Milestones Continue, and Confidence Grows

Ayla Brewster Looks Ahead

If you ask Ayla Brewster what a typical day or a typical week is like, she will eagerly describe her busy schedule. At age 22, Ayla participates in a daily program for young adults with developmental disorders, has a part-time job and spends regular weekends at her grandparents' home in New Hampshire where she helps care for five dogs, three horses, hens and a cat.

“It’s a busy day for me every day,” she says about life in Portland, where she lives with her father, Jason Brewster. “I get up at 6:00 am and have a light breakfast. I’m a very healthy girl. After breakfast I feed the fish, do my hair, do some chores and get the mail.”

Her father has observed every milestone in Ayla's life, beginning when she was diagnosed with autism at age two. “We were fortunate that she could receive occupational therapy and speech therapy in the next town, but when she started school, she spent half of every day in the nurse’s office,” Jason says. “Her speech was very delayed. I remember the first time she said ‘yes;’ I was teary-eyed.”

Once in the care of Michele Rock, DO, Medical Director, and others in the program that evolved to become the Glickman Lauder Center, Ayla made steady progress. “We moved to Portland, and there were special needs programs for her. It's been a blessing.”
Alexander Austin feels good after a workout on the treadmill at the Glickman Lauder Center. Exercise is important for individuals with developmental disorders. Those who attend An Evening of Possibility on September 27 will be supporting the purchase of additional equipment. 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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The milestones kept arriving, but Ayla required a thoughtful treatment plan that addressed her anxiety and extreme sensitivity to sound. “I met Ayla when she was 11,” recalls Cathleen Small, PhD, BCBA-D, Director, Behavioral Services, Spring Harbor Hospital. “She had a lot of difficulty with the school bell, which rang six times a day. Ayla would spend 15 minutes before and after the bell rang trying to tolerate the sound.” Ayla spent three hours each day attempting to manage her anxiety—instead of actively learning.

“Staff at the school allowed us to go with Ayla after-hours to teach her coping skills,” says Dr. Small. “We rang the bell and actively taught Ayla skills to tolerate the sound. Through her hard work, Ayla acquired these skills, and the bell had minimal impact on her.”

Dr. Small admires Ayla’s attitude. “Because she wants to make progress and learn new skills, Ayla is actively engaged in her therapy,” she says. “She is friendly, kind, motivated and hard-working.”

**Growth, Change and Self-Awareness**

Those qualities are on display at Goodwill in Falmouth, where Ayla works two afternoons each week. “I’m the happiest person on the team,” she says. “They started me working on kids clothes, then men’s and women’s clothes. Then they asked if I wanted to work on books, CDs and DVDs. I said ‘absolutely;’ I love trying something new.”

Ayla will soon complete STRIVE, a two-year program for high school graduates. “We learned meal-planning and about going to the bank,” she says, noting that she will next join STRIVE Active. “They will show us how to live independently.”

“Ayla’s fine with change,” says Jason. “She now sees Dr. Danielle Sipsock at the center, and we will transition Ayla to an adult dentist soon. We’ve seen so much progress. I saw a huge difference in Ayla when she graduated from high school and got out into the world more. She’s grown so much; she’s very self-aware.”

Jason acknowledges the teachers, programs and clinical specialists who have provided Ayla with care and encouragement. “Dr. Rock has been a great resource,” he says. “We needed advocacy, and Ayla needed referrals to Dr. Small and others. Besides, when Ayla wouldn’t listen to me, she’d listen to Dr. Rock.”

He says that Ayla benefits from loving family members who have supported her every step of the way. When she arrives at her grandparents’ home, there are tasks waiting. “I go out and feed the chickens, change their water and, in the spring, collect the eggs,” Ayla explains.

“Ayla is actively engaged in her therapy. She is friendly, kind, motivated and hard-working.”

