

EMERGING TRENDS IN AUTISM, LEARNING DISABILITIES AND ADHD

THE HELP GROUP LAUNCHES KALEIDOSCOPE - A GROUNDBREAKING LGBTQ+ SUPPORT PROGRAM FOR YOUTH



The Help Group recently launched one of its newest and exciting programs—Kaleidoscope, serving LGBTQ+ children, adolescents, young adults, and their families. While Kaleidoscope serves all LGBTQ+ individuals, it also specializes in working with LGBTQ+ individuals with Autism Spectrum Disorder, ADHD, LD and social and emotional challenges and their families.

The Help Group received generous support for Kaleidoscope from an anonymous philanthropic donor. We are truly grateful for this donation as it will provide us with the opportunity to impact the lives of so many more young people in our community. Kaleidoscope supports LGBTQ+ young people and their families in building healthy relationships, strong social connections, and a wide range of life skills to help them realize their unique potential.

According to Dr. Susan Berman, COO of The Help Group, "With a growing number of LGBTQ+ young people, including those with special needs who are seeking a safe place to connect with peers and explore their emerging identity, it was clear that there was a pressing community need for a program such as this.

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THE HELP GROUP EXPANDS ITS REACH TO ORANGE COUNTY WITH THE OPENING OF STEM³ ACADEMY & THE LEARNING CENTER

The Help Group cut the ribbon and officially opened its doors to STEM³ Academy and The Learning Center in Irvine on August 26, 2019. STEM³ Academy is the only K-12 school in the nation to provide STEM curriculum to students with social and learning differences while The Learning Center supports both special needs and general education K-12 homeschooled students in academic and nonacademic subjects.



Under the umbrella of The Help Group, STEM³ Academy, with two campuses in Los Angeles, provides students with high-functioning autism spectrum disorder, ADHD, and other social and learning differences the opportunity to maximize their potential. STEM³ Academy customizes its approach and curriculum to each student's individual strengths and needs. It offers robust science, technology, engineering and mathematics courses, as well as opportunities for students to fully explore the humanities. The hub of the school is a state of the art innovation lab and maker space where students are involved in diverse pursuits such as robotics, electronics, film, audio mixing, and 3D modeling and printing using a variety of high-tech equipment.

(Cont'd on page 6)

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SUMMIT 2019

Advances and Best Practices in
Autism · Learning Disabilities · ADHD

Friday, October 25 & Saturday, October 26
Skirball Cultural Center, Los Angeles



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Summit 2018 Brings Together Leaders in their Field and Recognizes Sherri Shepherd

Advance LA Conference Convenes Leading Experts on Best Practices for Neurodiverse Young Adults

HelpLetter

A publication of The Help Group

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Dear Friends,

I'm delighted to share our 2019 edition of *HelpLetter* with you. This issue features insightful and thought-provoking articles by a terrific group of contributors and colleagues.

In Help Group news, I am pleased to announce the launch of our newest program, *Kaleidoscope*, supporting

LGBTQ+ children, youth, young adults and their families. In more groundbreaking efforts, The Help Group is expanding once again – STEM³ Academy recently opened its third campus in Orange County.

This year's, *Summit 2019, Advances and Best Practices in Autism, Learning Disabilities and ADHD*, will feature 30 leading experts covering a wide-range of informative and cutting edge topics.

It is always wonderful to have this opportunity to connect with our *HelpLetter* Community.

Barbara Firestone, PhD
President & CEO, The Help Group

RESEARCH AND TRAINING PARTNERSHIPS



The Alliance is an innovative partnership between The Help Group and the UCLA Semel Institute for Neuroscience and Human Behavior. It is dedicated to enhancing and expanding clinical research, education and treatment of those with autism spectrum disorder (ASD), and to contributing to the development, greater understanding and use of evidence based best practices.



The Help Group - UCLA Neuropsychology Program provides comprehensive assessment, testing and diagnosis for children with developmental challenges, as well as family conferencing and follow-up services. It also trains post-doctoral fellows from UCLA's Medical Psychology Assessment Center in pediatric neuropsychology.



The Help Group - USC Occupational Science Initiative is dedicated to developing evidence-based intervention programs for children with ASD through an interdisciplinary team of researchers, educators and clinicians.

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THE HELP GROUP PRESENTS

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2019

A CUTTING EDGE CONFERENCE FOR PROFESSIONALS AND PARENTS

Advances and Best Practices in
Autism · Learning Disabilities · ADHD

Friday, October 25th & Saturday, October 26th
Skirball Cultural Center, Los Angeles

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WHY TREATMENTS FOR ADHD OR AUTISM SPECTRUM SOMETIMES DISAPPOINT

Thomas E. Brown, PhD



Some parents of children and teenagers who come to our specialty clinic for ADHD and related problems report that their previous efforts to get mental health treatment for their son or daughter have been disappointing and frustrating. Several different behavioral treatments or medications had been tried, but none seemed helpful while some actually caused more problems.

Another common problem with stimulant dosing is timing to fit the daily schedule of the patient. Many of the long-acting types of stimulant medication do not last as long as advertised. For some individuals, stimulants advertised as “all day” wear off in very early afternoon after being taken in early morning. Some patients need a “booster dose” of short-acting stimulant to provide adequate coverage for later afternoon or early evening. Because some of the longer-acting medications need an hour or two to kick in, some patients need to take a booster dose of short acting stimulant to “jump start” them while the longer acting is being absorbed.

Details about how long it takes for any given medication to kick in and when it wears off are should be communicated to the prescriber. Often a parent will say, “This medicine doesn’t work. It makes him depressed,” without making clear whether the depressive feelings are present all day or only in late afternoon or early evening when that medication is wearing off. If the problem is all day, the dose needs to be reduced or the medication needs to be changed. However, if the problem occurs only later in the day when then morning dose is wearing off, that is a different problem, a “rebound,”

which can usually be easily remedied with an afternoon booster dose to smooth out the afternoon drop-off of the morning dose.

Often these disappointing results are due to one or more of three problems:

- Failure to recognize co-occurring disorders
- Inadequate adjustment of medication to the patient’s body chemistry
- Expecting pills alone to fix problems which need additional intervention

1. A majority of those with ADHD and/or Autism Spectrum impairments also have additional psychological or medical problems which may have been overlooked.

A large study of children 6 to 17 years old diagnosed with ADHD found that 46% also had a specific learning disorder, 18% also had a significant problem with anxiety, and 14% were clinically depressed. Among a comparison group of typically developing children prevalence rates for those problems were all 5% or less.



A recent study of 658 children with Autism Spectrum Disorder found that 83% also had ADHD while about 50% had Oppositional Defiant Disorder and/or Anxiety Disorder and about 9% had a mood disorder. And 73% of those autistic children had 2 or more of those co-occurring disorders. That study did not evaluate specifically for Obsessive Compulsive Disorder, but several studies of adults on the Autism Spectrum have reported prevalence of OCD to be about 25%.

Sometimes a co-occurring disorder is not recognized in an initial evaluation; it is assumed that the problem first diagnosed is the single factor causing all the impairment. However, treatments for one disorder may expose or worsen another disorder that is present. Even if the prescribed treatment does not worsen the recognized problem, failure to treat the unrecognized problem may cause continuing impairment.

