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Autism Agenda



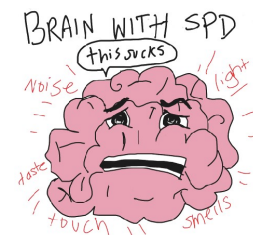
Linn Benton Lincoln ESD-Cascade Regional Autism Program

How Sensory Processing Issues Affect Kids in School

And what parents and teachers can do to help children in the classroom

Your son's second grade teacher calls to say she's concerned about some of his behaviors in school:

- He can't sit still through a half-hour lesson and disrupts the class.
- He often seems distracted and doesn't pay attention to what she's saying
- He bumps into kids in the lunch line, making them angry.
- He can't hold a pencil correctly, so he struggles with handwriting.
- He gets upset when asked to switch from one activity to another
- He melts down during assemblies and has to leave the gym.



You had started noticing this type of behavior when your child was a toddler, but now it's hurting his progress in school. You've been wondering if he might have ADHD. But his teacher tells you she thinks he may have sensory processing issues.

What are sensory processing issues?

Some kids seem to have trouble handling the information their senses take in—things like sound, touch, taste, sight, and smell. There are also two other less well-known senses that can be affected—the first is a sense of body awareness, while the second involves movement, balance, and coordination. Also, kids with sensory issues can be oversensitive to input, undersensitive to input, or both.

While sensory processing issues are not a learning disorder or official diagnosis, they can make it hard for children to succeed at school. For instance, **overly sensitive** kids respond easily to sensory stimulation and can find it overwhelming. They may:

- Be unable to tolerate bright lights and loud noises like ambulance sirens
- Refuse to wear clothing because it feels scratchy or irritating—even after cutting out all the tags and labels—or shoes because they feel “too tight.”
- Be distracted by background noises that others don't seem to hear

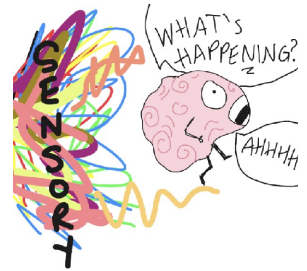
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HOW SENSORY PROCESSING ISSUES AFFECT CONTINUED...

- Be overly fearful of swings and playground equipment
- Often have trouble knowing where their body is in relation to other objects or people
- Bump into people and things and appear clumsy
- Have trouble sensing the amount of force they're applying; for example, they may rip the paper when erasing, pinch too hard or slam down objects.
- Run off, or bolt, when they're overwhelmed to get away from whatever is distressing them
- Have extreme meltdowns when overwhelmed

Meanwhile, undersensitive kids want to seek out *more* sensory stimulation. They may:

- Have a constant need to touch people or textures, even when it's not socially acceptable
- Not understand personal space even when kids the same age are old enough to understand it
- Have an extremely high tolerance for pain
- Not understand their own strength
- Be very fidgety and unable to sit still
- Love jumping, bumping and crashing activities
- Enjoy deep pressure like tight bear hugs
- Crave fast, spinning and/or intense movement
- Love being tossed in the air and jumping on furniture and trampolines.



You can see that these behaviors could be confused with the grade-schoolers who are undersensitive may display “negative behaviors” including what looks like hyperactivity, when in fact they’re seeking input. And in fact many of the behaviors of kids with sensory problems overlap with symptoms of ADHD, from trouble sitting still or concentrating to melting down when they are expected to make a transition from one activity (especially one they are enjoying) to another.

This is one reason it’s important that kids not be diagnosed with ADHD after a cursory visit to the pediatrician’s office, without careful use of interviews and rating scales to get a detailed picture of his behavior. Some kids with ADHD also have sensory issues.

A 2009 study found that 1 in every 6 children has sensory issues that make it hard to learn and function in school. While sensory processing issues are often seen in autistic children, they can also be found in those with ADHD, OCD and other developmental delays—or with no other diagnosis at all.

How can you help your child with sensory processing issues do better in school?

There is no medication to treat sensory processing issues, but there are therapies, as well as practical changes you can make at school and home to help your child feel and do better.

Occupational therapists (or OTs) are the specialists who work with kids who have sensory issues. The majority of OTs work in schools, though you can also find them in private practice. They engage kids in physical activities that are designed to regulate their sensory input.

