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May 2018

Volume 6, Issue 9

Autism Agenda



Linn Benton Lincoln ESD-Cascade Regional Autism Program

New Information About Why Early Intervention is Key for Children with Autism Spectrum Disorder

By Lauren Lowry Clinical Staff Writer and Hanen SLP

If you have a child with autism spectrum disorder (ASD), or if you work with this population of children, you've likely heard the term **early intervention**. It's almost impossible to read anything about ASD without hearing this catchphrase.

So what's the big deal about early intervention? Why is it so important to start helping children with ASD as early as possible?

Well, researchers have been working hard to find signs that let us identify children earlier and earlier. And now that children are receiving diagnoses earlier, we are able to follow their language development from a young age and track their progress. This means that we can see patterns in their development and notice time periods when children tend to make the most improvements in their language skills.

TWO RECENT STUDIES TRACK YOUNG CHILDREN'S LANGUAGE DEVELOPMENT

Two groups of researchers recently tracked the language skills of young children with ASD and compared them to their later abilities:

- Jessica Mayo and her colleagues from the University of Connecticut looked at 119 children with ASD between the ages of 16 and 30 months [1]. They compared the timing of children's first words with their abilities two years later. They considered a word to be a "first word" if it was a word other than "mama" or "dada" that was used in a meaningful, consistent way to send a message to someone (they did not include words that children could imitate but not say on their own).

These researchers found that **children who spoke their first words earlier tended to have better abilities later in childhood**. And, in particular, children who acquired their first words by 24 months tended to have stronger language and cognitive skills later on than children who didn't meet this milestone. However, even after 24 months, the earlier children acquired first words, the better their progress was.

- Andrew Pickles and his colleagues followed 192 children with ASD from the time they were 2 years old up until they were 19 years old [2]. They looked for patterns in children's language development and noticed several interesting things:

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EARLY INTERVENTION IS KEY CONTINUED...

- All of the children improved between ages 2 and 19, **but their rate of improvement was quite varied before age 6** - some children started out with slow progress but made very good progress and surpassed other groups of children by age 6. Other groups of children had more stable progress over time.
- **After age 6, the children's progress was not varied**- children continued to make improvements after age 6, but they maintained their developmental path (did not surpass other groups' progress but stayed on a stable track over time).

What this means is that before age 6, children with ASD make the most changes in their language development. And if we want to have the biggest impact on a child's language development path, we need to start doing so before age 6 [2].

THE EARLIER, THE BETTER

The take-home message from these two studies is that the earlier children acquire language skills, the better their outcomes tend to be. Children who say their first words by 24 months tend to have better abilities later on, and children who show a lot of progress in their language development before age 6 tend to have better language skills as adults.

This does not mean that all progress stops as children get older. Children continue to grow and develop new skills. But this research shows that the key time frame for children to make the most gains in their language skills is when they are younger than 6. This means that the earlier we start helping children with their language development, the better.



HELPING CHILDREN EARLY

In order to help a child as early as possible, it's important to:

- **Seek help if you are concerned** – Mayo and her colleagues discourage what has been called the “wait and see” approach to language delay. If a child's language is behind, seek out an assessment by a speech language pathologist (SLP) as soon as possible to determine if help is needed.
- **Keep track of a child's communication skills** – SLPs rely on parents and other adults in a child's life to provide valuable information about a child's progress and skills at home. When a child starts to use words, notice if they are used to send a message to someone, or if the child is just playing with sounds or copying something he's heard. And notice the other ways a child communicates – with his eyes, hands, and body. Any information you can provide will help the SLP determine whether your child needs intervention.
- **Communication is about more than just words** – Mayo and her colleagues emphasize that while their study looked at children's first words, words should not be the only focus in intervention. There are several skills which promote children's outcomes that often develop well before words, and spoken words should only be the focus when a child is ready.

We need to give children the best kick-start we can so they have their best chance at good outcomes. In order to do this, we need to identify children early and provide them with help as soon as possible. Parents should listen to their gut and seek help if they are concerned about their child. Because the earlier a child receives help, the better.

<http://www.hanen.org/Helpful-Info/Articles/New-information-about-why-early-intervention-is-key.aspx>



New blood test predicts autism with 92 percent accuracy

By Ana Sandoiu

Researchers led by those from Warwick University in the United Kingdom have developed a diagnosis test for autism that may predict it with an unprecedented level of accuracy.

