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# Autism Agenda



Linn Benton Lincoln ESD-Cascade Regional Autism Program

## Differences Between Autistic Behavior and Misbehavior

By Lisa Jo Rudy

How can you tell whether the poor behavior is the result of autistic symptoms or if it's ordinary naughtiness? It's not always easy to distinguish between "autistic" behaviors and "misbehavior." Many of the behaviors that are typical of children on the spectrum might be deemed discipline problems in other kids.

For example:

- Kids with autism may screech or yell when overwhelmed or frustrated
- Some autistic children bolt from the room, hit others, or even injure themselves when upset
- Children on the spectrum may not look directly at a person when he or she is speaking
- Autistic kids may rock, flick, or pace when they are expected to sit still
- Children with autism may be self-absorbed and inattentive to events or emotions around them
- In school, children with autism may over or underreact to others' requests or needs (for example, pushing other children in line or ignoring requests to move or hurry)

But that's just the tip of the iceberg because autistic children may also have a very difficult time managing their responses to adult or peer "kindness."

Perhaps these examples sound familiar:

- Grandma comes to visit. She sees her autistic grandchild, opens her arms, and asks for a big hug. The grandchild runs in the opposite direction at top speed. Grandma follows him and gives him that hug, only to be rewarded with a kick in the shins.
- Grandpa gives his autistic grandchild a gift, and his grandchild, at an age when he or she should know better, says "I don't like this! I wanted a \_\_\_!"
- A kind peer from school agrees to a play date and finds himself ignored for several hours while the autistic host plays alone. Even worse, the guest may spend two hours being told, "don't touch that!"

All of these behaviors can be embarrassing, and all can lead to hurt or even angry feelings. Yet all are typical of autism, and, in most cases, result from sensory, communication, or behavioral challenges that are part of autism.

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## Distinguishing Autism From Misbehaving

Autistic behaviors are usually the result of a few very specific challenges. Because every person with autism is unique, the challenges will look different for each child but they exist, at some level, in anyone who is correctly diagnosed with autism spectrum disorder.

### Sensory Challenges

People with autism are almost always likely to either overreact or underreact to sound, light, smells, and touch. The child who runs away from Grandma may actually be responding to the smell of her perfume. The child who hates hugs may dislike the sensation of being squeezed but actually feel affection toward the hugger. Sensory challenges may also be the reasons behind "misbehavior" when in a crowded or loud auditorium, squeezed between people online, and so forth. How can you tell when sensory issues are causing a problem?

- **Ask.** If your child is verbal, he or she may be perfectly capable of explaining behaviors if asked.
- **Watch.** If your child is covering his or her ears while bolting from the room, it's reasonable to assume that something about the sound in the room is causing a problem.
- **Keep tabs on behaviors.** If your child is usually able to handle church, but on one occasion becomes loud or runs out of the room, it's fairly obvious that something specific has occurred to cause the behavior. On the other hand, if the behavior is consistent, there may be an ongoing sensory challenge in the environment. It can be something as minor as the buzz from fluorescent lights.



### Social Communication Challenges

Everyone with autism has a tough time with social communication at one level or another. It can be difficult or even impossible to "read" others' emotions or it may be very difficult to avoid overreacting to others' feelings. It can be very tough to "watch and imitate" others' behaviors. The fact that others are sitting still and being quiet may not register for an autistic child. How can you tell if your child is having difficulties with social communication?

- **Notice your child's intent.** Difficulties with social communication can make it hard for a child with autism to tell when his actions may be hurtful. Walking away out of boredom or a desire to do something different may look mean-spirited, but there's a very good chance that your child doesn't recognize how his behaviors are likely to affect others.
- **Remember that your child has developmental delays.** A typical twelve-year-old should be able to graciously thank grandma for a gift he doesn't really want. A typical eight-year-old may not be able to handle the situation as well. Children with autism are usually quite immature for their age: a teen on the spectrum may well behave like a much younger child.
- **Be aware of how instruction is provided.** A teacher says your child is misbehaving at recess by pushing in line, taking extra-long turns on the swings, and so forth. But children with autism, because they rarely learn through imitation, need direct instruction on behavioral expectations. Did the teacher actually TELL your child about the rules of recess play? Provide visual supports and social stories? If not, how was your child supposed to know the rules?

