

**Members**

Sen. Randall Head, Chairperson  
Sen. Pete Miller  
Sen. Timothy Skinner  
Sen. Jean Breaux  
Rep. Robert Heaton  
Rep. Cindy Ziemke  
Rep. Vanessa Summers  
Rep. Christina Hale  
Hugh Beebe  
Michael Carmin  
John Taylor  
Susan Wilczynski  
Mary Rosswurm



# INDIANA COMMISSION ON AUTISM

*Legislative Services Agency*  
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Authority: IC 12-11-7-2

## MEETING MINUTES<sup>1</sup>

Meeting Date: October 28, 2013  
Meeting Time: 1:00 P.M.  
Meeting Place: State House, 200 W. Washington St., Senate Chambers  
Meeting City: Indianapolis, Indiana  
Meeting Number: 3

**Members Present:** Sen. Randall Head, Chairperson; Sen. Pete Miller; Sen. Timothy Skinner; Sen. Jean Breaux; Rep. Robert Heaton; Rep. Vanessa Summers; Rep. Christina Hale; Hugh Beebe; John Taylor; Mary Rosswurm.

**Members Absent:** Rep. Cindy Ziemke; Michael Carmin; Susan Wilczynski.

Chairman Head called the meeting to order at 1:05 p.m..

### Indiana Resource Center For Autism Annual Report

Dr. Cathy Pratt, Ph.D., Director, Indiana Resource Center for Autism, summarized the activities of the Indiana Resource Center for Autism in the areas of professional development, university course work and supervision, information development and dissemination, research, grant writing, and community service (Exhibits A and B). She noted that Indiana was the first state to have an autism Medicaid waiver and to have an autism insurance mandate. Indiana was one of the first states to mandate first responder

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<sup>1</sup> These minutes, exhibits, and other materials referenced in the minutes can be viewed electronically at <http://www.in.gov/legislative> Hard copies can be obtained in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for hard copies may be mailed to the Legislative Information Center, Legislative Services Agency, West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for hard copies.

training. Dr. Pratt briefly summarized a handout regarding bullying and students with autism spectrum disorder (ASD) (Exhibit C). She also described a pamphlet for parents who are concerned that a child may have ASD (Exhibit D).

Senator Breaux asked if the medical community knows what is causing the increase in ASD and if there is anything being done to stem the increase? Dr. Pratt stated that there can be multiple triggers when there is a genetic predisposition for ASD. She added that there is ongoing research to find the cause. She also noted that individuals with ASD need lifelong support which causes big economic impacts on their families and the state.

#### Insurance Issues Concerning Applied Behavior Analysis Therapy

Dana Renay, Executive Director, Autism Society of Indiana (ASI), discussed the Indiana Interagency Autism Coordination Council insurance project. The project involved the collaboration of ASI, Arc of Indiana, the Indiana Department of Insurance, the Indiana Department of Education, Anthem, and other stakeholders to identify suggestions and solutions on the following issues:

- (A) Standardization of structure of treatment plans, process of approving treatment plans, billing codes, etc.
- (B) Normalization of defining "medical necessity" as related to Applied Behavior Analysis (ABA) therapy and the standards used in determining necessity.
- (C) Establishing a means to effectively resolve issues when the ABA therapy provider and the payor disagree on items such as:
  - (1) the number of hours of treatment;
  - (2) acceptable standards of care; and
  - (3) determination of progress.
- (D) Quality assurance and accountability issues, including possible licensure of professionals providing ABA therapy.
- (E) Accessing appropriate behavioral support services, including ABA therapy, in the school setting when identified in a child's individual education plan or individual support plan.

Caryl Auslander, Indiana Parents for Applied Behavior Analysis, discussed ABA therapy and insurance coverage issues.

Brian Alverson, parent of a 14 year old daughter with severe autism, described the challenges of having a child with severe autism. He discussed having negative experiences with his daughter's school, experiencing dropped insurance coverage for his daughter's therapy, and receiving a denial of Medicaid services. He praised the positive changes in his daughter's behavior after receiving ABA therapy.

John Willey, Anthem, testified that Anthem offers insurance coverage for services for individuals with autism that are considered medically necessary by a doctor. He explained that the claims department analyzes each claim individually to determine the amount of insurance coverage.

Rebecca Bowman, Director of Special Education, Indiana Department of Education, discussed due process rights of special education students. She stated that the legislature allocated \$24 million dollars to schools to help pay for alternate placement for severely disabled children. Director Bowman added that schools can bill Medicaid for some services provided to disabled children, including ABA therapy.

