



# Building Blocks

Impact and Innovation from the Glickman Lauder Center of Excellence

This little guy knows that preschool means making friends and having fun.

Fall 2022

## Preschool: Play, Progress and Learning

### As Families Know, Small Successes Lead to Functional Skills

Anyone visiting the Preschool Day Treatment Program at the Glickman Lauder Center of Excellence in Autism & Developmental Disorders might see children seated at their desks; standing in a circle, singing or passing a ball; or having a one-on-one session with a teacher. Play is underway, the children are having fun, and the teachers are explicit in what they are teaching.

The parents of these preschool children have reason for optimism, notes Colleen Ingersoll-Foley, MEd, BCBA, Senior Director of Autism and Developmental Disorders. “The first thing we tell the family is that their child has potential and the capacity to learn,” she says. “We use tools and technologies that are evidence-based, and we demonstrate that the child can learn. When parents see it, they become hopeful.”

The most important thing many children learn at preschool is a way to communicate. “If a child cannot express themselves, they will instead use behavior—often crying or tantrums,” Colleen explains. After one or two lessons, some children have learned to calmly pass a symbol, such as a small picture. This is the beginning of a communication system.

“We work on terminating preferred activities, such as being pushed on the swing,” she adds. “A child can learn to negotiate ‘one more minute’ on the swing by holding up a finger. All of this is progress.”

Continued on page 3

## A Letter from Matthew Siegel, MD

Vice President of Medical Affairs, Glickman Lauder Center



With this inaugural issue of *Building Blocks*, I'd like to step back and describe how our community came together to build and open the Glickman Lauder Center of Excellence, which has greatly expanded our ability to provide expert behavioral

healthcare to Maine individuals with autism and developmental disabilities throughout the lifespan.

This effort required that we launch and complete a successful capital campaign—something Maine Behavioral Healthcare had never done. To be successful, we needed three things: a leader, a shepherd and an angel. Our leader and shepherd were campaign co-chairs Nancy Pond and Wendi O'Donovan, who led with determination and guided us with compassion. Our angel, of course, was Judy Glickman Lauder, whose unwavering belief and dedication resulted in our named center.

So many enthusiastic, generous people, led by our campaign cabinet, helped us create awareness and raise the funds needed—even through the covid era. The result? Last fall, we opened the doors of the beautiful Glickman Lauder Center, a thoughtfully designed facility that provides integrated services for families, training for professionals and clinical research for all. In the short time since opening, the center now has:

- Four different clinical treatment programs for toddlers through adults
- More than 100 specialized staff members on site
- More than 700 families supported by our outpatient clinic, including the work of Christine Dub, PhD, who joined us from Johns Hopkins (see page 4)
- A busy research enterprise, including work underway thanks to a recent grant from Autism Speaks, which you can read about in this issue (see page 6)

**This is the future we all hoped to see.** Colleagues around the country often remark to me, "You built a state-of-the-art autism center—in Portland, Maine?" Yes, we did. We may be small, but we are mighty. And we get things done.

Thank you for being part of the Glickman Lauder Center of Excellence.

## CONTENTS

PRESCHOOL : PLAY, PROGRESS AND LEARNING	1
A LETTER FROM MATTHEW SIEGEL, MD	2
STAFF PROFILE: CHRISTINE DUB, PHD	4
DONOR PROFILE: KIRK AND NANCY POND	5
RESEARCH CORNER: GLICKMAN LAUDER CENTER CO-LEADS AMBITIOUS AUTISM SPEAKS GRANT	6
COMMUNITY ADVISORY COUNCIL	7
CALENDAR OF EVENTS	8
SERVICES	8



This fifth-grader is learning to sequence the steps in making food, with help from Emily Wasina, occupational therapist.



## Maine Behavioral Healthcare

MaineHealth

To learn more about Maine Behavioral Healthcare and the Glickman Lauder Center of Excellence or to schedule a visit to see the difference you make through your support of our mission, please contact us.

