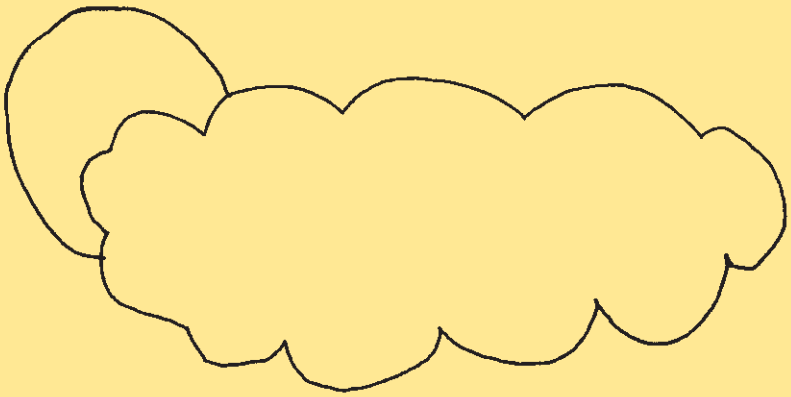
AUTISM NEWS

of Orange County & the Rest of the World

Summer 2007 *Volume 4, Issue 1*



Cover illustration by Mimi Tran

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COVER FEATURE

We are pleased to feature one of our local artists, **Mimi Tran**. Read more about Mimi on page 23.

Mission Statement

Autism News of Orange County *& the Rest of the World* is a collaborative publication for parents and professionals dedicated to sharing research-based strategies, innovative educational approaches, best practices and experiences in the area of autism.

Submission Policy

The Autism News of Orange County–*RW* is available free of charge to parents and professionals of children with autism. The opinions expressed in the newsletter do not necessarily represent the official view of the agencies involved.

Contributions from teachers, therapists, researchers and relatives/children of/with autism are welcome. The editors select articles and make necessary changes.

Please submit articles in Microsoft Word using font size 12, double spaced, and no more than four pages in length (2600 words). Photos are encouraged and when submitted with articles the permission to include is assumed.

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Please visit our website: www.verabernard.org

Editorial

By Vera Bernard-Opitz

"When your child whines, screams, hits, kicks and bites – *relax.*" This headline summarizes an interview on behavior challenges by Alan Kazdin, newly elected President of the American Psychology Association (APA) and Head of the Yale Parenting Center and Child Conduct Center. While this idea sounds simple or even simplistic, imagine the courage and the self-control required, especially in a crowd of non-sympathetic onlookers:

…when faced, on the way out of a supermarket, with the melt-down of your seven-year-old son with autism, who has snatched the latest "Dino-treasure" and does not understand why he should wait while you pay for it.

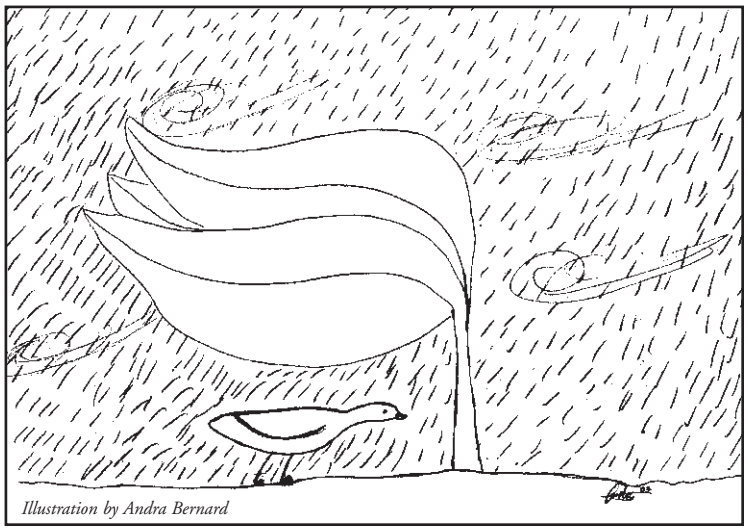
…when the math teacher complains that your teenager has broken her glasses because she was so upset that she was not the first student to finish the math assignment.

…when your adult daughter strips at the swimming pool and does not understand that more decency would be appreciated by all around.

The list of examples is endless and could easily fill this newsletter. When dealing with the challenging behavior of people with Autism Spectrum Disorders (ASD), we need to consider the above advice to *"relax"* and reflect (and of course in the last example cover her up), but obviously should move beyond it: we know that there are multiple reasons for challenging behaviors, and that **prevention is the first "line of defense."** For some individuals pharmacological treatment can be a crucial part of the solution. Others, most likely constituting the majority of children, will require behavioral and educational interventions to reduce challenging behaviors.

Regarding behavioral interventions, we now have evidence that treatment methods are more successful if they are closely matched to the specific function of the problem. A **Functional Behavior Analysis (FBA)** therefore **is the "second line of defense"** against chronic behavior challenges. Recent research has even moved beyond categorical approaches to FBA by searching for the **specific value attached to the behavior challenge** by the individual with ASD. What exactly does he/she gain from the behavior in question?

The growing field of **Positive Behavior Support (PBS)** has alerted us to the many advantages of preventing problems from happening by changing events which elicit behavior challenges, be it the interfering noise level of a class or work environment, confusing instructions, or overwhelming task demands. For many individuals with ASD, we need to consider their highly fragile sensory systems and/or their specific emotional (dys)regulation. Predicting what happens through **visual support systems** has also decreased stress and confusion for many individuals affected by ASD. In addition, help has come through a range of effective **incentives for positive behavior.** All this has not only improved the life quality for affected individuals, but also for those who care so much about individuals with ASD.



Duck and hide

The present issue focuses on **"behavior challenges,"** which in recent years has replaced the term "behavior problems." When staff still sometimes resort to explaining inappropriate behavior with "It's just his behavior" or "Just another of his bad days/moods etc.," cyclic reasoning is obvious. This promotes a ***"duck and hide until it's over"*** **attitude,** which is not helpful in the long run. The term

"The term 'behavior challenge' indicates our possible influence and control over the improvement of behavior."

"behavior challenge," on the other hand, indicates our possible influence and control over the improvement of behavior.

This issue of ANOC summarizes some of the current developments in the field. We hope that our readers will find at least one idea which is worth pursuing.

In our first article, **Fritz Poustka**, Head of the Department of Child and Adolescent Psychiatry of the University of Frankfurt, and **Luise Poustka**, Assistant Medical Director of the Clinic for Psychiatry and Psychotherapy, Central Institute for Mental Health, Mannheim, Germany, present an excellent overview of psychopharmacological treatment for children with ASD. They summarize effective medications and their side effects.

The article by **Ronit Molko**, **Faye Carter** and **William Frea** from Autism Spectrum Disorders gives impressive examples of Positive Behavior Support as an alternative method to reduce challenging behavior.

An innovative computer program which provides visual support to enhance motivation, self-management, and organization, is presented by **Gail Fitzgerald** from the University of Missouri-Columbia and **Katherine Mitchem** from California University of Pennsylvania. Their Electronic Performance Support System (EPSS) is available as a free download and will very likely be useful for a wide range of children.

How do we control behavior programs through data analysis and share these with parents and colleagues? **Mark Akstinas**, School Psychologist, and **Caroline Smith**, Educational Specialist, both from Orange County Department of Education, give a very practical introduction to the development of graphs using Microsoft Excel™.

Another series of "good ideas" comes with the article by **Trang Ho**, School Psychologist, La Habra City School District, who describes the development of individualized "Appropriate Behavior Books" to reduce challenging behaviors.

With summer vacation around the corner, many will appreciate the visual supports developed by **Chrissy Shields**, dedicated mother of 15-year-old Scotty. We hope that "front-loading" children with picture sequences will help many of our readers and their children to have successful vacations.

Linda Hodgdon, Speech and Language Pathologist and book author, encourages parents to reduce behavior problems by encouraging positive behavior.

This issue will also introduce you to **Nicholas Lombardi**, wonderful brother of Joey, who turned his frustration about those in the community who are staring at his brother into a helpful button message.

We are grateful for all the above and additional highlights you will find in this newsletter. Enjoy it and give us your feedback. We also invite you to contribute to our **coming issue, which will focus on "Computers and Play."** Until then, have a wonderful and "successful" vacation.

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(References can be sent upon request.)

Our website is now up and running!

Please visit us at www.autismnewsoc.org

Psychopharmacology of Autism

By Luise Poustka and Fritz Poustka

Summary

Recent years have seen an increase in the number of clinical studies examining the efficacy of pharmacological interventions in autistic disorders. These studies reveal that although the core symptoms of autism cannot be cured by medication, drug treatment can be used as a valuable adjunct therapy. The main targets of such interventions are typically the externalizing disorders associated with autism. The primary goal of drug treatment in autism is to decrease maladaptive behaviors in order to allow the child to better benefit from other therapeutic interventions. Recently, new effective medications with fewer unwanted side effects have become available for the treatment of children with Autism Spectrum Disorders (ASD). Pharmacological studies with good methodological standards are increasing in number and providing support for doctors and their patients with ASD.

Introduction

Autism Spectrum Disorders are not rare; a recent survey suggests that the prevalence rate of all Pervasive Developmental Disorders is over 1% (Baird 2006). Core symptoms of this complex disorder are defined by a triad of a) qualitative impairment in social interaction, b) qualitative impairment in communication, and c) restrictive and repetitive behaviors and interests. In addition to these core characteristics, several behavioral symptoms can be associated with autism, including hyperactivity (44%), anxiety (25%) aggression (15%), and self-injurious behavior (18%) (Holtmann et al., submitted). Contrary to expectations, the prevalence of self-injurious behavior increases with age, especially from 14 years onwards. In adolescents with ASD a high prevalence of specific phobias, obsessive-compulsive disorder and attention deficit hyperactivity disorder (ADHD) has also been noted (Leyfer et al., 2006).