### Commission Discussion

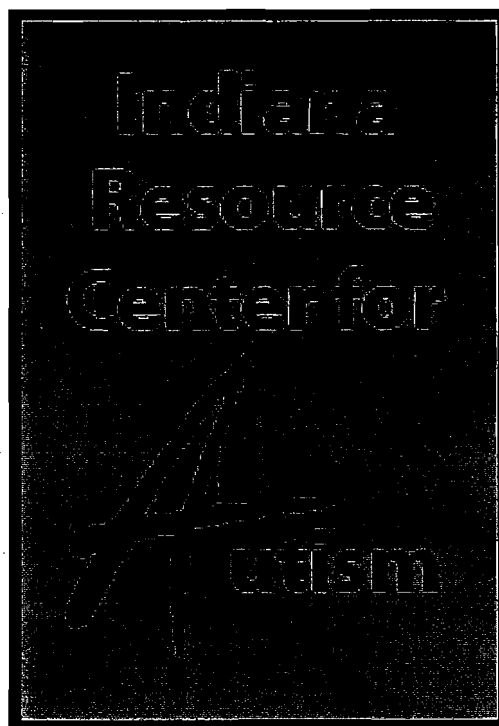
Commission members discussed the cost of ABA therapy and educational options for children with ASD, including home and private schooling.

The Commission recommended via unanimous voice vote to support a resolution urging the Legislative Council to direct the Criminal Law and Sentencing Policy Study Committee to meet with the Indiana Commission on Autism to jointly study criminal justice issues concerning individuals with autism spectrum disorder. Representative Summers agreed to carry the recommended resolution during the 2014 session of the Indiana General Assembly.

The Commission discussed the Indiana Birth Defects and Problems Registry (Registry) and agreed that additional study is needed concerning how data for the Registry is collected and utilized.

Senator Skinner made a motion that the final report be approved with the inclusion of the actions taken by the Commission and the testimony heard at the meeting on October 28, 2013. Representative Heaton seconded. The Commission approved the final report, including the specified additions, by a unanimous voice vote.

The meeting was adjourned at 2:37 p.m..



# **Indiana Resource Center for Autism Annual Report for 2012-2013**

**Cathy Pratt, Ph.D., Director, BCBA-D**

**Indiana Institute on Disability  
and Community at Indiana University**

**David Mank, Ph.D., Director**



**INDIANA UNIVERSITY**

**INDIANA INSTITUTE ON  
DISABILITY AND COMMUNITY**

Indiana Commission on Autism  
October 28, 2013 Meeting

Exhibit A

**Indiana Resource Center for Autism  
Annual Report 2012-2013  
Submitted by: Dr. Cathy Pratt, BCBA-D  
Director, Indiana Resource Center for Autism**

*“The Indiana Resource Center for Autism staff conduct outreach training and consultations, engage in research, and develop and disseminate information on behalf of individuals across the autism spectrum, including autism, Asperger’s syndrome, and other pervasive developmental disorders. Our efforts are focused on providing communities, organizations, agencies, and families with the knowledge and skills to support children and adults in typical early intervention, school, and community, work and home settings.”*

Below is a summary of some of the activities of the Indiana Resource Center for Autism located at Indiana University’s Indiana Institute on Disability and Community in the areas of professional development, university coursework and supervision, information development and dissemination, research, grant writing, and community service.

### **Professional Development**

During the past 19 years, Indiana Resource Center for Autism (IRCA) staff have trained 360 teams (over 2500 family members and professionals) from local special education planning districts across Indiana to address the diverse learning needs of students across the autism spectrum. To support these teams at the local level, IRCA supports 150 autism leaders that are located in almost every school district in Indiana. Support is provided via regional and state meetings, and a collaborative listserv.

IRCA staff members provide training and ongoing consultations across Indiana. During the 2012-2013 year, 27,098 individuals and family members received some level of training through the center.

For the past five years, IRCA has been involved in a federal project to implement evidence-based practices in schools. The first two years of the Professional Development in Autism (PDA) Project, IRCA staff provided intensive coaching in three districts. The second year, IRCA staff were in 7 schools and the third year in 12 schools. Last year, we were in 25 schools and this year we are in 28 schools.

### **University Coursework and Supervision**

This year, IRCA provided graduate credit course options to participants enrolled in Autism Summer Institutes and Autism Team Training. Individual staff members provided course lectures. Dr. Cathy Pratt supported students in their work towards graduate credit, doctorates and supervised seven students as they pursued becoming Board Certified Behavior Analysts.

Seven Social work and school psychology students were also supported through IRCA. Finally, 25 students on the spectrum are part of a self-directed club supported through IRCA.