### Behavioral Challenges

"Autistic" behaviors are usually self-evident because they are usually quite different from typical behaviors. As a result, you should be able to tell at a glance whether you're seeing misbehavior or autistic symptoms. Here's what to look for:

- **Self-stimulation (stimming).** Many people with autism use unusual physical behaviors such as rocking, pacing, flicking fingers, and humming to calm themselves and stay focused. When you see such behaviors, you can be almost completely certain that they are not a form of misbehavior.
- **Lack of eye contact.** For many people with autism, eye contact can be difficult if not impossible to manage, particularly during the course of a conversation. While it is possible to teach a person with autism to maintain eye contact, lack of it is not a form of misbehavior.

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- **Self-abuse.** In some cases, particularly (but not exclusively) for people with severe autism, self-abuse is common. Head banging, skin picking, and other behaviors are not intentional though they can be disturbing and should be managed.
- **Lack of focus or attention.** People with autism may find it very easy to focus on something and very tough to focus on others. Often, they are attending without appearing to do so. Sometimes, they are not attending because they are having a tough time following rapid speech or abstract ideas. Very rarely, they are intentionally ignoring a speaker.
- **Noise-making or bolting.** While kids with autism are perfectly capable of making noise or leaving the room just to be annoying, chances are that they are doing so for other reasons. They may be screeching, humming, or chattering to calm themselves, or bolting from the room to get away from a disturbing situation. As a parent, you will usually be able to tell the difference.

### Addressing Autistic Behaviors

So you've determined that your child's behaviors are not "misbehaviors" but are, instead, "autistic" behaviors. Now what?

You can, of course, do nothing. And in some cases, that's perfectly reasonable. Why shouldn't your child with autism rock, flick, or pace? If he's hurting no one and creating no problems for himself, why trouble?



Often, however, autistic behaviors, while they are not intentional, can cause significant issues. They can cause embarrassment (both for you and for your child), create hurt feelings or even angry feelings, or lead to your child being ostracized or excluded from an important group, activity, or setting. What can you do about that? You can take action on many different levels, depending upon the importance of the situation, your child's abilities and challenges, and your own philosophy.

Here is a list of options:

**Provide direct instruction.** If your child is able to respond to and act on direct instruction, provide it! Use words, video, modeling, practice (rehearsal), and social stories to teach your child how to behave in church or at a concert, how to respond politely to grandparents, or how to interact at a birthday party. None of these is likely to come naturally to your child, but in many cases, instruction and repetition are the keys to success.

**Remediate challenges.** Grandma's strong perfume is causing her grandchild to run away so the best choice is to say "hey, Grandma, don't wear that perfume." Similarly, you can avoid squeezing a child who dislikes hugs, put in incandescent bulbs if fluorescents cause a problem, turn down the sound level on the TV, and otherwise make life more comfortable. You can ask for similar accommodations in school, though it's tougher to get them in an inclusive setting.

- **Choose settings and situations with care.** If your autistic child hates loud movies, don't go to loud movies. Alternatively, a pair of noise-blocking headphones may make the sound level more comfortable. Consider going to "autism-friendly" events, or selecting instructors who seem to "get" your child.
- **Grow a thicker skin.** Parents of kids with autism are likely to occasionally experience embarrassing situations. Thin-skinned parents are going to be embarrassed by an awful lot. Best bet? Get over it!
- **Change the situation completely.** In some circumstances, your child's school, your home, your activity choices, or your location may need to change. This may sound like an extreme response, but if your child's school is unable to serve her needs, your neighbors are intolerant, or your preferred activities are simply impossible for your autistic child, you may need to consider options such as private school, a different neighborhood, or a change in your routines.

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## Addressing Real Misbehavior

No good parent would punish a child for a behavior that is age-appropriate or out of his control. Babies cry. Two-year-olds struggle with toilet training. Tweens need help managing their time. On the other hand, no good parent would make it easy and acceptable for their child to lie, hit, hurt others' feelings, or behave in ways that are embarrassing to themselves or others.

It is tempting to say (or to allow others to say) "oh well, he/she is disabled, so I don't expect much." But while it does make sense to modify expectations and change situations based on special needs, everyone needs—and deserves—both structure and limits. Without these tools, it is almost impossible to build self-discipline, a skill that is absolutely essential to independence, resilience, success, and self-confidence.