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## Finding the key “that opens that door”

The approach used at the center’s preschool has been shaped by evidence-based research and thoughtful planning. Children age three to five are placed in one of three classes. “We utilize a team teaching approach, and everything we do falls in line with the methodology of applied behavioral analysis, including systematic teaching and reinforcement of appropriate behavior and skills,” says Kathy Hill, MEd, BCBA, the preschool’s Director. “We have three classrooms: for children who are developmentally younger, in the middle and older.”

After discussion with the parents, review of the child’s testing results and spending time with the child, Kathy makes an estimate of the child’s needs and determines if an appropriate slot is available. “A child who is three may be non-verbal and needs to establish a communication system would join our younger classroom,” she says. “A developmentally older child will need help with the nuances of social skills. Intellectually gifted children require a different approach—a higher level of social enrichment and a very systematic approach to their education.”

**“We teach our families to appreciate the small successes.”**

**– Kathy Hill, MEd, Preschool Director**

Some children arrive from the center’s toddler program. “Those children have an easy transition to preschool,” says Colleen. “The groundwork has been established, with a communication system and the ability to follow simple directions.”

Research revealed the importance of early intervention in toddlers, and it continues to shape practice. “Today we’re

One-on-one sessions, including with Kerri Watkoske, an educational technician, help to produce progress.



“Each child is unique,” says Colleen Ingersoll-Foley, MEd, Senior Director.

able to perform better assessments of children, and the field has evolved to focus on behaviors and skills that are socially significant to the child and family,” says Colleen.

In addition to the preschool’s 19 teaching staff, there is a clinical team of highly specialized staff who collaborate on the development of individualized plans for each child. They include a certified behavior analyst, social worker, special education teacher, occupational therapist, physical therapist and speech and language pathologist.

“We offer family training in regular meetings to discuss the child’s progress and how the family can manage behavioral challenges,” says Kathy. “We teach our families to appreciate the small successes. Working together with our families increases the chance of student success and family engagement and success.”

Parents are welcome to come to the preschool and watch their child’s class from a one-way observation booth. “It’s useful for the parent to see how we reinforce behavior in our environment, so they can try that same skill at home,” says Colleen, who recalls a mother’s surprise at watching her son ask for more snacks by passing a symbol to a teacher. “His mother looked at me and said, ‘I can’t believe he can do that!’”

When it is time for the transition to kindergarten, the preschool staff develop a plan and provide support as the graduate heads off. Each child is unique, Colleen notes. “These little people come to us in need of a particular set of skills, and we find the key that opens that door.”

## Christine Dub, PhD, BCBA-D, Psychologist and Behavior Analyst, Is Trained to Take a Deep Look

*Behavior analysis has the goal of improving social skills through specific, individualized interventions. Thanks to Christine Dub, PhD, BCBA-D, and her colleagues, it is playing an important role at the Glickman Lauder Center of Excellence.*



### **Q: What attracted you to the field of autism and developmental disorders?**

**A:** As an undergraduate in psychology, I took a class on behavior modification—now called behavior analysis. What I learned made sense to me: we can shape someone’s behavior through reinforcement. I was fortunate to work with several clinicians, including in the home with a child with autism. From there, I sought graduate programs that emphasized autism and developmental disorders.

### **Q: There has been steady progress in how to assess and treat individuals with autism and developmental disorders.**

**A:** Yes, how we understand and conceptualize autism has evolved, along with how we treat autism characteristics. The goal is not to just make shifts in behavior; we try to capitalize on the child’s strengths to help them with whatever they want to accomplish. That starts with helping them navigate the world. It’s great when I can help a child who’s having a hard time; it’s even better when I can teach their parents how to connect and manage whatever comes their way.

### **Q: Describe a behavioral assessment.**

**A:** When I receive a referral, I bring the family in to discuss their concerns—not just their worries about tantrum behavior, anxiety or toileting, but an in-depth conversation about what they want to improve. What is happening before that behavior, during it and after that behavior? Is the child looking at you, for example, after they throw something? If so, they might want to get a reaction from you. Does the child seek attention, are they trying to escape something they do not like to do, do they want access to a favorite toy or activity, or is there a sensory reason for the behavior? I’ll break down the child’s behavior and begin to discuss a treatment plan that we’ll work on together.