## Information Development and Dissemination

Information is disseminated to families and professionals through the IRCA Reporter E-Newsletter, listservs, Facebook, the IRCA website, and through training events. The E-Newsletter is distributed to nearly 8,000 subscribers consisting of families and professionals in Indiana and available worldwide. Newsletters are distributed an average of once a month. IRCA maintains four listservs, including a network of speech-language/hearing specialists, autism leaders, parent group leaders and those involved in our PDA Project. These listservs reach 940 professionals and family members. Each person on the listserv is expected to disseminate information they receive. The IRCA website ([www.iidc.indiana.edu](http://www.iidc.indiana.edu)) has approximately 394,000 hits per year and is ever evolving in providing information. The IRCA Facebook page is another host for information dissemination with 2795 followers and a total annual reach of about 360,000. In addition, IRCA staff respond to approximately 26,000 emails annually and numerous phone calls daily. And finally, IRCA develops and disseminates information worldwide. Approximately, 350,000 brochures and articles are disseminated via trainings events, or via participation in various regional events, including our brochure on Roadmap for Services. Below is a list of articles and books written during 2012-2013.

### Books

Davies, C., & Dubie, M. (2012). *Intimate relationships and sexual health: A curriculum for teaching adolescents/adults with high functioning autism spectrum disorders and other social challenges*. Shawnee Mission, KS: Autism Asperger Publishing Co.

### Book Chapters

Pratt, C. (2013). Indiana Resource Center for Autism: Promoting Local Capacity Statewide Through Research, Education, and Policy. In P. Doehring (Ed.), *Autism services across America: Roadmaps for improving state and national education, research, and training programs* (pp. 185-193). Baltimore: Brookes Publishing Co.

### Reports and Monographs

Davies, C. (2013). Classroom structure. In F. R. Volkmar (Ed.). *Encyclopedia of autism spectrum disorders* (online access). New York: Springer.

Davis, K. J. (2012). Anxiety and panic struggles. *The Reporter E-Newsletter* 17(2). Retrieved from <http://www.iidc.indiana.edu/index.php?pagelid=3553>.

Lofland, K. (2013). How to open a combination lock/locker. *The Reporter E-Newsletter* 17(5). Retrieved from <http://www.iidc.indiana.edu/index.php?pagelid=3579>

Lofland, K., & Wray, C. (2013). Speech pathology assessment resource list. *The Reporter E-Newsletter* 17(14). Retrieved from <http://www.iidc.indiana.edu/index.php?pagelid=514>

Merrill, A. (2013). Anxiety and autism spectrum disorders. *The Reporter E-Newsletter* 17(9). Retrieved from <http://www.iidc.indiana.edu/index.php?pagelid=3616>

Merrill, A. (2013). Incorporating typical peers into the social learning of children with autism spectrum disorders. *The Reporter E-Newsletter* 17(8). Retrieved from <http://www.iidc.indiana.edu/index.php?pagelid=3597>

Pratt, C. (2013). Autism awareness month: Facts and tips for working with students on the autism spectrum. *The Reporter E-Newsletter* 17(12). Retrieved from <http://www.iidc.indiana.edu/index.php?pagelid=359>

Pratt, C. (2013). Bullying and students on the autism spectrum. *The Reporter E-Newsletter* 17(6). Retrieved from <http://www.iidc.indiana.edu/index.php?pagelid=3587>.

Pratt, C. (2013). Increasing incidence of autism spectrum disorders continues in Indiana. *The Reporter E-Newsletter* 17(10). Retrieved from <http://www.iidc.indiana.edu/index.php?pagelid=361>

Pratt, C. (2013). Making the most of the holidays for your family and your son/daughter on the autism spectrum. *The Reporter E-Newsletter* 17(7). Retrieved from <http://www.iidc.indiana.edu/index.php?pagelid=570>

Wheeler, M., (2012). *Indiana's family supports Medicaid waiver (FSW) and the community integration and habilitation Medicaid waiver (CIH) go into effect September 1st*. Bloomington, IN: Indiana University, Indiana Institute on Disability and Community.

Wheeler, M. (2012). *Selected national resources for information on autism spectrum disorders*. Bloomington, IN: Indiana University, Indiana Institute on Disability and Community.

Wheeler, M. (2013). *Autism society of America chapters and parent support groups in Indiana*. Bloomington, IN: Indiana University, Indiana Institute on Disability and Community.

Wheeler, M. (2013). *Summer 2013 camps & programs*. Retrieved from <http://www.iidc.indiana.edu/index.php?pagelid=3423>

Wheeler, M. & Miffli n, B. J., Jr. (2012). Respite provider agencies in Indiana. Retrieved from <http://www.iidc.indiana.edu/index.php?pagelid=553>

Pratt, C., & Wheeler, M. (2012). *Roadmap to services: When you are concerned your young child may have an autism spectrum disorder*. Retrieved from <http://www.iidc.indiana.edu/index.php?pageid=3586>

## Research

Indiana Resource Center for Autism staff were involved in eleven research studies from August 2012 through July 2013. Seven studies were completed the previous year, two have an anticipated completion date of July 2014, and one of the studies is ongoing. Below are the titles of the research studies:

- Program Evaluation: Assessing the Learning and Practice Outcomes of the Autism Team
- IRCA Family Needs Assessment Survey
- Qualitative Study: Change Process in Schools

## Grants

During the 2012-2013, two grants were written.

