administering observational narrow band questionnaires to Teachers (and Parents?).
- Interviewing and observing the student.
- With verbal students, administering self-report measures assessing self-concept, resilience, worry, camouflage behaviors and unhappiness.
- With teens, administering a brief personality measure specifically focused on the development of schizoid personality traits.

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Determining Eligibility for Autism Under IDEIA

- Many school districts now require the administration of quasi standardized, interactive tools to determine Autism eligibility.
- However, based on these IDEIA criteria and the fact that eligibility determination *is not* the equivalent of a diagnosis, is the administration of such instruments needed?
- Do they add to the accuracy of eligibility determination? Do they add to IEP goal setting?
- It's undetermined at this time. Such tools may provide a practical and convenient framework to interview the student, but are they a necessity as mandated by some school districts?

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Considering Co-morbidity

- Considerable overlap exists between autism spectrum disorder (ASD) and mental health disorders.
- High rates of overlap are significant because they affect the nature and type of problems displayed by persons with ASD and how the disorders are assessed.
- ADHD, anxiety disorders and depression are among the disorders most commonly associated with ASD.
- Symptom presentation is similar whether ASD occurs alone or with other conditions.
- Multiple assessments after initial diagnosis of ASD are frequently necessary.
- ASD can be diagnosed very early, while symptoms of other disorders emerge at different points in human development.

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Educational Care and Treatment

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Educational Care and Treatment

- Despite strong claims no curative treatment has been vigorously studied.
- “In the absence of a definitive cure there are a thousand treatments” (Klin).
- Behavior modification, educational intervention and pharmacology have been studied.



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<http://autismcdc.fpg.unc.edu/content/briefs>

THE NATIONAL PROFESSIONAL DEVELOPMENT CENTER ON
AUTISM SPECTRUM DISORDERS

A national network of research centers that provide evidence-based practice for children and adolescents with autism spectrum disorders

SEARCH GO

EVIDENCE-BASED PRACTICES **Briefs**

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 - Autism Internet Module
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Evidence-Based Practice Briefs

Evidence-based practice (EBP) briefs have been developed for all 24 identified evidence-based practices. Select a practice below to access the overview of the practice and downloadable PDF files for the EBP brief and the individual components. An evidence-based practice brief consists of the following core components.

EBP BRIEF COMPONENTS

Overview:
A general description of the practice and how it can be used with learners with autism spectrum disorders.

Step-by-Step Directions for Implementation:
Explicit step-by-step directions detailing exactly how to implement a practice, based on the research articles identified in the evidence base.

Implementation Checklist:
The implementation checklist offers a way to document the degree to which practitioners are following the step-by-step directions for implementation, which are based on the research articles identified in the evidence base.

Evidence Base:
The list of references that demonstrate that the practice is efficacious and meets the National Professional Development Center's criteria for being identified as an evidence-based practice.

Some practices include supplemental materials such as data collection sheets.

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<http://autismcdc.fpg.unc.edu/content/briefs>

EVIDENCE-BASED PRACTICES FOR CHILDREN AND YOUTH WITH ASD

Antecedent-Based Interventions (ABI)
Computer-Aided Instruction
Differential Reinforcement
Discrete Trial Training
Extinction
Functional Behavior Assessment
Functional Communication Training
Naturalistic Intervention
Parent-Implemented Interventions
Peer-Mediated Instruction and Intervention
Picture Exchange Communication System (PECS)
Pivotal Response Training
Prompting
Reinforcement
Response Interruption/Redirection
Self-Management
Social Narratives
Social Skills Groups
Speech Generating Devices/VOCA
Structured Work Systems
Task Analysis
Time Delay
Video Modeling
Visual Supports

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Components of an Effective Treatment Program

- Structured behavioral treatment
- Parent involvement
- Treatment at an early age
- Intensive intervention
- Social skill development
- Coping and camouflage skill development
- Focus on generalization of skills
- Appropriate school setting
- Medication?