### **Q: What happens next?**

**A:** I send the parents home with things to practice so they feel confident about implementing the plan at home, and the parents and child typically come in for therapy every other week to discuss progress. In the meantime, we work on concrete, specific goals that they practice at home. I tell parents: put in the work now, and you’ll ideally see progress start to take effect pretty quickly. We modify the approach if needed, and if there are multiple behavior problems, we tackle one and then move to the next one. Disruptive behaviors are going to happen, but parents will realize they can manage disruptive behavior as it appears—so that the family can go into the community with the child and know what to do.

### **Q: Is there a difference in how you conduct an assessment in an adolescent vs. a small child?**

**A:** Depending on their verbal skills, the older child might participate in the appointment more. I’ve seen children who like to report on their own behavior, so I’ll sometimes hear, “Remember the time I threw that book at the TV?” It’s good to get the adolescent involved, because with a greater level of rapport, motivation and buy-in from the child who is 12, 13 or 14, there is more we can accomplish.

### **Q: There is a lot of training going on at the center. Are you involved with that?**

**A:** Everyone at the center is committed to training the next generation. We are hoping to launch a post-doctoral fellowship for psychology trainees, people who have completed their graduate internship and want additional training in autism and developmental disorders. We have a unique setting here: an outpatient setting where they can work within a multidisciplinary framework alongside psychiatrists, developmental pediatricians, occupational therapists, speech pathologists and social workers. You don’t usually find that under one roof.



## Kirk and Nancy Pond Understand the Need

*Along with Nancy's Leadership, Their Support Included a Generous Gift*

Kirk and Nancy Pond had plenty of motivation to support the successful capital campaign that led to the establishment of the Glickman Lauder Center of Excellence. The couple made a generous gift through the Pond Family Foundation, and Nancy served as campaign co-chair, along with Wendi O'Donovan. The Ponds' motivation comes from their experiences with children and grandchildren.

"In our blended family, we have eight children and 17 grandchildren, some of whom have been diagnosed with autism and other issues, including ADHD and obsessive-compulsive disorder," explains Nancy, a former schoolteacher and principal. "We have lived experience with disjointed care: waiting lists and services that were disconnected and 'siloe'd.' This leaves you feeling a little unmoored."

In supporting the campaign, the Ponds hoped for what all families want: that when a child receives a difficult diagnosis, the Center of Excellence will provide all the care and support needed from a trusted team—throughout the child's life. "World-class care for families who have a child with a developmental disorder: that was Dr. Siegel's vision," says Nancy, who recalls meeting Matthew Siegel, MD, the center's Director and Vice President of Medical Affairs.

"It was 14 years ago, and I was on the board at Spring Harbor Hospital, when I heard that a new physician had arrived, was starting to perform research and planning to establish a small department dedicated to autism care. I was told he was a real 'fireball.' When I met him, he lived up to his billing. Dr. Siegel created that program, and he proceeded to work with that same level of excitement."

### Successful Fundraising—and a Vision Fulfilled

Building a completely new facility and expanding programs for the youngest children and adults would require launching a capital campaign, something Maine Behavioral Healthcare had never done. Besides, a worldwide pandemic was underway. "The Spring Harbor board completed a gap analysis in 2017 that revealed the need to improve care for patients with autism and developmental disorders," Nancy recalls. "It became a goal, but we would need philanthropic support, as well as support from MaineHealth. Dr. Siegel, Wendi and I went to work."



In supporting the campaign, Kirk and Nancy Pond hoped to see world-class care for families who have a child with a developmental disorder.

They made hundreds of phone calls in which they discussed mutual interests—how a family member would benefit from the new center—and what it would mean to the state of Maine, where more than 40,000 families have someone with autism or a developmental disorder. "Over the years, you get to know people and understand their interests," Nancy says. "We spoke honestly about what a gift would mean to our state."