- Pratt, C. (2012). Common Core Standards: Indiana Department of Administration. Not funded.
- Swigonski, N., Tomlin, A., Viehweg, S., Renay, D., and Pratt, C. (2012). State Implementation Grant. National Institute for Health. Not funded.

## University and Community Service

Staff at Indiana Resource Center for Autism participated in university-related, state and national committees during the 2012-2013 year.

### University-Related Committees:

- Students on the Spectrum Club, Staff Advisor – Marci Wheeler

### National Committees:

- Association of University Centers on Disabilities, Autism Special Interest Group, Coordinator – Cathy Pratt
- Autism Society of America, Chapter Leadership Committee, Member – Cathy Pratt
- Autism Society of America, Panel of Professional Advisors, Member – Cathy Pratt
- Autism Society of America, Professional Development Committee, Member – Cathy Pratt
- College Internship Program Board, Member – Cathy Pratt
- Inclusive Education Task Force, Member – Cathy Pratt



- National Professional Development Center on Autism Spectrum Disorders, Member – Cathy Pratt
- Network of Autism Training and Technical Assistance Programs, Co-Chair – Cathy Pratt
- TASH, Membership Committee, Member – Cathy Pratt
- Temple Grandin/Eustacia Cutler Autism Fund, Member – Cathy Pratt

**State Committees:**

- Act Early Committee, Co-Chair – Cathy Pratt
- Answers for Autism, Autism Information Store Chairperson – Marci Wheeler
- Answers for Autism, Board Member – Marci Wheeler
- Autism Society of Indiana, Advisory Board, Member – Cathy Pratt
- Illinois Autism Training and Technical Assistance Project, Advisory Board Member – Cathy Pratt
- Indiana Interagency Autism Coordinating Committee, Advisory Member – Cathy Pratt
- Indiana Speech Language and Hearing Association, Scholarship Committee, Member – Kristie Lofland
- Maap Services Incorporated, Board President – Cathy Pratt

As the number of individuals diagnosed with an autism spectrum disorder continues to increase, meeting the growing needs of those involved with individuals across the autism spectrum presents a tremendous challenge. Twenty years ago, the incidence of autism was 1 in 5,000. Today, Indiana's Child Count Data the incidence is 1 in 50. Areas of continued need include: early identification, registry that reflects children on the autism spectrum, individuals who are dually diagnosed with ASD and mental health issues, bullying, and adult options.

# **Annual Report: Indiana Resource Center for Autism**

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Director, Indiana Resource Center for Autism  
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Community  
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# **What we do?**

***“The Indiana Resource Center for Autism staff conduct outreach training and consultations, engage in research, and develop and disseminate information on behalf of individuals across the autism spectrum, including autism, Asperger’s syndrome, and other pervasive developmental disorders. Our efforts are focused on providing communities, organizations, agencies, and families with the knowledge and skills to support children and adults in typical early intervention, school, and community, work and home settings.”***

# **Incidence**

- **CDC says the incidence is 1 in 88.**
- **Korean study puts the prevalence at 1 in 38.**
- **Recent report by CDC says may be as high as 1 in 50.**
- **Differences in figures due to different methods for collecting data.**

# **Current Status**

- **Increasing Numbers**
- **Complex Issues**
- **Complicated Lives**
- **No Easy Answers**

# **Highlights:**

- **360 teams (over 2500 family members and professionals) from local special education planning districts across Indiana have been trained to address the diverse learning needs of students across the autism spectrum.**
- **150 autism leaders are supported that are located in almost every school district in Indiana.**
- **Support is provided via regional and state meetings, and a collaborative listserv.**

# **Highlights**

- **27,098 individuals and family members received some level of training**
- **IRCA has been involved in a federal project to implement evidence-based practices in schools.**
- **Project, IRCA staff have provided intensive coaching in 75 schools.**

# Highlights

- **25 IU students on the spectrum are part of a self-directed club supported through IRCA.**
- **Doctoral and social work students supported and university courses taught.**



# **Highlights**

- **8,000 subscribers to e-newsletter**
- **IRCA maintains four listservs, including a network of speech-language/hearing specialists, autism leaders, parent group leaders and those involved in our PDA Project. These listservs reach 940 professionals and family members. Each person on the listserv is expected to disseminate information they receive.**

# Highlights

- **The IRCA website ([www.iidc.indiana.edu](http://www.iidc.indiana.edu)) has approximately 394,000 hits per year and is ever evolving in providing information.**
- **The IRCA Facebook page is another host for information dissemination with 2795 followers and a total annual reach of about 360,000.**
- **In addition, IRCA staff respond to approximately 26,000 emails annually and numerous phone calls daily.**
- **And finally, IRCA develops and disseminates information worldwide. Approximately, 350,000 brochures and articles are distributed.**

