



BBB AUTISM SUPPORT NETWORK

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**BBB AUTISM SUPPORT NETWORK/  
AUTISM SOCIETY ONTARIO  
(YORK REGION CHAPTER)**

Autism Society

Ontario

**PRESENT**

**THE E-NEWS**

[http://www.bbbautism.com/about\\_bbb.htm](http://www.bbbautism.com/about_bbb.htm)

**VOLUME 4; ISSUE 4**

**APRIL 3, 2002**

**EVERYDAY TIPS ON EVERYDAY  
ISSUES (Part Two)**

**Hi Everyone**

Welcome to Part Two of Everyday Tips on Everyday Issues.

The first thing you will notice is the change in format. To save download time for subscribers, and hopefully to avoid the delivery problems I had with the last issue, this issue was sent as two links: one to a web page and one in PDF format for those who prefer a printable version.

Sometimes, it takes hearing something a few times for it to really sink in. I have taken quite a few ABA courses over the years, and always come back with a great deal of information, but last year, one of my son's therapists said to me; "you should only be making requests of J once. Ask him to come here, if he doesn't, bring him to you and say: 'This is come here.' **DING**, suddenly, an epiphany occurred! I started doing this on a regular basis. Instead of asking the same thing 20 times, I now ask once, then model it. Miraculously, it works (okay, sometimes we *both* backslide, but rarely these days) and I find that J generalizes things much faster now. Try applying that rule to everyday situations. You may be surprised how well it will work for you!

**A REQUEST FROM BBB AUTISM SUPPORT NETWORK**

I am currently working on a project in which I'd like to include parent opinions of various autism therapies. I am looking for a paragraph description, hopefully with costs (and date you enquired or utilized the therapy). Please include if you had to pay incidental costs like accommodation, or travel etc.

Some examples might be: Son Rise-OPTIONS INSTITUTE, secretin, Hippotherapy, Floor Time, Irlen Lenses, Facilitated Communication, Chelation, GFCF Diet, DAN Protocol, Pivotal Response Training, Verbal Behavior, AIT, ABA/IBI, Music Therapy, Speech, Occupational and whatever else you may have experience with.

This information will be de-identified and used in a presentation to parents, and perhaps a future issue of the E-News. It is not meant to be used in any negative manner, just to impart information.

I would truly appreciate any help you could give me on this!



(PS. This also works well with typically developing kids. If they don't come for supper after the first time you call, go get 'em!)

I feel compelled to reiterate the below disclaimer from Part one. It's important to note that:

Some tips may seem unconventional, particularly if you have a fairly recent diagnosis. Please keep in mind we are not **endorsing** any particular strategy, just passing along some hints from others. Also remember some contributors are dealing with adolescents, teenagers and adults. **Never** try anything that doesn't sit right with you or interferes with your philosophy or ethics. Never do anything that could potentially harm your child. If in doubt, contact your physician especially with respect to issues like medications, supplements (herbals included) and sleep. Remember, we are not physicians the following is not to be construed as medical advice. *Phew!*

Once again, I am in the debt of our wonderful contributors. Thanks to everyone who helped out! ☺

**THIS ISSUE INCLUDES TIPS ON:**

1. **Nail Clipping**
2. **Eating in Restaurants**
3. **Sleep (or lack thereof)**
4. **Going to the Mall**
5. **Oral Hygiene**
6. **Picky Eaters**
7. **Washing/Bathing**



**Bee Cool,**

**Liz**

[http://www.bbbautism.com/about\\_bbb.htm](http://www.bbbautism.com/about_bbb.htm)

**Some sad news from ASO York...**

Joseph Perks, 16, son of Chapter Members Bill and Lynda Perks, passed away suddenly at home on Thursday March 28th.

Joseph greatly enjoyed his summers at ASK Camp with his supporters and friends, and will be sadly missed at camp, our chapter's meetings and our family social events.

