

***State of Nevada Autism Task Force***  
***Best Practice Guidelines Subcommittee***  
**MINUTES**

Friday, March 7th, 2008  
Teleconference

**Members Present:** Jan Crandy, Randy Figurski, Dr. Nancy Sylvania, Erik Lovaas, Dr. Ron Leaf, Richard Thompson and Estleen Westby.

**Members Absent:** Dr. Matt Tincani, Dr. Pat Ghezzi, Diane Branson, Teri Vaughan, Assemblyman James Ohrenschall, Dr. Johanna Fricke, Cynthia McCray, Debra Meinberg, Jennifer Van Tress, Catherine Armstrong, Chris Holcolm and Angela Tripp.

**Guests:** Sharon Matrisciano, Paul Worthington, Jean Herzog, Dave Hungerfeld, Richard Thompson, Nancy Bell, Angelica Benson, Tim Bleeker, Jake Greenspan, Lucy Miller, Rosemary White, Michele Clarke and Serena Wieder.

**Staff:** Melanie Stevens

**WELCOME AND INTRODUCTIONS:**

Jan Crandy opened the meeting at 2:10 pm by welcoming those present and asking all to introduce themselves.

**APPROVAL OF MINUTES:**

*Mr. Figurski made a motion to approve the minutes from the February 19, 2008 meeting of the Education subcommittee. The motion was seconded by Dr. Leaf and the motion passed unanimously.*

**DELIBERATION TOWARD DEFINING BEST PRACTICE:**

Ms. Crandy circulated three documents listing the rights of people living with Autism Spectrum Disorders, for the committee to review (attached below). The first list of recommendations began with, "In Nevada, People with Autism Spectrum Disorders (ASD) and their family members will be able to access an array of effective services which are considered Best Practice in their delivery to meet their functional and clinical needs across the life span." The committee reviewed each item and made changes were they deemed necessary. **Mr. Figurski agreed to help with the re-writing of a portion of the list to include services available through the Department of Health and Human Services.** The second list stating the rights of children in Nevada with Autism Spectrum Disorders (ASD) was accepted by the committee after review and a few minor changes in wording. A revised list will be emailed out prior to the next meeting.

**Ms. Crandy told the subcommittee she would like to have the third document, outlining the rights of adults in Nevada with Autism Spectrum Disorders (ASD)**

**written by some one with more experience working with adults, possibly enlisting the help of Flo LaRoy, and brought back to the next subcommittee meeting in April.**

A list of overall recommendations was also distributed; however there was not enough time to discuss.

**DISCUSSION OF EVIDENCE-BASED TREATMENTS:**

Ms. Crandy circulated a definition of Evidence-based Practice for the committee to review. The committee was careful to consider all forms of treatments as long as they are evidence-based, and agreed the definition is non-biased. It was discussed to not list each treatment as the list would expand as treatments demonstrate efficacy through independent research and peer reviewed studies. An addition was to be added to the current definition to further support evidence-based. A revised definition will be emailed out prior to the next meeting.

**CONFIRM NEXT MEETING DATE:**

The committee agreed to meet again on Tuesday, April 22, 2008 at 2:00pm to review their progress and continue with their discussion on the rights of adults with ASD, Evidence Based Treatments, Services that should be available across the lifespan to individuals with ASD, and committee assignments.

**ADJOURNMENT:**

With no other business to address the meeting adjourned at 3:20 pm

- ***In Nevada, people with Autism Spectrum Disorders and their family members will be able to access an array of effective services which are considered Best Practice in their delivery to meet their functional and clinical needs across the life span.***
- **Nevada children will be screened for ASD as young as current research enables.**
  - The American Academy of Pediatrics is recommending the administration of screening for ASD twice for all children before their second birthday.
- **Nevada children identified at risk for an ASD diagnosis will be immediately referred for further evaluation and intervention services (simultaneously).**
  - The importance of early, intensive intervention for children with autism cannot be overstated. Numerous studies have concluded outcomes are substantially more positive when the children begin receiving effective, intensive intervention as early as possible in life (including the potential to recover normal functioning such that an child with autism may become virtually indistinguishable from his peers) (e.g. Fenske, et al, 1985; Lovaas, 1987; Maurice, 1993; Perry, Cohen & DeCarlo, 1995). Furthermore, early, intensive, effective intervention offers the hope of significant cost/benefit (Jacobson, Mulick & Green, 1996).
  - In contrast, it is likely 90% of children who do not receive effective early intervention will require special or custodial care throughout their lives. (FEAT, 1996).
- **Children's families will be provided with materials and information specific to Autism Spectrum Disorders and evidence-based treatments/educational approaches at the beginning of the assessment process.**
  - Families must be able to choose from an array of scientifically supported options and need information to make informed decisions
- **Children receive appropriate assessments and a diagnosis as soon as it is known.**

**Support for children and their families in the home and community need to be family-centered. Families need information, training, emotional support, assistance accessing resources and support around advocacy for their child.**

