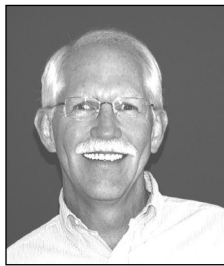


SENSORY PROCESSING DISORDER AND AUTISM



Dr. Miller



Dr. Minson

a lesser known condition called Sensory Processing Disorder (SPD).

SPD is a complex disorder of the brain that affects children and adults. Those with SPD misinterpret everyday sensory information, such as sounds, touch and movement. They may feel bombarded by information, they may seek out intense sensory experiences, or they may be unaware of sensations others feel. Like Anthony, many also have sensory motor challenges such as poor muscle tone, poor balance and clumsiness.

For most people, sensation is detected and then automatically interpreted so that a meaningful response can be made. In Anthony's case, SPD affected the way he reacted to sensory information. Although his symptoms appeared to be related to emotions, attention, motor abilities and behavior; the evaluating Occupational Therapist at STAR Center, Cheryl Mock, suspected an underlying



A staff member assists a client with occupational therapy at the STAR Center.

By Lucy Jane Miller, PhD, Ron Minson MD, Sarah Schoen, PhD, Lee Tarsitano MA OTR and Cheryl Mock MS OTR of the Sensory Treatment And Research (STAR) Center, Greenwood Village, CO.

IS IT AUTISM? IS IT SENSORY PROCESSING DISORDER? OR IS IT BOTH?

Anthony came to the STAR (Sensory Therapies and Research) Center with a diagnosis of Autism Spectrum Disorder. He was a handsome, shy 7-year old who the therapists immediately loved. Anthony used few words and did not interact with his peers. In addition he had frequent temper tantrums, and was unable to tolerate malls, grocery stores, sports events and other noisy situations.

Anthony was diagnosed with ASD; however, unknown the doctor who diagnosed the ASD, Anthony also had

sensory problem.

By treating the sensory problems she hoped to lessen the behavior problems and increase attention and motor proficiency. Her goal was not curing or fixing the autism, but rather improving Anthony's quality of life by increasing his functional responses to the multitude of sensory information that surrounds all of us every moment of every day.

Continued on page 6 ►►



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Autism Society of Colorado

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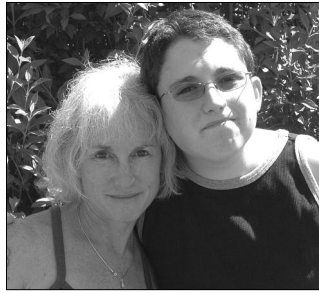
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Support Groups

The listing of autism and related support groups throughout the state has become too large to publish each month. Please visit our website at www.autismcolorado.org and click on the *Support Groups* link or call ASC at 720-214-0794 and we will send you the most current listing for your area.



from the executive director

by Betty Lehman

Many of the calls to our office are from people with Asperger's Disorder and their families regarding difficulties with obtaining and maintaining employment.

Many children and adolescents with Asperger's Disorder are mainstreamed into regular education. Although educators may have a basic understanding of the challenges people with Asperger's Disorder face, it's hard for many to conceive that high performing, talented, bright students struggle with sensory and social complications, especially when these students can and do overcome their stressors much of the time.

The extra supports and understanding that students with autism that are considered low and moderate functioning receive through special education are often not available for students with Asperger's Disorder.

I'm hopeful that families of students with Asperger's Disorder have considered or have implemented a 504 Plan. Refer to the Colorado Department of Education website <http://www.cde.state.co.us/cdesped/504Info.htm> for information on 504 plans and eligibility criteria. 504 plans can provide accommodations to children who have a disability that interferes with learning and 504 plans can hold convincing evidence for the Division of Vocational Rehabilitation (DVR) that this disability also interferes with the ability to work and vocational rehabilitation services are needed to obtain or maintain employment.

