

Phase II: Prospectus

**Just Kids Charter School for Children with Autism and Related Disabilities
Middle Island, NY 11953**

I. EXECUTIVE SUMMARY

Mission Statement: The Just Kids Foundation Charter School for children with autism and other related disorders is committed to a program that meets the individualized and personalized needs of children with educational, social and communicative disabilities. The program is based on the premise that *all* children can learn and that many children can not learning in the traditional programs offered in public schools. Traditional schools are unable to utilize a “theory of mind” focus in addressing impairments in socialization, imagination and communication needs shown by children with autism and related disorders.

Public schools do not necessarily subscribe to the notion of the theory of weak central coherence of children with autism and the uneven pattern of intellectual abilities seen in autistic individuals. The term “weak central coherence” is used to describe the limited capacity or ability to understand the context or to ‘see the big picture’ or ‘the forest through the trees.’ Individuals with autism tend to focus on the details of a picture rather than see the whole. For many children with autism, their perceptual world is a collection of many details.

Research has consistently discussed a ‘weak central coherence’ system or a difficulty seeing the big picture, the opposite of this ‘weakness’ is improved detail processing. Therefore, although weak central coherence is frequently described as a deficit, it can actually be measured as a strength. There is limited research on when this bias of weak central coherence develops but assessment of individuals diagnosed with autism score higher on certain tasks that tap into attendance in details. Building on this research and theory is the basis for the Just Kids Foundation Autism program focusing on the belief that a curriculum focused on interventions that would not seek to change a detail-oriented individual to become a gestalt thinker but to create an

environment that enhances a child's ability to increase the flexibility of transitioning from the detail to more integrated and associated processing more readily. This sadly can not be accomplished in the traditional behavioral based public school classroom that can not support an integrated and flexible personalized curriculum focused on expanded learning opportunities.

Key Design Elements of the Educational Program:

- Natural environment that allows for movement, comfort and individualized support for each student to enhance social skill development, visual language based communication, executive functioning, academic skills (e.g. math, social studies, science, language arts, reading instruction) activities of daily living, IEP goals and objectives that are individualized, fine and gross motor skills, sensory intervention and behavioral support
- Curriculum focused on increasing a student's ability to increase their flexibility in transitioning from in detail to a greater gestalt/integrated way of thinking through the use of personalized interests and pursuits
- Primary academic goal is to teach core curriculum within a balanced curriculum that encourages engagement, critical thinking, internal motivation, social development, play, life skills and recreation
- Constructivist learning approach is used with a strong focus on synchronous learning
- Flexible scheduling that allows for personalized learning through a range of teaching strategies conducted by trained professionals
- Intentional teaching that is focused on building on strengths rather than a prescribed curriculum
- Technology that uses a vast array of visual images, including generic and personalized line drawings, photos, animations and games, augmentative communication devices, SmartBoard and other technology to facilitate interactive lessons

- Availability of designed sensory spaces and rooms that allow for independent learning through computers, art, music, physical fitness, play recreation and relaxation to enhance self-regulation
- Counseling and emotional support is available to students. The school mission is driven by the needs of students and the recognition that students with severe anxiety, bipolar disorders, Asperger's Disorder and other social and emotional challenges can learn skills to develop friendships and relate to family, peers and community members
- Parent and family partnerships that seek to build trust, promote continuity of learning, and reinforce key strategies that promote learning. Parents and families are recognized as the greatest resources and strongest supporters of their children
- Parents will have access to on-going whole family opportunities to participate in social activities with other families and develop a support base designed to help create a network of parents and professionals
- On-going professional development for all staff supported by evidence-based research and formative and summative evaluation
- Performance-Based Assessment is used to assess the multidimensionality of learning and education coupled with the individual growth needs of each student
- Focus on measuring real world skills and preparation for high school.

II. STUDENT POPULATION

A. Student Enrollment

Applicant Instructions: In the table provide, enter enrollment projections for the school, by year, for the first five years of operation.