As with any other child, therefore, your job as a parent is to:

- **Set and communicate limits and expectations.** Hurting people (physically or emotionally) is not ok. Nor is lying, acting out when you can control yourself, and so forth. Everyone needs to know their limits and expectations; kids with autism may need to learn about those limits very directly, through instruction, visual tools, social stories, and other means.
- **Recognize misbehavior.** You know your child's abilities, so in the vast majority of situations, you will know whether he or she is intentionally lying, ignoring your instructions, or hurting another person.

- **Respond quickly and clearly.** If you catch your autistic child misbehaving, you will need to be extremely clear as to what the issue is, why it is wrong, and how you feel about it. Sarcasm, the "cold shoulder," or other techniques may be misunderstood or ignored completely.
- **Provide meaningful, consistent consequences.** In the best of all worlds, your child's misbehavior will cause its own negative consequences (deliberately dumping cereal on the floor means no cereal for breakfast). Sometimes, though, consequences that are meaningful to your child, no TV, for example, can be very effective.
- **Offer support for improving behavior.** Some children respond well to earned rewards for good behavior (eat breakfast properly for a week and I'll make your favorite meal on Sunday). Children with autism often need immediate reinforcement for a job well done; that can be in the form of a small treat, high fives, or just a big smile.
- **Notice and respond to good behavior.** It's important to be responsive when your child does behave well and to be very specific about what is good about their actions. For example, "Joey, you did a great job sharing your toy with your sister."

<https://www.verywellhealth.com/autistic-behavior-or-misbehavior-4047387>





## CHANGING ROUTINES

### SUITABLE FOR 3-18 YEARS

#### **Changing routines: children and teenagers with autism spectrum disorder**

Changes in familiar activities, places or people can make us all feel anxious. Children and teenagers with autism spectrum disorder (ASD) can find these things particularly stressful. You can help by planning and preparing your child for changes to everyday routines and activities.

#### **Changing routines and your child with autism spectrum disorder**

Children and teenagers with autism spectrum disorder (ASD) often like routines and rituals and don't like change. This means your child with ASD might need help to manage changes to her daily routine.

Common changes or new situations might include:

- leaving the house
- having visitors at your house
- going somewhere new, like the dentist
- switching between toys, activities or tasks
- doing things in a different order – for example, having a bath at an unusual time
- eating new foods
- cancelling activities – for example, not going to the park because of bad weather.



“Explanations and instructions can be hard for children with ASD to follow, so just telling your child about a change might not always work. But using visual strategies to help your child understand can be useful.”

#### **Planning for expected changes in routine**

Planning ahead for transitions and changes to your daily routine can help them work better. If possible, try to let your child know what's going to happen ahead of time.

It's easiest to plan for changes that you know about in advance, like going to a party or going to an appointment with the doctor or dentist. It's the same with transitions that happen regularly, like leaving the house.

The strategies below can help your child cope successfully with new activities.

#### **Social Stories™**

Social Stories™ are a good way to let your child know what's going to happen in terms he can understand.

For example, you can make a Social Story™ about going to the doctor. You could use pictures, words or both to describe leaving the house, arriving at the doctor's, having blood pressure taken and so on. Ending the story on a positive note is always a nice touch – for example, ‘When the appointment is finished, I get to play at the park’.

By letting your child know what to expect, you cut down on surprises and reassure your child that it'll be a positive experience.

#### **Timetables**

Timetables are a simple way to let your child know what to expect, and when. You could use pictures, words or both. For example, try using pictures of clocks to explain what time your child can expect a certain activity to happen.

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## CHANGING ROUTINES CONTINUED...

Some children can get very upset if you tell them a birthday party will end at 3 p.m. and it doesn't, or if they're told the doctor's appointment is at 10 a.m. but they don't get seen until closer to 11 a.m.

If your child is like this, it can help to use events like morning tea, after lunch or after school as reference points rather than specific times. For example, if you want your child to have a bath earlier than normal, your timetable could show a picture of a bath before a picture of your child having dinner.

### Extra time

Spending some extra time making the change can help your child feel less anxious. For example, to help your child cope with someone coming to visit you at home, you might spend some time with your child getting ready for the visit. You could talk about what will happen during the visit or your child could help you prepare. You could also show your child some pictures of what will happen.