Autism spectrum disorder (ASD) is a condition that impacts cognition, behavior, and social interaction.

The Centers for Disease Control and Prevention (CDC) estimate that 1 in 68 children have ASD. Given its developmental nature, ASD may have an early onset, but it typically takes a while for the first symptoms to appear. As such, early diagnosis is not usually possible.

Therefore, a chemistry-based diagnosis test for the early detection of ASD may be crucial, enabling children to receive the care that they need much earlier on. Until now, no such test was available.

But an international team of researchers — led by Dr. Naila Rabbani, a reader of experimental systems biology at the University of Warwick — believes that it has designed tests that can accurately detect ASD-related protein changes in the blood and urine.

The findings were published in the journal *Molecular Autism*.



TESTS YIELD 92 PERCENT ACCURACY

Dr. Rabbani and her team collected and analyzed blood and urine samples from 38 children aged between 5 and 12 who had been diagnosed with ASD, as well as from 31 children who had not.

The researchers found chemical differences between children with ASD and neurotypical children — that is, children without ASD. Specifically, the scientists found an association between ASD and damage to some proteins found in the blood's plasma, or the fluid that carries white and red blood cells.

Of the several blood and urine tests that the scientists developed, the most accurate one found that children with ASD had higher levels of a compound called dityrosine and another class of compounds called advanced glycation end-products (AGEs).

Dityrosine is a marker of oxidation damage, and AGEs are the result of glycation, which is a process wherein sugars combine with amino acids, the "building blocks of proteins."

Dr. Rabbani and colleagues then fed this information into a computer algorithm, which resulted in a diagnostic test with 92 percent sensitivity. Sensitivity refers to the ability of a medical test to accurately identify people who have a disease.

WILL THE TEST LEAD TO EARLIER ASD DIAGNOSIS?

Dr. Rabbani comments on the significance of the findings, saying, "Our discovery could lead to earlier diagnosis and intervention. We hope the tests will also reveal new causative factors."

With further testing we may reveal specific plasma and urinary profiles or 'fingerprints' of compounds with damaging modifications."

Dr. Naila Rabbani

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"This may help us improve the diagnosis of ASD," she adds, "and point the way to new causes of ASD."

But Dr. Max Davie — an assistant officer for health promotion at the Royal College of Paediatrics and Child Health in the U.K. — has expressed skepticism about such a test, saying, "This is a promising area, however this is a very long way indeed from a 'test for autism.'"

He adds, "The analysis was derived from children whose ages averaged 7–8, so there is no data to indicate that very young children will have the same metabolic pattern and that the results found would be reproducible in infants."

"While we applaud the arrival of this interesting area of research," says Dr. Davie, "it is important that it is not adopted with too much enthusiasm." He cautions that applying the test to a large population may produce a large number of false positives, causing unnecessary worry.

<https://www.medicalnewstoday.com/articles/320962.php>

SOCIAL COMMUNICATION IN AUTISM

Social communication in autism, explained

by Lydia Denworth / 19 April 2018

Communication problems have always been considered a core feature of autism. Yet there are substantial and wide-ranging differences in how people with autism communicate. That reflects not only the inherent variability of the condition, but also the complexity of communication itself — encompassing the words we use, the order in which we use them, eye contact, facial expressions, gestures and other nonverbal cues.

Challenges in any of these areas can contribute to the social difficulties individuals on the spectrum experience.

What is social communication?

Social communication may seem like a redundant term. Communication is inherently social: It requires the ability to share — in an appropriate manner — what you feel or want to say, and also to understand and respond to what others are feeling or saying. In neurotypical people, communication disorders can include problems with language, but not with social interaction. People with autism, though, are particularly challenged by communicating in social contexts. Experts use the phrase ‘social communication’ to emphasize that fact.



When were social communication difficulties first recognized as part of autism?

When Leo Kanner wrote his first paper on autism in 1943, his descriptions of the children he had observed included many problems with social communication. He noted, for example, failure to make eye contact or respond to questions, and a tendency toward obsessive conversation. Since then, language and communication impairments have consistently been part of the concept of autism, but not always a separate criterion for diagnosis.