2. Medications for ADHD sometimes disappoint because they are dosed too high or too low for that particular patient. Some medications can be effectively prescribed according to the patient’s age, weight or symptom severity; that is not true for the stimulant medications that are usually the most effective treatment for ADHD. Some very small youngsters with ADHD do not respond to the small doses that work for most others their age; they respond well only to gradual increment to higher doses. In the same way, some very big adolescents or adults cannot tolerate the higher doses that work well for most others of similar age; they may do best on a dose no larger than is generally used for a first grader. Fine-tuning of stimulant medication is usually most effective if initial dosing is started at a very low dose and then gradually increased to find the “sweet spot” between too little and too much.

3. Medications alone cannot remedy all the problems in ADHD or Autism Spectrum.

Both ADHD and Autism Spectrum disorder are complex clusters of difficulties. Rarely is medication alone sufficient to alleviate either of these syndromes. Often accommodations, tutoring or special education services are needed. Some students with ADHD and/or Autism Spectrum need specialized schooling

while others do quite well in mainstream schooling. Many children or adolescents with either or both of these syndromes benefit from counseling or psychotherapy to help them develop important organizational skills or to improve social functioning with peers. Also, many parents with sons or daughters with ADHD and/or Autism Spectrum disorder find it helpful to meet with a clinician to help them deal with family or personal stresses that complicate their situation.

When treatments for ADHD and/or Autism Spectrum have been disappointing, it is important to work with your physician or another specialist to identify what problems are persisting and to design a more effective approach. Those with ADHD and/or Autism Spectrum are not all alike! Effective treatment and progress require careful evaluation, individualized interventions, and continuing collaboration between parents, educators and clinicians.

Thomas E. Brown, PhD, is a clinical psychologist who specializes in assessment and treatment of ADHD and related problems in children, adolescents and adults. For more than 20 years he served on the clinical faculty of the Dept. of Psychiatry at the Yale School of Medicine. In 2017 Dr. Brown relocated to Manhattan Beach, CA where he is director of the Brown Clinic for Attention and Related Disorders. He is Adjunct Clinical Associate Professor of Psychiatry and Behavioral Sciences at the Keck School of Medicine of the University of Southern California. He has published 30 peer-reviewed journal articles and 6 books on ADHD. His most recent books are *Smart but Stuck: Emotions in Teens and Adults with ADHD* (2014) and *Outside the Box: Rethinking ADD/ADHD in Children and Adults-A Practical Guide* (2017). His website is www.BrownADHDclinic.com.

IS THERE A NEUROLOGIST IN THE HOUSE?

Shafali Spurling Jeste, MD



You might not think that children or adults with autism need a neurologist. However, there are certain neurological comorbidities, or co-occurring conditions, that happen more often in children and adults with autism, and require close monitoring, diagnosis and treatment. Specifically, these co-occurring conditions include epilepsy and sleep impairment. In fact, treatment of these co-occurring conditions can greatly

improve quality of life, core autism symptoms (such as social skills and repetitive behaviors), disruptive behaviors, and even cognition.

Epilepsy is defined as having at least two unprovoked seizures more than 24 hours apart.¹ A seizure is caused by an abnormal surge of electrical activity in the brain, and it can manifest in a wide range of episodes. The exact type of seizure depends on the location in the brain in which the abnormal activity occurs. Seizures are diagnosed based on observation of the episodes or by an electroencephalogram (EEG), which can detect abnormal brain activity either during the seizure or between seizures. Epilepsy occurs in up to 20% of individuals with autism, which is much higher than the general population (where epilepsy occurs in about 1%). Several large studies of epilepsy in autism have shown that the incidence of epilepsy increases with age, with the highest rates in adolescence. Individuals with autism who also have intellectual disability, greater autism severity or genetic syndromes have a higher likelihood of having epilepsy.²

Although we do not know why epilepsy is more common in autism, it is likely that the underlying neurobiological processes that cause autism also cause epilepsy—namely alterations in the way that the neurons in the brain are functioning and communicating.³ It is imperative to diagnose and treat seizures as soon as possible so that future seizures can be prevented. If you are unsure about whether subtle spells are seizures, capturing the spells on video, for example on your smart phone, can greatly help a neurologist make a diagnosis. To help make a diagnosis and to determine the exact type of seizure, an EEG will be performed. At UCLA, we usually perform overnight EEG's to also capture sleep, as often the abnormal brain activity that we expect to find in epilepsy really emerges in sleep.

After making a diagnosis, medication will start that is appropriate for the seizure type. There is no one medication for epilepsy in autism, and the choice of treatment will depend upon the seizure type, consideration of potential side effects (such as weight loss or gain, irritability, or sleepiness), and the formulation (i.e. whether the pills can be crushed or if there is a liquid formulation), in addition to the cost/availability. The good news is that because there are so many medication options, if one treatment does not work, we have many other options from which to select. I want to emphasize that not every child with autism needs an EEG – we only obtain EEG's if there is a true concern about epilepsy.

The other major neurological comorbidity that we manage is insomnia, defined by a lack of sufficient sleep. Up to 80% of individuals with autism suffer from insomnia and, as I am sure many of you know when a child does not sleep well it greatly affects the whole family! The classic sleep pattern

in autism includes difficulty falling asleep, multiple nighttime awakenings, and then early morning arousals – in other words, just not enough sleep.⁴ Additionally, there are individuals that have profoundly disrupted sleep cycles, in which they will not sleep for days, or only sleep during the day in brief spurts. None of us functions well when we are sleep deprived. Sleep represents an important restorative time when our brain can reset and consolidate information absorbed during the day. Therefore, it is not surprising that insomnia in autism is associated with greater autism severity, cognitive deficits, attention problems, mood disturbances, hyperactivity and aggression.

Why is insomnia so common in autism? Some core aspects of autism make sleep difficult. Hypersensitivities, anxiety, or repetitive behaviors can undermine a child's ability to settle down to sleep or to fall back asleep once awake. Communication challenges can make it difficult for a child to understand the expected sleep routine. Other medical issues, such as constipation, reflux, or allergies can also make sleep difficult. There are also biological reasons, such as alterations in the function of important neurochemicals, such as melatonin and GABA that may occur in a subset of children, particularly those with genetic syndromes. We can diagnose sleep problems with some basic screening questions and, if needed, more standardized questionnaires and even an overnight sleep study that can measure brain activity, heart activity and movements. However, in most cases, a formal sleep study is not necessary.



