



SCIENCE IN AUTISM TREATMENT

Vol. 11 No. 2

Newsletter of the Association for Science in Autism Treatment

Spring 2014

We are delighted to bring another Dedicated Issue, packed with user-friendly information about relevant topics related to autism and autism treatment. We spent April, Autism Awareness Month, preparing this issue for you with great dedication and collaboration from numerous collaborators. The Spring 2014 issue of Science in Autism Treatment (SIAT) is dedicated to BACA, the Behavior Analysis Center for Autism and we are featuring a program description and an interview with two of BACA's executives, Dr. Carl Sundberg and Dr. Genae Hall. We also feature Clinical Corner written by Dr. Sundberg, with advice to the recently board-certified behavior analysts. Our other Clinical Corner is a comprehensive review of safety skills and resources to enhance the safety of individuals with autism, who are at great risk of wandering. For the International Interview, it was my pleasure to interview Professor Mickey Keenan, from the University of Ulster, Northern Ireland and learn about the several initiatives he and colleagues have taken over the years to make Applied Behavior Analysis to families in Europe. I learned what a great advocate and Dr. Keenan is and I am sure you will enjoy reading about his many important projects, including STAMPP, which has made available multimedia ABA tutorials translated into Spanish, German, Norwegian, Dutch, Italian, Icelandic, and Swedish. In Focus on Science, we bring up one of our favorite topics: media coverage of autism treatment.

We could not continue to do this work, which we love and passionately believe in, if it weren't for all the fundraising efforts that occur throughout the year. We have just wrapped up the 4th Rock'n 4 Autism Awareness Concert in Hoboken, NJ, and Hoboken High School student Sasha Ferrer reports on the event on Page 32. We are also happy to announce that ASAT was again allotted 5 runners in the New York City Marathon. Please read our Shout Outs, Accolades and Appreciations, learn about our fundraising initiatives, help us thank our Sponsors and Donors, and help spread the word about ASAT. Our newsletter is reaching over 11,500 people across the world and you can help us reach even further!

Sincerely,

Daniela Fazzio, PhD, BCBA-D
SIAT Co-Editor

This Issue Dedicated to:



A Partner Sponsor

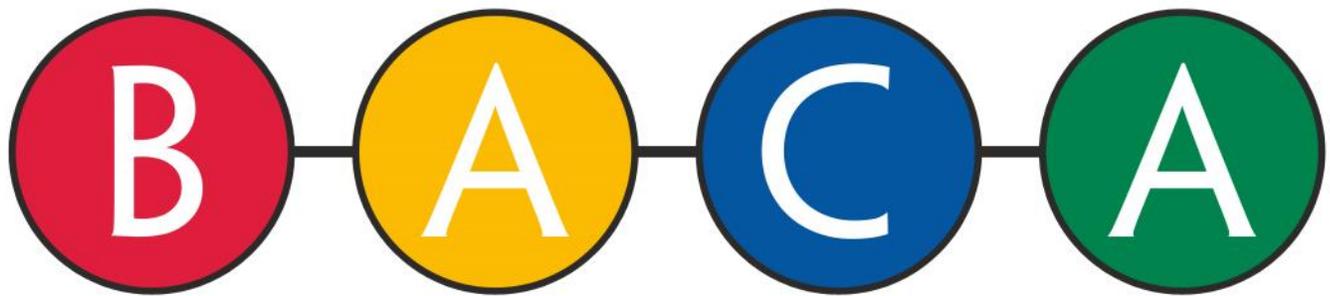
Thank you for your continuous support of science in the treatment of autism!

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ASAT

Providing Accurate, Science-Based Information - Promoting Access to Effective Treatment



BEHAVIOR ANALYSIS CENTER FOR AUTISM

ABOUT BACA

The Behavior Analysis Center for Autism (BACA) uses the principles and procedures of Applied Behavior Analysis (ABA) to teach language, social, self-help, academic, daily living, and life skills to individuals with autism and related disorders. BACA was established in 2009 by Carl T. Sundberg, Ph.D., BCBA-D, and a group of highly trained Board Certified Behavior Analysts (BCBAs) who have been working with him for several years. BACA has four centers in Indiana: BACA 1 and BACA Prep in Fishers, BACA Z in Zionsville, and BACA Hart in Elkhart. Staff work with individuals ages 2-21 who have a diagnosis of autism or a developmental disability. BACA continuously educates and trains its staff through regular seminars and consultation by its esteemed clinical team.

ABOUT OUR PROGRAMS

BACA offers unique programs to families in the area, nationwide, and internationally.

BACA One, Prep, Hart, and Z provide center-based programs with one-on-one and small group therapy overseen by Ph.D. behavior analysts. The centers are open year round. BACA has BCBAs, occupational and speech therapists, and BCBA-D consultants who are always available. These facilities include areas designed for specific clientele to facilitate transition to the next appropriate living or learning environment. These areas include a typical peer preschool for ages 3-5, called our Sprouts program. For our older clients, the Geof Mohs Achievement Center is designed to prepare adolescents for life by focusing on hygiene, employment, and independent living skills. Housed in every building is our Natural Environment Training staff who assist with generalization of acquired skills into the home and other daily environments.

BACA Atlas is an intensive therapy clinic that provides families with access to renowned behavior analysts and therapy services. Families that are seeking direction for their child have the opportunity to engage in a clinic that creates programs to be implemented at home. In addition, the client receives ongoing supervision. The staff assesses skills, provides therapy and trains the family, caregivers, and therapy team. The clinic sessions are based on the child's needs and the family's schedule and budget.

BACA also offers Extended Services, which are part time services for students needing social, behavioral, and academic assistance. Clients receive 4-15 hours of ABA therapy per week under the

(Continued on page 3)

BACA Program Description Cont'd

(Continued from page 2)

direction of the program's director and a team of trained behavior technicians. BACA offers flexible scheduling and services that are available in the evenings and on weekends.

ABOUT OUR CLINICAL TEAM

Dr. Carl Sundberg received his doctorate degree in ABA from Western Michigan University under the direction of Dr. Jack Michael. While a graduate student, he taught behavior analysis at WMU for seven years. Dr. Sundberg has publications in *The Analysis of Verbal Behavior* and *A Collection of Reprints on Verbal Behavior*. Dr. Sundberg has over 25 years of experience using behavioral interventions to teach individuals with autism and other developmental disabilities. He oversees the training of all the staff at BACA and consistently spends time with the clients. Eighty percent of his time is spent contributing to the training of staff and addressing specific client programs.

BACA's extensive clinical team also consists of Dr. Mark Sundberg, Dr. Barbara Esch, Dr. Jon Esch, Dr. Peter Gerhardt, Dr. Patrick McGreevy, Bob Ryan, Troy Fry and Dr. Genae Hall. Each has expertise in the field of ABA. Dr. Mark Sundberg is the author of the *Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)* which is a tool utilized at BACA. Dr. Barb Esch is a behavior analyst and speech pathologist with over 30 years of experience in behavioral interventions for individuals with developmental disabilities. Dr. John Esch has over 30 years of experience as a psychologist, teacher, and consultant. He has worked with individuals of all ages whose diagnoses include autism spectrum disorders, emotional impairment, mental impairment, brain injury, hearing loss, learning disability, and ADHD/ADD. Dr. Peter Gerhardt is the McCarton Upper School Educational Director in New York City. He has more than 30 years of experience utilizing the principles of BA in support of adolescents and adults with autism spectrum disorders in educational, employment, residential, and community-based settings. Dr. Patrick McGreevy has over 30 years of experience with children and adults of all ages with developmental disabilities. He is the first author of *Essential for Living*, a new assessment, curriculum, and teaching manual for children and adults with moderate-to-severe disabilities. Bob Ryan acts as a consultant to schools and families, co-instructs for the Florida Institute of Technology's ABA online program and works with Dr. Carl Sundberg at BACA. Troy Fry has worked with children and adults with developmental disabilities for the past 22 years. He is also a co-author of *Essential for Living*. Dr. Genae Hall works with BACA's research department and the staff, to support the building of a research center within the center.



Dr. Barb Esch is a behavior analyst and speech pathologist with over 30 years of experience in behavioral interventions for individuals with developmental disabilities. Dr. John Esch has over 30 years of experience as a psychologist, teacher, and consultant. He has worked with individuals of all ages whose diagnoses include autism spectrum disorders, emotional impairment, mental impairment, brain injury, hearing loss, learning disability, and ADHD/ADD. Dr. Peter Gerhardt is the McCarton Upper School Educational Director in New York City. He has more than 30 years of experience utilizing the principles of BA in support of adolescents and adults with autism spectrum disorders in educational, employment, residential, and community-based settings. Dr. Patrick McGreevy has over 30 years of experience with children and adults of all ages with developmental disabilities. He is the first author of *Essential for Living*, a new assessment, curriculum, and teaching manual for children and adults with moderate-to-severe disabilities. Bob Ryan acts as a consultant to schools and families, co-instructs for the Florida Institute of Technology's ABA online program and works with Dr. Carl Sundberg at BACA. Troy Fry has worked with children and adults with developmental disabilities for the past 22 years. He is also a co-author of *Essential for Living*. Dr. Genae Hall works with BACA's research department and the staff, to support the building of a research center within the center.

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For questions about BACA or to schedule a tour, contact Devon Sundberg at: 317-436-8961 or at: dsundberg@thebaca.com. You can also visit the website at: www.thebaca.com.

An Interview with Drs. Carl Sundberg and Genae Hall

By David Celiberti, ASAT Executive Director

As part of this issue's dedication to the Behavior Analysis Center for Autism (BACA), I had the opportunity to interview some of the leaders of this program of excellence: Carl Sundberg (President and Chief Clinician) and Genae Hall (Director of Research).

Dr. Sundberg, Josh Pritchard had the good fortune of interviewing you [last year](http://asatonline.org/resources/interviews/sundberg.htm) (see <http://asatonline.org/resources/interviews/sundberg.htm>) so I wanted to take this opportunity to delve further into your role at BACA. What is a typical day like for you? Do you actually have a "typical" day?

Most of my day is spent working with the kids and their team. During these periods, I am looking at the student, the Behavior Technician, and the BCBA. I am looking at specifics that will help the student learn and specifics to help the Behavior Technician teach and the BCBA to attain that next level of analysis that is necessary for teaching our students. Some of the day is spent in team meetings with staff and some of the day is spent in meetings with the parents regarding specific client progress. Another part of the day is spent working on systems development and in administrative meetings. There are always special projects in the works such as developing a video training system,



Dr. Carl Sundberg

or preparing for a workshop or other presentation. Sometimes a day is devoted to appealing a denied insurance authorization or meeting with a lobby group to ensure that ABA services are available for everyone (this, of course, is a monumental battle). No two days look the

same, so really there is no typical day. My favorite days are those when I can spend the whole day working with the kids and teaching the staff.