Contact us by clicking on the BEEmail icon:



*Please note: Our children our precious to us. We always substitute their real names for an initial (unless otherwise requested). Additionally, we never include last names of contributors (or any personal information) without permission.*

We are not physicians. Real parents sent in these contributions. *If you have any trouble opening graphics or have any other questions, please let me know by email: <mailto:liz@deaknet.com>*

**TOPICS WE COVERED IN PART ONE INCLUDED:**

1. Haircuts
2. Family Gatherings
3. Going to the Movies
4. Taking Medications
5. Toileting

*Email me for the link today!*

**TOPICS COMING IN PART THREE WILL INCLUDE:**

1. *Mouthing*
2. *Safety in (and out of) the Home*
3. *Going to the Doctor*
4. *Visiting the Dentist*
5. *Promoting Self Help Skills*
6. *Riding in the Car*

**There's still time to submit your strategies for upcoming issues. If you have ways of dealing with any of the above issues (or any not mentioned) please email me.**





Friends will be received at Scott Funeral Home 'Woodbridge Chapel', 7776 Kipling Ave., Woodbridge (at Highway #7) on Sunday, March 31st, from 3 – 5 p.m. and 7 - 9 p.m. Funeral service to be held at Scott Funeral Home on Monday, April 1st, at 1:00 p.m.

In Joseph's memory, the family has requested donations be made to:  
Autism Society Ontario ASK Camp  
11181 Yonge Street # 211  
Richmond Hill ON L4S 1L2

Please keep Joseph and his family in your thoughts and prayers.

### **GENEVA CENTRE FOR AUTISM INTERNATIONAL SYMPOSIUM 2002**

Dear friends,

Geneva Centre International Symposium is scheduled for **October 23, 24, 25, 2002** at the Metro Toronto Convention Centre. The Symposium 2002 brochure has been mailed out and is also available on our website.

This year you have the option to register on-line. Also, for the first time, delegates from around the world can access the presentations of the International Symposium 2002 right at home live through the Internet. We will be web casting 8 presentations. For more information and/or to register, please visit our website at [www.autism.net](http://www.autism.net).

### **UPCOMING:**

*April Autism Media Events from Autism Research Institute:*

*Tentatively Scheduled:*

- ❖ **April 5** -- *Dateline (CBS)*
- ❖ **April 15** -- *Karyn Seroussi on NBC's Today Show*
- ❖ **April or May** issue of *People Magazine*

*If you would like additional information about autism, please write to us at: ARI, 4182 Adams Avenue, San Diego, CA 92116, USA or send a fax to: 619-563-6840. ARI does not have an email address.*

### **Nail Clipping Tips by Becca**

- \* It's a good idea to do the nail clipping when you are relaxed and focused. Its also good if the child is in a more relaxed frame... for example watching T.V. Or (I kid you not) in bed whilst the child is sleeping. After a bath is great too.
- \* Two people are essential for a child with problems adjusting to nail clipping procedures. One to hold and comfort. The other to concentrate and focus. With C we had to deal with toenails curling inward that were tiny and toenail clipping phobia so it was quite a challenge but possible with two people involved. I know this isn't always possible but perhaps deliberately saving nail cutting to a family visit or asking a friend to help would be better than the alternative.
- \* Make sure the clippers are nice and sharp and exactly the right size for the particular toe... there are



clippers on the market from itty bitty to massively large size. Having appropriately fitting nail clippers makes a very huge difference in the procedure.

**By Sonya**

With my kids, I would cut just one nail every single day as part of their routine (ie after baths). It took about 6 months, but by doing this every single day, it slowly desensitized them to the feeling and it wasn't torture for either of you because you only did one nail. Now, we just cut the nails when they need it, but it did take about six months to get to this point.

**By Cindi**

I found that A was ok with fingernail clipping (he watches TV while I clip), but his toes were very sensitive. I put his foot on a pillow while I clip, to give it support without me having to hold his foot in my hand. His toes are still ticklish, but the firm support of the pillow helps compensate.

**By Connie**

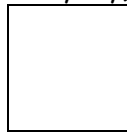
In order to cut my child's nails I must promise to let him hold the nails in his hands after I clip them off, he hates to throw them out later but it keeps him still while I cut. I have no idea why this works.

