



ASES e - NEWS

DATE: APRIL 2009

Hello Everyone,

Term 2 is already here! As I travel around Melbourne and regional Victoria there are so many dedicated and enthusiastic integration aides, teachers, parents and support people. It is great to meet so many positive people.

Each term I will be presenting my sessions in each of the Metro regions and visiting two regional centres. **Cristina**

WORKSHOPS TERM 2

METRO

- **EAST: Thursday April 30: Box Hill RSL** 26 Nelson road, Box Hill 3128
- **North: Friday May 8: Greensborough RSL** 111 Main St Greensborough, VIC 3088
- **South: Wednesday June 24: Amstel Golf Club CRANBOURNE**
1000 Frankston-Cranbourne Road, Cranbourne, 3977
- **West: Launch of whole day workshop. Positive Behaviour support and Visual strategies.** Special Invitation only

REGIONAL

- **Wednesday May 20, 2009: The Regal Warrnambool**
163-165 Timor Street Warrnambool
- **Wednesday June 3, 2009 Leongatha Golf Club Inc.**
Koonwarra - Inverloch Road , Leongatha South
- *For more details email: asd_cris@yahoo.com.au and I will forward you the registration form*

CRISTINA ISAAC ABN: 32 473 025 470

asd_cris@yahoo.com.au

(03) 9795 0328



GREAT IDEAS

FROM PARTICIPANTS WHO ATTENDED MY WORKSHOPS.

- Working on motor skills through ball skills improve finger and hand strength
- Keeping a consistent Approach
- Visual timetable
- Taking time to really listen
- Use of humour where possible
- Allow 5 minutes computer time. Helps him calm down
- Encouragement to try new things and praise for trying.
- Bulletin board of each day's activities.
- Being consistent with home and school where possible
- Lunchtime "time out" club. Students feeling overwhelmed in the yard can come into the library for quiet games. Always someone in library to supervise
- When ANGRY: Change activity, take a walk outside and shoot some basketball goals, withdraw from class play soft music and speak softly but firmly giving specific directions.
- Cushion to sit on, helps reduce rocking or fidgeting. Fiddling squishy ball or ribbon to hold.
- Quiet area to work when she wants to work away from noise.
- Squishy ball to fiddle with on the floor so she doesn't touch others and it helps her concentrate.
- Allow him to talk about his special interest at specified times throughout the day as a reward for not talking about it during class time.

SOCIAL STORY

Directive Story: Waiting In Line

Excerpt from: *How To Stop Your Words From Bumping into Someone Else's*
Anna Tullemans & Rhonda Dixon

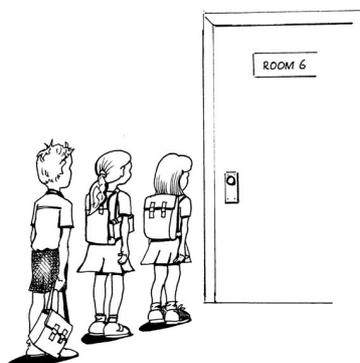
Use this as a poster outside your classroom door to encourage students to line up before entering your classroom

There are times when you have to wait in line.

- Stand quietly
- Look towards the front of the line

This is how you wait:

- Stand with your arms by your side
- Keep your arms, legs and body still
- Keep looking towards the teacher
- Wait until the teacher says you can move
- Sometimes others may touch you and that's OK
- If this happens move to one side





Communication Incentives

Susan Boswell
Division TEACCH
Susan_Boswell@med.unc.edu

<http://www.teacch.com/commincentives.html>

Children with autism are more likely to be successful communicators in environments that are designed to encourage and support their efforts. In order for the child to initiate effective communication, two conditions should be met.

1. **The child must see a reason to communicate (WHY).**
This is encouraged by the use of motivating materials/ activities and by creating situations in which he must communicate to make something happen.
2. **The child must have a means to communicate (HOW).**
The child needs to be taught the communicative behaviour needed, and visual supports for that communication will need to be available.

Listed below is a collection of suggestions for setting up communicative enticements that are meaningful and motivating to the child. Many involve play. Some involve problem-solving situations. All involve good timing, especially "waiting", on the part of the adult who sets up the situation and responds to the child's communicative attempts.