Carl, it sounds like your day-to-day experiences are quite diverse but that you are able to spend considerable time engaging directly with the students and the staff charged with their programming. I see that BACA's commitment to the promotion of generalization is front and center in the organization's official belief statements. Can you briefly share with our readers how this is achieved at your center?

We feel that various dimensions of generalization are critical. Perhaps the most obvious is that a skill that is taught in one setting is evoked in another setting, with different people, and occurs under appropriate circumstances. That is, the behavior analyst or technician taught a skill in a training session that is useful in the real world. This requires careful programming. The behavior analyst must train components of a skill individually and then arrange circumstances in order for the skill to occur in the natural setting. For example, if we are trying to teach an older student to independently make a purchase at a store, we would first teach the necessary component skills, such as money exchange, making a list, etc. We would then put these skills together and practice in a mock setting. The next step would be to take the student to the store and assist if needed. Finally the behavior technician would wait outside the store, and so on. The skill is less likely to transfer if you cannot closely replicate the environment of the real world. Often this involves doing training in the setting where the skill is targeted to occur.

I liken this to a basketball analogy. In order to play in a game, you must have the component skills. It would be difficult to learn how to dribble and

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shoot in the game situation (not enough trials, too much punishment, no chance for prompting, fading, and practicing). These skills need to be taught in isolation with intense teaching. Once these skills are mastered, it may still be difficult to jump right into the game situation. In basketball you would have various levels of scrimmage, a chance to put the skills together while teaching can still occur. You can stop a scrimmage and try the play again after giving the players instruction. You can't stop the game. The game is still a valuable opportunity for teaching. The coach can observe what needs work and bring it back to the practice court. This should all be happening when teaching people with autism the skills they need to function in the real world. With the store example, the intense training (dribbling, passing, shooting, etc.) is done in isolation (math, money exchange, social exchanges needed, etc.). The scrimmage is done on two levels: first, in the mock store that is set up and then in the real store. Going into the real store with the student is close to the game situation but prompts and help can still be provided in this context.

Carl, clearly parent and caregiver training is the soil in which generalization can take root. Can you tell us a bit about your approach to parent training and education?

We view parent training as essential. Upon entering our program, we tell parents that we *only* have the kids for 15-40 hours a week (some cases less). That leaves about 60-80 waking hours per week where we are not working with them. Furthermore, all of the skills that we are targeting are done so for the purpose of occurring somewhere else. Training in the natural environment is critical (the scrimmage and game situation). Typical children are constantly learning from their environment. It is more difficult for children with autism. Behavior analysts must conduct the training where the skill is used.

We strongly encourage our parents to avail themselves of opportunities to learn the principles and procedures of ABA and how they're implemented in their child's program. We provide training in their home on how to teach their child in their environment and take everyday situations and turn

them into teachable moments. For example, the mother may give the child French fries and then pour ketchup on the plate. We would take the opportunity to show the mother that that is a valuable opportunity for a mand and show her other ways to contrive such motivation.

Parents are encouraged to view therapy live and through video, and learn why we are teaching what we are and what they can work on at home.

Through communication with their child's team, they are taught as much as they are willing to learn and apply regarding their child's program. BACA offers periodic parent training seminars on ABA and Natural Environment Teaching. We also provide direction to other reading and training resources, such as websites, workshops, and books.

Carl, what qualities do you look for when hiring clinical staff?

When hiring a Behavior Technician, we require a bachelor's degree, preferably in a related field. We are, of course, partial to those who have a bachelor's degree in behavior analysis. Because of the recent increase in demand for services and the success of ABA, the demand for clinical staff is much higher than the supply of experienced behavior analysts. Therefore, we often have to look at other factors when hiring. First and foremost, we look for people who like to work with kids, people who like to teach and receive reinforcement from seeing progress made in their client. We need people who are patient and can tolerate slow progress, behavior problems, toileting accidents, meltdowns, etc. It is hard work so we want staff members who keep their eye on the big picture. We look for people who are eager to learn, who are willing to take more classes, who are excited about going to trainings and workshops, and who are excited about the prospect of becoming a behavior analyst.

When we hire for an advanced position we do require a BCBA. When selecting a BCBA, we look at education in behavior analysis, professional affiliations, presentations, publications, etc. We look hard at where someone received their training, who supervised them, and for how long. We enjoy bringing in people with new experiences and learning from them, but we also have developed a pres-

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Interview with Drs. Sundberg and Hall Cont'd

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tigious career path and many of our advanced positions are coveted from within. We need people who will fit in our culture.

That sounds wonderful. I want to refer our readers to the job recruitment ad on page 9. Carl, what suggestions do you have for retaining high quality staff?

We believe the best way to retain high quality staff is to treat them well and recognize their importance. While the pay incentives can help keep a person at a job, we feel that job satisfaction is more important. Those who have been with BACA for many years understand how important their job is. They are excited when other Ph.D.s come to BACA to consult. They want to learn more. They want to advance their career in behavior analysis. They are excited when they are selected to go to ABAI, or any other conference or workshop. They realize that behavior analysis is something special and they are proud to be part of it. They are driven to become better behavior analysts and learn all they can from the people at BACA (other staff and the many visiting PhD consultants). It turns out to be sort of Darwinian. Those who have those traits are the best employees and the ones we really want to stay. Those who have those traits are the ones who tend to stay because of the environment we have created.

How can behavior analysts best collaborate with speech pathologists?

We employ speech pathologists at BACA. Our speech pathologists focus on the mechanics of speech, articulation, developmental progression of phonemes, feeding issues, etc. This works well in our system. Our behavior analysts and technicians create and oversee the language and learning programs while our speech pathologists will evaluate for speech and provide recommendations for speech but not general language acquisition. For example, our speech pathologists would not design a program to teach mands, tacts, intraverbals and listener responding. They would design a program to work on development of speech, echoics and improved articulation, volume, prosody, next appropriate speech target, etc. We also rely on our speech pathologists for input as to the possibility of speech development. That



The outside of BACA 1, one of the facilities in Fishers., Ind.

is, whether it is likely for a non-vocal child, or one with very limited vocals, to make enough progress with vocals where vocalization could be a functional response form. We work well together because we've defined our roles and responsibilities clearly.

Carl, one more question! Before we shift over to your colleague, Dr. Genae Hall, can you tell us what led to your decision to develop a research program at BACA?

Behavior analysis is a science founded on research. Behavior analysts use evidence-based treatments. This goes well beyond procedures, however. Our basic principles were established in the laboratory by B.F. Skinner and outlined in *The Behavior of Organisms* in 1938¹. Anytime a behavior analyst talks about reinforcement, extinction, shaping, chaining, generalization, punishment, discrimination training etc., we are talking about principles and procedures that were discovered and proven by Skinner a long time ago. Our whole method for teaching language and other skills to people with autism is based on research. The first school for the treatment of children with autism using ABA was at the University of Washington and was directed by Sid Bijou, with his main staff members: Mont Wolf, Don Baer, and Todd Risley. Ivar Lovaas later joined them. The first published study on the behavioral autism treatment was Wolf, Risley, & Mees, (1964)¹, later called DTT/ABA. Since that time the behavioral research has grown steadily and the behavioral

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Interview with Drs. Sundberg and Hall Cont'd

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journals are now replete with research demonstrating the effectiveness of behavioral techniques to teach people with autism and other developmental disabilities.

In the 1970s approximately 50 verbal behavior research projects were conducted at the Kalamazoo Valley Multihandicap Center (KVMC) under the direction of Jack Michael, Mark Sundberg, and Jerry Shook. Most of these projects were Western Michigan University Masters theses and Doctoral dissertations. Many of these studies were published in *The Analysis of Verbal Behavior* and form the foundation for what today is often called the Verbal Behavior Approach.

I always wanted to try to replicate that atmosphere of Western Michigan University in the 1970s. I think it is important for BACA to contribute to the research base. Genae Hall was one of the students who was doing the research at KVMC in the 1970s. Her master's thesis was the first study to demonstrate the functional independence between the mand and the tact, supporting Skinner's position of separate verbal operants. I was thrilled to find that she was interested in coming to BACA to head up our research department. She has been with us now for over a year and we have several studies operating at this time. Our goal is to get 2-3 publications per year moving forward. BACA is a great place for behavior analysts who want to work in both the applied and research settings.

Dr. Hall, I would like to hear specifically about your research program at BACA, but can you first tell us about your career path and how you became involved in the field of behavior analysis?

My interests in behavior analysis, autism, and research began when I was an undergraduate psychology major at University of California Santa Barbara (UCSB). Although the UCSB psychology department was eclectic, I had the opportunity to work as a research assistant and take courses from Drs. Robert Koegel and Robert Sherman, two behaviorally oriented faculty, and Dr. David Premack, who conducted language research with primates. Later, while enrolled in an ABA Masters program at Western Michigan University (WMU), I studied ABA research under Dr. Brian Iwata, B. F.

Skinner's analysis of verbal behavior under Dr. Jack Michael, and conducted verbal behavior research while working at the Kalamazoo Valley Multihandicap Center. At that time, Mark Sundberg and a large number of other WMU graduate students were working at the center and conducting many ABA and verbal behavior studies.



Dr. Genae Hall

After WMU, I worked as a behavior programming specialist at the May Institute for Autistic Children in Chatham, MA, and then entered a Ph.D. program in behavior analysis (experimental analysis of behavior) at West Virginia University (WVU). While at WVU, I worked with Drs. Philip Chase and Andy Lattal, continued to study and write about Skinner's analysis of verbal behavior, acquired new interests in conceptual learning, stimulus equivalence, behavioral economics, and other basic topics, and conducted research on behavioral economics. After finishing my Ph.D., I moved to Northern California and coordinated behavioral services for individuals with developmental disabilities for a large agency in the San Francisco East Bay, provided behavioral consultation to families and group homes for children and adults with autism and other developmental disabilities, and co-directed a behavioral consulting group. During this time, I continued writing about Skinner's analysis of verbal behavior, presenting at regional and international behavioral conferences, and doing editorial work for behavioral journals.

Dr. Hall, how did you first get involved with BACA? In May 2012, while attending the Association for

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Interview with Drs. Sundberg and Hall Cont'd

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Behavior Analysis International (ABAI) conference in Seattle, I learned that BACA was starting a research department and looking for a research director. This sounded very interesting, as it could provide an opportunity to pursue some of my own research inter-

ests, increase meaningful research in the area of verbal behavior (thus contributing to the literature in that area) and expand the evidence base for ABA treatment for children with autism. I contacted BACA and eventually visited the center for an interview. After being hired, I assisted BACA in recruiting and hiring a research assistant, and we began building a research department.