### Visits to new places

You might be able to arrange a visit to a new place, like a birthday party venue, ahead of time, perhaps during a quieter time of day. This way your child can get more familiar with the environment, without being overwhelmed by lots of noise and people. If you can't do that, try looking for images of the place on the internet.

### Timers

If your child finds it hard to switch from a favorite activity, a timer might help. Set the time and let your child know the activity will be over when the timer rings. This strategy could also help with leaving the house. For example, 'When the timer rings, it's time to go'. You can get a smartphone timer app or use a stopwatch or kitchen timer.



### Small changes

It can help to introduce small changes and work your way up over time.

For example, if your child insists on eating breakfast first and then getting dressed, but you want her to get dressed before breakfast, you could start by just putting her socks on and letting her eat breakfast. Once she's comfortable with that, you could try putting on her socks and pants before breakfast, and so on.

Praise and reward your child when he's able to be flexible and cope with these changes.

### Slow and steady

If your child finds it hard to switch between activities, try slowly adding new activities, one at a time.

For example, if you want your child to learn to stop what she's doing and move to a new activity when you ask, you could start by making the new activity one you know she'll enjoy. When she has done the activity, praise her and give her a reward, like a high five, a sticker or extra time on the computer.

Keep doing this until your child is comfortable moving to the new activity when you ask him to. Then you could try making the switch more difficult, like moving to an activity he hasn't done before. Keep practicing until your child can move to a new activity when you ask, even if it's new or something he doesn't like.

### Other people

Sometimes you might find it helpful to include other people, like your child's teacher or the doctor, in your plan for change. You could talk to them about your child's needs. They might also have useful tips to help you plan a successful transition.

### Behavior skills

There are no specific interventions for managing change, but behavior strategies can help. They include Applied Behavior Analysis (ABA), Discrete Trial Training (DTT), Positive Behavior Support (PBS) and Pivotal Response Treatment (PRT).

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## CHANGING ROUTINES CONTINUED...

### Managing unexpected changes in routine

Sometimes changes are unexpected and you don't have time to plan ahead. Coping with a sudden change can be **something you and your child prepare for** before any change happens.



If your child understands a warning system for unexpected changes when she's calm, she'll be better able to apply that knowledge if she gets upset during the actual change.

### Adding a ? to your child's schedule

One way to do this is to build some 'space' for change into your child's visual supports.

For example, if you use a visual schedule of activities for your child, you can leave gaps between each picture to allow another picture to be put in later. You could use a 'question mark' to represent a 'mystery' or uncertainty. If your child has a written schedule, leave one blank line between each task.

By using a step-by-step approach, your child can learn how the '?' works. He can gradually learn to deal with pleasant change, and then less pleasant change.

### For example:

1. Go on an outing, placing a '?' on the schedule. Make sure something fun for your child happens when it's time to do the '?' on the schedule. Praise your child for coping. Your child can learn that something unexpected can be a pleasant thing.
2. Go on an outing without the '?' on the schedule. At some point slip the '?' into a gap on the schedule. Immediately bring out the fun surprise and praise your child for coping.
3. Go on an outing without the '?' on the schedule. At some point make an unplanned diversion – for example, a sibling wants to look at the pet shop, and it's not on the schedule. Add in the '?', reward your child for coping, then quickly get back to the schedule.
4. Go on an outing without the '?' on the schedule. Make an unplanned diversion that your child usually doesn't enjoy – for example, visiting one extra shop. Show this by placing the '?' in an appropriate gap in the schedule. When completed, reward your child for coping, and then return to the usual events.

Once your child is familiar with the '?', you can use it anytime there's an unexpected change to show there'll be a diversion from the schedule and then a return.

You could **put this technique together with a Social Story™** to explain to your child that sometimes things don't go exactly as it says in the schedule. You could include the things that your child can do when something doesn't go according to plan – for example, 'When things change I can take five deep breaths or name all the Pokemon in alphabetical order in my head until I feel calm'.

### Rewarding flexibility

Another simple way to help older children cope with change is to make a big deal of the concept of 'flexibility'.

Praise or reward your child whenever she copes with a change or an unexpected event, like not getting her desired table number at a restaurant. Tell her how wonderful it is that she's 'flexible' and get her to associate this skill with getting something she likes, like attention.

