CT FEAT
CONNECTICUT FAMILIES FOR EFFECTIVE AUTISM TREATMENT

NEWSLETTER

Winter 2009 Issue

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CT FEAT Has a New President Too!

CT FEAT announces the election of its fourth president, Beth Lambert of Barkhamsted, CT. Beth, who has served on the CT FEAT board for six years, succeeds Rosie Shea of West Hartford.

Each CT FEAT president has contributed something new and valuable to the organization's growth and direction, and one of Lambert's goals will include a heightened focus on recruiting a new generation of CT FEAT activists. According to Beth, "There is nothing as satisfying as helping parents learn to help each other, and volunteering with CT FEAT provides a tremendous vehicle for that kind of direct parent-to-parent empowerment."

> *"Volunteering with FEAT provides a tremendous vehicle for direct parent-to-parent empowerment."*
> *– Beth Lambert*

Beth first became involved with CT FEAT more than ten years ago, when she called the hotline as a parent seeking information and support after one of her young sons was diagnosed with autism. Sue Frost, a CT FEAT volunteer, answered that historic call and, before long, Beth helped answer hotline calls from others. She quickly became involved in other volunteer activities as well, focusing on parent outreach and education. Beth was an early member of CT FEAT's "parents only" internet discussion group and, over the years, has distinguished herself as an especially helpful and supportive participant in that group.

Beth said, “I'm very honored to be CT FEAT's president. This organization has helped me tremendously over the years, and I'm glad to be able to help others in return.”

Beth is a certified teacher who has lived in Connecticut for 23 years. She taught middle school language arts, has been a stay-at-home-mom and currently is a part-time substitute teacher.

Mark Lambert, Beth’s husband of 20 years, helped her advocate for an appropriate and effective educational program for their son. He also has been extremely supportive of CT FEAT and Beth’s extensive work for the organization.

Beth and Mark have two sons, ages 15 and 12. Her older child has autism and was among the first students to attend the River Street Autism Program at Coltsville, a program that provides intensive year-round services for children 3-10 years of age. He now attends the River Street School in Windsor.

Outgoing president Rosie Shea, who served for five years and presided over CT FEAT’s greatest period of growth, will remain on the organization’s board. Other CT FEAT board members include Denise Buckenheimer, Donna Cohen, Beth Curry, Bob Shea, Tricia Winter, and advisory board members Mike Bennett, Sue Frost and Roberta Daversa.

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To subscribe, please contact ctfeat1@ctfeat.org or call the CT FEAT Information Hotline at (860) 571-3888.

This issue of the newsletter was edited and produced by CT FEAT volunteers Beth Curry, Sue Frost and Laura Pizzirusso.

Newsletter archives can be found at www.ctfeat.org.

Holiday Book Give-Away

Season’s Greetings, Parents! The holiday season can be a time of both special joys and special challenges for families of children with autism. CT FEAT likes to accentuate the joy with its annual “Holiday Book Give-Away” of new autism books to parents. It’s our gift to you.

This year, parents can choose between two different titles, both written by the same authors (Leaf, McEachin & Taubman) and published in 2008: (1) *Sense and Nonsense in the Behavioral Treatment of Autism: It Has to Be Said*; and (2) *It’s Time for School! Building Quality ABA Educational Programs for Students with Autism Spectrum Disorders*.

In order to be eligible to receive a free book, you must read the descriptions of them that appear in this issue of the newsletter. Once you have decided which book is for you, send your request and mailing information to: ctfeat2@ctfeat.org.

This offer remains open while supplies last. Last year, CT FEAT distributed almost 40 books and we have budgeted for a similar quantity this year. Here’s hoping that the information contained in these books will contribute toward your having a Happy New Year!

We're Proud to Help

Empower Parents

to become more effective advocates for their children with free resources

Raise Public Awareness

by donating thousands of dollars' worth of autism-related books to CT public libraries and distributing our newsletter to more than sixteen hundred parents, teachers, doctors and other professionals

Sponsor Conferences and Other Learning Opportunities

for parents and professionals to acquire the most current knowledge about effective autism treatment

Provide Scholarship Funds

to CT special educators and paraprofessionals pursuing training in ABA through CT FEAT's *Nancy Leahy Shea Memorial Scholarship Fund*

For more than a decade now, we've never held a single fundraiser. We don't sell anything. We don't accept paid advertising. And our services are free of charge! Help us to continue helping families affected by autism…

Here's How You Can Help Share Information, Resources and Hope

- Donate your tax-deductible contributions securely online at the CT FEAT web site: www.ctfeat.org
- Mail your charitable contribution to CT FEAT, PO Box 370352, West Hartford, CT 06137
- Or designate CT FEAT as the recipient of United Way and employer-matched contributions
- Call us at (860) 571-3888 for more information or email us at ctfeat1@ctfeat.org.

CT FEAT

CT Families For Effective Autism Treatment

CT FEAT Meet and Greet –
Linking the Name to the Face: Listserv Participants Meet Each Other

Every day, more than 250 parents in Connecticut exchange ideas, give advice, provide support and reach out to each other through cyberspace via the CT FEAT Parent Listserv.

The listserv is operated by CT FEAT as a free service to support parent-to-parent networking. Participants come from all over the state and most have never met each other. That is, until this past September, when about 25 of those parents came together.

Keeping with the nature of our parent-centered organization, listserv member Sherri Vincent proposed the idea of holding a “back to school” gathering where parents could meet each other in a relaxed and informal environment. The response was overwhelmingly positive, and members Kristen Santillo and Cristin Millen helped Sherri organize the social event.

Have You Visited Us Online Lately?

www.ctfeat.org

Autism newsfeed
ABA job connections
Updated conference listing
CT FEAT newsletter archives
Recommended resource materials
Sign up for the free CT FEAT newsletter
ABA programs and consultants listing
Free articles on effective intervention
Join the confidential, unmoderated online discussion list – for parents only

Recognizing what a good idea this networking event was, CT FEAT’s board subsidized the cost of the brunch. CT FEAT vice president Donna Cohen worked with the three volunteers to coordinate the “Meet and Greet” event, providing coffee, pastries, and sandwiches on September 11 at Caffeine’s Café in Farmington.

“I was not expecting such an overwhelming response . . . finally putting a face with the names we often see on-line was such a positive experience for all of us,” Sherri Vincent stated.

> *“I was not expecting such an overwhelming response... finally putting a face with the names we often see on-line was such a positive experience for all of us.”*
> *— Sherri Vincent*

Some parents used the opportunity to share their own experience with a difficult situation, letting others know they’re not alone. Others shared funny anecdotes regarding the unexpected and sometimes extraordinary things that occur when raising a child with autism. All enjoyed just connecting with other parents who understand what it means to have a child on the autism spectrum.

“I’m proud CT FEAT was able to sponsor this gathering. This is what we’re all about: parents supporting parents so that they have someone to turn to when an issue comes up,” commented CT FEAT’s president, Beth Lambert, who also attended.

“Team Shea” Leads the Way

– by Beth Curry

Five years ago, when Rosie Shea first agreed to be CT FEAT’s new president, it was with the explicit understanding that she would *serve no more than two years*. But Rosie can be a soft touch, especially when it comes to helping the autism community. Ultimately, she yielded to our fervent requests and stayed on for a much longer tour of duty.

