

PUZZLE PIECES

DEC 2010 ISSUE 1

AUTISM SERVICES, SASKATOON

Welcome to Autism Services' *Puzzle Pieces*!

Shannon Friesen, Executive Director

This first issue of *Puzzle Pieces* replaces the *Autism Services' Reporter* which was previously mailed out to our membership four times per year. *The Reporter* included news stories, Autism Services' groups and program activities, and information about fundraising events. Because Autism Services' groups and program activities are now included in the new larger *Program Guide*, which you will be receiving as usual, we are delighted to introduce you to the new *Puzzle Pieces*, which is available on our website and as hard copy upon request.



Happy Holidays from the staff at Autism Services

In this and future issues, our plan is to introduce our readers to information on Autism through articles of interest written by members of staff, family members and outside therapists. While we do not endorse one treatment over another, we do want to share some of what is available with you so that you can make more informed choices.

Enjoy our book reviews, stories and letters. Thank you for enriching our lives on a daily basis as we work with your children.

We look forward to hearing from you.

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The ABCs of ABA

Sunbul Rai, MSc. BCBA (in progress), AIP Practicum Instructor, Univ. NB

It took forever to get a diagnosis . . . now what? This question resounds in the minds of countless families and care-givers. Everyone you turn to has a different opinion on what is best for your child. Who is qualified to provide interventions for your child? Simply put, the answer is YOU. One of the valuable ways you can help your child is to educate yourself on the different interventions available, along with the research that supports them. One such intervention is commonly referred to as ABA.

What is ABA?

The term Applied Behavior Analysis (ABA) is a science devoted to the study of human behavior (Cooper, Heron & Heward, 2007). In recent years, the term ABA is used interchangeably with Intensive Behavioral Intervention (IBI), a specific intervention for children with Autism based on ABA principles. IBI is an individualized treatment where a child works 1:1 with a therapist for a minimum of 20 hours per week. The goal is to teach the child with Autism to learn how to learn, and to catch up with their typically developing peers.

What does the research say?

ABA-based interventions gained momentum with a landmark study conducted by Ivor Lovaas in 1987; results demonstrated that 47% of children who received 40 hours per week of IBI were, by the end, thought to be “indistinguishable” from their peers. For nearly 40 years, research on the effectiveness of ABA-based interventions is well documented by using both single subject designs and controlled stud-

ies (Myers & Johnson, 2007). A recently published article conducted a meta-analysis of the research on ABA to account for differing methods, designs, treatment features and quality standards (Ortega, 2010). Results from this article suggest that long term, comprehensive ABA interventions lead to medium to large effects in regards to “intellectual functioning, language development, acquisition of daily living skills and social functioning” in young children with Autism. Other studies have suggested that children who have received an ABA intervention have a greater chance of integrating into school without additional support, and maintain their gains over the long term (Lovaas, 1993, Cooper et al., 2007).

What does an ABA intervention program look like?

A balanced ABA intervention program is completely individualized, run by a board certified behavior analyst. It targets behavior management along with specific observable and measureable skills such as attending, imitation, language and communication, play, socialization, gross motor, fine motor, and self-help skills. Usually, ABA intervention programs are taught on a 1:1 basis by a therapist (or a collection of therapists) trained on how to run ABA programs.

Data collection and graphing by the therapist ensures that each skill being taught shows advancement; clinical supervisors will modify the programming based on how the child is progressing. When programs are mastered, they are generalized to novel locations, people (including parents and care-givers) and materials so that the child uses this new skill in

their every-day life. ABA-based interventions directly target the three core deficits of Autism Spectrum Disorders – impairments in social interactions, communication and restricted and repetitive behavior (American Psychiatric Association [DSM-IV-TR], 2000).

Identifying Qualified Providers

It is extremely important that parents are aware of who a qualified provider of intensive behavioral intervention (IBI) is. Oftentimes, unqualified and untrained individuals will claim to have the competen-

cies needed in order to run an IBI program as this is an expensive treatment for children with Autism. A clinical supervisor should have at a minimum a graduate degree (Master's) in a human services discipline, board certification in behavior analysis (BCBA), an educational background in behavior analysis and extensive experience in implementing IBI programs (Shook & Favell, 1996). There is no "recipe" that can be followed to provide quality and effective ABA-based interventions for children with Autism as interventions should always be individualized based on the child's needs. ➤

A Parent Talks about ABA

IM

My son, JC, is five years old. My family lives on the outskirts of the City of Saskatoon and we are currently delighted to take advantage of the Autism Intervention Program offered through Autism Services. I am a strong believer in ABA as a treatment option because I have seen such positive changes in my son.

JC is a loving little boy with an amazing heart. When he laughs, it comes from deep down inside. He has an excellent vocabulary. One of his favourite sayings is "mommy I'm frustrated." He shares his enthusiasm for life with his brother and the therapist. He greets each therapist's visit with "I missed you! What have you got in your bag, anticipating something to do with Lego, cars or trains?"