Related dysfunctional behavior can additionally impair the person with autism and interfere with therapeutic efforts. Although no specific pharmacological treatment for autistic core features is available, various agents may be effective in treating associated behavioral problems and influencing communication and social interaction in a positive way.

Main targets of psychopharmacological agents are:

Externalizing Behavior:
- Attention deficit
- Hyperactivity
- Impulsivity
- Aggression
- Self injury
- Stereotypic behaviors

Internalizing Behavior:
- Anxiety
- Obsessive-compulsive behavior
- Depression
- Sleeping problems

Other associated problems:
- Epilepsy
- Enuresis
- Eating problems
- Tics
- Learning disabilities

Atypical Anti-psychotics

Until recently, typical anti-psychotics like Haloperidol, Pimozide and Supiride, have been used to treat temper tantrums, aggression and irritability. Because of their side effects, they have largely been replaced by atypical anti-psychotics. New medications, such as Risperidone, as well as Olanazapin (Hollander et al., 2006; Kemner et al., 2002; Malone et al., 2001), Clozapine (Gobbi et al., 2001; Chen et al., 2001), Quetiapin (Hardan et al., 2005), Ziprasidon (Cohen et al., 2004) and Aripiprazol (Shastri et al., 2006) are now frequently prescribed. (for reviews see Findling, 2005; Barnard et al., 2002; King & Bostic, 2006).

Risperidone, especially, has become a frequently used drug for children with ASD. The RUPP studies (Research Units on Pediatric Psychopharmacology)

have demonstrated positive effects on irritability, anger, aggression, hyperactivity and self-injurious behavior, although core symptoms unfortunately were not affected (McDougle et al., 2005), except for a mild reduction of repetitive behavior. The treatment with Risperidone is reported to be safe even in very young children (Luby et al., 2006).

Methylphenidate (Ritalin)

Frequently-reported unwanted side effects of atypical anti-psychotics include initial sedation, weight gain, sexual dysfunction, increase of prolactin levels and extrapyramidal side effects. Prolactin levels increase with Risperidone during the first four weeks, but tend to stay in the normal range in the long run (Turgay, 2002). Weight gain is reported to be mostly prominent under treatment with Olanzapine, whereas Quetiapine, Ziprasidon and Aripiprazol (in this order) tend to produce less weight gain (Casey et al., 2004). In the case of weight gain, a reduced dosage or a switch to another neuroleptic medication is warranted. In addition, dietary changes, parent trainings and incentives for increased physical activities are recommended.

Atomoxetin (Strattera)

Stimulants and alternatives for treating Attention Deficit and Hyperactivity

For many years, stimulant medication was considered inadequate for treating children with ASD. It was assumed that stimulants may not be effective for this population and that they could possibly trigger an increase in repetitive behaviors. During the last few years, however, stimulants have been established as a standard drug regimen for treating hyperactivity in children with ASD. Several controlled studies have demonstrated a moderate to good effect on **attention problems, hyperactivity, and impulsivity in children with ASD.** In addition, oppositional and aggressive behaviors as well as tantrums have been reported to be positively influenced by short-acting as well as long-acting stimulants (Santosh, 2006; Di Martino, 2004; Handen et al., 2000). Especially at a moderate dosage, side effects, such as loss of appetite, increased irritability, stereotypes, tics, social withdrawal and dysphoric behavior have been noted (RUPP, 2005).

Unfortunately, current medication studies, such as the RUPP studies, only focus on the effect of isolated drug treatments, while in clinical practice combinations of medications are typically used. For example, low dose anti-psychotics tend to be prescribed to counter the above-mentioned side effects or irritability and agitation in children treated with stimulants.

Amphetamines

In patients with ADHD, Amphetamines or Dextroamphetamines, either in isolation or in combination with Levoamphetamines, are often used as an alternative in children who do not respond to **Methylphenidate** (Barkley et al., 1990). At this point there are no studies supporting the effectiveness of Amphetamines for children with ASD.

In recent years, **Atomoxetin** has been used as an alternative to stimulants. Arnold et al. (2006) demonstrated its positive effects on the core symptoms of children with ASD and co-morbid attention deficit hyperactivity disorder. Posey et al. (2006) reported additional improvements in irritability, social withdrawal, stereotypic behavior and repetitive speech.

Antidepressants

Antidepressant drugs are used to treat depression, anxiety and obsessive-compulsive disorders (OCD), enuresis and aggression as well as stereotypic behaviors in autism.

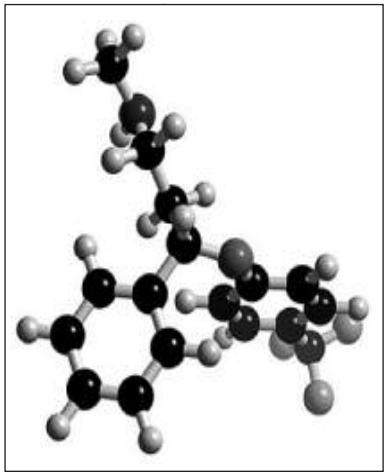
Selective Serotonin-Reuptake-Inhibitor (SSRI)

Some adolescents with ASD develop **depressive symptoms** that are severe enough to require treatment. Because of fewer side effects, SSRIs are more frequently used in these cases than tricyclic antidepressants. They are also helpful in reducing anxiety and obsessive-compulsive symptoms as well as repetitive behavior and self-injury.

Currently three controlled and ten open studies

on SSRIs demonstrate significant improvement in general functioning, depression, anxiety and repetitive behavior. The use of **Fluoxetine** has been supported by two controlled studies (Hollander et al., 2005).

Positive effects have also been demonstrated for Sertraline (McDougle et al., 1998; Steingard, 1996; Hellings et al., 1996), Citalopram (Namerow et al., 2003; Mukaddes et al., 2003) and Escitalopram (Owley et al., 2005). While a meta-analysis did not demonstrate differences in the effectiveness of



SSRI (Fluoxetine)

specific SSRIs, Moore et al. McCracken (2005) demonstrated that differences existed in the severity of side effects, with Setraline and Escitalopram appearing to cause fewer unwanted side effects.

In several studies, increased agitation has been noted as a side effect of SSRI use that can lead to discontinuation of SSRI treatment. Therefore dosages of SSRIs should be slowly increased and carefully monitored. It has been hypothesized that there may be a

GROUP	TARGET BEHAVIOR		NEGATIVE SIDE-EFFECTS	
Atypical Anti-psychotics				
Risperidone, Olanzapine, Quetiapine	Restlessness Self-injurious behavior Tantrums Repetitive behavior		Fatigue Weight gain Sexual dysfunction Increase in prolactin	EPS Reduction of seizure threshold
Stimulants				
Methylphenidate, Atomoxetin	ADHD Impulsivity Irritability	Restlessness Impulsivity, irritability	Loss of appetite Tics Sleeping problems	Hypertonia Tachycardia Dysphoria
Antidepressants				
SSRI, Fluoxetine, Fluvoxamine, Citalopram, Paroxetine, Sertraline	Obsessive-compulsive symptoms	Anxiety Depression Aggression	Agitation Irritability Loss of appetite Nausea	Diarrhea Tremor Sleeping problems
Imipramine	Sleep disturbance Enuresis		Restlessness Agitation	Hypotonia Dizziness
Clomipramine	Aggression Repetitive behavior		Decrease of seizure threshold Restlessness	Agitation Hypotonia
Others				
Melatonin	Sleeping disorders		Fatigue Stomach problems	Sexual dysfunction
Nitrazepam	Sleeping disorders		Tolerance and dependence (long-term use)	
Promethazine	Sleeping disorders		Circulation problems Disturbances of the autonomous nervous system EPS (rarely)	
Diphenhydramine	Sleeping disorders		Gastrointestinal problems Photosensitivity	

direct effect of SSRIs on core symptoms of autism. While currently there is no research evidence for this assumption, it is likely that improved behavior control leads to better social and communicative behavior as a secondary effect.

Melatonin

Other associated problems

For children with Asperger Syndrome who suffer from **sleep disturbances**, Nitrazepam is frequently used. For sleep walking, Promethazine, Imipramine or Diphenhydramine have been helpful. Anecdotal reports support the successful use of **Melatonin** for sleeping problems. More solid research is necessary to confirm these preliminary observations.

For **continency problems**, such as enuresis, three agents are available: Imipramine, a tricyclic antidepressant, Desmopressin, a synthetic form of antidiuretic hormone (preferably as nasal spray), or Oxybutynin. Unfortunately, relapse is common after discontinuing the medication. Behavioral instruments, such as urinary alarms, have shown better long-term effects compared to medication alone. In some cases, a combination of both methods is necessary.

Conclusion

Pharmacological treatment of co-morbid problems of autism is often useful and can facilitate educational efforts and therapeutic interventions. Certain behaviors, especially self-injurious and aggressive behavior, as well as stereotypic and hyperactive problems are quite responsive to medication. The reduction in unwanted behaviors often makes these children more receptive to behavioral interventions. Unfortunately, medications with direct effects on the core symptoms of patients with autism are not yet available, with the exception of medications designed to assist with stereotypic and repetitive behaviors, which can sometimes be influenced by SSRI medications and atypical anti-psychotics. Behavioral therapy to improve communication as well as social skills and emotion recognition continues to be the most successful therapeutic method.