How could we be blamed for begging her to stay? Under Rosie’s spirited leadership, CT FEAT experienced unprecedented growth and prosperity. The organization doubled its budget, refocused its mission and, through its professional development scholarship, became a major force in improving the availability of ABA services in Connecticut.

> *Under Rosie’s spirited leadership, FEAT experienced unprecedented growth and prosperity.*

More recently, in the final months of her tenure, Rosie conceived the idea of establishing a parent training fund to complement the professional scholarship. The fund helps parents to afford the costs of attending educational events where they can learn more about effective treatment.

Like the *Nancy Leahy Shea Memorial Scholarship for Professional Development*, which was initially funded with contributions made in memory of Rosie’s late mother-in-law, the *Frank D. Craemer Memorial Parent Training Fund* has direct links to the Shea family.

Frank Craemer, who passed away in 2008, was Rosie’s father and the training fund was created with memorial donations made in his honor. Both the professional scholarship and the parent training grants have been principally funded and sustained by the Sheas and their large circle of generous family members and friends.

“Team Shea”: Jer and Fiona, accompanied by canine family member Sligo

Rosie’s husband, Bob Shea, also serves on CT FEAT’s board and is an indispensable member of what many of us have come to think of as “Team Shea.” Their children, 11-year-old Fiona and 12-year-old Jeremiah, also have gotten into the act in a major way.

Fiona recently contributed a touching article about her brother to our newsletter (see “Playing with Jer” in the summer 2008 issue). And Jer himself, in addition to providing the inspiration for his mother’s work with CT FEAT, wrote the tune for our organization’s theme song. You can listen to “Jer’s Song” (words by Rosie Shea, tune by Jeremiah Shea) at CT FEAT’s web site.

Excerpt: “My brother, Jeremiah David Shea, is a goofball. He is 11 years old and is a great playmate, funny comedian and best brother in general. Yes, my brother has autism (special needs) and yes sometimes it can be hard. But if I had to make a choice right this very second, there is not one thing I would choose to change about him”

Go to www.ctfeat.org/media.htm to hear Jer’s song.

Rosie Shea first got involved with CT FEAT not long after Jer, then a toddler, was diagnosed with autism. She initially contacted CT FEAT for help in her quest to get better intervention for Jer. But before long, she was the one giving advice and support: staffing our advice hotline and parent resource meetings, contributing to our listserv, and organizing conferences. Rosie's passionate commitment to other families and children soon led her to assume the primary leadership position at CT FEAT.

First impressions about Rosie can be somewhat deceptive. The qualities apparent at first glance – tremendous personal charm, humor, intelligence, and empathy – don't quite prepare one for the power house that underlies that attractive exterior.

In some other life, Rosie Shea might have been a professional diplomat. Her unusual talents in this sphere are manifest in quite varied settings, e.g.: facilitating coalition relationships among diverse autism advocacy organizations; motivating public school staff to raise their expectations and improve their services; finding allies at the legislature when important autism legislation is pending.

> *There are few people more knowledgeable about the topic and none more passionately committed to it than Rosie Shea.*

During all these many years of service to the autism community, Rosie has demonstrated a mastery of all kinds of complex legal, legislative, educational, bureaucratic, and financial issues. But the issue closest to her heart has always been effective treatment for children with autism. There are few people more knowledgeable about the topic and none more passionately committed to it than Rosie Shea.

Happily, Rosie will remain on the CT FEAT board. This continues a tradition started by prior CT FEAT presidents Mike Bennett (advisory board) and Beth Curry (regular board).

There's Still Time: Apply for the Nancy Leahy Shea Memorial Scholarship

The winner of CT FEAT's 2009 Nancy Leahy Shea Memorial Scholarship for Professional Development will be announced in early January 2009.

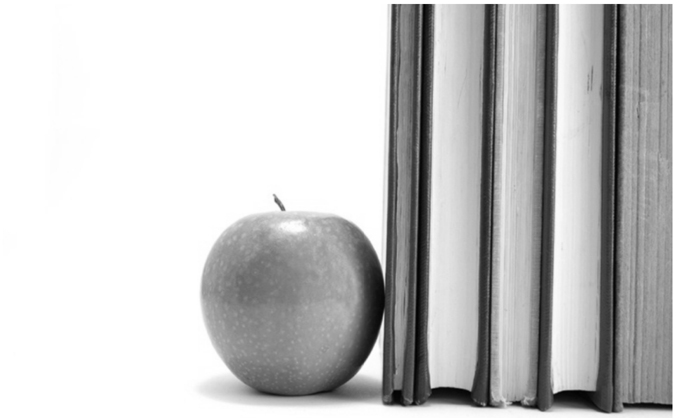
The scholarship is awarded to a Connecticut educator intent on pursuing certification as a Board Certified Behavior Analyst (BCBA) or other specialized autism certification that includes a concentration of training in applied behavior analysis (ABA). The requirements to become a BCBA are explained at www.bacb.com.

The award will cover up to $5,000.00 for graduate course work leading to certification. Distance learning programs and on-site programs may qualify.

Who can apply?

Special education teachers, degreed paraprofessionals, and speech-language professionals currently working with children with autism are encouraged to apply.

To request an electronic or hard-copy 2009 application packet, please contact the Scholarship Award Committee at ctfeat1@ctfeat.org or call the CT FEAT Information Hotline at (860) 571-3888.



Scholarship recipients are selected by the CT FEAT board of directors. CT FEAT established The Nancy Leahy Shea Memorial Scholarship Fund to expand the number of highly-trained autism professionals in CT by providing financial awards to Connecticut teachers and paraprofessionals interested in academic training and certification in applied behavior analysis (ABA).

Previous recipients include three masters-level special educators and for one degreed paraprofessional working in Connecticut's public schools.

Pediatric Perspectives on Autism Treatment

– Beth Lambert

CT FEAT periodically sponsors free “Parent Resource Meetings” where parents gather to hear speakers on topics of interest. The meetings take place at various locations around the state.

Edward Kavle, MD and Robert Woodard, APRN, from Torrington-Winsted Pediatrics, were the featured speakers at the most recent meeting, which took place on October 29, 2008 at the A.J. Pappanikou Center for Excellence in Developmental Disabilities in Farmington. Mr. Woodward provided a general overview of autism, while Dr. Kavle addressed integrating psychopharmacology into autism treatment.

Mr. Woodard described the social, language and behavioral impairments that characterize autism, emphasizing that they can manifest themselves very differently, both across the autism spectrum and among individuals.

Woodward briefly discussed various popular interventions, noting that Applied Behavior Analysis (ABA) is the most rigorously studied and evaluated scientifically. He warned that parents should look carefully and skeptically at any treatment that is promoted on the basis of anecdotal results and without science behind it.

> *Applied Behavior Analysis (ABA) is the most rigorously studied and evaluated scientifically. Parents should look carefully – and skeptically – at any treatment that is promoted on the basis of anecdotal results and without science behind it.*
>
> *– Robert Woodard, APRN*

Both speakers emphasized the importance of developmental screenings for the red flags that may indicate autism in a young child.