Luckily, sleep problems are manageable and treatable, although it might take a few trials of different combinations of interventions (both behavioral and medications) to work. The first line of treatment is to try to improve the sleep routine, which is 'easier said than done'. Autism Speaks has a very helpful sleep tool kit that can guide parents on tools to improve the bedtime routine, incentives to stay in bed with nighttime awakenings, and how to promote active daytime behaviors. Other key tips to improve sleep include avoiding all electronics at night, avoiding eating right before bedtime, and promoting exercise during the day. Avoiding electronics, at least an hour before bedtime is ideal because the light and stimulation that they provide make it difficult for the brain to know that it is time to sleep. If behavioral modifications alone do not work, then I try medications. It should be noted that most of the medications used for insomnia in autism have not been studied in large clinical trials, with the exception of melatonin. Melatonin is a natural neurohormone that your brain secretes to signal that it is time to go to sleep. Melatonin, given 1-2 hours before bedtime, has mostly been shown to improve the onset of sleep, and in some cases might reduce the

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THE HELP GROUP LAUNCHES KALEIDOSCOPE - A GROUNDBREAKING LGBTQ+ SUPPORT PROGRAM FOR YOUTH (Cont'd from cover)



Believing that strengths in differences make the world a better place, and believing that all LGBTQ+ individuals should have access to a full complement of services, Kaleidoscope was born."

Kaleidoscope will offer the following: social events, social clubs, and a drop-in center providing safe spaces for all; individual, group, and family support; vocational assessment and training; job opportunities at The Help Group's newest social enterprise – Silverlining – a resale store and café; sensitivity training to increase awareness and acceptance, and resources and referrals to meet differing needs.

According to Bryan Scheihing, LMFT and Director of Kaleidoscope, "It's important to recognize that LGBTQ+ youth are facing unique challenges. Those challenges are more complex when combined with social and learning differences – "a double rainbow." Understanding and accepting that each child, teen and young adult has a unique story is critical in providing more specialized support for this population."

To learn more, visit kaleidoscopelgbtq.org/



(L-R) Elin Bradley, Director of Therapeutic Schools and Residential Treatment At The Help Group, Bryan Scheihing, LMFT and Director of Kaleidoscope at The Help Group, Laura Harwood, Program Coordinator, Kaleidoscope at The Help Group

THE HELP GROUP EXPANDS ITS REACH TO ORANGE COUNTY WITH THE OPENING OF STEM³ ACADEMY & THE LEARNING CENTER (Cont'd from cover)



With a growing need for qualified STEM talent in Southern California and across the nation, STEM³ Academy prepares students for meaningful careers in variety of fields, such as engineering, cyber-security, biomedical, coding game development, accounting, web design, IT and the humanities. The school also leverages partnerships and mentor programs with leading businesses to offer students real-world interaction and a first-hand knowledge of potential career paths.

The Learning Center offers Orange County's K-12 homeschooled students classes that are small enough to tailor instruction to the individual needs and interests of students in order to drive their success and passion. Students are encouraged to take risks in ways that broaden their understanding and develop their confidence through projects, discussions, collaboration and research. With deep experience in curriculum design and student instruction, The Learning Center provides creative, rich and diverse experiences, which honor the strengths and support the challenges of its students.

"We are thrilled to be opening the doors of opportunity to students in the Orange County community. With this new campus, The Help Group looks forward to serving many more children and their families throughout the years ahead," said Dr. Susan Berman, Chief Operating Officer of The Help Group. According to Dr. Ellis Crasnow, Director of STEM³ Academy at The Help Group. "We have a passionate group of educators that are eager to bring our unique teaching approach and curriculum to the bright and curious students of Orange County. We've seen tremendous advancements from students at our campuses in Los Angeles, who are graduating and entering top-notch universities. We're excited to witness the growth and success of our students in our new campus in Irvine!"

STEM³ Academy and The Learning Center are located at 17861 Von Karman Ave., Irvine, California. To learn more about STEM³ Academy, visit stem3academy.org. To learn more about The Learning Center, visit thglearningcenter.org.

1) (L-R) Dr. Ellis Crasnow, Director of STEM Education, The Help Group; Tom Komp, LCSW, Senior Vice President, The Help Group, Dr. Susan Berman, Chief Operating Officer, The Help Group; Dr. Diane Flannery, Senior Director of Design & Strategy, The Help Group; Dr. Jason Bolton – Vice President of Programs, The Help Group; Oscar Valadez, Senior Director, Finance/Operations, The Help Group; Dr. Lisa Reid, Principal of STEM³ Academy & Administrator of The Help Group Learning Center

EARLY IDENTIFICATION OF AUTISM AND ADHD: WHERE HAVE WE BEEN, AND WHERE ARE WE GOING?

Meghan Miller, PhD



Over the past decade and a half, the autism field has been intensely focused on early detection. While we know that early intervention results in improved outcomes, the question has been: how can we refer children to early treatment as early as possible if we aren't great at identifying autism in very young children?



Thanks to research spanning multiple continents, we've

learned a great deal about the early signs of autism in recent years. Much of what we've learned has resulted from studying younger siblings of children with autism, who are at higher risk for developing autism themselves. Indeed, the likelihood that an infant who has an older sibling with autism will also develop autism is close to 20%.

These studies of babies at risk have also helped us to better understand the ways that autism symptoms emerge over the first several years of life. As reflected in screening guidelines from the American Academy of Pediatrics, results from these studies have had clear clinical impact, identifying a number of early red flags for ASD such as:

- Reduced eye contact
- Lack of facial expressions coordinated with gaze
- Lack of to-and-fro vocalizations with parents
- Diminished responsiveness to name
- Infrequent or no use of gestures like pointing and waving
- Repetitive movements of the body, arms, hands, or fingers
- Any loss of language or social skills

As these samples of high-risk infants (sometimes referred to as "baby sibs") have been followed over time, one of the things we have begun to realize is that they are not only at higher risk for autism, but also for other conditions that are typically diagnosed later in childhood – including attention-deficit/hyperactivity disorder, or ADHD.

Like autism, ADHD is a neurodevelopmental disorder first diagnosed in childhood. It is characterized by developmentally inappropriate and extreme levels of inattention-disorganization and/or hyperactivity-impulsivity, and is typically diagnosed around the age of 7 years (autism, on the other hand, is diagnosed, on average, around the age of 4). On the surface, these disorders sound quite distinct; autism is defined by the presence of social communication difficulties and the presence of repetitive behaviors and/or restricted interest. So a link between the two might seem surprising. But the truth is that a number of studies have suggested shared genetic origins between autism and ADHD, as well as similar anomalies in neurocognitive abilities and brain structure and function (although differences are also apparent).

There is also evidence of shared familial transmission between autism and ADHD. For example, research has shown that mothers with ADHD are not only more likely to have a child with ADHD, but also to have a child with autism. Our own research group recently found that younger siblings of children with autism were not only at higher risk for autism, but also for ADHD, and vice versa—younger siblings of children with ADHD were at elevated risk for ADHD, but also for autism. Beyond this, autism and

ADHD co-occur at rates well above chance – anywhere from 40-70% of children with autism also meet criteria for ADHD, and a sizeable minority of children with ADHD experience subthreshold symptoms of autism. But because all prior studies comparing autism and ADHD were done in children and adolescents after the full symptom set is apparent and diagnoses are made, our understanding of how or when similarities and differences between these two conditions first emerge has been limited.

