Gender GAP
Experts study symptom differences between girls and boys with autism
Page 26

NODA AT WORK
Smartphone app speeds up diagnostic process
Page 30

CYBER SAFETY
Grant helps SARRC launch online safety curriculum
Page 32

SIBSHOPS
Sisters advocate for sibling support program
Page 37
We salute SARRC as they lead the way by conducting research, providing a lifetime of support, and delivering education and community outreach.

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26 GIRLS & AUTISM
For Michele Thorne and her family, the journey to receive a diagnosis of autism for her son and daughter differed greatly. SARRC experts have been taking a closer look at the autism gender gap because symptoms can vary for girls and boys.

30 EXPEDIENTING THE DIAGNOSTIC PROCESS
A smartphone-based app developed by SARRC with the Georgia Institute of Technology and Behavior Imaging Solutions is now being widely used for all clients younger than 6. Research studies show families receive a diagnosis 50% faster with NODA™ than traditional in-person assessments.

32 FUTURE OF CYBER SAFETY & AUTISM
Thanks to grant funding from NEXT for AUTISM, SARRC is developing a new online safety curriculum that will provide effective teaching strategies for navigating the internet for people with ASD as well as their families.

35 JUMPSTART LEADS TO A NEW JOURNEY
When Allyson Perreault received a diagnosis of autism for her 4-year-old son, SARRC’s JumpStart® program helped her navigate a new course for her family. Her experience eventually led her to pursue a career change – she is finishing up a master’s degree in applied behavior analysis.

YOUR DONATIONS AT WORK
Learn how your support makes a difference at autismcenter.org/yourgift
I am amazed at the difference in Miss Adalynn. The differences this program has made in her life, her family’s and how she is managing day-to-day situations is simply astounding.

-Marina Henk Borgmann

SARRC helped get my daughter diagnosed. They used NODA program to do so and then they told me what to do next so I wasn’t left confused. I also love how they’re charitable too, especially working with the community like Studio Movie Grill as one example.

-Rosemary Keller

So much incredible energy today at the 14th Annual @autismspeaks Walk in partnership with @SWAutismCenter! It was my 3rd year emceeing, and there were over 500 teams, around 10,000 participants! The Walk also raised a total over $585,000! Truly inspiring!!

-@ChelseyDavisTV

I still can’t believe this happened ($100,000 Devin Booker Starting Five grant to SARRC)! Definitely one of the highlights of 2019. @SWAutismCenter is such an amazing asset to kids on the autism spectrum and their families. Thank you @DevinBook for this amazing honor!

-@EsauPearl

@SWAutismCenter you are by far one of the best nonprofits in Arizona. I know I will never forget my experiences there at the Employment Services center! #KeepGoingStrong #ChangeTheWorldOfAutism

-@Adam_Pitts
Many people with autism struggle immensely with even the smallest disruptions in their routines. Parents often learn the hard way to take the very same route to school each day, or that their child will eat only one brand of chicken nuggets, or that the 43 stuffed animals on their child’s bed must be put in the exact same place every day.

And the truth is... changing routines is not so easy. Over the span of a weekend in early March, SARRC was forced to shut down all of our group programs due to the coronavirus, affecting 125 children between our two inclusive preschools; 60 teens in our PEERS and CommunityWorks programs; 70 grandparents who regularly attend our monthly Grandparents Support Group meetings; and the launch of our new Sibshops program for siblings of children with autism. We were heartbroken after watching many of our adults with autism, who competed for and were succeeding in their jobs, become victims of our slowed economy and join our country’s rapidly rising unemployment rate.

Yet all of this pales in comparison to what it would mean for our families if treatment for their children suddenly came to an abrupt stop.

How would parents handle the stress of balancing working from home, homeschooling siblings and becoming their child’s only therapist? And what about the parents who are worried and looking for answers about their child’s development only to have their diagnostic appointments canceled and the start of treatment further delayed?

For SARRC, there was only one option: We would have to adapt to a sudden change in routine.

SARRC quickly modified our programs to ensure treatment continued. To minimize the risk of exposure for our therapists and families, we decided to schedule only one therapist to work with only one family, as opposed to several therapists going in and out of the homes of multiple families.

We pivoted to telemedicine, allowing us to provide remote supervision for our therapists, coaching for our parents, and 1:1 therapy for our teens and adults with autism. Thanks to technology that SARRC introduced over the last year, families have been able to access some of our most critical programs remotely during the coronavirus pandemic. For instance, the NODA™ mobile app lets families seeking a diagnosis for their child receive an evaluation from home, allowing them to maintain their appointments.

And in 2019, we began transitioning JumpStart®, our flagship six-week program for newly diagnosed families, to an online, e-learning format, making the program completely accessible without coming to SARRC.

Finally, our therapists uprooted their regular schedules overnight and became our essential healthcare heroes. They made the difficult shift from working with several clients to working with only one child, teen or adult with autism every day of every week of every month. And they selflessly put themselves at risk as they rallied around SARRC’s mission with a relentless commitment to supporting our families and clients.

Like people with autism, this sudden change in routine hasn’t been easy for any of us, and we’ve all had to learn to adapt. As for SARRC, we’ve been able to do so because, for 23 years, this community has been here for us. And it is this community that will continue to stand by SARRC as an essential partner, and together, we’ll not only overcome this challenge, but emerge stronger than ever.
“In diversity there is beauty and there is strength.”
-Maya Angelou

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AND THEIR MISSION TO HELP PEOPLE WITH AUTISM ACHIEVE THEIR GOALS.

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SARRC Welcomes 4 New Board Members

SARRC is pleased to welcome Lev Gonick, Jason Lattin, Kim Shepard and Scott Wallace to its board of directors.

**Lev Gonick**  
**Arizona State University, Chief Information Officer**

Lev Gonick is an educator, technologist and smart city architect. He has been teaching, working and living on the net for more than 25 years. Prior to his role at ASU, he served as co-founder and CEO of DigitalC, an award-winning nonprofit enabling and celebrating innovation, collaboration and productivity through next-generation broadband networks, big open data solutions and IoT for public benefit. *Inside Business Magazine* named Gonick one of its “Power 100” in 2015.

**Jason Lattin, CFA**  
**BMO Private Bank, Regional Director**

Jason Lattin oversees the development and delivery of investment management and advisory services to high net-worth individuals, families and organizations, including endowments and foundations, throughout the Western U.S. He has 20 years of experience in financial services. Additionally, he worked as a software consultant training bank treasury departments in the U.S. and Latin America on how to use an interest rate risk management program. Lattin holds the Chartered Financial Analyst® designation.

**Kim Shepard**  
**Cigna-Arizona, President**

Kim Shepard is the market president for Cigna in Arizona. She is responsible for driving market growth by creating customer value and ensuring that the local market strategy, product and network offerings meet evolving customer and client needs. She also partners with area healthcare professionals and health systems, including Cigna Medical Group, to help improve the health of Cigna customers and lead Cigna’s efforts to serve the communities of Arizona. Shepard has been with Cigna for more than 18 years and has served in various leadership roles in both Texas and Arizona.

**Scott Wallace, CPA**  
**Wallace Plese+Dreher, Principal**

Scott Wallace specializes in litigation support services throughout Arizona and has more than three decades of experience as a CPA. Serving as a consultant and expert witness to individuals and Arizona businesses, he has testified in state and federal courts, including the U.S. Bankruptcy Court for the District of Arizona. As a court-appointed expert, attorneys rely on his extensive knowledge of financial statements and customary business and accounting practices for building legal strategy.

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Denise D. Resnik, Founder & President/CEO, First Place® AZ; SARRC Co-founder  
Howard Sobelman, Esq., Partner, Snell & Wilmer LLP

Thank you to the directors who completed terms in 2019:

Amanda Aguirre, Dan Coleman, Meighan Harahan and Jim Waring
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Schimmel, Thompson Present at ABAI Conference

In February 2020, Kelsey Schimmel, M.Ed., BCBA, and Holland Thompson, M.Ed., BCBA, from SARRC’s Community School attended the Association for Behavioral Analysis International (ABAI)’s Autism conference in Miami. The two shared work they completed surrounding innovative interventions they have designed for preschool-age children with a diagnosis of autism. Their work focuses on increasing early communication skills in the context of an inclusive preschool setting. Having the opportunity to attend this conference and share their work is something Schimmel and Thompson feel passionately about and aligns with SARRC’s mission to advance research and provide a lifetime of support for individuals with autism and their families.