Two years ago, JC has a lot of social challenges. He insisted on playing games his way, was not good with turn taking, and was easily frustrated. He was continually shrieking. Early consultation with Speech and Language Pathologists and the Autism Partnership in Calgary showed me how far and how quickly JC could go using ABA.

Today, JC attends school. He will now use the bathroom in Walmart, which as every mom will agree is a good thing! Two years ago none of this was possible. We take small manageable steps and transfer what he learns into the community. This is a "real life" therapy. I consider myself an ABA mom and am proud of it.

Common Myths about ABA

Over the years, there have been some misconceptions as to what exactly ABA-based interventions are.

Myth #1: ABA-based interventions are equivalent to discrete trial teaching

Oftentimes, many individuals will equate ABA with discrete trial teaching. Discrete trial teaching is a teaching method often employed in ABA-based programs as research has shown that it is an effective method in teaching specific skills to children with Autism. However, a good ABA practitioner will employ other teaching methods such as incidental teaching, natural environment teaching, functional communication training, group teaching and so forth in conjunction with discrete trial teaching.

Myth #2: ABA-based interventions creates robots

Sometimes, certain individuals will claim that ABA creates “robots”. It is sometimes misunderstood that a well-trained professional will always generalize mastered programs to novel environments, places and people. For example, once taught in a more controlled environment, a skill like answering social questions (What’s your name?) would be generalized to all other environments (i.e. school, home, daycare, grandma’s, at the mall) so that the child uses it in their everyday life. ABA teaches specific skills that we take for granted and sometimes forget we learned at some point in our lives (i.e. learning to say our name when someone asks us, learning how to pick up a pencil).

Myth #3: ABA uses punishing procedures and are restrictive

ABA-based interventions are largely-based on positive reinforcement. This means that ABA follows the child’s interest by using toys or activities that the child wants to shape their behavior. Well-versed behavior analysts will always use the “least-restrictive” rule and positive strategies to teach new skills/behaviors.

In conclusion, for some families, determining effective treatment for their children is a long one. It is extremely important that families are involved in their children’s treatment and educate themselves on the treatments that will be the most beneficial for their child.



Update on Fundraising

Morgan Darbellay

Our annual fundraising events are essential to the operation of Autism Services. Without the hard work and dedication of our Fundraising Committee and volunteers these events would not be as successful as they are every year.



Participants brave inclement weather at the golf tournament

In August 2010, Autism Services partnered with Bridge City Cosmopolitan Club to host the annual **Bridge City Cosmopolitan Golf Tournament** at Moon Lake. It was a very wet and cold day but, in spite of the weather, participants came out and showed their support. Bridge City Cosmopolitan Club splits the overall profit with Autism Services, and this year we will receive over \$12,000 from this event.

Volunteers at the Premier Event

The **Premier Food and Wine Festival** is also a key fundraiser for our agency. Autism Services is grateful for being selected the “charity of choice” for this large event. Volunteers help to put on two silent auction

tables at the Winemaker’s Dinner and the Winemaker’s Luncheon. This year we added a 50/50 draw that was a success. The winner on the Saturday evening took home \$3705! Although the final numbers are not in, Autism Services estimates receiving just over \$24,000 from this event.

Autism Services’ Fundraising Committee is hard at work throughout the year. They are now preparing for the **13th Autism Services’ Gala** to be held in April 2011. If you are interested in getting involved with fundraising, please contact the office or email admin@autismservices.ca



Also in 2010

Thank you to Computers for Kids for donations of laptop and desktop computers for children with Autism.

Making Art Work for Children with Autism

by David Baudemont, PhD (Sc.), DKATI, Professional Art Therapist

With one-on-one art therapy, children with Autism discover a wealth of new sensations, colors and textures. As they enjoy making art, they communicate with the therapist on their own terms.

Art therapy has an impact on three levels of the child's development: sensory, affective and cognitive. Each medium has its specific impact and, with the guidance of the art therapist, each child will find the one he or she needs for his or her development level. Wet media, as in paint or clay, often attract children who need to work on sensory and body issues. Marker and play dough on the other hand can be used for games and storytelling (affective and cognitive level).

The Sensory Level

For various reasons, children with Autism can injure their own bodies through hitting, banging or rubbing



Jack, "Handprints and circles." Paint and oil pastel

of their skin (hypersensitivity to clothing), etc. For example, when Jack was nine years old, he would hit himself repeatedly. Water games, sponge art and finger painting soon gave him a sense of his own skin and body boundaries. Today, he rarely shows self-harming behavior and is waking up to the world and people around him. His art includes representation of his own hands.

