

PUZZLE PIECES

JUN 2011 ISSUE 2

AUTISM SERVICES, SASKATOON

A Pie in the Face for the Cause

by Cassandra Phillips, PhD

During the hockey playoffs, David Billy, Chair of Autism Services' Board of Directors, decided that he would challenge a colleague, Darrel, who is a Montreal Canadiens fan, to a pie-in-the-face contest. David was rooting for the Boston Bruins (I guess there are a few Bruins fans in Saskatoon) and lost his bet for that early game.

Not ready to totally concede, David challenged another colleague, Carmen, to raise \$250.00 for Autism, promising to take another pie in the face should she meet the goal! Thanks to the added enthusiasm of Del, Sheena, Todd and Mirjan at Morris Industries, Carmen exceeded expectations, and David donned his Bruins shirt to take four more pies. Morris Industries generously matched the funds. Total donation to Autism Services is \$1340.00. Dare I say, *Go Bruins!*



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A Message from the Executive Director

by Shannon Friesen-Zook

As we begin to appreciate warm sunny days, Autism Services celebrates the further expansion of our programs, staff and premises.

During this time, the continued support of Board, staff and volunteers has meant that we have been able to continue to provide children with Autism and their families in the Saskatoon Region with regular and new programming, along with early intervention.

Fundraising this past six months has put increasing demands on staff and committees. I am delighted to report that Autism Services' Gala exceeded our expectations. Special mention of some of the people who gave so much of themselves to make this event a huge success follows in this issue of *Puzzle Pieces*.

Bear with us as we iron out the wrinkles. It is an exciting opportunity and we are privileged to work with each and every one of you into 2011–2012.

A Huge Thank You from Autism Services to Peg McRorie



Every time Peg comes in to the office at Autism Services, she carries with her a broad smile, kind words for staff and delicious baked goods. When she hears about our hectic days, she whisks us away to her home for lunch and relaxation.

However, these lines of appreciation are not written for what Peg has contributed to our waistlines. They come from our hearts. Peg is a special person who has dedicated more than 35 years to working with children with exceptional learning needs in Saskatoon's Public School Division. She has also donated more than eight years of her valuable time to Autism Services' Board of Directors.

Over the past two years, Peg has helped to raise more than \$85,000 for Autism Services, including the August 2010 Golf Tournament, September 2010 Premiere Festival, and the 2011 Spring Gala. As Chair of this last event, Peg worked tirelessly to make the gala among the best ever.

Born and raised in Toronto, Peg met and married a prairie boy. When asked how she would spend her time now that she is retiring from the Board, Peg talked about continuing to spoil her family and grandchildren, gardening and cooking, in that order. Bon appétit, Peg! And thank you again from the Board, staff and volunteers at Autism Services.

Peg and her husband, Larry, with their grandchildren, Liam and Aiden

Autism Services' 13th Annual Spring Gala

The 2011 Gala was a tremendous success. Money is still coming in. At the time of going to press, we have raised \$42,000 for Autism Services' Children's Program.

This event would not have been possible without the dedication of Peg McRorie, Chair of the Gala Committee, and her able crew of volunteers: Erron Anderson, Sheila Buhler, Lori Cunningham, Fay Dixon, Jacquie Dovell, Susan Hattori, Keri Kotyk, Monica Thiel, Betty Reynolds, Beverly Pavelich, Janet Varga, Nelda Werbicki

Gala video: Cassandra Phillips, Pamela Giles

Staff on Committee: Bonita Harman, Sharon Schneider

The evening itself was breathtaking. Guests were greeted with aromatic displays of blue and white flowers by Flowers by Fred and music by Jordan Vassell. The outstanding MCs were Monica Thiel and her son, John. Contributions to the silent auction were varied and extravagant, including gold and silver from Heinrichs Jewellery and a painting by local artist, Hugo Alvarado. The jazz ensemble, Solstice, produced an eclectic mix that was appreciated by one and all.

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Hugo Alvarado admires the painting that he kindly donated to the Gala's Silent Auction. Alvarado's work can be viewed by calling him in Saskatoon at (306) 343-0394.