Raetz Joins International Autism Panel in Sweden

In fall 2019, SARRC’s Director of Teen and Adult Services Paige Raetz, Ph.D., BCBA-D, was invited to speak on a panel entitled, “Supporting Individuals With Autism Spectrum Disorder in the Successful Transition to Adulthood: Pathways, Pitfalls and Progress,” at the Association for Behavior Analysis International-International conference, held in Stockholm, Sweden. Dr. Raetz and other experts on the panel shared insights with an international audience about effective ways of supporting adults with autism spectrum disorders (ASDs) in developing independence.

EMPLOYMENT ANNIVERSARIES

15+ YEARS
Rachel Anderson
Addie Mocca
Sharman Ober-Reynolds

10+ YEARS
Alexis Boglio
Chris Boughton
Stephanie Brockman
Bethany Chadd
Pilar Dowling
Christine Gomez
Jill Haglund
Brittani Harris
Brad Herron-Valenzuela

5+ YEARS
Will Kirwan
JoAnn Larkin
Amanda Malligo
Megan Mann
Letty Mendez
Daniel Openden
Beatriz Orr
Christopher J. Smith
Katrina Warriner
Monique Auger
Will Bassler
Emily Blazev
Yvonne Cass
Brianna Conners
Jennifer Donato
Cristina Fauste
Amber Feick
Mary Hill
Maria Holguin
Katie Hoyle
Stephen James
Natalie Jasso
Maureen Jorden
Amy Kenzer
Elyse LaFarelle
Nicole Matthews
Kelsee Mullen
Wade Newhouse
Paige Raetz
Amie Roden
Hanna Roen
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Kelsey Schimmel
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Erica Skepnek
Amanda Sumney
Julie Tyma
Sienna VanGelder

SARRC HAS 38 BOARD CERTIFIED BEHAVIOR ANALYSTS® ON STAFF. MORE THAN 90 PERCENT OF OUR STAFF EARNED THEIR BCBA WHILE WORKING AT SARRC. THIS IS THE HIGHEST NUMBER OF BCBAs IN A SINGLE ORGANIZATION IN ARIZONA.

Holland Thompson and Kelsey Schimmel at ABAI conference in Miami.

From left: Eileen Hopkins, Ph.D. (Eden II Programs), Randy I. Horowitz, MSEd (Nassau Suffolk Services for Autism), Paige Raetz, Ph.D., BCBA-D, LBA (SARRC), Joanne Gerenser, Ph.D., CCC-SLP (Eden II Programs).
In Brief

JumpStart Now Available to Families Everywhere

SARRC’s flagship program, JumpStart®, is now available to families living in Arizona, out-of-state and out-of-country. JumpStart is designed to provide access to critical information, so parents and caregivers feel confident and supported as they begin to make decisions for their child after receiving a diagnosis of autism.

JumpStart also provides information on Pivotal Response Treatment (PRT) to give parents strategies to support their child’s communication. In the new, expanded model, for families who live near SARRC’s campus, JumpStart offers online education and in-person coaching sessions. For families who live at a distance, including out of state, personalized telehealth options are now available.

Learn more at autismcenter.org/jumpstart.

The FRIEND® Program Manual Published, Sold on Amazon

SARRC Research Department staff members Christopher J. Smith, Ph.D., and Sharman Ober-Reynolds, MSN, FNP, published a manual in partnership with former SARRC experts on the FRIEND® Program, a social communication and play-based program designed to help school-age children with social challenges.

FRIEND was designed with educators and parents in mind who want to create an inclusive and safe atmosphere for children to learn social skill-building strategies. Focused on three components including the Peer Sensitivity Curriculum, FRIEND Lunch Program and FRIEND Playground Program — which can be used in combination or individually — this manual provides the strategies that educators need to support students with their social skills in everyday situations throughout their school years.

Purchase your own copy on Amazon by searching “The FRIEND Program.”

SARRC Named Among ‘Best Places to Work’

SARRC was named among the “Best Places to Work” for 2019 by the Phoenix Business Journal. Winners are determined exclusively on the basis of their employees’ responses to the Best Places to Work Survey. SARRC is proud to have been a recipient of this honor multiple times.

PHOENIX BUSINESS JOURNAL

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2019 BEST PLACES TO WORK

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SARRC President and CEO Honored as ‘Nonprofit Executive of the Year’

SARRC President and CEO Daniel Openden, Ph.D., BCBA-D, was selected as the “Nonprofit Executive of the Year” by AZ Business Angels. The award ceremony celebrated nonprofit and for-profit leaders, their organizations’ missions, and the people who work tirelessly to serve them. There were 14 awards presented to individuals, nonprofits and for-profit organizations that focus on corporate philanthropy.

Promising Outcomes at First Place-Phoenix’s Transition Academy

Measurable outcomes are the all-important goal when it comes to establishing credibility and the potential for public funding. While often a long, hard slog, it can also be a path of steady progress holding much promise for us all.

First Place–Phoenix’s Transition Academy has been building momentum. After five years of collaborating with SARRC as its clinical operator, this unique, two-year independent life-skills residential program is yielding positive outcomes and propelling graduates forward on their quests for employment and more independent living.

It has also caught the attention of the Arizona Department of Economic Security. Qualified Academy participants who are members of the Division of Developmental Disabilities (DDD) and eligible for long-term care can receive Arizona Long-Term Care System (ALTCS) supports from SARRC to offset the cost of participation. Private-pay costs now only include rent and amenities, since DDD provides the funding for long-term care services. Based on initial results, First Place–Phoenix’s Transition Academy is definitely on the right path!

Transition Academy Outcomes

First Place® AZ is a nonprofit founded in 2012 that serves adults with autism and other neurodiversities through thoughtfully designed housing with supports. First Place–Phoenix offers programming for daily living and socialization skills, vocational development and a robust on- and off-site community life for apartment residents and Transition Academy participants. Learn more at firstplaceaz.org.

50% of graduates had never been employed prior to enrollment.

94% were employed upon graduation.

39% of graduates are from out of state.

55% choose to live at a First Place property.

89% live in their community of choice after program completion.

28% of graduates tried living outside family home prior to enrollment.

Outcomes are based on the First Place Transition Academy program, including the Learn4Independence® curriculum, administered by our clinical operating partner, the Southwest Autism Research & Resource Center (SARRC).
Together, we create a better community.

Cox Communications celebrates our friends and neighbors who have created and cultivated a strong community.

We proudly support Southwest Autism Research & Resource Center.

Find out more at cox.com

SARRC, Arizona Children’s Association Increase Access to Services

In 2019, SARRC and Arizona Children’s Association (AzCA) announced a new partnership to expand services for families and their children with a diagnosis of autism. As part of the partnership, SARRC will share valuable resources with AzCA as they work to grow their services for their clients with autism across Arizona. Founded over 100 years ago, AzCA is the largest statewide comprehensive nonprofit agency in Arizona and has locations in all 15 counties. Together, we are supporting SARRC’s strategic plan to put effective services within reach of every Arizonan.

Intermountain Centers for Human Development Launches JumpStart

SARRC and Intermountain Centers for Human Development (ICHD) have joined forces to deploy JumpStart® at ICHD. This partnership will expand access to in-person JumpStart coaching sessions for families living near an ICHD clinic.

JumpStart has been in operation for more than 17 years and is the longest running clinical program at SARRC, serving more than 750 families in the Greater Phoenix community in just the last decade.

Summer Camp Opportunities Abound

In an effort to build more inclusive communities, SARRC partners with numerous organizations that offer summer camps in Arizona.