<https://raisingchildren.net.au/autism/behaviour/understanding-behaviour/changing-routines-asd#changing-routines-and-your-child-with-autism-spectrum-disorder-nav-title>

## APPLIED BEHAVIOR ANALYSIS (ABA)

### What is Applied Behavior Analysis?

Applied Behavior Analysis (ABA) is a therapy based on the science of learning and behavior. Behavior analysis helps us to understand:

- How behavior works
- How behavior is affected by the environment
- How learning takes place

ABA therapy applies our understanding of how behavior works to real situations. The goal is to increase behaviors that are helpful and decrease behaviors that are harmful or affect learning.

ABA therapy programs can help:

- Increase language and communication skills
- Improve attention, focus, social skills, memory, and academics
- Decrease problem behaviors

The methods of behavior analysis have been used and studied for decades. They have helped many kinds of learners gain different skills – from healthier lifestyles to learning a new language. Therapists have used ABA to help children with autism and related developmental disorders since the 1960s.



### How does ABA therapy work?

Applied Behavior Analysis involves many techniques for understanding and changing behavior. ABA is a flexible treatment:

- Can be adapted to meet the needs of each unique person
- Provided in many different locations – at home, at school, and in the community
- Teaches skills that are useful in everyday life
- Can involve one-to-one teaching or group instruction

### Positive Reinforcement

Positive reinforcement is one of the main strategies used in ABA.

When a behavior is followed by something that is valued (a reward), a person is more likely to repeat that behavior. Over time, this encourages positive behavior change.

First, the therapist identifies a goal behavior. Each time the person uses the behavior or skill successfully, they get a reward. The reward is meaningful to the individual – examples include praise, a toy or book, watching a video, access to playground or other location, and more.

Positive rewards encourage the person to continue using the skill. Over time this leads to meaningful behavior change.

### Antecedent, Behavior, Consequence

Understanding **antecedents** (what happens before a behavior occurs) and **consequences** (what happens after the behavior) is another important part of any ABA program.

The following three steps – the “**A-B-Cs**” – help us teach and understand behavior:

1. An **antecedent**: this is what occurs right before the target behavior. It can be verbal, such as a command or request. It can also be physical, such a toy or object, or a light, sound, or something else in the environment. An antecedent may come from the environment, from another person, or be internal (such as a thought or feeling).
2. A resulting **behavior**: this is the person’s response or lack of response to the antecedent. It can be an action, a verbal response, or something else.
3. A **consequence**: this is what comes directly after the behavior. It can include positive reinforcement of the desired behavior, or no reaction for incorrect/inappropriate responses.

*Continued on page 9.*



## APPLIED BEHAVIOR ANALYSIS (ABA) CONTINUED.....

Looking at **A-B-Cs** helps us understand:

1. Why a behavior may be happening
2. How different consequences could affect whether the behavior is likely to happen again

EXAMPLE:

- **Antecedent:** The teacher says "It's time to clean up your toys" at the end of the day.
- **Behavior:** The student yells "no!"
- **Consequence:** The teacher removes the toys and says "Okay, toys are all done."

How could ABA help the student learn a more appropriate behavior in this situation?

- **Antecedent:** The teacher says "time to clean up" at the end of the day.
- **Behavior:** The student is reminded to ask, "Can I have 5 more minutes?"
- **Consequence:** The teacher says, "Of course you can have 5 more minutes!"

With continued practice, the student will be able to replace the inappropriate behavior with one that is more helpful. This is an easier way for the student to get what she needs!

### What Does an ABA Program Involve?

Good ABA programs for autism are not "one size fits all." ABA should not be viewed as a canned set of drills. Rather, each program is written to meet the needs of the individual learner.

The goal of any ABA program is to help each person work on skills that will help them become more independent and successful in the short term as well as in the future.

### Planning and Ongoing Assessment

A qualified and trained behavior analyst (BCBA) designs and directly oversees the program. They customize the ABA program to each learner's skills, needs, interests, preferences and family situation.

The BCBA will start by doing a detailed assessment of each person's skills and preferences. They will use this to write specific treatment goals. Family goals and preferences may be included, too.