These include problems with

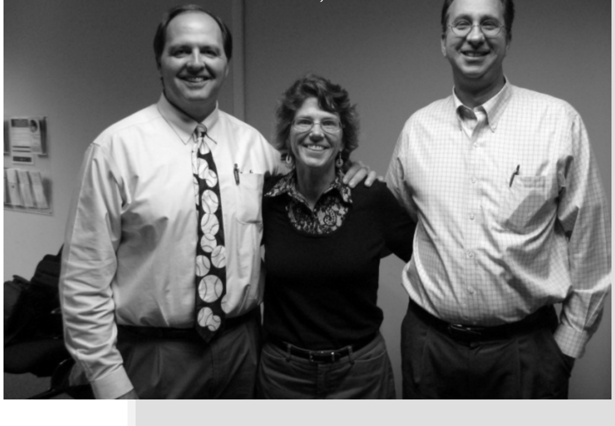
- *social relatedness*: joint attention, play, observational learning;
- *communication*: lack of language or atypical use of it; and
- *behavior*: trouble adapting to changes in routine, engaging in repetitive activities.

Pediatrician’s Role in Early Detection

Early detection leads to earlier treatment, which improves outcomes. But how is a busy pediatric practice, already screening for a wide variety of health problems,

Through its “Learn the Signs, Act Early” public outreach campaign, the federal government’s Center for Disease Control provides excellent resources for assessing a child’s progress toward these key developmental milestones.

CT FEAT has partnered with the CDC to help make these important assessment resources available to parents. You can learn more about the “Learn the Signs” campaign at www.ctfeat.org.



l-r: Edward Kavle, MD; Beth Lambert; and Robert Woodard, APRN going to find the time and expertise to screen for autism? Recognizing this challenge, psychologist Dr. Deborah Fein and her colleagues developed a short questionnaire that is an excellent predictor of likely autism. It's called the "Modified Checklist for Autism in Toddlers" or "MCHAT." But many pediatric practices find it too time-consuming to screen every child. As a result, many affected children get missed until they are much older and presenting more severe symptoms.

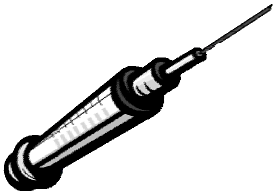
> *"We agreed that it was well worth the extra effort to participate in Dr. Fein's research program when we realized that our patients could receive free follow-up evaluations within a relatively short period of time."*
> *— Dr. Kavle*

Dr. Fein is involved in ongoing research designed to test and improve upon the reliability of the MCHAT. By offering to provide free and timely expert autism diagnostic evaluations to participating pediatricians, Dr. Fein has induced a growing number of CT pediatric practices to participate in her research. Torrington-Winsted Pediatrics is among them.

According to Dr. Kavle, "We agreed that it was well worth the extra effort to participate in Dr. Fein's research program when we realized that our patients could receive free follow-up evaluations within a relatively short period of time."

Vaccines and Mercury

Parents addressed several questions to both Mr. Woodward and Dr. Kavle regarding the possible connection of vaccines and/or mercury to autism. The presenters pointed out that there are differences between the kind of mercury used in vaccines (ethyl mercury) vs. the kind found in fish (methyl mercury). Studies have shown the body metabolizes the two types differently.



Ethyl mercury is removed from the body within 48 hours, while ***methyl mercury*** (found, for example, in tuna) remains much longer. In their view, the potential for hazard lies in the latter kind, which is one of the reasons that pregnant woman are warned against ingesting certain kinds of fish.

The speakers didn't think that vaccines or ethyl mercury played any role in autism, though they acknowledged that there may exist other currently unknown environmental causes that may trigger or exacerbate some cases. They also expressed great concern about the dangerous rise in measles and polio in the pediatric population, due to fearful parents choosing not to immunize their children.

Integrating Psychopharmacology

Both Dr. Kavle and Mr. Woodard explained there is no known medication that treats the core deficit of autism – social impairment. But, for some individuals, medications may alleviate other problems sometimes associated with autism.

Appropriate medication may also make the patient more available for the educational programs that have proven most effective in ameliorating the effects of autism. The doctor and patient need to consider which symptoms they are going to treat and to remember the goal of treatment is to improve the person's functioning while limiting any side-effects.

Dr. Kavle discussed at length the science and complexity of effectively medicating a child to reduce the psychological impairments to learning. He reviewed the research by Joseph Biederman, Chief of the Clinical and Research Programs in Pediatric Psychopharmacology and Adult ADHD at the Massachusetts General Hospital, and Professor of Psychiatry at the Harvard Medical School.

Dr. Biederman has developed *a hierarchy of polypharmacy*. If a patient shows symptoms of schizophrenia, bi-polar, OCD or ADHD, then you must first treat the schizophrenia and bipolar symptoms before you can get the OCD or ADHD under control. Sometimes a patient will come to Dr. Kavle with ADHD symptoms. He prescribes medication for ADHD and the child's attention improves, however OCD or mood swing symptoms become more evident. That is not because the ADHD medication causes the OCD. It just means the OCD and mood swings become more obvious.

Dr. Biederman's hierarchy says to treat aggression and mood instability first, OCD second and the ADHD symptoms last. Of course not all patients exhibit these symptoms but, if they do, the hierarchy needs to be kept in mind.

When Dr. Kavle and Mr. Woodard prescribe medications, they base their decisions on scientific studies. Dr. Kavle discussed the various medications available, the studies that have been done and the possible side-effects from those medications. He emphasized that he looked for studies done by the Research Units on Pediatric Psychopharmacology (RUPP) network. These multisite, high-subject-number studies allow doctors to see the effectiveness on a large number of individuals.

While there is no medical cure for autism, appropriate medication can reduce or even eliminate some of the psychiatric barriers to learning and functioning in society. Medication can increase attention and reduce anxiety, OCD and aggression. With these conditions under control, it is then possible to increase the functioning abilities of the children and adolescents and improve their lives.

> *While there is no medical cure for autism, appropriate medication can reduce or even eliminate some of the psychiatric barriers to learning and functioning in society. . . it is then possible to increase the functioning abilities of the children and adolescents and improve their lives.*

Dr. Kavle is an American Board of Pediatrics certified pediatrician who specializes in treating children with Autism Spectrum Disorders, Attention Deficit Disorder (ADD and ADHD), learning difficulties, asthma and allergies. He graduated from Temple University School of Medicine and completed his internship and residency at Children's Hospital, University of Pittsburgh School of Medicine. Dr. Kavle served a fellowship at Yale University School of Medicine before joining Torrington-Winsted-Canton Pediatrics in 1998.

Mr. Woodard is certified by the American Nurses Credentialing Center in Pediatrics and has specialized in treating Attention Deficit Disorder (ADD and ADHD), school problems, asthma, allergy, and dermatology since joining Torrington-Winsted-Canton Pediatrics in 1999. He received his B.S.N. from Wayne State University and his M.S.N. and P.N.P. from Yale University School of Nursing.

Join CT FEAT's confidential, unmoderated online discussion list — for *parents only*

Looking to network with CT parents of autism spectrum children?

Need more information on treatment and resources?