As researchers have learned more about how language develops in people with autism, perspectives have shifted, more than once, on how and whether to consider language and social interaction as separate or joint problems. For many decades, the focus was on individuals with severe autism, who may have few words, rarely initiate interactions and barely respond. Accordingly, an autism diagnosis called for a marked impairment in conversational abilities. But clinicians began to recognize that people with autism can have strong verbal skills. Initially, those people didn't appear to have any social communication problems either, but the past decade has shown that they are often regarded as 'awkward' in the way they communicate, and make more language errors than their typical peers. The latest thinking acknowledges that language is an integral part of social communication, and that social communication as a whole is a persistent problem for many people with autism.

Continued on page 5.

SOCIAL COMMUNICATION IN AUTISM

What sorts of problems with social communication are most common in people with autism?

Individuals on the spectrum have been shown to face challenges with a range of verbal and nonverbal skills, including grammar, the correct use of pronouns and responding when spoken to. Differences in some nonverbal aspects of communication, such as facial expressions and the tempo of speech, may account for what others perceive as 'awkwardness' in people with autism.

As with so many autism features, there is tremendous variability from one person to the next. Still, problems with two aspects of communication stand out: pragmatics and prosody.

What are pragmatics and prosody?

Pragmatics is the appropriate use of language in social situations. Examples include being able to stay on topic and take turns in a conversation, ask appropriate questions and use a tone of voice suitable for the setting (for instance, a quieter voice in a classroom versus a playground). Many autism therapies incorporate explicit training on these skills.

Prosody is the rhythm of speech and encompasses aspects of both verbal and nonverbal communication. Carried in the spoken words and the pauses in between, prosody has multiple functions. For one, it conveys pragmatic information. A rising tone, for instance, indicates a question. Prosody also communicates emotion. The question 'What do you mean?' can be positive, negative or neutral depending on how it's spoken; prosody is what alerts a listener to the difference.

Problems with prosody can vary. Some individuals speak in a monotone, whereas others exaggerate high and low pitches so dramatically that listeners find their speech unnatural.

Can problems with social communication exist outside autism?

In 2013, the "Diagnostic and Statistical Manual of Mental Disorders" (DSM-5) added a new diagnosis: social communication disorder (SCD). This condition shares many of the traits common among people with autism, such as difficulty responding to others, using gestures, staying on topic, and making and keeping friends. But individuals diagnosed with SCD do not show repetitive behaviors or restricted interests. Not all researchers agree, however, that SCD should be a separate diagnosis: They argue that there's not enough evidence that SCD is a valid and reliably distinct condition separate from autism.

Where is research on social communication headed?

Clinicians are working to improve therapy for pragmatics because it is broadly relevant to most people on the spectrum. A few researchers are focusing on identifying subtler problems with social communication that make interactions challenging even for individuals with strong language and cognitive skills. New acoustic analysis and motion-capture technologies are allowing for detailed measurement of vocal pitch, among other variables, and of minute movements that make up facial expressions.

Communication between people with and without autism is a two-way problem. Individuals on the spectrum may have communication challenges to address, but their typical peers and conversation partners could do more to meet them halfway by accepting differences in the way they express themselves.

<https://www.spectrumnews.org/news/social-communication-autism-explained/>





Change your life!

Rebuilding Your Self and Your Family

A practical guide for daily changes: For parents, couples, or individuals

This is a workshop style, discussion-based class series that teaches parents how to create a system of family discipline that really works. We will be addressing concerns of parents with all abilities and ages of children in this class, as well as those of couples or individuals without children that want to rebuild their lives. Support is available by phone and in person at the Hand In Hand Farm facility. See what we do at www.handinhandfarm.org.

Childcare is provided. Donations or other help are appreciated but not necessary for participation.

Curriculum Overview:

Week 1 : Introduction; Truth

Week 2 : Consistency

Week 3 : Create Simple Rules

Week 4 : Create Simple Rules (Continued)

Week 5 : Excuses

Week 6 : Talk and Think in a Supportive Manner

Week 7 : Sustained Performance

Week 8 : Self Esteem

Week 9 : Peaceful Environment; Schedule

Week 10 : Security

Week 11 : The Shell

Week 12 : Wisdom and Learning

We will not be offering another section of this course until September, so if you or your family is in need of a tune-up now, you'll want to attend this time! It's great if you can call and let us know you plan to attend, but if you want to just show up on April 24th, that's okay!