You and your child’s teacher can discuss changes you can make to help him be more comfortable, secure and able to focus in the classroom. For instance:

- Make sure his chair is a good fit for him. When he’s sitting at his desk, he should be able to put his feet flat on the floor and rest his elbows on the desk.

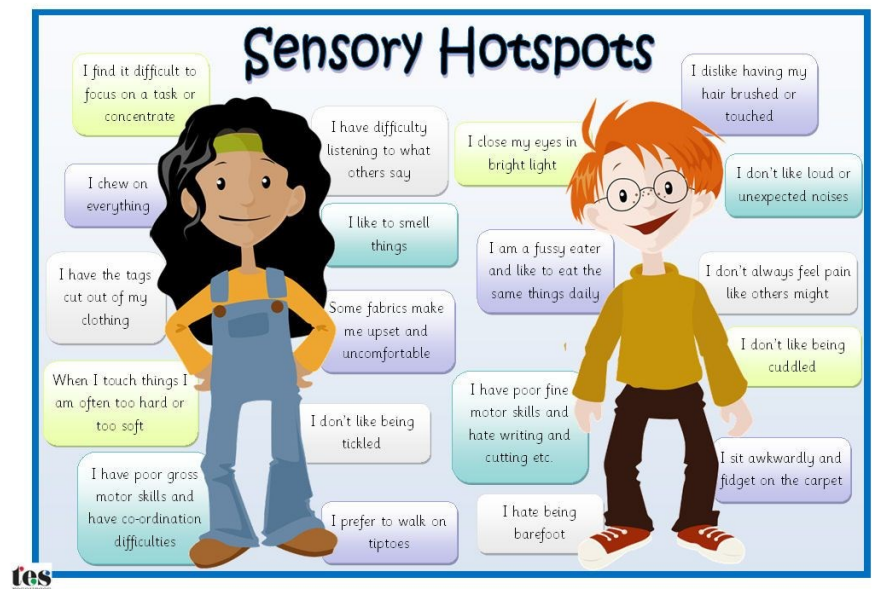
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HOW SENSORY PROCESSING ISSUES AFFECT CONTINUED.....

- For the child who needs to move a bit, you might try an inflated seated cushion or a pillow from home so he can both squirm and stay in his seat.
- Some kids are better off if they sit close to the teacher. However, if your child is easily distracted by noise, he may end up turning around often to where the noise is coming from.
- If possible, eliminate buzzing and flickering fluorescent lighting.
- Make sure he's not sitting next to distracting sources of noise.
- Have the OT work with him on knowing where his body is in relation to other people and things and the idea of personal space.
- Provide sensory breaks such as walking in circles, jumping on a mini-trampoline and sucking on sour candy so he gets the input he craves and doesn't bump into others.
- Allow for fidgets and chewable items, available in OT catalogues, to provide input
- Have the OT work with him on both gross and fine motor skills so he's more confident, whether he's in gym class or taking notes
- To avoid meltdowns or bolting, allow him to skip school assemblies, or sit near a door so that he can take breaks in the hallway with a teacher when he starts to feel himself getting overwhelmed.
- If the cafeteria is too stimulating, see about having him and one or more lunch buddies eat in a quieter room with a teacher or aide.
- Have a clear visual schedule posted with plenty of preparation for transitions.

With support and accommodations from an understanding teacher, and perhaps work with an OT, your child with sensory processing issues can be primed for success in class, on the playground and with friends.

<https://childmind.org/article/how-sensory-processing-issues-affect-kids-in-school/>



CASCADE REGIONAL RESOURCES

LBL-ESD Cascade Regional Autism has a website full of resources and supports for individuals and families. Please go to: <https://www.lblesd.k12.or.us/cascade-regional-program/autism-program/>

SAVE THE DATE!

4th Annual "Knowledge Builds Hope" Autism Awareness Event. April 11, 2019

4-7pm at Lebanon High School Commons.

We will have lots of community resources available for you to meet, a guest speaker and more.

We hope to see you there.

STIMMING: CAUSES AND MANAGEMENT

Stimming: Causes and Management

What is stimming?

The word “stimming” refers to self-stimulating behaviors, usually involving repetitive movements or sounds. Everybody stims in some way, but it’s not always clear to others.

Stimming is part of the diagnostic criteria for autism. That’s not because stimming is always related to autism, but because in people with autism, stimming can get out of control and cause problems.