Students with Asperger's Disorder are likely eligible for transition services which are a coordinated set of activities for a student, designed with

an outcome oriented process, which promotes movement from school to post-school activities, including employment, vocational training and post-secondary education.

Transition services from both the schools and DVR for people with Asperger's Disorder will only be effective if educators and counselors understand the gifts and challenges unique to each individual.

In the interests of being more effective for people with Asperger's Disorder, the Autism Society of Colorado met with the concerned individuals from Division of Vocational Rehabilitation, PEAK Parent Center, the Colorado Department of Education (CDE), the Arc of Arapahoe and Douglas and Jewish Family Services. We discussed the best ways we can collaborate to increase the effectiveness of services so that people with Asperger's Disorder can get and keep jobs that they enjoy with employers that appreciate and value their capacities.

Continued on next page ►►

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FROM EXECUTIVE DIRECTOR
Continued from page 2

We were very fortunate that Kathy Grant and Grant Gilliland provided us with real life stories about their experiences and challenges with Asperger's Disorder and High Functioning Autism in relation to getting and maintaining employment.

We are also fortunate in Colorado that the most recent legislative session restored funding from previous year's extremely harsh budget cuts to DVR so that services will be more available. DVR is now able to expand DVR counselor positions around the state and provide excellence in training, including training on the needs of people with Asperger's Disorder. Beth Schaffner from PEAK Parent Center and Carol Meredith from the Arc of Arapahoe and Douglas helped the group recognize the effectiveness of "person-centered planning" as an existing tool for support for people with Asperger's Disorder in achieving successful employment outcomes.

The Autism Society of Colorado is a great connector of resources and information for DVR and CDE. Nancy Smith, the Director of the Division for Vocational Rehabilitation, requested the Autism Society provide them with contact information of professionals with expertise in understanding and supporting the needs of people with Asperger's as well as guidance on materials we feel would be effective resources for counselors.

This meeting was a special moment where we appreciated the importance of collaboration and recognized that we all shared a vision of working together to achieve exceptional outcomes for exceptional people.

I hope you are all having a wonderful summer and will come to the ASC Summer Picnic at the Washington Park Boathouse on July 23 and are making plans to enjoy the Legends Baseball Game in Colorado Springs on August 18. ■

Betty



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Learning/Teaching From an ABA Perspective

EDUCATION



By Sam Towers, a behavioral consultant who lives near Sterling, CO with his wife and four adopted sons, each with identified disabilities.

Often, many people think of using Applied Behavior Analysis (ABA) to decrease or get rid of problem behaviors (e.g., hitting, screaming, and self-injury.) Although ABA has very well developed and research based techniques for decreasing problem behavior, its technology is not limited to just decreasing problem behaviors.

ABA also has well developed and research based techniques for helping people to increase desirable behaviors (e.g., communicating, reading, and self-dressing.) ABA can be used very effectively to teach new skills to people. In the ABA world, the terms behavior and skill carry the same meaning. In the rest of this article, I will use the term skill.

ABA's research has shown us that learning occurs in four stages, acquisition, fluency, maintenance, and generalization. There is a different goal for the learner in each of these stages, and the manner of teaching varies between each of the stages.

The goal of acquisition, the first stage, is teaching the learner to perform the new skill accurately (i.e., doing it well.) Because people learn what they practice, we don't want the learner to practice doing the new skill incorrectly. For example, if a person who is learning to put on a shirt, practices putting it on incorrectly, that person will end up learning to put the shirt on incorrectly. As a result, re-learning how to put the shirt on correctly will be a difficult and time-consuming task.

In this first stage of learning, we want to ensure that the person practices the new skill correctly most of the time. At a bare minimum, we need 80% of the practice opportunities to be correct. It is important at this stage not to encourage speed or rate. If the learner attempts to practice the new skill at a quick rate, he/she will commit more errors. For more information on how we can get a learner to use a new skill with very few errors, see the article, "Near Errorless Learning," in the holiday 05-06 issue of *The Source*.