Treatment goals are written based on the age and ability level of the person with ASD. Goals can include many different skill areas, such as:

- Communication and language
- Social skills
- Self-care (such as showering and toileting)
- Play and leisure
- Motor skills
- Learning and academic skills



The instruction plan breaks down each of these skills into small, concrete steps. The therapist teaches each step one by one, from simple (e.g. imitating single sounds) to more complex (e.g. carrying on a conversation). The BCBA and therapists measure progress by collecting data in each therapy session. Data helps them to monitor the person's progress toward goals on an ongoing basis.

The behavior analyst regularly meets with family members and program staff to review information about progress. They can then plan ahead and adjust teaching plans and goals as needed.

### ABA Techniques and Philosophy

The instructor uses a variety of ABA procedures. Some are directed by the instructor and others are directed by the person with autism.

Parents, family members and caregivers receive training so they can support learning and skill practice throughout the day.

*Continued on page 10.*

## APPLIED BEHAVIOR ANALYSIS (ABA) CONTINUED.....

The person with autism will have many opportunities to learn and practice skills each day. This can happen in both planned and naturally occurring situations. For instance, someone learning to greet others by saying "hello" may get the chance to practice this skill in the classroom with their teacher (planned) and on the playground at recess (naturally occurring).

The learner receives an abundance of positive reinforcement for demonstrating useful skills and socially appropriate behaviors. The emphasis is on positive social interactions and enjoyable learning. The learner receives no reinforcement for behaviors that pose harm or prevent learning.

**ABA is effective for people of all ages. It can be used from early childhood through adulthood!**

### Who provides ABA services?

A board-certified behavior analyst (BCBA) provides ABA therapy services. To become a BCBA, the following is needed:

- Earn a master's degree or PhD in psychology or behavior analysis
- Pass a national certification exam
- Seek a state license to practice (in some states)

ABA therapy programs also involve therapists, or registered behavior technicians (RBTs). These therapists are trained and supervised by the BCBA. They work directly with children and adults with autism to practice skills and work toward the individual goals written by the BCBA. You may hear them referred to by a few different names: behavioral therapists, line therapists, behavior tech, etc.

To learn more, see the Behavior Analyst Certification Board website.

### What is the evidence that ABA works?

ABA is considered an **evidence-based best practice treatment** by the US Surgeon General and by the American Psychological Association.

"Evidence based" means that ABA has passed scientific tests of its usefulness, quality, and effectiveness. ABA therapy includes many different techniques. All of these techniques focus on antecedents (what happens before a behavior occurs) and on consequences (what happens after the behavior).



More than 20 studies have established that *intensive* and *long-term* therapy using ABA principles improves outcomes for many but not all children with autism. "Intensive" and "long term" refer to programs that provide 25 to 40 hours a week of therapy for 1 to 3 years. These studies show gains in intellectual functioning, language development, daily living skills and social functioning. Studies with adults, though fewer in number, show similar benefits.

### Is ABA covered by insurance?

Sometimes. Many types of private health insurance are required to cover ABA services. This depends on what kind of insurance you have, and what state you live in.

All Medicaid plans must cover treatments that are **medically necessary** for children under the age of 21. If a doctor prescribes ABA and says it is medically necessary for your child, Medicaid must cover the cost.

*Continued on page 11.*

## APPLIED BEHAVIOR ANALYSIS (ABA) CONTINUED.....

### Where do I find ABA services?

To get started, follow these steps:

1. Speak with your pediatrician or other medical provider about ABA. They can discuss whether ABA is right for your child. They can write a prescription for ABA if it is necessary for your insurance.
2. Check whether your insurance company covers the cost of ABA therapy, and what your benefit is. [Need help understanding your benefit? See our insurance resources.]
3. Search our resource directory for ABA providers near you. Or, ask your child's doctor and teachers for recommendations.
4. Call the ABA provider and request an intake evaluation. Have some questions ready (see below!)

### What questions should I ask?

It's important to find an ABA provider and therapists who are a good fit for your family. The first step is for therapists to establish a good relationship with your child. If your child trusts his therapists and enjoys spending time with them, therapy will be more successful – and fun!

The following questions can help you evaluate whether a provider will be a good fit for your family. Remember to trust your instincts, as well!