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Components of an Educational Treatment Program

- There has been a shift away from treatment within highly controlled clinical settings to more natural contexts with caregivers and teachers acting as agents of change.
- This has allowed for collaborative treatment and opportunities to teach skills within the context of children's daily routines.
- This approach, known as family/school centered intervention, has also been demonstrated to lead to positive outcomes for ASD.
- Intensive community-based interventions based on PBS and positive support strategies have yielded positive outcomes with respect to enhanced language and communication as well as reductions in problem behavior.

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Components of an Effective Educational Program

- Determining the effectiveness of any educational program for students with ASD should be accomplished using methods that reflect specific behaviors as well as a larger conceptualizations of the disorder (e.g., social, communication, and atypical behavior problems). The key questions are:
 - How are these behaviors identified?
 - How are these behaviors measured?
 - How do these behaviors change with intervention?
 - What reference point or points will behavior change be calibrated?

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Medications

- Symptom focused medications: stimulants for attention, anti-depressants for mood, anti-psychotics for “oddties”.
- Condition focused medications?



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New Drug
May Treat
ASD

30/11/2017 10:10 18 September 2017
Vol. 4, Issue 152, p. 1527a127
Sci. Transl. Med. DOI: 10.1126/scitranslmed.3004214

RESEARCH ARTICLE

FRAGILE X SYNDROME
Effects of STX209 (Arbaclofen) on Neurobehavioral Function in Children and Adults with Fragile X Syndrome: A Randomized, Controlled, Phase 2 Trial
Elizabeth M. Berry-Kravis¹, David Hess², Barbara Rathmell³, Peter Zarevics¹, Maryann Cherubini⁴, Karen Walton-Bowen⁵, Yi Mu⁶, Danh V. Nguyen⁶, Joseph Gonzalez-Heydrich⁵, Paul P. Wang^{1,7}, Randall L. Carpenter⁸, Mark P. Bear⁹ and Randi J. Hagerman⁷

¹ Author Affiliations

^{1,7}To whom correspondence should be addressed. E-mail: pwang@seasidetherapeutics.com

ABSTRACT

Research on animal models of fragile X syndrome suggests that STX209, a γ-aminobutyric acid type B (GABA_B) agonist, might improve neurobehavioral function in affected patients. We evaluated whether STX209 improves behavioral symptoms of fragile X syndrome in a randomized, double-blind, placebo-controlled crossover study in 63 subjects (55 males), ages 6 to 39 years, with a full mutation in the *FMR1* gene (>200 CGG triplet repeats). We found no difference from placebo on the primary endpoint, the Aberrant Behavior Checklist–Irritability (ABC–I) subscale. In the other analyses specified in the protocol, improvement was seen on the visual analog scale ratings of parent-nominated problem behaviors, with positive trends on multiple global measures. Post hoc analysis with the ABC–Social Avoidance scale, a newly validated scale for the assessment of fragile X syndrome, showed a significant beneficial treatment effect in the full study population. A post hoc subgroup of 27 subjects with more severe social impairment showed improvements on the Vineland-II Socialization raw score, on the ABC–Social Avoidance scale, and on all global measures. STX209 was well tolerated, with 8% incidences of sedation and of headache as the most frequent side effects. In this exploratory study, STX209 did not show a benefit on irritability in fragile X syndrome. Nonetheless, our results suggest that GABA_B agonists have potential to improve social function and behavior in patients with fragile X syndrome.

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Psychostimulants for ADHD-like symptoms in individuals with autism spectrum disorders.

Cortese S, Castellanos P, Morello C, Roux S, Bonnet-Brilhault F.

Institute for Pediatric Neuroscience, NYU Child Study Center, Langone Medical Center, 215 Lexington Avenue, 14th Floor, 10016 NY, USA: pmorello.cortese@gmail.com,
Expert Rev Neurother. 2012 Apr;12(4):461-73.

