



BBB AUTISM SUPPORT NETWORK

<http://www.bbbautism.com>



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

Autism Society

Ontario

PRESENT

THE E-NEWS

http://www.bbbautism.com/about_bbb.htm

VOLUME 4; ISSUE 5

APRIL 22, 2002

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

Hi Everyone

Welcome to the final (for now) installment of "Everyday Tips on Everyday Issues".

Well, when I fielded the topic for this issue, I had no idea I'd have such an amazing response! In fact, so many of you were anxious to share tips that it was necessary to come out with a three part series on everyday strategies.

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!*

**Do You Have a Group of
Parents With Newly Diagnosed
Children in *Ontario* Effected by
Waitlists?**

BBB Autism's newest feature is a workshop for this group entitled "How to Help the Child Newly Diagnosed with ASD/PDD at Home". After a successful trial run, We are proud to announce that this presentation has been honored with positively encouraging feedback and attendance.

We discuss issues such as:

1. Questions we all have when starting out
2. Parents as case managers and advocates
3. PDD vs. Autism – are they different?
4. Parent stories, advice, experiences
5. Wait lists, places to call
6. Funding, funding and more funding!
7. Creatively funding a Home Program
8. What is IBI?
9. Utilizing behavioral intervention in every day life.
10. Other therapies – an overview designed to



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



Bee Cool,

Liz

http://www.bbbautism.com/about_bbb.htm

TOPICS IN THIS ISSUE COVER:

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

PREVIOUS E-NEWS ISSUES ON EVERYDAY TIPS INCLUDED:

- ❖ **Haircuts**
- ❖ **Family Gatherings**
- ❖ **Going to the Movies**
- ❖ **Taking Medications**
- ❖ **Toileting**
- ❖ **Nail Clipping**
- ❖ **Car Rides**
- ❖ **Eating in Restaurants**
- ❖ **Sleep (or lack thereof)**
- ❖ **Obsessions**
- ❖ **Going to the Mall**
- ❖ **Oral Hygiene**
- ❖ **Picky Eaters**

To receive both issues by email, please click on the BEE Mail icon and request parts one and two of EVERYDAY TIPS!



CHAT ALERT!
"SPOUSAL ISSUES", TUESDAY APRIL 23 AT 1:00PM, EST AND 9:00PM, EST. PLEASE EMAIL US FOR DETAILS!

<mailto:liz@deaknet.com>

- introduce families to what's available
11. How to tell if a therapy is working
 12. Why a home program?
 13. What changes after age six? What remains the same?
 14. Discussions, role plays

Included is a great handout packed with resources, service, agency and local vendor brochures, ideas, articles and more. This workshop was designed by the parent of a child with ASD; with input from hundreds of other families and addresses what the family needs to know when beginning their journey.

It runs for an entire day or two evening sessions. Please contact us for pricing and more information. Workshop may be customized to suit region and audience. To contact us, click the BEE icon below or email <mailto:liz@deaknet.com>.

Contact us by clicking on the BEE mail 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>

CONTRIBUTE TO AN UPCOMING e-news ISSUE: We are looking for input on an "all about siblings" issue.

- Have you told your "NT" child about your ASD child's dx? How old were they at the time? How did you do it (i.e. straight out, used ASD books etc)?



- If you did opt to tell your NT child (ren), did they ask questions? How do they describe autism to their peers?

- Have you decided to *not* tell the NT sib(s) about your child (ren's) diagnosis? If so, why? Have they asked questions?

What are your thoughts on this topic in general?



MOUTHING ISSUES By Deb

Here is another suggestion for something I didn't see on the list of "how do you handle": mouthing issues. We have overcome this (for the most part) by using ice cubes for JR and Wrigley's Extra (not as tacking as it's meant for people with bridge work) chewing gum. We give him the gum and he gets his exercise that way. The minute he starts to pull it out and play with it we make him give it up to us. We only use like a half a stick at a time.

Learning to Keep Your Chin Dry By Shirley Sutton B.Sc(OT)

Reprinted from "Building Bridges Through Sensory Integration"
<http://www.buildingbridges.cjb.net/> with permission

A wet chin or drool is a frequent concern for some children with PDD. Excessive drooling may be a bother to the child and socially awkward. Children with PDD may drool because of sensory processing problems. If a child is a persistent mouth breather and has a chronic mouth open posture, they have incomplete lip closure. This decreases the ability to produce the negative pressure required to adequately suck liquid onto the tongue. Often children with respiratory, upper airway, allergies, or sinus problems have open mouth postures so these problems should be addressed.