Want to provide support – or just share your story – with those who understand?

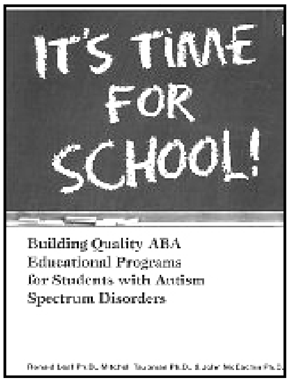
Go to www.ctfeat.org/listservrules.htm for details on joining.

Book Review

It's Time for School: Building Quality ABA Educational Programs for Students with Autism Spectrum Disorders

by Ron Leaf, Ph.D., John McEachin, Ph.D. and Mitchell Taubman, Ph.D.
(2008, DRL Books, $39.95)

– Reviewed by Beth Curry



An ever growing number of school districts acknowledge the need to provide their students on the autism spectrum with comprehensive ABA services. Often this commitment is sparked by parents who insist that an "appropriate" education for their child must be based on teaching methods that have been validated by outcome research.

Districts sometimes start out by contracting with an outside ABA consultant. Many soon realize that it would be more cost effective to develop their own in-house professional services than to hire temporary outside consultants. But it's not easy to find ABA consultants who have the skills and experience needed to design and implement a system-wide personnel training program.

If the school is located in a state like Connecticut, which has no college or university academic track to certification in ABA, it may be especially hard to find the training resources. And that scarcity certainly makes the training more expensive.

Of course, many school districts claim they are competent to provide ABA based educational programs without having met the training standards articulated by the ABA profession. But make no mistake about it: absent very specific levels of staff training, it's not possible to provide bona fide ABA services to children on the autism spectrum.

So what does it take to provide authentic ABA based intervention in public school classrooms? In their new book, *It's Time for School: Building Quality ABA Educational Programs for Students with Autism Spectrum Disorders*, the directors of Autism Partnership provide a detailed framework which spells out exactly what is required.

Authors Leaf, McEachin and Taubman are psychologists with many decades of experience treating autism. The book draws extensively upon their own pioneering work during this past decade in developing an ABA classroom model that has been used in some of the largest school districts in the United States. In fact, the book reads as if it might be the training manual that Autism Partnership uses when it consults with a district.

The chapter titles provide an excellent overview of the material covered:

1. Advantages of School Settings
2. Establishing ABA Classrooms
3. What Makes A Good School District?
4. What Makes a Good Classroom?
5. What Makes a Good Teacher?
6. Determining the Best Placement and Making it Work
7. Consultation: What It Is and What We Do
8. Coaches Primer
9. Data Can and Should Be Your Friend
10. Functional Behavior Assessment

There also are appendices describing *Course Content for Training ABA Personnel*, *Discrete Trial Teaching* and a *Classroom Checklist*.

The book is addressed primarily to school personnel and comes with strong endorsements by various administrators who have implemented the model. But it also should be of great interest to parents wondering about the adequacy or legitimacy of their own school's "ABA" services.

This book is part of CT FEAT's "Holiday Book Give-Away!" See page 2 for the details.

From Parent to Parent
Finding a Group Home Takes Planning: Ten Things You Must Do

– by Richard Freeman, Daniel's Father

Often we parents are so immersed in fighting the day-to-day battle to secure an appropriate education for our autistic teenage kids that we don't take time to plan for the longer term. If you foresee that your child's adult needs will be best met in a group home, then begin planning for that transition in the teenage years.

First, adjust your expectations to a world where there are little or no IDEA-like protections, such as mediation and due process and federal court appeals. In Connecticut, the Department of Developmental Services (DDS) and the Department of Children and Families (DCF) place children up to the age of 21 in special “group homes.” After age 21, DDS alone is responsible for placement.

> *“Adjust your expectations to a world where there are little or no IDEA-like protections, such as mediation and due process and federal court appeals”*
> *– Richard Freeman*

Here's some advice based on my experience:

1. Get DDS involved in your child’s PPT meetings.
When your child is about 15 (transition start time under IDEA), let DDS know that you want your caseworker to start coming to the PPT meetings at school. Ask DDS to provide a small portion of the services you are requesting in your child's IEP, such as funding a job coach for after school hours or your child's participation in a social skills group. I have found this approach is easier for the school and DDS since neither one is burdened with 100 percent of the responsibility and cost. This is especially true during the time they are between ages 18 and 21.

Daniel with his dad Richard Freeman

2. Get Your Child on the DDS Waiver. Go to www.ct.gov/DDS for information. Pester the heck out of DDS until they do this. You’ve heard, “The squeakiest wheel gets the grease.”

3. Get an Effective DDS Case Worker.
DDS case workers tend to come in two flavors: those who are dedicated to their job and are a real help to your child and those who are totally ineffective. One of the most fantastic people I ever met in the disability community was our DDS caseworker from some years ago, Lynn Gillotti.

As for the ineffective ones, we’ve had a couple of duds in my son’s case. They often appeared to do nothing but tell us “no” and why they couldn’t do something. They skip meetings, don’t return phone calls and never seem to get any money allocated to your child other than for respite – what I call 'pocket change' money. The best approach is to call the DDS caseworker’s supervisor and ask for another case worker. It’s a "pain in the a--" strategy, but it works.

4. Fight for an Effective DDS Case Worker.
If 30 days go by and you still haven’t heard back from DDS regarding your request for a new caseworker (or the new caseworker they’ve assigned you is just as ineffective), call DDS headquarters in Hartford and ask

for a hearing with DDS Commissioner Peter H. O'Meara.

You should get a call from the DDS Ombudsperson or the DDS regional director of family services within a few hours. They can make things happen. I have found that a DDS bureaucrat does not want one of these hearings to bubble up to Commissioner O'Meara's office, if it can be avoided.

5. Find a Group Home.

There are many different agencies that run group homes for the state. Some are great, some are 'so so' and some are horrible. Just as you have done in the past when your child was in public elementary and middle school, start networking with parents who already have been down this road and know firsthand which agencies run good group homes.

"One of the things I have discovered is that DDS is not prepared for the tidal wave of autistic children who will soon be grown. Many of our children will simply not be able to exist in the world we live in without extensive supports"

– Richard Freeman

One of the things I have discovered is that DDS is not prepared for the tidal wave of autistic children who will soon be grown. Many of our children will simply not be able to exist in the world we live in without extensive supports – and not just a job coach that the Bureau of Rehabilitation Services can provide. I mean around-the-clock supports, seven days a week. The reality is *not* that our children need institutionalization, which is where the great Ivar Lovaas began his work, but *they do require an environment that will allow them to participate in society and hold a job to the maximum extent of their ability*.

6. Make Sure the Group Home is Inspected by DDS.

Once you have the recommendation of a 'good' agency or group home, go online to the DDS website and rummage around until you find the database for inspections of the group homes licensed by this state. They all must be inspected yearly by a DDS inspector.

These reports are public records so if you do not find what you are looking for, send a letter to your caseworker, copying his/her boss, asking for reports on the homes run by a particular agency or the reports for a home at a specific location. Sadly, one of the homes where my own Daniel spent some time turns out to not be licensed as a group home at all. In other words, as President Reagan said: "trust but verify."