Because of the overlap described above, my laboratory has been investigating the early overlaps and distinctions between autism and ADHD by studying not only younger siblings of children with autism, but also infants who have a first-degree relative with ADHD. Through this work, we are beginning to untangle early markers of risk for ADHD in infancy. For example, our ongoing work has shown that infants with a family history of ADHD are more likely to engage in hyperactive-impulsive behavior than infants at low risk for ADHD beginning as early as 12 months of age. We are also working to identify the early risk signs that might be shared between these two conditions. Here, there is a suggestion that there may be shared deficits in the ways infants at risk for autism or ADHD allocate their attention beginning early in life.



Over the coming years, our research group will continue to follow these infants at risk for autism and ADHD to better understand how their strengths and challenges develop over time. Ultimately, thanks to collaborative approaches to research, much progress has been made in the early detection of autism over recent years, with clear implications for clinical practice. Moreover, broader challenges faced by infants at familial risk for autism are now coming into focus, including substantially elevated rates of ADHD even among those younger siblings who do not develop autism themselves. Our ongoing work, along with the work of others, is suggesting the potential for earlier detection of attention and behavior regulation problems than was previously possible, and indicating some promise of identification of key points of leverage for intervention approaches that span across groups of children at risk for a variety of neurodevelopmental conditions including autism and ADHD. Our research group hopes that this line of work might lead to treatments and prevention programs that target these shared impairments during infancy when a child's outcome is still unclear and symptoms are in the process of emerging in order to provide the best possible start for all children.

Meghan Miller, PhD, is an Assistant Professor in the Department of Psychiatry & Behavioral Sciences and the MIND Institute at the University of California, Davis. Her research uses a developmental psychopathology framework to understand the early emergence of neurodevelopmental disorders, with a particular focus on autism spectrum disorder and ADHD. She is also a licensed clinical psychologist and is involved in the teaching and training of postdoctoral fellows and other trainees at the MIND Institute through the Northern California LEND program.

READING WITH YOUR CHILD: TEACHING KEY CONCEPTS AND BUILDING HABITS OF MIND

Michael Solis, PhD



Educators across the country consistently emphasize to parents the importance of reading on a daily basis with their child. Many recommend, at a minimum, reading for 20 minutes per day. Gaining better reading skills is like the most difficult tasks in life. It takes practice. The more you practice the more likely you are to improve.

Not only do children need practice learning to decode challenging words, they also need practice in thinking about and understanding what they read. Understanding what you read is, of course, the ultimate goal of literacy. Our hope for all children is that reading opens up lifelong opportunities to become more literate by gaining more knowledge through text. The more children read, the more they build background knowledge, which gives them the capability to develop a complex network of understanding.

Unfortunately, the recommendation to parents about reading with children typically starts and stops with just asking parents to be consistent. Often times, well-intentioned parents who want to make sure their child is understanding what they are reading will ask questions along the way. If your child doesn't know the answer, you simply tell your child the answer to the question before moving on to the next section.

If you're not careful what happens is your child may develop the habit of "learned helplessness." In other words, over time your child begins to learn that a non-answer will lead to you supplying the answer. What's the use of putting effort into figuring it out if the answer will be supplied regardless?

This habit of "learned helplessness" can be especially challenging for parents working with a child with dyslexia, learning disability, or ASD.

So how can parents learn to support understanding of text and avoid children developing a habit of "learned helplessness"?

The goal of this article is to provide you with a couple of simple steps to support your child in understanding text and getting the most out of your reading time together. Like anything meaningful, it will take a bit of time on your part but what's more important than making sure your child is equipped with the literacy skills necessary to function in the 21st century.

1. The first thing you need to do is take a look at the text beforehand and pick out one or two key vocabulary words that you can talk about.

When selecting words, avoid picking the most difficult words. Rather, pick challenging words that represent the big ideas of the reading. Think about this way. If my child only remembers one or two things about this text what would best support his gaining more knowledge on the topic?

2. After you pick the words, you can simply think of a simplified definition of the word to discuss with your child prior to reading. For parents who want to take it a step further think about putting together additional supports of understanding of the vocabulary by including visual representations, sentences using the word, synonyms, examples/non-examples, and even discussion questions. Now you're ready to begin reading.

3. When you stop and ask your child a question and they have trouble answering, do not simply give them the answer and move on. Instead, re-direct your child to re-read a reduced amount of that text that contains the answer.

For example, you read three paragraphs with your child and then you say, "Tell me what this is about?" and your child doesn't know the answer. Instead of telling them the answer simply say, "Re-read the first paragraph again and think about what this section is about." If necessary continue to reduce the amount of text you ask your child to focus on to the sentence level or word level until they start to get to the heart of the meaning. Parents need to think about this way: rather than telling your child answers you require and facilitate your child finding answers from within the text.

What this routine does is help your child understand the process of reading requires thinking about the meaning as you read. And rather than "learned helplessness" you are instead building essential "habits of mind" in doing what most of us do automatically when we don't understand. Think about it. When you read challenging text for the first time that is difficult to grasp, what do you do? Typically, you re-read the text more carefully looking for clues to support your understanding.



In summary, I recommend that parents pre-teach the most important ideas from the reading and rather than give your child answers to questions asked, require them to find answers in text. You support them with this by reducing the amount of text you request them to re-read. I am confident that these recommendations will better support your child's development and maximize the benefits of spending time reading with your child.

Michael Solis, PhD, is an assistant professor of special education at the University of California Riverside. He has extensive expertise in reading interventions, response to intervention, behavior interventions, and collaboration. He previously directed intervention projects as part of the Texas Center for Learning Disabilities and worked on the Promoting

Solis, M., Scammacca, N., Barth, A., Roberts, G. J. (2017). Text-based vocabulary intervention training study: Supporting fourth graders with low reading comprehension and learning disabilities. *Learning Disabilities: A Contemporary Journal*. 15(1), 103-115.

*This article first appeared in ChildNEXUS, published on January 22, 2019

THE ELEPHANT IN THE ROOM: IMPACT OF VISUAL-SPATIAL DEFICITS IN CHILDREN WITH LEARNING DISABILITIES AND WHY IT GOES UNTREATED

Oren Boxer, PhD



Children with visual spatial processing deficits present unique learning challenges that are often undetected by parents and teachers, yet result in significant impairments. Everybody makes sense of information in their world in slightly different ways. For example, some of us depend more on visual processing and need to see a visual chart to understand a complex idea, or can easily construct a piece of furniture by quickly glancing

at visual instructions. Others prefer a verbal approach and tend to read dense written instructions or explanations for meaning. Different processing approaches can even be identified in a verbal activity like reading. Some people revel in books that dedicate entire chapters to describing a rich visual scene or depiction of a character, while others are intrigued by books that present verbally clever banter and witty dialogue.

These different processing styles are nuanced and work under the radar of consciousness to shape the way we understand our world. At conception, a child's processing style begins to emerge as the building blocks of the brain are assembled and follow the genetic maps set out by their parents. Thus, every child is born with a unique constellation of cognitive capacities, or their cognitive preference. As soon as a child is born, their unique experiences continue to mold their cognitive processing style, which is then applied as a tool of understanding to all new experiences throughout their development.