While clinicians tend to prescribe combinations of drugs, existing studies on pharmacotherapy in autism have only tested single medications. The combined effect of medication, psychological and educational interventions has not yet been compared to the results of each intervention in isolation. Furthermore, when evaluating the effectiveness of medications, information from various sources across a variety of settings (e.g.: teachers in schools, affiliated professionals and parents) have to be considered. In addition, children with ASD vary extensively in levels of behavior, language and cognitive functioning. Some studies indicate different responses to medications in children with differing levels of cognitive ability. Our future studies should consider not only the symptom profile, but also varying levels of cognitive ability. In addition, some medications show different effects on children as compared with adults. For example, developmentally-caused changes in neurotransmission of serotonin can possibly influence the level of side effects experienced by the patient. A significant number of drug studies have been conducted on adult populations with autism, however, many more need to be conducted on the effects of these drugs on children with autism.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Note: The article has been translated from an earlier version, published in "Zeitschrift für Kinder und Jugendpsychiatrie und Psychotherapie," 2007, 35, 87-94, with kind permission of the editor.

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Special Olympics Orange County

Special Olympics Orange County is offering a sports program in the San Clemente area for athletes over 14 years old with intellectual disabilities. Please contact *scseasons@cox.net or Barbara at (949) 366-9631* for additional information and registration forms. If you are interested in other Special Olympics sports programs, volunteer opportunities, or donations and fundraising, please contact the Special Olympics Regional Office at (714) 564-8374.

Scott Yamashiro wins a gold medal for the 400 meter track event

Silver medal winners from San Clemente in Volleyball: (L–R) Katie Jamison, Robert Sanchez, Emily Simon, Gabriel Richardson, Mandy Ross, Bree Juola, Kevin Yockey, Brian Brent and John Drenk

Positive Approaches to Reducing Challenging Behaviors

By Ronit M. Molko, Faye Carter and William Frea

Responding to challenging behaviors can be one of the most difficult tasks that a parent has to face. Parenting a child with disabilities can be even more difficult in this respect as children with disabilities often exhibit higher rates of challenging behaviors than do their typical counterparts. Parents often find themselves in a reactive mode, over-relying on punishments such as timeout to alleviate the problem for a short while. These are temporary fixes that do not result in long-term change. By using a positive behavioral support (PBS) approach to addressing behaviors, it is possible to prevent the behavior from occurring and to teach new, socially appropriate behaviors that successfully replace the inappropriate behaviors. The first step to behavior management is to understand why the behavior is occurring.

What are they trying to tell me?

Step one in understanding behaviors is viewing challenging behaviors as having a function, such as communication or self-stimulation. For children with disabilities, effective verbal communication is often an area of deficit resulting in the development of challenging behaviors as a means of communicating needs and protesting. Challenging behaviors can be viewed as a foreign language and parents must work to *translate* what their child is communicating.

What does this mean?

The next step requires parents to interpret the specific function of the behavior. The key is to identify the antecedent (preceding event), and the consequence (the reaction or end result). What is my child gaining by engaging in this behavior?

At the simplest level, there are four main functions of challenging behavior:

1) **Escape -** I do not want to engage in this activity / with these people / in this setting.
2) **Access to Tangible Item -** I want a specific (preferred) item / I want a specific (preferred) item back.
3) **Attention -** I want attention from someone (peer, parent, other adult, anyone).
4) **Self-Stimulation -** This behavior feels good / calms my body.

Determining the function of behavior sounds simple enough and is often quite apparent. Sometimes, though, it takes a little bit more investigative work to determine what your child is trying to tell you by engaging in challenging behaviors. In a straightforward example, Maggie's parent noticed that she screamed every time her television show was turned off. Thus, they determined that the function of the behavior was access to a *tangible* item - her television show.

I Know What My Child Wants – Now What Do I Do?

Using the paradigm of positive behavioral support, we create an environment where success is more likely and we teach communication and other skills that will be received more positively. We also carefully plan how to respond to both appropriate and inappropriate behaviors.

Teaching New Behaviors and Means for Communication

Since children with autism tend to communicate using challenging behaviors (i.e., tantrums, aggression) the task of parents and service providers is to teach these children replacement behaviors and effective means of communication that serve the same function as the challenging behavior but are socially appropriate and safe. When designing positive behavior support programs, several key factors need to be considered for the intervention to be effective. The replacement behavior needs to be equivalent to the challenging behavior in that it should match the developmental level and ability of the child. It should be easy for the child to learn and efficient, meaning that others in the child's environment will understand the communication and be able to respond to the child effectively. Additionally, the replacement behavior should be truly functional; the consequence of the appropriate communication should serve the same function as that of the chal-

lenging behavior. For example, if a child hits and kicks in order to gain someone's attention, an effective replacement behavior would be teaching the child to verbally request attention or to "tap" the individual to gain attention.

Table 1: *The requirements of a new, appropriate, and functional communicative response.*

S	Successful
G	Generalizable
R	Recognizable
E	Efficient
A	Appropriate
M	Matching

S.G.R.E.A.M. is an acronym often used when selecting an appropriate communicative response that will be taught to the child to replace the challenging behavior.

S stands for successful – the child must be successful in his/her use of the new communicative response. In Maggie's case, if she has limited verbal capabilities and we want to teach her to request five more minutes of television, the new communicative response may be a hand-signal or sign rather than the requirement for a verbalization, "Please, can I have five more minutes?"

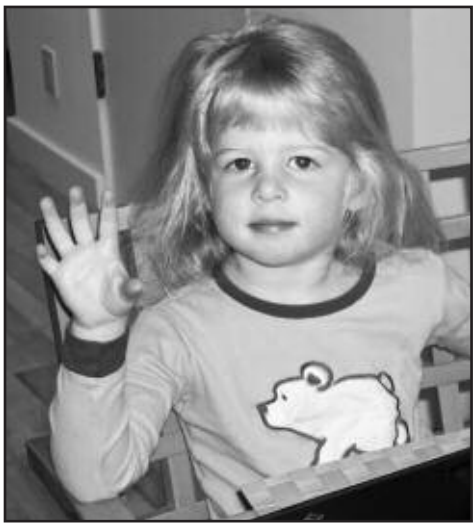

Figure 1: *Example of a child using the hand signal "five" to communicate.*

G stands for generalizable – it is important to ensure that the sign is generalizable across environments. Maggie should be able to use the sign indicating five more minutes in a variety of settings and with a variety of people.

R stands for recognizable – it is important to ensure that the new communicative response is readily recognizable by others. If Maggie held five fingers up to indicate the need for five more minutes of television, others could more readily recognize the attempt than if she were to sign "more," which is less specific.

E stands for efficient – it is important to ensure that the new communicative response is efficient for the child. It needs to be just as easy or easier for the child to use the new form of communication than it is to produce the challenging behavior. In the case of Maggie, putting five fingers up to request an additional five minutes of television could be just as efficient as engaging in the screaming behavior to gain additional television time.

A stands for appropriate – it is important to ensure that the request is as socially appropriate as possible. When Maggie raises her hand to request five more minutes, she is producing a gesture that a typically-developing child may produce and is thus engaging in a socially appropriate behavior. Additionally, the response is not disruptive to the environment, enhancing the social appropriateness of the response.

M stands for matching the function – it is important to ensure that the new communicative response matches the function of the behavior. Essentially, the child should be able to gain access to the same thing they are gaining access to when engaging in the challenging behavior. Maggie engages in the screaming behavior to express her desire for more television. When she signals that she wants five more minutes of television she is communicating her desire in an appropriate and functional manner.

SETTING THE STAGE FOR SUCCESS

Proactive and Reactive Strategies

The field of Applied Behavior Analysis (ABA) employs a set of empirically validated techniques and strategies that can be used to teach functional replacement behaviors. Proactive strategies allow parents to set their child up for success before the challenging behavior occurs. These strategies are designed to *prevent* challenging behaviors from occurring. In the case of Maggie, her parents might prime her before turning off the television "Maggie, in five minutes we are going to turn the television off and then we are going to go to the park." By prim-

ing her (providing her with expectations for the next routine – and in this case letting her know that the television is going to be turned off) Maggie's parents should be able to avoid the screaming that typically follows when they turn off the television.

Figure 2: *Example of choice-making as a priming strategy.*

Proactive strategies come in a variety of forms and serve a variety of purposes. They can let the child know what is coming up next (e.g., using a visual schedule, priming). They can allow the child to have more control over the situation (e.g., providing opportunities for choice-making). The use of proactive strategies can also help the parent to create a more stimulating environment (e.g., use of highly preferred materials, visual cues, meaningful tasks). Environmental changes such as reducing noise or other distracting items are also proactive strategies. Attending to physiological factors (e.g., taking hunger, fatigue, illness into consideration) serves as a proactive strategy. Finally, enhancing quality of life (e.g., increasing access to highly preferred items, access to typical peers) can prevent behaviors.

Figure 3: *Example of a visual schedule used to guide a child through daily activities.*

The implementation of a home-based positive behavioral support plan must include a variety of proactive strategies. It takes creativity and planning to introduce proactive strategies into the daily routine, but the effects are huge. **With the consistent implementation of proactive strategies, parents are on their way to behavior change.**

The Behavior Occurred – Now What?

Reactive strategies are used after the challenging behavior has occurred. These strategies are designed to teach the child that the challenging behavior will no longer work and that a different behavior/communication should be used to gain the desired outcome. Examples of reactive strategies are:

1) Ignoring the challenging behavior;
2) Redirecting the child to another activity or task;
3) Removing a toy or activity that the child desires; and
4) Timeout from a desirable activity.

In order for these consequences to be effective, they must be delivered immediately and consistently after the challenging behavior has occurred, and they must be meaningful for the child.