We conducted a comprehensive review of studies assessing the efficacy and tolerability of psychostimulants for ADHD-like symptoms in individuals with autism spectrum disorder (encompassing autism disorder, Asperger's syndrome and pervasive developmental disorders not otherwise specified). PubMed, Ovid, EMBASE, Web of Science, ERIC and CNHAL were searched through 3 January 2012. From a pool of 348 potentially relevant references, 12 citations (11 studies) were retained as pertinent. Four of the included studies had a randomized controlled design. Most of the studies assessed methylphenidate immediate release. Despite inter-study heterogeneity, taken together, the results of the selected reports suggest that psychostimulants may be effective for ADHD-like symptoms in autism spectrum disorder individuals. The most common adverse events reported in the included trials were appetite reduction, sleep-onset difficulties, irritability and emotional outbursts. We discuss future directions in the field, including the need for trials assessing more ecological outcomes and combined treatment strategies tailored to the specific individual features.

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Positive Effects of Methylphenidate on Social
Communication and Self-Regulation in
Children with Pervasive Developmental
Disorders and Hyperactivity

Laudan B. Jahromi, Connie L. Kasari, James T.
McCracken, Lisa S-Y. Lee, **et. al.**

Journal of Autism and Developmental Disorders, 2009)

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Drugs that increase serotonin
transmission may be useful in
reducing interfering repetitive
behaviors and aggression as well as
improving social relatedness (few
controlled studies).

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Promoting Social Behavior With Oxytocin in High-Functioning
Autism Spectrum Disorders

- Published (2/10) online in the Proceedings of the National Academy of Sciences.
- Oxytocin is a hormone known to promote mother-infant bonds.
- A French research group investigated the behavioral effects of oxytocin in 13 subjects with autism.
- Under oxytocin, children with ASD responded more strongly to others and exhibited more appropriate social behavior and affect, suggesting a therapeutic potential of oxytocin through its action on a core dimension of autism.

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Oxytocin May Have Many Effects



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Medication and Parent Training in Children With Pervasive Developmental Disorders and Serious Behavior Problems: Results From a Randomized Clinical Trial

MICHAEL G. AMAN, PH.D., CHRISTOPHER J. MCDOUGLE, M.D. et al.

Conclusions: Medication plus PT resulted in greater reduction of serious maladaptive behavior than Medication alone in children with PDDs, with a lower risperidone dose.

J. AM. ACAD. CHILD ADOLESC. PSYCHIATRY,
48:12, DECEMBER 2009.

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Comorbid ADHD and Anxiety Affect Social Skills Group Intervention Treatment Efficacy in Children With Autism Spectrum Disorders

Kevin M. Antshel, PhD, Carol Polacek, PhD, NP, Michele McMahon, CSW, Karen Dygert, NP, Laura Spencecely, MA, Lindsay Dygert, BS, Laura Miller, BA, Fatima Faisal

ABSTRACT: Objective: To assess the influence of psychiatric comorbidity on social skill treatment outcomes for children with autism spectrum disorders (ASDs). Methods: A community sample of 83 children (74 males, 9 females) with an ASD (mean age = 9.5 yr; SD = 1.2) and common comorbid disorders participated in 10-week social skills training groups. The first 5 weeks of the group focused on conversation skills and the second 5 weeks focused on social problem solving skills. A concurrent parent group was also included in the treatment. Social skills were assessed using the Social Skills Rating System. Ratings were completed by parents at pre- and posttreatment time periods. Results: Children with ASD and children with an ASD and comorbid anxiety disorder improved in their parent reported social skills. Children with ASD and comorbid attention deficit/hyperactivity disorder failed to improve. Conclusion: Psychiatric comorbidity affects social skill treatment gains in the ASD population.

(J Dev Behav Pediatr 32:433-440, 2011) Index terms: autism spectrum, social skills, ADHD.