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Grades	Projected Enrollment Table				
	2012-2013	2013-2014	2014-2015	2015-2016	2017-2018
K	8	8	8	8	8
1st	5	8	8	8	10
2nd	3	5	8	8	10
3rd	0	5	6	8	8
4th	0	0	5	6	8
5th	0	0	6	6	8
6th	0	0	6	6	8
7th	NA	NA	NA	NA	NA
8th	NA	NA	NA	NA	NA
9th	NA	NA	NA	NA	NA
10th	NA	NA	NA	NA	NA
11th	NA	NA	NA	NA	NA
12th	NA	NA	NA	NA	NA
Ungraded	3	5	8		
Totals	19	31	47	50	60

Target Populations

Recruitment and Enrollment of Students: Students will not be recruited for the program. Many parents in the Longwood School District are concerned when their children are leaving preschool special education programs and home-based programs that the public school programs are not developmentally focused. It is a well known fact that public schools generally do not support developmentally based programs that use an individualized/personalized approach to instruction. Parents observing programs report a strong emphasis on behavior and rote learning. They are concerned about the lack of support for creativity and engagement through strengths of their children. Parents report schools are not open to parent involvement and are insensitive to the early years of diagnosis and lack of continuity their children

experience. Parents are concerned that the K-6 years are vitally important in the development of language, social and creative thinking and do not feel these needs are met for children with autism and related disorders. All too often their choices are the local school program and BOCES. Visitations to BOCES are disturbing for parents of K-6 children since these programs have young adults that are significantly impaired. Parents want choices in their child's elementary education in a setting that is more child-oriented.

Enrollment: All children in the Longwood School District (10,000 students) which covers an approximate 53 sq mile radius and approximately 10 towns (Coram, Yaphank, West Yaphank, Middle Island, Ridge, parts of Shoreham, Shirley, Medford, Miller Place, Mt. Sinai and Upton (Brookhaven National Laboratory) will be admitted to the program. Parents and their child will participate in an interview process and an observational assessment of their child conducted by an interdisciplinary team of professionals. Parents will have an opportunity to discuss their observations and feeling about their child and their aspirations. Parent involvement will be a key element of the child's enrollment in the program. Parents will be asked to commit to a level of involvement that supports their child and family. Parents will have opportunities to meet with other parents and begin to form a network of support.

Marketing: Local libraries, health clinics, pediatric and family physicians, mental health clinics and programs, parent organizations and other support programs in the county. A web site will be available to the public reviewing all the components of the program.

Outreach Strategies to Less Informed Families: The communication networks are vast in Suffolk County. The grassroots efforts of the families who are interested in developing the charter school represent many different types of families from a range of educational, socioeconomic and ethnically diverse families that are not satisfied

with their schools and want choice and a voice into their child's education (see chart below).

Attract, Serve, and Retain Students: As noted, parents are the initiator of school choice and their ability to believe and support their child's school program. This charter school proposal offers an alternative to a strictly behaviorally based program and offers expanded learning opportunities to students. The intent of this program is to offer a program that involves the family and focuses on student strengths through a personalized program to prepare students for their future. The teachers and staff initiating this charter school are talented, experienced and trained to offer a diverse response to children and families. The staff is committed to meeting the needs of a diverse community. The program offers a comprehensively planned and intensive intervention program utilizing a multi-method, interdisciplinary program focused on a personalized education addressing the cognitive, social, language and unique interests of each student.

The retention of each student is a major focus of the program. Personalized programming using a range of intentional teaching strategies that seek to meet the multiple ways a student learns, counseling, focus on peer and adult interaction through a variety of engaging strategies, intensive parent and family involvement and a small caring and friendly environment. Students will be assessed through performance based assessment techniques with the goal toward preparation for high school and work, college and life ready.

The charter school intends to develop strong partnerships with local physicians and parent groups to foster an understanding of the needs of this unique population. The charter school will work closely with the school district as well as the Cody Center at SUNY Stony Brook to promote greater continuity between the school and other medical, rehabilitative and education partners.

The school is mission driven. The mission is to meet the needs of all children through a personalized program offering continuity between school and home and provide assessments that measure performance for real world skills.

Understanding of the Target Population: The parents and staff seeking approval of the charter are members of the community and have young children diagnosed with autism and related disorders. The community continues change in demographic composition and more language and culturally diverse families are moving to the area. Housing is still relatively affordable and health care is accessible. Many families have no understanding of autism and no support group to provide them with the knowledge base to best advocate for their children.