**By Dawn**

Be sure to keep it short and sweet. Do 1 finger nail a day and 1 toe nail a day if necessary and then begin to add fingers slowly over time. Be sure to have a huge reinforcing toy/edible right beside your child in his/her view and reinforce immediately after cutting nail. If you child uses PECS, try using a first/then board...first (PCS of nail cutting) then (toy or edible).

**For Toenails - by Mary**

We give a deep pressure massage through the socks. Then quickly slip off the sock and trim the nails. Pull that sock back on and do the other foot. This works best (for B anyway) after a long hot bath when he is



relaxed and his nail are soft. Works great for fingernails too.

**By Dana**

Cut nails after the bath while they are still wet, this works for many AS kids.

**Sleeping issues - By Cenza**

D goes in spurts of good sleep and no sleep. She can go days and days on absolutely no sleep. On the advise of a professional who was with us at the very beginning we put a lock on her door. I know to some this is unconventional and only used on those nights when it is absolutely necessary for the rest of us to get some rest - but she has a basket of books, toys, etc she is safe and she is welcome to



play quietly but cannot come out. If we do have to resort to locking her in - we do takes turns checking her frequently but it was something we deemed totally necessary when she did not sleep and it was a huge issue. In the meantime, bedtime ritual and routine is the same - the exact same every night - no exceptions - company/no company - Christmas Eve/Friday night - every night is the same for her and her sister. Me, my husband, my parents and our babysitter are very aware that this is one area I deem very important and I have trained everyone to do the same. The only exception is when we're at a hotel or on holidays - but at my mom's or home it's always the same. If we stay at a hotel for a holiday the day we're home we're back on track.

### By Bev

I got this "recipe" off of another mom who goes to the same DAN dr. we go to (he apparently recommended this mixture).

The mom says it works like a sedative for her sons, so thought I'd share it with you in the hopes it might help others enter sleepyland.

Add to bath:

- 1 cup Epsom salts
- 1 cup baking soda
- 2 drops lavender oil

### By Khris

keep a regular bedtime and regular bedtime routine. This can include a snack, bath time (with or without Epsom salts :), stories, lullabies, etc. Give the child some security items: a nightlight, blanket or stuffed animal, light up toy, etc. If junior comes into your room in the wee hours, stop him before he makes it into the bed, or as soon as you hear him. Make it clear that he must sleep in his room and make sure he walks back to his own room, don't carry or give piggyback rides. Begin an incentive program for sleeping in his bed or sleeping through the night, or whatever the sleep issue is. Allow him to have a special treat, prize from the prize box or sticker on a sticker chart. Praise his efforts and verbalize his feelings.

NOTE: To Receive BBB Autism's Epsom Salts Guide, send your request to [liz@deaknet.com](mailto:liz@deaknet.com)

### Helpful Links:

Parenting Tips for Better Sleep: <http://www.dbpeds.org/articles/article.cfm?name=sleeptips>

Printable Sleep Log: <http://www.dbpeds.org/pdf/sleeplog.pdf>

Top 10 Sleep Parenting Books: <http://pediatrics.about.com/library/tp/aatp102801.htm>

Sleep Better! A Guide to Improving Sleep for Children with Special Needs By V. Mark Durand  
<http://bisleep.medsch.ucla.edu/books/sleepbetter.htm>

## Restaurants by Becca

\* Precheck the restaurant to see if it's exactly the way you and your child would like to feel comfortable. For example menu check, lightening, sound accoutistics, how close the tables are together, the comfort



of washroom facilities, etc...

- \* Go at a guaranteed down time for the restaurant... a slow day at a slow time.
- \* Go back to the same restaurant repetitively... you can slowly choose more busy times as your child becomes systematically deprogrammed to the noise and confusion.
- \* If your child has a severe problem with noise consider earplugs.
- \* Bring along your child's favorite things to distract him/her as he/she sits at the table and waits for the meal to arrive. Very stressful for a child not used to this procedure especially an Autistic Spectrum child.