— Cathleen Small, PhD, BCBA-D

“The horses each get three bales of hay; I go to their little pasture and throw them their hay. I play with the dogs, walk them, feed them and pick up their toys. I feed the cat and change her water. I also pick up the trash and take it to the barn and help clean the house.”

The anxious girl who was paralyzed by the sound of the school bell has come a long way. “Today, Ayla comes to every appointment ready to talk about what she’s been working on, the challenges she’s encountered, how to address them and her response to treatment,” says Dr. Small. “She’s a remarkable self-advocate who wants to become more independent and have as many opportunities as possible.”
Therapeutic Groups Are Popular—
And Taking Off at the Glickman Lauder Center

Adolescents learn social skills by spending time with people their own age. The same goes for younger kids, who gain confidence when they are playing and learning with others. The parents or caregivers of teenagers and children with autism benefit from getting together and sharing their insights. The therapeutic groups now offered at the Glickman Lauder Center, which are shaped by research and run by certified facilitators, have quickly proven their value.

Groups are a well-established form of treatment for individuals with developmental disorders, notes Kimberly Loika-Smith, Clinical Director. “People like to connect and learn skills—especially social skills, which you can’t really practice effectively in a one-on-one setting. We’ve received requests for groups from patients and their caregivers for a while. Our staff has been eager to run groups.”

In spring 2023, Christine Dub, PhD, facilitated The Birds and the Bees group with parents of pre-teens and teenagers with autism via telehealth, which worked well for busy parents. The goal is to provide strategies for supporting a child going through puberty and entering adulthood.

“This group is definitely in demand,” notes Kimberly. “We plan to offer The Birds and the Bees again next year.”

The second therapeutic group to debut is called PEERS (Program for the Education and Enrichment of Relational Skills), which is an evidence-based social skills curriculum designed for autistic teens and adults. It is based on clinical research at the University of California at Los Angeles; facilitators receive three days of training before they deliver the thoughtful curriculum. “The group is intended to equip young adults with the skills needed for social relationships: what makes a good friend, how you meet people and how to join a conversation,” Kimberly explains.

PEERS has a parent component, where a parent or caregiver learns skills in a concurrent group. “That way, they can practice with the child and coach them to use the skills they are learning,” says Kimberly. “I noticed that kids had to push themselves to participate in PEERS. For many of them, because of anxiety, it wasn’t easy to practice these skills. But they were motivated, and I did see their confidence increase over time.”
A Mother and Son Benefit from “A Common Language”

That pretty much describes Jack Walker, who is 14 ½. “At first, Jack didn’t like the idea of attending the group,” says Emily Hinman, his mother. “It sounded like school to him. But school was not meeting his needs socially; he was struggling to make friends and connections with his peers.”

“I was on the fence,” Jack recalls. “But now I look forward to it. There’s a new topic every week, and they show a quick video. In the beginning, our homework was making a phone call to someone in the group. Then we made phone calls outside the group—to a friend, a family friend, an uncle. Lately, we’ve been organizing get-togethers like going to the bowling alley or out for pizza.” Along the way, Jack says he’s met some people he enjoys.

Emily sees growth in her son thanks to PEERS. “A recent class was about teasing, gossiping and rumors,” she says. “In the car driving home, we discussed what Jack’s group and what my group talked about. We practiced a bit—when that kind of thing happens, this is a good strategy.

“Attending PEERS has given us a common language; I say to Jack: how should we think about that? We practice slipping into or out of conversations, strategies to deal with rumors and conflict. In addition, I’ve benefited by connecting with parents who have similar challenges.”

When their PEERS groups are over, Emily and Jack go out for ice cream. “Without the ice cream, there would be a lot more complaining,” Jack notes.