Tuesday Evenings 6 pm to 7:30 pm
April 24 - July 24 (Approximate end date)
Christ Community Lutheran Church
320 Market St. (Office Entrance)
Call 541-451-1243 for information

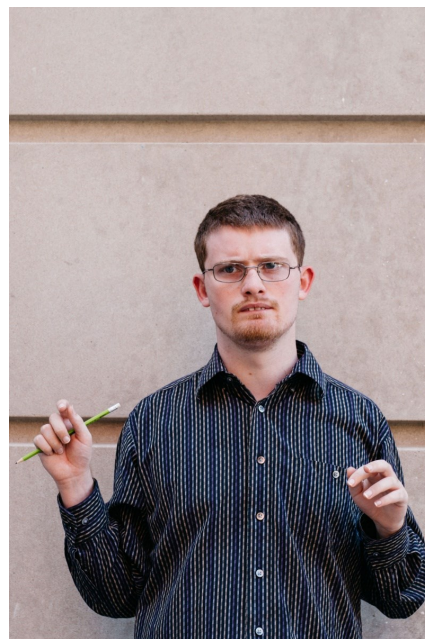


Q&A: What Real Inclusion for Nonspeaking Autistic People Means

Too often, the rights of nonspeaking autistic people are completely ignored. Rachele Tardi, senior program manager for the Open Society Community Youth Fellowship, speaks with DJ Savarese, a 2017 Youth Exchange/Human Rights Initiative Fellow, about building an inclusive world.

Deej, a documentary that follows you through high school and the very beginning of college, premiered this fall. What do you want the film to accomplish?

I want the film to dispel societal stereotypes and misunderstandings and to promote inclusion—in family, school, employment, and community—for all of us who communicate alternatively. I’ve estimated there are as many as 750,000 nonspeaking autistics in America. The dominant culture’s production of autism is not my experience of autism. As the film’s subject, narrator, and coproducer, I try to unearth the discrepancies between the outsider’s perspective and the nonspeaking autistic person’s private insights.



What does “inclusion” mean to you?

I think you’ll see that, for me, inclusion means having a voice in one’s life. Nonspeaking autistic people rarely—if ever—do. Instead, they’re usually stored away like unwanted furniture.

What is one of the more harmful stereotypes about nonspeaking autistic people?

Our silence makes some estimate us as incapable, and soon we are left out of anything meaningful. Before I learned to read and write, people thought I had no mind.

Reading and writing are rarely taught to nonspeaking autistics. Presumed incompetent and denied training in literacy and communication skills, most of us are segregated in separate classes—or schools—for kids with disabilities, denied basic human rights, and later housed in sheltered workshops, group homes, and larger residential placements.

Much of your work addresses problems with the education system. What inclusive practices would you like to see become more prevalent?

First of all, we need teacher training programs that actually instruct teachers, not in classroom management and discipline skills, but in literacy-based instruction for nonspeaking people and other neurodiverse learners.

We also need low-cost/high-yield accommodations that can be used in inclusive settings to allow each student access to the regular curriculum. By linking strategies with specific kinds of nonspeaking autistic learners, my website will help teachers and parents identify the most efficacious strategies for their particular student or child.

There also needs to be a broader sense of literacy and language and the tools used to convey meaning. Some learners need visual bridges, such as photos and pictures, to become literate. Others need to touch the words, physically placing words in sentences like pieces in a puzzle. Others need to sign or draw concepts and words in order to capture their meaning. Still others may require the musical sounds and patterns of poetry to lure them into language.

Each path to literacy is an equally worthwhile journey—no one better than the rest.

<https://www.opensocietyfoundations.org/voices/qa-what-real-inclusion-nonspeaking-autistic-people-means>

THE ART OF AUTISM

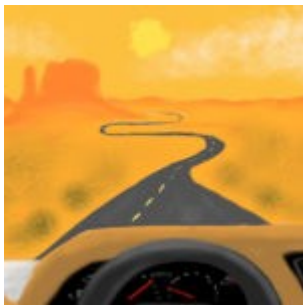
Connecting through the Arts

For Autism Acceptance in April, Art of Autism contributors across the United States explored digital art as a new medium using iPad Pro with Apple Pencil. What they created was amazing!

