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# Autism Agenda



Linn Benton Lincoln ESD-Cascade Regional Autism Program

## Cognitive Behavioral Therapy and Autism Spectrum Disorders

Connie Anderson, Ph.D.

IAN Community Scientific Liaison

Many behavioral therapies have been used to treat young children with autism spectrum disorders (ASD), including [Applied Behavior Analysis](#) and [Pivotal Response Training](#). Older children, teens, and adults with ASD may benefit from another intervention with a behavioral component: Cognitive Behavioral Therapy (CBT).

### BEYOND BEHAVIOR

Therapies based on the science of behavior have been effective for people of all ages, and are an essential item in any mental health professional's toolkit. They only go so far, however. Human beings are "meaning makers." That is, their behavior is not just the result of stimulus and response or reward and punishment. They take in what is happening around them and give it meaning, loaded with emotion. *Then* they behave.

CBT takes into account the thoughts (or *cognitions*) we have about things, the feelings that result, and the behavior that follows.

### CBT: A POWERFUL APPROACH

People often get stuck in patterns of thinking and responding that are not helpful, partly because they filter everything that happens through a "meaning-making system" that is skewed or inaccurate. Therefore, one way to change people's feelings or behavior is to target distorted thoughts they have about themselves and their lives. This helps them shift the way they interpret situations, how they feel about those situations, and how they respond to them. It is an extremely powerful intervention, and has been proven effective in the treatment of many conditions, including depression, generalized anxiety disorder, panic disorder, and post-traumatic stress disorder.<sup>1</sup>



There are a variety of CBT approaches, but most share some common elements.<sup>2</sup> These include a structured, goal-directed approach that is time-limited, usually taking 12-16 sessions. Therapy, which is conducted according to a specific plan, does not delve much into the past, but focuses on the here and now. A CBT program's success is measurable precisely because there is a plan, a goal, and a limited time in which to accomplish it.

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## COGNITIVE BEHAVIOR THERAPY CONTINUED...

At the heart of CBT is a challenge to a person's belief system. For example, say a depressed person believes he is worthless. He is constantly telling himself this, and views everything that happens to him through this negative lens. If a friend crosses the street before greeting him, he does not think: "He was in a rush and needed to get to the dentist's office over there." Instead, he thinks, "I am worthless and so he is avoiding me." This can lead to a cascade of automatic thoughts. "Nobody will ever be my friend. I will always be alone." Clearly, these thoughts will lead to more negative feelings, more negative interpretations of events, and more isolation, creating a downward spiral.

With a therapist's help, the individual is encouraged to challenge both his beliefs and his automatic thoughts through a variety of techniques. He may be asked to view his beliefs as a hypothesis or possibility, rather than a fact, and to "test the validity" of these beliefs by looking for real evidence (which he usually will not be able to come up with). He may use *self-talk* to coach himself through a situation, deliberately replacing negative thoughts with more positive ones. He may, with the therapist's help, rehearse a future situation, going through steps (such as relaxation, deep breathing, and an encouraging internal dialogue) that will help him cope. As he gains these skills, the therapist may expose him to increasingly difficult situations in a process called *graded exposure*.

Another key part of treatment is *psychoeducation*, which involves teaching someone about her condition. Whether that condition is obsessive-compulsive disorder or anxiety, it is important that she understand why she's been having so much difficulty; how to identify when the condition is affecting her; and how to interrupt and stop it. Imagine a person with a panic disorder who, as the panic begins, feels a terrible tightness in her chest. She is certain this is a heart attack, and is terrified she may die. Her panic spins out of control, the pain and the panic now fueling one another. After learning about panic attacks, she can understand that this feeling is just part of a dysfunctional process that isn't her fault. Recognizing the signs of an impending attack early enables her to begin using the skills she has learned to keep herself calm so the cycle is shortened or prevented altogether.