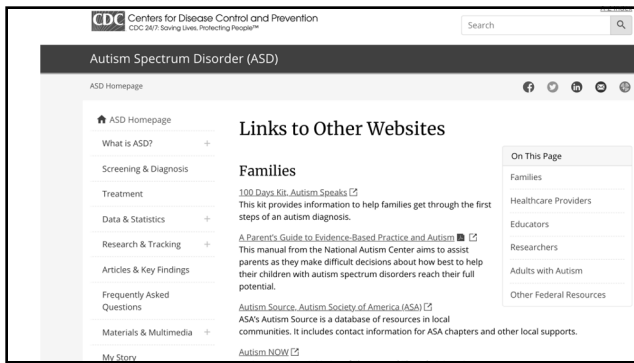
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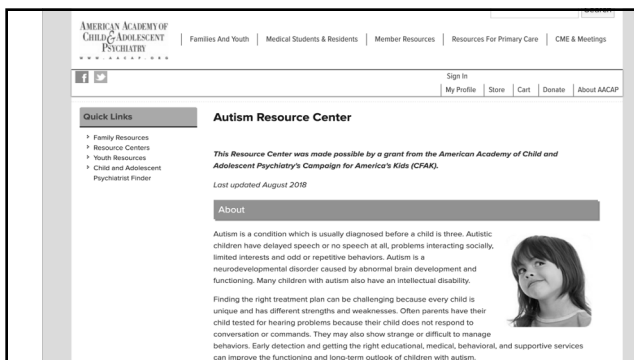
Some Possible Challenges to Counseling Youth With ASD

- Concrete thinkers
- Difficulty with humor
- Problems regulating affect
- Difficulty interpreting other's feelings
- Rule bound
- Diminished empathy
- Decreased desire to please others.

