



### Director:

**Christine T. Barry, PhD**  
Associate Professor  
Division of Developmental Behavioral Pediatrics  
and Psychology  
University Hospitals  
Rainbow Babies & Children's Hospital

### Co-Director:

**Kathy Maxwell, RN, MSN**  
Clinical Nurse Specialist  
Division of Pediatric Neurology  
University Hospitals  
Rainbow Babies & Children's Hospital

### Location:

UH Westlake Medical Center  
960 Clague Road, Suite 1600 (1st floor)  
Westlake, OH 44145

### Directions:

*Coming from the West:* (Avon, Sheffield Lake, Lorain):  
I-90 East to Columbia Rd. exit. Turn right onto  
Columbia Rd. Quickly move to left lane. Turn left at  
traffic light onto Detroit Rd. Travel approximately 8/10  
of a mile. The Medical Center will be on your left, just  
before the intersection of Clague & Detroit Rds.

*Coming from the East:* I-90 West to Clague Rd. exit.  
Turn left at traffic light onto Clague Rd. Quickly  
move to right lane. Entrance to the Medical Center  
will be on your right.

*Coming from the South:* I-71 North to 480 West.  
Exit at Clague Rd. and turn right. Entrance to  
the Medical Center is on your left, just past the  
intersection of Clague and Detroit.



# THIRTEENTH ANNUAL AUTISM Seminar Series

## A Better Understanding of the Spectrum of Autism and Practical Intervention Strategies



The Division of Developmental  
Behavioral Pediatrics and Psychology

**Wednesday Evenings  
7:00 p.m. to 8:30 p.m.  
October 21, 2015  
through April 6, 2016**

## Dates and Topics

- **October 21, 2015**  
Medical Issues and Co-Morbid Disorders in Children with Autistic Spectrum Disorders  
*Kathy Maxwell, MSN, CNS*
- **November 18, 2015**  
Sleep and Preschool Issues in ASD  
*Max Wiznitzer, MD*
- **January 6, 2016**  
Adolescent Issues in ASD  
*Christine T. Barry, PhD*
- **February 17, 2016**  
Transition to Adulthood:  
Creating and Maintaining a Successful Transition  
*Beth Thompson, MSSA, LSW*
- **March 2, 2016**  
Social/Communication Issues  
*Lisa R. Audet, PhD, CCC-SLP*
- **April 6, 2016**  
When Picky Eating Becomes a Problem:  
Feeding Issues Among Children with Autism  
*Cara Cuddy, Ph.D.*

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Westlake, OH 44145

[Directions on back panel](#)

## About the Course

This series is designed to improve understanding of the medical, behavioral, social, sensory, and educational issues related to Autism Spectrum Disorders. An emphasis will be placed on practical intervention techniques. Presenters are local and national experts in the field of autism.

## Presenters

**Lisa Audet, PhD, CCC-SLP**  
Assistant Professor, Speech Pathology & Audiology  
Kent State University

**Christine T. Barry, PhD**  
Associate Professor of Pediatrics  
Case Western Reserve University  
UH Rainbow Babies & Children's Hospital

**Cara Cuddy, Ph.D.**  
Psychologist & Director of Pediatric Feeding Program  
Cleveland Clinic Children's Hospital for Rehabilitation

**Kathy Maxwell, MSN, CNS**  
Clinical Nurse Specialist  
University Hospitals  
UH Rainbow Babies & Children's Hospital

**Beth Thompson, MSSA, LSW**  
Teen/Adult Services Manager  
Milestones Autism Resources

**Max Wiznitzer, MD**  
Professor of Pediatrics  
Case Western Reserve University  
UH Rainbow Babies & Children's Hospital



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## Registration Form

**Cost is \$90 for the entire series.**

Participants may join at any point in the series. Students and paraprofessionals may attend entire series for \$10. NO REFUNDS WILL BE GIVEN.

Please make check payable to: [Autism Seminar Series](#).

Credit card payments will not be accepted. Fee includes all six lectures, handouts, and refreshments. Space is limited to 120 participants, so please register early. If you have any other questions, please leave a message at (216) 844-1289.

## THIRTEENTH ANNUAL AUTISM Seminar Series

To register, mail completed form and check, postmarked by **October 14, 2015** to the following:

Division of Pediatric Neurology  
Attention: Kathy Maxwell, MSN, CNS  
University Hospitals  
Rainbow Babies & Children's Hospital  
11100 Euclid Avenue  
Cleveland, OH 44106

To register by email:  
[Kathleen.Maxwell@uhhospitals.org](mailto:Kathleen.Maxwell@uhhospitals.org)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (daytime): \_\_\_\_\_

Telephone (evening): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please mail your check with this completed registration form. Thank you.