### ADAPTING CBT FOR ASD

In recent years, there have been a number of attempts to adapt CBT for children and teens on the autism spectrum. The focus has often been on those who also have anxiety because this is so common in individuals with ASD.<sup>3,4</sup>

One challenge was to find out whether children with ASD have the skills necessary to succeed at CBT. Fortunately, it appears they do. A study published in 2012 evaluated the cognitive skills of children with ASD and compared them to those of typical children. The children with ASD had the skills required for CBT in almost every instance. They were able to distinguish thoughts, feelings, and behaviors, and to work on altering their thoughts. Their only area of difficulty was in recognizing emotions.<sup>5</sup>

In addition, traditional CBT tends to require strong linguistic and abstract thinking abilities, and these can be a challenge for individuals on the autism spectrum. Realizing this, researchers have worked to develop modifications to CBT that render it more ASD-friendly, such as making it more repetitive, as well as visual and concrete.

For example, instead of merely asking children to verbally rate their anxiety on a scale of 1 to 10, the therapist might have a thermometer showing anxiety from low to high and have the participants point to the prop to illustrate how high their anxiety is around a certain situation. Another strategy is to focus on the children's talents and special interests, which helps keep them engaged and motivated, and to build in frequent movement breaks or sensory activities for those who might have problems with attention or sensory under- or over-reactivity.<sup>6,7,8</sup>

The researcher Susan White notes that CBT should also address social skills in individuals with ASD because "the core social deficits in young people with ASD contribute to the experience of anxiety, which then serves to intensify the teen's social problems."<sup>9</sup> CBT can be delivered in a variety of ways: individual, family, group, or even family *and* group. The advantage of group CBT is that individuals with ASD learn that others are struggling with the same issues, and they begin to overcome them together. Friendships and social support gained through this process may be healing in themselves.<sup>10</sup>

The advantage of family CBT is that it involves parents, educating them about their child's challenges and teaching them to encourage use of CBT techniques when real life situations confront their child. This can make them feel more hopeful and confident in their ability to contribute to positive change in their child's life.<sup>10</sup>

Researchers have found that one issue that can be particularly tough for parents of children with ASD is how much to shield or protect them from potentially negative experiences. The children often have a history of emotional and behavioral challenges and of real and painful failures in the world. Parents are reluctant to expose their child to any more failure, and may unwittingly limit exposure to experiences that are necessary to help the child become more independent and less anxious.

## **Autism Behavior Problems**

### **What's Triggering Your Child's Outbursts?**

#### **FIGURING OUT YOUR CHILD'S NEEDS**

There's been a lot of research about how people with autism lack a so-called theory of mind—they don't understand that you are a different person with different needs than theirs. That may be true, but teachers, parents, and specialists are often just as lacking their understanding of what might be called the child's theory of sensation and perception.

You don't "get" why she experiences a flickering light bulb as a bolt of lightning, a doorbell ringing as the sound of a thousand church bells. You don't appreciate why a child might need to tap his foot and run around the classroom to keep from falling out of his chair. And you don't grasp how yogurt, because of its smoothness, may be one of the only foods that doesn't make your daughter feel like she has a mouthful of pebbles.

Your child may have as hard a time figuring out your needs as you have figuring out hers. She may not notice that today is a bad one for you, and so try to be less needy. He may talk endlessly because he can't read your cues of boredom.

#### **SEARCH FOR THE HIDDEN MEANING**

Many of your child's behaviors may not make obvious sense—they don't seem to serve any clear purpose. But your child doesn't smear poop all over the walls "on purpose" to make you cry or get angry. Assume for a minute that "crazy" behaviors like this do make some sense, that your child is sending you coded messages about things that are important to him—and your job is to break the code so you can "read" the messages. By paying attention differently to these actions, you may be able to notice clues you didn't see before, and find a more effective way to help your child. Taking this approach will also help you respond more carefully to these "bizarre" behaviors, so you don't inadvertently reinforce them by rewarding your child for activities that drive you up the wall.