# **Highlight**

- **ACT Early Brochure**
- **50,000 copies in English**
- **10,000 Spanish**

# **Additional Highlights**

- **Research (Needs Assessment Survey)**
- **Grants**
- **Committees**

# **Phone Calls**

- **Criminal Justice System**
- **Children Dealing with Death and Divorce**
- **Searching for Services/Funding**
- **Unemployment Rate**
- **Individuals Leaving College Unable To Obtain and Maintain Jobs**
- **Dual Diagnosis: Autism and Mental Health Issues**

# **Thanks to You**

- **Leaders in Legislation**
- **Medicaid Waiver**
- **First Responder Training**
- **Insurance Mandate**
- **CSHCN Including ASD**
- **Seclusion and Restraint Legislation**

# **How This Was Achieved**

- **Autism community members willing to come together with one voice. Group needs supersede individual needs.**
- **Examining what other states are doing.**
- **Champions sitting in this room.**

**Thank you for your  
ongoing willingness to  
“chip away at this rock.”**

**Representative Summers**





## **Bullying and Students on the Autism Spectrum**

### **Contributed by the NATTAP Partners (Network of Autism Training and Technical Assistance Programs)**

It is not unusual to hear stories about students – with and without disabilities – being bullied. Stories about bullying have captured media attention as children cope with being bullied and as families attempt to adjust to losing a loved one to suicide motivated by bullying. The reality is that students on the autism spectrum are bullied more often than students without disabilities. In fact, of the students who are bullied, 63% are on the autism spectrum. Regardless of the outcome associated with bullying and whether the student has a disability or not, bullying is a serious and pervasive problem that must be addressed in schools.

Bullying involves repeated harmful actions toward an individual or a group. It is brought on when someone is perceived to have a weakness, a challenge, or a difference that may serve to both isolate them and to make them a target for harmful acts. Bullying often occurs in front of or includes others, and witnesses can play an important role in increasing or decreasing bullying, if they choose.

There are various forms of bullying, including verbal, physical, emotional, and property destruction. A growing area for bullying is cyber-bullying in which Facebook, email, Twitter, and other forms of social media are used to spread unkind and often untruthful information about students. While social networking can be a great resource to connect people; it can and has been used in a harmful manner to ostracize and exclude others.

The impact of bullying can be significant and can include lowered self-esteem, heightened anxiety, depression, fear, refusal to attend school, isolation, suicidal ideation, and suicide. Sometimes the signs are apparent, and at other times, individuals try to mask or hide their reaction to the bullying. Involved professionals and family members may notice decreases in grades, an inability of the child to concentrate, a loss of interest in academic skills, school avoidance and higher rates of absenteeism, and ultimately the desire to dropout. Families and professionals should be aware of behavior changes that may indicate a student is being bullied. For example, if a child or adolescent refuses to go to school, it may be an indicator that s/he is being bullied and does not feel safe at school.

For students on the autism spectrum, bullying may be difficult to detect and understand. Because of theory of mind challenges and social skill deficits, these students become vulnerable targets for bullying. Theory of mind differences result in difficulties grasping the intentions of others and understanding what others are really feeling and thinking. In terms of social skills, individuals with autism have difficulty reading nonverbal cues, including body language and the facial expressions of others. In addition, they may take comments literally instead of understanding the underlying and perhaps unkind message. Many may have difficulty detecting the difference between teasing and bullying. As such, spectrum may over- or under-react when perceived or real bullying happens.

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In addition to the emotional toll on students and their families, bullying is becoming a growing area for litigation. Schools must seriously investigate any complaints of bullying made by parents or students. If the student has a disability, bullying could be denying a student FAPE (a free and appropriate education).

While bullying impacts individual students, programs have to be designed school-wide. School-wide anti-bullying programs should be conducted that focus broadly on teaching tolerance and understanding, and creating a safe school environment, overall. Research shows that proactively providing strategies and supports within the context of the school culture can decrease or minimize the need to reactively respond to incidents (Espelage & Swearer, 2008). Building leadership must demonstrate an absolute intolerance for bullying and the entire school community must understand and support this belief. Below are several suggestions:

Create a school-wide no-bullying policy that clearly describes the various forms of bullying, outlines procedures to be followed when bullying occurs, and articulates consequences. This policy should be shared with parents, and parents should be encouraged to discuss the policy with their children, with or without, an autism spectrum disorder (ASD). The policy should be revisited frequently with students and posted in various areas of the school.