What’s next for the therapeutic groups? A ten-week social skills group for kids age 8 to 12, Superheroes, recently debuted. “Like PEERS, Superheroes uses a multi-modal approach—video, handouts, role-play and interactive discussion—and provides a class for parents,” says Kimberly. “We are planning to offer a PEERS group for young adults in the coming months that will include lessons on relationships and dating. We are also exploring therapeutic groups that address symptoms of attention-deficit hyperactivity disorder [ADHD] and anxiety, which are two of the most common diagnoses we see in children with autism.”

This is good news for patients and families. “Our therapeutic groups are meeting a really important need,” Kimberly adds.

Training our staff to offer therapeutic groups is now a priority at the Glickman Lauder Center—and a fundraising goal for the upcoming An Evening of Possibility. Save the date: September 27!
Tami Goldsmith Is a Generous Donor Who Sees the Cup As Half-Full

It’s hard to walk by a lemonade stand. When the sign says Luke’s Lemonade, and Luke Goldsmith is smiling at you, it’s impossible. The lemonade isn’t for sale; it’s given to those who stop by. Behind Luke’s Lemonade is the story of a guy with Down syndrome and the dedication and love of his mother, Tami Goldsmith.

Tami is well-known to those at the Glickman Lauder Center, where she serves on the Community Advisory Committee, a group that discusses how to best participate in Maine-wide initiatives. Tami and Jerry Goldsmith, Yarmouth residents, are generous donors to the center, and Tami served as a member of the campaign cabinet whose focus and diligence produced impressive fundraising results and a new facility—notably during the covid-19 pandemic.

When the world shut down in March 2020, individuals with developmental disorders were hit hard. “Luke was obviously not going to be attending programs, and finding staff for one-to-one sessions would be difficult,” says Tami. But she could never have predicted that—just as the pandemic arrived—her son, now 40, would be diagnosed with type 1 diabetes and then neurogenic bladder. Luke’s brain and bladder no longer communicate.

Other medical conditions associated with Down syndrome include celiac disease and seizure disorders; Luke also has those. “As individuals with Down syndrome age, they often develop autoimmune conditions that can attack the body simultaneously, throwing everything off,” notes Tami. An especially troubling condition is Alzheimer’s disease.

“Luke doesn’t have Alzheimer’s, but he just participated in his second clinical trial on those with Down syndrome,” says Tami of the National Institute on Aging study at Massachusetts General Hospital, where Luke receives care for his medical conditions at the Down Syndrome Adult Clinic. “People with Down syndrome, who age 30% faster than we do, are playing an important role in the development of new pharmaceuticals—research that will benefit the rest of us.”

Tami is philosophical about the difficulties facing Luke and other adults with Down syndrome. When Luke was born, his life expectancy was about 25; now’s it’s 60. “For 14 years, Luke saw Dr. Siegel, who took care of his psychiatric needs,” she says, referring to Matthew Siegel, MD, who directed the Glickman Lauder Center until recently. Luke now has regular visits with Winston Chung, MD, a psychiatrist.

Putting Smiles on People’s Faces

Last September, Luke’s Lemonade sponsored an Alzheimer’s walk that raised $4,500 for research. That’s the mission behind an effort whose tagline (developed by Faith Goldsmith, Luke’s sister) is “Pause and Sip for a Cause That’s Hip.” You walk away with a free cup of lemonade, but you’re encouraged to donate to one of the various non-profits associated with Luke’s Lemonade, including Alzheimer’s research, diabetes care and programs for veterans. Luke’s Lemonade was a $2,500 sponsor at Maine Behavioral Healthcare’s 2023 “Signs of Hope” event.

“Luke’s Lemonade was born for a purpose,” Tami notes. “Luke is essentially non-verbal, but his strong suit is socializing; he loves people. Many adults with Down syndrome have jobs today, but there are other ways they contribute. With Luke, we’ve focused on community, socializing and lifting spirits—putting smiles on people’s faces. That’s what Luke does; I’m just along for the ride.”