Can you tell our readers a bit about what is involved in starting up a research department?

Immediate priorities in starting a research department (after the director and research assistant were hired) included creating a research ethics committee to review research proposals, identifying potential participants for each study, obtaining informed consent for each participant, identifying space for research to be conducted, obtaining furniture, purchasing or creating research materials needed for each study, and developing a system to create and store session videotapes securely. These tasks have been accomplished, although we continue to work on improving and expanding the videotaping system.

Can you tell us a bit about your current research foci at BACA?

Regarding research topics, we are currently conducting studies on functional independence versus transfer between tacts and mands in early learners, comparing the effectiveness of two types of prompting in establishing listener behavior in early learners, establishing unprompted mands to peers and responding to the mands of



Training specialist working with a client in BACA's mock apartment

peers in more advanced learners, and evaluating overall program effectiveness.

Dr. Hall, what are your future plans for research at BACA?

We would like to enhance systems within BACA to facilitate research, coordinate with the Florida Institute of

Technology (FIT) program at BACA and when this begins, initiate new research studies, expand existing lines of research, and develop new lines of research.

Regarding systems, we would like to enhance the existing communication system to contact and receive feedback from team supervisors, assistants, or therapists conducting research sessions at each BACA program site, so that feedback can be acted on very quickly. We would also like to develop a system whereby therapists teach certain prerequisite skills for research (such as completing simple and enjoyable chains of behavior) to children for whom research would be appropriate, so that studies can be conducted more quickly. Speeding up the studies would seem to be desirable to reduce participant attrition as a result of sudden changes in placement due to insurance coverage or other issues.

We are looking forward to working with the FIT program at BACA when it begins. FIT students who need to conduct Master's theses (along with their faculty advisor) will be responsible for these research projects and can coordinate them through the BACA research department. We would like to expand existing lines of research by assessing functional independence versus transfer between various verbal operants (including, but not limited to, tacts and mands), comparing the effectiveness of different prompting procedures in establishing verbal or other

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BEHAVIOR ANALYSIS CENTER FOR AUTISM

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BCBA JOB OPENINGS

JOB RESPONSIBILITIES:

- TRAIN AND LEAD THERAPY TEAM
- CONSULT WITH CLIENTS AND PROVIDE PROGRAM DIRECTION
- DEVELOP AND GUIDE ONGOING IMPLEMENTATION OF TEACHING PROCEDURES

KNOWLEDGE, SKILLS AND ABILITIES:

- BCBA REQUIRED
- SUPERIOR ORAL/WRITTEN COMMUNICATION SKILLS
- EXCEPTIONAL INTERPERSONAL SKILLS

BENEFITS

- MEDICAL, VISION AND DENTAL INSURANCE
- PTO AND PAID HOLIDAYS
- COMPETITIVE PAY AND 401K
- RESEARCH AND BONUS OPPORTUNITIES AVAILABLE



BEHAVIOR ANALYSIS CENTER FOR AUTISM

FOR QUESTIONS CONTACT AMY WILLIAMSON
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Interview with Drs. Sundberg and Hall Cont'd

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functional skills, establishing unprompted verbal and social behaviors, of various types, in learners with more advanced verbal skills, and introducing additional controls in future studies of program effectiveness. The research department can propose new lines of verbal behavior and/or ABA research,

or students in the FIT program or BACA employees with particular interests can propose them. The number of people available to take primary responsibility for studies limits the number that can be implemented. We would like to conduct research with older as well as younger learners.

What advice do you have for other behavior analytic center-based programs that are trying to develop an applied research program?

Here are some initial suggestions:

The program should establish a research ethics committee or collaborate with a university with an Internal Review Board (IRB) to review proposals that are submitted.

The program should hire a qualified person with the desired research background and interests to direct and coordinate the research program, along with a research assistant. The director and assistant should establish systems to support research, propose and carry out some studies themselves, with staff assistance, and provide consultation to others in the program who are primarily responsible for specific studies.

Program administration should inform program staff that research is part of their jobs, and replace some of their current tasks with research activities. If staff are asked to add research activities to a full schedule, such demands may be ignored or tasks not carried out consistently or well.

To conduct more than a few studies, individuals other than the research director and assistant will



A client enjoying the playground at the BACA Z location in Zionsville, Ind.

need to take primary responsibility for some studies. This may occur if people working in the program are students at a collaborating university and research is required for their thesis or dissertation. Or, a staff person with interest and expertise in a particular area could propose

and take primary responsibility for a study, with input and support from the research department. There should be frequent opportunities for those conducting research to meet with knowledgeable people to “bounce ideas” off one another. Collaborating with a university and having graduate students working in the program may provide such opportunities.

The program should schedule periodic in-house trainings by the research department on general requirements of conducting research, progress on ongoing studies, and topics related to these studies. Staff should also receive training on the importance of evidence-based practice and making contact with the relevant research literature while designing studies, along with strategies for accessing the literature.

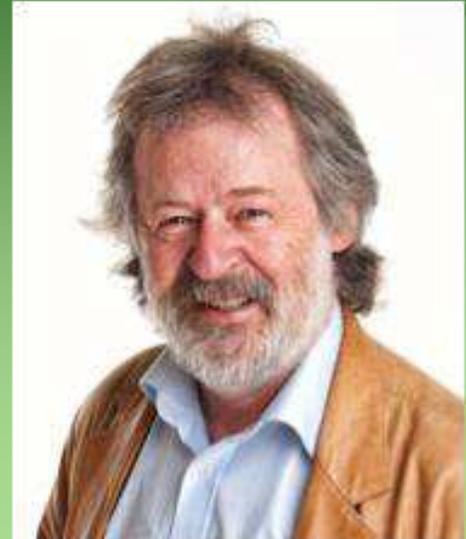
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International Interview: With Professor Mickey Keenan, University of Ulster, Northern Ireland By Daniela Fazzio, PhD, BCBA-D, SIAT Co-Editor

I had the great pleasure of interviewing Dr. Mickey Keenan and learn a great deal about his impressive work and about behavior analysis in Europe. Dr. Keenan is a professor of behavior analysis at the University of Ulster and has received many important awards, such as the *Award for Public Service in Behavior Analysis from the Society for Advancement of Behavior Analysis*. Our international interviews are part of our commitment to the dissemination of our mission and to improving the reach of accurate information about autism and autism treatments beyond the US. We are thankful that Dr. Keenan has accepted our invitation to contribute to this issue of SIAT and talk to us about the several initiatives he has participated in over the years to improve the understanding and reach of behavior analysis in Europe. Readers will enjoy learning about his interesting trajectory and browsing the several web pages he has kindly suggested. Enjoy!



Dr. Keenan, please tell us about your academic and work-related background, and what led you into this field.

During my undergraduate degree in Psychology at the University of Ulster in N. Ireland, I took a course on the experimental analysis of behaviour by Prof. Julian Leslie. After graduating, I followed my interest in this field by doing a PhD in the study of schedules of reinforcement at the University of Ulster. My focus was the analysis of temporal patterning in the behaviour of rats. This research experience gave me the grounding in how to analyze behaviour without resorting to the use of explanatory fictions. For example, in my naïveté at that time, I thought that response patterning on Fixed Interval schedules arose because animals ‘developed a sense of time and knew where they were in the interval’; as the time elapses they responded faster and faster because ‘they knew they were going to be fed soon’. This view is a classic example of the power of illusion in directing attention away from an analysis of the structure of environmental contingencies (Keenan, M., 1999)¹. Being able to transcend illusions created by explanatory fic-

tions is an essential skill in the training of every behaviour analyst. However, it is a difficult skill to teach. After all, Cumulative Records really are meaningless to a student who hasn’t had the opportunity to see the behaving organism whose performance is recorded by a line on a piece of paper (www.imagesforbehaviouranalysts.com/the-dot-as-an-sd.html).

After earning my PhD I moved in a number of different directions in my research with students, including biofeedback, hypnosis (my wife and I used hypnosis for her labour so that during childbirth she didn’t need any pain killers!), bereavement, gerontology, precision teaching, and stimulus equivalence (including its relevance to the measure of attitudes and as a possible screening tool for child sex abuse). To help deal with the isolation of being a lone behaviour analyst in a relatively hostile environment within the UK, I also focused on developing my teaching repertoire, which has included learning how to produce animations and work in a multimedia environment (iTunes: <http://goo.gl/vCIXZU>). I also recognized

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International Interview: Professor Mickey Keenan Cont'd

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the importance of gathering video material to showcase the successes of behaviour analysis. Within my video library I featured the Young Autism Project and the Harry video. Both of these videos left students gob smacked at what was possible with a science of behaviour. Unfortunately, for many years the application of the science remained simply a story in Mickey's class, a story of what others were doing across the pond. That was until I was approached by a friend of mine, a medical doctor who asked me if I would like to work with a distressed parent who was getting no practical help with her child who had been diagnosed with autism. With no formal training in ABA, no opportunity to attend a class in ABA, and nobody around to guide me, I agreed to do whatever I could; I knew, though, I could teach the basic science. Some of the details of what happened next are in a 3-part presentation I put on YouTube (<http://goo.gl/qOXzzn>). Suffice to say, this changed everything for me and for parents across Ireland, but only up to a point (as explained in the YouTube presentation). From this work we published the first book on ABA for parents in Europe: *Parents' Education as Autism Therapists: Applied Behaviour Analysis in Context*², a book that has now been translated into Japanese and German. I established the first parent-led charity in Ireland with the promotion of ABA as its mission statement; the group is called Parents' Education as Autism Therapists (PEAT; www.peatni.org).

This is impressive, Dr. Keenan. Tell us about your current work.

Currently I continue to develop my skills in multimedia development for teaching. I believe our discipline has been careless in the way it communicates and that is unacceptable in a context where misrepresentation of it is rife. The 'printing press' has served us well, but printed words alone (see Keenan, 2003)³ are insufficient as teaching resources because they cannot portray the complex-

ity of behaviour as outlined by Skinner (1953)⁴:

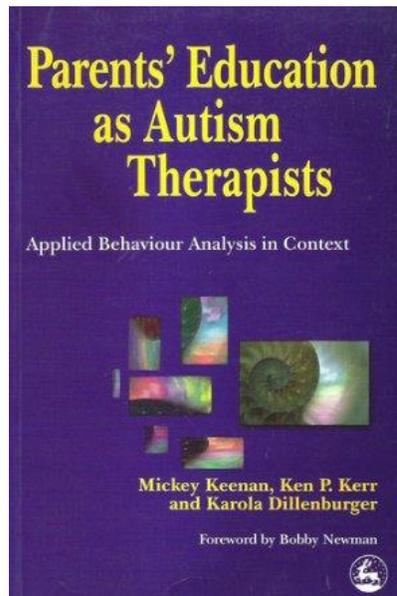
“Behavior is a difficult subject matter, not because it is inaccessible, but because it is extremely complex. Since it is a process, rather than a thing, it cannot be held still for observation. It is changing, fluid, evanescent, and for this reason, it makes great technical demands upon the ingenuity and energy of the scientist.” (p. 15).