- **Children's parents will be directly involved and included as participating partners in development of the Individual Family Support Plan (IFSP) and Individualized Education Plan (IEP).**
- **Children's parents will be included in assessment of outcomes in**

**order to provide consistency and continued progress across environments.**

- Nevada Children's childcare providers/daycare workers will be aware of the early signs of ASD and where to refer parents if concerns develop.
- **Children's teachers will have specialized training concerning best practices for children with autism spectrum disorders, including understanding of the core deficits of autism; competency in program development; classroom-based approaches to communication and social development; functional behavior assessment; applied behavior analysis, educational and behavioral intervention through positive behavior support plans; data collection; and staff management skills. On-going training keeping core competencies up to date with new evidence based approaches.**
- **Nevada children with Autistic Spectrum Disorders deserve:**
  - An effective therapy/treatment or instructional program which is or includes:
    - ✓ • Based on current research and effective practices;
    - ✓ • Based on comprehensive assessment results;
    - ✓ Based on principles of applied behavior analysis;
    - ✓ • Determined by a multidisciplinary team that includes parents;
    - ✓ • Reflective of the individual's areas of need, addressing all domains including social skills, which drive the curriculum or service plan;
    - ✓ Data-driven decision-making; Outcome based;
    - ✓ Frequency of objectives being presented and hours of instruction must be included in the IFSP/IEP.
    - ✓ • Provided by appropriately trained and competent personnel, which can include parents as appropriate;
    - ✓ • Inclusive of entrance and exit criteria.
    - ✓ Interventions for the reduction of problem behaviors should be based on the results of a functional assessment. Functional assessments must include direct observation or experimental (functional) analysis.
    - ✓ Skill acquisition programs should involve positive consequences (rewards) for correct and appropriate responding. These consequences should be selected

based on the results of a stimulus preference assessment.

- ✓ Assessment of a child's progress in meeting objectives should be used on an on-going basis to further refine the IFSP/IEP. Lack of objectively documentable progress over a three month period should be taken to indicate a need to increase intensity by lowering student/teacher ratios, increasing programming time, reformulating curricula, or providing additional training and consultation.
- ✓ A child must receive sufficient individualized attention on a daily basis, so that individual objectives can be effectively implemented; individualized attention should include individual therapies, developmentally appropriate small group instruction, and direct one-to-one contact with teaching staff.
- ✓ Intensity of Instruction: The benefits of a more intensive program may be more dramatic with younger children birth-8 years of age. An intensive program involves carefully planned learning opportunities which are provided and reinforced at a high rate by trained therapists and teachers (Bondy, 1996) and is at least 25 hours per week, 12 months a year. (the National Research Council, 2001) Current research indicates that 30-40 hours per week provides optimal benefit (Anderson, Avery, Dipietro, Edwards & Christian, 1987, Lovaas & Smith, 1988, McEachin, Smith, & Lovaas, 1993, Sallows and Graupner, 2005) .
- ✓ When recommending hours of instruction consider the focus of the desired outcomes, the age and developmental level of the child, the needs of the family, the intensity and complexity of the child's needs, and the natural or least restrictive environment.
- ✓ To the extent that it leads to specified educational goals (e.g., peer interaction skills, independent participation in regular education), children should receive specialized instruction in settings in which on-going interactions occur with typically developing children. (NRC, 2001).
- **Nevada adults with Autistic Spectrum Disorders deserve:**
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- ✓ Professionals trained for caretaking across the lifespan – group home industry, nursing homes and/or natural supports.
- ✓
- ✓ A culturally and linguistically competent workforce, which reflects the diversity of the individuals being served.
- ✓ Adults with ASD must receive multidisciplinary supports, therapies, vocational assistance, and other services to assist them in developing and maintaining life skills and successful employment.
- ✓ Appropriate wrap-around services for individuals with ASD and their families, using ASD trained respite and personal care providers.
- ✓ When out-of-home placement is necessary, provide families with a variety of

options that are age appropriate, offer ASD trained staff, and are in an environment designed to meet the needs of the individuals served.

- ✓ Transition activities should include the collaboration and blending of service resources well before the 21st birthday to support the expertise continuity in supporting an individual with Autism Spectrum Disorders; including schools, colleges, vocational programs, employment, supported employment providers, etc.
- ✓ Supported Employment/Day Program service providers will have specialized training in best practice supports and strategies to support individuals with autism spectrum disorders at work and in the community.
- ✓ Training in Social Skills
  - a) Ways of teaching social skills to include Social Stories, social skills groups, role playing, video modeling, peer-mediated instruction, pivotal response training, and computer programs that help with recognizing emotions or subtle non-verbal cues.
  - b) Social skills are not an end in themselves, but must lead to meaningful outcomes such as being effective and successful in relationships, school, work, leisure and independent living. Interventions should be evaluated in terms of approaching these outcomes (Volkmar, et al., 2005).