The Affective Level

Children with Autism can sometimes worry about change: from one day to the next or from one situation to another. This might result in repetitive behaviors, such as opening and closing of doors. Changes in the family or at school may also destabilize the child for weeks or months. Anthony who was aged six years started to rock his upper body, shred paper and hit people within two months of the birth of his sister. In art therapy, he created chaotic stories involving both "the Bear" (the angry and fearful part of himself) and Caillou (the nice little boy his parents expected him to be). These helped him deal with his emotions regarding the changes in his life.

The Cognitive Level: Language and Social Skills Development

Often, children with Autism have a "coded language" in which their obsessions and favourite objects play a central role. The therapist needs to de-code the child's symbols in order to encourage the use of language, imagination and problem solving skills. Winston, for instance, often talked about "the thermostat" and "the variation of the house temperature" to describe his

state of mind (cold=angry; warm=loving, etc.). Hearing the art therapist decode his metaphors, Winston felt better understood and enjoyed the social games he created. He made progress in language, imagination and problem solving.

Art therapy is a child-led therapy based on the principle that, when provided with the right medium and given the choice of communication protocol, children with Autism are able to work out challenging behaviors and other issues by themselves. And they have fun doing it!

Editor's note: David Baudemont is an art therapist and a member of the Canadian Art Therapy Association (CATA). He has a private practice in Saskatoon. He is currently working with children with disabilities and facilitates adult groups at The Refinery.



Winston, "The Thermostat and the Furnace"

Website: www.arnicaarttherapy.com

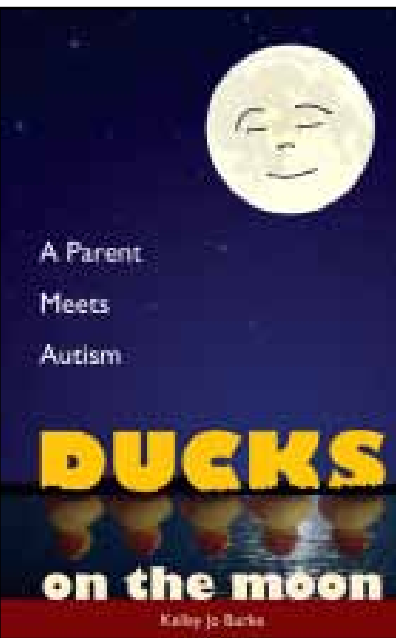


Book Reviews

Cassandra Phillips, PhD

Copies of both books reviewed are available for loan to members of Autism Services.

***Ducks on the Moon: A Parent Meets Autism.* Kelley Jo Burke. Hagios Press (Calgary, 2010).**



This is a compact little book which is divided into two parts: the first part is a play based on a family's experience during the first five years of their son's life. The son, Noah, is Autistic. The second part is a series of interviews with parents and professionals that inform readers about diagnosis and treatment options for children with Autism. Also included is advice for families on how to cope with stress and day-to-day life. The book targets professionals, paraprofessionals and families who want to know more about Autism.

The play, in the form of a one-woman show, is raw and brutally honest. The audience joins the mother on a roller coaster ride of emotions as she shifts back and forth from fear to despair, frustration to creativity, and anger to love in trying to understand and meet her son's complex needs.

Written into the margins of the play text are comments from other parents or professionals that explain, challenge or reinforce the content. For example, in the play Noah is given a variety of "labels" such as ADHD, GAD, ASD and DSI. And in the margin is a father's plea to forget the label and just "fix the behavior."



The second part of the book stands in stark contrast to the first. The approach is more clinical. Using a Q and A format, it explores the causes of Autism, co-morbidities, characteristics and treatment options, such as ABA (Applied Behavior Analysis). This shift is needed, since the momentum of part one would be exhausting to sustain.

In summary, the intent of the book is explained both dramatically and clinically. There is no easy way; there is no recipe when living or working with a child with Autism. It is the willingness to take that journey that counts the most.

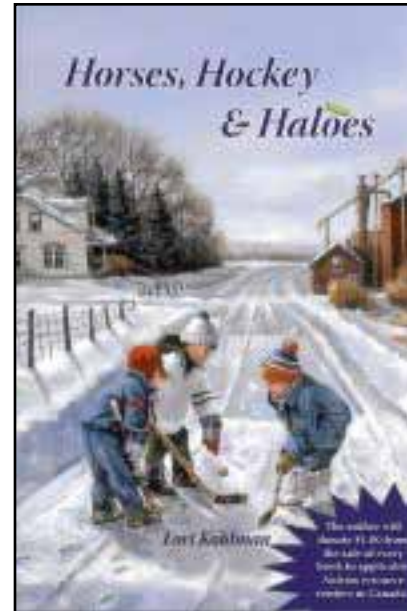
Monica Thiel gets Kelley Jo Burke to sign her copy at the book launch, McNally Robinson, Saskatoon.