When a child does not meet certain developmental milestones, it directly affects their cognitive preference. For example, a child who is walking early yet late to develop language will walk over and take the toy or cookie from the table as opposed to asking a parent to get it for them. On the other hand, children who are speaking early, but are late to crawl and walk, find that language is the best tool to understand and influence things in their world. As children continue to mature, they naturally use their stronger cognitive tools when faced with a new experience or challenge. This eventually reinforces that tool and their cognitive preference becomes more pronounced.

All parents have certain expectations of their newborn across the first 2-years of life. These predictable milestones (i.e., generally walking with single words at 12-months) suggest that related cognitive skills (brain areas) are similarly primed to develop. For example, between 7 and 10-months most babies begin to crawl. Although this milestone presents new and exciting physical challenges for parents, it also suggests that visual and motor areas of the brain are now ready to learn about an environment that moves and can be manipulated. In fact, studies have shown that once a baby is able to reach out and grab something in their environment, specific pathways between the visual and motor parts of the brain have connected. If a child is not crawling between 7 and 10-months, or walking before 18-months, visual-spatial and motor areas of the brain may not receive the same learning experiences and subsequent development compared to children who achieve these important milestones.

Children who do not reach expected milestones are at a higher risk for developing learning disorders and processing deficits, despite early intervention (Speech, Occupational, or Physical therapies). For example, children with language delays may also be late to read and write, and they are at risk for learning disorders in reading and/or writing. Similarly, when a child does not crawl and is late to walk, they may struggle in other predictable ways. These include delays in using utensils, difficulty tying shoes, and learning to ride a bike. As a result of delayed motor development, they may present with an awkward and uncoordinated gait, may be described as clumsy, and/or avoid team sports. While the connection between a language delay and problems in reading or writing is quite evident, the relationship between visual-motor delays and related learning challenges is less obvious. Moreover, many children with visual-spatial processing deficits have average to above average language skills. They continue to understand and communicate information using language at exceptionally high levels and approach experiences and challenges in their world with a verbal (language-based) cognitive preference.



Our society values strong language skills. From an early age, children who articulate their thoughts in a clear and concise manner with strong vocabulary are celebrated for their clear communication and early reading and writing abilities. They also receive medals in nationally televised spelling bees and are generally described as intelligent. Therefore, children with a strong language-based cognitive preference and significantly lower visual-spatial skills are often not identified as struggling learners. In fact, teachers describe these students as bright, with potential well above grade-level, and are confused when they struggle to meet those expectations.

Many children with visual-spatial deficits, sometimes referred to as a nonverbal learning disorder, struggle in nuanced ways in the classroom. Teachers may find that these students 'tune out' when a lesson plan is presented with visual charts and graphs, or they are restless during a video presentation. In later elementary and middle school, they may struggle to copy notes from the board and stay within the margin when writing in-class essays.

Although they are exceptional decoders (fluent readers), many children with visual-spatial deficits can struggle with reading comprehension. These students tend to understand what they read at a superficial level and struggle to 'read between the lines' in order to pick up on implicit information that may require inferential reasoning. They may also skip words or entire lines when reading a dense chapter book or misread common words due to their visual similarity ("pan" [ban]; "no" [on]).

continued on page 13

SUMMIT 2018 CONVENES THOUGHT-LEADERS IN AUTISM, ADHD AND LEARNING DISABILITIES

THE HELP GROUP PRESENTS **SUMMIT** 2018

Advances and Best Practices in
Autism · Learning Disabilities · ADHD
A Cutting Edge Conference for Professionals and Parents

The Help Group's 22nd annual Summit convened leading experts at the forefront of their fields in autism, ADHD and learning disabilities. Offering thought-provoking presentations and new insights and trends in basic and applied research and evidence-based practices, the Summit brought together more than 500 professionals and parents on Friday, October 19 and Saturday, October 20 at the Skirball Cultural Center in Los Angeles.

Dr. Barbara Firestone kicked off the Summit by welcoming guests, acknowledging the distinguished group of presenters, and highlighting The Help Group's innovative university partnerships. Dr. Firestone served as chair of the conference along with co-chairs Dr. Peter C. Whybrow, UCLA Semel Institute Director, and Dr. Robert M. Bilder, UCLA Semel Institute Chief of Medical Psychology-Neuropsychology & Tennenbaum Center Director.

NBC4's co-anchor of "Today in L.A." and award winning broadcast journalist, Daniella Guzman, served as luncheon host. With warmth and spirit, Daniella spoke of the importance of The Help Group's Summit and its extraordinary program.

Dr. Firestone acknowledged Major Sponsor First 5 California for their generous support over the years, and expressed The Help Group's gratitude to NBC4, LA Parent and The Mighty for their media sponsorships.

Daniella Guzman and Dr. Firestone presented The Help Group's *Champion For Children Award* to celebrated actress and television personality Sherri

Shepherd in appreciation of her commitment to young people with disabilities, and her generous support of The Help Group's Summit View School.

"Knowing the heartache and joy of raising a child with special needs, Sherri has been dedicated to spreading awareness in support of young people with disabilities and differences and their families," said Dr. Firestone. "Sherri is a woman of strength and conviction with a heart that knows no bounds when it comes to kids."

In her acceptance remarks, Sherri said, "As a parent, we want our children to be equipped to go forward in life, to be productive members of society, and to always be compassionate. I know that at Summit View School, the teachers instill those qualities and more. I am so grateful for The Help Group and for Summit View."

The Summit featured 26 sessions, including keynote presentations from Dr. Pat Levitt on "Addressing Gastrointestinal Disturbances and Other Co-occurring Medical Conditions for Children with Autism Spectrum Disorder"; Dr. Thomas Brown on "Understanding and Supporting Children and Teens with ADHD and Asperger Syndrome" on Friday and "How ADHD Impairs Motivation in Some Situations, But Not Others" on Saturday; Dr. Peter Mundy on "The Continuum of Learning Difficulties for Young People On The Spectrum"; Dr. Jeffrey Gilger on "Four-Thought Provoking Questions About Dyslexia" and Dr. Susan Bookheimer on "Sensory Over-Responsivity and the Brain in Autism."

One clinician who attended the Summit remarked, "Excellent presentations and topics. Excellent Speakers presenting on current research, trends and a variety of topics." And another attendee shared, "I've been attending the Summit for several years now, and it's always a very valuable experience. As a parent and professional, I appreciate that you offer seminars on the family perspective."

Our thanks to the incredible group of Summit presenters for providing such a rich, informative experience for everyone who attended.



1. Dr. Barbara Firestone, Dr. Susan Bookheimer, Dr. Bob Bilder 2. Dr. Tom Brown and guest 3. Dr. Barbara Firestone, Sherri Shepherd, Daniella Guzman 4. Dr. Jeffrey Gilger 5. Dr. Pat Levitt, Dr. Louis Vismara 6. Dr. Peter Mundy

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DEVELOPING YOUR CHILD'S COMMUNICATION POTENTIAL THROUGH TECHNOLOGY: APPS FOR AUTISM

Rachel Madel, MA, CCC-SLP



As a speech therapist and autism technology specialist, I frequently get asked about my favorite apps for autism. Children with autism are incredibly tech-savvy, but it can be overwhelming finding the right apps that both motivate and also facilitate learning and communication.