Extinction is the term used to describe the process by which a challenging behavior is ignored until the child recognizes that the behavior will no longer serve the purpose of getting his/her need met. This is often a very difficult technique for parents because it takes great patience to ignore a behavior repeatedly until the child stops. Also, extinction often results in an "extinction burst" where the challenging behavior intensifies for a period of time before it dissipates and stops altogether. This technique can be extremely effective when used consistently. Redirection is one of the easier techniques. This involves redirecting the child to another activity or task whilst paying no additional attention to the challenging behavior. Often just getting the child involved in something else will stop the challenging behavior. Verbal reprimand is the delivery of a simple, brief and firm verbal instruction that indicates to the child that the behavior is not acceptable, but does not provide the child with additional attention.

Response cost and timeout are two reactive strategies that involve the removal of something that the child finds rewarding. In the case of timeout, the child is removed from an activity that s/he finds enjoyable and rewarding. Here is the key to using timeout effectively: if the child is taken to timeout when s/he is using the challenging behavior to escape from a situation that s/he does not like, you will see an increase in the challenging behavior. As an example, Maggie loves circle time in class. When she is disruptive, she is removed from circle time. This results in her ceasing the challenging behavior so that she can remain in circle time. Response cost involves the removal of something that the child finds rewarding, such as denying access to a favorite toy, television program, or activity. The child is then given the opportunity to earn access to the preferred item or activity after a period of absence of the challenging behavior. Whilst all these techniques, both proactive and reactive, are extremely efficient when used correctly, the most important factor in determining success is correctly assessing the *function that the challenging behavior is serving.* **The function of the behavior** will determine the type of strategy that will be most effective in eliminating the challenging behavior.

Measures of Success

The field of Applied Behavior Analysis is very systematic in its approach to progress monitoring. Behaviors that are being targeted for increase and decrease should be tracked systematically. The expectation would be to see an inverse relationship where new, appropriate behaviors increase as challenging behaviors decrease. Behaviors should be monitored frequently, using the most appropriate means of measurement. For instance, the use of a new, socially appropriate behavior could be tracked by opportunity. Every time Maggie's parents tell her that they are going to turn off the television and she requests five more minutes, the response can be recorded as a successful use of the replacement response. Decrease in challenging behaviors can be tracked in variety of ways. In the case of Maggie, each time the challenging behavior occurs it could be tracked as an occurrence of behavior. However, the duration of the screaming could also be measured and shorter durations of the screaming viewed as success. The increase of the appropriate behaviors and decrease in challenging behaviors, however, are short-term measures of success.

Longer-term indicators of success can be measured in a variety of ways including: increase in ability to participate in more inclusive environments and an increase in meaningful social interactions. As a child becomes more adept at engaging in socially appropriate behaviors and decreasing the need to use challenging behaviors, it is possible to see changes in the long-term measures of success. Often children with autism engage in behaviors that are disruptive in inclusive settings and are removed from those settings in order to decrease the disruptions. As a child is able to decrease the frequency of challenging behaviors and use more socially appropriate replacement behaviors, they are more able to successfully participate in inclusive environments. This increase in inclusion leads to an increase in opportunities to interact with typical peers. Additionally, the increase in ability to engage in socially appropriate behaviors leads to more successful interactions with peers.

Conclusion

Successful education in inclusive settings require that challenging behaviors be eliminated in a short period of time. Frequently parents cannot take on challenging behaviors alone. This brief article is meant to introduce some of the concepts parents can expect to hear about when professionals are helping them teach alternatives to challenging behavior. By taking a positive approach to challenging behavior as described in this article, a lasting change in the behavior can generally be effected.

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Computer Support Tools for Children and Youth with Disabilities

By Gail Fitzgerald and Katherine Mitchem

An innovative computer software program is available from the University of Missouri-Columbia that helps students with organization, learning strategies, and self-control skills. The software, called "Electronic Performance Support Systems" (EPSS), provides easy-to-use templates for students to personalize and use independently in school and home settings. EPSS software and websites are beginning to be used in special education to provide real-time supports for students with various disabilities.

EPSS is a visual support system which may be helpful for a range of children with Autism Spectrum Disorders (ASD). Some of these children need to visualize positive consequences for appropriate behavior and often benefit from token systems. Other children need visual support for controlling behavior, and given such support, may select more appropriate, alternative behaviors. Students at both ends of the spectrum frequently have organizational problems or fail to use adequate problem-solving strategies. Even children with Asperger Syndrome or high-functioning autism often struggle with simple sequences, such as packing their bags, organizing their daily schedule, or planning their school projects. Older students often need help with personal problems or major life decisions. All of this can make it difficult to be successful in both the social and academic aspects of school.

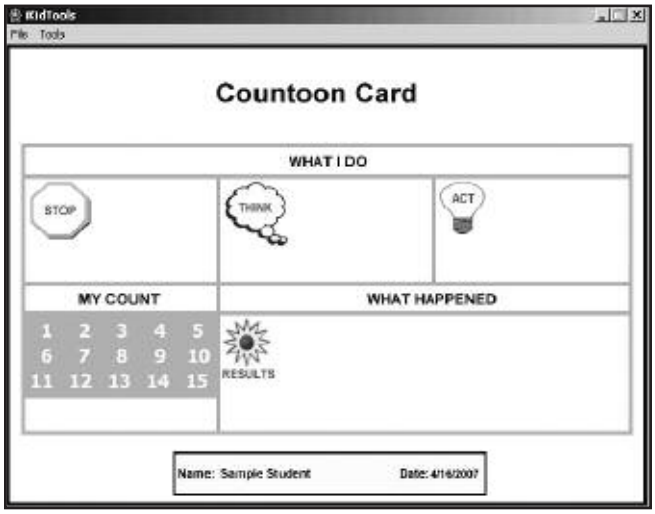

Figure 1: *Countoon Card in iKidTools*

Behavioral as well as cognitive-behavioral strategies and social learning approaches may help these students to develop new responses, modify their thinking, organize their work, and transfer these responses to new situations.

The EPSS program consists of three parts, all aiming at different skill areas but operating in a similar way. The tool programs are designed to be "growable," meaning that users can move up or down the program levels depending on their needs, yet find consistency across all levels. To use the EPSS tools, children select a target area, view an example, enter their own information, and print out their forms for immediate use. All entries are saved in student records on the computer to allow re-use and to help teachers or parents monitor and support tool use. The following components constitute the program:

Examples for *KidTools*

- Self-Talk
- Self-Monitoring
- Point Cards
- Token System

1) *KidTools* assist children in problem solving and self-management skills. The elementary version, *eKidTools*, provides tools for children in lower elementary grades to identify behaviors, develop strategies to change or control these behaviors, prepare self-talk cues, and create point cards, self-monitoring cards, plans, and contracts. The software consists of fifteen tool templates that are kid-friendly with colorful graphics, text-with-audio directions in children's voices, and simple formats. The intermediate version, *iKidTools*, offers similar but more mature versions for students in upper elementary and middle school grades. Figure 1 provides an example of a self-moni-

toring card from *iKidTools* that could be used to reduce impulsive responding. In this example, the child defines a behavior to change by identifying the initial behavior or trigger (STOP), the self-statement (THINK), and the replacement behavior to perform (ACT). A grid is provided for self-monitoring along with an entry to describe positive results for engaging in the behavior.

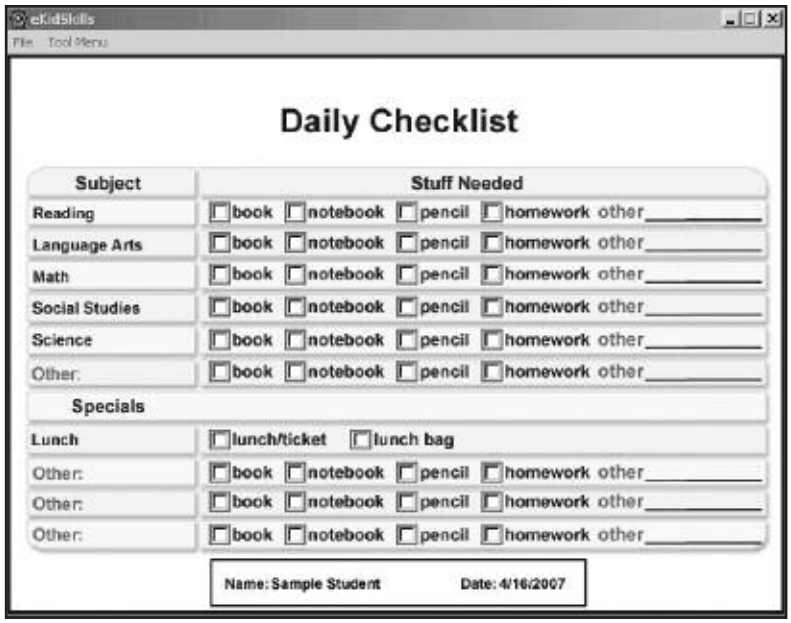

Figure 2: *Daily Checklist in eKidSkills*

2) *KidSkills* provide organizational and learning strategy tools to support independence and success. The elementary version, *eKidSkills*, helps children in the lower elementary grades to get organized, learn new information, complete homework, and conduct projects. The software consists of eighteen templates that operate identically to those in *eKidTools*.

The intermediate version, *iKidSkills*, offers similar, more mature versions for students in upper elementary and middle school grades as well as new tools for organizing information and preparing for tests. Figure 2 provides an example of an organizer tool in *eKidSkills* that could be used by a child to make a list of what they need to take to each class. This card could be printed and placed in a notebook or taped to a desk or locker.

The text and audio in *KidTools* and *KidSkills* utilize the natural language of children. Graphic characters serve as "guides" to the different tools, and audio directions are provided to supplement the simple text instructions. The materials are based on empirically validated intervention procedures using cognitive behavior change principles. Both components of EPSS, like most behavior strategies, include steps to "stop" and "think," make a plan of action, monitor the use of the plan, and give self-reinforcement. These principles combine pre-planning and self-assessment steps to help students develop responsibility for behavior and learning.