Solstice's opening number

Snaps from the Gala



Ann Loeppky and Sherry Roussell



from left: Kathy Jo Simmie, David Billy, Bonita Harman and Sharon Schneider

9 April 2011



*from left: David, Monica, John
and (in front) Zach Thiel. Monica
and John were MCs for the night.*



*At the Silent Auction Table:
"I wonder if anyone has
bid higher than I did?"*



Super Nanny Doesn't Live in Saskatoon: The Importance of Effective Assessment

by Amanda Klimm, BA, BSW, RSW

“*How can I stop my child from biting?” “How can I get my child to get his morning routine done without turning into a broken record?” “I’ve tried that technique so now what?” “Can you help me!?”* Too often we all want a quick solution. On television, Super Nanny comes to the rescue. She sweeps in to the home, raises her eyebrows in disdain, pins up some rules and, a few days later drives off into the sunset, leaving behind transformed children and parents.

You’re probably thinking, now if only Super Nanny would knock on my door! Effective assessment takes time. It takes several attempts, various strategies, hours, months, sometimes years and most importantly, PATIENCE, to observe change in behavior.

Solving challenging behavior requires good detective work. There is no quick fix. When we attempt to provide a band aid solution, behavior may improve for a while, but it is only a matter of time before the behavior re-occurs. Each behavior needs to be systematically evaluated and assessed before intervention and progress can be made.

First of all, what is behavior? When we talk loosely about behavior, we tend to think of any behavior we want eliminated. Consider behavior as everything we do in our daily life that is observable and measurable. Reading this article is behavior; talking to your child is behavior. We behave the way that we do because of what is occurring in our environment. For example, you drive 60km per hour in a 50km zone. You

spot a police car and immediately slow down because you do not want a speeding ticket. This change in behavior, fast to slow driving, occurred because of the police car. The car signals that if you continue your “fast driving” behavior, you will get a ticket.

The Autism Consultant needs to assess and measure the behavior your child exhibits. An effective assessment takes time. How long? We don’t know. Every child with Autism is unique. The children constantly surprise us with different behavior and new skills are observed each day. **This is what you can expect:**

Initial interview. The consultant will complete an initial interview with the parent or guardian to get a better understanding of the child’s skills and developmental level. In so doing, the consultant gets a better understanding of the child and the family dynamic, with questions such as, “is your child an only child; who is the primary disciplinarian; what type of consequences are provided when your child is ‘good’ or displaying challenging behavior?” During the initial interview the parent and consultant will brain storm areas that the child may need assistance with, including but not limited to compliance skills, biting and screaming, etc.

Observation. The consultant will come to the home, school, and other relevant places to observe your child. The consultant will observe the target behavior as well as other areas of development. This can take several sessions; it is where the detective work begins.

Data collection. During each observation the consultant will collect data. For example, if the target behavior is head banging. When the consultant attends the home, she may record how long the child bangs his head, as well as where, when and with whom the head banging takes place. The data helps the consultant to understand why the behavior may be occurring.

Plans and strategies. Once the consultant has analyzed the data, she will develop a plan or provide strategies for the family to address the behavior.

What can the family or caregiver do to assist with the assessment process?

Provide all information necessary, such as psychology assessments and medical reports gathered to date.

Ask questions. The intervention is to benefit your child, and the consultant needs to know that you understand the program being implemented.

Collect data as requested by the consultant. Consultants cannot be at your home at all times and often rely on the parent or guardian to be the consultant's eyes. Sometimes the consultant will provide you with a data sheet and ask you to fill it out. The data collection is normally based on the number of times and time of day your child exhibits a certain behavior. When data is collected, it provides the consultant with a baseline to begin intervention. It also assists in developing a strong support program for your child. Remember that data is needed to ensure the intervention strategy is effective.

Follow through at home with the intervention the consultant provides. When the consultant attends the home, watch what is occurring and use the intervention when the consultant is not there. This will ensure that your child's skills improve. More importantly, it will provide your child with consistency.

In conclusion, it is important to note that being a parent to a child with a developmental disability is not an easy task. Each day parents wake up to new challenges. They often wonder how their child will behave once the day begins. Parents question how fast the transition will be from home to daycare. Parents wonder what types of behavior may be exhibited at the dinner table that evening. The best piece of advice to offer parents is not to give up. Working with challenging behavior is a process. Give it time.



above: Luke looks for an interesting toy

Giddy Up!: The Value of Therapeutic Horseback Riding

by Cassandra Phillips, PhD

When we think about horseback riding, we think of riding in the open air, wind against our face and miles and miles of open countryside ahead of us. Nothing is more exhilarating than the sense of freedom one gets atop a horse. We become one with the horse, communicating at a level that is unexplainable. This sense of empowerment contributes, in part, to the therapeutic benefits of horseback riding. For individuals with Autism, the unique relationship formed with the horse can lead to increased confidence and self esteem.