### By Sonya

Pick a new restaurant and take them. THE FIRST TIME YOU GO, MAKE IT CLEAR WHAT IS EXPECTED OF THEM. If you want them to sit, then you have to force them to sit. If you want them to eat with silver ware, then you have to force them to eat with silverware. If you want them to pay for the meal, then walk them through how to do it. Make them say thank you if they are verbal when appropriate. Then when you leave, tell them how good they did and praise them in the car and at home. The next time you go, tell them you want them to be exactly like they were last time you went to that restaurant, and 8 times out of 10, they will. Usually on the first thru fourth times, they test me to see what they can get away with, but by the 5th time you go, they pretty much know they aren't getting away with anything, and will act appropriately. It's important to follow thru with threats (ie If you tell them they have to behave like they were taught or else you are going to leave, and they act up, then YOU MUST FOLLOW THRU AND LEAVE). That is worse to them than you yelling or being disappointed in them because it is tangible. My kids eat out 3-4 times per week with different caregivers and this method works well for us. Each restaurant has a different set of rules. They have never had a problem with this.

### By Ronald

Make sure you or your spouse gets something fast so if someone needs to take the child for a walk while the rest of the family eats they can and not come back to a cold food.

- \* Make sure the child's food comes quickly and tell them not to have it wait on everybody else's.
- \* Make sure you can be seat away from people if possible.

### By Mary

If at all possible, get a copy of the menu before going to the restaurant so you can talk about the choices they have. B always has a difficult time deciding what to order, especially if there are no pictures on the menu. He wants to know what the food will look like, so we always plan in advance what he will order and describe the food to him.

Find out if your child is more comfortable in a booth or at a table. We used to ask for a booth thinking B would feel more comfortable and be easier to control. One time we had to sit at a table and B was so much calmer. Part of it is that he loves to watch people and it is easier for him to see everyone when he is at a table.

### By Cindi

We always take our bag of "restaurant toys" (toys which aren't available to play with at home - small Lego kits, cars, dinosaurs, a mini Thomas the Train set). So, A. is quite excited to see those toys and will play contently while waiting for meals. In fact, once when we were out doing errands - and hadn't planned on eating out (so we



hadn't packed the "restaurant toys") - we went to a restaurant. Once seated, A. looked up and said "train please". His expectation was that he would have "restaurant toys" to play with. He coped well with the substitute: children's place mat/crayons.

### ***FENCE ME IN! By Mary M.***

*Strategic seating arrangements ie. bench seats by the wall are great, then we can "keep" G from getting out!! Stims again kept him happy, words of encouragement; sticking with family type restaurants; keeping him busy with a snack or drink before food arrived so waiting is easier.*

### **EATING AT A FRIEND'S HOUSE - By Cindi**

I always take a small cooler bag of A's favourite foods, in case he doesn't like what is served.

### **By Dawn**

If your child uses PECS be sure to bring them with you. There is nothing worse than when we can't express how we are feeling or what we want. Imagine how your child must feel if he or she is without their words. Bring a fidget bag of toys he or she likes. Call ahead to the restaurant and order your child's meal ahead of time so waiting time for their meal is decreased.

### **LINKS:**

PECS Shorthand Notes: [http://www.bbbautism.com/pdf/article\\_16\\_PPCS\\_shorthand.pdf](http://www.bbbautism.com/pdf/article_16_PPCS_shorthand.pdf)

Communication Made Easy: <http://www.bbbautism.com/communicationmadeeasy.htm>

Dealing with Tantrums: [http://www.bbbautism.com/pdf/article\\_10\\_dealing\\_with\\_tantrums.pdf](http://www.bbbautism.com/pdf/article_10_dealing_with_tantrums.pdf)

### **USING OBSESSIONS TO TEACH By Liz**

Again, I cannot take credit for this one. A parent I met recently told me about a tip he received at a Geneva Centre workshop <http://www.genevacentre.com/>. The story was about a boy who couldn't stand haircuts. The group home where he was living knew he had an obsession with British soccer and contacted his favorite team asking for videos of players getting haircuts. The system worked beautifully and the boy is now over his fear. I think this tool could be used in many circumstances.

Thanks, Shawn for telling me about this!