Given that communication is an important aspect of doing science, I would argue that the last part of his statement (i.e., “it makes great technical demands upon the ingenuity and energy of the scientist”) is central to the PR aspect of teaching general audiences. In terms of autism, I will be looking for funding to help update the multimedia tutorial in ABA (called Simple Steps) we have developed. I am also working closely with Prof. Karola Dillenburger (my wife, colleague, and unsung heroine who teaches at the other university in N. Ireland, The Queen's University, Belfast, (<http://goo.gl/Sz22jP>) in a sort of 'pincer movement' so that between us we can influence those with responsibility for investing in autism treatment.

As for my experimental work, I have managed to rekindle my work in the study of equivalence responding. Some years ago, I published a paper on how stimulus equivalence procedures would be used to study social categorization (Watt et al., 1991)⁵. I am returning to that general area because I am interested

in exploring the origins of novel behavior. More specifically, I am interested in examining the ways in which behaviors can merge to produce new behaviors. I have in my sights a paper to write called 'functional equivalence meets functional analysis' where it might be possible to bring to the applied focus of functional analysis some understanding of the role of functional equivalence classes in

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generating behaviors.

Can you talk about the European Association for Behaviour Analysis (EABA)?

I think readers would first of all find it interesting to read something on the history of the Experimental Analysis of Behaviour Group (EABG) that was the precursor to the establishment of European Association for Behaviour Analysis (EABA).

EABG first met in 1963:

“The EABG has hosted small, but much loved, conferences over the last four decades and more recently (over the last 15 years) these have been at University College London and attended by behaviour analysts from all over the world. However, the number of individuals in the UK who would describe themselves as behaviour analysts, and their practice as behaviour analytic, has remained relatively small although the number is steadily growing.” (Martin, 2010)⁶

The objectives of EABA (www.europeanaba.org) as stated in its constitution include:

- To provide an international forum within Europe for the study and discussion of matters relevant to behaviour analysis.
- To encourage high quality education and professional certification throughout Europe.
- To organize congresses/conferences in experimental and applied behaviour analysis. It has hosted a number of major conferences over the years, which are highlighted at: www.europeanaba.org/events.
- To establish and maintain relations between behaviour analysis organizations inside and outside Europe.
- To publish and disseminate the

European Journal of Behaviour Analysis. Volume 1 of the journal was published in 2000 (<http://goo.gl/vSxxT3>).

What does EABA do to promote science in autism treatment?

As far as EABA is concerned, our ‘local hero’ is Dr. Neil Martin who has been the Applied Representative for a number of years. Neil travels around much of Europe as a roaming ambassador for ABA, contributing to many of the existing course sequences and helping to establish new ones, such as the one in India for which he serves as the Course Director.

One of the greatest difficulties across Europe is accessing accurate information about ABA in native languages. To address this, I instigated an exciting new initiative to create an online platform in multiple languages for training in ABA specific to autism. We developed this resource together with the PEAT group in English first and then I obtained major funding from the European Union to develop the STAMPPP project (www.stamppp.com).



STAMPPP Project team: Prof. K. Dillenburger, Dr. Neil Martin, Sigridur Jonsdottir, Dr. Jacqueline Schenk, Prof. Paolo Moderato, Dr. Lise Roll-Pettersson, Lynsay Mulcahy (PEAT). Front row, left to right: Dr. Stephen Gallagher, Dr. Mickey Keenan, Nichola Booth (PEAT).

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The aim of this project was to develop innovative multimedia material for teaching some of the basic issues in ABA. The project has just completed its latest round of funding and we now have the multimedia tutorial Simple Steps (www.simplestepsautism.com) translated into Spanish, German, Norwegian, Dutch, Italian, Icelandic, and Swedish. A couple of parents in Portugal contacted me because they had heard of my community work and now they have prepared a Portuguese version of Simple Steps and set up their own ABA organization (<http://www.mykidup.com/pt/>).

What is autism treatment like in Europe and which treatments are the most popular? Are there any prevailing cultural mores, viewpoints, ideologies or cultural histories that hinder or promote access to effective intervention and how individuals with ASD are viewed?

This is one of those “How long is a piece of string?” questions. I think it best if your readers hear directly from some professionals in a few different countries. At our launch event for the STAMPPP project we taped presentations from partners. They talk about autism provision in their countries and the fact that the project provides the first ever material in their own language (<http://www.stamppp.com/events.html>).

In Northern Ireland, a parent has initiated a large-scale petition to the Director of Mental Health and Disability Policy (<http://chn.ge/1cdz6HX>). This initiative testifies to the kinds of obstacles parents face. The parent asked a local group, which promotes itself as ‘Northern Ireland’s Autism Charity’, to circulate the petition to its members. The charity refused to help and instead courts favour with local politicians and promotes the views of the establishment. Informed choice, it seems, is only for those parents who are already informed!! I wrote an open letter to this organization here: www.imagesforbehaviouranalysts.com/open-letter-to-autismni.html. The parent has now set up a Facebook page to bring parents together and inform them about ABA (www.facebook.com/aba.nireland). On this site, I gave permission to share my article called “State sponsored child

abuse?” This will give you some indication of how things have been developing in the Republic of Ireland.

Given that the National Health Service (NHS) in the UK describes ABA as one of the ‘widely used interventions’ (www.nhs.uk/Conditions/Autistic-spectrum-disorder/Pages/Treatment.aspx) and yet does not provide any ABA-based services, another group of parents in the UK is currently preparing to seek a judicial review of the NHS provision of ABA-based interventions (see ABA-UK@yahooogroups.com).

All of these initiatives have arisen because of the lack of training in ABA across the UK generally. To expose the extent of the opposition to ABA, a professor from the University of Cambridge with near celebrity status, Simon Baron-Cohen, recently wrote a piece (www.edge.org/response-detail/25473) that encapsulates the views of many British Psychologists. The misinformation entailed in his paper is so galling that it has inspired others to put the record straight, and, importantly, this dialogue has given parents a better understanding of why they are being denied access to ABA. Here are links to various responses from behaviour analysts: <http://goo.gl/kdhRi3>. Check all comments, they include a response from Baron-Cohen, where he seems to backtrack on quite a few of his original arguments. It is a pity he did not withdraw his original paper and the EDGE does not print or otherwise publicize these comments.

Are you aware of significant differences in dominating treatment approach across Europe, such as psychoanalysis in France, which was briefly highly publicized here in the US in the documentary Le Mur / The Wall?

I don’t have in-depth information. It would be useful perhaps for EABA to canvass members to obtain this information. Regarding France, we know they are struggling because there are so many factions and again because of the shortage of material on ABA written in French. See www.autismdailynewscast.com/the-psychiatric-professions-reaction-to-french-governments-

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[recommendations/3449/robertahill/](https://www.recommendations/3449/robertahill/). To emphasise the point and how bad the situation is in France, here are quotes from a letter that was circulated recently from a parent in France, and 2 documentaries (in French): <http://goo.gl/pel32M>.

Do you have an idea of the number of BCBA's in Europe and the distribution across countries?

That's an easy one. I checked with Neil Martin, who is also the International Representative of the Behavior Analyst Certification Board. He gave me this up-to-date table that includes BCaBAs.

Current Non-US Certificants

Australia	29	Indonesia	2	Romania	5
Azerbaijan	1	Ireland	70	Russia	1
Bahamas	1	Israel	86	Saudi Arabia	10
Bahrain	4	Italy	22	Singapore	4
Bermuda	2	Jamaica	2	South Korea	12
Botswana	1	Japan	7	Spain	6
Brazil	2	Kenya	1	Sweden	7
Canada	502	Kuwait	1	Switzerland	4
Cayman Islands	1	Lebanon	2	Taiwan	11
China	26	Mexico	1	Thailand	1
Colombia	3	New Zealand	22	The Netherlands	4
Costa Rica	2	Nigeria	1	UK: England	97
Cyprus	3	Norway	1	UK: N Ireland	19
France	17	Pakistan	1	UK: Scotland	5
Germany	10	Peru	1	UK: Wales	15
Greece	2	Philippines	2	United Arab Emirates	10
Hungary	1	Poland	4	Vietnam	1
Iceland	3	Portugal	1		
India	12	Qatar	3		

Do you have information about access to early intensive behavioural intervention in Europe or specific European countries and how it is funded?

As far as I know, the only place you can get funding is in Norway. This article gives you some information about how things are in the UK, Italy, and Germany: "Science for sale in a free market economy: But at what Price? ABA and the treatment of autism in Europe⁷." (<http://goo.gl/cknn5Z>)

What does the ABA community of parents and professionals need to succeed in making sure that every child with autism has access to high quality behavioural treatment irrespective of parent ability to pay?

That's an interesting question. Personally, my goal has been to work in partnership with parents, giving them skills to empower them and their children. Parents could help professionals by recogniz-

ing how important it is for them to have good teaching material showing ABA at work. I would urge parents to give permission to create video material of kids learning. This is so important for helping other parents understand the complexities of designing programmes that are tailored to individual needs. Regarding professionals, I have so much appreciation for those heroes of ABA (you know who you are!!) who have had to fight tooth and claw to bring our science to the dominant position it has achieved, at least in the U.S. That said, I also know there are professionals who see opportunities for making money. That pisses me off, big time! Organisations have come over to Ireland to run short courses in ABA and have charged fees that can only be described as extortionate! They take the money and run, with no concern about maintaining the education of those who took their short courses, or no desire to find out how they could help people in the country that lined their pockets. That's unacceptable by any standards, as we discuss in the article mentioned above.

What help/information is needed from your standpoint? Is there anything that we in the international community of parents and professionals who engage in science-based treatment can do to help in your goals?

First and foremost, I would love to see a dedicated movie that is not branded by any commercial organization to promote their own version of ABA, or which can't be misconstrued as promoting a particular version of a technique that was developed from the basic science. In Europe, if you can get it, ABA is generally viewed as being only for rich parents. That image needs to change. In fact, all the bad images of ABA need to inform this movie and it needs to focus on a soft sell of a hard science. Further, I would like to see the development of a database of video clips showing examples of best practice. This would surely help all professionals who need material for their teaching.