***Horses, Hockey and Haloos.* Lori Kohlman. Houghton (Saskatoon, 2008).**

This book is a work of fiction. Of interest is the fact that some parents from Autism Services, Saskatoon were approached for input in the research of the novel. These conversations were invaluable since Kohlman approaches the subject matter in a sensitive, respectful manner. The story is intended as a plausible glimpse into the life of a family with a child with Autism. It targets families, caregivers, paraprofessionals and undergraduate students in Special Education or Disability Studies programs.

Set in Prairie Pass, a fictional town in Saskatchewan, the book follows the life of Samuel Duncan, a rancher, who is raising his two children alone, with some help from Ruth, the children's intrusive grandparent. Rebecca is aged 13 years, and her brother, JJ, is aged 8 years and autistic. Samuel has to juggle keeping the ranch viable, raising a teenager, and meeting the needs of a son who is non-verbal and heavily impacted. Samuel wants to protect JJ by keeping him at home on the ranch. He is being bullied at school, and neither Samuel nor Ruth has the knowledge or skills set to be able to help JJ reach his full potential.

Into this mix comes Eve, an old love interest of Samuel's. Returning to Prairie Pass as a qualified special education teacher, she pays particular attention to JJ. As JJ responds well to her intervention strategies, Samuel not only loses some of his tough veneer, but also falls prey to Ruth's matchmaking. Predictably, the couple unite to create a vibrant, happy home for Rachel, JJ and Eve's brother, Thomas, who—wouldn't you know—also has Autism.



There are many layers to this novel: we learn about how Autism affects siblings; how much a single parent's life can be put on hold amidst the chaos of trying to meet the needs of a child with special needs; and, more importantly, how much potential there is in each and every child with Autism.



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Ashok Ukil of Autism Services admires some of the books and games provided to Autism Services' library by the Saskatoon Community Foundation Cameco Caring Grant Program



Ask Aspie

Do you have a question that you want to ask Aspie? If so, please forward it via email to care of cphillips@autismservices.ca. We will guarantee confidentiality in our response.

Dear Aspie:

My four-year-old child has recently been diagnosed with Autism. He has started biting himself and on occasion has tried to bite others. Is it common for children with Autism to bite? How can I minimize this behavior?

**Sincerely,
Worried Mother**

Dear Worried Mother:

A new diagnosis can be overwhelming and there are lots of questions. This is no doubt a behavior that concerns many parents. Self biting and biting others can occur with individuals with Autism.

It is important if you are seeing this behavior to pinpoint what might be triggering the biting. For individuals with Autism there can be a variety of triggers including sensory sensitivity (i.e., the way the toothbrush feels on your gums when you brush your teeth), or it could be the result of emotions that the child cannot verbalize such as feeling upset or frustrated. When pinpointing the behavior it is important to keep track of the frequency, timing and triggers for the behavior.

You should also observe how you and other people around you react to the biting. Sometimes children behave in such a way because they enjoy the reaction they will get. If you or someone around you is bitten, or your child bites himself, it is important to stay calm, speak quietly and limit the urge to discipline in that moment.

Once you determine what is causing the behavior you can work towards extinguishing the behavior and replacing it with a more appropriate alternative. This could include purchasing a softer toothbrush to reduce the sensory stimulus or providing an appropriate object to bite or squeeze when you see warning signs of anger versus frustration. Another thing you can try, if he starts to bite or you see warning signs that he might bite soon, is to provide another physical stimulus. For example, squeeze his hands and feet, if he allows it, and even massage his jaw. Some children get bursts of energy, which can be released by your squeezes. You can also offer other kinds of physical activity, like a chase game.

I hope this helps and good luck.

Aspie



*Season's Greetings
from some of the participants
in Autism Services' programs, 2010*

AS AUTISM SERVICES

Autism Services has developed a Parent Planning Guide for families and caregivers of children and youth with Autism. This tool stores medical reports, agency reports and funding documentation in one easy-to find place. It is available through AS for \$12.

Autism Services, Saskatoon is a non-profit organization that provides programs and services to families and caregivers of children and youth with Autism up to aged 23 years.

Membership to Autism Services is \$20 per annum. Fees are waived for the first year to all new families or caregivers. *Puzzle Pieces* and the *Program Guide* are provided as part of the membership fees. For more information on membership, please visit Autism Services' website.

Donations, 1 Apr - 30 Nov 2010

Hitachi Foundation: \$3,000

Cosmopolitan Industries: \$1,500

Community Living Assoc. Saskatoon Inc.: \$1,000

Community Initiatives Fund: \$5,000

Muttart Foundation: \$1,300

PotashCorp: \$2,415

Saskatoon Community Foundation: \$2,214.49

Univ. of Saskatchewan, Employee Campaign Gift:
\$3,848

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