Stimming isn’t necessarily a bad thing that needs to be stifled. But it should be addressed when it’s disruptive to others and interferes with quality of life.

Continue reading to learn more about stimming, when it requires management, and where to get help.

How does stimming differ in people with autism?

Almost everyone engages in some form of self-stimulating behavior. You might bite your nails or twirl your hair around your fingers when you’re bored, nervous, or need to relieve tension.

Stimming can become such a habit that you’re not even aware you’re doing it. For most people, it’s a harmless behavior.

You recognize when and where it’s inappropriate. For example, if you’ve been drumming your fingers on your desk for 20 minutes, you take social cues that you’re irritating others and choose to stop.

In people with autism, stimming might be more obvious. For example, it may present as full-body rocking back and forth, twirling, or flapping the hands. It can also go on for long periods. Often, the individual has less social awareness that the behavior might be disruptive to others.

Stimming associated with autism isn’t always cause for concern.

It only becomes an issue if it interferes with learning, results in social exclusion, or is destructive. In some rare cases, it can be dangerous.

Types of stimming behavior

Common stimming behaviors include:

- biting your fingernails
- twirling your hair around your fingers
- cracking your knuckles or other joints
- drumming your fingers
- tapping your pencil
- jiggling your foot
- Whistling

In a person with autism, stimming might involve:

- rocking
- flapping hands or flicking or snapping fingers
- bouncing, jumping, or twirling
- pacing or walking on tiptoes
- pulling hair
- repeating words or phrases
- rubbing the skin or scratching
- repetitive blinking
- staring at lights or rotating objects such as ceiling fans



Continued on page 5.

STIMMING: CAUSES AND MANAGEMENT CONTINUED....

- licking, rubbing, or stroking particular types of objects
- sniffing at people or objects
- rearranging objects

A child with autism may spend hours on end arranging toys instead of playing with them. Repetitive behavior may also involve obsessions or preoccupations with certain objects or the reciting of intricate details of a particular subject matter.

Other repetitive behaviors can cause physical harm. These behaviors include:

- head banging
- punching or biting
- excessive rubbing or scratching at skin
- picking at scabs or sores
- swallowing dangerous items

Quantity of behavior

With or without autism, there's quite a bit of variation in the frequency of stimming from person to person.

You might crack your knuckles only when you're particularly stressed, or you may engage in this behavior multiple times a day.

For some people with autism, stimming can become an everyday occurrence. It may be difficult to stop and can continue for hours at a time.

Why do people with autism stim?

It's not always easy to determine the reason for stimming. It's a coping mechanism that can serve a variety of purposes.

For example, a person with autism may be trying to:

- stimulate the senses or decrease sensory overload
- adapt to an unfamiliar environment
- reduce anxiety and calm themselves
- vent frustration, especially if they have trouble communicating effectively
- avoid certain activities or expectations



If previous episodes of stimming resulted in wanted attention, stimming may become a way to continue getting attention.

A behavior analyst or therapist with autism experience can help you understand the reasons for the stimming behavior.

In some cases, stimming is an attempt to ease pain or other physical discomfort. It's also important to determine if what appears to be stimming is actually involuntary due to a medical condition, such as seizures.

If you suspect a medical problem, see your doctor right away.

Can stimming be controlled?

Stimming doesn't necessarily need to be controlled unless it's causing a problem.

Management may be needed if you answer "yes" to any of these questions:

- Has stimming caused social isolation?
- Is stimming disruptive at school?
- Does stimming impair the ability to learn?

Continued on page 6.

STIMMING: CAUSES AND MANAGEMENT CONTINUED...

- Does stimming impair the ability to learn?
- Does stimming cause problems for other family members?
- Is the stimming destructive or dangerous?

If you or your child is in danger of self-harm, contact your doctor right away. A physical examination and evaluation may reveal existing injuries.

Otherwise, it may be better to manage stimming rather than attempt to completely control it. When working with children, the goal shouldn't be to control them, but to encourage self-control.

Tips for management

It is easier to manage stimming if you can figure out the reason behind it. Behavior is a form of communication, so understanding what the person with stimming is trying to say is important.

Evaluate the situation just before stimming starts. What appears to be triggering the behavior? What comes of it?