### **GOING TO THE MALL By Mary M**

*Take him with a specific errand in mind, ie. pick up medicine, go to the bank, etc. After errand, give him "reward" for excellent behaviour, such as ice cream cone or French fries at the food court. Visits are kept purposeful and short, as noise stimulation is just too much for G, even now in his teen years.*



### **By Dawn**

Visit the mall very regularly. Begin with very, *very* short visits and increase the time of the visit very slowly.

### **By Khris**

My kids love the mall, but maybe that's because I have found so many ways to make it positive for them. Usually we go just for fun, but if I absolutely have to get some shopping done (I limit it to one or two stores) we do something the kids like first. The list includes:

- \* throwing pennies in the fountain
- \* getting lunch from the food court
- \* riding the coin-operated toys
- \* going to the Disney Store or Gymboree for some TV viewing
- \* riding the escalator
- \* going to the Hello Kitty store for a treat (gum, candy or to play their game and win a prize)

We also have a certain routine we follow when we go, ie park in the same spot, go in through the same entrance, warnings before we have to leave. I tell them exactly what we will be doing before we ever enter the mall so they know if we are eating lunch, riding the rides, etc.

### **By Cenza**

Malls (ugh is right!!!) We actually dealt with this in therapy and spent a lot of time doing ABA at the mall on a bench. When she mastered sitting, touching stuff etc. We'd take her to the mall and do ABA there. Got her some fries, a drink, some blocks, car toys - got a table at the food court and did point to the fries - point to the red block - show me the blue car. A lot of weird looks and stuff but it made her comfortable there.

If she did well we got a trip to the Play land or the pet store. When I take the two girls on my own (double ugh!) I usually pay for a double stroller to keep them both contained. People don't give you funny looks with a 6 year old in a stroller at the mall when her sister is sitting in front and besides I see a lot of people with more than one child use the strollers provided at the mall.

## **Brushing Teeth By Liz**

When brushing teeth, be sure to position yourself behind your child facing the mirror, and do a hand over hand brushing motion. If your child can imitate, you can do a "do this" program ("do this: AHHH", "do this: EEEE"). Some kids with motor delays need to have their toothbrush altered. To do this you can:

1. Buy an inexpensive bike handle or use foam pipe insulation tube (1/4 to 3/8 inch diameter) and a tube of silicone cement.
2. Pour cement into hollow of bike handle or insulation tube (if it's hollow both ends, remember to plug up one end first).
3. Insert a regular toothbrush in the cement and wait for it to dry. Using a bike handle even has built in grooves to help with grip.

If strong taste in toothpaste, or spitting out is an issue try "Prestep" toothpaste. It is very mild and has no fluoride. For flossing, there is a fairly new product called the Sulca brush which is sort of like a toothbrush but is reported to be just as good as floss.





If you suspect a sensory defensiveness because your child is resisting having a toothbrush in his/her mouth, consult an occupational therapist.

Many kids with autism grind their teeth. You can try replacing this with gum or tubing. This is another area your OT might be able to help you with.

## PICKY EATERS - A FOOD TASTING PROGRAM By Liz

*Note: this is best tried on an empty stomach.*

The first part is probing for preferred stimuli (preferred foods)

### **Step one:**

Assemble a group (say, 6) of foods you'd like your child to try. Only prepare a small amount of each; then section into very small pieces (i.e., 1/2 of a pea, tiny shred of carrot, smidge of apple - you get the idea)

### **Step two:**

Set out each of the six foods in separate bowls at the table in front of your child.

### **Step three:**

Determine the most preferred item by noting which food your child reaches for. The first item that s/he reaches for three times is the most preferred item. Set that one aside and determine the order of preferred foods, setting each aside.

*Once you have an order (from one to six) of preferred foods, you are ready to start trials.*

### **Step one:**

Offer the most preferred item before dinner. Offer small bites ten times (10 trials), keeping data on this. When your child initiates eating this food on his own 80% of the time over three days, it is time to move on to the second preferred item.

### **Step two:**

Follow instructions as above. When successful with 2nd item (80% 3 days in a row), start to rotate that food with 1st preferred item.

### **Step three:**

While still rotating 1 & 2, move on to #3 alone (in isolation). When 3 is successful, rotate with 1 & 2.