The goal of fluency, the second stage, is teaching the learner to perform the skill at an appropriate rate or speed. Once a learner has learned to perform a skill well, it is time to get the new skill up to an appropriate speed. For example, if a person has learned to put on a shirt properly, but it takes the person two minutes to put it on, it is now time to encourage the learner to put it on more quickly.

It is essential in this stage, however, to ensure that the learner continues to perform the new skill well so that the learner does not learn to do the new skill incorrectly. In a nutshell, the focus of this stage is on both performing the new skill well and at an appropriate rate. The goal of maintenance, the third stage, is on helping the learner to continue to perform the skill well and at an appropriate speed over time.

Learning to do a new skill well and at an appropriate rate will be of little use if the learner forgets how to do the skill later. To achieve maintenance, we must ensure that the learner continues to have enough opportunities to use the new skill so that it is not forgotten.

stage, is to teach the learner to be able to use the new skill in different situations. Generalization of a new skill can be difficult for many individuals with disabilities and is particularly difficult for many individuals with autism. For example, if a learner has learned how to put on a T-shirt, we cannot take for granted that the learner will automatically know how to put on a different shirt. Although this may seem quite unusual, this type of situation is often quite difficult for individuals with autism.

“If the learner attempts to practice the new skill at a quick rate... will commit more errors.”

Usually, the best way to help individuals generalize a new skill is to have them practice in many different situations or with many different materials. For example, after a learner has learned how to put on one shirt, we then can teach him/her to put on a different shirt. Once putting on that shirt is mastered, we teach the learner to put on another shirt. We keep repeating this until the learner is able to put on new/different shirts that we have not taught him/her to put on.

Knowing this information and using it while teaching is very important. It not only helps to ensure that the teaching is effective, but it also helps to ensure that it is efficient. Often a skill can be taught without giving regard to the stages of learning and the requirements of teaching in each stage; however, it will take much longer for the new skill to be learned, and instructional time is just too precious to waste by using inefficient teaching methods. ■

The goal of generalization, the fourth

Interdisciplinary Intervention

(Editor's Note: This article mentions several types of behavioral interventions – some of which may be controversial to some people. The Autism Society of Colorado always recommends evaluating options, including a review of scientific literature before deciding upon a course of treatment.)

By Amy K. Gearhard, M.S.
Amy is the author of the Interdisciplinary Intervention Model and the co-founder of Creative Perspectives, Inc. Autism Center of Colorado and Autism Center of Boulder Valley, where the model is implemented. She is currently finishing the coursework for her Ph.D. in Clinical Psychology. Gearhard has more than ten years experience in the field including therapy, consultation, and training in a wide-variety of settings. For questions, she can be reached at Creative Perspectives, Inc. Autism Center of Colorado or amy@creativeperspectives.org.



The most accurate and effective methodology for the treatment of Autism Spectrum Disorder continues to be debated as the concise etiology of autism remains somewhat of a mystery.

The field stands divided in its approaches to the complex disorder, some of which range from biological, to behavioral, environmental and pharmacological. Virtually all of the approaches are focal in nature, addressing one particular deficit or developmental aspect associated with the disorder, therefore making it

common practice that families piece together an assortment of therapies in order to create a well rounded and comprehensive treatment plan for their child.

In the past, the field of autism has been predominantly guided by the work of Dr. Lovaas and other prominent behavioral therapists. Promising results have been seen through the adherence to an intensive 35-40 hour per week home therapy program utilizing the fundamental concepts of behavior modification such as shaping, fading, prompting and reinforcement schedules. Despite the progress seen, current research concludes that skills acquired through behavioral therapy are often not successfully generalized into other settings, due in part to the methodology and isolated environment in which they are taught.