The first thing to do is to start recording these outbursts and stunts the way an anthropologist might record the actions of a newly discovered native people. Suspend your judgments, what you think you know. What time do these events most often happen? Does the same thing often happen first? Perhaps he's more likely to have outbursts on pizza day in the school cafeteria, or after you've just turned on the lights because it's getting dark outside. Maybe it only happens when you turn on the fluorescent light in the kitchen. Many behaviors are set off or triggered by an event. Just as you might suddenly feel hungry as you walk past a bakery, there are "setting events" in your child's life—the things that "set off" difficult behaviors. You can use a diary or log to try to identify these setting events for some of your child's most difficult behaviors.

Instead of looking at the behavior as "bad," look for how the context, or environment, is out of synch with your child, and explore what you can do about it.

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### EXTERNAL ENVIRONMENT

Some things in your child's surroundings are changeable and some are not. Sometimes the problem is a well-meant gesture that's actually counterproductive, like a teacher popping a candy in your daughter's mouth to keep her quiet, unintentionally rewarding her for being loud in class.

Sometimes just figuring out what the problem is can help you do something about it. Your refrigerator will always make humming noises, but if you realize that sound is distracting your hearing-sensitive son, you can help him set up a quiet spot to do homework.

Sometimes you will find a mismatch between what's expected of your child and what she can actually do.



#### Sensory stimulation

Your child may respond with disruptive behavior if he's being overwhelmed by too much sensory information. Jimmy is a bright boy with a lot of energy for learning. But he has a classmate who cries for hours each day. The sound and the emotional weight of that crying pushes Jimmy over the edge and makes it very difficult for him to concentrate and learn. His mother has realized this and is trying to switch him into a classroom that will be less disruptive.

#### Social triggers

Maybe your daughter realizes she has no friends, so recess time is particularly tough for her. Talking to the teacher and even her classmates might make a difference. Tell them what your daughter's problems are and enlist their help. Yes, kids can be cruel to one another but they can also be phenomenally open and accepting. Reach out to their better natures. Don't assume they should know how to behave around your child, but teach them how and you may be astounded by how supportive her peers become.

#### Communication problems

Maybe your son is frustrated because he can't communicate—about either the bad reflux that's hurting his throat, or the question he'd like to answer on the blackboard. Using pictures, sign language, or a keyboard instead of talking might help. Here's where experimentation and a great teacher can make all the difference.

#### Interests

Maybe your child tunes out because the teacher or the material isn't engaging. If your son's preschool class is spending the year talking about dinosaurs and he's obsessed with machines, maybe the teacher can steer the topic a bit in his direction, spending some class time talking about the machines used to study dinosaurs or dig up their bones.



Continued on page 5.



## BEHAVIOR PROBLEMS CONTINUED...

### INTERNAL ENVIRONMENT

Here are some of the places to look for clues when hunting for internal triggers of behavior problems.

**Sources of pain:** Look aggressively for all possible sources of pain, such as teeth, reflux, gut, broken bones, cuts and splinters, infections, abscesses, sprains, and bruises. Any behaviors that seem to be localized might indicate pain. If he always likes to sit curled up in a ball, for instance, or drapes his belly over the arm of the couch, that might be because his stomach is hurting.

**Seizures:** Some behaviors, especially those that seem particularly odd, unmotivated, abrupt, or out of nowhere, may be due to seizures. If you are concerned about this, keep a very careful record of what you observe, see if your child's teachers and therapists have similar observations, and discuss it with your doctor.

**Food allergies and sensitivities:** Try to identify any food allergies or sensitivities that might be bothering your child. Diarrhea within a few hours of eating a particular food could certainly indicate an allergy; so can red, flushed cheeks or ears. Many people report that their child's flapping or repetitive behaviors go away when they cut out certain foods. An elimination diet can show you for certain whether specific foods trigger pain or unusual behaviors.

**Fatigue, hunger, or thirst:** As with anyone, being hungry, tired, or thirsty can make your child cranky. Poor sleep or coming down with a cold could easily explain unusual behavior. A chronic illness or low-grade infection could make her irritable. If your child has a pattern of crankiness at a certain time of day, try offering a piece of fruit at that hour to see if it makes a difference.