Other Sensory Related Causes Include:

- ❖ Decreased sensitivity in the mouth and subsequent delayed swallow (if the child does not feel the pooling of saliva, they do not get the message to swallow it).
- ❖ Decreased tactile sensation of wet versus dry. Many children who drool do not have this sensory discrimination because they are **always** wet around their chin or lips. If we can keep a child's chin and lips dry as much as possible, the child may begin to notice wetness as they now have something to compare it to. They may initiate wiping their wet chins themselves.

Activities to Try:

- ❖ If the family members, teachers or mediators are willing, it is advised to try to keep the child's chin dry for a minimum of two weeks. Always have a dry towel, tennis wrist



bands or a cotton bandanna available. Use firm patting, not wiping to soak up the wetness. You may need to check very frequently to begin then increase the time periods as the child becomes more aware.

- ❖ Point out the dry chin and use **wet, dry** words to comment. Point out the dryness in a mirror.
- ❖ Reinforce the concepts of **wet** versus **dry** in pretend play with puppets or dolls.
- ❖ Another approach is to use verbal or visual cues to increase the child's awareness of the wetness and to follow with a swallow. Tennis wrist bands (one on each wrist) can be used to wipe the chin and also act as a visual reminder to think about swallowing.
- ❖ Direct the child with words or pictures when they are wet to wipe with each hand and then swallow: "wipe, wipe, swallow" routine. A prearranged wipe signal from the adult or visual cue card may also work.
- ❖ If the child's swallow sequence doesn't seem to be effective, practice by squirting small amounts of liquid into the side of the mouth. Tell them you are the mommy elephant feeding her baby or some other silly story depending on the child's age. Use a drinking box; squirt toy or syringe for the elephant's trunk. Squirt, "swallow", squirt, "swallow". Let them have a turn squirting



SAFETY IN & OUT OF THE HOME By Deb

Well our house isn't just child proofed it's "JR proofed" which anyone with an ASD kiddo knows is about 100% better than ordinary child proofing to begin with LOL. OK what we have done is we buy little eye and hooks and apply them to the doors both in our home and those leading out of our homes. The doors that go outside have the little metal clips with the springs behind them to keep them more securely in place...the ones in the house are the standard type. They work very well too. On the cabinets we use the standard cabinet latches that are used for standard child proofing. Also when desperate or when the child is little/not strong enough duct tape works on appliance doors like freezer and fridge doors and closet doors around the upper part of the frame (duct tape will remove wallpaper and paint though so decide what's more important; the appearance of the room or the safety of the child).

By Mary M

Modeling skills and verbalizing thoughts out loud - ie. "look both ways before crossing the street"; car is coming, move to side of road. In house, pretend to touch hot element on stove and show "hurt" facial emotion; bring his hand close to heat so he can sense what "hot" means. This worked with G, and I went through it with him when he was around 2-4 yrs of age. Now in his teens, he seems to be mimicking my verbal thoughts, and telling me to "look both ways" when we are at the curb, and need to cross a street. Mediators have also worked with crossing at an intersection, but this will take a lot more practice for G before he could



independently cross the street.



By Liz

As J's seizures continue to be a concern; we had a custom gate built for his bedroom. I have always been scared he would wander out in the night, seize, and fall down the stairs, so this is my solution. The gate is bigger than a standard baby gate (I want it to last a few years) and is a heavily reinforced and varnished (so no splinters) wooden gate-style, so it looks attractive. We totally removed his bedroom door (he had taken it off it's hinges too many times anyway) and because of the style, I can look right in his room at him. I had our Behaviorist come in and work with the carpenter to look at exactly what we needed in design and strength.

Be aware, this costs, but is so worth it. You might be able to get a deal by referring other parents of children with ASD to the carpenter. You can also try asking local groups like the Kinsmen or Shriners to finance. Another route is to contact your local Home Depot; they sometimes fund things like this. Be sure to save ALL receipts for income tax and be sure you put this in your yearly funding applications (i.e. SSAH, ACSD).