Parents need to lobby more for the future of their children, to pave the way for the professionals who work so hard to help them. I have seen so many parents use the help offered to them but have giv-

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International Interview: Professor Mickey Keenan Cont'd

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en nothing back in return. They have no idea of the struggle to provide services for them and feel no allegiance to anything other than their own child; understandable, of course, but nothing wrong with trying to persuade them to develop a community spirit for the benefit of others.

Dr. Keenan, it has been a great pleasure to interview you and learn more about your prolific career. Congratulations on all that you have done to promote behaviour analysis and make information about behaviour analysis and autism treatment get to where it really needs to in order to increase its reach and impact.

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Clinical Corner: BCBA Received, Now What?

Taking coursework, supervised clinical training, and studying for an exam, are great ways to learn about the practice of behavior analysis. But the learning doesn't stop once you earn your certification. In this installment of Clinical Corner, Carl Sundberg offers suggestions to help newly certified behavior analysts master their craft.

Amanda Guld Fisher, Ph.D., BCBA-D
From The Archives Coordinator

Question: I just received my BCBA. Now what?

Answered by Carl Sundberg, PhD, BCBA-D, Chief Clinician and President of the Behavior Analysis Center for Autism

The formal education that is required for obtaining certification as a BCBA is obviously important. Making an ongoing commitment to mastering your craft, in my opinion, is even more important. When I received my BA in behavior analysis from Western Michigan University (36 credit hours in behavior analysis), I thought I knew everything I needed to know to change the world for the better. During the following two years of graduate school, however, I realized how naive I had been and that there was more I didn't know about behavior analysis than what I did know. As an undergrad, I had a limited appreciation for the complexity of human behavior. I thought I could change any behavior for the better if I set up the contingencies the right way. In retrospect, I think I could say I had the tools to be a good behavior technician, but was not yet a good behavior analyst. Becoming a competent, strong behavior analyst not only requires formal education but also practical, supervised experience, self-study and following the work of others in the field at conferences, workshops and continuing education events.

Continuing education should not be viewed as something you simply check off a list. It should be viewed as an opportunity to polish your craft, to fill voids, to develop greater expertise and to hone skills needed for your particular role as well as to anticipate future responsibilities.

Good mentorship is paramount to increasing your skills as a behavior analyst. Pre-certification supervision should just be the beginning. A good behavior analyst is always learning from others throughout his or her career. If you ask any veteran, well respected behavior analyst about their influences, most will be very adamant about giving credit to their mentors. I learned much of what I know about being an applied behavior analyst by working with people who were seasoned practitioners in behavior analysis. Don't be afraid to be criticized. It would be nice if all supervisors were all sunshine and roses and told you what you wanted to hear; but to get to the top, sometimes you have to get beat up a bit. I have had my share of hard criticism (sometimes it doesn't seem hard until you read between the lines). But the result - when the feedback was constructive - was that it made me stronger and a better behavior analyst. Take the opportunity to learn from mistakes and be happy when someone suggests that you are not quite right about something (or not even in the ballpark). Look at feedback as an investment. It can also be wise to solicit feedback if it is not forthcoming or frequent enough.

Much can also be gained by self-study. There is a difference, though, between a cursory perusing of a paper, book or journal article and mastering the content. Your core area of practice should require mastery of the material. Back in 1986, I asked Jack Michael how many times he read Skinner's *Verbal Behavior*¹. He said he read it over 80 times. He read *Science and Human Behavior*² over 75 times. Of course that number has surely

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Clinical Corner: BCBA Received Cont'd

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grown since then. I would consider Jack Michael the master of all masters in Skinner's analysis of behavior (verbal, human and otherwise). I wouldn't expect the average person (or person two standard deviations above average) to master a topic to that extent. The point is this: to be able to talk about, teach, supervise others, and apply your skills so that you have the most impact on your clients in a useful way, takes a form of mastery that is well beyond a cursory perusing of a paper, book or journal article. If you are going to make practical use of or teach a subject matter or a subset of a subject matter, you must be able to talk about it and apply the principles, procedures or concepts into practical application or meaningful discourse. Study the material as if you will be tested in essay fashion, as if you must present the material at a conference. Study as if you will have to debate an opponent of your position (because sooner or later you will).

In a related vein, I am also a proponent of frequently going to workshops and presentations in your area of interest. Experts in the field present many of the core topics related to teaching children with autism. If an area really applies to what you do, for example, teaching verbal behavior, working with kids who exhibit self-injurious behavior, teaching functional skills to older kids etc., then I encourage you to become a groupie. Follow these people around as if they were the Grateful Dead. If you must read material over and over then the same can be said about seeing a presentation of the material. When you are first exposed to any material, be it in writing or in a live presentation, you are only going to gain what your current repertoire allows you to gain. Repeated study and application, however, changes your repertoire and allows further access to more complex material that may have been over your head upon first exposure.

Establish a verbal community. Talking about behavior analysis with other behavior analysts makes for good practice. Establish a book club or a reading club. I recommend starting with Jack Michaels' *Concepts and Principles of Behavior Analysis*³. If you have enough local people (e.g.,

you work at an Applied Behavior Analysis facility), it is great experience to meet once a week or so to discuss a journal article or a book chapter. Beyond creating your own reading list, your supervisors and mentors can suggest readings. Anytime you go to a presentation you should get a list of good reading material. Often mastering a topic is born out of necessity. For example, one of your clients begins to elope. This could lead to a solid literature review on the topic of elopement. Agreeing to do presentations and trainings are also good ways to establish strong contingencies for study. In my opinion, there is no stronger contingency for study than to have to present in front of an audience. The same can be said about teaching a class in behavior analysis.

In summary, keep on educating yourself. Hang around strong behavior analysts (stalk them if necessary!), get involved with research, keep a solid reading list, establish a verbal community, seek supervision, present at conferences, get involved with the Association for Behavior Analysis International ([ABAI](#)), participate in one or more of the special interest groups, join your state ABAI chapter and run for office and /or join a subcommittee. Finally, do all you can to promote behavior analysis in your day to day interactions.

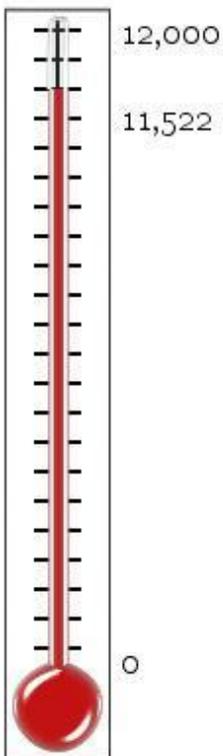
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From Grief to Giving

By Elizabeth Dyer, MA, CCC-SLP, ASAT Board Member

Melissa “Missy” Moyer of Sunbury, PA, was, among many things, a champion for autism. Working as a personal care aide in a local school with a child on the autism spectrum, she was dedicated to providing a positive, meaningful education to him. He became very much a part of her family. Sadly, on July 23, 2013, while visiting her close friends in Maine, Missy passed away as the result of a tragic accident. In her short 38 years she made a lasting impression on those she loved. Her younger sister, Megan, with help from Missy’s 13-year old son, Alex, organized a festival and motorcycle fun run to raise money for a memorial fund. Numerous vendors and bands donated their services and items and Missy’s life and legacy were celebrated. Having learned from his mom the importance of love and compassion for others, Alex asked that the money raised by the motorcycle fun run be donated in his mother’s name to an organization whose mission is to support autism, and ASAT was selected. Our heartfelt thanks go out to Alex and his entire family for their very generous donation of \$2,250 in memory of their wonderful mother, sister and daughter, Missy. This money will allow us to continue with our mission of providing scientifically-validated information regarding the treatment of autism.



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Clinical Corner: Safety Skills

Many children with autism are known to wander or dart away from caregivers and this dangerous behavior can be associated with many risks, including serious injury and abduction. In this Clinical Corner, Bridget Taylor and Kate Cerino Britton offer tips for safety within your home, neighborhood, community and while traveling, as well as essential safety skills to target during instruction.

Amanda Guld Fisher, PhD, BCBA-D
From The Archives Coordinator

Question: My son has bolted out of the house on a few occasions. Aside from street traffic, I am also concerned about my neighbor's pool. What steps can I take?

Answered by: Bridget Taylor, PsyD, BCBA-D and Kate E. Cerino Britton, MEd, MA, BCBA, Alpine Learning Group

You are not alone. As we've seen from several recent high profile cases involving children with autism, the risks and dangers associated with elopement are of serious concern to families. According to an online survey conducted by the National Autism Association, 92 percent of the parents indicated their child with autism was at risk of wandering away from his or her home or care provider. Further, a recent survey (Anderson, et al., 2012) found that approximately 49% of children with autism have attempted to elope from a safe environment at least once after age four.

An additional concern is that when wandering, many children with autism are unable to take steps to ensure their safety such as identifying who in the community is safe vs. unsafe, asking for assistance, or stating important information such as their name, address and phone number. We hope the following guidelines can help you in preventing potentially harmful situations.

Safety Within The Home

The first step we recommend is to secure your home and yard area so that your child is less likely to wander away. Sometimes standard locks are not enough, as many children quickly learn how to operate standard locks on doors, windows and gates. Install locks on doors and gates in the yard that your child cannot open. In addition, if your home has an alarm system, keep it set to go off whenever a door or window has been opened. If your home does not have an alarm, install an alarm system that signals when a door or window is opened. There are a variety of systems available, including high-tech and low-tech options. You may consider contacting a medical or educational provider, who can help identify resources to obtain funding for such systems/equipment. Here are some suggested websites:

- www.addalock.com
- www.chilfsafetystore.com
- www.protectmefirst.com

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Clinical Corner: Safety Skills Cont'd

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Safety Outside The Home

Systems utilizing video and a global positioning system (GPS) technology can also be extremely helpful in monitoring your child both within and outside of your home. A video monitoring system or a baby monitor with video capability are good options for around the house. Once outside the home, there are a number of child-locator devices with GPS that provide accurate location information indoors and out. These devices come in many forms including wristwatches and small receivers that can be mounted on a child's belt or shoes. More information about available options can be found here:

- www.mypreciouskid.com/child-autism-safety.html
- www.awaare.org/trackingtechnology
- www.x10.com
- www.caretrak.com

Another more recent innovation is a wristwatch (<http://www.myfilip.com>) that combines GPS and cell phone technology and has an emergency location beacon that automatically calls 5 pre-programmed contacts when activated, in addition to functioning as a wearable cell phone. There are also several Smartphone apps that enable tracking, including www.mybuddytag.com and www.life360.com.