**Emotions:** Sorrow, anger, fear, and anxiety can also have an impact on behavior. Parents who are going through a divorce, a health crisis, a job change, or a move might think they're handling everything and there's no reason for their child to be concerned. But if you're stressed about something, chances are your child will be, too—particularly if he's powerless to do anything about it, or even communicate his concerns.

**Coordination problems** can contribute to stress and behavior issues. As anyone who's ever been picked last or near last for a team knows, grade school gym class can be stressful. If your child has trouble undoing buttons or zippers, the short time allotted for locker room changes or bathroom breaks can add tremendous stress. When you walk awkwardly, negotiating a crowded hallway between classes can be stressful.

As I hope you can appreciate by now, there are many things you can do once you look for ways to fix the context and not just the behaviors.

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### STABILIZATION, REGULATION, AND SENSORY BREAKS

Once you have addressed your child's physical needs, it's time to consider sensory and emotional regulation. Your child's sensory experiences are probably very different from your own. She is likely easily overwhelmed by information coming in through some senses, perhaps upset by loud noises, and isn't getting enough input from the senses responsible for self-awareness and regulation.

In school you learned about five senses: taste, smell, sound, sight, and touch. Two more senses are important to understand your child: the vestibular sense, which controls balance, and proprioception, or the sense of one's body in space. In many people with autism, some of the information from these senses is too much, too little, or distorted, leading to feelings of terror, pain, or disengagement.

To overcome the confusion, your child needs help stabilizing his senses. Author Judy Endow, an adult with autism, recommends sensory breaks—moments during the day when your child can fill sensory needs.

#### **What type of sensory break does your child need?**

Observe your child and see what they gravitate to when they do repetitive behaviors. That might give you some clues to what sensory activities help them regroup. Depending on your child's needs and strengths, a sensory break might include:

- spinning
- rocking
- doing push-ups against the wall
- rubbing something with texture
- wearing a weighted vest or blanket
- listening to music
- sucking through a straw
- chewing something crunchy
- taking a visual break in a quiet environment
- using an assistive technology



Exercise is also a great way to calm the nervous system and to teach physical self-control. Team sports that require advanced skill and social interactions probably aren't a good idea, but depending on your child's age, skills, and fears, going to the gym or the pool, rolling a ball across the floor, or heading out for a family walk or run can help reduce stress and feed sensory needs.

According to one study the benefit of proprioceptive information lasts for about two hours, so your child might need a sensory break like this approximately every two hours. Some children need to get stabilized much more frequently. Of course every child is different and their needs are likely to change daily. Judy talks about her need to get sensory information proactively—before there's a problem—and reactively, if there's something in the moment that's causing her stress.

One goal of therapy is for your child to develop enough self-awareness to know when they need to stabilize, self-regulate, and take a sensory break—and to know how to do these things. Then, regardless of their issues, they will manage better in the world.

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## This Airport Launched a New Room for Fliers With Autism

Written by Katherine La Grave

April 21, 2016



Airports are not the easiest of places: typically, there are crowds of passengers, long lines, [inevitable delays](#), overpriced food, and a whole host of other new and unfamiliar experiences. Recognizing that airports can be even more stressful for travelers on the autism spectrum, Delta Airlines collaborated with Hartsfield-Jackson Atlanta International Airport and [The Arc](#), an advocacy group for those with intellectual and developmental disabilities, to open the airport's first multi-sensory room for customers on the spectrum.

The room, which opened on April 12 as part of National Autism Awareness Month, is located in the airport's F Concourse. It has a mini ball pit, bubbling water sculpture, tactile activity panel, and other items children can interact with to help calm, prepare, and better acclimate them for the air travel experience. Delta First Officer Erich Riese, who has a nine-year-old son on the spectrum, shared tips for parents on [the airline's website](#), including preparing children for the upcoming trip by routinely reminding them of it, packing a small [carry-on bag](#) with familiar items from home, booking a [window seat](#) near the front of the aircraft, and boarding last to minimize the time spent on the plane. "When my son was born, I couldn't wait for him to be old enough to travel with me," says Riese. "When doctors diagnosed him with autism, we looked at his diagnosis as a positive. Instead of traveling less, we traveled more...The key is to simplify, simplify, simplify."