The *KidTools* and *KidSkills* programs are available in both PC and Mac versions and can be **downloaded free of charge** from the *KidTools* website at http://kidtools.missouri.edu. These programs run on Macintosh computers running the Mac OS 9.2.2 operating system, or on computers running Classic emulation from within MacOS X. The Classic emulator is not available for newer Intel processor-based

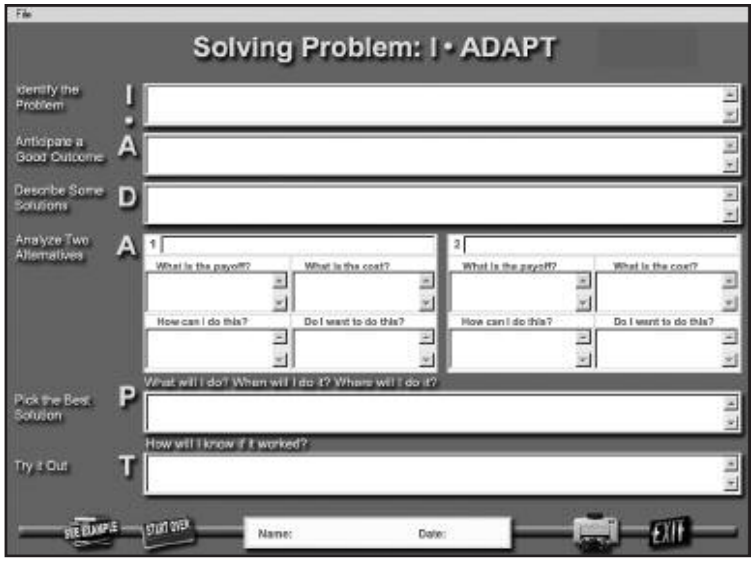

Figure 3: *Solving Problems I•ADAPT Tool in StrategyTools*

Figure 4: *Menu of Options in the Strategy Coach website*

Macintosh computers. The *KidTools* website also contains supporting programs for teachers and parents, *Tool Resources* and *Skill Resources*, and teacher orientation and practice materials.

3) *StrategyTools* is a new, advanced version of the *KidTools* and *KidSkills* programs that has been developed for secondary education-age students. *StrategyTools* operates similarly to the other EPSS programs but has more mature formats and brighter color to appeal to teens.

StrategyTools provides an advanced version of the more basic tools as well as new methods for doing projects and transition planning. Students get help in the following skill areas: getting organized, learning new information, demonstrating learning, working on projects, solving personal problems, and moving into the future. Each skill area has advanced features suitable for secondary students, such as editable text entry fields and recordkeeping to allow easy retrieval and monitoring of all created tools. The completed forms are printable in a mature style which emulates a report. Figure 3 displays an example of a problem-solving tool to help students identify and think through a problem.

The *StrategyTools* program is available for the PC platform and can be downloaded from the *Strategy Coach* website at http://strategytools.org. This website has been specifically designed for students to help them learn about various skill areas, practice selecting and making tools, and listen to interviews of high school students who implemented the tools in school classes. The *Strategy Coach* website also contains supporting programs for teachers and parents, under *StrategyTools Resources*. Figure 4 displays the main menu screen from *Strategy Coach* showing the main support features for students, parents, and educators.

For more information on implementation and research results with the EPSS programs, see two forthcoming publications:

- Mitchem, K., Kight, J., Fitzgerald, G., & Koury, K. (2007, in press). Electronic performance support systems: An assistive technology for secondary students with mild disabilities. *Journal of Special Education Technology*.
- Miller, K., Fitzgerald, G., Koury, K., Mitchem, K., & Hollingsead, C. (2007, in press). KidTools: Self-management, problem solving, organizational and planning tools for children and teachers. *Intervention in School and Clinic*, 43(1).

Credits:

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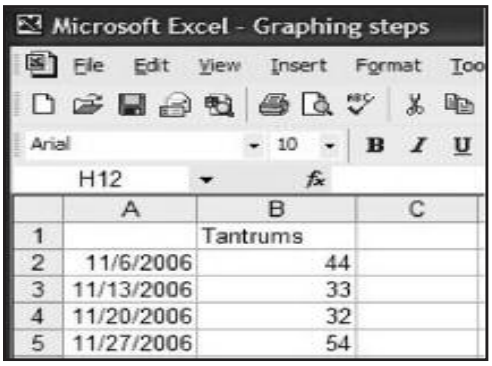
Graphing and Behavior Change: Creating Graphs Using Microsoft Excel™

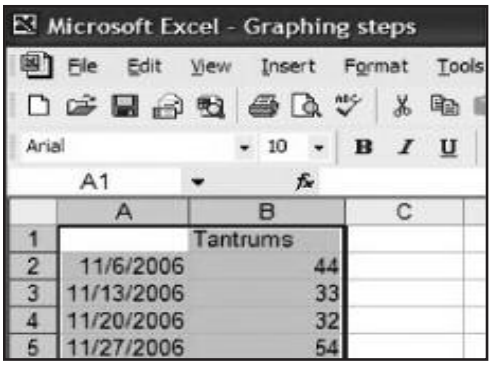
By Mark Akstinas and Caroline Smith

Visual displays of classroom data can be helpful in evaluating student progress, including improvements in challenging behavior. Graphs assist in sharing the results of behavior programs to classroom staff, parents, and professionals for whom such information could be useful. They can help guide decisions to modify a behavior program as needed. Microsoft's Excel™ program offers a user-friendly method for organizing and graphing behavioral data that can help in documenting student progress.

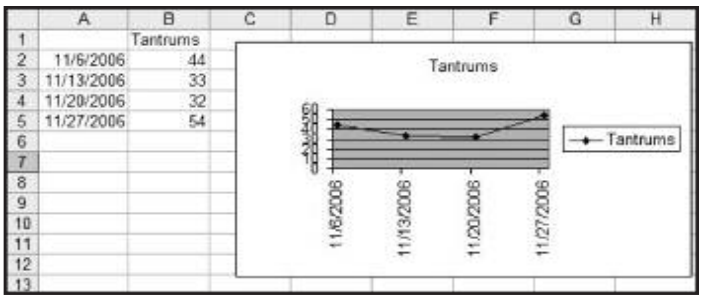
Step 1: Decide which data you wish to graph: Behavioral graphs will display a "quantity" of behavior, typically frequency of episodes across a time period (days/weeks).

Step 2: Open Microsoft Excel™: When opening Excel™, a spreadsheet with a toolbar of icons will appear. Numbers on the left column indicate "rows" while the letters at the top of the page denote "columns" going from left to right.



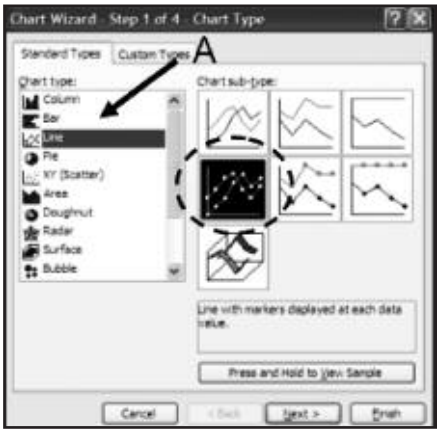


Step 3: Enter information: Enter the time (days, weeks, sessions, etc.) in column A starting in row 2. Enter the target behavior (e.g. Tantrums) beginning in column B, row 1 as shown. Now that you have set up your spreadsheet, you can begin taking the data from your data sheets and entering the numbers in the cells of column B as illustrated.

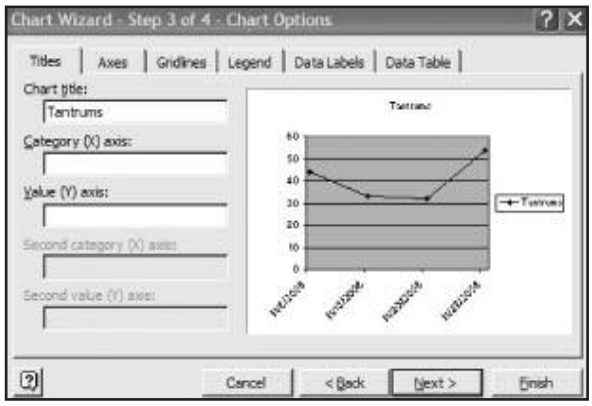


Step 4: Create a graph: Select the cells that contain the data that you want to appear. Place the marker in the first space (A1), click and HOLD while dragging the blue highlight across what you've entered. Next click on the "Chart Wizard" icon (▣) found toward the right on your tool bar: The Chart Wizard will lead you through the steps of making a graph.

Step 5: Using the Chart Wizard: The first dialogue box that opens describes the available chart types (below). For behavior data, the Line graph (A) is most often used. Choose your graph type from the menu on left. You also need to choose what type of Line from a selection of seven displayed on the right. For easy visibility, the default line with markers displayed at each data value is probably most desirable (circled). After choosing the selections, click the "Next" button on the bottom of the box. The second box is titled "Chart Source Data" (not pictured). You will

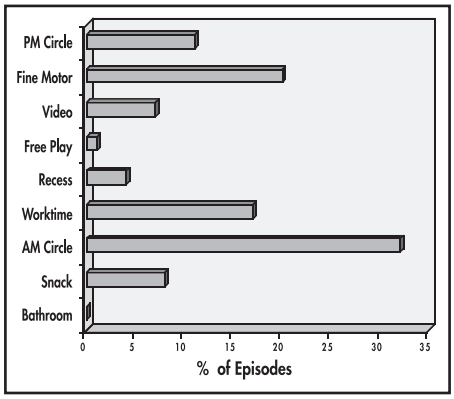


now see your graph displayed. If the graph is acceptable as displayed, click the "Next" button at the bottom of the box. The third box (right) is titled "Chart Options." This box includes a variety of options displayed on the six tabs. You can use these to customize your graph. Click "Next" and the final box, "Chart Location" appears (not pictured). Click the "Next" button and your chart should appear. To place this into a document such as a report or behavior plan review, copy the graph by clicking once on the graph border then clicking on the COPY button in the toolbar (). Open your document and then click on the PASTE icon () to copy directly to the document.