1. How many BCBAs do you have on staff?
2. Are they licensed with the BACB and through the state?
3. How many behavioral therapists do you have?
4. How many therapists will be working with my child?
5. What sort of training do your therapists receive? How often?
6. How much direct supervision do therapists receive from BCBAs weekly?
7. How do you manage safety concerns?
8. What does a typical ABA session look like?
9. Do you offer home-based or clinic-based therapy?
10. How do you determine goals for my child? Do you consider input from parents?
11. How often do you re-evaluate goals?
12. How is progress evaluated?
13. How many hours per week can you provide?
14. Do you have a wait list?
15. What type of insurance do you accept?



<https://www.autismspeaks.org/applied-behavior-analysis-aba-0>

Spring is here



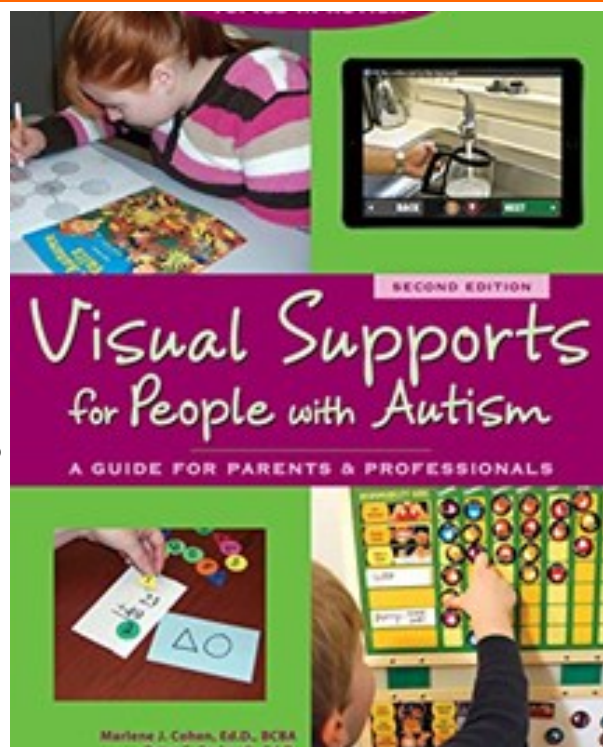
## ***Visual Supports for People with Autism: A Guide for Parents & Professionals***

by Marlene J. Coharen and Donna L. Sloan

Visual supports—any pictorial, graphic, or scheduling aid—are excellent tools for teaching academic, daily living, and self-help skills to people with autism. They can also be an excellent way to prevent challenging behavior. This reader-friendly and practical book shows teachers, parents, and service providers how to make low-tech visual supports, and offers strategies for using them. The second edition includes expanded information about using visual supports with the youngest children, advice on fading supports, and updated photo examples of:

- activity schedules
- calendars
- charts
- checklists & to-do lists
- color coding
- flip books
- graphic organizers
- photo boards
- scripts
- Social Stories
- video modeling

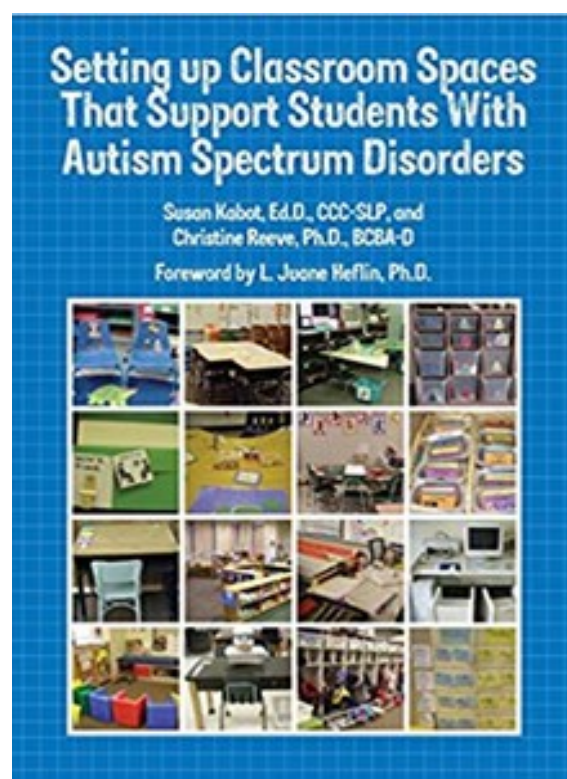
A new chapter covers high-tech options for visual supports (iPads, smartphones, etc.) and how to choose appropriate ones, and particular features that are good for people with autism.