We often think of screen time as a passive experience, but when we implement the right strategies, we can harness a child's motivation for technology

and create a dynamic language-learning experience. It's important to remember that any time you're using apps to support communication development, it is essential that adults maintain control of the device. If children are busy pressing, tapping and swiping, then they are less likely to communicate. I typically hold the device in front of the child and encourage them to tell me what to do. This slight shift in control allows kids to explore new apps using the power of their words to make exciting things happen on the screen.

However, with thousands of apps on the market, it's sometimes challenging to weed through the noise. Below are five questions to keep in mind when determining if an app might be helpful in supporting communication development.

1. Is the child excited about it?

In order to communicate, we must have a high level of motivation. This is especially true when you're using apps to support communication. I find myself downloading new apps and getting really excited, but then presenting them to a child during a session only to find the child is not interested. If an app doesn't spark excitement, then chances are a child will not be motivated to communicate. A caveat, however, is that children with autism typically have limited interests so sometimes it takes a few trials of an app before a child realizes they enjoy it. I tend to leave new apps open and allow a child to explore on their own to see if they might like it. The moment where a child begins to seem intrigued or excited is when I then make the shift to holding the device and attempting to elicit communication.

2. Are there a variety of action words?

Children with autism tend to have a wide variety of nouns in their vocabulary but sometimes struggle with more abstract language concepts like verbs. The best apps for communicating are games where a variety of actions take place on screen. One of my favorites to work on action words is Pogg, featuring an alien who does a variety of actions on command. I also like Verbs with Milo, which was developed by a speech-language pathologist, and includes more than 100 action words that Milo the Mouse performs.

For children who are just emerging in their ability to understand verbs, you can try using the words "stop" and "go" during a variety of apps to solidify the concept of making characters and/or vehicles move on the screen.

3. Do the apps mimic real-world experiences?

Our ultimate goal is having a child's experience using technology translate into skills in their real-world experience. Therefore I like to focus on apps that can help children practice daily routines. One of my favorites is Pepi Bath, where the main character, Pepi, is really dirty and needs to do a variety of self-care activities, such as wash her hands, blow her nose, brush her teeth and take a bath. I also love all of the My PlayHome apps, because it's a virtual dollhouse that allows characters to visit different rooms in the house and participate in activities like cooking, cleaning up and getting dressed. On the app you can easily teach a skill, like hand-washing, and then go to the sink and have the child practice in real time. If a child is having a hard time completing the task, I'll use the app as a motivator by saying something like, "First, you wash your hands, and then we can help Pepi wash her hands, too!"

4. Are there predictable routines?

We know that establishing a predictable routine helps children quickly learn concepts, and it's no different during app play. Many of my favorite apps like Road Trip and Toca Kitchen are fantastic at setting up an established routine. Once the child understands and begins anticipating the routine, I will often pause and wait for a child to communicate what they want to see happen. For example, if we put food in the oven during Toca Kitchen, we eventually have to "take it out." Once a child is primed for this routine I will simply pause to see if the child can attempt to say this on their own. Even for apps where the routine is not definitive, you can still try to present actions and vocabulary in the same way every time to build a predictable routine. Children are also highly motivated to communicate when I sabotage established routines by doing something different. That way we can work on language like "Not that one" or "First ____, then ____."

5. Is there room for creativity?

Children are really empowered when they are able to create something like a story or a piece of artwork, and there are a lot of amazing apps that can help foster a child's creative side. I use story creation apps like MyStory and Draw&Tell HD, which allow children to add stickers and even personal photos into various scenes to make their own stories. An added bonus is apps that have a record feature so children can record their voice and then listen back to the story they created. Storytelling apps are perfect for all ages and many can be personalized so that a child and his/her family members can also be part of the story. I also love the apps by Tiny Twiga Studios, like Robot Maker and Fairy Maker, which help kids make their own version of a fairy princess or robot. These are the perfect activities to help kids learn how to specify and describe using adjectives to get exactly what they want to build their masterpiece.

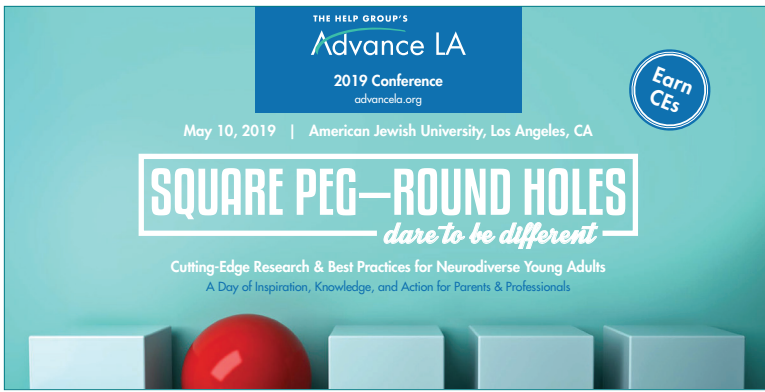
If you're interested in learning more about my favorite apps to support various domains of communication development you can download my free "Autism App Guide" which can be downloaded at:

www.rachelmadel.com/applist.

Rachel Madel, MA, CCC-SLP, is a Los Angeles based speech-language pathologist who is on a mission to help empower parents and educators by demystifying the use of technology for children with autism. Rachel is the co-host of a weekly podcast called "Talking with Tech," that helps professionals and caregivers learn more about how technology can support communication in children with autism. You can follow her work on Facebook, Instagram or YouTube and download her free Autism App Guide. You can learn more about her work on her website: www.rachelmadel.com.



THE HELP GROUP'S 2019 ADVANCE LA CONFERENCE SHOWCASES PROMINENT EXPERTS AND CUTTING-EDGE RESEARCH



The Help Group's 2019 Advance LA Conference, Square Peg - Round Holes: Dare to be Different, took place on Friday, May 10 at the American Jewish University and featured 20 internationally prominent experts whose research and practice support young adults with autism, learning differences and ADHD. This year's conference theme focused on neurodiversity, Dialectical Behavior Therapy (DBT), LGBTQ+ research and support, social skills, career paths, executive functioning, and more. More than 300 parents, educators, clinicians, researchers, graduate, and undergraduate students were in attendance.

Our Keynote Speaker, Steve Silberman discussed the growing movement to frame autism and other conditions, such as dyslexia and ADHD, as natural human variations that deserve support and accommodations, rather than disorders that need to be eradicated from the human genome. Silberman advocates that neurological differences are authentic forms of human diversity, that all human lives have value, and that atypical forms of brain wiring can also convey unusual skills and aptitudes. He argues that society should help individuals make the most of their native strengths and special interests, rather than focusing on trying to correct their deficits or normalize their behavior.

In addition to Steve Silberman, other featured sessions and speakers included a popular DBT track by Sasha Ginsburg-Gutstein, LCSW and Erin Lotz, LCSW, Luncheon Speaker Rabbi Sherre Hirsch, and our afternoon keynotes Dr. Anthony Rostain and Dr. B. Janet Hibbs who showed fascinating video footage from a young adult's perspective on transitioning into college and adulthood. There was also a highly attended session by two young adults discussing their unique friendship and advice on how to form lasting connections.