Delta, which also has monthly [pilot-led airport tours](#) in Atlanta and Minneapolis-St. Paul for families who have children with autism, is not alone in its efforts to make traveling easier. United Airlines, American Airlines, Alaska Airlines, Allegiant Air, and other carriers routinely partner with the Transportation Security Administration and airports across the country to host "Wings for Autism" events, airport "rehearsals" specially designed for individuals with autism spectrum disorders, their families, and aviation professionals. Other airports around the world—including [Manchester](#) and [Newcastle](#), in the U.K.—have special programs to fast-track children with autism through security.



## Challenging Behaviors Tool Kit

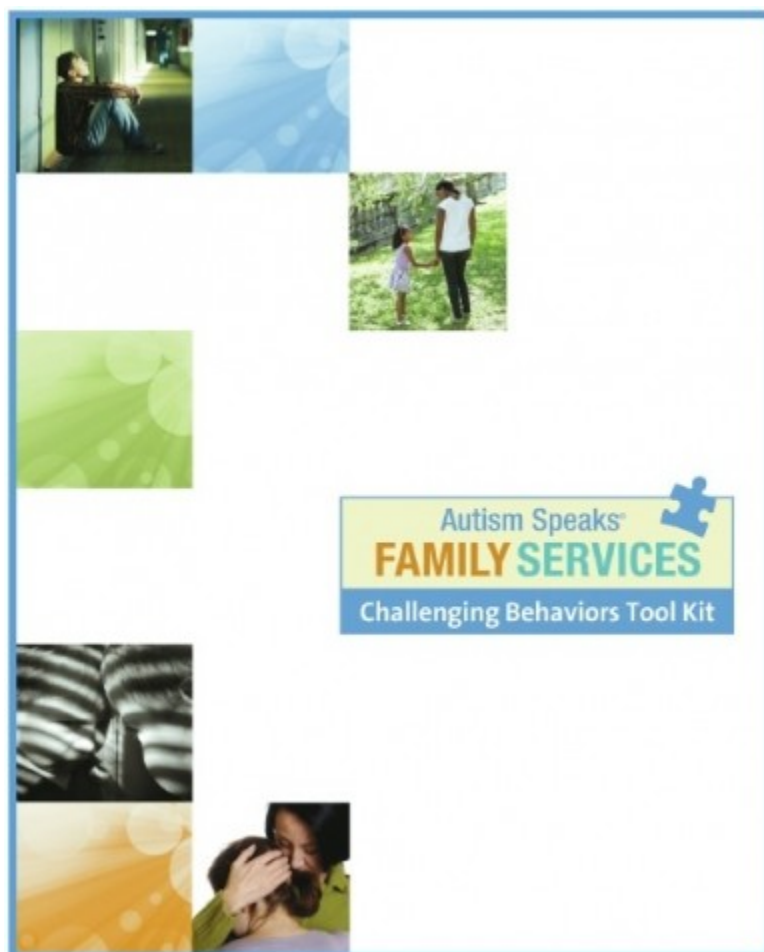
Sometimes the difficulties of autism can lead to behaviors that are quite challenging for us to understand and address. Most individuals with autism will display challenging behaviors of some sort at some point in their lives. Autism Speaks has created this Challenging Behaviors Tool Kit to provide you with strategies and resources to address these behaviors, and to help support you and your loved one with autism during these difficult situations.

The guiding principle used in developing this kit is that each individual with autism and his family should feel safe and supported, and live a healthy life filled with purpose, dignity, choices, and happiness. With this in mind, positive approaches and suggestions are highlighted throughout the kit. The general framework and intervention principles included are relevant at any stage of life, and we have included basic background information, with links to further information and resources on a variety of topics.