7. Identify and "Interview" the Agency.

When you have identified the agency with which you feel comfortable, and which has a group home close enough to you, set up a meeting. Introduce yourself and your spouse. Tell them how involved you are in your child's life. All these agencies want involved parents, especially the good ones. If they do not want to meet with you, walk away.

For my own situation, I cannot give enough praise to CLASP homes for their attention to detail in setting up a home where my Daniel will, hopefully, live his adult life. They found what we parents feel are five young men who will be compatible. With all the parents' permission, they introduced the five families to each other, including the young men who would be living together. We have had several pizza parties and social outings already. Transition meetings have been held with the parents to introduce them to the staff at the new group home.

Most importantly they are *open* to us and do not hide behind any form of confidentiality shield or company policy. Needless to say, this makes me want to help them. So far, my wife Marj and I have participated in two fundraisers for them. I have volunteered to set up a wireless internet in the new home…free of charge. In doing all this we get to know the CLASP staff, their policies and the people with whom our son will live…and they get to know us.

8. Meet with the Nurse who Supervises Medication Administration.

As your child transitions from your home to a group home, the most important thing you can do is meet with the nurse who supervises medication administration in the home. *Make sure* the nurse knows what your child is taking and why, as well as how to contact your child's prescribing physician.

Never assume that a medical prescription is self-explanatory. In my son's case, a nurse from a different group home agency (not one of the CLASP staff) mistakenly changed his medication levels to a dangerously high dosage. The prescription label on the blister pack containing the medication clearly stated "one 600 mg tablet in the morning and two at night." Somehow, the staff misunderstood this information and started giving him the equivalent of two extra pills per day – a level that can be life threatening!

We discovered this problem only by happenstance when a staffer from the temporary so-called group home mentioned to my wife, Marj, that she'd been told to return Daniel to the home in time to receive his "4pm meds." Marj knew that no medication was due at that time of day. My son's health would have been compromised if we had not intervened.

> *"Somehow, the staff misunderstood this information and started giving him the equivalent of two extra pills per day – a level that can be life threatening!... My son's health would have been compromised if we had not intervened."*

9. Help Set Up Your Child in His or Her New Group Home.

Moving out of mom and dad's house is a tremendous shock to any child. Make it easier on your child by moving his or her own furniture to the new group home – decorate the new room the same too. Put a TV, an internet-connected computer, or even game boards for entertainment when your child is alone. My own son loves chess and scrabble. Not bad for a kid the schools used to say could not learn…

10. Don't Stop.

Above all else remember: persistence is what gets your child into a group home, not some Act of God or government. Constant vigilance is what will ensure their continued happiness once they are there.

Families Helping Families. . .
It's What CT FEAT is All About

- ✓ **Statewide Advocacy** — *supporting collaborative efforts to develop, improve and fund evidence-based treatment and support for individuals with autism.*
- ✓ **Parent Resource Meetings —** *providing parents with the opportunity to network with other parents, peruse our traveling library and obtain valuable information on resources.*
- ✓ **Presentations and Conferences** — *enabling parents and professionals alike to obtain the most-up-to-date information on the best treatment practices.*

Don’t Miss the Next ABA Orientation Program at River Street

– by Melissa Dumont

This past September, I attended a two-day ABA orientation program run by Greg Smith, BCBA, from the Capitol Region Education Council's (CREC) River Street Autism Program. The orientation is offered four times a year and is designed for parents, teaching staff and caregivers of children with autism.

I attended the workshop in large part due to a scholarship from CT FEAT’s *Frank D. Craemer Memorial Parent Training Fund*. As the parent of a 13-year-old with autism and a 10-year-old just off the spectrum, I consider myself quite well versed in the field. Always open to learning something new, I also openly share my own experiences to help others just starting out on their autism journey.

> *“Over 500 ABA research studies involving children with autism have demonstrated the effectiveness of the methodology.”*
> *– Greg Smith, BCBA*

Greg delved into the basics of autism and behavior and described the various approaches to treatment. I especially liked this quote which he attributed to a parent he knew: “When I hear someone say they have an 'eclectic' approach to a problem, they either (a) do not understand the problem, (b) do not have a solution or (c) both.”

Greg noted that over 500 ABA research studies involving children with autism have demonstrated the effectiveness of the methodology. And while teaching methods must be individualized for each child, all ABA based interventions share certain core elements. In the case of very young children receiving early intensive intervention, the treatment should consist of 30-40 hours per week of direct instruction.

Different teaching procedures will be used with different children, but most ABA-based treatment will involve some mix of positive reinforcement, discrete trials, prompting and prompt fading, choice and preference, paced instruction and functional analysis. Greg emphasized that “skills cannot be considered mastered if they are not generalized.”

Incidental teaching is always critically important. We need to always look for opportunities to practice skills in many settings. In the classroom, supports should include shadowing and facilitating with the goal of building greater independence.

ABA also provides a framework for analyzing and treating maladaptive behaviors. Typically, the antecedent triggers for most behaviors can be broken down into three categories: ***immediate needs*** (e.g., miscommunication, frustration), ***human needs*** (attention, excitement) and ***individual traits*** (skill deficit, anxiety). Often times we get stuck and see only the behavior without understanding the specific underlying trigger.

Having this opportunity to interact with a roomful of administrators and staff, both verbally and with hands-on activities, left me feeling as if I had given as much as I had gained. While much was a review, I left fired up, ready to get my District and all those I come in contact with signed up for the next orientation. If even one person is helped by our personal experiences with autism, it's been a good day.

CT FEAT created the Frank D. Craemer Memorial Parent Training Fund to help parents learn more about autism treatments whose effectiveness has been validated by research. The fund subsidizes the cost of attending trainings, conferences and other educational events.

If you are a parent interested in seeking funding, please send an email describing the nature and cost of the event to: CTFEAT1@ctfeat.org.

Talk About the M-CHAT with Your Pediatrician

Researchers and Doctors Screening Children Earlier for Autism in the Early Detection Study

– by Hilary Boorstein, M.A.

Deborah Fein, Ph.D.

The Modified Checklist for Autism in Toddlers (M-CHAT) was developed by Diana Robins, Ph.D., Deborah Fein, Ph.D. and colleagues at UCONN (Robins, Barton, Green, & Fein, 2001). Designed to screen toddlers and young children from 18- to 30-months-old, it can help indicate an Autism Spectrum Disorder (ASD). Parents fill out the screener in less than 10 minutes, with most reporting that it was easy to complete and understand, and a Spanish version is available, as well.

Since its development, Dr. Fein received grant funding to validate the use of the M-CHAT in both low-risk (pediatrician screening at well-child visits) and high-risk (screening through Birth-to-Three providers and screening of younger siblings of children with diagnosed ASDs) samples of children. This grant, which was completed this year, allowed the screening of more than 11,000 children, mostly from Connecticut but also in Massachusetts and Rhode Island. Of the children screened, more than 500 have received developmental and diagnostic evaluations. The National Institutes of Health have just approved another five-year grant designed to further investigate the use of the M-CHAT, including examining the validity of extending the age at screening by both younger and older ages (e.g., 14 to 36 months), expanding the use of the M-CHAT in screening younger siblings (in collaboration with Wendy Stone, Ph.D. at Vanderbilt University), as well as continuing to screen low-risk children through UCONN and Georgia State University in Atlanta, Georgia.