Keep the following in mind:

- Do what you can to eliminate or reduce the trigger, lower stress, and provide a calming environment.
- Try to stick to a routine for daily tasks.
- Encourage acceptable behaviors and self-control.

Avoid punishing the behavior, as this isn't recommended. If you stop one stimming behavior without addressing the reasons behind it, it's likely to be replaced with another, which may not be better.

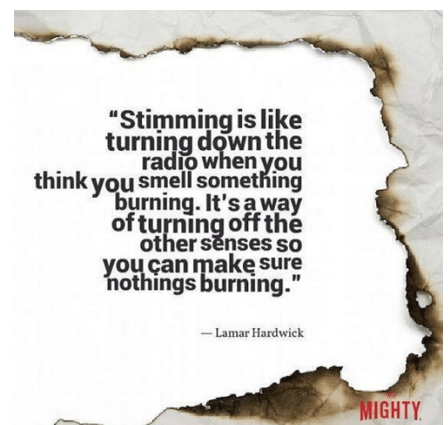
Teach an alternate behavior that helps to meet the same needs. For example, hand flapping can be replaced with squeezing a stress ball or other fine motor activity.

Consider working with a behavior analyst or other autism specialist. They can evaluate you or your child to determine the reasons behind the stimming.

Once the cause is known, they can make recommendations on the best ways to manage the behavior.

Recommendations may include:

- intervening during unsafe behavior
- knowing when not to respond
- advising other family members on how they can help
- reinforcing acceptable behavior
- creating a safe environment
- suggesting alternate activities that provide the desired effect
- teaching self-management tools
- working with occupational therapists, educators, and the educational system
- seeking medical help when needed



Outlook

Stimming behaviors can come and go according to circumstances. Sometimes they get better as a child matures, but they can also become worse during stressful times.

It takes patience and understanding, but many people with autism can learn to manage stimming.

Over time, achieving self-control can improve life at school, at work, and in social situations.

<https://www.healthline.com/health/autism/stimming#outlook>

Sensory differences

Many people on the autism spectrum have difficulty processing everyday sensory information. Any of the senses may be over- or under-sensitive, or both, at different times. These sensory differences can affect behavior, and can have a profound effect on a person's life. Here we help you to understand autism, the person and how to help. You can also find out about synesthesia, therapies and equipment.

Too much information

Sometimes an autistic person may behave in a way that you wouldn't immediately link to sensory sensitivities. A person who struggles to deal with everyday sensory information can experience sensory overload, or information overload. Too much information can cause stress, anxiety, and possibly physical pain. This can result in withdrawal, challenging behavior or meltdown.

If I get sensory overload then I just shut down; you get what's known as fragmentation...it's weird, like being tuned into 40 TV channels.

If someone is having a meltdown, or not responding, don't judge them. There are things that you can do to help. This can make a world of difference to someone with autism and their caregivers.

Often, small changes to the environment can make a difference. Creating a sensory profile may help you to work out what changes are needed. Three points to remember are:

- **be aware.** Look at the environment to see if it is creating difficulties. Can you change anything?
- **be creative.** Think of some positive sensory experiences.
- **be prepared.** Tell the person about possible sensory stimuli they may experience in different environments.

Sensory sensitivities

Here we look at some of the effects of hypersensitivity or hyposensitivity to sights, sounds, smells, tastes, touch, balance and body awareness, and ways you could help.

Sight

Under-sensitive

- Objects appear quite dark, or lose some of their features.
 - Central vision is blurred but peripheral vision quite sharp.
 - A central object is magnified but things on the periphery are blurred.
- Poor depth perception, problems with throwing and catching, clumsiness.



Ways you might help include the use of visual supports or colored lenses, although there is only very limited research evidence for such lenses.

Over-sensitive

- Distorted vision - objects and bright lights can appear to jump around.
- Images may fragment.
- Easier and more pleasurable to focus on a detail rather than the whole object.
- Has difficulty getting to sleep as sensitive to the light.

You could make changes to the environment such as reducing fluorescent lighting, providing sunglasses, using blackout curtains, creating a workstation in the classroom - a space or desk with high walls or dividers on both sides to block out visual distractions, using blackout curtains.

Continued on page 8.

SENSORY DIFFERENCES CONTINUED.....

