

Diagnosis and Treatment of the Non-Verbal Child with Autism

Linda Lotspeich, M.D.

Please check www.ubhonline.com for expiration date of CE credit

Instructions for Receiving Your Continuing Education Certificate

To obtain your CE Certificate, please complete and submit the four documents required by the credentialing boards:

1. Attendance Verification Form
2. Course Evaluation
3. Post Test
4. Sign-in Sheet

Please submit the four completed documents to UBH via one of the following methods:

Fax

1-801-926-3090

Attn: UBH Clinical Learning Programs

Mail

IAHB

Attn: UBH Clinical Learning Programs

4370 Alpine Road, Suite 209

Portola Valley, CA 94028

Upon receipt and documentation of your successful completion of the course, a CE Certificate will be mailed to you within 6-8 weeks.

ATTENDANCE VERIFICATION FORM

UBH Clinical Learning Department--Continuing Education Course

Course Title: **Diagnosis and Treatment of the Non-Verbal Child with Autism**

Faculty Name: **Linda Lotspeich, M.D.**

Name: _____

Date: **05/02/08** **05/16/08** **Other:** _____

CE instructions:

1. Fill out this form completely. **PLEASE PRINT LEGIBLY.** We must include your license number in our permanent records. If you cannot provide your number now, please provide your social security number.
2. Turn in this form along with your Post-Test, Course Evaluation form and Sign In Sheet.
3. Please follow the directions for submitting these forms to UBH to obtain your CE certificate.

Name and Degree _____

Address _____

City/State/Zip _____

Phone # _____

e-mail: _____

Signature _____

_____ LPC/LMHC _____ Social Worker

_____ Psychologist _____ RN

_____ CEAP _____ Physician

_____ NCC _____ MFCC/MFT

Other _____

Prof. License Number(s) & State(s):

To which board(s) do you plan to submit these credits?

Check if UBH Telecommuter

One Credit hour of CE

Psychologists

X United Behavioral Health is approved by the American Psychological Association to sponsor continuing education for psychologists. United Behavioral Health maintains responsibility for this program and its content.

Social Workers

X This program was approved by the National Association of Social Workers (provider # 886366512) for one continuing education contact hour.

X This course meets the qualifications for continuing education for MFT's and LCSW's as required by the CA Board of Behavioral Sciences (Provider # PCE 327).

Certified Counselors

X This course meets the qualifications for continuing education for MFT's and LCSW's as required by the CA Board of Behavioral Sciences (Provider # PCE 327).

X United Behavioral Health is recognized by the National Board for Certified Counselors to offer continuing education for National Certified Counselors. We adhere to the NBCC continuing education guidelines. United Behavioral Health maintains responsibility for the program. (Provider #5922)

Registered Nurses

X Provider approved by the California Board of Registered Nursing (Provider # CEP 10225).

X UBH is an approved provider of continuing nursing education by the Pennsylvania State Nurses Association an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

UBH Clinical Learning - Course Evaluation

Course Title: **Diagnosis and Treatment of the Non-Verbal Child with Autism**

Faculty: **Linda Lotspeich, M.D.**

Name: _____ 05/02/08 05/16/08 Other: _____

Your current professional status:

- Licensed Psychologist MFT LCSW MD/DO
 Unlicensed Masters/Doctoral level RN LPC Other (specify):

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Overall, I was satisfied with this course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Training Content (Check one choice for each item below): I am able to identify:				
A. Current screening instruments for identifying young children with autism spectrum disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Best practice guidelines for diagnosing children with autism spectrum disorder focusing on the preschool child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Different types of early intervention programs for children with ASD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Different classes of medications for treating children with ASD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Visual supports and resources to help parents manage their child's behavior in the home and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Training Format (Check one choice for each item below):				
A. Learning materials were effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Learning method (teleconference) was effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Learning program was easy to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Instructor (Check one choice for each item below):				
A. Overall, the instructor effectively facilitated my learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The instructor demonstrated expertise in the subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The instructor presented the subject matter clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Course Relevance (Check one choice for the item below):				
A. The course provided new information useful to me in my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I will use specific information from this course in the following ways (check all that apply):				
<input type="checkbox"/> Improving clinical assessment skills				<input type="checkbox"/> Effective involvement of family or other's support to enhance treatment outcome
<input type="checkbox"/> Improving treatment techniques and outcomes				<input type="checkbox"/> Effective use of adjunctive client-focused resources to enhance treatment outcomes
<input type="checkbox"/> Use of validated tools/process to improve assessment and monitoring of treatment				<input type="checkbox"/> Enhance medication co-management (e.g. techniques to identify a need to start medication therapy, how to monitor for side effects, how to determine medication effectiveness and/or when to request medication change due to ineffectiveness)
<input type="checkbox"/> Knowing when to collaborate with or refer to other clinicians				<input type="checkbox"/> Other (specify):
6. Tell us what UBH can do to make this course better (Check all that apply):				
<input type="checkbox"/> Make it shorter		<input type="checkbox"/> Make it longer		<input type="checkbox"/> Find more effective instructor
<input type="checkbox"/> Include more detail on subject matter (specify):				
<input type="checkbox"/> Include less detail on subject matter (specify):				
<input type="checkbox"/> Other (specify):				

POST TEST

UBH Clinical Learning Department--Continuing Education Course

Course Title: **Diagnosis and Treatment of the Non-Verbal Child with Autism**

Presenter: **Linda Lotspeich, M.D.**

Name: _____

Date: **5/02/08** **5/16/08** **Other:** _____

SCORE: _____

Please choose the correct answer:

1. Children with autism should have a medical evaluation including physical examination and consideration of genetic testing.
 - a. True
 - b. False

2. Parents who already have a child with autism have a higher risk of having another child with autism than the general population.
 - a. True
 - b. False

3. All of the following medications are off-label for autism except for...
 - a. Olanzapin
 - b. Fluoxetine
 - c. Risperidal
 - d. Aripiprazole

4. A common cause for aggressive behavior in children with classical autism is their lack of a communication system.
 - a. True
 - b. False

SIGN IN AND SIGN OUT SHEET FOR CONTINUING EDUCATION APPROVAL

Name of Sponsoring Organization: UNITED BEHAVIORAL HEALTH				
Name of Continuing Education Program: Diagnosis and Treatment of the Non-Verbal Child with Autism				
Name of CE Staff Person Totaling Hours for Participants: Marie Iddings, LCSW		Signature of CE Staff Person Totaling Participant Hours: <i>Marie Iddings</i>		
Location of Program: National teleconference offered on 05/02/08 and 05/16/08		Instructor: Linda Lotspeich, M.D.		Date:
Participant's Signature	Participant's Name and Address (Please print clearly)	Type of License State NASW Member? Yes/No	License Number	Sign In Time/ Sign Out Time
1.				
2.				