<https://www.autismspeaks.org/family-services/tool-kits/challenging-behaviors-tool-kit>

Some of the highlights from the Table of Contents:

- Why is Autism associated with Challenging and Aggressive Behaviors?
- Why is it important to do something about Challenging behaviors?
- Who can help? What is this idea of a Team?
- What are things to consider?
- What are Positive Strategies for Supporting Behavior Improvement?
- What Might I need to Know to Manage a Crisis Situation?
- Long term solutions: What if we just can't do this anymore?





# Hand In Hand Farm Summer Day Camp

Hand In Hand Farm near Lebanon will be offering several weeks of summer day camp this summer, 3-4 days per week, exact schedule to be determined.

Each day of camp, kids (kindergarten to high school seniors) help with cleaning stalls or other jobs, then do activities with horses. For kids that want to learn new skills, particularly those that are older and want job experience, they can work with volunteers on jobs like fencing, pruning trees, carpentry, or doing equipment maintenance.

Age 5 and under and some special needs kids may need to be accompanied by an adult while at camp, we determine this on a case-by-case basis. Everyone at the farm has a lot of experience working with people of different abilities and mixing many types of kids together in a peaceful and productive environment.

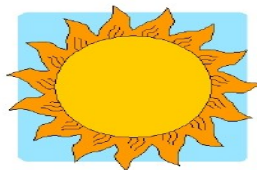
Camp starts at 9 in the morning, ends at 4 each night (we can flex times for working parents!). Campers should bring a lunch that does not need to be refrigerated or reheated; a water bottle, and wear long pants and solid-toed shoes (boots if they have them), and dress in layers for cool mornings and warm afternoons. Many activities can be done out of direct sunlight but are in an uncooled space.

This camp is free, however, people are welcome to make donations or help in other ways.

Prospective campers and their parents will need to visit the farm for a tour and orientation prior to enrolling to make sure our camp is a fit. We expect the camp to fill up very quickly, so people should schedule a tour as soon as possible. We can be contacted through our website at [www.handinhandfarm.org](http://www.handinhandfarm.org), by email at [staff@handinhandfarm.org](mailto:staff@handinhandfarm.org), or by phone, 541-451-1243.



Summer  
Fun



## 5 POINT SCALES

### 5 Point Scales

\*[\*The Incredible 5 Point Scale\*](#) is used to assist students in becoming aware of their emotions, such as anger or pain, and the stage or level of the emotion. The scale can be used with a variety of students but can be particularly affective for students with Asperger's and Autism Spectrum Disorder. One to one instruction is suggested as the best way to introduce this strategy. Using the scale, the student rates his emotions or status of a condition or state. Possible areas of focus may include: [anger](#), [worry](#), anxiety, [voice level](#), body space, etc. This then allows the student to (a) provide information to the teacher about how he is feeling, (b) become more effective in managing his thinking process, and (c) implement the desired behavior as a proactive approach. Giving a number instead of trying to describe or name an emotion helps students think efficiently in order to make good decisions in a variety of situations.

Authors Buron and Curtis (2003) suggest pairing the scale with a story or narrative to provide additional information about using the scale.

The following steps may be used when implementing a 5-Point Scale with a student:

**1. Choose the target behavior.** Any kind of behavior or status can be a target behavior if rating the level or status of the behavior enhances adaptability. Anxiety or other feeling that usually result in problem behaviors may also be also targeted for rating.






**2. Decide on the content for each scale point associated with the target behavior.** In the Incredible 5 Point Scale, each of the 5 stages represents the level or magnitude Of the target behavior.

**3. Develop a story or visual cue for the story if necessary.** The story or visual cue should be developed carefully based on the student's interest or level of understanding. It should explain how the scale is to be used.

**4. Introduce the scale to the student.** To use the scale successfully the student must learn how to discriminate and identify each stage.

**5. Practice the scale with the student, revising it if necessary.** Peers who understand the student can support he as she practices the appropriate behavior or interaction by using the scale. Adults, including Parents, Teachers, or other, in the setting, can help by using the scale with the student in various situations.