When someone said "this isn't my area of interest," there were other ways to describe what the Center of Excellence represented. "The program supports education; there are interns in social work, occupational therapy, physical therapy and psychology. There is the impact on employers. If someone has a child on the autism spectrum with no one to stay at home with them, you could lose a valued employee. The Center helps families and employers. We're all affected by these issues; society is affected."

The campaign gained steam and energy from a Campaign Cabinet whose enthusiasm and support galvanized the effort. Generous community support and support from MaineHealth resulted in the campaign meeting its goal; Dr. Siegel's vision was fulfilled. In Fall 2021, the Glickman Lauder Center of Excellence in Autism & Developmental Disorders opened—a new facility housing expanded programs, expert staff and impressive research.

"I can't say enough about MaineHealth, Maine Behavioral Healthcare and Judy Glickman Lauder who, throughout the campaign, said 'how can I help?,'" says Nancy about a major friend and benefactor. "The campaign is an example of what grateful families, foundations, communities and corporations can accomplish together—even during covid."

Looking back, Nancy recalls a discussion about naming the new center. "We weren't sure about including 'excellence' in the center's name. Was it too bold? We decided it belonged there, because we strive for excellence. We know that what we're doing at the center is excellent."



Melanie Houchell, Research Program Director (right), discusses the Autism Speaks research with Matthew Siegel, MD.

## Glickman Lauder Center Co-Leads Ambitious Autism Speaks Grant

*The Goal Is to Establish the Gold Standard Treatment*

Learning that a child has autism means the family must adjust. This is especially true when challenging behavior prevents a family from functioning the way they would like, such as going shopping or to a restaurant with their child or adult. According to Matthew Siegel, MD, parents usually cite this as having the greatest impact.

“Parents often tell us that it’s not the autism or the developmental disability per se,” says Dr. Siegel. “They can handle that. Rather, it’s the emotional and behavioral challenges—the anxiety or aggression—that make it so difficult. A high percentage have these challenges, and it has a huge impact on people’s lives.”

Current evidence-based treatment may include medication, behavioral analysis or communication interventions. Many families seek out one or more of these approaches and hope for the best. The Glickman Lauder Center, with three other leading centers, has been funded

by Autism Speaks to take treatment for challenging behaviors to the next level.

“Until now, no one has taken these individual practices—medication, behavior analysis and communication—rolled them into one systematic treatment package and tested it,” explains Dr. Siegel. “So we are both creating a novel intervention package and designing the study to evaluate how well it works through a randomized, controlled trial.”

Dr. Siegel is one of four national leaders in autism research currently at work on planning the intervention package that will be the focus of this new research, for which Autism Speaks has provided \$300,000 in funding. The others are at Nationwide Children’s Hospital, Rutgers University and Upstate Medical University. The first phase of the work, estimated to take two years, is well underway. Dr. Siegel hopes the Glickman Lauder Center will later enroll patients for the clinical trial.

### Ongoing Research at the Center Has an Important Impact

“It’s amazing how many families participate in clinical research, despite dealing with all kinds of challenges,” he says. “The research might not even benefit their family member, or not right away, but they want to contribute. Like us, they want to move the field forward for everyone.”

This is all the more remarkable because the process of going from research observations to meaningful interventions is a long road. “A lot of research is incremental—that is, small steps where it’s difficult to see how the findings translate into real gains for real people,” Dr. Siegel observes. “Then there are the major steps, including that applied behavioral analysis, at an adequate dose and length, has a major impact on a person’s communication ability, behavior and intelligence. This is what we know as early intervention, and it was a major breakthrough.” Another watershed finding occurred

# Community Advisory Council

## They Offer Their Expertise and Stay Focused on the Mission

When intelligent, motivated individuals gather to draw on their experience and offer their perspectives, good things happen. That describes the work of the Community Advisory Council (CAC), a group of volunteers with a common goal: to support the mission of the Glickman Lauder Center of Excellence in Autism & Developmental Disorders.

Each CAC meeting begins by reading the mission statement, notes Jodie Hall, Community Engagement and Training Manager at the center. “We’re here to deliver the best possible, evidence-based treatment model in our state,” she says. “We focus on the patients and improving care and services for them. After reading the mission statement, we then feature a mission moment that describes progress seen in a specific patient.”