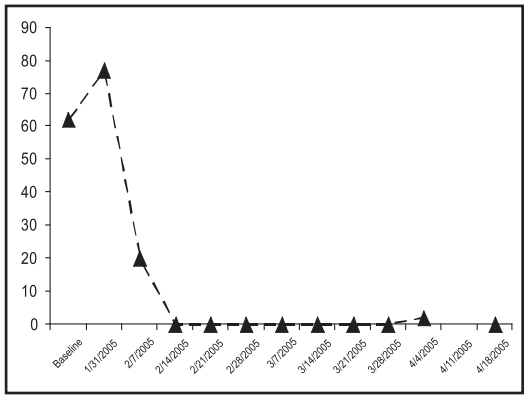


Applications of graphs

Example 1: **John is a four-year-old boy with autism attending a special education preschool program. Despite relatively good progress after entering his classroom, he began to display increasingly frequent episodes of saliva play and was eventually spitting at his peers and staff adults.** A functional analysis assessment was initiated, and the classroom staff began keeping track of how often the behaviors occurred and within what circumstances. Over the course of several weeks, the staff was unable to discern any consistent "patterns" to the behaviors, noting that they often occurred "out of the blue" and for "no reason." The school psychologist decided to take a closer look at the data by graphing how often the behaviors occurred during each scheduled activity (above). Based on the graph, it indeed appeared that the behaviors occurred most often during certain activities such as morning circle time. From this information, additional observations were completed during the problem periods, and it was determined that a likely motivation for the spitting was staff/ peer attention. The graph was particularly effective in communicating to staff how John's behavior followed a "pattern" and upon further examination, likely served the purpose of eliciting the attention of others. In collaboration with staff, an effective plan emphasizing reinforcement of other appropriate behaviors (raise hand at circle time, etc.) while minimizing the attention he received for spitting was implemented. Though the plan initially resulted in an increase in spitting, staff continued to intervene and their efforts resulted in significant reductions in and, eventually, elimination of the behavior at school. John's frequency of spitting episodes based on classroom data is pictured below.

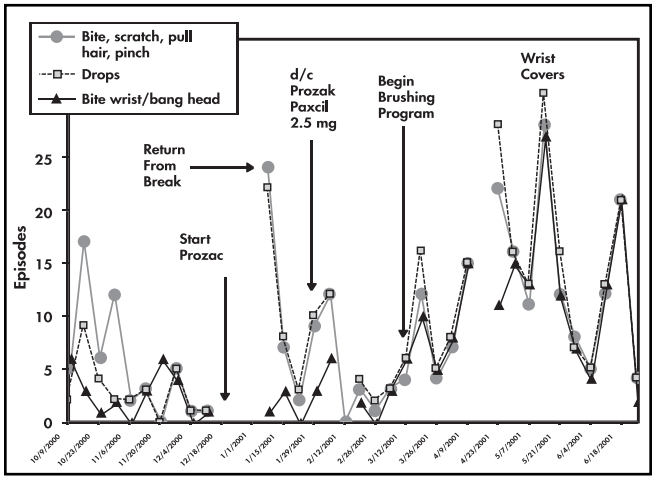


Frequency of John's spitting behaviors across settings



The frequency of spitting behaviors was reduced after behavior intervention

Example 2: **Sarah is a five-year-old girl with autism who experienced significant increases in tantrums characterized by screaming, dropping to the ground, self-injury (biting wrists/banging head), and aggression (hitting, pulling hair, scratching).** A functional analysis assessment was completed and a behavior plan initiated. Though Sarah's behaviors improved initially, the overall trend appeared to indi-



The effects of multiple interventions on a variety of behaviors are shown

cate a subsequent increase. Additional changes complicated the analysis of the classroom data, including the introduction of several biomedical and dietary regimens, treatment with antiviral and antifungal medications, various herbs, Prozac, Paxcil, and a gluten- and casein-free diet. Other health issues including possible side effects of the medications (yeast infections, itching) were communicated to the physician. Treatments to address itching were prescribed with some positive effects, though eventually the self-biting increased to the point that small protective wristbands were introduced to reduce injury. Despite the many challenges, open communication and sharing of information through the graphs was described as helpful by parents, staff, and the physician. Sarah soon transferred from the program and it was later reported that she received a diagnosis of Rett syndrome. Overall, the use of behavioral graphs can be very helpful in monitoring behavior plans and communicating the information to staff, parents, and outside professionals such as physicians.

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Golf Tournament to Benefit Big Brothers Big Sisters and the IAC June 9th 2007

The 14th Annual Knollball Golf Tournament benefiting Big Brothers Big Sisters of Orange County and the Interagency Assessment Center (IAC) will be held on Saturday, June 9, at Desert Springs Marriott Resort. This five-star event was begun in 1994 by Susan and Steve Knoll to benefit Big Brothers Big Sisters of OC. This year, as a result of the excellent care provided for their son, Ethan, the Knolls are sharing the tournament proceeds with IAC. Tournament registration ended May 4, however, your support as a spectator or donor is always welcome. More information is available at www.knollball.com, or by calling Steve or Susan Knoll at (562) 544-0594 or (562) 544-1139.

Creating a Visual Strategy Book for Social Behavior

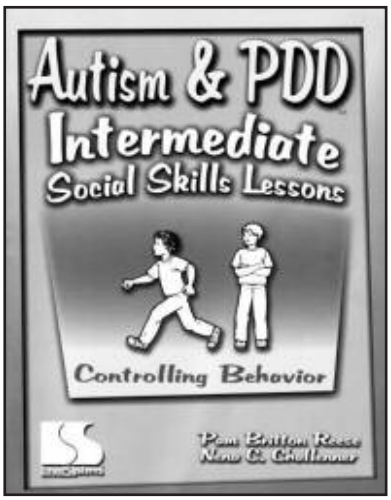
By Trang T. Ho

Students with Autism Spectrum Disorders (ASD) may exhibit challenging behaviors which interfere with their own learning and/or that of their peers. Problems may include non-compliance, tantrums or even aggression or property destruction. To deal effectively with behavior challenges, their specific causes and functions have to be understood. Based on this "Functional Behavior Analysis," adequate strategies must be applied.

A wide range of methods has been developed to deal effectively with challenging behaviors. One popular method was created by Carol Gray, who uses sketches of social settings along with simple descriptions to reduce behavior challenges in children with ASD (Gray, 1991). Although the so-called Social Stories™ were originally created to support the social and emotional development of children with ASD, this tool has been used very effectively for teaching social situations (Gray, 1994).

Pam Britton Reese and Nena C. Challenner have also been successful with their one- to two-page social story lessons (e.g. 2001). Each sentence is supported by one or more pictures, which is very helpful for children with a need for visual support. The lessons are grouped into five separate books:

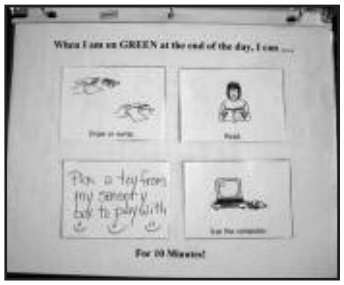
1) Communication;
2) Controlling Behavior;
3) Healthy Habits;
4) Middle School; and
5) Special Events & Activities.



As a first-year school psychologist with the La Habra City School District (LHCSD), I was assisting a teacher with Mike, one of our seventh-grade students. Twice or three times per week he exhibited noncompliant behaviors as well as screaming, throwing school supplies, kicking furniture, and cursing at his teachers/aides. His behavior would last approximately 10 to 25 minutes until it de-escalated. These behaviors were extremely disruptive to his learning as well as that of the other students in the classroom.

Based on the positive effect reported for visual support systems, such as the Reese and Challenner program (2001), we developed a tailor-made book for Mike called the "Appropriate Behavior Book." Below are the steps we followed in designing his book.

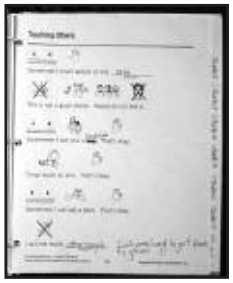
How to make an "Appropriate Behavior Book"



1) A binder folder can be used to hold the book together.
2) Create a cover page (e.g. Joe's Book of Appropriate Behaviors).
3) Create a table of contents listing the book's chapters.
   - Subdivisions can be added for new behavior challenges.

4) Use dividers with tabs to separate the chapters from each other.
   - List the chapter numbers on the tabs.
5) Actual stories can be photocopied or written and inserted into the corresponding chapter.
   - Clip art and/or photographs can be used as well to create a personalized social story.

Ideas for reinforcing activities



Each chapter has a social skill that the student is learning. In addition, I created a visual story on

appropriate behavior during break time, which was inserted into the back of the book. I also added a visual reward menu to the back of the book so that the student can be rewarded when exhibiting new appropriate learned behavior. The "Appropriate Behavior Book" is easy to customize to meet the individual needs of students with ASD.

Ideas for break time

Appropriate ways to express anger

I am happy to report that Mike has reduced the frequency and duration of his non-compliant behavior and now exhibits much more appropriate social behavior. He is now better able to verbalize when he is frustrated, and at times he will pause before reacting. In addition, he will use his break time to calm down, or go to the calm corner when asked. While we cannot break out the individual impact of general positive behavioral support strategies and the described "Appropriate Behavior Book," his behavior improvements are obvious.