### **Step four:**

Continue with each food as above.

*NOTE: You may have to prompt the child to take the food.*

### **Scoring:**

correct: the child initiates taking the food independently



prompt: you guide the child's hand to take the food.

incorrect: the child throws the food, refuses to be compliant.

Only 'correct' is scored as correct. Mark 'prompt' with a "P", but do not mark as correct. IE, 3 independent tastes, 4 throws and 3 prompts equals a correct score of 3.

*Please note: sometimes, you will have no luck with a certain food and you'll have to give that one up for awhile. There is some accounting for taste.*

Also, don't start out with all "difficult" foods like spinach, broccoli, cauliflower, onions etc. Try to put in foods that may be agreeable to the child (i.e.. bananas, peaches). It is important that the food is not part of his/her usual repertoire.

### **What if My Child Will Only Eat One Type of Food? By Liz**

This is a good question. It also applies to my son. He only eats cereal and Kraft Dinner. (candies don't count, lol)

*Using Kraft Dinner as an example:*

One night, give KD, but change the noodles. You can try egg noodles for 3 or 4 nights, spirals, wagon wheels, farfel, etc.

Try a variety of different noodles for a few days each.

Then, start playing with the sauce. Start decreasing the cheese powder or increasing the milk. Try substituting soymilk for regular (even 2% for homo, skim, etc). Try a different cheese.

After you've messed with the cheese a bit, start decreasing, try adding tomato sauce, Alfredo sauce etc to the noodles.

Eventually, start hiding *tiny* amounts of shredded carrots or zucchini to the sauce. Once you've got 'em eating tomato sauce, you can hide lots of "evils". 😊

So the idea is to move slowly, within the confines of what they are already eating.

With waffles, it might be first changing the *shape* (using cookie cutters), then the brand, flavour etc...moving along to the toppings. Branching out into pancakes, first sweet, eventually savory.

Use your imagination, lots of praise...and bribery if you have to! 😊

*Thanks to Vicky for her help! ☺*

*A Parent's Guide for Introducing Food Textures: <http://www.disabilitysolutions.org/pdf/3-3.pdf>*



## WASHING AND BATHING – SENSORY STRATEGIES

By Shirley Sutton, B.Sc. (OT), from "Building Bridges Through Sensory Integration"  
(used with permission by the author)

- ❖ Use non-perfumed soap to decrease sensitivities
- ❖ Use a heavy face cloth and use pressure strokes on the body
- ❖ If your child is fearful in balance related activities, the shower may be a better choice than the bath as there are less changes in body position
- ❖ Water that is warm to the touch is the best temperature; have your child test to ensure comfort
- ❖ Children who are uncomfortable changing the position of their heads may not lie down to rinse their hair in the bathtub; try a hand held shower or cover their eyes with a face cloth and use a jug full of water to rinse their hair
- ❖ Try to incorporate fascination with water falling from the tap and bubbles into play and function
- ❖ Dim the lights and minimize sound if your child is easily overwhelmed
- ❖ Be careful that your child doesn't eat the soap
- ❖ Allow choice of shower or bath
- ❖ Try a bath tub rail for children may be frightened getting into and out of the tub (available at your local drug store)
- ❖ When shampooing, use pressure touch
- ❖ Use pressure and downward strokes with a washcloth and towel if your child is sensitive to touch
- ❖ Use pressure when drying with a towel
- ❖ Dry in front of a mirror and name the body parts to increase your child's body 'map'
- ❖ Use a small hand towel to dry as it is less bulky to manage and allows for more visual distraction

### OTHER STRATEGIES:

- ❖ Try to inform your child when you plan to touch them with the facecloth or toothbrush
- ❖ Use cognitive preparation strategies; for example, we will wash your right arm and then your left arm
- ❖ Use visual aids to assist with the comprehension of the task
- ❖ Provide lots of water play in a sink or bowl with fun toys
- ❖ Build up handles of utensils with pipe insulation to decrease dropping
- ❖ Use music and motivators

### Washing and Bathing By Liz

Make a headband out of old toweling (fasten with Velcro) or use a tennis headband. If you rinse the shampoo very slowly, the band should absorb the soap.