## ***Setting Up Classroom Spaces That Support Students With Autism Spectrum Disorders***

by Susan Kabot and Christine Reeve

With even the best curricula and interventions, students with autism spectrum disorders will not learn unless the classroom environment is organized with their specific needs in mind. *Setting Up Classroom Spaces That Support Students With Autism Spectrum Disorders* shows through clear and brief text and lots of photos how to determine what type of furniture and materials to choose for various types of classrooms and how to arrange them in a way that creates an effective learning environment while reducing anxiety and preventing problem behaviors. It uses evidence-based practices of structure and visual supports to enhance the well-being and success of students. Examples are given for students across the age span with lots of lists and helpful resources, making it a must-have resource for every classroom.





# 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><b>Albany</b></u>	<u><b>Lebanon</b></u>	<u><b>Sweet Home</b></u>
<b>Thursdays:</b> 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	<b>Tuesdays:</b> 9:30am - 11:30am  Church of the Nazarene, 600 W. D Street.  Jan. 8 - Mar. 12 10 week class	<b>Tuesdays:</b> 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](http://www.parentingtogether.us)  
or call (541) 704-0221 or (541) 730-8716

Linn Benton Lincoln Education Service District and the Cascade Regional Autism Staff  
present our  
**Fourth Annual Autism Resource Event**

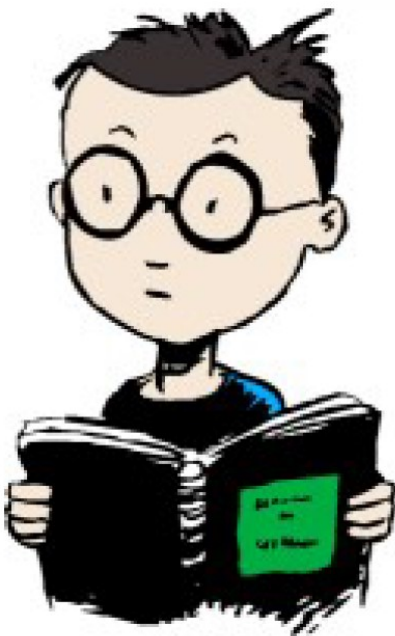


## “Knowledge Builds Hope”

April 11, 2019  
4:00-7:00PM

5pm Guest Speakers Rebecca Henry and Michelle Neilson  
“Autism in Girls”

Lebanon High School Commons Area  
1700 S 5th Street  
Lebanon, OR 97355



This event will offer you an opportunity to see what community resources are available to support individuals with autism.

Here is a sample of who will be available to meet and visit with you:

- |                                 |                                  |                    |
|---------------------------------|----------------------------------|--------------------|
| * Hand in Hand Farm             | * Resource Connections of Oregon | * Support Groups   |
| * Doorstep Dental               | * Autism Society of Oregon       | * Social Groups    |
| * Supported Employment Services | * Linn County Special Olympics   | * Physical Therapy |

If you have any questions, please contact: Michelle Neilson 541-812-2678 or [michelle.neilson@lblesd.k12.or.us](mailto:michelle.neilson@lblesd.k12.or.us)



*April is coming,  
which means it's time for...*

## 30 DAYS OF AUTISTIC ART



@anniemanga

### OFFICIAL RULES

1) Create something based on the prompt(drawing, writing, sculpture, etc).

You don't have to make 30 pieces, make as many as you are able to.

2) Post it online.

3) Add the tags **#30daysofautisticart** and **#actuallyautisticartist**

**NOTE:** This is strictly for autistic folks only; any non-autistic folks can share this and spread the word.

@anniemanga

### PROMPT LIST

@anniemanga

<u>Week</u>	<u>Theme</u>
1-7	HEADCANON
8-14	CANON
15-21	People
22-30	Freestyle

**Bonus-#RedInstead**

Include the color red as a prominent theme in one of your pieces





Linn Benton Lincoln ESD  
Cascade Regional Autism  
Program

905 4th Ave SE  
Albany, Or. 97321

Tel: 541 - 812-2600  
Fax: 541 926-6047  
E-mail: [webmaster@lblead.k12.or.us](mailto:webmaster@lblead.k12.or.us)

#### Autism Consultants:

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541-336-2012

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541-812-2678

## VISUALS



[victoriesnautism.com](http://victoriesnautism.com)

## Au Talkz