Sound

Under-sensitive

- May only hear sounds in one ear, the other ear having only partial hearing or none at all.
- May not acknowledge particular sounds.
- Might enjoy crowded, noisy places or bang doors and objects.

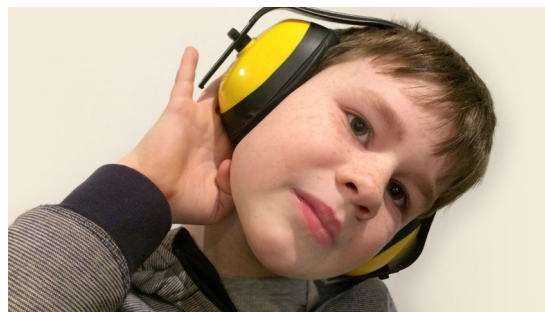
You could help by using visual supports to back up verbal information, and ensuring that other people are aware of the under-sensitivity so that they can communicate effectively. You could ensure that the experiences they enjoy are included in their daily timetable, to ensure this sensory need is met.

Over-sensitive

- Noise can be magnified and sounds become distorted and muddled.
- May be able to hear conversations in the distance.
- Inability to cut out sounds – notably background noise, leading to difficulties concentrating.

You could help by:

- shutting doors and windows to reduce external sounds
- preparing the person before going to noisy or crowded places
- providing ear plugs and music to listen to
- creating a screened workstation in the classroom or office, positioning the person away from doors and windows.



Smell

Under-sensitive

- Some people have no sense of smell and fail to notice extreme odors (this can include their own body odor).
- Some people may lick things to get a better sense of what they are.

You could help by creating a routine around regular washing and using strong-smelling products to distract people from inappropriate strong-smelling stimuli (like feces).

Over-sensitive

- Smells can be intense and overpowering. This can cause toileting problems.
- Dislikes people with distinctive perfumes, shampoos, etc.

You could help by using unscented detergents or shampoos, avoiding wearing perfume, and making the environment as fragrance-free as possible.

Taste

Under-sensitive

- Likes very spicy foods.
- Eats or mouths non-edible items such as stones, dirt, soil, grass, metal, faeces. This is known as pica.

Over-sensitive

- Finds some flavors and foods too strong and overpowering because of very sensitive taste buds. Has a restricted diet.
- Certain textures cause discomfort - may only eat smooth foods like mashed potatoes or ice-cream.

Some autistic people may limit themselves to bland foods or crave very strong-tasting food. As long as someone has some dietary variety, this isn't necessarily a problem. Find out more about over-eating and restricted diets.
Continued on page 9.

SENSORY DIFFERENCES CONTINUED.....

Touch

Under-sensitive

- Holds others tightly - needs to do so before there is a sensation of having applied any pressure.
- Has a high pain threshold.
- May be unable to feel food in the mouth.
- May self-harm.
- Enjoys heavy objects (eg weighted blankets) on top of them.
- Smears feces as enjoys the texture.
- Chews on everything, including clothing and inedible objects.



One of my sensory problems was hearing sensitivity, where certain loud noises, such as a school bell, hurt my ears. It sounded like a dentist drill going through my ears.

— Temple Grandin —

AZ QUOTES

You could help by:

- for smearing, offering alternatives to handle with similar textures, such as jelly, or corn flour and water for chewing, offering latex-free tubes, straws or hard sweets (chill in the fridge).

Over-sensitive

- Touch can be painful and uncomfortable - people may not like to be touched and this can affect their relationships with others.
- Dislikes having anything on hands or feet.
- Difficulties brushing and washing hair because head is sensitive.
- May find many food textures uncomfortable.
- Only tolerates certain types of clothing or textures.

You could help by:

- warning the person if you are about to touch them - always approach them from the front
- remembering that a hug may be painful rather than comforting
- changing the texture of food (eg purée it)
- slowly introducing different textures around the person's mouth, such as a flannel, a toothbrush and some different foods
- gradually introducing different textures to touch, eg have a box of materials available
- allowing a person to complete activities themselves (eg hair brushing and washing) so that they can do what is comfortable for them
- turning clothes inside out so there is no seam, removing any tags or labels
- allowing the person to wear clothes they're comfortable in.

Balance (vestibular)

Under-sensitive

- A need to rock, swing or spin to get some sensory input.
- You could encourage activities that help to develop the vestibular system. This could include using rocking horses, swings, roundabouts, seesaws, catching a ball or practicing walking smoothly up steps or curbs.