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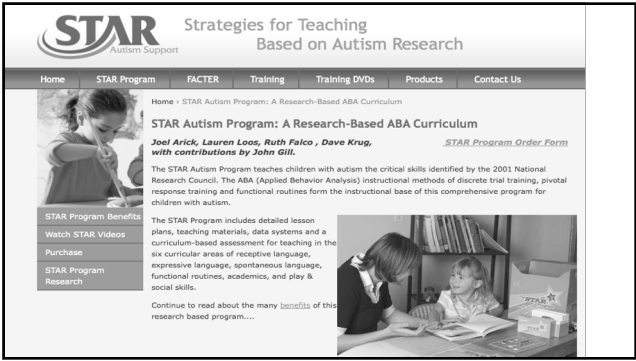
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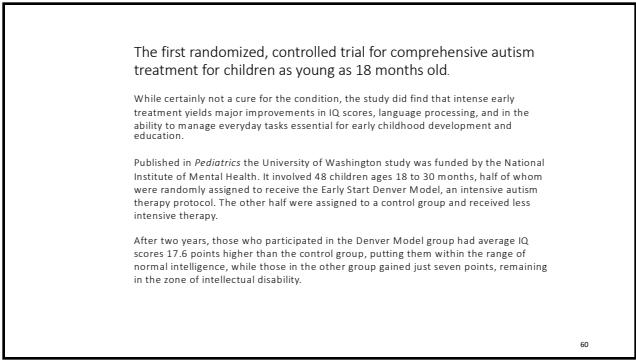
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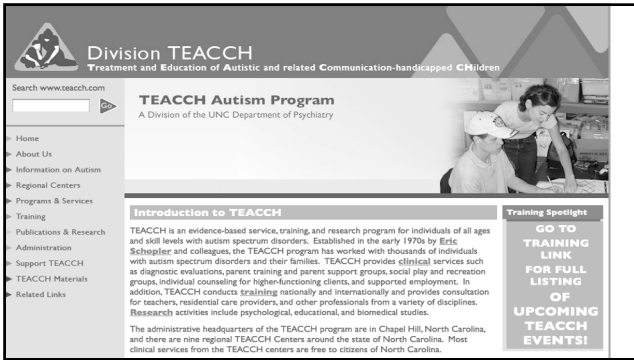
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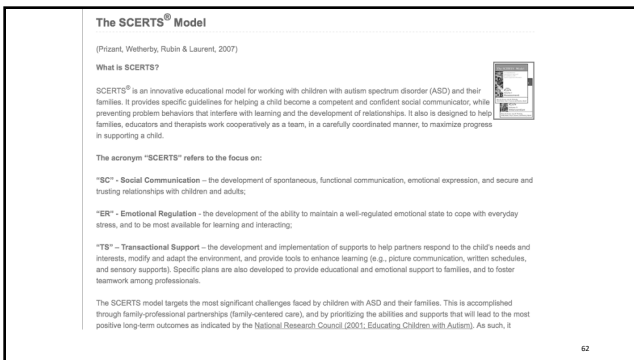
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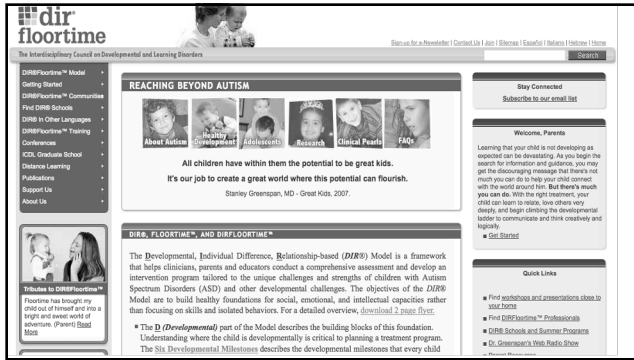
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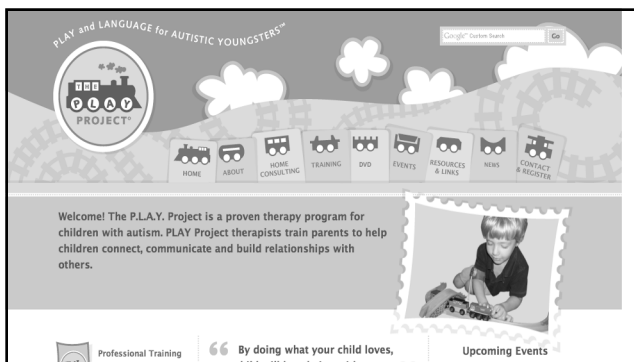
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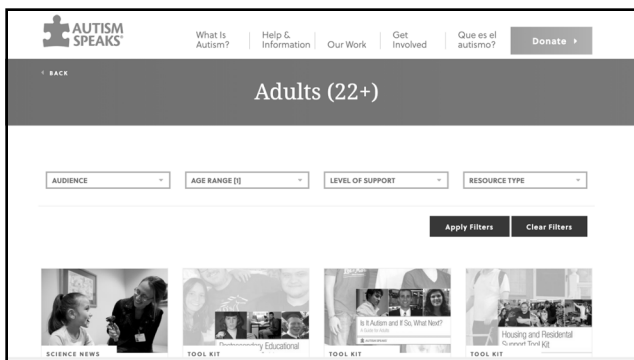
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Challenging Behaviors Tool Kit


Sometimes, people with autism display behaviors that are challenging to understand and address. The Challenging Behaviors Tool Kit will provide you with strategies and resources to address these behaviors and help support you during difficult situations.

The kit is broken into different sections. You may want to read the kit in its entirety or work through a section at a time:

- Why is Autism Associated with Aggressive and Challenging Behaviors?
- Why is it Important to Do Something about Challenging Behaviors?
- Who Can Help? What is this Idea of a Team?
- What are the Things to Consider?
- What are the Positive Strategies for Supporting Behavior Implementation?
- What Might I Need to Know about Managing a Crisis Situation?
- What are Long Term Solutions and Where Can We Learn More?
- Challenging Behaviors Glossary

We sat down with 2 experts to help answer your frequently asked questions: Gary S. Mayerson, Founding Attorney at Mayerson and Associates, and Nicole Weidenbaum, Executive Director of Nassau Suffolk Services for Autism.