Address anti-bullying as part of your school-wide positive behavior support program. Establish rules and post these throughout school. Rules should not be stated simply in negative terms (telling students what not to do), but should tell students how they are to act. Often times, rules are stated using abstract terms, such as, "Respect Others." Be tangible and help students understand what respect does or does not look like. Teach what respectful behavior looks like, teach how to be respectful, and teach others how to respond to behavior that is not respectful. Revisit the rules regularly and share rules with parents.

Highlight students who have exhibited acceptance toward classmates. Staff should acknowledge random act of kindness by posting notices in central locations. Staff can also distribute reward cards to students when they notice students treating classmates in a positive fashion.

As a school, identify social skills that are important to focus on. For example, many students lack problem-solving, negotiation, anger management, and conflict resolution skills. Choose a social skill of the month. Rehearse with students and continually coach throughout the month. Staff should also remember to be a positive role model for these social skills.

Hold meetings in which bullying is discussed. Allow students to provide examples and discuss how it felt to be bullied. Make sure students know the consequences for bullying. At the same time, make sure they also understand the importance of establishing positive relationships.

Most schools collect school-wide behavioral data. If there are times or areas of the school where bullying is more likely to occur, develop a staff plan for adult supervision. If recess, passing periods, bus rides, or certain classes are more problematic, work with staff in those areas to identify the signs of bullying. Oftentimes students are very discrete and bullying may be hard to detect. Work with staff on strategies and a plan of action. If unstructured times of the day are more problematic, it may mean that more staffing is required during those times.

Create information about cyber bullying that can be sent home to family members and given to students. Students need to understand that technology allows us to maintain a permanent record. It may be necessary to establish rules for the use of personal technology in the school.

Bullies seek power and attention from bystanders. Empower peers to take action to stop bullying events by teaching them how to seek help, distract a bully, and advocate on behalf of the target of a bully. Layout a process they can follow if bullying escalates. Make sure bystanders feel safe reporting students and that confidentiality is respected.

For specific students on the autism spectrum who are potential victims of bullying, consider the following:

Help individuals on the autism spectrum clearly discern what bullying is and is not. For some students on the autism spectrum, it will be helpful to explain in concrete terms what bullying is by providing specific and concrete examples that do and do not depict bullying. Through the use of social narratives, role playing and coaching, individuals can be presented with real life concrete examples of bullying and teasing, and helped in learning the difference. Realize that it is difficult for many with and without ASD to understand true intentions of others. However, for students on the spectrum, it is critical that they understand the differences.

When bullying does occur, a safe person or safe place should be identified for students on the autism spectrum to access quickly. Write out and/or illustrate procedures that students should follow if they believe they are being bullied or if they are in a situation in which they feel uncomfortable or unsafe. Provide opportunities for students to practice the procedures at various times. It might be helpful to provide a small procedure card for the student to carry in their wallets or bags.

Another key to safety is to create a community of friends around the student. Students have the potential to become greater victims when they are isolated in the student body. Making sure they are connected to others through informal or formal means may increase their safety. If the hallway is problematic, assign other students to be a hall buddy with the person with ASD.

Bullying can heighten students' anxiety, cause them to feel unsafe, and hinder academic performance. All students, including those on the autism spectrum, have a right to feel safe at school. Each of us has a role in making school a safe and caring environment that fosters learning and positive social-emotional relationships.

## References

Espelage, D. L., & Swearer, S. M. (2008). Current perspectives on linking school bullying research to effective prevention strategies. *School Violence and Primary Prevention, 11*, 335-353.

## Resources

### Websites

Model Me Confidence & Bullying Prevention, also includes information on training DVD.  
<http://www.modelmekids.com/bully.htm>

IAN Research Report on Bullying and Children with ASD.  
[http://www.iancommunity.org/cs/ian\\_research\\_reports/ian\\_research\\_report\\_bullying](http://www.iancommunity.org/cs/ian_research_reports/ian_research_report_bullying)

National Autism Association. <http://www.autismsafety.org/bullying.php>

### Books and Articles

Bernard, E.C. (2010). Four minutes a day: A parent and teacher guide for victims of entertainment bullying in school hallways. Villanova, PA: Teacher Voice Publishing.

Dubin, N. (2007). Asperger syndrome and bullying: Strategies and solutions. Philadelphia, PA: Jessica Kingsley Publishers.

Gray, C. & Williams, J. (2006). No fishing allowed bullying prevention program: "Reel in" bullying. Arlington, TX: Future Horizons, Inc.

- Heinrichs, R. (2003). *Perfect Targets: Asperger Syndrome and Bullying: practical solutions for surviving the social world*. Shawnee Mission, KS: Autism Asperger Publishing Co.
- Sabin, E. (2006). *The autism acceptance book: Being a friend to someone with autism*. New York, NY: Watering Can Press.
- Sterzing, P.R., Shattuck, P.T., Narendorf, S.C., Wagner, M. & Cooper, B.P. (2012). Bullying involvement and autism spectrum disorders: Prevalence and correlates of bullying involvement among adolescents with an autism spectrum disorder. *Archives of Pediatrics and Adolescent Medicine*. doi:10.1001/archpediatrics.2012.790.