SARRC’s 2020 summer camp partners include the Arizona Science Center, Camp Daisy and Harry Stein, Camp Simcha, Children’s Museum of Phoenix, The Phoenix Theatre Company and the University of Advancing Technology.

Each of these entities offer inclusive recreational opportunities for all children and young adults, including those with a diagnosis of autism.
SARRC Celebrates 21st Annual Community Breakfast

SARRC celebrated its 21st Annual Community Breakfast event on May 9, 2019, which was held at the Arizona Biltmore Resort.

Nearly 1,500 guests attended the event, themed Next is Now — a nod to SARRC’s new strategic plan that will put effective services within reach of every Arizonan by 2030.
In Brief

2019 Event Highlights

14th Annual Autism Speaks Walk in Partnership with SARRC Draws 10,000 Participants

On Sunday, Oct. 27, 2019, 10,000 people and 500 teams from around the state gathered at Tempe Beach Park in support of the Autism Speaks Walk in Partnership with SARRC. The annual event raised $600,000, half of which goes to the important national initiatives led by Autism Speaks and the other half to support local families through SARRC’s innovative research and programs.

For more information about the 2020 Walk event, visit autismcenter.org/2020walk.
SAVE THE DATE: WE’RE MOVING!

We’re excited to share that the 15th Annual Autism Speaks Walk in partnership with SARRC is moving to Sloan Park, spring training home of the Chicago Cubs.

Sloan Park
2330 W. Rio Salado Parkway
Mesa, AZ 85201

Saturday
Oct. 17, 2020
8-11 a.m.

EVENT HIGHLIGHTS:
- 5k & 1-mile Family Friendly Route
- Walk Kick-Off Festival with Autism Resource Fair & Kids’ Zone
- Finish Line Celebration in Sloan Park
- Kids’ Fun Run Around the Bases

Register your team at autismcenter.org/2020walk

For a list of all upcoming SARRC events, visit autismcenter.org

Thank you to our 2020 Walk Chair: Gregory Bernosky & family
Alliance Bank of Arizona, a division of Western Alliance Bank, Member FDIC. Western Alliance ranks top ten on Forbes’ Best Banks in America list, five years in a row, 2016-2020.

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SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER LEADS THE WAY IN IMPROVING THE LIVES OF THOSE WITH AUTISM.

Fennemore Craig is thrilled to be part of the innovative practices of SARRC and their dedication to education and community outreach.

Because You Asked: How You Can Help SARRC

There are several ways to support SARRC, but financial gifts are most needed at this time. However you decide to contribute, know that you are helping to advance SARRC’s mission to advance research and provide a lifetime of support for individuals with autism and their families.

For the third consecutive year, SARRC has been awarded the Platinum Seal of Transparency by Guidestar, the highest level a nonprofit organization can receive. We were also awarded the coveted 4-star rating from Charity Navigator for the 4th consecutive year, an accomplishment that only 20% of the charities they evaluate receive. These two designations recognize SARRC’s transparency, impact and effectiveness, and reflect the outstanding work of SARRC’s teams.

Make an online gift today at autismcenter.org/donate. If you would rather make a gift over the phone, please call SARRC at 602.340.8717.

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Leaving a
LEGACY

SARRC’s Legacy Circle was established to create an endowment fund for the long-term needs of individuals with autism and their families. This circle of ongoing support was formed to honor some of our most loyal donors for their commitment to SARRC’s mission.

A gift to the Legacy Circle is a long-term investment in the research, programs and services of SARRC and allows for the continued expansion of essential services for the years ahead, despite economic conditions.

To learn more about SARRC’s Legacy Circle or upcoming events, please visit autismcenter.planmylegacy.org or contact Planned Giving Manager Beth Salazar at 602.606.9876.

Arizona as a state is still in its youth, and it is a place where even people who aren’t billionaires can make a difference. A legacy gift here in our community is an investment that will make a real impact. Three hundred years ago, endowments were started in Boston and other major cities, [and now] their arts and other community organizations are all well-endowed. We’re proud legacy givers — the future of our community depends on those with vision to leave behind gifts that will sustain us long into the next century.

Rose & Harry Papp
SARRC Legacy Circle Members

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We apologize for any omissions due to the publishing deadline.
Donors Who Make a DIFFERENCE

FLINN FOUNDATION
In 2019, the Flinn Foundation announced its support of SARRC through a grant of $100,000. This generous contribution is funding two innovative projects.

The first project focuses on expanding technology by enlisting a consultant to conduct a market analysis of JumpStart® and develop a plan for disseminating the application to reach more individuals with autism and their families throughout Arizona. The second project will focus on evaluating the outcomes of children in the Community School program in comparison to children who receive treatment elsewhere.

With the generosity of the Flinn Foundation, SARRC can continue its efforts to put critical services within reach of every Arizonan and demonstrate the effectiveness of SARRC’s Community School program for the development of young children with ASD and their typically developing peers.

PHOENIX SUNS CHARITIES
As a key partner, Phoenix Suns Charities continues to support SARRC through funding mission-critical programs, services and innovative projects.

In late 2019, Suns guard Devin Booker and the Phoenix Suns Charities honored SARRC as one of the “Devin Booker Starting Five” grant recipients. Last year, Booker pledged a $500,000 annual contribution to Phoenix Suns Charities for five consecutive years.

SARRC was awarded $100,000 to fund the expansion of our Community School to a third campus and enhance our Phoenix Campus playground with the addition of the Phoenix Suns Charities Slam Dunk Corner. Through the generous funding of Booker and the Phoenix Suns Charities, SARRC will continue to build inclusive communities and improve the quality of life for children and their families throughout Arizona.

Special THANKS to our corporate and foundation donors

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Become an MVP:
Multiyear Visionary Partner

SARRC’s Multiyear Visionary Partner (MVP) program is an opportunity for annual donors to make a multiyear gift of five years or more that will be invested into our vital programs, services and research.

Make a difference by becoming an MVP and joining a community comprised of SARRC’s loyal supporters. MVPs are driven by a vision where people are meaningfully integrated into inclusive communities — empowered to make friends, learn, live and work in the community.

SARRC MVPs AS OF FEBRUARY 1, 2020

GOLD ($10,000+)
Laura and Mike Bill
Kathryn G. and
Michael A. Bosco, Jr.
Mr. and Mrs. Philip Dion
Tonya and Christiaan Kelly
Mackenzie Fitz-Gerald and
Kevin Kemper
Brent and Jeri Kendle
Kim Siebel and Stephanie King
Carol Colombo and Louis Kirby
Jamee and Shaun Klein
Bonnie and Allyn Kluger
Rob and Jenni Leinbach
Suzi Resnik and Stanley Marks
Kelly Martinez
Ken McElroy
Gina and Dan McKnelly
Kat and Mike McMahon
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Sherri and Charles Mitchell
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due to publishing deadline.
Background: In 2019, autism researchers from the Telethon Kids Institute and the University of Western Australia called for the term “high-functioning autism” to be abandoned because of the misleading and potentially harmful expectations it creates around the abilities of children on the autism spectrum.

What is “functioning,” anyway?
The word “functioning” can refer to language, intelligence, social competence or daily living skills. However, ability in one area does not imply equal ability in all areas. People with autism who have an average, or even high IQ, may still have impaired social competence or daily living skills. A problem occurs when people hear that a person with autism is considered “high functioning,” they assume that person needs less support. Perhaps even worse, when someone with autism is less fluent with language, people may assume they are far less capable than they really are, which limits opportunities like friendships, classroom placement or employment.

What’s the problem with labeling people using “high” or “low” functioning?
Even if we had a clear, universal definition of “functioning,” it still may not be appropriate to classify someone as high or low functioning. There is a range of functioning for all different kinds of people. Some students get better grades than others. Some employees perform better. We can even say the same for teenagers and adults – some are model citizens while others are more challenging. This range of functioning is clear, yet we never refer to students, employees, teens or adults as high or low functioning. It would be wrong to classify people in this way.