Over the last few weeks, participants have been creating new forms of art on iPad Pro. Though some had previous experience with iPad, most artists had not previously worked with Apple Pencil to create art. Through one-on-one sessions at Apple stores, drawing apps, and other support from Apple these artists gained confidence with the new method and learned how to maximize their creative potential. The participants have differing abilities, and are of different genders and ages ranging from 15 to 53.

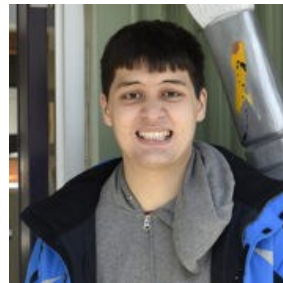
The Art of Autism is very excited to lead this series for artists of all abilities. We are grateful to Apple for their support and to the artists for sharing their art and insights. The Created on iPad art exhibit highlights the diversity of art and the creativity of many on the autism spectrum in visual art— and how technology can enhance their experience.

Below is a sample of some of the art that is on display at : <https://the-art-of-autism.com/created-on-ipad/>

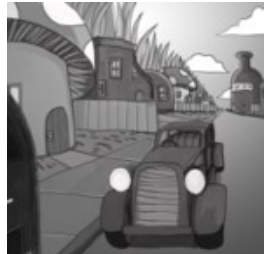
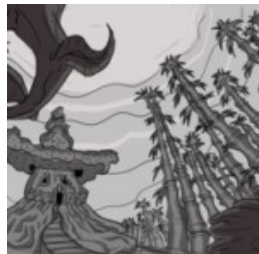
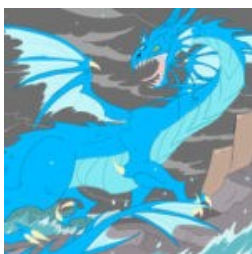


My name is Jalyn Bishop Weston. I am 15 and an artist from Sweetwater, TN. My hobbies include writing, drawing and even dabbing in extra-curricular forms of art like sculpting, oil painting and animating. I have not had any other experience with the iPad for creating art before. I really love how the Ipad Pro and Apple Pencil collaborate together. There is no limit as to what you can create with this pencil, and it frees up most of the limitations you would have if you made art with just a brush or any other drawing utensil.

David Idell, 24, resides in Thousand Oaks, CA. David has never had iPad Pro experience before and worked with Keri Bowers, co-founder of the Art of Autism on his creations. Though he uses few words to communicate, David's ability to express ideas, thoughts, and desires through art, mixing colors, including the fulfillment of paid commissions of pet portraiture, is uncanny.



Exceptional Minds is a non-profit and visual effects school and studio located in Sherman Oaks, CA, for young adults on the autism spectrum. The five artists who submitted their art from Exceptional Minds are Craig Hills, Dylan Carbonell, Micheal Shiu, Naseem Sabokpey, and Kate Jorgensen.



Autism Spectrum Disorder

2018 Autism Sleep Guide

Sleep can be difficult at times for anyone and everyone, but individuals with Autism Spectrum Disorder (ASD) are particularly vulnerable to having sleep issues. Both falling and staying asleep can prove troublesome for those on the spectrum.

In the recent years, researchers have been delving deeper into autism, gaining more insights about sleep's role in ASD. The latest research findings and insights of autism experts led to the creation of our 2018 Autism Sleep Guide.



How common are sleep problems in individuals with autism?

According to a study published in the *Journal of Pediatric Neurosciences*, children with ASD suffer from sleep problems significantly more than typically developing children. The study found that up to 80 percent of kids with ASD experience issues with sleep, compared to just 10 to 16 percent of kids in the general population.

What kind of sleep problems?

Parent reports recorded in a review by a doctorate-level practitioner indicated that insomnia was the most common sleep issue experienced by children with ASD – 56 percent of the study sample was affected by longer-than-average time trying to fall asleep and frequently waking up throughout the night.

Sleep apnea, a condition in which breathing repeatedly starts and stops, was also commonly seen in those with autism. Sleep apnea is characterized by a lack of oxygen to the brain. This can be particularly problematic for young children during such a critical period of brain development.

REM sleep is essential for the executive brain functions associated with learning and retaining memories. Scientists have found that, on average, individuals with ASD only spend about 15 percent of their sleep-time in REM sleep. To compare, typically developing children spend about 23 percent of sleep-time in REM sleep.