## **DVDs**

- Cerullo, C.V. (Director). *Bullying and students with special needs*. [motion picture]. United States: Omni Publishing Company.
- MacKinnon, S. (Director). (2006). *Being bullied: Strategies and solutions for people with asperger's syndrome*. [Motion picture]. United States: Jessica Kingsley Publishers.

## **Mobile APPS**

- Brenmark Inc. (2012). *Bully Alert Plus (Version 1.0)* [Mobile Application]. Retrieved from <http://itunes.apple.com>
- Do2Learn. (2012). *The Bully Book. (Version 1.0)* [Mobile Application]. Retrieved from <http://itunes.apple.com>
- Penn Inovations, LLC. (2010). *Bully Shield. (Version 1.03)* [Mobile Application]. Retrieved from <http://itunes.apple.com>
- The Line Campaign, Inc. (2012). *Circleof6. (Version 1.1)* [Mobile Application]. Retrieved from <http://itunes.apple.com>

Document created by the Network of Autism Training and Technical Assistance Programs (NATTAP) associated with the Autism Society. Members involved in product development include:

Sue Baker, Iowa Department of Education  
Barbara Becker-Cottrill, Autism Training Center Marshall University  
Sheri Dollin, Southwest Autism Research and Resource Center  
Julie Donnelly, Private Consultant  
Kathy Gould, Illinois Autism Training and Technical Assistance Project  
Debbie Irish, Geneva Centre for Autism  
Sue Kabot, Autism Institute at Nova Southeastern University  
Brenda Myles, Ohio Center for Autism and Low Incidence/Ziggurat Group  
Cathy Pratt and Anna Merrill, Indiana Resource Center for Autism  
Christine Reeve, Reeve Autism Consulting  
Lee Stickle, Autism and Tertiary Behavior Supports, Kansas State Department of Education

## After Your Child is Diagnosed with an Autism Spectrum Disorder

### Apply for These Programs:

- **Indiana's Children's Special Health Care Services:** Call 800-475-1355 and ask how to apply. You can also check <http://www.in.gov/isdh/19613.htm>. This program provides supplemental medical coverage to pay for treatment related to a child's autism; for age birth-21 years, who meet the program's financial and medical criteria.
- **Indiana's Medicaid Waiver Program:** Call 800-545-7763 to ask how to contact your local Bureau of Developmental Disabilities office to get an application. You can also check <http://www.in.gov/fssa/ddrs/2639.htm>. This program permits Medicaid to fund services such as speech, behavioral, and other individualized supports in the home or in other community settings for children (and adults) who meet the program's financial and medical criteria.

### Check Out Other Possible Statewide Resources for Your Family:

- **The Arc of Indiana:** 800-382-9100 (<http://www.arcind.org/>) Provides information and referral to resources and help in applying for government programs, including Medicaid Waivers.

- **INSOURCE:** 800-332-4433 (<http://www.insource.org/>) Provides information, educational resources, and guidance to support families of children and young adults, and has a major focus on school programs.

- **About Special Kids:** 800-964-4746 (<http://www.aboutspecialkids.org/>) Answers questions and helps find information and resources for families and for their child with special needs.

- **Family Voices Indiana:** 317-944-8982 (<http://fvindiana.org/home>) Provides information to families of children with special health care needs to help them make informed choices and decisions.

- For a more complete list of services, visit the Indiana Resource Center for Autism (IRCA) website at <http://www.iidc.indiana.edu/index.php?pageId=275>.

### Identify Learning Goals for Your Child:

- Determine what additional services, therapies, and supports your child and family will need (e.g., speech therapists, ABA providers, respite care, etc.). Contact your insurance company to see what services they will or will not pay for. Indiana is a state with an insurance mandate.
- Continue to learn along with your child and seek the guidance of professionals as your child's and family's needs will change over time.

Most important, make sure you have the support you need. On the IRCA website at <http://www.iidc.indiana.edu/index.php?pageId=546> is a list of parent support groups across Indiana, including the Autism Society of Indiana Allies (<http://www.autismsocietyofindiana.org/#/allies/4549893150>).