What should we say instead?
First and foremost, people with autism are people. When describing any individual it’s better to describe their attributes, like “my son has autism and he is highly verbal” or “my daughter has autism and she is learning to live independently.” Those phrases clearly describe the individual rather than using terms that lump them into poorly defined groups. So, it’s better to avoid terms like “low-functioning” or “high-functioning” altogether. Not only could using these terms be insulting, but they do not convey useful information about the person. Recognizing the individual with autism is generally better.
Discusión sobre las etiquetas Alto-y Bajo- Funcionamiento

POR CHRISTOPHER J. SMITH, PH.D.
VICE PRESIDENTE DE INVESTIGACIÓN

Antecedentes: En el año 2019, investigadores de autismo del Instituto Telethon Kids y de la Universidad de Australia Occidental pidieron que se abandonara el término “autismo de alto funcionamiento” debido a las expectativas engañosas y potencialmente dañinas que crea en torno a las capacidades de los niños en el espectro autista.

¿Qué es “funcionamiento”? La palabra “funcionamiento” puede referirse al lenguaje, inteligencia, la competencia social o las habilidades de la vida diaria. Sin embargo, las habilidades en una de esas áreas pueden o no implicar habilidades iguales en todas esas áreas. Las personas con autismo que tienen un coeficiente intelectual promedio, o incluso alto, aún pueden tener dificultades en la competencia social o habilidades de la vida diaria. El problema es que muchas personas cuando escuchan que una persona con autismo es de alto funcionamiento”, asumen que esa persona necesita menos apoyo. Quizás aún peor, cuando alguien con autismo es menos fluido con el lenguaje, las personas pueden asumir que son mucho menos capaces de lo que realmente son, lo que limita las oportunidades como las amistades, la colocación en el salón de clases o en el empleo.

¿Cuál es el problema con etiquetar a las personas usando el funcionamiento “alto” o “bajo”? Incluso si tuviéramos una definición clara y universal de “funcionamiento”, podría no ser apropiado clasificar a alguien como de alto o bajo funcionamiento. Existe un rango de funcionamiento para todo tipo de personas. Algunos estudiantes obtienen mejores calificaciones que otros. Algunos empleados se desempeñan mejor que los demás. Incluso podemos decir lo mismo para adolescentes y adultos: algunos son ciudadanos modelo mientras que otros son más desafiantes. Este rango de funcionamiento es claro pero nunca nos referimos a estudiantes, empleados, adolescentes o adultos como de alto o bajo funcionamiento. Sería un error clasificar a las personas de esta manera.

¿Qué deberíamos decir en su lugar? En primer lugar, las personas con autismo son personas. Al describir a un individuo, puede ser mejor referirse a las características individuales, como “mi hijo tiene autismo y es muy verbal” o “mi hija tiene autismo y está aprendiendo a vivir de manera independiente”. Esas frases describen claramente al individuo en lugar de usar términos que los agrupan en grupos mal definidos. Por lo tanto, es mejor evitar por completo términos como “bajo funcionamiento” o “alto funcionamiento”. El uso de estos términos no solo puede ser insultante, sino que no transmiten información útil sobre la persona. Reconocer al individuo con autismo es generalmente mejor.
Original SARRC Study Highlights Need for Improved Inclusion Practices for High School Students

In 2019, SARRC’s research team published a study in the peer-reviewed journal School Mental Health: A Multidisciplinary Research and Practice Journal. The study examined the peer relationships of 10 high school students with ASD without intellectual disability. The students with ASD and more than 500 of their general education classmates were interviewed about social relationships within their classrooms. Although similar research has been conducted with elementary school students, this is one of the first studies to use this methodology to examine peer relationships in high school students.

Findings revealed that students with ASD perceived more friendships in their classrooms than were corroborated by friendship nominations from their classmates. Students with ASD were also less accepted by their peers than their general education classmates and were more likely to be isolated in their classrooms. Interestingly, students with ASD and their general education classmates experienced similar levels of peer rejection. Taken together, findings indicate the need for improved inclusion strategies for high school students with ASD in mainstream educational settings. The results also suggest a need for improved services targeting social skills in adolescents with ASD without intellectual disability.
SNAPSHOT OF AUTISM SPECTRUM DISORDER

AVERAGE AGE OF DIAGNOSIS

ASD CAN RELIABLY BE DIAGNOSED BETWEEN 12 AND 18 MONTHS

Despite this, most children are not diagnosed with ASD until after age 4. In Arizona, the median age of diagnosis by a community provider is 4 years, 8 months of age.

GENDER GAPS

THE GENDER GAP IN AUTISM HAS DECREASED

ASD has historically been more common in boys than girls. While current estimates suggest boys are four times more likely than girls to be diagnosed with the disorder, decreases in the male-to-female ratio have emerged in recent years. This is likely a result of improved identification among girls – many of whom do not fit the stereotypical picture of autism seen in boys.

RISK FACTORS

EXACT CAUSES OF ASD ARE UNKNOWN

Genetic and environmental factors, and their interaction, influence the risk of developing ASD. Occasionally, children with ASD are misdiagnosed with other conditions, like a mood condition or attention deficit hyperactivity disorder, which can delay the start of targeted intervention. The significance of specific factors remains largely unknown and no single cause has been identified.

Source: Centers for Disease Control and Prevention

AUTISM PREVALENCE

The most recent Centers for Disease Control and Prevention (CDC) report estimated 1 in 54 children* has ASD, representing a 10% increase from previous estimates.

*Rates are based on CDC data collected from communities in Arizona, Arkansas, Colorado, Georgia, Maryland, Minnesota, Missouri, New Jersey, North Carolina, Tennessee and Wisconsin.
Michele Thorne dove in head first to understand the nuances of autism after her son, Jackson, was diagnosed just after his third birthday. The signs were obvious — regression in speech, repetitive behavior and extreme difficulty interacting with others.

When her younger daughter, Maria, displayed none of those symptoms, Michele and her family assumed she was fine. But when the Thorne family sought to enroll Maria in the Southwest Autism Research & Resource Center’s (SARRC) inclusive preschool program, the Community School, as a typically developing student, they learned there may be concerns regarding their daughter’s development.

“I don’t know if I ever would have suspected that she had autism had we not gone through the enrollment process for the Community School,” says the Tempe mother of two. “Maria couldn’t even make it through the intake appointment.”

The intake process is a requirement for all potential typically developing students and must be completed before enrolling in the Community School. Children participate in a play-based assessment, the Autism Diagnostic Observation Schedule (ADOS), which is designed to elicit communication and social skills to ensure that they have the skills necessary to serve as a typical peer in the Community School’s treatment model.

The Thorne family then understood how autism symptoms can vary for girls and boys.

While her brother was nonverbal, Maria liked to talk — a lot. But it was the substance of her speech — echoing words, phrases and sounds of the speech of others — that was a sign that she had something more going on. Additionally, while Maria liked creative play and appeared to be socializing, a closer look showed that her play was more repetitive, and her interaction was more about proximity to others than actually engaging with them.

“When you have a child with autism, you don’t know what typical is. Because it’s not what Jackson was doing, we assumed, well, this must be what typical is,” Michele says. Now, both of her children, ages 4 and 7, have been diagnosed with autism.

**LOOKING THROUGH A DIFFERENT LENS**

The Thorne’s story is not uncommon, and the shift in how we look at gender and autism is something that has been gaining more attention and weaving its way into practice.

Studies consistently find higher rates of autism in boys than girls. Currently, the male-to-female ratio for autism is estimated to be 4 to 1. This gender gap has led to research aiming to understand the
disparity and also to determine whether or not girls are being underdiagnosed. While the results are not yet definitive, the body of research that is starting to emerge is promising for early diagnosis in females, and that is something that is invaluable, says SARRC researcher Stephen James, Ph.D.

“Early research on autism planted a seed for a male stereotype of the disorder and led to diagnostic procedures being largely male-biased using male norms,” he says. “In reality, females often present differently. They may have less repetitive behaviors, and their restricted interests may be more socially acceptable and therefore go unnoticed. They may also have a more socially appropriate communication style. With these social camouflaging traits, females are more likely to appear as if they are fitting in when they’re young, so it doesn’t raise a flag.”