> *Of the [11,000] children screened, more than 500 have received developmental and diagnostic evaluations.*

Currently, if a child screens positive on the M-CHAT, the child's parent is contacted by a researcher from UCONN Early Detection Project who administers a semi-structured interview to ascertain whether the item was understood and to check to see if the child has begun to display that skill. If a child continues to screen positive, then he or she is invited to receive a free developmental evaluation that assesses the child's developmental and adaptive skills, as well as ASD symptoms.

What's the M-CHAT?

The Modified Checklist for Autism in Toddlers (M-CHAT) is a one page, parent-completed questionnaire that contains 23 items.

The items are in a yes/no format and inquire about many of the early social communication skills that are impaired in young children with ASDs:

- *pointing to express interest,*
- *pretend play,*
- *imitation,*
- *initiating, and*
- *responding to joint attention.*

Are you a pediatrician interested in more information – or in joining the

Early Detection study?

Contact Colby Chlebowski at UCONN

(860) 486-5767

Immediately following the evaluation, the child's family is provided the child's diagnosis and feedback. The family also receives a comprehensive report detailing the child's performance on the testing, diagnostic information and recommendations for the parents and school. Approximately two years after this initial evaluation, the child is invited back for a free re-evaluation which is very similar to the first one.

Currently, we are asking pediatricians to give the M-CHAT to all of their patients' parents at the child's 18 and 24 month well-child visits. If a child misses one or both of those appointments, the M-CHAT can be completed at any time before the child is 30 months old. This schedule is in line with the American Academy of Pediatrics' guidelines for early ASD screening.

Pediatricians are also given the opportunity to "flag" children's M-CHATs for which they have specific ASD-related concerns, and those children are invited for an evaluation at UCONN whether or not they screen positive. After the M-CHAT is completed, it is mailed to Dr. Fein in a stamped envelope provided by the study.

The researchers inform the pediatricians when one of their patients is evaluated and, with the parents' consent, provide them with a copy of the comprehensive diagnostic report. The study provides all of the M-CHATs, as well as any other necessary materials.

> *The Early Detection study requires administration of the M-CHAT to all patients at two intervals (18 and 24 month well-child visits), consistent with the American Academy of Pediatrics' recommendations, and mailing the M-CHATs to us.*

Children who screen positive on the M-CHAT and phone interview are usually seen for their no-cost evaluation by Dr. Fein and her UCONN colleagues within four months of our receiving the M-CHAT, much sooner than most other practitioners can see them.

It is our desire for every pediatrician in the state of Connecticut to participate in the Early Detection study. This requires only administration of the M-CHAT to *all patients* at the two intervals (18 and 24 month well-child visits), consistent with the American Academy of Pediatrics' recommendations, and mailing the M-CHATs to us.

Talk to Your Pediatrician about participation in the M-CHAT Study!

Here is a great way for you to help other families whose toddlers may show the red flags of autism:

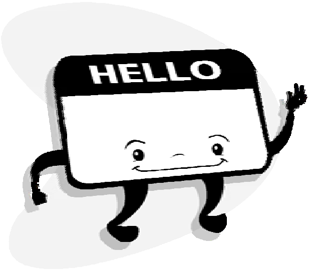
Children who screen positive on the M-CHAT are usually seen for their no-cost evaluation within four months, much sooner than most practitioners can see them.

Currently, we have approximately fifty Connecticut pediatric practices screening children, and several pediatricians and pediatric specialists consult with us on our Advisory Board. We encourage parents to ask their children's pediatrician if they are involved in this study and, if they are not, to encourage them to contact us for more information. Pediatricians may contact Colby Chlebowski at the Early Detection study at the UCONN at (860) 486-5767 for more information and to join the study.

In addition to this general screening study that is conducted through pediatricians, we have another M-CHAT related study that is screening the younger siblings of children with an ASD. To participate in the Sibling Study, the younger child must be between 16 and 30 months of age and not have received any diagnosis at the time the M-CHAT is completed. This child must be a full sibling of the older child who has a diagnosis of autism, PDD-NOS, or Asperger's syndrome. If you are eligible for this study, both children will receive no cost evaluations. Please contact Katelin Carr at 860-486-5767 for more information on the Sibling Study.

Hilary Boorstein, M.A.,is a graduate student who serves as the Clinical Coordinator of Deborah Fein's Early Detection project at the University of Connecticut (UCONN).

Treatment Conferences



Attending conferences can be an extremely efficient way to keep up to date on new developments in effective treatment. CT FEAT periodically posts updated conference listings at our web site (www.ctfeat.org). CT FEAT accepts no advertising for such events. We list only those which appear to have particular merit. Here are a few such conferences taking place in early 2009:

Friday, February 6 - Sunday, February 8, 2009
Hyatt Regency Hotel, Jacksonville, Florida
The Association for Behavior Analysis International's (ABAI) 3rd Annual Autism Conference:
"Research to Practice: Making Real Changes in the Lives of People with Autism"

Looking for a good excuse to travel to sunny Florida this winter? In addition to an exciting line up of invited presentations by some of the world's foremost contributors to autism research, this conference will offer networking opportunities, a bookstore to browse, and exhibitor booths to explore. There also will be a poster session showcasing recent behavior analytic research and programming related to autism.

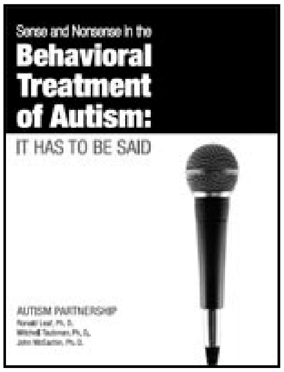
Some of the speakers and topics include: Peter F. Gerhardt, Ed.D. on "Applied Behavior Analysis and Adults with Autism: Applications to Promote Competence and Quality of Life"; Robert Koegel, Ph.D. and Lynn Kern Koegel, Ph.D on "Pivotal Response Intervention"; Adrienne Perry, Ph.D., BCBA, on "Early Intensive Behavioral Intervention for Children with Autism: What Does the Research Tell Us?"; and Bridget Taylor, Psy.D., BCBA, on "Improving Joint Attention and Reciprocal Language Skills in Children with Autism." For more information on the conference go to www.abainternational.org

Friday, April 3, 2009
Crowne Plaza Hotel, Cromwell, CT
CT Association for Behavior Analysis' (CT ABA) 5th Annual Conference

Speakers include: Richard Foxx, Ph.D., Vince Carbone, Ph.D., Michael Dorsey Ph.D., and Greg Hanley, Ph.D. The CT ABA is a statewide organization whose purpose is to develop and advance the field of behavior analysis within the state of Connecticut. Though these conferences are principally for professionals in the field, many parents will find the autism related presentations very worthwhile. For more information, go to www.ctaba.org

Saturday, April 4, 2009
Butler Hospital, Providence, Rhode Island
FEAT Rhode Island's Annual "Sharing the Knowledge" Conference

The theme for this year's conference is "Autism Treatments Working Together" and the featured speakers are Andrew S. Bondy, Ph.D; Judith E. Favell, Ph.D, BCBA; Gary B. Mesibov, Ph.D., Peter Gerhardt, Ed.D, and Jane Carlson Ph.D. For more information, go to www.featri.org



Book Review

Sense and Nonsense in the Behavioral Treatment of Autism: It Has to be Said

by Ron Leaf, Ph.D., John McEachin, Ph.D. and Mitchell Taubman, Ph.D. (2008, DRL Books, $39.95)

– Reviewed by Beth Curry

Nonsense

Are you an educator who believes that attending a few ABA training workshops prepares you to supervise an "ABA program"? Have you ever told parents that ABA consists mostly of "discrete trials" or that their child is too mildly impaired to "need" ABA?