1) (L-R) Dr. Jason Bolton, Vice President of Programs at The Help Group, Dr. Barbara Firestone, President & CEO at The Help Group, Dr. Ellis Crasnow, Director, STEM³ Academy & STEM Education at The Help Group, Susan Berman, COO, The Help Group and Dr. Diane Flannery, Senior Director of Design & Strategy at The Help Group 2) Keynote Speaker Author Steve Silberman 3) Dr. Elizabeth Laugeson, Director, PEERS Clinic UCLA 4) Keynote Speaker Dr. Anthony L. Rostain 5) Lunch Guest Speaker Rabbi Sherre Hirsch

nighttime awakenings. It has also been shown to improve caregiver quality of life.⁵ However, there are many other medication options that you can discuss with your neurologist.

We have a great team of physicians at UCLA Center for Autism Research and Treatment that can help diagnose and manage these comorbidities. We are always happy to see a new patient once for a consultation to guide next steps. Our Child and Adult Neurodevelopmental (CAN) clinic includes both child neurology and child psychiatry, but both specialties can also evaluate and treat adults with neurodevelopmental disorders. Our Care and Research in Neurogenetics (CARING) clinic provides a multidisciplinary approach, with genetics, neurology, psychiatry, and psychology, to evaluate individuals with known or suspected genetic causes for their neurodevelopmental disorder. As a final note, I want to emphasize that there are no silly questions. It is always best to ask about alternative treatments that you may have read about in articles from the internet, or alternative treatment programs that may promise certain results – our team of physicians can help you to navigate all of the information, and work with you to find the best treatment options for your family!

Shafali Spurling Jeste, MD, is a behavioral child neurologist specializing in autism and related neurodevelopmental disorders. She is an Associate Professor in Psychiatry, Neurology and Pediatrics in the UCLA David Geffen School of Medicine and a lead investigator, and Director of the Jeste Lab within UCLA Center for Autism Research and Treatment (CART). Dr. Jeste's research is focused on developing methods to improve our precision in the diagnosis and treatment of neurodevelopmental disorders through the application of brain based biomarkers and more targeted developmental phenotyping. Her lab studies neurodevelopmental disorders from early infancy through late childhood, with a focus on syndromic forms of NDD's. To learn more about her current and ongoing research visit: jstelab.org

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Adolescents' Comprehension of Text project, funded by IES. His line of research focuses on vocabulary and reading comprehension interventions for students with reading difficulties in grades 4 -12. Dr. Solis is currently pursuing a series of studies designed to support the development of evidence-based reading practices for students with Autism Spectrum Disorders. He has published articles in peer-reviewed journals such as the *Journal of Learning Disabilities*, *Journal of Research on Educational Effectiveness*, *Reading Research Quarterly*, and the *Journal of Autism and Developmental Disorders*.

Students with visual-spatial weaknesses also struggle with math. They frequently ignore function signs, omit steps, and confuse visually similar formulas. Busy math worksheets are visually overwhelming, and it is often hard for these students to line up numbers when solving longer math problems. Because so many aspects of mathematics require visual-spatial skills, certain topics like using a 'mental' number line for simple calculations may be quite overwhelming. In high school, children with visual-spatial deficits may find concepts in geometry to be insurmountable without support.

Organization and planning, otherwise known as executive functioning skills, rely heavily on a child's ability to use their visual-spatial skills. After a child masters crawling and walking, they begin to think about and plan movement. The visually demanding ability to plan movement allows a child to also visualize consequences or outcomes of their movement and then make different choices which result in desired outcomes. This ability is one of the first executive functioning (planning) skills children develop. Therefore, when visual-spatial skills are underdeveloped or delayed, a child's ability to efficiently plan and organize is similarly undermined. From an organizational standpoint, children with visual-spatial deficits routinely fail to notice changes in their visual world such as bulletin board displays, signs, or posted notices, or where they last remember seeing their backpack or water bottle. Their desk space and binder are also disorganized as they struggle to line up worksheets and assignments. Many of these students also misplace their materials despite convincing arguments that they remember putting it in their backpack, also known as the 'black hole backpack'.

Fortunately, there are many ways to support and even treat children with visual-spatial deficits. The first step is for parents and teachers to understand the warning signs: late to crawl or walk, poor coordination, difficulty with math concepts, poor organization, and average to above average language skills. A neuropsychological evaluation will also help identify a child's cognitive preference and will provide tailored treatment recommendations and school accommodations.

General classroom strategies include reducing the number of visual displays, charts, drawings, and diagrams that could overwhelm a student, and replacing them with clear verbal instructions. Teachers should explain in words all new skills and concepts, and verbally talk through any visual examples in a lesson plan. The more information can be presented in a step-by-step recipe format (Step 1, Step 2), the better these students will be able to learn and engage with the material.

In addition to classroom accommodations, there are ways to strengthen visual-spatial weaknesses in children. Think3D is an evidence-based way to improve visual-spatial skills in children through activities related to origami. Children who complete this program improve not only spatial reasoning but also STEM skills and math performance. Adults in the child's life can also stimulate spatial thinking by asking them questions and engaging them in conversation: Which way does the sheet fit on the bed? Does the left shoelace go over or under—and which one is the left? Will the groceries fit in one bag? Which shapes do I get if I cut my bagel the other way—and will it still fit in the toaster? These questions provide challenging questions to children and provide opportunities for them to learn and think about space.

Strengthening visual-spatial weaknesses in children is a team effort that requires collaboration and cooperation between family, caretakers, and teachers. With the right support these children can overcome their learning differences and achieve their potential.

Oren Boxer, PhD, is a licensed clinical neuropsychologist based in Los Angeles. In addition to seeing clients in his private practice, Dr. Boxer also serves as a clinical faculty member at the UCLA Semel Institute for Neuroscience and Human Behavior within the David Geffen School of Medicine. His clinical and research work has focused on child/adolescent neuropsychological assessment, diagnosis, and treatment planning, as well as research encompassing evidence based therapies for Attention Deficit Hyperactivity Disorder (AD/HD). Dr. Boxer has also published work on evidence based medicine in neuropsychology. To learn more about Dr. Boxer's work, visit: www.orenboxerphd.com



Leading the Way for Young People with **SPECIAL NEEDS**



- Village Glen School
- Bridgeport School
- Bridgeport Vocational Education Center
- Young Learners
- Sunrise School
- Summit View School
- Westview School of Arts and Technology
- North Hills Prep
- STEM³ Academy

Founded in 1975, The Help Group is the largest, most innovative and comprehensive nonprofit of its kind in the United States serving children, adolescents and young adults with special needs related to autism spectrum disorder, learning disabilities, ADHD, developmental delays, abuse and emotional challenges.

The Help Group's nine specialized day schools offer pre-K through high school programs for more than 1,400 students. Its broad range of mental health and therapy services and residential programs extends its reach to more than 6,000 children and their families each year. Recently, The Help Group launched programs to serve LGBTQ+ youth and homeschooled students. With more than 850 staff members, The Help Group's state-of-the-art schools and programs are located on six campuses in the Los Angeles area and Irvine.