Horseback riding as a therapy has focused on the concept that riding provides the person with a disability a normal sensorimotor experience that contributes to the maintenance, development, rehabilitation, and enhancement of physical skills. Traditionally, therapeutic exercises for children with disabilities are performed indoors in a therapy room. Children may become bored after a period of time and, as a

result, many adjunctive therapeutic activities, including swimming and therapeutic horseback riding, are proposed for children with disabilities (Cherng, 2004). While traditional therapies often reach a plateau where a client may lose motivation, the novelty of riding stimulates the rider, encouraging him or her to work through discomfort, increasing their abilities (Lessick, 2004).

A critical aspect of therapeutic horseback riding is the gait of the horse, which provides an exact, rhythmic and repetitive pattern of movement similar to the mechanics of natural human gait. This may explain why some children with disabilities, after a few sessions, demonstrate improved posture and range of motion (Benda, 2003). The horse's gait moves the rider forward and backward, causing anterior and posterior tilting of the pelvis. This process is thought to stimulate the rider to develop control of the trunk via flexors and extensors. Likewise, the horse's move-



ment side to side causes reciprocal activation of the rider's lateral flexors of the trunk and may develop further trunk stability (Sterba, 2002).

Beneficial exercises include stretching, relaxing and developing skills in balance and coordination. The warmth of the horse through the blanket plus the rhythmical movements of the horse have been speculated to improve circulation, reduce abnormally high muscle tone, and promote relaxation in children (Sterba, 2002).

The primary objective of therapeutic horseback riding programs is physical rehabilitation. However, it also provides mental, physical, and social stimulation. Young (2005) argues that horse activities improve social interaction and communication. Individuals who do not communicate before engaging in therapy are found to develop skills in communication as a result of contact with the horse. Among the psychosocial benefits reported with riding are improvements in self-esteem, self-image, and interpersonal skills (Lessick, 2004; Merregillano, 2004).

Therapeutic riding refers to the use of the horse and equine-orientated activities to achieve therapeutic goals, including physical, emotional, social, cognitive, behavior and educational. So next time you go to the barn be sure to reward that horse with a nice big carrot!

right: Sebastien goes for a ride



A Parent's Experience

by Kathy Chambers

Did you know of a therapy that builds core strength and helps with fine and gross motor skills, friendship skills and communication? I found all this at Equilibrium Therapeutic Riding in Grunthal, Saskatchewan.

My son, Sebastien, started there in 2006 and has grown stronger ever since. When he is upright on the horse, he is working his core muscles. And when he is in the ring with other children, the therapist creates games to encourage communication, with other

children and the horse.

I have really seen Sebastien's self confidence blossom. He looks so proud when he is on that horse. Because he gets the same horse every session, Sebastien takes ownership of that horse. He greets him, grooms him and feeds him some carrots.

Staff works with the family to reach goals established at the beginning of the year. In my opinion, it is one of the most effective therapies that we have participated in.

Fundraising Report

Autism Services gratefully acknowledges the following donations received between 29 November 2010 and 20 May 2011.

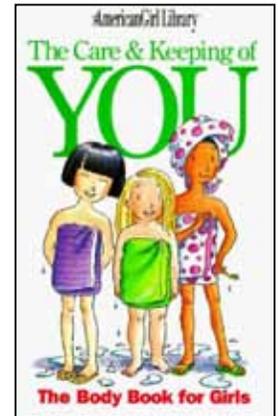
General Donations	
Affinity Credit Union - Spirit Fund	
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Morris Industries	
Potash Corp of Saskatchewan	
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Saskatoon Community Foundation	
Saskatoon Community Mediation Serv. Inc.	
University of Saskatchewan - Employee campaign gifts	
Subtotal	6,489.16
Individual Donations	
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Pasloski, Mark	
Paus Jenssen, Lisa & Erik	
Ratzlaff, Tom & Lorie	
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SPC Saskatoon Social Club - in Memory of Trevor Barge	
Subtotal	5,055.00
Total donated during this period	\$11,544.16
Donations-in-Kind	
Federated Co-op - File Cabinets, storage units	
Western Economic Diversification - Office chairs	

Book Reviews

by Cassandra Phillips, PhD

When parents ask me about how to address sex and puberty with their son or daughter with Autism, I begin by asking them to take three deep breaths. Breasts, erections and menstruation are part of growing up. Changes in the body can be bewildering for the growing child with Autism, so it is important to normalize the changes and provide clarification using illustrated books, Social Stories and Social Scripts. Fear not! There is a wide selection of books in Autism Services' library to help you. The books reviewed below are available in the library. Any book in the Smart Girl series is strongly recommended.