On-going data on student performance through a variety of measures will be utilized to develop and monitor student progress. The program will monitor the learning progressions of each student utilizing the New York State Learning Standards and the Common Core Standards K-6. The individual goal for each student is to provide a learning environment that is rich and responsive to the needs of each student and their learning behaviors in the seven curriculum areas. While the program will incorporate key elements of behavioral goals the students will be exposed to a learning environment focused on language, social, cognitive and recreational learning to support preparation for high school and life-long learning.

Longwood School District Demographics

District Enrollment	10,000
Autism and Related Disorders Program	60 children K-4
Needs Resource Category	Average
Free & Reduced Lunch	27%
SWD	17.2% (district)
LEP	6-7%
Racial & Ethnic	
White	60%
Black or African American	21%
Hispanic or Latino	15%
Asian or Pacific Islander	4%

Capacity to Meet State and Federal Requirements Regarding Identification and Education of ELL students and Students with Disabilities:

The charter school is committed to serving the needs of English Language Learners (ELLs) students who speak a language other than English at home and score below proficient on English assessments when they seek admission to the charter school.

The school is committed to providing professional development to teachers, staff and leaders, promoting parental involvement, having appropriate materials and developing specific solutions for all ELL populations. The charter school is prepared to develop an appropriate evaluation process, a learning environment that focuses on academic achievement if the student is determined to be appropriate for the charter mission, maintain a focus on language development, addressing cross-cultural support for parents and family members.

The charter school is supportive of the importance of the majority of children with disabilities attending the schools they would attend if they did not have an Individualized Education Plan (IEP). The public charter seeking approval will provide for each child in their community setting. The IEP will emphasize the long-

term educational outcomes preparing the student for transition to the public middle school, with the goal of work and college ready and graduation with their peers.

The charter school will have the curricular, instructional, and personalized programming to meet the needs of diverse learners with disabilities and take responsibility for on-going assessment to improve educational outcomes. This will be accomplished through active partnerships with parents of students with disabilities and ELL identification.

This charter school appreciates that ELLs are concentrated in schools that are linguistically homogeneous and have numbers of low-income students and that many are in schools with unqualified teachers, inadequate resources and are often over identified in special education. This is particularly true for Latinos who have the highest dropout rate in the country.

The charter school is committed to improving strategies that help to enforce pre-referral strategies for identification of children with potential disabilities and ELL characteristics. The strategies will include: child study teams across all grade levels; informal interdisciplinary problem solving of each child; observations of child behavior and parent interviews.

Focus on the level of proficiency is critical to the identification of a special need consideration. The charter school will have bilingual staff conduct the evaluations and meet with parents for parental input. Section 300.533 (Determination of Needed Evaluation Data) allows team to review existing data to determine if a child has "...a particular category of disability" and whether the child needs special education and related services..." Partnerships with the local district to best ensure meeting the student needs is critical.

III. PROPOSED SCHOOL DESIGN

The school design draws on the founding groups experience with a current NYS Approved Preschool Special Education Program. The response to the criteria and outcomes is based on the founding groups involvement in this program as parents of children with autism, teachers and specialists, physicians and the success of their children in the program based on language and social outcomes measured by established protocols of the Denver Model, Washington D.C. Children's Hospital affiliation and Yale University Children's Hospital Program. Students attending the current preschool special education program JKAP (Just Kids Autism Program) for a minimum of two years have exhibited significantly improved language and social engagement based on an extensive assessment protocol. Parents have developed increased parenting skills with their child and improved language and social interaction. (JKAP Abstract follows). The founding group collectively has over thirty years of experience at Just Kids and have repeatedly requested JKAP be extended into the K-6 grade levels. The Charter application offers an opportunity for parents that want a personalized model of education in a continuous learning environment focused on competencies. The founding group is committed to the quality, rigor, research, and fiduciary responsibility of being a trustee for the sustainability of the program.