Eventually, we will have to get some sort of alarm system for when he figures out how to unlock the door. When those telephone solicitors call, I always throw them into a state of panic because they've never heard of anyone who wants an alarm for someone trying to get **out** of the house! LOL

Autism Proof Your Home:

<http://autism.about.com/library/weekly/aa051900a.htm>



Going to the Doctor by Sonya

I had a little talk with my pediatrician and told him that I just absolutely could not sit in the waiting room for 45 minutes (or longer sometimes!) when we had an appointment. I explained how the child runs down the hallway, tries to climb into the aquarium, climbs over chairs, and disturbs others in the waiting room. I told him, that I wouldn't be asking if the child were normal functioning, but because he isn't, that I needed to be brought to a room immediately upon arrival. I also made it clear that no matter how great of a doctor he is, this was absolutely necessary and that if he couldn't provide it, then I would switch to another doctor that would accommodate us. Now, when we arrive and check in (I never get there early, but right on the minute instead), they immediately take us back to the room where we see the pediatrician. Sometimes we have to wait 30 minutes in that little room, but it is better than destroying the large waiting room. I bring snacks and favorite toys and I let the kids play in the sink with the water running. No harm done and everybody is happy.



By Mary M.

Call doctor ahead of time and make sure you will not have to wait!! Once in room, G needs many words of encouragement to not become frightened; keep telling him how proud we are that he is so brave.



VISITING THE DENTIST By Sonya

My OT has a brother that is a dentist. So she borrowed the little mirrors and some other dental instruments from him. And twice a week during her normal OT sessions, she would put on latex gloves and act like a dentist putting the instruments into their mouth so they got used to the feeling. We did this for 3 months before going to the dentist at 4 years old. Now, we just practice a couple of weeks before an appointment and they don't have any problems going there. Our dentist also gives them a toy and a toothbrush when they are done. They love toothbrushes to just chew on.



By Cindi

Before A. started seeing a dentist, he was a spectator of my daughter's visits. They gave him a ride on the chair, let him use the water-squirter, tickled his fingers with the tooth-polisher, etc. We did this over several visits before A. became the patient. He thinks it's a great place with neat gadgets and is always happy see them! Also, storybooks of trips to the dentist were helpful.



By Liz

Our dentist also has the capability of administering anesthesia in his office. This is more helpful than going all the way to downtown Toronto to Sick Kids' Hospital. He is also my brother in law, so J knows him and is comfortable



SURPRISE! By Mary M

Drive there without telling him where he is going; make sure he's got the first appointment, and just go right in (G unfortunately needs general anesthetic to have even a cleaning done, do we just have to "go for it" as he is nervous enough as it is). We give him lots of praise afterwards, and again, this seems to get him back on track, and feel good that he came through the ordeal.

Dentist Visit by Mary

B has a vibrating chair pad that he takes with him for every visit. It works wonders!!!

By Taline

I find that reading books that focus on these topics ahead of time really help C. Choose books with favourite characters (e.g.: Little Critter Visits the Dentist, Chuckie (Rugrats) Visits the Eye Doctor, etc). I say common phrases from the books in context while there and he seems to relate and calm down.



By Cenza

Visiting doctor, dentist, restaurants, amusement parks etc. - I started with Barney books.

There's a series of Barney books dealing with these very issues. We read and read, pointed to the pictures, introduced community helpers etc in ABA and used PECS to categorize why we go to the doctor etc. what do we do at the doctor/restaurant/ what does the doctor/waiter do. It's a lot of work but doctor appointments have never been an issue and we do go to restaurants quite frequently - we go early - but we go.

PROMOTING SELF HELP SKILLS by Sonya



I use strip sentences of PEC cards. For brushing teeth, I have a sentence strip with a picture of the sink, a picture of the toothbrush, a picture of the toothpaste, putting toothpaste on the toothbrush, spitting into sink, rinsing toothbrush. I have also done similar things with washing hair, washing face, washing hands, etc. And I have sentence strips for getting dressed in the order then need. I still supervise when they



do this and will point to a picture to remind them if they get off track. Try www.dotolearn.com for free ones.

By Taline

It's important to look at each individual skill required to complete the task (this is called a task analysis). One skill that C has a weakness in is motor sequencing /motor planning (i.e. he would put his pants on and then his underwear on top) so I found that a mini task schedule showing the sequence of underwear first, pants next, etc. helped a lot). Visuals are easier to fade than verbal prompts and he doesn't need the schedule for this particular skill anymore.