To compensate, a wide variety of supplemental therapies have been established, which endeavor to teach social and communication skills through more naturalistic means. Approaches such as Greenspan's Floor Time therapy and Gutstein's Relationship Development Intervention have produced encouraging results. They too

focus on a distinct piece of autism, leaving numerous other aspects to be treated by supplementary approaches.

Despite a lengthy list of varying intervention options available within the field of autism, one element does remain peculiarly similar among the research. That is, the field of Autism Spectrum Disorder desperately needs to move toward more comprehensive and holistic interventions that embrace inclusive, trans-disciplinary approaches. Research has shown consistently higher levels of improvement when all areas of a child are addressed simultaneously.

The Interdisciplinary Intervention model was developed in response to the resonating demand for an approach that concurrently considers each of the deficits associated with

Autism Spectrum Disorder, while also integrating the challenges and strengths unique to each individual.

The model recognizes and honors the recommendations made by leading researchers in the field, which highlight the need to see and treat the child and family unit as a whole. The field of autism has historically been dominated by a "one-size-fits-all" philosophy that has yet to produce a single methodology capable of treating any individual on the spectrum of autism. Through the Interdisciplinary Intervention model, an individualized approach is taken to develop a treatment plan that precisely fits the needs of the child and family both. This unique format is inclusive and versatile, providing a method in which goals across multiple disciplines are addressed, individualized strategies are developed, and progress is measured.

The identified deficits within the field of ASD span a wide variety of disciplines. Financial issues or a shortage of time often stand in the way of gathering a collective board of experts to care for each individual, forcing families to prioritize their child's needs and literally choose which to address. The Interdisciplinary Intervention model is invested in a multitude of professionals, highly competent in their respective fields, each trained to

Continued on page 7 ▶▶

**KATHY KYFFIN SCHLEIFER, MHS/OTR
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Six primary sub-types of SPD exist and most children with ASD display a combination of subtypes:

Seeking

• **Sensory Seeking** – these children seem to have an insatiable desire for sensory input, they tend to be constantly touching, bumping and jumping, and often do not understand where their personal space ends and others' begins.

Over-Responsivity

• **Sensory Over-Responsivity** – these individuals feel sensation too easily or too intensely; they have "fight or flight" responses to sensation, e.g. being touched unexpectedly, or a loud noise, hence they sometimes try to minimize sensations, e.g. withdrawing from being touched, putting their hands over their ears, etc.

Under-Responsivity

• **Sensory Under-Responsivity** – these children often appear withdrawn, difficult to engage and/or self-absorbed because they do not detect the sensory input in their environment; their under-responsivity to touch and deep pressure input may lead to poor body awareness and an inability to feel pain.

Postural Control Disorder

• **Postural Control Disorder** – these individuals have difficulty stabilizing their bodies during movement and may show low muscle tone, weakness, poor endurance and difficulty with using both hands at the same time or crossing one hand past the midline of the body to the other side.

Dyspraxia/Motor Planning

• **Dyspraxia/Motor Planning Problems** –because of their difficulty processing sensory information properly, these children have

difficulty forming a goal or idea, planning a sequence of actions, or performing new motor tasks.

Discrimination Disorder

• **Sensory Discrimination Disorder** – people with this problem have difficulty interpreting sensory information accurately; they perceive the stimuli but don't accurately understand what is seen, heard, felt, tasted or smelled; they lack the ability to give the correct meaning to specific qualities of stimuli (Is that a dime I feel in my purse or a quarter? Is that a "q" or a "p" that I see? Did you say "bag" or "back"?)

Anthony had both Sensory Under-Responsiveness and a Postural Disorder. After thorough assessments, Anthony's occupational therapist at the STAR Center created a customized program for Anthony which combined Occupational Therapy (OT) with Dynamic Listening therapy. Although these two therapies have been used independently for years, only recently have they been administered in combination.

Anthony's treatment plan called for short-term but intensive treatment (twenty 60-minute sessions three times a week over seven weeks.) What was also recommended was parent education and coaching. Change began early in Anthony's therapy – his mother noted that Anthony had fewer temper tantrums and his eye contact was better.