Founding Group and Charter Board

Dr. Robert Antonocci, M.D. (parent of child with autism)

Dr. Bridget Perkins, M.D. (parent of a child with autism)

Dr. Sarah Woodward, PsyD (Psychologist in preschool special education program)

Jeannie Klein Haggerty, M.S. (Speech and Language Pathologist)

Mr.&Mrs. Montani (grandparents and guardians of child diagnosed with autism)

Dr. Marge LaMorell, Ph.D. (Speech and Language Pathologist, school district K-12)

Mr. Brad Gertsman, Esq. (Board member of the Nassau University Medical Center, Vice President of the Long Island Medical Foundation, VP of Autism Speaks, Board Member of the Holocaust Memorial and Tolerance Center of Nassau, Governor's

Advisory Council on Interactive Media and Youth Violence, father of a child diagnosed with autism)

Kristy Bradley, M.S. (Special Education teacher)

Tammy Federlin, M.S. (Special Education teacher)

Kim Lane, OTR/L (Lead specialist 3-5 preschool special education)

Maureen Del Monico, M.S. (Special Education Teacher and Early Intervention Specialist)

Karen Mowdy, M.S. (Speech and Language Pathologist and Supervisor of Early Intervention)

Dr. Beth Forman, (Social Worker and parent of middle school child with autism)

Dr. Andrea Libutti, DAN; MD (parent of child with autism)

June Hamilton, M.S. (Special Education teacher and parent of child with autism)

Dr. Schweon Lee (Scientist Brookhaven National Laboratory and parent)

Eligibility Criteria and Outcomes:

- a. Increase student achievement and decrease student achievement gaps in reading/language arts and mathematics;** the charter school believes that the physical, educational, social, and rehabilitative environment proposed is more supportive of children with autism. The multifaceted approach to meeting the complex needs of children with autism is flexible and adaptive to the unique needs of each student and allows for “move on when ready” through a supportive student counseling and parent involvement program. The program focuses on core curriculum through the use of intentional teaching strategies that are specific to each student and does not solely focus on behavioral strategies. Students are expected to engage in learning through their individual strengths and a caring and supportive learning environment that offers a flexible and adaptive setting using the arts, science, and technology to develop skills.

- b. Increase high school graduation rates and focus on serving at-risk high school student populations (including re-enrolled drop-outs and those below grade level);** the charter seeks to create an aspirational model that increases engagement in learning and develops skills that are real world learning in conjunction with developmentally appropriate learning standards. Thus, improving the likelihood that a student will graduate. Parents will be a critical component of the program helping parents to see the successes a public charter can offer to their children.

- c. Focus on academic achievement of middle school student populations and preparation for transition to high school;** the charter school sees this as an area of true strength. Transitional planning for at-risk students begins at the point of entry. Continually evaluating the student’s skill development, engagement in learning, improved communication, social and recreational involvements are all preparation for middle and high school success.

- d. Utilize a variety of high-quality assessments to measure understanding of critical application of concepts;** the charter school will use a performance-based assessment process and focus on next generation learning. Students will advance through their K-6 education at the charter school on their own timeline of achieving predetermined competencies, rather than the traditional model of advancing learners based on seat time and eventual hope for success.

- e. Increase implementation of local instructional improvement systems to assess and inform instructional practice, decision-making, and effectiveness;** the charter school will work closely with the local district to assess, review and align instructional practices and data analysis sharing. Transitional plans will be developed at third grade to ensure student success.

- f. Partner with low-performing, local public schools to share best practices;** the charter school will work closely to share all professional development opportunities and best practices.
- g. Demonstrate the ability to overcome start-up challenges** to open a successful school through management and leadership techniques; the charter school founding group is prepared to have a start-up 5013-C not-for- Profit Corporation; Plans for development of funds are in the early phases. The founding group will seek to hire a strong management team focused on sustainability of the charter school and its implications for choice in the community.
- h. Demonstrate the support of the school district of location and the intent to establish an ongoing relationship with such district;** the charter school seeks to work closely with the district to support the needs of this unique population.
- i. Provide access to viable education alternatives to students in regions where there is a lack of alternatives;** the charter school will work closely with all school districts to offer an alternative to a district program that may not meet the needs of a student, a BOCES program, or a private school placement. Currently in this region the options for families are the district placement that may not meet the needs of the child or family, maybe incongruent with the values of the family and their beliefs of what might be best for their child, or the BOCES option that is not always available or is not acceptable to the parent of a child with autism.

Efficacy of School Design Based on Current Research Conducted at ...