By Dawn

Break all skills down into small steps. Teach individual steps, backward chain teaching steps, always end on a success!

Riding in the Car by Bernie



Here a few tip for traveling in a car that I have found helpful.

- * I don't use any type of fresheners in the car. Since certain smells bother A, I eliminated them all together.
- * I keep a backpack in the back of the van filled with crayons, markers, coloring books, books, toys, etc just in case I'm stuck in traffic. One never knows.
- * I also keep snacks handy as well as water, again you never know if you're going to be stuck in traffic and there's nothing worse then traveling with a hungry child.
- * I try to always have a full tank of gas so that I don't have to stop and get gas while traveling with the boys. Both boys hate the fumes and the waiting can be long. I usually get gas when I don't have both boys in the car.
- * A cell phone, I know not everyone has one but I use mine for emergency purposes. It allows me to get in contact with my husband or AAA if anything was to happen to the vehicle. Plus I can contact authorities since I'm traveling with a special needs child in case of emergencies. I keep all emergency numbers stored in my phone memory.
- * I also always keep a stash of the kid's favorite CDs. For example, A loves the Shrek soundtrack so I have those in the car so that they can listen to them.



By Cindi

I never realized that A got "car sick" until we drove to Sudbury last summer. He was green and limp when we stopped for a break, about 2 hours into the drive. Putting him in the centre seat in the second row of the van allowed him to look out the window ahead, instead of out the side window ... where things were passing by much too quickly and over stimulating him to the point of queasiness.



By Mary M

Try Walkman, snacks (finger foods, cheerios, pretzels); "rewards" - stops at McDonalds for fries along the way; allow for "stimming" activity with more leniency ie. We would allow G to "flick" his book to his heart's content to keep him happy.

By Cenza

TV/VCR combo for the car - the best \$500 I have ever spent. In our car any ride over an hour and the TV goes in.

By Taline

Read-a-long books with tapes help a lot. Also snacks and pointing out interesting things along the way (interesting to the child that is - of course you know they don't really care about what's interesting to you). C likes billboard signs so I talk about the pictures- great for building receptive language skills as well as teaching commenting, etc.

By Mary

When B was younger the only way to keep him calm during long car rides was to let him sit in the front seat. Of course that was before we had air bags. Now at 19 years old he can tell us that looking out the side window makes him dizzy.

The Car Ride: <http://www.angelfire.com/ky/touristinfo/tempertantrum3.html>

The Car Trip: <http://www.angelfire.com/ky/touristinfo/tempertantrum4.html>

NEWS AND REMINDERS FROM ASO YORK

SOCIAL STRATEGIES WORKSHOP - Deanna Pietramala, Consultant, Leaps & Bounds

Tuesday, April 23rd, 2002

Room 208 - 2nd Floor Boardroom

Registration & Refreshments 7:00 p.m.

Cost: Member families (any number of family members) \$5.00, Non-Members and professionals \$15.00 each. RSVP to <asoyork@axxent.ca> or voicemail 905-780-1590

We will be talking about strategies to help promote social skills in children, some activities and what scripting would look like in social situations, Social conversations. We will also talk about Theraplay as it related to social development. <http://www.leapsandboundsservices.com/>

SUMMER POT LUCK SOCIAL

Monday June 10th, 7:00 p.m.

Thank you to hosts Paul and Janet Kalmykow for offering their home again this year. RSVP to Janet at home, 905-473-7648 or <janetkalmykow@hotmail.com>

PLEASE CALL FOR DIRECTIONS AND TO LET JANET KNOW WHAT FOOD YOU ARE BRINGING!

ECHO is pleased to present:

Margit Pukonen, M.H.Sc., S-LP (C), Director of The Speech Foundation of Ontario



BBB AUTISM SUPPORT NETWORK

<http://www.bbbautism.com>

Wednesday, May 8th, 2002 7:30 p.m

Meeting location: Richmond Hill Public Library, Main Branch - Yonge and Major Mackenzie (southwest corner) Free Parking

Members: \$5.00, Non-Members - \$10.00, Memberships available at the door -- \$15.00 per year

Margit will be speaking about the Speech Foundation, the Toronto Children's Centre, and the programs that are offered. If you have any specific questions you would like answered, please submit them in advance to apraxiaontario@yahoo.com