Along with supportive family and friends, Tami has steered that ride. “Luke is alive in the face of all these medical conditions, and he’s thriving in a program three afternoons each week. He has a fantastic social life with our family and his friends.” There are many people who have been there with Luke, known to friends as “Pooch,” through much of his life. “They’ve watched him grow, get hit hard and get back up.”

Tami and Jerry remain committed to the Glickman Lauder Center. “We have something that, back in 2010, I never imagined was possible. A huge success with room to grow.”
Winston Chung, MD, Psychiatrist, Was Drawn to Developmental Disorders Due to Intellectual Curiosity and a Desire to Help

Winston Chung, MD, is a psychiatrist who specializes in adults with developmental disorders. Dr. Chung, who arrived at Maine Behavioral Healthcare and the Glickman Lauder Center last fall, also sees older teenagers. During a fellowship in child psychiatry, he developed an interest in treating autism and other psychiatry conditions along the lifespan.

Q: What observations do you recall from your early years of practice?
A: We’re still trying to understand why there was such an increase in cases. Increased recognition and access to proper diagnosis and expert professionals is one part of it. But there are studies suggesting that environmental and genetic factors may play a role. Since autism encompasses such a wide spectrum, despite increased recognition, it can still be difficult to properly identify and diagnose without the appropriate training and experience. There are still many cases where patients with autism do not receive a diagnosis for far too long or are diagnosed with personality disorders, which can be extremely harmful and stigmatizing. It’s not that the diagnoses couldn’t co-exist, but that it was done inappropriately.

Q: How has treatment improved in recent years?
A: There was initially an over-emphasis on medication, which can lead to inappropriate treatment. One example is over-sedation to decrease problematic behavior. We’ve come to understand why these behaviors happen. The best plans are comprehensive and include other treatment modalities with medications. It requires collaboration among the different professions: therapists, case managers, physical and occupational therapists, speech, dentistry and other medical specialties.

Q: Is there a better understanding of how to use medication in those with developmental disorders?
A: Yes. Patients with autism and developmental disorders tend to be more sensitive to medication and may not need as high a dose; they may experience side effects at lower doses. The types of side effects that they experience may be different, and they may experience more of them. With certain medications, they may not respond as expected and have a “paradoxical effect.” And not all issues can be treated with medication. Sometimes the best course of action is to use another treatment modality other than medication.

Q: Do you have a specific clinical or research interest?
A: I’m becoming involved in a couple of projects. One is looking at medication and sleep in patients with developmental disorders. The other is on catatonia, a neuropsychiatric syndrome characterized by abnormal movements and behaviors. It can appear insidiously, be difficult to identify and occurs in approximately 10%, but could be as high as 20%, of those with autism over the lifespan. We’ve made huge gains in identifying and treating catatonia.

Q: What drew you to work with individuals with developmental disorders?
A: Initially, it was intellectual curiosity. Autism and developmental disorders are in some ways very different from other psychiatric disorders, and I wanted to learn as much as I could. As my experience grew, I was drawn in by my desire to help my patients manage their struggles, which are universal. An example is loneliness. Many patients with autism and developmental disorders are misunderstood, neglected, and ostracized.

Q: What were your first impressions of the Glickman Lauder Center of Excellence?
A: I thought it was an amazing facility, and it was the culmination of extraordinary vision. I was told that the initial ideas germinated on a napkin, as many great ideas seem to. I was very impressed by Dr. Matthew Siegel, Ms. Kim Loika-Smith and Dr. Michele Rock, who have helped build this comprehensive treatment center. There are only a few centers like this across the country, and the fact that we have it here in Portland says a lot about the people here.
UPCOMING WEBINARS
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 from 12:00 noon-1:00 pm.

June 20
Sibling Panel
Faith Goldsmith, Kylie Gray, Emily Wasina

July 18
Caregiver Resiliency/Combating Burnout
Kate Hallissey

Please register at the link below, where you can also access recorded sessions:
MaineBehavioralHealthcare.org/COEevents

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)

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