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ABOUT THE HELP GROUP

The Help Group is dedicated to the education, treatment and outreach of children, adolescents and young adults with autism spectrum disorder (ASD) and other special needs

SPECIALIZED DAY SCHOOLS

Our Newest School... Located in Valley Glen, Culver City and now in Irvine, **STEM³ Academy** provides an innovative rigorous K-12 curriculum for students with social and learning differences, including autism, who have a passion for STEM fields and may benefit from experiential learning approaches.*

With a 98% college acceptance rate... **Summit View School** is a college-preparatory program for students with learning differences who possess average to above-average intellectual capabilities.*

Village Glen School is a college preparatory program that serves students K-12 with high-functioning autism and challenges in the areas of socialization, language development and peer relations. **The Pace Program** offers honors and AP classes for gifted students. **The Beacon Program** provides additional positive behavior support for students with behavioral challenges.*

Young Learners uses an evidence-based and interdisciplinary approach to intensive early intervention for pre-school to kindergarten age children with autism spectrum disorder.

Bridgeport School provides basic skills education, community based instruction and vocational training, for students ages 5 to 22 with mild to moderate cognitive delays and challenges with social communication and/or language development.

Bridgeport Vocational Education Center is for young adults with autism spectrum disorder and other developmental differences, ages 18 to 22, providing vocational skills training, including supported job placements.

Sunrise School is a functional life skills program serving students ages 5 to 22 with moderate to severe cognitive delays associated with autism spectrum disorder and other developmental disabilities.

The Help Group's **Westview School of Arts and Technology** provides a nurturing therapeutic learning environment dedicated to supporting students with social and emotional challenges and helps them to achieve academic and personal success.*

The Help Group's **North Hills Prep** offers a college preparatory curriculum while supporting students with social emotional challenges.*

*A WASC accredited school

THE HELP GROUP LEARNING CENTER

The Help Group Learning Center is a K-12 program which provides a tailored educational curriculum for families who have opted to homeschool their children. The Learning Center provides a rigorous curriculum in the core academic subjects, as well as opportunities for accelerated learning. Social Emotional learning is embedded in the curriculum.

MENTAL HEALTH & CLINICAL PROGRAMS

These programs provide a continuum of comprehensive outpatient services for children and families, including assessment; individual, family and group therapy; case management; psychiatric services; parenting groups; in-home counseling; school-based mental health counseling; neuropsychological testing; **REACH** - after-school day rehabilitation; **Stepping Stones** - intensive day treatment for children ages 3 to 5 and therapeutic behavioral services. **Full Service Partnership** is a community-based program that provides intensive services to both children struggling with mental health issues and their families.

LGBTQ+ SERVICES & PROGRAMS

Kaleidoscope supports LGBTQ+ children, youth, young adults and their families in building healthy relationships, strong social connections and critically needed life skills. Through high quality, innovative programming, using the latest research and evidence-based programs, our mission is to help each person realize their unique potential and thrive.

AUTISM SPECTRUM DISORDER PROGRAMS

The Help Group Center for Autism Spectrum Disorder features multidisciplinary assessment, consultation, intervention, family support groups, as well as seminars for parents and professionals.

Paws and Pals for Kids with Autism is a volunteer-supported pet intervention program designed to engage young people with social and communication challenges.

RECREATIONAL AND SOCIAL SKILLS DEVELOPMENT PROGRAMS

Kids Like Me provides after-school enrichment, social skills groups and day camps designed specifically for children and adolescents with ASD and other developmental challenges. **Teens on the Go** is a travel camp for young people with ASD. **club I.a. TEEN** provides a supported social network for teens with ASD.

VOCATIONAL PROGRAMS

The **Community Employment Program** assists adolescents and young adults with social-emotional and/or mental health challenges with the special guidance, skills and support needed to obtain and maintain successful employment.

RESIDENTIAL PROGRAMS

Project Six is a therapeutic boarding option for teens ages 13 to 17 with Asperger's Disorder, ASD, mood and anxiety disorders, and learning differences.

Project Six Adult Residential Program provides community-based group homes for adults with developmental disabilities.

18 + PROGRAMS

Advance LA provides one-on-one life skills coaching for teens and young adults with unique challenges in their transition to independence.

club I.a. facilitates activities for young adults designed to enhance social skills, meet people with similar interests and develop long-lasting friendships.

PROFESSIONAL TRAINING PROGRAMS

Doctoral Psychology Internships are full-time APA accredited internships in Health Service Psychology.

Post-Doctoral Psychology Fellowships in Pediatric Neuropsychological Assessment and in Autism Evaluation and Treatment.

Clinical Practicum Training for Psychology, Social Work, and MFT Art Therapy trainees.

UNIVERSITY PARTNERSHIPS

The Help Group – **UCLA Neuropsychology Program** providing neuropsychological assessments and consultations.

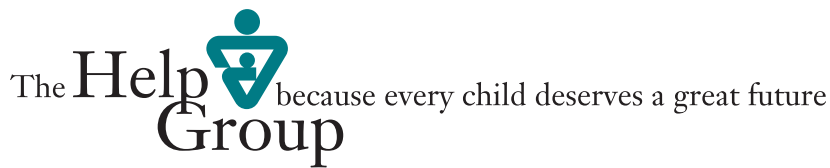
The Help Group – **UCLA Autism Alliance** dedicated to evidence-based best practices in ASD diagnosis, intervention and treatment.

The Help Group – **USC Occupational Science Initiative** dedicated to developing evidence-based programs for children with ASD.



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The Help Group is widely regarded for its high standards of excellence and unique scope and breadth of services. Through its public awareness and outreach programs, university partnerships, applied research, graduate and postgraduate professional training, conferences and seminars, parent education programs, publications, and public policy efforts, The Help Group touches the lives of children with special needs and their families throughout the United States and in other parts of the world.

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

Schools

Village Glen School · Bridgeport School · Bridgeport Vocational Education Center · Sunrise School
 Young Learners · STEM³ Academy
 Summit View School · Westview School of Arts and Technology · North Hills Prep

Programs

The Help Group - UCLA Autism Alliance · The Help Group - UCLA Neuropsychology Program
 The Help Group - USC Occupational Science Initiative · Advance LA · Project Six/The Commons
 Kids Like Me Recreational Programs & Camps · club i.a./club i.a. TEEN
 Paws and Pals for Kids with Autism · The Help Group Child & Family Center · Kaleidoscope
 The Help Group Learning Center · The Help Group Center for Autism Spectrum Disorder

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UPCOMING EVENTS



SUMMIT 2019

Advances and Best Practices in
 Autism – ADHD – Learning Disabilities
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Music for Autism

The Help Group - Autism Center
 November 3, 2019



Holiday Carnival

The Help Group
 December 14, 2019



Kids Like Me Winter Break Camp

For Young People Ages 3 to 21 with Autism
 and Other Special Needs
 The Help Group
 January 2-3, 2020



Advance LA Conference

Cutting-Edge Research & Best Practices for
 Young Adults with Special Needs
 American Jewish University
 May 8, 2020



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