Gradually, he became enthusiastic about his time with his therapist and began to really enjoy the physical movements in space. His upper body strength increased, and he appeared more confident in responding to sensory input during therapy. This soon translated to his attitude in general and his behavior outside therapy – his teachers and

family members noticed he moved and acted more confidently and interacted with others more often.

By the end of seven weeks of intensive combined Occupational Therapy (with a sensory integration approach) and Dynamic Listening therapy, Anthony's sociability had improved significantly. His retreating into his own world had decreased, and he was more able to tolerate large crowds and noisy situations. He was more focused, and began to use words to communicate.

What happened during Anthony's treatment? Was it the combination of OT and Dynamic Listening therapy that caused the changes? Did the intensive nature of the intervention matter? What happened in Anthony's brain; did brain changes occur? Is this unique therapy applicable to all autistic case?

At the KID Foundation near the Denver Tech Center, researchers are studying sensory processing in children with autism. Data show that the co-existence of SPD and autism is common with 60-80% of children with autism exhibiting symptoms of SPD (less than 1% of children with SPD have autism.) Studies suggest that



A Star Center client undergoing dynamic listening therapy.

while children with SPD and autism may have some overlapping behaviors and symptoms, the two conditions are definitely not the same thing.

Continued on next page ►►

A diagnostician or team skilled in evaluating sensory processing can conduct an evaluation to determine if a child has SPD. Since effective intervention depends upon accurate diagnosis, this type of evaluation is recommended for those who suspect their child has symptoms of SPD (also called sensory integration dysfunction.)

Resources for parents and professionals:

- *Sensational Kids: Hope and Help for Children with Sensory Processing Disorder* by Lucy Jane Miller, Ph.D., OTR
www.SensationalKids.org.
- The KID Foundation – online resource for SPD information:
www.kidfoundation.org.
- The Sensory Therapies and Research (STAR) Center – 303-221-STAR (7827)
www.starcenter.us. A short-term intensive diagnostic and treatment center for children and adults, combining OT and Dynamic Listening therapy. ■

The authors wish to thank the parents and children participating in the SPD study. In addition, we thank Susan Hepburn, Ph.D., and her team for assistance identifying children for this project.

Interdisciplinary Intervention
Continued from page 5

address one particular aspect of an individual's development, therefore coming together to create a well-rounded, comprehensive team.

During each session individuals progress towards goals that have been established for them by the team's Licensed Clinical Psychologist, Occupational Therapist, and Speech Pathologist. The goals address development in the areas of communication, cognition, pre-academics, social and emotional development, play and leisure skills, motor development, and sensory regulation.

The philosophy is drawn from a wide-variety of established and well researched methods in the field. Through extensive study, the efficacy, strengths, and weaknesses of 14 approaches commonly used for individuals with ASD were analyzed.

Strengths, as identified by the research, were noted from each approach for integration within the philosophy. Shortcomings, as identified by the research, were noted from each approach so that the appropriate adjustments and compensations could be made in order to build a more effective and cohesive method. Approaches such as Floortime therapy (Stanley Greenspan), Relationship Development Intervention (Steven Gutstein), Sensory Integration (Jean Ayres), and TEACCH (Schopler & Olley) hold considerable influence in the philosophy.

As well, methodologies successfully used with typically developing children, such as Activity-Based Intervention, Naturalistic Teaching, and Howard Gardner's Multiple Intelligence theory, were also included to ensure the use of best-practice teaching philosophies and strategies across the field of general education.