RSVP apraxiaontario@yahoo.com

LANGUAGE FOR LEARNING - A DIRECT INSTRUCTION WORKSHOP

Brookfield Academy & Learning Centre Presents Johanna Preston

Friday May 10, 2002 -- 9:30 a.m. to 3:30 p.m. Toronto

Registration by phone - 416-767-3176 by May 1, 2002. Cost \$160.00

Language for Learning is a comprehensive oral language program that teaches essential concepts and skills that children need to succeed. Direct Instruction is the teaching method used. It applies a behaviour approach to instruction and its curricula. Direct Instruction programs are "scripted" and can be purchased from SRA publishers (see [SRA 4kids.com](http://SRA4kids.com)). Teaching material is provided at no additional cost due to the generosity of SRA publishing. Workshop is limited to 15 people. Contact Brookfield at 416-767-3176 or fax at 416-767-3431.

Language for Learning" provides carefully sequenced lessons to help students.

Outcomes you will achieve:

- Learn common vocabulary as well as language used in textbooks and other instructional material
- Develop precise knowledge of "little," but important, words such as first, next, between, who, what, and where
- Use different sentence forms, ask and answer questions, and follow instructions
- Acquire important information and knowledge, such as days of the week, months, and seasons
- Learn the logical aspects of language, such as classification and "If-then" reasoning
- Learn how to do "Direct Instruction" (DI)
- Review the "Language for Learning" Curriculum
- Learn about DI design elements and why they are effective
- Learn hand signals; correction procedures; problem solving techniques
- Practice skills and receive personal feedback from workshop leader
- Learn about other DI products from SRA display

Workshop cost is \$160.00 - payable by Visa/ MC or cheque by May 1, 2002 to Brookfield Academy

Venue - Toronto Preschool Autism Service: Surrey Place Centre located in St. Lucy's Catholic School at 80 Clinton Ave, Toronto (north side of College Street - 4 blocks west of Bathurst Street) on the 2nd floor.

Johanna Preston, MA - Child Study and Education; O.C.T. Principal, Lawton Learning Clinic Senior Consultant, Angus Lloyd Associates, Inc. Johanna has worked for Angus Lloyd Associates, Inc. for over four years. She currently works as the principal of the Lawton Learning Clinic, and as senior consultant for Angus Lloyd Associates, Inc. She has received training in Direct Instruction, both in specific programs and in how to train teachers to teach Direct Instruction programs through the Association for Direct Instruction (Eugene, Oregon). She has trained teachers and education professionals in both public and private schools across Ontario. She completed her undergraduate degree at the University of Toronto and



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her Master of Arts degree in Child Study and Education at the Ontario Institute for Studies in Education. She is a certified member of the Ontario College of Teachers.










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. (Audiotaping is allowed—please refrain from videotaping.)

To print out a registration form, [follow this link](#).

UPCOMING PARENT EMPOWERMENT WORKSHOPS

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

**Registration Required, Limited Enrolment. Email asoyork@axxent.ca
Location: 11181 Yonge Street, Richmond Hill**

 **Social Skills** ~ Deanna Pietramala, Leaps & Bounds **TUESDAY APRIL 23, 2002**
<http://www.leapsandboundsservices.com/>



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☞ **School Discipline & The Exceptional Student** ~ Lindsay Moir **TUESDAY, MAY 7, 2002**

<http://www3.sympatico.ca/l.moir/>

☞ **Behavior Management** ~ Deanna Pietramala, Leaps & Bounds **TUESDAY, JUNE 4, 2002**

<http://www.leapsandboundsservices.com/>

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

SUBSCRIPTION INFORMATION



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Past Issues

To request, email liz@deaknet.com and indicate which volume/issue(s) you prefer. You can order in HTML, MSWORD or PDF. Newsletter Archives are also available on our website at www.bbbautism.com/news_arch.htm .

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A notice to our readers...

The founders of this newsletter and the BBB Autism support club are not physicians.

This newsletter references books and other web sites that may be of interest to the reader. The editor makes no presentation or warranty with respect to the accuracy or completeness of the information contained on any of these web sites or in the books, and specifically disclaims any liability for any information contained on, or omissions from, these books or web sites. Reference to these web sites or books herein shall not be construed to be an endorsement of these web sites or books or of the information contained thereon, by the editor.

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. ☺