\*Buron, K. D., & Curtis, M. (2003). The incredible 5-point scale: Assisting students with autism spectrum disorders in understanding social interactions and controlling their emotions responses. Shawnee Mission, KS: Autism Asperger Publishing Company.

5		<b>Angry</b> I've lost control. I'm not listening Anymore. I could hit, kick or bite. I need a quiet place to calm down.
4		<b>Overwhelmed</b> Everything is too hard. I'm losing control and need to leave the environment I'm in. Give me space
3		<b>Frustrated</b> I'm not getting it. I'm showing signs of stress I should take a break now.
2		<b>Anxious</b> Trying to stay focused, but having a hard time staying on task Use calming strategies now
1		<b>Happy</b> Ready and willing to Work

## **The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children**

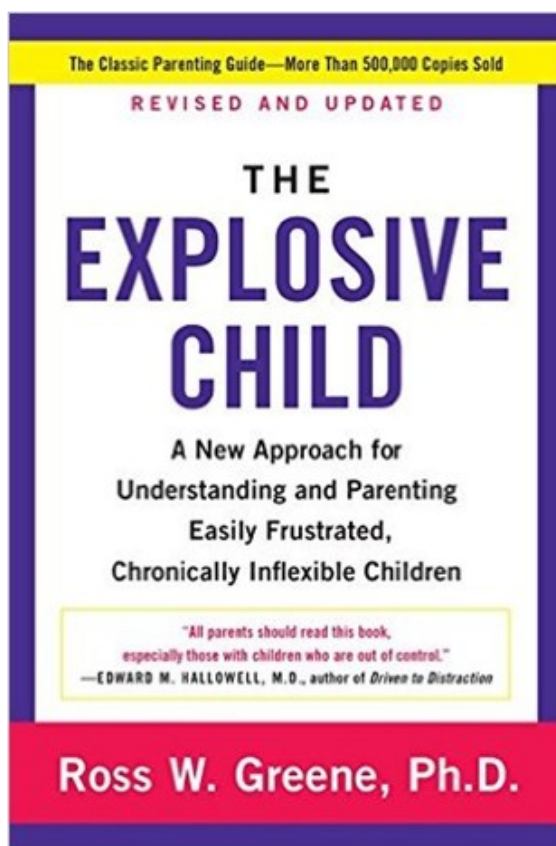
by Ross W. Greene

Screaming, swearing, crying, hitting, kicking, spitting, biting...these are some of the challenging behaviors we see in kids who are having difficulty meeting our expectations. These behaviors often leave parents feeling frustrated, angry, overwhelmed, and desperate for answers. In this fully revised and updated book, Dr. Ross Greene helps you understand why and when your child does these things and how to respond in ways that are nonpunitive, nonadversarial, humane, and effective.

Dr. Greene describes how best to:

- Understand the factors that contribute to challenging episodes.
- Identify the specific situations in which challenging episodes are likely to occur.
- Reduce or eliminate challenging episodes by solving the problems that cause them.
- Solve problems collaboratively (rather than unilaterally) and proactively (rather than reactively).
- Help your child develop the skills to be more flexible, solve problems, and handle frustration more adaptively.
- Reduce hostility and antagonism between you and your child.

With Dr. Greene's practical, expert guidance, you and your child will forge a new relationship based on communication and mutual respect.





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

**Autism Consultants:**

Skye McCloud- skye.mccloud@lblead.k12.or.us  
541-812-2663

Sue Taylor- sue.taylor@lblead.k12.or.us  
541-812-2676

Melissa Bermel- melissa.bermel@lblead.k12.or.us  
541-812-2773

Amanda Stenberg- amanda.stenberg@lblead.k12.or.us  
541-812-2676

Scott Bradley- scott.bradley@lblead.k12.or.us  
541-812-2677

Michelle Neilson- michelle.neilson@lblead.k12.or.us  
541-812-2678

**VISUALS**

## How I Feel