Common stereotypes and gendered expectations about females in general may help to fuel the possibility of underdiagnosing girls, James adds.

“Females with autism often demonstrate some appropriate social skills. They may have good eye contact, develop language and gestures on time, and demonstrate social motivation, which can be misleading to parents and pediatricians. However, they may show subtle social differences, like making odd or too many social initiations, misreading social cues, and engaging in repetitive speech,” James says.

**GENDER DIFFERENCES FOR THE THORNES**

These stereotypes affected how Michele Thorne and her family saw her two children. Looking back on their experiences now with a new understanding, Michele says it seems readily obvious that her daughter was on the spectrum.

Her daughter was often the one she would take with her to run errands, like trips to the grocery store. She says her thinking was that the store would be too much for her son to handle and be difficult to make it through.

“I would take Maria, and then it was a disaster because she would have a total meltdown. I never once thought of it as anything other than just her hating being at the store,” she says. “I would walk into situations with her and expect an easy experience because she was social, and she was verbal. But in reality, girls are just different.”

Those subtleties are something SARRC’s Director of Children’s Services Rachel A. Anderson, M.A., BCBA, has learned to consider when evaluating children. Through Anderson’s work with the Community School, she is exposed to children 18 months old to 6 years of age on a regular basis. She has learned that it is relatively common for female children whose

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**By the Numbers: Girls and Autism**

- The prevalence of ASD has been estimated to be one in 38 boys and one in 152 girls, representing a 4.1 male-to-female ratio (Baio et al., 2018).
- Smaller ratios of 3.8:1 and 2.9:1 have been estimated using data from the National Survey of Children’s Health and the National Health Interview Survey, respectively (Kogan et al., 2018; Zablotsky et al., 2017).
- Despite differences in prevalence for boys and girls, the most recent Centers for Disease Control and Prevention (CDC) report found no significant gender difference in median age of first diagnosis (Baio et al., 2018).
parents are not concerned or whose pediatricians have not yet expressed any concern to demonstrate symptoms of autism during their intake assessment for the Community School. It is likely that signs were missed because parents and pediatricians were viewing autism from the traditional lens.

“Symptoms among girls are often masked by their perceived advanced language and age-appropriate social interest,” Anderson says. “Boys, on the other hand, often engage in more overt behaviors that are more easily observed by parents and others who interact with them. With girls, we run the risk of missing fractures in social skills and peculiarities in language if we don’t dive in and evaluate the quality of their language and social interactions.”

**THE GENDER HURDLE**

Anderson says a shift in thinking has really been taking hold over the last decade, but it needs to become more widespread and common. Screening and diagnostic tools that have been shaped based on male behavior should broaden to include signs that might not look as obvious but are still there.

“The last thing we want to do is take a wait-and-see approach,” Anderson says. “The sooner we can begin to provide early, evidence-based intervention, the better the long-term outcomes will be.”

That uphill battle for services and information is something that is always at the heart for parents of a child diagnosed with autism. Add to it a barrier where evaluations have typically been based on traits shown in boys, and the climb gets even steeper.

The Thornes are already preparing themselves to educate people on the differences between their son and daughter and their symptoms as they apply for services through Arizona’s Division of Developmental Disabilities. But the education started a little closer to home.

“It took a long time for my family to accept that Maria has autism, because they see Jackson. They have this prism of what it looks like, and hers does not look like ‘classic’ autism,” Michele says. “But our extended family has learned, and it took them a long while. It took us all a while, learning how boys and girls are different, and appreciating this difference.”

As the spotlight continues to grow on these gender questions, experts like Anderson and James anticipate that a lot of parents and early childhood caregivers are going to begin to see things that were once invisible.

“In my opinion, I think there is a difference in the number of boys with autism compared to girls, but I think that ratio might be closer to two-to-one,” James says. “We need to bring that ratio of diagnosis closer so we can make sure we are getting all kids diagnosed as early as possible.”
There’s no blood test or MRI or CT scan. No single telltale biomarker. No biopsy. The process of diagnosing autism spectrum disorder (ASD) is more complex than that, requiring observation, interviews and testing to round out an assessment. These procedures can take a great deal of time for families once in the diagnostic center. And too much time in the doctor’s office with small children is never much fun … for anyone.

But at the Southwest Autism Research & Resource Center (SARRC), families can save time and perhaps eliminate some discomfort for their kids, thanks to NODA™.

NODA — the Naturalistic Observation Diagnostic Assessment (NODA) — is a smartphone-based system that lets parents record and send videos to SARRC for analysis in advance of an on-site evaluation and significantly shorten the length of time they are in the office.

NODA AT WORK
At her daughter Ella’s 24-month well visit in September, Stephanie Berube’s pediatrician expressed concern about development. Ella had already been seeing a speech therapist after concerns at her 18-month appointment.

“She suggested we go to SARRC,” Berube says. “We contacted them and started the paperwork. Then, they had us use NODA. They said it would be a better experience for Ella, because kids are often better at home than in a new environment with new people.”
NODA, which SARRC developed with the Georgia Institute of Technology and Behavior Imaging Solutions, was designed to help families who lived far away get a diagnosis without extensive travel. But after nearly four years in use, NODA’s success and benefits have been applied to more families; it’s now a standard part of the diagnostic process at SARRC for children 6 years of age and younger.

“We’re using NODA to shorten the in-person assessment time — not replace it,” says Christopher J. Smith, Ph.D., vice president and research director at SARRC. NODA can diagnose ASD (or rule it out) for most children, but an in-person assessment is still required. That’s because in order to demonstrate a child needs services, quantifiable evidence of a delay in socialization or communication must be included.

“NODA only documents the presence of symptoms, but doesn’t provide quantifiable measurements of delays,” Dr. Smith says. “You need another kind of assessment to do that, so we need to meet with the family in our office.”

Using NODA in advance of the appointment shortens a family’s time at SARRC from about five hours to two.

“So, the in-person appointment is much shorter, and psychologists have access to very rich information on the child, seeing things they may not have seen during the office appointment, before the family even comes in,” he adds.

HOW NODA WORKS

Parents download the app and set up a secure account. Then, the NODA app prompts them to record and upload short videos of their child in various situations at home — mealtime, bedtime, playtime with others, and playtime alone.

Clinicians at SARRC then view the videos, tag behaviors relevant to a diagnosis of autism and NODA organizes these tags according to DSM-5, prepared for review by a psychologist.

Berube recalls starting the process after her daughter’s appointment in September, completing paperwork, submitting videos and going into SARRC about two weeks later. They had Ella’s diagnosis of ASD by November. The time from the pediatrician screening to diagnosis can take 6 months or more. That’s a long time to wait for answers when you are concerned about your child’s development and would like access to early intervention therapies.

For Berube, that diagnosis is important because it means Ella can have access to covered services.

“We’re meeting with the school district and going through that stage right now,” Berube says.

“The diagnosis helped me get her into a preschool program.”

THE FUTURE OF NODA

One recent development that benefits NODA and SARRC’s families, Dr. Smith points out, is that AHCCCS (Medicaid) updated its guidelines to include “store and forward” telehealth technology. Previously, only real-time video was acceptable, which would be a lot less convenient for parents and providers alike because it requires both parties to be available at the same time. Scheduling that kind of meeting can slow things down significantly. With store and forward (the technology NODA relies on), families can record videos on their own schedule, and SARRC staff can review videos whenever they have time.

“That was a huge milestone to meet toward wider acceptance of NODA,” Dr. Smith says. “Now more providers can begin to use NODA. Hopefully, commercial insurers will follow suit.”

Beyond clinical application, the app is used in research around the globe. SARRC just finished a project with monolingual Spanish-speaking families, so the app was translated into Spanish. It has also been translated into Japanese and Swedish, and it is now being used in an epidemiological study in Saudi Arabia, establishing their national rates of autism.

Undoubtedly, there’s a tremendous amount of exciting work ahead, but for Dr. Smith, the real excitement is for parents like Stephanie Berube.