That mission moment—about a small child or an adult—connects to the planned meeting agenda, Jodie adds. From there, the group of parents, grandparents, providers, state officials and regional and national experts discuss the topic of the day. “At a recent meeting, we discussed the adult service landscape throughout Maine—what exists, and what are the needs? Parents with a teen are eager to know what will be available; parents with an adult son or daughter are already there. Elizabeth Hopkins from the Maine Office of Aging and Disability Services, a member, shares what she knows.”

The council provided valuable input that helped shape the center’s early intervention toddler program. “They recommended that we change our funding model in a way that represented a clear improvement, both clinically and financially, in serving our toddlers,” says Jodie.

The Community Advisory Council’s work is strengthened by national leaders, including Bryan King, MD, Vice Chair for Child Psychiatry, University of California/San Francisco, and Donna Murray, PhD, Vice President and Head of Clinical Programs for Autism Speaks. “What models are already working well around the U.S.?” says Jodie. “We are fortunate we can tap into these national leaders.”

Jodie, Dr. Siegel and others are impressed at the level of investment shown by the CAC, whose members volunteer their time. “Everyone does a beautiful job of collaborating and bringing their own expertise and lens to the discussion,” Jodie says.

around 2002, says Dr. Siegel, when two medications were shown to be effective in treating challenging behaviors in some people with autism.

Research at the center will continue to have an impact. Dr. Siegel and the growing research staff at the center lead the Autism Inpatient Collection (AIC), ongoing research funded by the Simons Foundation. “It is a massive collection of data that the Simons Foundation has made available to investigators worldwide,” he says. “We have now enrolled more than 1,400 kids with autism who are in inpatient units, such as ours at Spring Harbor Hospital. The AIC is intended to feed progress, with many minds able to use this data.”

**“[We are] attempting to define what we think will be the gold standard assessment and treatment package for this population.”**

– Matthew Siegel, MD

Dr. Siegel’s focus also includes training the next generation. “During the past three years, we developed, supported and mentored a post-doctoral research fellow, Briana Taylor, PhD, who specializes in the study of sleep in people with autism,” he says. After receiving a career development award from the National Institutes of Health, she obtained a position at the Roux Institute in Portland. “We’re delighted that her research will continue with us at both the Glickman Lauder Center and Spring Harbor Hospital.”

Lately, Dr. Siegel is feeling optimistic about the recent Autism Speaks grant. “It’s not an exaggeration to say that the Glickman Lauder Center, with the three other centers, is attempting to define what we think will be the gold standard assessment and treatment package for this population,” says Dr. Siegel. “We are trying to create the future.”



Visit [www.mainebehavioralhealthcare.org/coe](http://www.mainebehavioralhealthcare.org/coe)  
to watch the Glickman Lauder Center of Excellence  
welcome video!

## CALENDAR OF EVENTS

Our free monthly webinars present a wide range of information about autism and other developmental disorders. They are held on the third Thursday of the month at 12:00 noon. Please register at the link below, where you can also access recorded sessions.

**October 20**

### Transition from Youth to Adulthood: Changes in the Service Delivery System

Presented by GLCOE case managers, Julie Claffey and Jennifer Fricke

**November 17**

### Financial Planning for the Future

Presented by Tami Goldsmith, Parent/Community Member, and Katherine Griffin, Esq.

[Mainehealth.org/Maine-Behavioral-Healthcare/Services/Autism-Developmental-Disorders/Events](http://Mainehealth.org/Maine-Behavioral-Healthcare/Services/Autism-Developmental-Disorders/Events)

## ABOUT US

The Glickman Lauder Center of Excellence provides coordinated specialty care for children and adults with developmental challenges. Our outpatient services include:

**Multidisciplinary Outpatient Clinic**

**Day Treatment Program**  
(Kindergarten through 12th grade)

**Preschool Day Treatment Program**  
(age three to five)

**Early Intervention (children under age three)**

**Please contact us at 207-661-3600**

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Autism & Developmental Disorders**

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