The Interdisciplinary Intervention model unifies the focus of treatment, and provides the structure within which multiple disciplines are brought together to address naturally inseparable needs and challenges. Through the dissection of existing research, the careful selection and placement of effective educational strategies, and an innovative and holistic approach to treatment, the foundation for a new comprehensive intervention practice has been laid. ■



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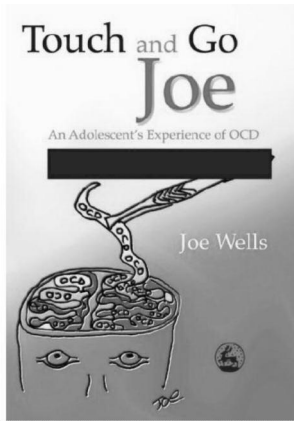
- ☛ Today, a shocking 1 in 166 children is diagnosed with autism.
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BOOK REVIEW



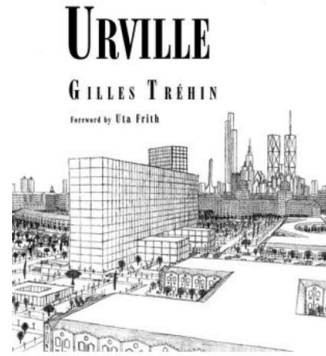
TOUCH AND GO JOE:
An Adolescent's Experience of OCD
 Joe Wells
 Foreword by Isobel Heyman
 128 pages

As many as 2 in every 100 people suffer from Obsessive-Compulsive Disorder (OCD), and 16-year-old Joe Wells is one of them. In *Touch and Go Joe*, he tells the story of his battle with OCD from its

insidious beginnings at age 9 and increasingly intrusive symptoms, to diagnosis at age 12. Having struggled to keep the condition a secret for years, he is now able to talk and write openly about OCD and how he battled to overcome it.

This book is packed with advice and coping strategies, as well as first-hand accounts of available treatments such as cognitive behavioral therapy and medication. Written in an informal and accessible style, and including his own humorous illustrations, *Touch and Go Joe* gives an upbeat yet realistic look at the effect of OCD on adolescent life.

This honest and amusing account will raise awareness of this all-too-common, yet frequently misdiagnosed disorder and will be of interest to anyone who has suffered from or knows someone who has suffered from OCD, including children and adolescents, teachers, psychologists, psychiatrists, mental health professionals, parents and careers.



URVILLE
 Gilles Tréhin
 Foreword by Uta Frith
 192 pages

Urville, the capital of a large island province, has a population of nearly 12 million, making it the one of the most significant cities in Europe. It is also entirely imaginary. This book offers fascinating evidence of and insight into the creative power

of the autistic mind and will be of interest to people with autism and without.

Gilles Tréhin, an autistic man with exceptional creative talents and an obsession with large cities, conceived and developed Urville over the course of 20 years. He shares his vision in this beautifully illustrated guide to the city, which he renders convincingly real in nearly 300 drawings of different districts of Urville. He describes, in remarkable detail, the architectural styles of its individual buildings and provides historical, geographical, economic and cultural information. This includes historical figures and cultural anecdotes grounded in historical reality - Tréhin accounts for the effects of the Vichy regime, the Second World War and globalization on his imagined city.

Gilles Tréhin is 32 years old and autistic. He has exceptional talents in mathematics, music, languages and art. He has been developing his vision of Urville since the age of 15, and drawing since the age of 5. His father is vice-president of Autism-Europe, Belgium. ■



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LOCAL CALENDAR

Disclosures of Abuse and People with Developmental Disabilities

Tuesday, July 18, 2006
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Aurora, Co.

A training session and lecture of abuse and disclosure, focusing on individuals with developmental disabilities will be held in Aurora from 9 a.m. - 4 p.m. Dr. Baladerian, a licensed clinical therapist will be speaking. The purpose of the training is to get useful instruction in dealing with abuse victims and their families. Session topics include; protocols and policies, support systems, justice system responses and barriers to

effective communication. Cost is \$35 per person and includes breakfast and lunch. For more information please contact the Arc of Aurora at 720-213-1420.