“Families report positive experiences with NODA,” he says. “They’re saying it’s easy to use and it really captures important behavior. As a result, they get answers sooner, and that’s a good thing.”
Future of Cyber Safety & Autism

SARRC is developing a new online safety curriculum that will provide effective teaching strategies for people on the autism spectrum, as well as their families.

BY KAREN SCOTT
The omnipresent accessibility of the internet is easier now, more than ever, to find what you need with the click of a button. And while the availability of information and resources is extremely valuable, the Southwest Autism Research & Resource Center (SARRC) recognizes there are significant safety risks for people with autism spectrum disorder (ASD) as they navigate a sprawling online community.

“We have learned more and more of the risks associated with online activity and individuals with ASD, who may be especially vulnerable to those risks,” says Paige Raetz, Ph.D., BCBA-D, director of Teen and Adult Services at SARRC. “Within our own work, we’ve seen firsthand situations where sensitive information is being shared and the potential for our clients to put themselves in unsafe situations.”

With these concerns in mind, Dr. Raetz and her team explored funding opportunities to support the launch of a new online safety curriculum at SARRC. Subsequently, the team secured a two-year grant from NEXT for AUTISM that would allow them to implement a comprehensive online safety program to be embedded within SARRC’s programming. In 2019 — year one of the grant — a discovery phase was completed where SARRC clinicians participated in trainings and presentations delivered by prominent experts.

“The discovery phase was extremely important in understanding the most prevalent themes and trends leading to threatening or compromising situations within an online space for people with autism, specifically,” says Dr. Raetz. “As we learned more about the data surrounding these implications, we knew remaining vigilant by introducing an online safety curriculum was more critical than ever.”

Examples of potentially compromising situations include, but are not limited to, sharing financial information; depositing money on someone’s behalf; transferring money from account-to-account; searching topics that would lead to a dark web space; or misunderstanding a friendship or relationship, leading to unsafe situations.

“One of the core features of ASD is difficulty within social situations. When you add in the social nuances in an online environment, these social challenges can be magnified, essentially making social interactions even more difficult to interpret,” Dr. Raetz adds.

Phase two, being led by Dr. Raetz and a small team of SARRC clinicians in 2020, is focusing on the development of the curriculum as well as a parent-training manual that will be delivered to families by clinicians. Starting in 2021, the final curriculum will be expanded to SARRC programs and services specific to those that serve teens and adults with autism.

Education, employment and even social opportunities all utilize and, in many cases, require an online presence, so it’s imperative that those with autism better understand what types of activities to avoid and how to be safe when navigating the online world.

“My hope is that this curriculum will support individuals and their families in safely navigating within an online community,” says Dr. Raetz. “The online world is not something that can be avoided and advances in technology require individuals to access the web more frequently than ever before.”

A Closer Look

While there is little data to date, research studies have indicated that 30% of the prison population consists of individuals with developmental and/or cognitive disabilities (Bronson, Maruschak, & Berzofsky, 2015).

Many experts believe that ASD is underrepresented within that group, suggesting there is a larger group of individuals with ASD in the prison system. Additionally, many anecdotal cases have indicated that online activities have led to first contact with the legal system by local and sometimes federal law enforcement for crimes like money laundering, fraud and child endangerment.
Mercy Care stands with the Southwest Autism Research & Resource Center (SARRC) in supporting individuals and families throughout their journey. Because we care.

www.MercyCareAZ.org
When Allyson Perreault’s son received a diagnosis of autism spectrum disorder (ASD) at age 4, she remembers being completely overwhelmed.

“I didn’t know where to begin,” recalls Perreault of her son, Myles. “He had been in a developmental preschool and was testing behind on everything.”

The developmental pediatrician who diagnosed him gave Allyson and her husband, Michael, a packet of information and resources. One of the resources included Southwest Autism Research & Resource Center (SARRC) and its JumpStart® program, a parent empowerment program for families/caregivers with a recently diagnosed child.

The Perreaults were living near SARRC at the time and so they attended JumpStart in person shortly after Myles was diagnosed.

“Going through JumpStart empowers parents to learn how to work with your child,” Allyson explains. “I think it would have been really difficult to navigate everything without going through a program like that. Getting off on the right foot in understanding evidence-based practices was extremely beneficial, and it was really helpful to get SARRC’s perspective on what evidence-based was. Plus, being there with other parents, being led by a BCBA (Board Certified Behavior Analyst) during a time when there was so much fear and anxiety for us was pretty incredible.”

The Perreaults pursued ABA therapy for Myles, although they soon needed to relocate to Boise, Idaho. They quickly found that the available services — including ABA providers — were more difficult to find in Idaho than Arizona.

“I think it took 12 months into living there to find an ABA provider, so the JumpStart materials were really beneficial for me to do parent training with my son during that time,” Perreault says.

After 18 months of ABA therapy, Myles was no longer showing signs of autism and is making amazing strides, Perreault says. Currently in second grade, he is now mainstreamed, has close friendships, loves math, and is reading at a fifth-grade level.

And for the Perreaults, JumpStart impacted more than just Myles. Allyson had been working in IT for 15 years, but seeing the impact ABA had on her son, she decided to change careers.

“ABA was so impactful to our lives that I decided to quit my IT career and pursue my master’s in ABA,” she shares. “I am currently in my last semester at Ball State University. Seeing how I could help others and be impactful was a big motivating factor for me.”

For the Perreault family, the program was a life-changing experience for their entire family.

“JumpStart helped us start our ASD journey on the right foot, and for that my family and I are truly grateful.”
Blue Cross Blue Shield of Arizona is proud to support Southwest Autism Research & Resource Center in its mission to advance research and provide a lifetime of support for individuals with autism and their families.

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License Number 20899
Sisters Niamh and Zara Campbell
help bring ‘Sibshops’ to SARRC

My sister, Zara, and I are proud to have advocated for Sibshops to launch at SARRC in 2020. I am currently a freshman in high school, and Zara is in sixth grade. Our younger brother, Euan, is 9 years old and was diagnosed with autism four years ago. As siblings to a brother with autism, Zara and I are constantly finding our place and adjusting to everything that happens to Euan.

In February 2018, Zara and I attended a Sibshops workshop, and we really enjoyed the experience. During the session, there were a lot of games and activities, but also some time for meaningful conversations about life as a sibling of someone with autism or other challenges. That experience changed us; we realized we weren’t alone — there were other kids out there who were going through similar experiences, and who, like us, wanted to feel “connected.”

Last year, I completed a 10-minute original speech on a topic of my choice for my school’s speech and debate team. While brainstorming topics, our experience at Sibshops came up. Not only did this become the focus of my speech, it led Zara and me to recall what Sibshops had meant to us, and it got us thinking about creating our own sibling support group. Given what SARRC has done for Euan and our family, we asked SARRC to help make our idea a reality.

From Euan’s time in SARRC’s Comprehensive Behavior Program, we know that SARRC seeks to help not only the person with autism, but also the entire family. For a lot of siblings, we spend so much time and energy supporting our siblings with autism that we forget to, or choose not to, share how we are feeling or ask for support when we need it.

Having a space, such as SARRC’s Sibshops, will allow siblings to come together, connect and support one another. Zara and I benefited so much from the program, and we want to share that with others. While there are certainly challenges that come with being a sibling of someone with autism, there are so many benefits. Sibshops helped us discover those benefits, provided a safe environment to talk about the challenges, and made us feel like we were supported.

Focus on Sibshops

The Sibshops model, developed by the Sibling Support Project, provides an avenue for siblings to form a community and share experiences that could lead to a positive impact. Sibshops are casual events where participants meet other sibs, have fun, laugh, talk about having a sibling with special needs, play games, and learn about the services their brothers and sisters receive.

Sibshops is offered to participants ages 7 to 13. Sessions take place at SARRC’s Sybil B. Harrington Campus for Exceptional Children, 300 N. 18th Street in Phoenix. Learn more or view upcoming sessions at autismcenter.org/sibshops.

Above: Sisters Niamh and Zara helped to bring Sibshops to SARRC in 2020. They are pictured with their brother, Euan, who has autism.
We make a living by what we get. We make a life by what we give.