The Care and Keeping of You by Valerie Shafer (1998). This book is a girl's guide to basic health and hygiene. Beautifully illustrated, it covers everything from braces to bras, pimples to periods, and hair care to healthy eating. It contributes positively to body image and can be read with any girl aged 8 years and older.



What's Happening to Me?: An Illustrated Guide to Puberty

by Peter Mayle (1975) is an award-winning book. The illustrations are colourful and amusing, serving as ice breakers; giggles and laughter will soon emanate from the children, making conversation easier all around. The book is

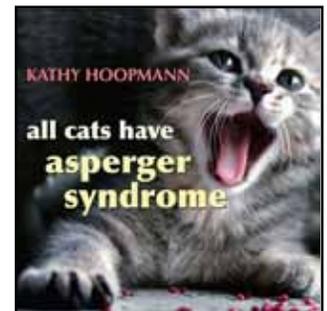
suitable for boys and girls. It covers everything from pimples to periods and circumcision. Sentences are short and to the point. The content is open and honest. One drawback is that the book targets children 10–14 years. Today, puberty hits earlier. However, it can still be read with children aged 8 years and older.

There is also a “girls only” version of this book, with the same title written by Susan Meredith.

All Cats Have Asperger Syndrome by Kathy Hoopmann (2006) is more than a coffee table book of cat photos: it is also an excellent introduction to Asperger's. The target audience is broad: children with Asperger's, siblings and relatives of children with Asperger's, preschools and daycares. The large print text is short and easy to understand. The emphasis is on behaviour and speaks to the various quirks that make each of us unique.

As the reader turns each page, cute and cuddly kittens and cats in different poses complement the text. The advantage of this book is its simplicity. For those who may be offended by the overriding analogy, think again!

It is empowering and reassuring to the child with Asperger's who may very well feel he is all alone in the world.





Ask Aspie

Do you have a question that you want to ask Aspie? Please forward it via email to care of cphillips@autismservices.ca.

Dear Aspie:

My son has Asperger's. He is 8 years old and has no friends. He is doing great at school but has to put in so much more effort than his peers. He gets so anxious. He asked me why he's different. Should I tell him he has Asperger's? I don't know where to begin.

Thanks,
Worried Mom

Dear Worried Mom:

One issue that comes up in families is when to tell a child he or she has Autism. Once there is a confirmed diagnosis, most parents of children with Autism agree that telling the child is best. Here is some advice:

1. Take the child's age and cognitive ability into consideration. It sounds like your child has already started the conversation for you. He is identifying he is different from his peers.
2. Make sure you have done some research. There are loads of books that can inform you and your son on the subject. One endearing book for children is *All Cats Have Asperger Syndrome*.
3. Broach the subject at home, in a place where the child feels safe. The comfortable surroundings can make the whole process less disruptive.

4. Begin by talking about how EVERYONE is different; we all have strengths and weaknesses, and that's OK.

5. Provide clarification in ways the child can understand. Point out that Asperger's means the child's brain is wired a little differently than other children's brains. But the wiring can also mean he has strengths too, as in memory, etc.

6. Help the child to understand that some of his challenges, as in not being able to make friends, relate to his Asperger's. This may help to alleviate some of his anxiety since you mention he puts a lot of pressure on himself. It is also important that he take ownership of the disability and not use it as an excuse not to try.

7. Have a strategy in place. Keep a list of the professionals at school and in the community you have contacted and use them to support your whole family through this process. There are programs and groups that help him to learn some of the skills that he needs (Friendship Skills Group). Recreational programs introduce him to others with Asperger's so that he knows he is not alone.

Finally, take care of yourself. Make contact with other families who are going through the same as you are.

I hope this helps,
Aspie



A Challenge to Our Readers

Hello, everyone! My name is Davin and my mom is selling key rings and necklaces from a website to be able to get me an iPad. She says it'll really help me with communication. I'm excited about that. Mom says a necklace (shown here) or a key ring costs \$20. Mom says you can call her for more information at (306)384-3423. I am learning more words every day! —Love, Davin

Editor's Note: We have more than 400 families on our membership list. If even half of us bought a key ring, we could get Davin and several other children at Autism Services an iPad. How many is up to you. Take the challenge today!

Have a great summer!
from everyone at Autism Services



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 19 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.

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Our major funders include...



Right: A group of moms take a break for Salsa Night