Shaving cream makes for great bathtub play...and a swell distracter. Buy the non-perfumed kind.

With issues such as this, I find a triple threat approach works really well:

1. Behavioral - use behavioral strategies (i.e. reinforce sitting, increase sitting in tub in small time increments)
2. Sensory - as described above
3. Communication - heavy use of PECS or some other augmentative communication system (if needed) is key. The child needs to know what is coming next.

Sticking to a routine so the child always knows what is coming next, supplementing with a visual schedule and lots of verbal praise.



BBB AUTISM SUPPORT NETWORK

<http://www.bbbautism.com>

Present a reward at the end of a successful hair washing.

## UPCOMING PARENT EMPOWERMENT WORKSHOPS

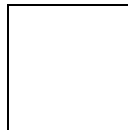
...Proudly Presented by Autism Society Ontario ~ York Region Chapter and BBB Autism Support Network

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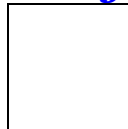
**Registration Required, Limited Enrolment. Email [asoyork@axxent.ca](mailto:asoyork@axxent.ca) Location: 11181 Yonge Street, Richmond Hill**

- 📁 **Autism & Sexuality** ~ Deanna Pietramala, Leaps & Bounds **TUESDAY, APRIL 9, 2002**
- 📁 **Social Skills** ~ Deanna Pietramala, Leaps & Bounds **TUESDAY APRIL 23, 2002**
- 📁 **School Discipline & The Exceptional Student** ~ Lindsay Moir **TUESDAY, MAY 7, 2002**
- 📁 **Behavior Management** ~ Deanna Pietramala, Leaps & Bounds **TUESDAY, JUNE 4, 2002**

*The Autism Society Ontario York Region Chapter would like to thank IBM Canada Limited for their generous donation of a computer. IBM (<http://www.can.ibm.com/>) is a corporate supporter of the ASO York Region*



### ***ASO Halton Chapter to present ABA Training Workshop for Home-Based Programs!***



**March 8th & 9th or April 20th & 21st 9:00 a.m. to 5:30 p.m.**

**This is an intensive 2-day training workshop that will give you the fundamentals of a home-based ABA program. This workshop emphasizes a positive and systematic approach to teaching communication, play, social and self-help skills using Applied Behaviour Analysis. We will attempt to teach you how to implement this approach using creativity and flexibility, capitalizing on the resources available to each individual child and family.**

**Oakland's Regional Centre, 53 Bond Street, Oakville - 3rd Floor - Library**

**Register Early - Limited Enrolment - The first 30 registrations for each of the above dates will be confirmed by telephone**

**SORRY NO TELEPHONE REGISTRATION**

**\$150.00 per person fee, Lunch included served b Please submit registration Autism Society /Halton Chapter**



BBB AUTISM SUPPORT NETWORK  
<http://www.bbbautism.com>

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Fax: 905 689-2474  
e-mail <mailto:asohalton@cogeco.ca>

WOULD YOU LIKE TO SEE THE ABOVE ABA TRAINING WORKSHOP OFFERED BY ASO - YORK?  
PLEASE CONTACT <mailto:liz@deaknet.com>. IF ENOUGH INTEREST IS SHOWN, WE WILL  
PRESENT! ☺

### UPCOMING: DAN CONFERENCE INFORMATION (from the Autism Research Institute)

The first DAN! conference this year will be held on May 10 and 11 in Boston, Massachusetts. The speakers will include: Sidney Baker, M.D., Jayne Barese, R.N., Mark Blaxill, MBA, Kenneth Bock, M.D., Jeff Bradstreet, M.D., Timothy Buie, M.D., Ph.D., Jane El-Dahr, M.D., Barbara Loe Fisher, Sudhir Gupta, M.D., Ph.D., Paul Hardy, M.D., Walter Herlihy, Ph.D., Amy Holmes, M.D., Woody McGinnis, M.D., Jon Pangborn, Ph.D., Karl Reichelt, M.D., Ph.D., Bernard Rimland, Ph.D., Karyn Seroussi, Paul Shattock, Ph.D., Andrew Stoll, M.D., Andrew Wakefield, M.D., Rosemary Waring, Ph.D., and Carol Wester, MSN, CSN.