If you have a pool or there is a pool nearby, ensure there is a locked fence surrounding the pool. You can also purchase a pool alarm for yours and/or your neighbor's pools (e.g., www.poolguard.com). If your child goes into pools unsupervised, you can also use the Turtle (www.safetyturtle.com), which is a wristband that locks securely around your child's wrist and sounds an alarm if it becomes immersed in water.

Community Safety

It is also critical to inform your police and fire departments that an individual with autism resides in your home. You can do this by calling your local non-emergency telephone number and ask personnel to note in the 911 database that someone with autism lives at your address. If there is ever an emergency, the emergency responders will know in advance that they need to respond accordingly. Another tip is to make sure your trusted neighbors are aware of your situation. Give them a picture along with some helpful information about your child (e.g., s/he is unable to speak, s/he responds to simple commands, s/he likes to swim so please keep your pool gate locked) and about autism in general. Also include your cell phone and home phone numbers, and ask them to call immediately in the event they ever see your child wandering away from the house or walking the street unaccompanied by an adult. Also, assess your child's current level of communication. For example, can s/he answer social questions and be understood by novel listeners? Strangers will be most likely to ask your child, "What's your name?" So it is important that your child can be understood by listeners who don't know your child. If your child will not be understood or can't relay enough information, there are several child-friendly products available on which you can include emergency contact information such as bracelets (e.g., www.medicalert.org) and ID tags that can be placed on sneakers, backpacks or clothing. Several options are available here: www.mypreciouskid.com/child-autism-safety.html.

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Clinical Corner: Safety Skills Cont'd

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Additional community safety recommendations include:

- Give local police and fire departments a picture of your child with your contact information on the back so your child can be more easily identified if s/he is ever brought to the station by someone else
- Register with the National Child Identification Program (www.childidprogram.com). The program provides a kit that includes information on everything law enforcement would need in case of an emergency.
- Complete an Autism Elopement Alert form (www.awaare.org) or Kind Find Form (www.kind-find.com) that can be given to emergency responders
- Keep a list of your child's preferred locations within your community and get to know the staff there. You may even want to make sure they have a way to contact you and identify the route your child may take to go to one of these places.

Safety While On Vacation

Once your home is secure, vacations may still seem unrealistic. However, there are some steps you can take to allow your family to safely stay in a hotel or space other than the safe haven you have created. When planning for a vacation, really think about your vacation destination and determine the potential risk(s) for your child with autism. Specifically:

If your child has a history of wandering (especially towards pools or other swimming areas) you may want to ask for a room furthest from the pool area or without an ocean view—or maybe even choose a location that does not have a pool.

When checking into the location, inform the hotel staff about your child and advise them that s/he will require supervision at all times and if they see him/her unsupervised to call you immediately.

Consider using portable door alarms for hotel rooms in addition to the child-locator and/or GPS systems mentioned earlier.

Teaching Safety Skills

Lastly, it's essential to proactively teach your child skills that will increase his/her safety. Work with your child's school or treatment program to include the important safety goals in your child's individualized education plan (IEP) such as:

- Answering questions to provide personal information
- Responding to name
- Holding hands
- Requesting permission to leave the house
- Waiting appropriately
- Using a cell phone
- Crossing the street safely (if appropriate given age and level of functioning)
- Seeking assistance when lost
- Tolerating identification jewelry
- Exchanging an identification card in response to variety of questions (e.g., "Are you lost?")
- Identifying outdoor boundaries (i.e., not leaving the front lawn)

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Research Reviews

We have summaries of two comprehensive studies prepared for this newsletter. The first study is a meta-analysis of the TEACH program. The second summary is a systematic review of the evidence for both behavioral and developmental interventions. Happy Reading!

Sharon A. Reeve, PhD, BCBA-D, SIAT Research Corner Coordinator

A systematic review of early intensive intervention for autism spectrum disorders.

Warren, Z., McPheeters, M. L., Sathe, N., Foss-Feig, J. H., Glasser, A., & Veenstra-VanderWeele, J. (2012). A systematic review of early intensive intervention for autism spectrum disorders. *Pediatrics*, 127(5), 1303-1312. doi: 10.1542/peds.2011-0426

Reviewed by: ToniAnne Giunta, M.A., BCBA, Caldwell College

Why review this topic?

The 1987 study conducted by Lovaas and his UCLA colleagues revealed that early intensive interventions, rooted in the principles of behavior analysis, can lead to improved outcomes in children with autism spectrum disorders (ASD; e.g., decreased symptoms of autism and interfering behaviors, increased cognitive and adaptive functioning, higher likelihood of transitioning to general education settings, increased independence). Since that time, additional research has been conducted in this area and expanded to include other interventions. The present study attempted to systematically review published evidence to examine the effectiveness of behavioral and developmental interventions, and to determine questions for additional research.

What did the researchers do?

Databases were searched (e.g., PSYCHINFO, ERIC) for studies published between 2000 and 2010. All studies included a minimum of 10 chil-

dren with ASD, younger than 13 years old, and interventions that targeted multiple areas of functioning. Studies that focused on single target areas (e.g., imitation) were not included. For each study, the following were examined: (a) study design (e.g., comparing groups of children receiving behavioral intervention to children receiving non-behavioral intervention), (b) method of evaluating symptoms of autism, (c) characteristics of children prior to intervention, (d) description of intervention, and (e) characteristics of children after intervention implementation. Based on the analyses of these components, studies were rated based on their strength of evidence (i.e., the degree of confidence that the reported effects of the intervention are unlikely to change if future studies are conducted) as “insufficient,” “low,” “moderate,” or “high.” Thirty-eight studies were identified and classified into one of three categories for further analysis: (1) early intensive behavioral intervention (EIBI; i.e., approaches derived from Lovaas, 30+ hours per week for 1+ years of one-on-one instruction), (2) comprehensive interventions for children younger than 2 years old, or (3) focused interventions primarily utilizing parent training. Only a sample of studies was summarized for each category (i.e., 7 EIBI studies, 4 studies with children younger than 2 years old, 4 parent training studies).

What did the researchers find?

In one study, characterized as Lovaas-based, children in an EIBI group were compared to children in a non-EIBI group. Though outcomes remained in the impaired range, children in the EIBI group gained an average of 15 points in IQ when compared to IQ points in the non-EIBI group. In a simi-

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lar study that compared language and adaptive functioning areas in addition to IQ, no differences were found between the groups. Two studies compared EIBI intervention to eclectic and general public school interventions. Children in the EIBI groups demonstrated significant improvements, including an average of 41 points increase in IQ. A similar study showed improvements in IQ score, adaptive functioning, and school placement, but failed to show major differences in receptive and expressive language and socialization. Though another study failed to show significant differences in IQ when comparing groups of EIBI and eclectic interventions, other areas showed significant improvements in EIBI groups, including language and communication, reciprocal social interaction, and decreases in symptoms of autism. An EIBI study that compared high-intensity (i.e., 30 hours/week) versus low-intensity (i.e., 13 hours/week) intervention found that children in the former group showed significant improvements in both intellectual and educational functioning.

Additional studies evaluated comprehensive approaches for children with ASD younger than 2 years old. For example, a study that analyzed the Early Start Denver Model (ESDM, i.e., intervention that combines behavioral and developmental approaches) showed children in the ESDM group displaying more significant gains in IQ and adaptive functioning when compared to groups with less comprehensive intervention. No differences in symptoms of autism, however, were found between the groups, nor have independent replications been conducted thus far.

Several studies also evaluated short-term parent training for promoting children's social communication. These treatments were focused on particular outcomes rather than comprehensive outcomes. Although these studies showed improvements in behavior observations conducted at the research site and in parent and teacher ratings, gains on standardized tests and long-term improvements were not demonstrated. Because of these limitations, conclusions of their positive effects must be interpreted with caution.

In general, for all three categories, many concerns

were raised about the studies' procedures, including: (a) lacking randomized, controlled designs, (b) variation of participant characteristics within the studies, (c) failing to describe characteristics of the specific individuals in which improvements were found, and (d) variation in how the interventions were implemented. Furthermore, not enough replications or extensions have been conducted for the interventions to be deemed effective. When rating strength of evidence, Lovaas-based EIBI interventions were rated as "low," while the comprehensive and parent training interventions were rated "insufficient." None of the included interventions were rated in the "moderate" to "high" range.

What do the results mean?

Of the three categories, the Lovaas-based EIBI studies were most prevalent in the current body of literature of early intensive intervention and also revealed the most positive changes in many areas for children with ASD. Though most of those studies reported more improvements for the children in EIBI groups post-intervention, including increased language and communication, higher reciprocal social interactions, decreased symptoms of autism, and higher likelihood of placement in general education settings, evidence was shown to be strongest for IQ. Even fewer studies analyzed comprehensive interventions for children younger than 2 years old (e.g., ESDM); the strengths of these interventions also remain unclear. Additionally, the studies of less intensive interventions that primarily utilized parent training were rated as "insufficient" in terms of analyzing outcomes, particularly due to the use of non-objective measures.

Although these reviewed interventions were rated as "low" or "insufficient" in terms of strength of evidence, it should not be concluded that the interventions are ineffective; instead, the results from this review should encourage researchers to conduct controlled replications and extensions of the studies to examine if effectiveness can be established.

What are the strengths and limitations of the study?

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The study attempted to systematically review the current evidence of early intensive intervention, and overall showed that behavioral interventions can yield positive changes for children with ASD. Although the EIBI studies were most prevalent in the literature, many additional replications of the original 1987 study are needed, as well as comparisons of other interventions to those rooted in behavior analysis. With several of the studies analyzed having limitations, the review posed several additional suggestions for future comparative analyses, including: (a) taking objective measures of the children's behaviors pre- and post-intervention as opposed to just therapist and parent reports, (b) ensuring interventions are implemented correctly through additional recordings of therapist behaviors, (c) controlling that the presence of other interventions are not affecting the outcomes of the intervention(s) under study, and (d) examining more closely how interventions affect individual children differently versus summarizing outcomes as groups. Because a wide variety of measures are used to assess outcomes across studies (e.g., IQ score, adaptive assessment scores, parent reports), it is often challenging for reviewers to compare such studies. Finally, because characteristics of ASD vary across individual children, it is difficult to make conclusions that are representative of the entire population of children with ASD. This review summarizes the current literature of early intensive intervention while simultaneously encouraging additional research to be conducted.

The TEACCH program for children and adults with autism: A meta-analysis of intervention studies.

Virues-Ortega, J., Julio, F. M., & Pastor-Barriuso, R. (2013). The TEACCH program for children and adults with autism: A meta-analysis of intervention studies. *Clinical Psychology Review*, 33, 940-953. <http://dx.doi.org/10.1016/j.cpr.2013.07.005>

Reviewed by: Antonia Giannakakos, Caldwell Col-

lege

Why research this topic?