Over-sensitive

- Difficulties with activities like sport, where we need to control our movements.
- Difficulties stopping quickly or during an activity.
- Car sickness.
- Difficulties with activities where the head is not upright or feet are off the ground.

You could help by breaking down activities into small, more easily manageable steps and using visual cues such as a finish line.

Continued on page 10.

SENSORY DIFFERENCES CONTINUED.....

Body awareness (proprioception)

Our body awareness system tells us where our bodies are in space, and how different body parts are moving.

Under-sensitive

- Stands too close to others, because they cannot measure their proximity to other people and judge personal space.
- Finds it hard to navigate rooms and avoid obstructions.
- May bump into people.

You could help by:

- positioning furniture around the edge of a room to make navigation easier
- using weighted blankets to provide deep pressure
- putting colored tape on the floor to indicate boundaries
- using the arm s-length rule to judge personal space - this means standing an arm s length away from other people.



Over-sensitive

- Difficulties with fine motor skills, eg manipulating small objects like buttons or shoe laces.
- Moves whole body to look at something.

You could help by offering fine motor activities like lacing boards.

Synesthesia

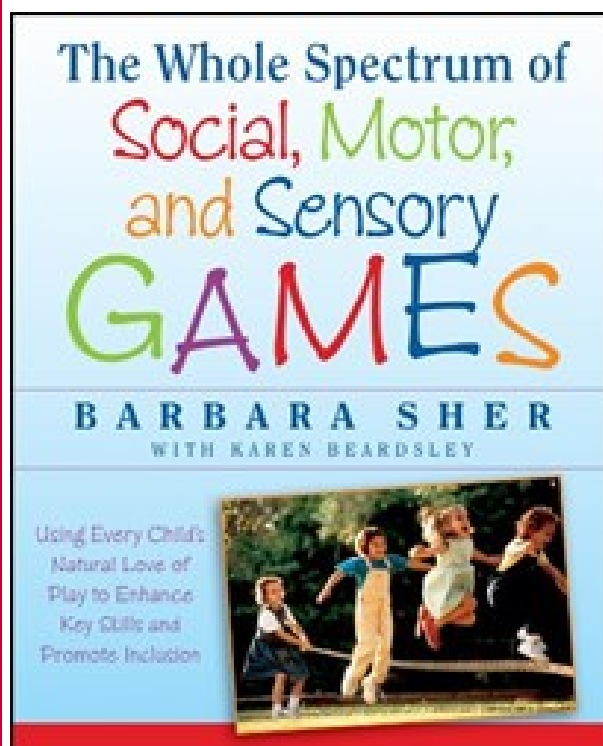
Synesthesia is a rare condition experienced by some people on the autism spectrum. An experience goes in through one sensory system and out through another. So a person might hear a sound but experience it as a color. In other words, they will hear the color blue. Find out more about synesthesia.

Therapies and equipment

We can't make recommendations as to the effectiveness of individual therapies and interventions or equipment. Research Autism provides free information about autism therapies and interventions.

- Music therapists use instruments and sounds to develop people's sensory systems, usually their auditory (hearing) systems.
- Occupational therapists design programs and often make changes to the environment so that people with sensory difficulties can live as independently as possible.
- Speech and language therapists often use sensory stimuli to encourage and support the development of language and interaction.
- Some people say they find colored filters helpful, although there is only very limited research evidence. Find out more from UK Irlen Centres.
- Jordans is a specialist optician which can refer people to similar practitioners in other parts of the UK.
- Sensory integrative therapy and Sensory Integration Network.
- Our Brain in Hand app, designed to help manage anxiety.
- Equipment suppliers.

<https://www.autism.org.uk/sensory>



The Whole Spectrum of Social, Motor and Sensory Games by Barbara Sher with Karen Beardsley

Play is increasingly recognized by neuroscientists and educators as a vital component in brain development, academic success and learning social skills. In this inspiring and useful resource, Barbara Sher provides step-by-step directions for how to use children's natural interests at different stages of their development to help them develop a wealth of sensory motor and social skills. All the games have also been designed to provide plenty of joyful opportunities for encouraging inclusion.