Legends Baseball Game

August 18, 2006
Security Service Field
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Proceeds from ticket sales go to benefit the Autism Society of Colorado. Tickets are available at all King Soopers locations, online at www.ticketwest.com and by phone at 1-866-464-2626. Prices for tickets are \$5, \$7 and \$9. Legends game charity dinner and comedy show information can be found at www.sos-ad.org. ■

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ANNOUNCEMENTS

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College Living Experience (CLE) is a post-secondary support service program serving students with LD, ADD/ADHD, NLD and Asperger's Syndrome since 1989. The goal of CLE is to develop students into fully functional, independent adults. The program does this by focusing on three areas, academics, independent living skills and social skills.

For more information about CLE, call 303-825-2533 or visit www.cleinc.net. The College Living Experience is part of the ESA Family of Schools and can be found at www.esa-education.com

Families Needed

The professors at the University of Northern Colorado are looking for culturally and linguistically diverse parents who would like to participate in a project on involvement and communication with teachers. Parents will be asked to share how they communicate with teachers and schools and how they participate in their child's education. Interviews will be conducted in either English or Spanish and families will be given a \$20.00 gift certificate from either King Soopers or Wal-Mart. If you would like to be interviewed, please call either Tracy Mueller at (970) 351-1664 (in English) or Madeline Milian at (970) 351-1683 (in Spanish) to receive more information on the project.

Don't forget . . .

The Autism Society of Colorado's Annual Summer Picnic

Washington Park Boathouse
Sunday - July 23, 2006
from 12 - 3 pm



Rocky Mountain Autism Center (RMAC) is a model/training site for the SCERTS Model (Prizant, Wetherby, Rubin, Laurent, Rydell (2005). Dr. Rydell is a co-author of the SCERTS Model and director of RMAC. RMAC uses a family-systems model that provides opportunities for families to receive on-going therapy and training for both their child and the entire family through hands-on participation and learning with Dr. Rydell.

The SCERTS Model: A comprehensive educational approach for children with autism spectrum disorders. For more information on the SCERTS Assessment and Curriculum (2005) and how to order – www.brookespublishing.com



Child and Family Development Program (CFDP)

The CFDP focuses on children of all ages, with a special emphasis on children who have received a recent diagnosis of ASD. The CFDP is based on the SCERTS Model of Intervention. Each child/family meets with Dr. Rydell on an individual basis. The following SCERTS program components will be provided to each child/family:

1. Ongoing (year-round) training/therapy sessions; once or twice per week, one or two hours per session
2. Identification/prioritization of the child and family strengths and goals
3. Development of an individual program plan for both the child and family
4. 1:1 therapy, demonstrative teaching and coaching of intervention techniques with the child and family members as per the individual program plan
5. Parents, family, and/or other therapists participate in the training/therapy sessions (a priority!)
6. SCERTS and CFDP prioritizes social, communication, emotional regulation and instructional/environmental supports for children and families
7. Generalization and implementation of the program at home or other naturalistic environments (e.g., daycare, preschool, community, etc.)
8. CFDP is provided in collaboration/cooperation with other educational programs.

For more information or appointments, please contact:

Dr. Patrick J. Rydell, Director
Rocky Mountain Autism Center



www.rockymountainautismcenter.com

P.O. Box 620578 - Littleton, CO 80162

3636 S. Independence St. - Lakewood, CO 80235

303-985-1133

Memorials

The following groups and individuals wish to remember Michael Lemoine:

William & Karen Lemoine,
Michael's parents

Marie Peer

Barbra Remenga

Jan & Butch Rogers

Linda Vieira, Teresa Hall, Gail King
at Aspen Center for Women's Health
Susan Ayer

William Bever

Brad Carelli

Tom & Pat Carlson

Theresa Davis
Allan Gerstle & Susan Orshan

Steven & Paula Harper

Hotchkiss High School

Honors

Maria Avina, Anthony and Rafael
In honor of Beatriz Ortiz
the greatest grandma ever!!!