Check out the videos below to hear what they had to say!




Challenging Behaviors Tool Kit

Download here

Need Personalized Support?

Our Autism Response Team (ART) is

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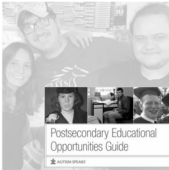
Postsecondary Educational Opportunities Guide

Deciding what to do after high school can be a difficult process. This guide will help you and your family explore the various options available to you.

The guide provides a closer look at four-year universities, community colleges, vocational/technical school, life skills programs and more. The information will help you find the program that is right for you.

The Postsecondary Educational Opportunities Guide is broken up into the following sections:

- Introduction
- Preparing for Postsecondary Education
- Types of Postsecondary Education Programs
- Obtaining Services and Asking for Accommodations
- Life on Campus
- Learning to Live Independently: A Personal Perspective
- Peer-to-Peer Advice
- Advice for Parents
- Alternative Learning for People With Autism: A Personal Perspective
- A Retrospective on Postsecondary Educational Opportunities
- Resources




Postsecondary Educational Opportunities Guide

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Need Personalized Support?

Our Autism Response Team (ART) is

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Employment Tool Kit

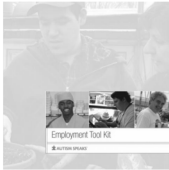
Autism Speaks would like to help you find the right job by providing you with tools and resources, including our Employment Tool Kit.

We have written this kit to help you research, find and keep employment. We compiled job-related stories, tips and information from a collaboration of people, including adults with autism.

Although this guide is written for you, we know that it will also be helpful for family members, service providers, business leaders and anyone who is helping someone with autism find and keep a job.

The Employment Tool Kit is divided into the following sections:

- Introduction
- Self-Advocacy
- What Job is Right For You?
- Benefits and Funding
- Employment Models: What Option is Best For You?
- Your Job Search
- Transportation Options
- Resumes, Cover Letters and Applications
- The Job Interview
- Accommodations and Disclosure
- Soft Skills: Understanding the Social Elements of Your Job
- Success Stories and Lessons Learned



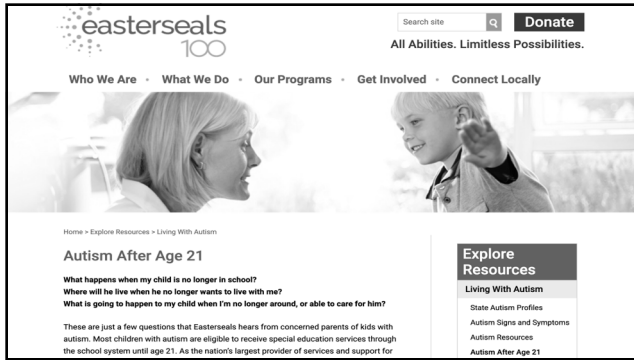
Employment Tool Kit

Download here

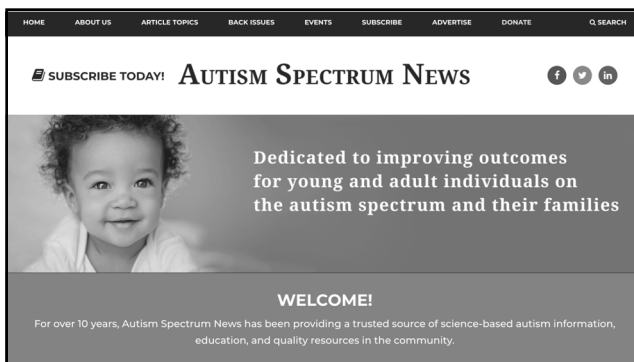
Need Personalized Support?