- Offers strategies for helping all kids, but especially those with special needs, to develop social, motor and sensory skills
 - Filled with simple games using common materials that can be used by teachers, parents, and caregivers with both individual kids and groups
- Provides explanations and examples of how the games can aid in a child's development

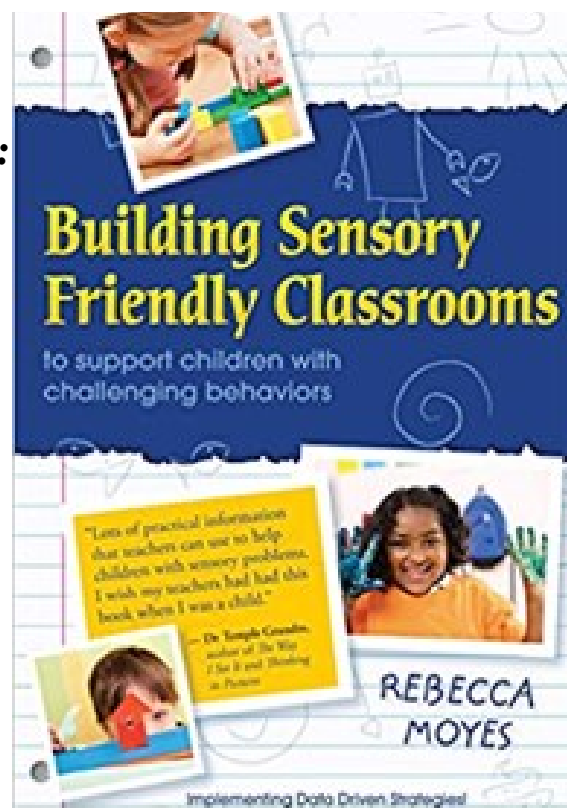
This resource offers parents and teachers a fun and easy way to include all children in activities that will engage all of their senses and promote important skills.

Check out other Barbara Sher books packed full of great activities: ***Early Intervention Games***, ***Attention Games***, and ***Everyday Games for Sensory Processing Disorder***

Building Sensory Friendly Classrooms to Support Children with Challenging Behaviors: Implementing Data Driven Strategies

by Rebecca Moyes

Rebecca Moyes, a teacher, author, renowned lecturer, and mother of a child with Asperger's Syndrome, helps walk any general or special education teacher through the process of setting up a sensory-friendly classroom using data-driven strategies in this easy-to-use book. In addition to addressing environmental factors, the book has a chapter about teaching stress management and self-advocacy skills using cognitive behavioral therapy methods. Sensory Integration Disorder often presents as a behavioral problem; thus, although it's an internal state, it has to be addressed based on what observable behaviors are seen in the child. Rebecca is able to take the data and work out how to make any student's (and teacher's!) life easier.



Parenting Today Forward Collaborative Problem Solving



Winter 2019 Class Schedule



A free parenting support group that focuses on families and caregivers of

teens and children struggling with difficult behaviors such as:

- ⇒ Getting frustrated easily with life
- ⇒ Hurting themselves or others
- ⇒ Acting out at home and school



Winter classes are at the following locations.

<u>Albany</u>	<u>Lebanon</u>	<u>Sweet Home</u>
Thursdays: Afternoon: 12:30pm - 2:30pm Evening: 5:45pm - 7:45pm First United Methodist Church, 1115 28th Ave. SW. Jan. 10 - Mar. 14 10 week classes	Tuesdays: 9:30am - 11:30am Church of the Nazarene, 600 W. D Street. Jan. 8 - Mar. 12 10 week class	Tuesdays: 9:30am - 11:00am Freedom Hill Church, 2470 Main St. Jan. 8 - Mar. 12 10 week class

To register, please call a Group Involvement Volunteer at (541) 704-0221 or (541) 730-8716

Children's activities provided on-site at some locations.

We have an open-door policy. You do not have to attend the first day of groups, so please come when you can.



Sponsored by "OneIIAnother"



For more information please visit www.parentingtogether.us
or call (541) 704-0221 or (541) 730-8716

February 2, 2019
8:00 AM - 4:00 PM

Linn County Armory
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Albany, Oregon 97321

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- Transition to Kindergarten
- Special Education and the IEP
- Behavior Supports
- Transition to Adulthood
- Assistive Technology
- Financial Planning
- Person-centered Planning



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VISUALS



AuTalkz

Stimming