Are you a parent who has been told that your child is too young or too old to benefit from ABA-based treatment? Do you believe that your child is receiving an "ABA program" at school even though you yourself have never been offered any ABA training?

If you fall in to any of these categories, prepare to be surprised and educated by *Sense and Nonsense in the Behavioral Treatment of Autism: It Has to Be Said.* The widespread prevalence of these kinds of myths about ABA treatment, e.g., that schools can provide it with minimal training or that only certain kinds of kids benefit— motivated the authors to set the record straight.

Misunderstandings about ABA treatment often are perpetuated by those who promote competing treatment models; however, even well meaning ABA professionals can play a role in disseminating inaccurate information.

What makes these three authors such experts?

As psychologists who direct a California-based autism services agency called "Autism Partnership," they have been involved in autism research and treatment for decades. Separately, they each have more than 30 years of experience in the behavioral treatment of autism.

Ron Leach, John McEachin and Mitch Taubman trained extensively with Ivar Lovaas, the psychologist and university professor who first developed an intensive specialized ABA treatment protocol for teaching young children with autism. Lovaas' research publications, documenting the unprecedented progress made by the children who received this treatment, sparked a growing demand for ABA based treatment.

The authors decided to take what they had learned in the clinic out into the field. They have since worked to develop and refine an approach to ABA treatment that can be implemented in the "real world" of school systems, agencies and families. That approach is always, in their words, "a work in progress" which changes and improves with experience.

Ivar Lovaas is the psychologist and professor who developed the ABA treatment protocol for the "Young Autism Project" (YAP) at the University of California at Los Angeles (UCLA).

The YAP was a long-term research project that spanned more than 15 years and was designed to document the unprecedented outcomes achieved by children treated at Lovaas' clinic.

Some years after leaving the *YAP (see side bar above)*, the authors published an ABA treatment manual, *A Work in Progress* (1997), which shared the new insights they had acquired while providing treatment in non-academic settings. (See a full review in the Recommended Reading section of the FEAT web site, www.ctfeat.org.) That book's sustained popularity, among both parents and professionals, is a tribute to the authors' distinctive ability to explain complicated issues in plain language and provide practical advice that can be readily understood and implemented.

Sense

Autism Partnership's new book shares many of the features that made *A Work in Progress* such a success. Rather than focusing on imparting specific skills, *Sense and Nonsense*'s goal is to teach parents and professionals how to think clearly and objectively about treatment.

The book appears to have grown out of the authors' frustration with the entrenched misconceptions that prevail about the treatment model pioneered by Lovaas. In such an uninformed environment, it's easy for parents to be misled into thinking their children are receiving "ABA treatment" based on that model.

Incomplete or erroneous information about the necessary components of a bona fide ABA-based autism treatment program can lead to other dangers as well. It makes it easy to dismiss the treatment (e.g. "My child was in an 'ABA' program and it didn't help"). Disappointing experiences with fake ABA programs can make it more likely that a parent will get caught up in the latest purported "cure" for autism or unsubstantiated speculations about its cause.

So, What "Has to be Said?"

Despite the widespread demand for the kind of ABA treatment made famous by the Lovaas research, much of what passes for "ABA Treatment" isn't even remotely similar to the model developed at UCLA. That model, which was validated in outcome research published in peer-reviewed journals, has a lot in common with treatment provided today at two other leading academic centers for autism research and treatment: Rutgers University in New Jersey and the University of Washington. But, unfortunately, the ABA model provided in those settings often bears little resemblance to what passes for "ABA treatment" in most schools and early intervention programs.

> *Despite the widespread demand for the kind of ABA treatment made famous by the Lovaas research, much of what passes for "ABA Treatment" isn't even remotely similar to the model developed at UCLA.*

Sense and Nonsense describes the elements that are most important to the success of these kinds of programs, including the necessity for high standards of professional training and supervision. Other essential elements include intensive treatment – measured by hours of individualized instruction – and parent training.

How many public school-based "ABA" programs are led by highly trained ABA professionals providing appropriate levels of training and supervision to all staff? How many consider parent training to be an essential element of the intervention? Alas, very few.

Debunking ABA Myths

I can see why they subtitled this book *It Had to Be Said*. The book debunks a lot of common myths about what the intervention requires, in terms of training and hours. It also challenges some deeply held beliefs by many of those who support ABA treatment and think, wrongly, that they understand its requirements.

A lot of what the authors have to say will trouble school personnel and parents alike, each group having its own cherished misconceptions about ABA treatment. The authors present these sometimes uncomfortable truths in separate chapters dedicated to "Parental Resistance" and "Educational Resistance."

As to "Parental Resistance," you'll learn that some beliefs fervently held by many ABA-supporting parents are not true. For example, many YAP children received as little as 30 hours of intensive treatment (not 40); much of the therapy was not one-on-one (often two or three students worked with one highly trained teacher); and it did not take place mostly at home (the goal was to get into a school setting as soon as possible).

Are Optimal Instructional Settings "Distraction-free"?

Contrary to a belief often shared by parents and school districts, optimal instructional settings are not free of distractions. In fact, the authors specifically criticize the isolated individual cubicles that have come to characterize early and intensive therapy in most settings as counter-productive to achieving the important goal of teaching a child how to learn in a "normal" setting.

How Much Data is Necessary?

Parents and teachers also may be surprised at the authors' views on data collection. In many circles, continuous data collection has been enshrined as the supposed "proof" of a bona fide ABA program. The authors emphasize that all data collection should be comparatively easy and have a clear purpose. They also point out that unnecessary data collection can interfere with quality teaching.

School System Biases

As to the "Educational Resistance," many parents already will be familiar with the uninformed prejudices against ABA treatment often held by school personnel. The general themes are that ABA treatment is: too expensive; not for kids like yours; doesn't generalize; creates robots; is too hard on kids; and doesn't produce as good results as our "eclectic" approach (which supposedly includes a bit of everything, even ABA).

> *Perhaps the most dangerous belief commonly found among school systems is the notion that they can provide ABA-based intervention without obtaining extensive advanced professional training in the field.*

Perhaps the most dangerous belief commonly found among school systems is the notion that they can provide ABA-based intervention without obtaining extensive advanced professional training in the field. The authors have written a separate book, *It's Time For School: Building Quality ABA Educational Programs for Students With Autism Spectrum Disorders*, which describes in great detail the kind of sophisticated training that is necessary. That book is addressed primarily to school administrators and personnel, but it should be of great interest to parents seeking to analyze the adequacy of their school's "ABA" services or to encourage their school to develop legitimate services.