Our Autism Response Team (ART) is

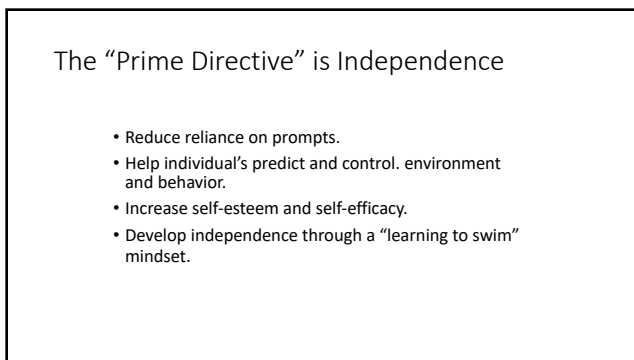
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Theater as a Medium to Develop Social Skills

- Theater arts offer an opportunity for individuals with ASD to venture into the community in a win-win relationship.
- EPIC's performances help the general community better understand the nature of having ASD.
- At the same time, actors with ASD have the opportunity to interact in a medium that we believe will foster not only the development of self-esteem, but appropriate social interaction—the latter very clearly being the primary hurdle to successful adult transition for those with ASD.
- EPIC hopes to quantify our initial experiences of the benefits of theater for those with ASD through a long-term, qualitative study measuring the associative effects of theater arts, training on social skills, sense of purpose and independence in daily life activities.

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EPIC Players



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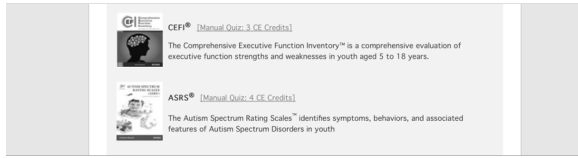
Conclusions



- The determination of eligibility and the integration of specialized educational programs as part of comprehensive treatment for students with ASD continues to evolve.
- It is still the case that there is at times a confusing relationship between clinical/medical diagnosis and care, and eligibility determination and specialized educational processes.
- Over the last twenty years school psychologists have become very knowledgeable about the evaluation and treatment of ASD. The process by which eligibility as Autism under IDEIA is determined continues to vary significantly between states and school districts.
- We need to adopt a reasoned and reasonable set of guidelines for school psychologists charged not only with determining eligibility under IDEIA for a student to be served as OHI/Autism but also gather statistically viable information about a student's cognitive, neuropsychological, social, emotional, academic and behavioral presentation and competence so as to seamlessly integrate assessment data into measurable IEP goals.

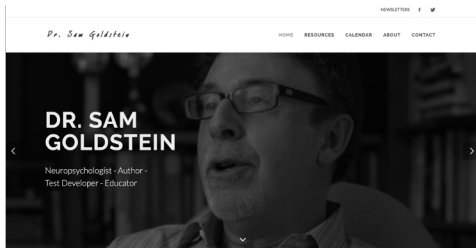
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Continuing Education



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www.samgoldstein.com



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Devlin Teichert
Song of Myself
December 16, 2008

Were They but There at Night

There is a bolder field where every stone
Is a glazed, glittering gem, like stars fallen from the sky
All except one, a plain grey rock alone in the center
Feeling excluded and stunted
People coo, tourists, painters, photographers, collectors
To view each shining bolder, a pleasure to the beholder
Ooh! Ahh! Look at this one! Come quick!
Pockets bulge with fingernails and paint once run dry
But the grey rock remains ignored
An ugly blob on a sweeping mural
The sun sets, everyone leaves
And they miss the outcrop of the field
For when night falls, the grey rock in the center
It glows in the dark



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Questions?

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TEDx: <https://www.youtube.com/watch?v=isfw8JJ-eWM>