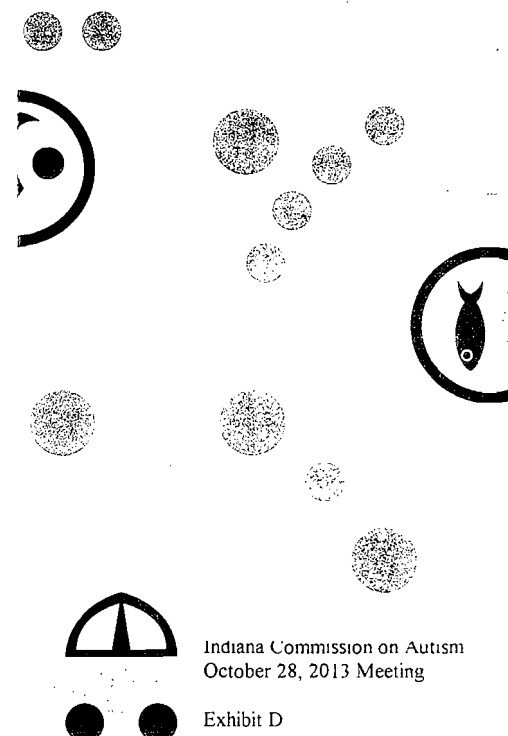
Realize that autism spectrum disorders are life long, and you will need support at various points along the path. With the right programming and opportunities, your child will continue to learn and gain new skills.



## Do Not Wait to Get Started!

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# Roadmap to Services



Indiana Commission on Autism  
October 28, 2013 Meeting

Exhibit D

## Are You Concerned About Your Child's Development in Any of the Following Areas?

### Communication Skills:

- Not turning head when name called or giving very inconsistent response(s)
- Not smiling and babbling at others or doing so infrequently
- Not pointing to show interest by 12 months
- Not using gestures; waving "bye-bye" by 12 months
- Not using several meaningful single words by 18 months
- Repeating or echoing words or phrases in place of appropriate language
- Losing skills they once had; stop saying words they were once using

### Social Skills:

- Not enjoying "peek-a-boo" and social play games or very limited enjoyment
- Not imitating play actions; clap when you clap by 12 months

- Not doing simple pretend play such as "talk" on toy phone by 18 months
- Not looking at object when you point and tell them to "look" by 18 months
- Having an unusual preference for being left alone
- Using limited to no eye contact
- Often preferring to cuddle only on their terms

### Restrictive or Repetitive Interests:

- Unusual responses to lights, sounds, textures, new items
- Unusual repetitive behaviors; running in circles, flapping hands, or lining up toys
- Overly attentive and interested in objects (instead of interest in people)
- Difficulty adapting in new situations, environments, and/or to changes in routine



If you notice your child exhibiting many of the behaviors listed above, you may be seeing signs of an autism spectrum disorder (ASD). ASDs affect a child's thinking, learning, and behavior and impacts a child's functioning in different ways and on different levels. At present, an autism spectrum disorder affects 1 in 88 children in the United States. Children can be diagnosed and receive services as early as 18 months. Early intervention **MAKES** a difference!



## Do Not Wait! What You Should Do:

**1** Talk to your doctor: Ask for a screening for an autism spectrum disorder. A screening usually means answering about 20 questions that the doctor or staff will ask about your child's development. More complete diagnostic testing may be needed later.

**2** If your child is birth-3 years old, contact your local First Steps program by calling 317-441-7837 or by visiting their website at <http://www.in.gov/fssa/ddrs/2633.htm>. First Steps provides early intervention services to infants and young children with disabilities or who are at risk for a disability, and who are eligible. You do not need to have a formal diagnosis to contact First Steps.

**3** If your child is over 3 years old, contact your child's local elementary school or special education district for programs. Your child could be eligible for public school programs for preschoolers 3-5 year old. Don't wait until kindergarten. The school will do their own evaluation to determine if your child is eligible for educational services.

**4** If you are still not getting helpful answers, ask your doctor for a referral to a specialist for a full diagnostic evaluation. Riley Hospital Child Development Center and the Christian Sarkine Autism

Treatment Center also at Riley Hospital are two Centers that can do a full diagnostic evaluation. Also check this listing of experienced specialists who can diagnose and assess: <http://www.iidc.indiana.edu/index.php?pageId=269>.

**5** At any point on this journey, contact any of these programs for more information about autism spectrum disorders, local resources, and services or for guidance concerning your son/daughter:

- **Indiana Resource Center for Autism (IRCA):** 800-825-4733 (<http://www.iidc.indiana.edu/irca>)
- **Autism Society of Indiana:** 800-609-8449 (<http://www.inautism.org>)
- **Sonya Ansari Center for Autism at Logan:** 574-289-4831 (<http://regionalautismcenter.org/>)
- **Easter Seals Crossroads Autism Services:** 317-466-1000 ([http://www.easterseals.com/site/PageServer?pagenam=ntlc8\\_autism\\_service](http://www.easterseals.com/site/PageServer?pagenam=ntlc8_autism_service))
- **Riley Child Development Center:** 317-944-8167 (<http://www.child-dev.com/>)
- **HANDS in Autism:** 317-944-8162 option "0" (<http://www.handsinautism.org>)