Is an "Eclectic" Approach Best?

The authors convincingly rebut the all-too-familiar claim that an "eclectic" approach to autism treatment is best. School districts commonly make this claim and it is ardently advanced by certain autism professionals, like Barry Prizant, who themselves market "eclectic" services. A candid discussion of the vagaries of the eclectic model, and its comparatively inferior outcome results, is long overdue and is truly something that "has to be said."

Is Inclusion Best for Every Child with ASD?

The book also tackles controversial subjects, like inclusion. The authors frankly discuss common "delusions about inclusion" and take the position (very "politically incorrect" in some quarters) that inclusion isn't always best for every child with autism. If you read their thoughtful analysis of the topic, which is informed by decades of real life experience, you probably will end up agreeing with them.

Critical Thinking Skills – Not Only for Students

I especially enjoyed the chapter called "Critical Thinking" where the authors teach us how to analyze the claims of various autism treatments and walk us through the possible multiple interpretations of the perceived effects of some of these treatments.

Sense and Nonsense in the Behavioral Treatment of Autism: It Has to Be Said won't tell you how to set up an ABA-based intervention program for children with autism. If that's your main interest, you'll want to read one of the authors' other books, like *A Work In Progress* (for intensive early intervention) or *It's Time For School: Building Quality ABA Educational Programs for Students With Autism Spectrum Disorders* (for developing comprehensive ABA services in the public school setting).

But *Sense and Nonsense* will take you a long way toward being able to "make sense" of what ABA treatment really involves, thereby enabling you to judge whether your school is providing your child with the real deal.

This book is part of CT FEAT's "Holiday Book Give-Away!" See page 2 for the details.

Open Letter from CT FEAT President –

Helping Us to Help Others

This is an appeal for your support. Most of the work of CT FEAT is accomplished by volunteers. The cost would be astronomical, if we paid people to do what they do: writing and editing this newsletter, maintaining the website, answering website email, organizing conferences and parent meetings, to name just a few of our activities.

However, as extraordinarily valuable as our volunteers are, we still have expenses.

Our listserv is a great way to exchange ideas and get the help we need to advocate for our children. It's also a wonderful method to "get the word out" about social opportunities out in the community, important legislative action and informative workshops.

- We donate books to guide the parents of newly diagnosed children.
- We provide parent meetings, where professionals share their expertise on important topics, like toilet training, transition to adult employment, and the use of medication.
- We subsidize parents to attend trainings in effective treatment methods.
- We award significant scholarships to further the education of instructors, who can then become certified behavior analysts and help those afflicted with autism.

As a statewide grass roots organization that doesn't accept any form of paid advertising, CT FEAT speaks with an independent and unbiased voice that is heard in the capitol.

To help support the work of CT FEAT, you may:

✓ Send a check made out to CT FEAT to:

CT FEAT
PO Box 370352
West Hartford, CT
06137-0352

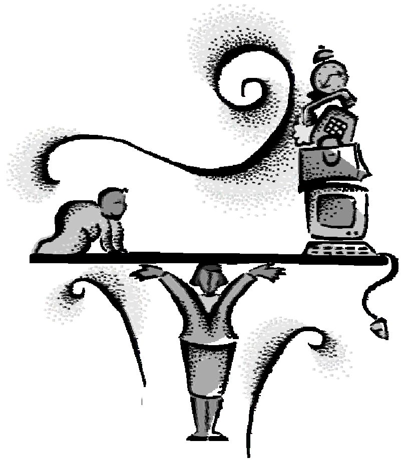
✓ Or go to our website:

www.ctfeat.org

Click on the yellow "Make a Donation" button to use your credit card or Paypal account to make a donation.

All these things are priceless, but not without cost.

Please join us in making a big difference in the lives of families all across our state. Contributions are tax deductible. All donations large and small are appreciated.



Thank you.
Beth
Beth Lambert
President, CT FEAT

About CT FEAT

Formed in 1997 by family members, Connecticut Families for Effective Autism Treatment (CT FEAT) is a non-profit organization created to provide information and support to the families of children with Autism Spectrum Disorders (ASD).

Our Principal Goals

1. To provide educational and networking opportunities to families interested in treatment programs based on the principles of applied behavior analysis (ABA) and other treatments validated by research.
2. To expand the availability of high quality professional services by supporting education and training opportunities in ABA.
3. To provide information resources regarding effective treatments validated by research.

Our Guiding Beliefs

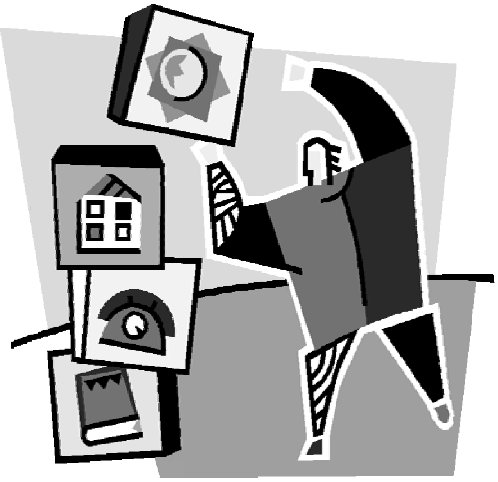
1. Individuals on the autism spectrum should have access to effective intervention throughout their life spans.
2. Effective intervention is based on research and produces measurable outcomes.
3. Informed parents make the best advocates for their children.

CT FEAT, Inc.
PO Box 370352
West Hartford, CT
06137-0352

860-571-3888

Our Resources

1. ***An un-moderated "Parents Only" Internet Discussion List*** that provides Connecticut parents of ASD children with a forum to discuss issues of concern. To learn more about the listserv, and how to subscribe, go to www.ctfeat.org.
2. ***Free Parent Resource and Networking Meetings and a Parent Training Fund*** to subsidize attendance at presentations that increase knowledge about effective treatment.
3. ***Speaker Events and Conferences*** presenting the latest information on effective treatment practices.
4. ***The Nancy Leahy-Shea Memorial Scholarship for Professional Development in Applied Behavior Analysis*** (ABA). CT FEAT supports expanding the number of highly trained autism professionals in CT by funding this annual scholarship which is awarded to CT educators (including special education teachers and speech therapists) interested in pursuing education and training in ABA.
5. ***A free Newsletter*** that reports on news of interest to our community, including new resources, learning opportunities, research and advocacy.
6. ***A Web Site*** which contains extensive information on resources suggested by parents, including book and video reviews, and professional listings. The "ABA Job Connections" employment bulletin board helps prospective employers (including parents) and employees (consultants and therapists) find each other.
7. ***Outreach, Education, and Advocacy*** to increase knowledge about effective treatment



***CT FEAT** is a non-profit organization staffed by volunteers and funded through the generosity of caring supporters. If you would like to learn more about our activities, or subscribe to our free newsletter, visit our web site, www.ctfeat.org. You also can call (860) 571-3888, write to P.O. Box 370352, West Hartford, CT 06137-0352 or E-mail ctfeat1@ctfeat.org. We'd like to hear from you!*