Just Kids Early Childhood Learning Center

Abstract

Introduction: Just Kids Autism Program (JKAP)

Program evaluation is imperative, yet little systematic investigation is conducted in actual preschool settings. Prior to conducting a large-scale study needed to provide support for an empirically supported treatment, smaller scale studies are essential. Therefore, Just Kids has made it their mission to investigate many of the elements necessary to establish efficacy and effectiveness of JKAP.

Just Kids is dedicated to bringing the scientist- practitioner/ educator model into their classrooms. Children entering special education preschool programs arrive with a variety of assessments. In response to the profound inconsistencies in assessments given prior to enrollment by a variety of different professionals, JKAP research designed their own assessment protocol after consultation with appropriate supervisors, clinicians and relevant research. JKAP research also created an intake form to provide a comprehensive interview with caregivers which provides an initial sense of the unique needs of the child. Using the data from each child, the JKAP research team has developed profiles for each child entering the JKAP program to be used by staff to further inform their educational practices. The students will receive the same assessment protocol while exiting the program to facilitate the documentation of progress. In addition, Just Kids is developing a more concise assessment battery to be used for all children enrolled in the preschool. The systematic collection of data is facilitating Just Kids in building a comprehensive clinical database that will be useful for staff, administration, as well as graduate students to investigate their own research interests. One of the principle research agendas involves the particular child and family characteristics that predict optimal outcome. Variables including, age at first word and phrase, prior services, current expressive and receptive language, adaptive behavior composites, sensory issues, IQ, among others are currently being collected to help answer these research questions. A current study undergoing data collection is investigating the role of early intervention in current

symptom severity, adaptive behavior, and receptive and expressive language skills. This study aims to further elucidate the characteristics of children whom receive early intervention services.

Another mission of Just Kids is to stay at the forefront of intervention and address areas of both strength and weakness of the program. Therefore, a future goal of JKAP will be to compare the JKAP model to another preschool model, such as an Applied Behavior Analysis (ABA) program.

In essence, Just Kids is highly committed to the systematic assessment and evaluation of their autism program as well as keeping abreast with current research. Subsequently, a graduate student will be examining both the distinctiveness and overlap of children with specific language impairment, autism, and those with neurotypical development in her dissertation.

Background

Assessing the efficacy or effectiveness of any intervention can be a complex task. As with most intervention- efficacy/ effectiveness studies the main focus is on what factors account for the changes taking place—evaluating if it is the treatment approach, intensity of services, or particular child and family characteristics that bode well for success (Kasari, 2002).

However, in the case of children with autism spectrum disorders, the task can become even more difficult. Reasons for such complexity range from the various definitions of autism or autism spectrum disorders; the various assessment tools used to assess autism and other developmental or skill level indicators; the degree to which an intervention is implemented as well as the type of study one is executing (a study investigating efficacy as compared to one assessing effectiveness).

Autism and Autism Spectrum Disorders are typically used as umbrella terms for a wide spectrum of disorders sometimes referred to as Pervasive Developmental Disorders.

Therefore, the terms Autism, Autism Spectrum Disorder, Pervasive Developmental Disorder as well as Autistic Disorder, Asperger's Syndrome and Pervasive Developmental Disorder- Not Otherwise Specified (PDD-NOS) are essentially describing disorders with similar characteristics in which the individual demonstrates deficits in 3 core areas: 1) social interaction, 2) verbal and non-verbal communication and 3) repetitive interests or behaviors. The term spectrum is an important component in describing Autism because of the wide range of skills and behaviors exhibited by someone with the disorder.

Autism Spectrum Disorders (ASD) or Pervasive Developmental Disorders can range from a mild form sometimes called High Functioning Autism or Asperger's Syndrome to a more severe form called Autistic Disorder. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) classifies Autistic Disorder, Asperger's Syndrome and Pervasive Developmental Disorder- Not Otherwise Specified (PDD-NOS) under the Pervasive Developmental Disorder classification (American Psychiatric Association, 1994). Although the DSM-IV does not use the terminology Autism or ASD, many professionals, researchers and clinicians do apply these terms.