-Winston Churchill
35 infants and mothers supported through SARRC’s Milestones program

120,000 treatment hours were provided through SARRC’s clinical programs

36 adult students enrolled in the First Place® Transition Academy operated by SARRC to learn how to live independently

123 parents and caregivers attended Family Orientation

70 Employment Partners committed to employing individuals with autism

137 recreational program staff supported by Education, Training and Consultation

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SARRC COMMUNITY IMPACT

2019

158 children with and without autism attended SARRC’s Community School

100% of SARRC’s adult clients seeking employment secured meaningful, competitive jobs in the community

14 teens with ASD and 30 teen Peer Mentors received pre-employment training in CommunityWorks®

6,650 parents, family members, typical peers and community members were reached through education and outreach efforts

1,014 research and individualized services were provided to children, teens and adults with ASD

46 young children and 63 family members participated in JumpStart®
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Our goal at MJ is not simply to sell you insurance. It’s to help you become better, smarter, and more efficient. That means listening carefully, being responsive, and staying innovative. It means looking ahead to make sure you have the right pieces in place as you, your company, and your world change.

It means keeping your future in focus. That’s our job. That’s our promise.

Learn more about MJ—and why we’re not your average insurance agency—at mjinsurance.com.
SARRC’s clinical model is grounded in applied behavior analysis (ABA) with a particular focus on naturalistic behavioral interventions in inclusive environments, including but not limited to: in the home, in school, on the job or in the community. Each of SARRC’s therapeutic programs, classes and trainings are guided by best practice models; the most currently available science; increasing independence and producing meaningful outcomes; and the individualized needs of the children, teens, adults and families we serve.

Unless otherwise noted, for more information on a listed program, service or research study, please contact SARRC’s Intake Team at 602.606.9806 or visit autismcenter.org. Para hablar con alguien en Español llame al 480.603.3283.

**DIAGNOSTIC SERVICES**

Licensed psychologists will conduct assessments to determine if an individual meets DSM-5 diagnostic criteria for autism spectrum disorder (ASD). This program is available to individuals of all ages and includes parent/guardian/caregiver assessments to gather information about an individual’s developmental history. For children 6 and younger, the Naturalistic Observation Diagnostic Assessment (NODA™) is an accurate and effective alternative to the in-person assessment that uses smartphone technology and a team of clinicians at SARRC to diagnose - or rule out - autism.

*Tambien en español.

**FAMILY ORIENTATION**

Family Orientation connects caregivers of individuals with ASD to current and broad information that will help them navigate the journey of autism. Participants will learn about issues that are relevant to their child’s stage of life. Orientations are for families with newly diagnosed children, those who have recently relocated to Arizona, and families making life transitions. Family Orientations are held once a month for caregivers of individuals in each age group: Young Child (younger than age 6), School-Age Child (age 6-12), Teens and Adults (age 13+). Orientations are free and delivered online.

**MILESTONES PROGRAM**

The Milestones program offers services and supports for parents of infants starting as young as 6 months and continuing through 18 months of age. This program is ideal for families with infants who have an older sibling with a diagnosis of autism, as well as new parents looking for more information and support regarding their infant’s development. Services can include 1) evidence-based information on developmental milestones and parenting practices, 2) consistent monitoring and 3) a very early intervention option for babies demonstrating early signs of ASD or with a diagnosis of ASD prior to 18 months.

**JUMPSTART**

Designed for families of young children who have been recently diagnosed or are at risk for ASD, JumpStart® is a six-week program that provides critical information, support and training so parents and caregivers feel confident and supported as they begin to make decisions for their child. Parents will learn strategies to immediately address their child’s communication and understand the ASD diagnosis. JumpStart is available to families living in Arizona and out-of-state.

*Tambien en español.
COMMUNITY SCHOOL
SARRC’s Community School is a preschool program that provides intensive, ABA-based programming for children with ASD and high-quality early childhood education for typically developing children with campuses in Phoenix and Tempe. All children (ages 18 months to 5 years) receive the benefits of highly trained SARRC classroom therapists within a 4:1 student-to-teacher ratio; a play-based, developmentally appropriate curriculum that is aligned with state education standards; and a language-enriched environment structured to specifically improve meaningful engagement and social communication. Children with ASD also receive 1:1 intervention in the classroom, parent-training sessions conducted in the family’s home and in the community, and program supervision from a Board Certified Behavior Analyst (BCBA). After-school care is available for typically developing children.

COMPREHENSIVE BEHAVIORAL PROGRAM
SARRC’s Comprehensive Behavioral Program provides intensive, ABA-based programming across environments to meet the needs of children up to age 14 with ASD and their families. Treatment is primarily implemented in the home and in the community and is often coordinated with a student’s school. Families receive weekly 1:1 intervention sessions, regular caregiver training sessions, and program management and supervision from a BCBA. Goals are developed in coordination with the family and focus on increasing socially significant behaviors and highlighting each child’s individual strengths.

FIRST PLACE® TRANSITION ACADEMY
In partnership with First Place AZ®, SARRC’s Transition Academy is a two-year program that provides comprehensive and intensive ABA-based programming to support transition for young adults with ASD. Students live in apartments within the community while attending classes and working. Students receive a comprehensive curriculum, including career education and support, independent living skills, social and leisure skills, and transition services. The Transition Academy includes a 32-course sequence, consisting of classes on finances, interpersonal relationships, advocacy and personal safety, all completed at the Gateway Community College campus. Instruction is also provided within the students’ apartments applying the skills they learn in the classroom to the natural environment.

INDIVIDUALIZED SERVICES
Individualized Services for teens and adults provide intensive, ABA intervention across environments to meet the needs of our clients with ASD and their families. Treatment is primarily implemented in the home and community to target the unique needs of each teen and adult. Clients receive weekly one-on-one intervention services. In a typical week, individuals may receive between 5-20 hours of intervention. Sessions are highly individualized in order to incorporate the goals of each client and their family. Services are supervised by a Board Certified Behavior Analyst (BCBA) and implemented by highly trained clinicians. Monthly parent training is also available to support the transition into adolescence or adulthood.

COMMUNITYWORKS®
CommunityWorks® is a pre-employment and community involvement program that helps prepare teens ages 13-18 for the transition to independent living, higher education and/or employment. Autism CommunityWorks®, provides the opportunity for teens with and without ASD to engage in volunteer work throughout their communities while developing job skills and social communication skills. Teens with ASD also receive parent training and 1:1 intervention sessions conducted in the family’s home and in the community.

EMPLOYMENT SERVICES
Employment Services is aimed at increasing competitive employment opportunities for adults with autism, while teaching appropriate work behaviors, building social skills, and providing specialized vocational training. Clients receive a functional assessment to identify employment skills and interests; development of pre-vocational and vocational goals, supports and accommodations; resume and job interview preparation; and on-the-job training and coaching. Employment Services may also include vocational evaluations, internships and volunteer opportunities within SARRC’s Beneficial Beans® Garden or in the community.
**PARENT TRAINING**
Parent Training equips parents with strategies to help foster language, social and play skills that will benefit their child and family. Through coaching and hands-on practice, coaches will come alongside parents as they learn strategies to incorporate into everyday interactions. Two clinic-based options are offered; a 1-week and 12-week model. Together, parents and coaches will collaborate to identify individualized and meaningful goals for the family and their child.

**PEERS® PROGRAM**
The PEERS® curriculum is a manualized 14-week intervention that was developed to teach social and friendship skills to cognitively able adolescents with ASD, along with typically developing peers. During weekly 90-minute sessions, small groups of adolescents are taught social skills, including the importance of verbal and nonverbal communication. Parents learn the same material and are trained to coach their adolescents as they complete weekly assignments related to the course material.

**PHYSICIAN OUTREACH PROGRAM**
SARRC’s Autism Spectrum Disorders Screening Kit enables physicians to effectively screen for ASD during developmental checkups. The kit includes parent questionnaires, presented in English and Spanish, scoring templates and materials to assist with timely referrals and earlier diagnoses. Training meetings are held monthly for all medical personnel who are interested in learning more about autism.