Topics will include: Neuro-toxic effects of and successful treatments for elevated mercury and other heavy metals, The role of immunizations in autism and how to decrease the risk, A fresh look at the epidemiological studies supporting the relationship between autism and thimerosal, The latest research on secretin, The MMR controversy, Nutritional strategies for improving health and cognitive function of the autistic child, The role of omega 3 fatty acids, and Understanding the immune system's role in autism.

A special evening session will be held on Thursday, May 9 for those attendees who arrive early.

To learn more about the conference and to register online, go to:  
<http://wellnessworkshopsinc.com/DAN!.html> You can also find a link to the online registration site on our web page: <http://www.autismresearchinstitute.com/>

The second DAN! 2002 Conference will be held in San Diego, California on October 25 to 27. Registration for this conference is not yet available.

If you would like additional information about autism, please write to us at: ARI, 4182 Adams Avenue, San Diego, CA 92116, USA or send a fax to: 619-563-6840. ARI does not have an email address.

## Workshop #4: Teaching Verbal Behavior

Hands-on Training for Tutors & Therapists

Conducted by [Cherish Richards, BCABA](#) & [Holly Smith, BCABA](#)

This two-day workshop is designed to provide tutors, therapists, and parents, that serve as their child's primary therapist, with guided practice in implementing the methods described in Dr.



Carbone's Workshop #1: Introduction to Verbal Behaviour. The participants spend most of their time practicing the methods of effective instruction demonstrated in videotape illustrations during the Introductory Workshop. Each participant receives precise feedback on their teaching methods.

The participants are provided supervised practice in the following areas:

- establishing instructional control with an unwilling learner
- manipulating establishing operations (EO) during teaching opportunities to maintain learner attention
- scoring the ABLLS and developing instructional objectives
- choosing an appropriate response form (sign, vocal, pictures)
- teaching the echoic repertoire and transitioning from sign language to vocal verbal behavior
- manipulating EOs to teach early to advanced manding skills
- teaching early to advanced receptive, visual performance, motor imitation, tacting, and intraverbal skills
- teaching reciprocal conversation skills in advanced learners, verbal behavior across all settings, and social skills in early and advanced learners
- organizing your program materials and data recording methods

### **Prerequisites:**

All participants are required to have previously attended an introduction workshop by one of the following presenters:

- Dr. Carbone's Workshop #1: Introduction to Verbal Behaviour
- Dr. Jim Partington – one-day introduction workshop
- Christina Burke, BCABA – introduction workshop

and have at least some experience teaching children with autism within an intensive teaching program.

(Audio taping is allowed—please refrain from video taping.)

To print out a registration form, follow this link: [http://www.bbbautism.com/verbal\\_beh\\_wkshp.htm](http://www.bbbautism.com/verbal_beh_wkshp.htm)

## **SUBSCRIPTION INFORMATION**

To subscribe, e-mail [bbbautism@deaknet.com](mailto:bbbautism@deaknet.com) please provide your name and location. To unsubscribe, e-mail [bbbautism@deaknet.com](mailto:bbbautism@deaknet.com) please write 'unsubscribe' in subject line. If you think you know someone who might enjoy or benefit from these newsletters, kindly forward us their email address at [bbbautism@deaknet.com](mailto:bbbautism@deaknet.com)  
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## **Past Issues**

Are now all available on our website. We also offer PDF versions for those who'd like to print our E-News. You can check out all these great issues at: [http://www.bbbautism.com/news\\_arch.htm](http://www.bbbautism.com/news_arch.htm)



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A notice to our readers...

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The editor reserves the right to make decisions as to whether contributions are appropriate with respect to content, length, etc. We will not publish offensive material using foul language, or contributions that are inflammatory or disrespectful to decisions by other parents (i.e. therapies). We do not generally accept contributions if they are ads for private service agencies/clinics. We are also unable to accept contributions after an issue has been completed. We reserve the right to edit content, but will inform you in advance if we are going to do this. ☺