In honor of Tanner Olson.
Tanner is a source of inspiration to all
who know him.

Richard & Lynn Baumeister
In honor of William Jordan
Brill-Loftland

Hannah Brill
In honor of Spencer (Spencer's Puzzle)

Clint & Diedre Eatmon
In honor of Dustin Jeske,
Dustin is a 16-year old high spirited
boy with autism.

Margaret Nickless
In honor of ASC volunteer,
Jessie Ulmer

Joel and Florence Orosz
In honor of Liam Dargen

Bradley Page
In honor of ARC Advocate-
DeAnn Major

Kathleen Ritz
In honor of the Shepard Nevel &
Anna Alejo Family
from the Booth Family

New & Renewing Members

Arvis & Joye Adams

Georgia Abeyta

Michael & Nancy Barris

Amanda Bass

Shane Bass

Richard & Lynn Baumeister

Joanna Behler

Meseret Beyene

Michael Boll

Hannah Brill

Tom & Diana Dargen

Denver Autism Advocacy Center

Arnold & Sylvia Karklis

Ann Moulton

Fred and Kim Munger

Debbie and Scott Nelson

Christina Newendrop

Margaret Nickless

Cheryl Okizaki

Diane Osaki

Frances Palmer

Sharon and Jacob Pomerantz

Alexandra Potts

Kathleen Ritz

Linda J Schuyler

Veronda and Charleton Smith

Susan Sutton



Helping Children with Autism
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Consultants for Children, Inc.

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Fax (303) 237-0137

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www.consultantsforchildren.com

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children with learning disabilities
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AUTISM SOCIETY OF BOULDER COUNTY
4TH ANNUAL "PATHWAYS TO THE FUTURE" CONFERENCE
SEPTEMBER 9, 2006 * FEATURED SPEAKERS INCLUDE



Sallie Bernard is a graduate from Radcliffe College, Harvard University and co-founder and the Executive Director of SafeMinds, an organization which focuses on the role of mercury in neurodevelopmental disorders such as autism.

Sallie also serves as the Chair of the Board of Directors of Cure Autism Now, the largest private funder of biomedical research for autism. As former Executive Director of the New Jersey Chapter of Cure Autism Now, Sallie secured millions of dollars in funding from New Jersey for autism research and treatment. Ms. Bernard is our keynote speaker and will present an update to her well known paper *Autism: A Novel Form of Mercury Poisoning* and current efforts to remove mercury from vaccines in favor of existing mercury free and trace amount vaccines.



Dr. Susan Hepburn, Ph.D. directs the Autism and Developmental Disorders Research Group at the University of Colorado at Denver and Health Sciences Center and Assistant Professor in the Department of Psychiatry. Her current research projects include a large longitudinal study of various developmental disorders in children and a study of speech and language intervention effectiveness for nonverbal children with autism. Dr. Hepburn will provide an update on autism research worldwide.



Dr. Jane El-Dahr, M.D. is the Director of the Section of Pediatric Allergy, Immunology and Rheumatology at Tulane University Health Sciences Center in New Orleans, Louisiana. She is also Associate Professor of Clinical Pediatrics and Clinical Associate Professor of Medicine in the School of Medicine. Dr. El-Dahr has been actively involved in immunological and toxicological aspects of ASD for many years and will lead a discussion of the immune system in autism with emphasis on explaining neuroinflammation and possible treatments.

OVER 15 SPEAKERS ARE SCHEDULED - TOPICS TO BE COVERED INCLUDE:

- ABA, SCERTS, IMT & Oriental Medicine
- Effective Participation in the IEP Process
- Immunological Concerns
- Science of Biomedical Intervention
- Special Needs Trusts & Preserving Public Benefits
- All-Day Educator Specific Workshop

Concurrent exhibitor fair held; applications welcome. Registration for public and exhibitors begins June 1st. For more information contact:

Autism Society of Boulder County
720/272-8231 * pathways@autismboulder.org