The Treatment and Education of Autistic and related Communication Handicapped Children (TEACCH) method is one of the most widely used interventions available to parents and teachers of children with autism. TEACCH emphasizes the provision of structured teaching based on an understanding of the "culture of autism:" preference for visual over auditory information, attention to detail but difficulty seeing the "big picture," very strong interests in particular topics or activities, and attachment to routines. Common interventions include carefully organized work stations and use of visual supports to help individuals understand what is expected of them. These interventions are individualized based on a comprehensive evaluation of the strengths and needs of each person with ASD. Recently, enough studies have been published on TEACCH to enable investigators to conduct a meta-analysis, in which the results across different studies are statistically combined.

What did the researchers do?

The researchers identified 220 studies on the TEACCH method, 13 of which met all their criteria for inclusion in the meta-analysis. The researchers used only those studies that compared the children's skills before the TEACCH method was used and again afterward, or that compared the skills of children receiving TEACCH to children receiving another or no intervention. The authors identified 15 skill areas addressed by the TEACCH method in the 13 studies and determined how effective it was for each skill area.

What did the researchers find?

The researchers found that, overall, the effects of TEACCH has had on skills in the areas of perception, motor movement, language, and cognition have been small. In the areas of social behavior and maladaptive behaviors (e.g., aggression) the researchers found that the TEACCH method has had moderate benefits. On average, the effects of

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the TEACCH method across all skill areas were moderate and appear to increase with the age of the child. The researchers cautioned that “higher methodological standards” are needed to increase confidence in these findings.

What were the strengths and limitations of the study?

A major strength of this study is that the researchers used appropriate criteria for including or excluding studies from their meta-analysis and systematically performed statistical tests to integrate the results and determine the effectiveness of the TEACCH method. One limitation is that some of the studies were eligible for inclusion in the meta-analysis but had incomplete data and therefore could not be included in the final analysis.

What do the results mean?

Overall, the effects of the TEACCH method on the skills of children with autism are small to moderate. Although these findings are promising, the researchers caution that available studies have methodological flaws that make it premature to draw conclusions about whether the TEACCH method is effective or ineffective. Further studies with improved designs are needed to carefully evaluate TEACCH effects.



Media Watch

- Educating the public about effective autism treatment through proactive contact with the media;
- Responding to inaccurate information or proposed treatments described by the media (as it relates to scientific findings about their effectiveness); and
- Supporting accurate media depictions of empirically-sound interventions for individuals with autism spectrum disorders.

http://asatonline.org/media_watches

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

What It Means to Be a 2014 Sponsor:

ASAT's 2014 Sponsors have indicated their support of the following tenets:

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

Become a 2014 Sponsor Now!

These sponsorships not only provide financial support used specifically for our dissemination efforts, but also send a clear message that ASAT's vision is shared by others within the professional community. The tasks of educating the public about scientifically-validated intervention and countering pseudoscience are daunting ones, and ASAT appreciates the support of all of our sponsors.

If you are interested in becoming a 2014 Sponsor, please visit the sponsor page on our website at

www.asatonline.org/about_asat/sponsors.htm#learn.

Thank you for your consideration!

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Focus on Science: Autism Treatment in the Media

By Daniel W. Mruzek, PhD, BCBA-D, ASAT Board Member

The topic of treatment for autism spectrum disorder (ASD) has all the ingredients for a sensational media product: widespread public interest, fast-paced news cycle, potential for emotional appeal, and, of course, controversy. And, members of the media appear to recognize this. For example, my simple Google News search using the term “autism treatment” reveals 17,100 results representing media products delivered through newspapers, magazines, blogs, television and other media outlets. Many of these news items are about treatment funding and related politics, but others focus upon specific treatments, often written in provocative ways. As a point of reference, in the last few weeks, ASAT’s Media Watch group (www.asatonline.org/media_watches) has responded to news products on a wide range of ASD treatment topics, including interventions with a substantial scientific record (applied behavior analytic [ABA] intervention for early intervention), as well as those with little or no scientific grounding (e.g., therapy chickens, the Son Rise Program, sensory integration).

How should we approach these presentations of ASD treatment in the media? At least three key items are worthy of consideration: (1) the writer’s description of the nature of ASD, (2) his or her consideration of the science underlying the ASD treatment, and (3) the extent to which he or she maintained a healthy skepticism about the benefits of the intervention. There appears to be a clear range of knowledge about ASD in the fields of journalism. Some writers accurately describe ASD as a neurodevelopmental disorder emerging early in the individual’s life, resulting in deficits in communication and social wherewithal, with concurrent repetitive thought and/or behavior (i.e., perseveration and/or stereotypy). Mischaracterizations of ASD, such as the use of inaccurate metaphors, like describing ASD as being “trapped in one’s own world” or over-

emphasizing some feature of the disorder (e.g., describing sensory defensiveness or inability to integrate auditory stimuli as a defining feature of the diagnosis) provides an unsuspecting reader with an inaccurate understanding of ASD and may contribute to unrealistic expectations about the benefits of therapies targeting these areas.

The media writer’s appreciation of the scientific status of the ASD treatment being discussed is also important. Wittingly or unwittingly, a journalist may take the untested treatment claims of the marketer of a new treatment or the testimonial statement of an interviewed consumer as “proof positive” that the intervention is valid. Indeed, in an effort to appeal to their readership, some writers may suggest that an invalidated procedure is a “breakthrough” or “new hope” for families affected by ASD or include emotionally charged images suggesting recovery or astonishing improvement. Most often, this type of reporting is irresponsible because it may lead unsuspecting families to pursue expensive, time-consuming and wholly ineffective treatments for their members affected by ASD. At the least, responsible journalistic practice would entail qualifying such reports with clear statements regarding the state of the science for the treatment, especially when such evidence is scant or nonexistent. ASAT’s compilation of treatment summaries (<http://www.asatonline.org/treatment/autismtreatments>) is one quick-reference tool that journalist may use to check the scientific status of treatments that are presented in their reporting.

To be sure, the journalistic practice of some journalists is grounded in the practice of *scientific skepticism*, and this commitment is reflected in the quality of their writing. By “scientific skepticism”, we mean that these journalists take care to present new treatment ideas with caution, recognizing that (1) treatment progress is usually

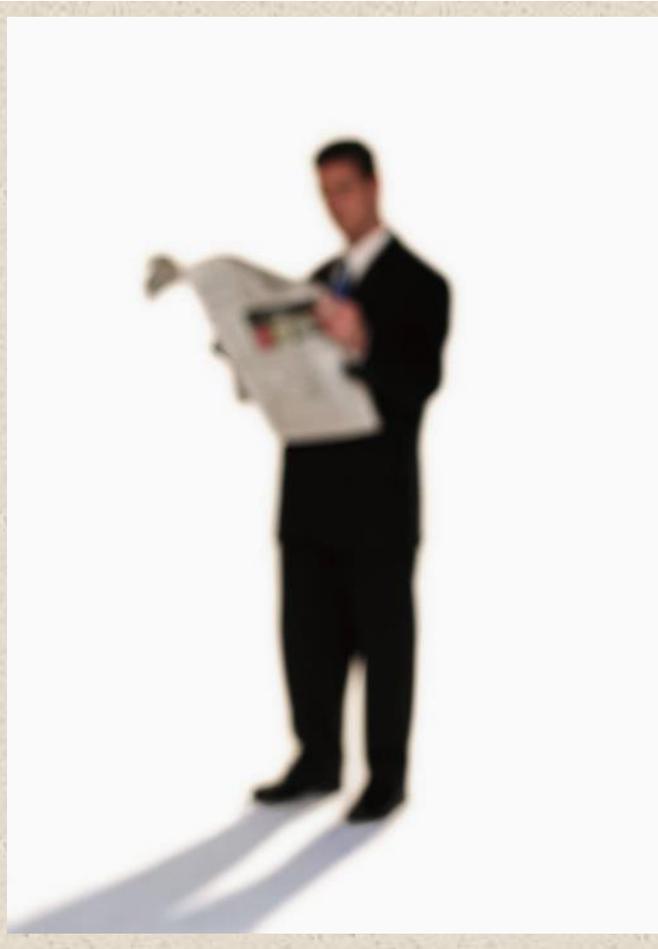
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Focus on Science Cont'd

(Continued from page 30)

one-step-at-a-time; (2) what sounds too good to be true usually is not; and (3) experimental research published in peer-reviewed journals are a key way of determining whether a particular treatment is helpful, not the slick words of a marketer or the emotional appeal of fanciful video recordings.

As “consumers” of treatment for ASD, families can adopt a skeptical mindset when confronted with media portrayals of autism treatments. This does not mean that they reject new ideas at “face value” – far from it! We can all be excited about the prospect of new, emerging interventions. However, it does mean that, along with our excitement, we exercise a cautious skepticism and ask, “What’s the science behind that approach?” And, we watch for signs of potential baloney, including the use of glowing testimonials, grandiose statements by marketers and emotional appeal. Asking trusted, credentialed experts (e.g., physicians, psychologists, behavior analysts) about potential treatments presented in the media is one way to increase the odds that family members can connect loved ones affected by ASD with valid treatment options.



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Shout Outs, Accolades, and Appreciations!

By Kerry Ann Conde, MS, BCBA

ASAT's mission is to promote "safe, effective, science-based treatments for people with autism through: the dissemination of accurate, timely, and scientifically-sound information; advocacy for the use of scientific methods to guide treatment; and the countering of unsubstantiated, inaccurate and false information about autism and its treatment." With this in mind, ASAT is striving to reach 12,000 subscribers by the end of the year. We are currently at 11,464 subscribers. Help us reach 12,000 subscribers by clicking on the following link: <http://asatonline.org/newsletters/signup>. You can also "like" ASAT's Facebook page at <https://www.facebook.com/ASATonline?fref=ts>.

If you are a supervisor or administrator, please consider passing along a sign-up sheet to help us recruit new subscribers. We have an individual version and group version. After these are completed, they can be emailed to newsletter@asatonline.org or mailed to ASAT PO Box 3250 Hoboken, New Jersey 07030.

ASAT would also like to recognize those individuals and organizations who strive to support our mission. Specifically, we would like to thank and send a "shout out" to...