The quality of life for students with ASD and their families can be improved if the changes made are positive, sensitive, and well-orchestrated. Students with ASD have specific and unique needs. It is our job to clearly identify these needs and to help address them. Utilizing visual strategy to address problematic behaviors in students with ASD is not only effective, but in many cases it is the least restrictive alternative.

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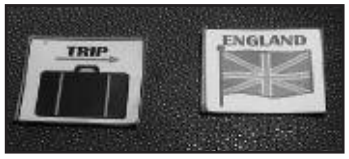
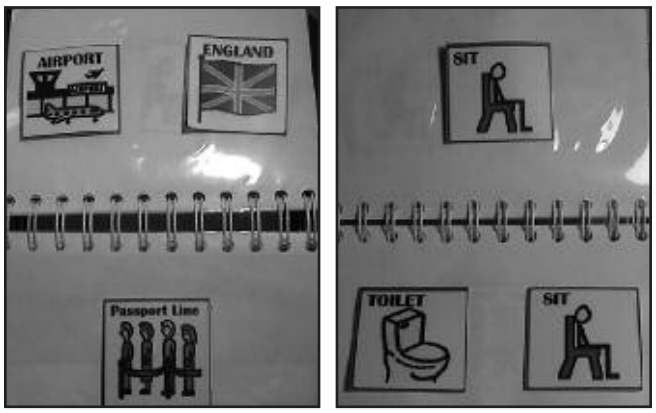
Visual Supports for Vacation Success

By Chrissy Shields

"My goodness, you go everywhere twice," was my friend Brenda's comment while watching me prepare for a vacation trip with my family. "Well, if I don't frontload Scotty with visuals, I may not go anywhere at all!" was my reply.

To help our vacations go smoothly, before we leave I show my son Scotty a sequence of pictured scenarios that we will encounter on our trip. Scotty is 15 years old and has autism. In the past, pictures have helped him to keep calm and to organize his thought process during difficult transition times. With the help of visual supports, we are now able to travel long distances and have not had trouble with Scotty being in unfamiliar surroundings or with unfamiliar people. Visual frontloading makes difficult transitions run smoothly.

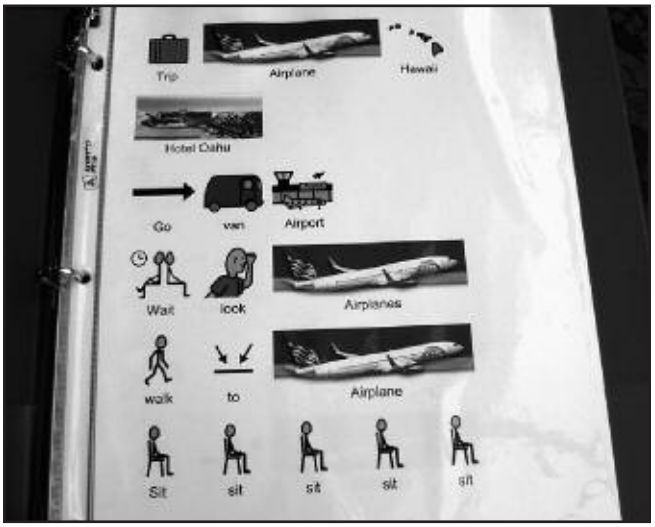




Simple picture travel sequences

Scotty started traveling internationally when he was very young. In those days, my visuals were not quite as attractive as they have become with much practice. Here is a picture book I developed for one of his first plane flights. As the pictures by Mayer-Johnson's Boardmaker™ program indicate, he has to sit for a VERY long time. It basically says, "sit ... sit ... sit ... toilet ... sit"!

Based on Scotty's positive response to knowing what happens through pictures, I have developed a collection of picture books over the years. Using these books, my son now can predict small trips, such as visits to the doctor, dentist, hairdressers and grocery store, as well as more elaborate sequences for vacations to Hawaii and the U.K. He has even patiently made it through a very long drive across country from California to Alabama and back. I assemble the books using pictures from newspapers, magazines, and the Internet; which-ever one is the most convenient. Sometimes even a quick drawing can be sufficient. I read the story to Scotty ahead of time and then cut it into strips to keep on my travel bag for his easy reference at customs, waiting lines or during difficult transitions. Here is a picture of a page which we read ahead of time, and the story strip attached to my bag to help Scotty "tune in" to where we are and what's next as we go!



Pictures helped Scotty make the trip to Hawaii

Strips of the travel sequence were attached to my bag

In addition to predicting what happens, understanding the purpose of traveling has been very helpful. A reinforcing object has proven to be a great incentive for long trips. When my son was small, a favorite toy crane was broken at home, but Nana and Grandad in England had the exact same crane, in a working model! My father sent photos and we were set to go! Here is a photo of the "helpful" crane!

Nana and Grandad's "helpful" toy crane

Pictures of people we will be visiting are another visual support that has proved very useful. I ask family members and friends to e-mail me photos so that I can include their pictures in my books. Here is a page of some of my family members and friends – they will be delighted to be included in this article!

Here is a photo of a smaller wristband story that we use with Scotty. Sometimes he will get such a wristband story to tell us where **he** wants to go! For example he is very adept at getting the Costco picture sequence book when he decides that it is time for a new, more interesting DVD!

If you would like any further information about how to create visuals for your family member, I can be contacted by e-mail at: cyshields@adelphia.net.

Chrissy Shields
Mother of Scotty ♥

Artist: Mimi Tran

By Meryl Schrantz

Mimi Tran is a talented five-year-old who LOVES drawing! She draws herself with her friends from school and scenes from her favorite "TV Stories" (videos). She also LOVES animals, especially cats!

At school, Mimi enjoys playing with her friends at recess, playing Alphabet Bingo and reading books. At home, she looks forward to family outings to Barnes & Noble. Her favorite place to go is Disneyland! When she is there, she enjoys the Mickey Mouse Water Show, Peter Pan and Winnie the Pooh.

She also has a WONDERFUL SENSE OF HUMOR! She is an absolutely delightful child.

Mimi's drawing featured on this issue's cover is a picture of her playing "Moonsand" with her friends at school.

This is me!

Meryl Schrantz
Autism Program Specialist
West Orange County Consortium
for Special Education ♥

Tell Me What TO Do!

By Linda Hodgdon

Emily was putting pink frosting on the newly-baked cake. Sitting up at the kitchen counter, she had a table knife in her hand with a large glob of frosting on it. Her eyes were twinkling and that glob of frosting was getting really close to her mouth. So guess what Dad yelled? ***"Don't put the knife in your mouth!"*** *Guess what Emily did? It was such a natural, impulsive response, and that frosting tasted so good!*

It was almost like Emily was doing exactly what Dad told her NOT to do. The natural reaction of the adult is to think the child is purposefully disobeying. But there is another possibility.

Think about it this way

When Emily was admiring that pink frosting ... what was she paying attention to? The frosting. Was she paying attention to Dad when he started to talk? I don't think so. So by the time Emily realized that Dad was talking and shifted her attention to him, what did she hear? Maybe the end of the sentence? I am not sure, but it is a possibility.

And here is another question

How would Emily have responded if Dad told her, "Put the knife down." Telling her what TO do may produce a very different result than telling her what NOT to do.

Ways to get the student's attention before communicating

- Say the student's name
- Use a gesture
- Move so you get into her visual field
- Show him an object or other visual cue to get him to look at you

So there are really two issues here...

1) **Get the student's attention before communicating to her**
   A lot of communication to students occurs when they are doing something else. If they are paying attention to whatever they are doing, they may not shift their attention to the speaker.
2) **Tell the student what TO do**
   After getting the student's attention, helping him understand what he is supposed TO do will generally yield a better response than trying to tell him what NOT to do. When the message is communicated in a clear, straightforward manner, it is easier to figure out what action to take.

Help students know what TO do

1) **Use a prompt**
   Hand him a tissue instead of saying "Don't wipe your nose on your sleeve."
2) **Use a gesture**
   Gestures can guide her to appropriate behavior. Point to the coat hook instead of saying "Don't drop your coat on the floor."
3) **Model what you want**
   Offer, "Let's do it together." That can encourage students to do things with more enthusiasm than you might get otherwise.
4) **Call attention to the "problem"**
   Say "Oh, oh" "Oops!" "Look!" Then point to what needs to be done.
5) **Look right at his face and clearly state what you want the student to do**

And what's the bottom line?

We each have our patterns, our standard ways of saying and doing things. We can become so focused on trying to change our students that we don't really think about our part of the interactions.

Sometimes making small changes in what WE do can make huge changes in how our students respond. Little things can make a big difference. It is worth thinking about.

P.S.

Sometimes people are so adamant about only saying positive things to students that they claim you should never use the word "NO." I don't agree. The world is full of caution and rules. Teaching students to understand what NO means is important for their safety and for effectively participating in the community. But if we communicate NO and DON'T all the time for everyday activities, those words lose their power.

For further information, please contact:

Linda Hodgdon, M.Ed., CCC-SLP
www.usevisualstrategies.com

Editors' note: *We appreciate the author's consent to reprint this article from her newsletter.*

For My Brother Joey

A Brother Creates a Button to Raise Awareness and Funds

By Nicholas Lombardi

Joey and Nicholas Lombardi

My name is Nicholas Lombardi; I'm 11 years old. My brother, Joey, is nine. He's a great little kid; he's sweet, he's loving and he's very funny. Joey also can't talk yet: He has autism. I wish he could talk, I wish he could communicate like a typical kid. Maybe someday. It's so frustrating sometimes, because I know he has a lot to say.