**SECOND GEAR**
Second Gear is an 8-week parent training program that provides information, consultation and coaching to parents of children with a diagnosis of ASD between 4 and 10 years of age. Second Gear is currently offered as a telehealth model in which parents connect with a BCBA coach from the comfort and familiarity of their own home.

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**TOGETHER WORKS BETTER.**
We’re proud to support the Southwest Autism Research & Resource Center and its efforts to help so many people live their best lives.

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COMMUNITY: SERVICES AND PARTNERSHIPS

PHARMACEUTICAL TRIALS & RESEARCH STUDIES
SARRC is committed to identifying effective behavioral, educational and pharmaceutical treatment approaches for people with autism of all ages. Our research department maintains a robust portfolio of pharmaceutical research studies. See our website for the most current list of projects. If you are interested in learning more about participating in a study, please contact a member of our team at 602.340.8717.

View our latest research studies to see if you are eligible to participate!
Info at autismcenter.org/research.

OUTREACH
Outreach efforts include a variety of informational services to meet the needs of the professional, organization or community program, including brief presentations about autism and evidence-based practices, providing resources and materials about SARRC programs and services, or scheduling tours and FAQ sessions with our experts.

EDUCATIONAL PRESENTATIONS
Educational presentations are delivered to provide information and messages with a punch! Our consultants use stories, video examples and interactive activities to engage the audience. Presentations can be customized and offered in your setting or check out our calendar to see scheduled events.

PROFESSIONAL DEVELOPMENT
Professional development opportunities are offered throughout the year at our Sybil B. Harrington Campus for Exceptional Children. Most events offer continuing education units for BCBAs.

STUDENT-BASED CONSULTATIONS
Student-based consultations include initial assessment to guide development of a proposal to meet the needs of the student, teacher, classroom and school. Initial observation and assessment are completed and reviewed with the school and will likely include a variety of activities to meet the goals of the student and school.

INCLUSION TRAINING AND CONSULTATION
Inclusion training and consultation services are offered to school-based and recreational organizations that are moving toward an inclusive model or would like to improve upon an existing model looking to implement best practices to improve success of all participants.

THINKASPERGER’S®
ThinkAspergers® is designed to educate parents, educators, pediatricians and other community stakeholders to consider autism spectrum disorder when they see subtle social challenges in school-age children or older individuals. SARRC offers educational presentations, a screening questionnaire to refer children for formal evaluation, and partners with the community to promote inclusive practices for individuals with autism and their families. Our ThinkAspergers mobile app can be downloaded for free by searching “ThinkAspergers” via the App Store or Google Play.

EMPLOYMENT PARTNERSHIPS
SARRC creates partnerships with local and national employers to increase competitive, community-based employment opportunities for adults with ASD. Nationally, adults with ASD experience low rates of employment, but through the help of our valued employment partners, SARRC is committed to increasing the employment rate among adults with ASD. Employment partners commit to diversity and inclusion in the workplace and receive support from SARRC with autism awareness training for staff and individual job coaching for eligible employees.
WE’RE HIRING!
SARRC is looking for extraordinary people to join our team. We are looking for people who want to embrace their inner scientist and educator, with a common goal of striving to make a difference in someone’s life.

THE SCIENTIST

DATA GURU
You thrive on numbers, data and graphics. You analyze everything and use logic to create and predict outcomes.

RESEARCHER
You’re rooted in research and motivated by progress. Taking stock in new knowledge and discoveries to advance autism research is your specialty.

THERAPIST
Helping others is your forte. Using evidence-based treatment, you strive to conduct best practices while offering support, compassion and a helping hand.

INNOVATOR
You’re constantly on the lookout for the next big idea. You blend science and technology and figure out how to use both to effectively advance old practices.

THE EDUCATOR

INFLUENCER
You focus on the potential of people and make sure they achieve it. You can pinpoint their strengths and use leadership and mentorship to help individuals with autism achieve their dreams.

COLLABORATOR
You thrive on teamwork. You know people are stronger together so you make connections and find people who can bridge the gap between an individual and their needs.

SIDEKICK
You’re loyal and like being there for people with autism. You easily connect with others and thrive on seeing your client succeed.

INSPIRER
You inspire and show people with autism what is possible. You help people find their purpose, build independence, and find ways to offer meaningful, competitive employment.

For a complete list of open positions, visit autismcenter.org/careers
Statement of Financial Position as of December 31, 2019 (unaudited)*

**ASSETS**
- Current Assets: $7,139,562
- Long Term Assets: $8,316,853
- **TOTAL ASSETS**: $15,456,414

**LIABILITIES**
- Current Liabilities: $1,290,961
- Long Term Liabilities: $212,661
- **TOTAL LIABILITIES**: $1,312,222

**NET ASSETS**
- Unrestricted Net Assets: $10,419,497
- Temporarily Restricted Net Assets: $1,094,695
- Permanently Restricted Net Assets: $2,630,000
- **TOTAL NET ASSETS**: $14,144,192

**TOTAL LIABILITIES AND NET ASSETS**: $15,456,414

**Statement of Activities for the Period Ending December 31, 2019 (unaudited)**

**SUPPORT & REVENUE**
- Individuals & Corporations: $1,845,627 (13.4%)
- Grants: $818,094 (6.0%)
- Governmental: $234,682 (1.7%)
- Special Events: $1,313,751 (9.6%)
- Programs & Research: $8,363,968 (60.9%)
- Interest, Dividend & Investment: $1,108,711 (8.1%)
- In-Kind Support: $45,038 (0.3%)
- **Total Support & Revenue**: $13,729,872 (100.0%)

**EXPENSES**
- Salaries, Benefits & Professional Development: $10,575,448 (78.2%)
- Contract Labor & Professional Services: $372,639 (2.8%)
- Program Expenses: $1,227,917 (9.2%)
- Postage, Printing & Marketing: $221,187 (1.6%)
- Occupancy & Communication: $466,191 (3.4%)
- Special Events Costs: $183,630 (1.4%)
- In-Kind Expenses: $45,038 (0.3%)
- Amortization & Depreciation: $424,234 (3.2%)
- **Total Expenses**: $13,516,283 (100.0%)

**TOTAL CHANGE IN NET ASSETS**: $213,589

**EXPENSES BY DEPARTMENT**
- Programs & Services for Children, Teens and Adults: $9,347,080 (69.2%)
- Research: $1,745,728 (12.8%)
- Administration: $1,063,517 (7.9%)
- Development/ Fundraising: $1,359,958 (10.1%)
- **Total Expenses by Department**: $13,516,282 (100.0%)

*A copy of the fully audited financial statements will be available after June 30, 2020, by contacting Andrea Levy, Chief Financial Officer, (602) 340-8717.
GRANDPARENTS SUPPORT GROUP

The mission of SARRC’S Grandparents Group is to empower grandparents through hope, education and support.

OUR MEETINGS
Grandparents Group meetings are held monthly from October through May, with the goal of empowering, enriching and supporting all members. In addition to offering a network of support, grandparents attending the group’s monthly meetings participate in facilitated discussions, learn the latest information about autism from guest speakers, receive advice and training, and socialize with each other.

OUR GOALS
SARRC’s Grandparents Group wishes to empower, enrich and support our group members.

EMPOWER
Through facilitated discussions, individuals gain insight, develop strength and find hope through shared experiences.

ENRICH
Guest speakers and professional presentations provide key information on the latest research, therapeutic programs and resources available in the field of autism.

SUPPORT
The Grandparents Group is here for you! By attending meetings, you will collect vital information, tips and strategies that will help your entire family on your autism journey.

LEARN MORE
autismcenter.org/grandparentsgroup | 602.340.8717
YOUR LEGACY. THEIR FUTURE.

A gift in your will or trust creates a bright future for generations to come.

SARRC's Legacy Circle recognizes the impact a planned gift makes in ensuring long-term support of essential programs, services and research.

For more information, visit autismcenter.planmylegacy.org