What are the implications of poor sleep?

Poor sleep can take its toll on anyone. For those with autism, poor sleep can aggravate certain characteristics associated with ASD, like repetitive behaviors. This increase in repetitive behaviors can then make it more difficult to fall asleep, perpetuating the poor sleep cycle.

Children on the spectrum often struggle with meltdowns and temper tantrums as well. Tossing and turning all night can negatively impact mood and ability to regulate emotions.

Are there any treatments for autism-related sleep issues?

The U.S. Food and Drug Administration has approved certain insomnia medications for adults on the spectrum, but strong pharmaceuticals aren't the best option for young children. Instead, research has shown that melatonin supplements can offer a safer alternative, though it's always best to consult with a pediatrician first.

In some cases, it can be as simple as establishing a routine: implement a specific order of activities leading up to bedtime. Other factors like temperature and lighting in the bedroom can also play a role.

In conclusion, better sleep won't cure ASD, but it can help ease the symptoms and behaviors that go hand-in-hand with autism.

Continued on page 9.

AUTISM SLEEP GUIDE CONTINUED....

Expert Tips for Helping a Child with Autism Get a Good Night's Sleep:

According to research and the decades-worth of experience of our Board Certified Behavior Analysts (BCBAs), there are a number of bedtime tips worth trying out with a child on the autism spectrum.

1. Avoid giving a child anything with caffeine or sugar before bedtime.
2. Avoid excessive liquids in the evenings.
3. Establish a bedtime routine with the activities that best help your child relax. Maybe it's bath time followed by reading a book in bed and lights off at 8 p.m. Different bedtime activities may work better for different children, but it's important to establish a routine and stick with it.
4. Encourage relaxation with soft music, reading a book, or a back rub.
5. At least an hour before bedtime, unplug from all stimulating activities like video games or television.
6. Stay consistent with nap time during the day and wake time in the morning.
7. Make sure exercise is incorporated into the child's daily routine. The more energy is spent during the day, the easier it will be to fall asleep.
8. Make sure room temperature and lighting are at comfortable levels.
9. Reduce the chance of sensory distractions: get thick curtains to block out light, take care of creaky doors, and install carpeting in areas the child can hear people walking around.
10. Talk to a pediatrician about melatonin supplements if natural nighttime remedies don't seem to be making a difference.

<http://www.actionbehavior.com/category/autism-spectrum-disorder/>

A SPECIAL THANK YOU!

"Thank You" **Philomath School District, Russ and Dawn McUne and all of the community resources** who hosted a table at our "Knowledge Builds Hope" Autism Resource event 2018. If you missed it, here is a resource list:

1. Door Step Dental Hygiene, LLC: Ann Ossinger doorstepdh@gmail.com
2. Benton County Developmental Diversity Program: www.co.benton.or.us
3. Hand In Hand Farm, Inc. : Athena Perry staff@handinhandfarm.org
4. LBL ESD Cascade Regional Program Autism & Augmentative Communication staff 541-812-2600
5. Autism & Special Needs Furniture : Jeff Wille & Family RobbBokich@yahoo.com
6. Vocational Rehabilitation: Department of Human Services: Jordan D. Meekins jordan.meekins@dhsosha.state.or.us
7. Corvallis Children's Therapy: Pam Hood Szivek & Ravi Sinha pam@corvallischildrenstherapy.com
8. Mentor Oregon Mid Valley Brokerage: Anne Crites anne.crites@thementornetwork.com
9. Special Olympics-Benton County: Laurie Eck bentoncountysos@gmail.com
10. Special Education Advisory Committee at Philomath School District : philomath.SEAC@philomath.k12.or.us
11. Oregon Family Support Network : Lisa Pattieshaw lisap@ofsn.net
12. Creating Opportunities: Allison Carter staff@creatingops.org
13. Therapy Dog Trainer : Anne Minnich annellama@gmail.com
14. FACT Oregon : Cori Mielke Cori@factoregon.org
15. Resource Connections of Oregon : Sunny Farley sfarley@rcoregon.org
16. Autism Society of Oregon: <http://autismsocietyoregon.org/>