What frustrates me even more is the way people look at him sometimes, because they don't understand. They think he's just misbehaving.

How did I think of a button? I was in a mall with my mom and Joey. Joey was doing what he does sometimes – making funny noises, going down to the floor so he could feel the ground. And people were looking at him like he was just some brat, not listening to his mom. Joey had taken off his shoes and had started running. My mom and I were yelling his name. He was confused and upset, but all the other people saw was a kid who was misbehaving.

As the people stared I found myself very angry. Not at him, not really at them, but maybe at autism. I wished there could be a way... to have people understand. A voice. And that was it. In my head, I saw a button, one that could speak for Joey. I turned to my mom and said, "Ma, I really wish there was a button that said 'I'm not misbehaving, I have autism, please be understanding.' It would be a voice for Joey. We should create one."

At first I thought we could use the money for Joey, for his therapy, for his needs. There are many. But then I thought of other kids. I can help other kids with autism too, that would be the best! I thought it would be great to donate one dollar from each button to Autism Speaks. My mom agreed and said she would help. Now my buttons not only help Joey, but help other kids too.

I'm so happy that my dream of a voice for my brother and other kids has come true. With my button, people won't think a kid with autism is misbehaving, they will now think, "Oh, that kid has autism." They'll wonder, and want to learn more and that will help kids like my brother be understood. And that's good, because Joey is a good kid and not misbehaving.

Hopefully, with so many wearing the button, more understanding and tolerance for autism can spread. This would make a lot of families happy. I'm lucky to have Joey; he teaches me so many things.

For further information or to order the button, please go to http://www.autismspeaks.org/community/intheirownwords_nicholas.php.

Nicholas Lombardi

Reprinted with permission from Autism Speaks.

Note: *We are pleased to announce that Nicholas Lombardi will be receiving the* ***Youth Partnership Award*** *from the Westchester Arc for his creative contribution to autism awareness.*

Autism News of Orange County *& the Rest of the World* (ANOC-*RW*)

Shared Sponsorship Now Available!

Autism News of Orange County *& the Rest of the World* (ANOC-*RW*) is a newsletter which shares research-based strategies, innovative educational opportunities, developments in education and therapy, and resources with colleagues and families of children with Autism Spectrum Disorders (ASD). It is published three times a year and is distributed as hardcopies and on the web on a local, national, and international basis. *Autism News* has successfully informed the public and brought relevant information to its readers over the last four years. It fills the gap between professional autism journals and unfiltered newsletter and web-information by stressing evidence-based information and best practices.

ANOC-*RW* is currently published and distributed in hardcopy form by four non-profit organizations, namely Council for Exceptional Children (CEC), Orange County Department of Education (OCDE), For OC Kids Neurodevelopmental Center, and Regional Center of Orange County (RCOC). Per year about 8000 hardcopies are sent out locally as well as internationally to parents and specialists in twenty countries. The newsletter is also available as a web-based free subscription.

ANOC-*RW* has a Local as well as an International Advisory Board with experts from the U.S., Australia, Europe and Asia as well as dedicated parents, teachers and therapists. It has become a consistent and reliable source of information for parents and professionals both in and outside of the region. For further information please see our website at www.autismnewsoc.org or www.verabernard.org.

SPONSORS – Sponsorship of the newsletter is offered to organizations or individuals who contribute $5,000 or more annually. In return for their contribution, sponsors will be listed by name in the newsletter. Sponsors are also given space on the inside back page of the newsletter to list their upcoming events, and will receive a specified number of hard copies to distribute to their constituencies. Sponsors will be listed prominently on our website.

SUPPORTERS – Supporters of the newsletter include all contributing organizations or individuals whose donations are less than the amount required for Sponsorship. Supporters are recognized in the newsletter and on our website and may be allowed to list their upcoming events on a space-available basis and, depending on quantities printed, to distribute hard copies of the newsletter. Supporters are further categorized as Sustaining Members, Supporters, or Friends of the newsletter. The range of contributions for each may change depending on the level of support required for Sponsorship. Currently the levels are as follows:

Sustaining Member: $3000–$4999
Supporter: $1000–$2999
Friend: $25–$999

Please send your contribution to the following address: Autism News Orange County-*RW,* Orange County Department of Education, 200 Kalmus, Costa Mesa, CA 92628. *Note: Tax-exempt receipts will be mailed along with our thanks!*

For further information please contact Vera Bernard-Opitz at vbernard@ocde.us or Andrea Walker at awalker@ocde.us or call (714) 966-4137.

We are grateful for the ongoing sponsorship of this newsletter by the following organizations:

Council for Exceptional Children Chapter 188

REGIONAL CENTER OF ORANGE COUNTY

ORANGE COUNTY DEPARTMENT OF EDUCATION
WILLIAM M. HABERMEHL
County Superintendent of Schools

For OC Kids

Upcoming Staff Development, Conferences and Parent Trainings

Throughout the school year, there are many opportunities for continuing education offered by various organizations, however during these summer months the offerings are more limited.

The **Regional Center of Orange County** (RCOC) and the **S.U.C.S.E.S.S. Project of Orange County** strive to provide affordable fees to both families and staff. Each session has a specific focus, some pertaining to early interventions, some with more of an emphasis on the older-aged student. **Registrations for those outside of Orange County may be very limited!**

PLEASE NOTE: The new 2007 – 2008 schedule for the **S.U.C.S.E.S.S. Project of Orange County** is currently being developed. More information will be included in the next ANOC issue.

Date/Time/Place	Topic/Speaker	Developmental Level	Approximate Fee	Contact
September 5, 2007 4:00 to 8:00 PM RCOC	Ten Positive Ways to Change your Child's Behavior *Gary LaVigna, Ph.D.*	All Ages	$25	RCOC Karen Schaeffer (714) 796-5330

Locations: ***RCOC*** = *Regional Center of Orange County – 801 Civic Center Drive West, Santa Ana, CA 92702*

Grandparent Autism Network

While there are many support groups for parents of children with autism, the Grandparent Autism Network (GAN) was founded in April 2006 to meet the unique needs of grandparents (see our report in ANOC, Fall 2006, Vol 3. (2)). In its first year of operation, membership has grown to over 400 grandparents who reside in Orange County, CA.

GAN is a nonprofit, all-volunteer organization. *There are no charges for membership or presentations, which are mostly exclusive to grandparents and provide opportunities for questions and answers.*

Monthly events are planned throughout 2007. For additional information, please call, (714) 573-1500, e-mail gangrandma@cox.net or visit GAN's website: www.ganinfo.org.

UPCOMING EVENTS

On Saturday, July 21, 2006, **Family Fun for Everyone**, a picnic in Crown Valley Community Park, will be held from 11:00 a.m. to 2:00 p.m. Families will bring a picnic lunch and a blanket. GAN will provide the fun and opportunities for new friendships.

GAN's first annual **Game Night FUNdraiser** for grandparents, friends and supporters is planned for Saturday, August 18th, 2007 at the Oasis Senior Center in Corona Del Mar. Contact GAN for more information and reservations.

GAN members benefit from meeting other grandparents who want to improve the quality of life for their families. We share practical information, tips and resources from our personal experiences with grandchildren. We know that *grandparents networking together are a vital resource for autism ... and each other.*

It's Summer:

Where to go and what to do with grandchildren?

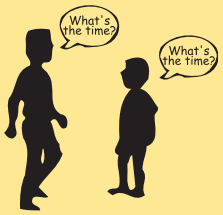
Tuesday, June 5th 2007
1:00–3:00 p.m.

Regional Center of Orange County
801 Civic Center Drive West
Santa Ana, CA 92701
Corner of Flower and Civic Center Drive West
(Enter parking lot on Flower, bring ticket inside for validation)

Presented by Jacqui Kerze *who oversees the Comfort Connection Family Resource Center. She will discuss the Comfort Connection, a parent-to-parent support program, and conduct a tour of the Family Resource Center.*

SOME EXAMPLES OF AUTISTIC BEHAVIOR
ALGUNOS EJEMPLOS DEL COMPORTAMIENTO DE PERSONAS CON AUTISMO

Avoids eye contact
Evita el contacto visual



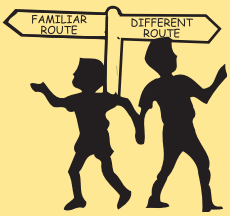
Copies words like a parrot ("echolalic")
Repíte las palabras como un loro ("en forma de echo")

Shows preoccupation with only one topic
Demuestra preocupación/interés en solo un tema/asunto

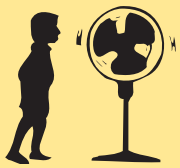
Lacks creative "pretend" play
Carece el juego creativo

Shows indifference
Demuestra indiferéncia

Displays special abilities in music, art, memory, or manual dexterity
Demuestra capacidades especiales en musica, arte, memoria or destreza manual



Does not like variety: it's not the spice of life
No demuestra interés en variedad



Shows fascination with spinning objects
Demuestra fascinación con objetos que gíran

Shows fear of, or fascination with certain sounds
Demuestra miedo de/ó fascinación con ciertos sonidos

Laughs or giggles inappropriately
Risa/reír inadecuadamente

Shows one-sided interaction
Demuestra interacción que es unilateral

Some Examples of Autistic Behavior
Algunos ejemplos del comportamiento de personas con autismo

- Difficulty with social interactions.
  Tienen dificultad para socializar con otras personas.
- Problems with speech.
  Tienen problemas con su lenguaje.
- Disturbed perception.
  Tienen una percepción anormal de los sucesos que acontecen a su alrededor.
- Abnormal play.
  Su forma de jugar es anormal.
- Resistance to change in routine or environment.
  Se resisten a cambios en sus actividad rutinarias ó a su medio ambiente.

Does not play with other children
No juega con otros niños