- 👉 **DJ Cindy Vero** of KTU 103.5 FM in NYC for showcasing ASAT and the Rock'n 4 Autism Awareness concert on April 20, 2014
- 👉 **Dr. Joanna Salapska-Gelleri** for distributing ASAT brochures at their April 2013 Promising Pathways Conference
- 👉 **The Food and Drug Administration (FDA)** for mentioning ASAT's commitment to improving "education" and "treatment" for individuals with autism in their Consumer Update about false or misleading autism treatment claims: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm394757.htm>
- 👉 **Bev Sharpe** for recommending families sign up for ASAT's newsletter in a discussion board, Room Three: Discussions about Government Topics

If you would like to share information about any initiatives you have undertaken to support ASAT, please write us at publicity@asatonline.org

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The 4th Annual Rock'n 4 Autism Awareness Concert: We rocked, we rolled, and we raised awareness for science-based autism treatment!

By Sasha Ferrer

The 4th Annual Rock'n 4 Autism Awareness Concert, co-hosted by ASAT and Hoboken-based HOPES CAP, Inc., rocked out on Saturday, May 3rd! The Fuzzy Lemons, our generous sponsors and donors, and an enthusiastic crowd contributed to the success of this indoor/outdoor event. Sasha Ferrer, a Hoboken High School Senior and reporter was on hand and shares her story here. Thank you Sasha!

David Celiberti, ASAT Executive Director

On a day of unpredictable weather, the one thing that could be predicted was the success of the 4th Annual Rock'n 4 Autism Awareness Concert and Festival. The event took place on Saturday May 3rd, 2014 from 2-6pm at the David E. Rue Building in Hoboken, New Jersey. It was co-hosted by the Association for Science in Autism Treatment (ASAT) and HOPES CAP Inc, which is celebrating its 50th anniversary this year! The monies raised from the concert and festival will help inform the community about detection, diagnosis, and effective treatments for autism. ASAT's Executive Director, Dr. David Celiberti, and Cindy Vero of KTU Radio, kicked off the event by welcoming concert attendees. The event was well attended with scores of curious parents and excited children, both new visitors and familiar faces. Participants enjoyed face

painting, arts and craft activities hosted by Lili's Parties, bouncy castles donated by Benny

Love, and appearances from the Hoboken Police and Fire Departments. Volunteers from Enterprise, Hoboken Grace, State Farm, Stevens Institute, The Hoboken Juniors Youth Spiritual Empowerment Program, Caldwell College, as well as HOPES CAP, Inc. and ASAT were present, creating a positive and welcoming atmosphere for all.



Returning for this year's event, the Fuzzy Lemons stole the stage with their catchy songs that even made the parents dance! This fun and energetic band captured the attention of children, got parents and children out of their seats, and even took pictures in between sets. The Fuzzy Lemons weren't the only people to take the stage though; the Dance team from Joy's Dance House performed an amazing routine and reminded us that we should all focus upon "Ability, not Disability." These incredible young dancers have autism or other special needs.

Throughout the day, a silent auction took place allowing people to place bids on a variety of items ranging from autographed sports merchandise to artwork from artists such as Nea Bisek. There were items of interest to both children and adults. Thanks to many generous bidders, the auction was a huge success!



Some of the many wonderful volunteers



The Fuzzy Lemons

Rock'n 4 Autism Cont'd

(Continued from page 33)

I was fortunate to talk to Elizabeth Neumann, an Autism New Jersey volunteer for ASAT about the event and the importance of sharing information about effective autism treatment. "There are over 150 different treatments, and the goal is to help parents find the one most effective for their child," Elizabeth explained. "We truly are lucky to have Autism NJ and ASAT to provide this type of information." Marianne Clancy, a mother of a 19 year-old young adult with autism, agreed. When I asked about how she found the right treatment for her son, she said, "Education has had the most crucial effect on my son. ASAT helps parents weigh through the options and find what works and what doesn't."

When the event wrapped up, thanks were not only given to the sponsors and donors (please see below for list of all sponsors and donors whose contributions exceeded \$500), but to the children and families who came to support the event and



Family Fun!

inspire us. The Centers for Disease and Control (CDC) estimates that 1 in 68 children have autism and that there are over one million people living with this disorder in the U.S alone. The Rock'n 4 Autism Awareness Concert and Festival brings this to the public light and helps parents and providers become more savvy consumers.

Though the event has traditionally been held in April to coincide with Autism Awareness month, organizers chose to hold it in May this year to emphasize that autism awareness should be promoted and supported year-round. For more information about the Association for Science in Autism Treatment, please visit www.asatonline.org. For more information about HOPES, please visit www.hopes.org.

Sasha Ferrer is a senior at Hoboken High School and a writer for The Redwing Reader, the official school newspaper. Sasha will be attending Rider University in the Fall.



HOPES CAP, Inc. and ASAT would like to thank the over 100 sponsors and donors who supported our 4th Annual Rock'n 4 Autism Awareness Event, May 3, 2014. Our heartfelt thanks!



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Fundraising Updates

By Ruth Donlin, MS, ASAT Board Member



The Arizona Redhawks are a Junior A Tier III Ice Hockey Team located in Peoria that is making a commitment to the autism community. They are a branch of the Western States Hockey League (WSHL) and are a part of a growing league that reaches from Kansas to the West Coast. The organization is dedicated to providing a superior team-oriented environment that supports the highest level of development for each player.

John Guy, who is the Director of Operations and Marketing of the AZ Redhawks, has collaborated with ASAT in the past. He became inspired by ASAT’s mission and website after learning that his grandson had been diagnosed with autism. ASAT is grateful to John Guy for his continued support and to this great team and league for raising funds and for promoting autism science-based treatments throughout their upcoming season. John has been instrumental in working with ASAT to broaden autism awareness and develop future ideas to support ASAT and the autism community. The 2014-2015 junior hockey season will begin early September 2014 with games in numerous cities including, Dallas, Boulder, Long Beach, and Las Vegas.

To learn more about the Arizona Redhawks, check out their website at www.arizonaredhawks.com/



HAVE YOU EVER WANTED TO RUN IN THE NEW YORK CITY MARATHON? Join Us!!!

The NYC Marathon is Sunday, November 2, 2014. If you have any interest in running in the marathon and raising money for ASAT, or if you know someone who might be interested, please contact Ruth Donlin at asatevents@asatonline.org.

We can help set up individual fundraising pages and offer support for those running on Team ASAT!

We have three spots left to fill, of the five that were allotted.

ASAT Coordinators, Externs, and Committee Members

In addition to our Advisory Board, a number of Coordinators Externs, and other Volunteers lend their time and talents to support ASAT's mission and initiatives. These are our helping hands.

Biomedical Advances Coordinator

Leanne Tull, MADS, BCBA

Donor Drive Coordinator

Tanya Baynham, MS, BCBA

Exhibition Coordinator

Marianne Clancy

Externship/Volunteer Coordinator

Lauren Schnell, MEd, BCBA

Externship Asst. Coordinator

Victoria Mason

Event Co-Coordinator

Shari Schatzman, MEd, SAS, SDA

Grant Research Co-Coordiators

Alice Walkup, MS, BCBA

Carolyn Sniezyk, MS, BCBA

International Dissemination Co-Coordiators

Audrey Meissner, MEd, BCBA

Jennifer Hieminga, MEd, BCBA

List Serv Coordinator

Kirsten Wirth, PhD

Media Watch Coordinator

Elizabeth Callahan, BA, BCaBA

Social Media Coordinator

Renita Paranjape, MEd, BCBA

Sponsorship Coordinator

Caitlin Reilly, MA

Sponsorship Asst. Coordinator

Mark Sullivan, BA

Subscriptions Coordinator

Kerry Ann Conde, MS, BCBA

Website Content Coordinator

Amanda Fisher, PhD, BCBA-D

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Tiffany N. Kilby, MS

Kate Kwong, BSc

Victoria Mason

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Nicole Simons

Mark Sullivan, BA

Leanne Tull, MADS, BCBA

Alice Walkup, MS, BCBA

Emily Walkup, BA

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Gina Haggery, MEd

Michelle Kahn, MEd

Nicole Mammina, MEd

Lewis Mazzone, MA

Jamie O'Brien, MEd

Nancy Philips, BA

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Mary Philips, BA

Sharon Reeve, PhD, BCBA-D

Anya K. Silver, MA, BCBA

Chris E. Smith, PhD, BCBA-D

Shannon Wilkinson, MADS, BCaBA

ASAT's Newsletter,

Science in Autism Treatment

Justin DiScalfani, PhD, BCBA-D

Caroline Simard-Nicolas, MS, BCBA

Amanda Wadsworth, MEd, BCBA

Thank You!



With your help, we are reaching out to more and more people every day, united in their commitment to accountability, respect, and science in autism treatment. Individuals with autism deserve nothing less! Join us on [Facebook](https://www.facebook.com/ASATonline) to stay connected and get immediate content updates. <https://www.facebook.com/ASATonline>.

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2013 DONOR WALL

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The Leah & Alain Lebec Foundation, Inc.

Alliance \$500 - \$999

Nea Hanscomb⁶
Mike and Kelly Windsor²
Anonymous⁷

In Honor of:

¹Alain Lebec
²Peggy Halliday
³Sabrina Freeman
⁴Sarah Jack
¹⁰Mike Flood
¹¹Margaret Howard
and Surrey Place
Centre
¹²Audrey Meissner
and New Haven
Learning Centre
¹³Kathryn Dobel
¹⁴Regina Glaze

In Memory of:

⁵Marie DiScalfani
⁶Vaida Hoffman
⁷Merrill and Janice
Windsor
⁸Mary Weitzman
⁹Ernie Wing and
Diane Kirchner

Benefactor \$1,000 - \$1,999

Kettlebells 4 Autism
Karen and Patrick Ramsey¹
Alison and Bernie Webb²

Patron \$100 - \$499

Francisco Barrera	Andrea Kasunic
Michele Corcoran	Steven Khuong ^{6,8,9}
Douglas Celiberti	Barbie Machado
Dean Chacon	Richard Malott
Child Development Centre of Oakville ¹¹	Luna Mills
Child Development Centre of Oakville ¹²	Patricia Myers
Jennifer Cook	Corey Robertson
Gerald and Marietta Dargan	Joyce Rosenfeld
Joseph DiGennaro	Beverly Sharpe ³
David Diosi	Tom and Carol Sloan
William Dube	Michaela Stanton
Phyllis Freidt ²	Thomas Zwicker
Larry Glaze ¹⁴	Anonymous
	Anonymous

Friend \$1 - \$99

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Tanya Baynham	Richard Foxx	Bennett Leventhal	Albright
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Wendy Comba	Germaine Ibrahim	Diana Parisy	Western Suffolk BOCES
Geoff DeBery	Veronica Jordan	Susan Petrie	Faculty Association ⁵
George DePalma	Donya Kashani ^{6,8,13}	Sharon Petrovich	Anonymous ^{6,8}
Corrine Donley	Jim Khoury	Wayne Piersel	