As per the DSM-IV, *Autistic Disorder* refers to those children whom meet all of the diagnostic criteria demonstrating deficits in each of the 3 core areas. *Asperger's Syndrome* is similar to Autistic Disorder except those with Asperger's generally have normal or accelerated rates of intellectual development aside from social aspects of intellectual development and typically acquire language at appropriate ages. *PDD-NOS* refers to those children who experience some, but not all of the diagnostic criteria for the other disorders under the Pervasive Developmental Disorder classification in the DSM-IV.

Most professionals now use the term ASD (Autistic Spectrum Disorders) to describe a cluster of behaviors and deficits. There is a wide range in the severity of the disorder. Some people have normal IQ's and language abilities, while others have severely

impaired language and are mentally retarded. Researchers now describe ASD as an information processing disorder.

Various Assessment Tools

Children diagnosed with an Autism Spectrum Disorder receive a wide range of assessments to measure functioning in a variety of domains, including symptom severity and diagnosis. The variegated assessments include measures of IQ, socialization, communication, receptive and expressive language abilities play skill, among a variety of other domains and there is no consistency across the tests given or professional administering the tests.

Currently, the Autism Diagnostic Observation Schedule (ADOS) is considered the “gold standard” to be used in the diagnostic process (ADOS; Lord et al., 1999). Information from this measure is used with a developmental history to classify a child using the DSM-IV. The original ADOS was not intended to be a measure of symptom severity. However, Gotham, Risi, Pickles and Lord (2007) further revised the algorithms to improve diagnostic validity of the measure. More recently, Gotham, Pickles and Lord (2009) standardized these revised algorithm scores and developed a metric for symptom severity. These new algorithms will appear in the revised edition of the ADOS released in the near future. Due to the recency of these publications, there is paucity in the research utilizing this new severity metric.

Efficacy versus effectiveness:

The ideal *efficacy* study includes random assignment to treatment; rigorous controls; manualized treatments; fixed number of treatment sessions; well operationalized target outcomes; raters and diagnosticians are blind to which group the patient comes from; the patients meet criteria for a single diagnosed disorder; and the patients are followed for a fixed period after treatment is terminated (Seligman, 1995). Efficacy studies are commonly referred to as the gold standard for measuring if a treatment works (Seligman, 1995). Subsequently, the essence of controlling so many factors in an attempt to see the effect of the independent variable on outcome lends to high internal validity at the

consequence of external validity (Chambless & Hollon, 1998; Westen & Morrison, 2001).

Consequently, *effectiveness* studies assess whether patients benefit from interventions in the environment where the treatment is actually practiced. Effectiveness studies are essentially an assessment of the outcomes of intervention in uncontrolled field settings. There is growing recognition that controlled clinical trials may not capture the full richness and variability of actual clinical practice and a concern on the part of some that the very process of randomization may undermine the representativeness of the clinical encounter. However it should be noted that the weaknesses of the effectiveness studies parallel the strengths of the efficacy studies, including the difficulty in deciphering what was done, when and how. The variability within effectiveness studies also appears to obstruct the extrication of the therapeutic elements and replication in other settings (Westen, Novotny, & Thompson-Brenner, 2004).

Furthermore, in response to intense social, economic, and political forces that insisted to know which of the 400-plus psychotherapies were effective, Division 12 of APA formed a Task Force to consider methods to educate clinical psychologists, third party payors, and the public about the effectiveness of psychotherapies. The Task Force identified specific criteria to be included on their list and identified a small collection of treatments as efficacious. These efficacious psychotherapies were labeled Empirically Supported Treatments (EST). The EST is a list of “well-established treatments” and “probably efficacious treatments.” A requirement to be considered a well-established treatment involves significant results from at least two different sites performing efficacy studies in which randomized control trials (RCTs) are implemented. Further qualifications involve the use a specific population and implementation using a treatment manual. To be regarded as probably efficacious empirical support from only one lab is necessary. Although the current trend is moving away from using this list as important indicators of what treatment should be employed and the concept of the need of the EST for the advancement of the practice of therapy and intervention is questioned, only one treatment for children with autism appears on this list, Applied Behavior Analysis. Although this

list is highly debated, the media as well as parents learn about what interventions have been tested and placed on this list and this may highly influence their decision to place their children in treatment x instead of y. Additionally, many clinicians value interventions that have been systematically validated. **(Data analysis available upon request).**

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