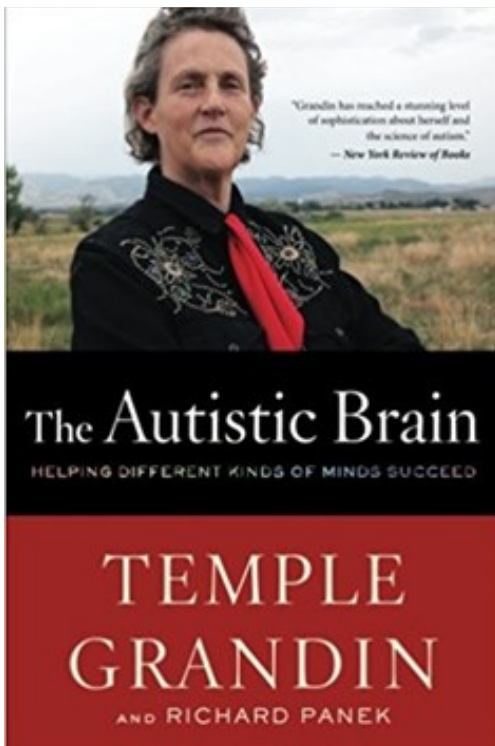
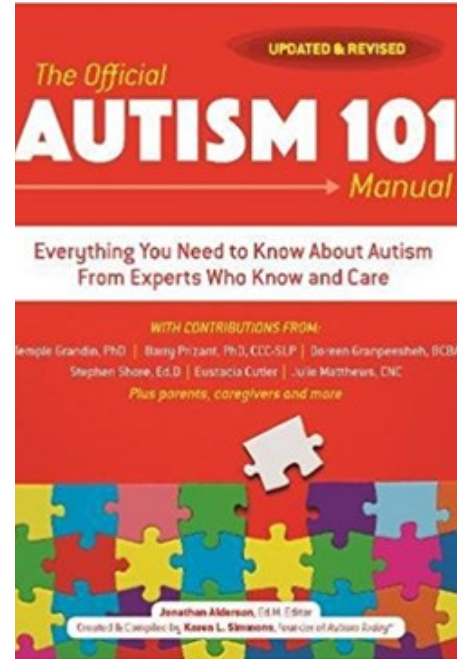


The Official Autism 101 Manual:

Everything You Need to Know About Autism From Experts Who Know and Care (3rd edition)

compiled by Karen L. Simmons

The Official Autism 101 Manual is a highly comprehensive book written on the subject of autism. Parents and professionals rave that this is the ultimate resource for understanding and responding to autism. When you need answers to your questions about early diagnosis, therapies, the buzz about vaccinations, social skills, self-esteem, planning for the future, coping skills, music therapy, or solving reading problems, this master collection gives you practical and proven answers. Chapters include 1) What is Autism Spectrum Disorder, 2) Historical Perspectives on Autism, 3) Emotionally Coping with a Child's Diagnosis, 4) First Steps After Diagnosis, 5) Treatments, Therapies and Methodologies, 6) Helping Children with ASD Gain Social Skills, 7) Positive Tools to Build Self-Esteem, 8) Exceptional Intelligence and Measuring IQ, 9) Guiding Adolescence and Adults with ASD, and 10) Supporting Significant Others Emotionally. With forty-four contributors, such as Temple Grandin, Bernard Rimland, Pat Wyman, Tony Attwood, Darold Treffert, Jed Baker, and more, you learn from dozens of caring experts and supporters who bring you the best the autism community has to offer.



The Autistic Brain: Helping Different Kinds of Minds Succeed

by Temple Grandin

Weaving her own experience with autism with remarkable new discoveries, Grandin introduces the advances in neuroimaging and genetic research that link brain science to behavior, even sharing her own brain scan to show which anomalies might explain common symptoms. Most excitingly, she argues that raising and educating kids on the autism spectrum must focus on their long-overlooked strengths to foster their unique contributions. *The Autistic Brain* brings Grandin's singular perspective into the heart of the autism revolution.

"[Grandin's] most insightful work to date . . . *The Autistic Brain* is something anyone could benefit from reading, and I recommend it to anyone with a personal or professional connection to autism or neurological difference."—John Elder Robison, author of *Look Me in the Eye*



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VISUALS

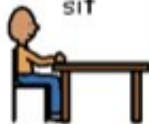
Good Behavior



nice hands



sit



listen



work



work



follow
schedule



Bad Behavior



hit



bite



yell



swear



yell loud



whine



theautismhelper.com