- **Engage in a FUN play routine several times, then pause and wait** for the child to re-initiate the routine. If the play routine involves motor movements, simple language, and a particular object, then the child has several options for **HOW** to re-start the pleasurable routine.
 - Examples:
 - blowing bubbles / balloons
 - pillow games
 - physical interactions such as tickles or swings
 - motor games / songs rolling / spinning object
- **Set up obstacles to desired objects or activities.**
 - Examples:
 - things that are out of reach but in view
 - stand in front of doorway/destination
 - containers that child cannot open independently
 - toys with mechanism the child cannot operate independently



- **Set up problem-solving situations.**
 - Examples:
 - leave out pieces of a puzzle or other motivating toy / game
 - put in extra pieces that do not go with an activity
 - give Dad's shoes instead of own
 - put block on plate at snack time
 - leave out needed tool / object, such as spoon when eating
 - spill something
- **Be observant for situations that the child dislikes.**

Before negative behaviours become a problem, teach the child to communicate "finished" or "stop" or "take a break", then respect this communication.

 - Examples:
 - offer disliked foods and teach acceptable way of rejecting
 - teach "take a break" in middle of stressful situation, such as a haircut, but then go back to it after a break is given.
- **Offer choices, making them visual, whenever possible, throughout the day.**
 - Examples:
 - foods and drinks
 - toys / videos / songs
 - places to go
 - clothes to wear
- **Practice turn-taking**

during motivating activities, using a visual cue along with verbal cues for whose turn.

 - Examples of visual cues:
 - hand held out palm first toward person whose turn it is
 - pass object back and forth to signal turn (game pieces, microphone)
 - name card or picture signals turn
 - special button or hat signals turn

Key Points to Remember

1. We are teaching the child both **HOW** to communicate (a system) and **WHY** to communicate (interaction).

2. Multi-modal communication (combining gesture, pictures, words, objects) is **GOOD** and helps the child learn both **HOW** and **WHY** more rapidly. Respond to the child's communicative intent whenever possible, whether he uses a spoken word, a gesture, a picture, an object, etc.



3. Visual supports for communication with children with autism are critically important because they:

- are stable over time
- attract and hold attention
- use strong learning modality
- reduce anxiety
- make concepts more concrete
- help isolate the concept that communication is to another person
- are a good prompting technique

4. To help your child understand you and also develop his own expressive language:

- Limit your own language to words he knows, and try to use the same words each time in the same situation.
- Use short, simple sentences or phrases.
- Speak slowly and clearly, and WAIT.
- Exaggerate your tone of voice and facial expression.
- Use gestures or other visuals (pictures, objects, print words) paired with your verbal language.
- When the child is stressed or upset, reduce your verbal language and increase use of visual supports.
- Imitate what your child says, and expand on it slightly.
- When you notice your child engaged in something that interests him, use simple language to describe what he is doing. Pairing words with actions makes them more meaningful.

Group Work: Anna Tullemans

Essential considerations for group work:

- The teacher must select the group, keeping in mind which students will work best with the ASD student
- Be clear where the group is going to work
- Make this the same table or spot on the mat each time
- Keep the group small so the student doesn't have to socialise too much
- Keep the student in the same group each time for the same range of activities
- If you need to change the group, only change one student at a time
- Do partner activities rather group work
- Help to select the role that the student will have within the group. His role must have status but also be manageable by him eg
 - o Time keeper
 - o Manager
 - o Computer research



Interrupting : Anna Tullemans

“One of my students interrupts me all the time. It happens when I’m talking to the group and even when I’m talking to just one other person. What can I do?” – Lisa, Hong Kong

Making sense of it:

ASD students have difficulty in knowing how and when to join conversations. They don’t recognise the pauses and subtle signals which are an invitation, and they lack the skills of building a contribution to the conversation. They may also become preoccupied with a particular thought that they cannot resist in blurting out.

Things to try:

- In Groups: Try using an object such as squishy ball with only the person holding the object allowed to speak
- Explain to the student that pauses in conversations are the places to come in with comments. Practice recognising pauses. Watch videos and use drama activities (play acting) as prompts.
- Use “How to Stop Your Words from Bumping into Someone Else’s” (interrupting)- *Rhonda Dixon & Anna Tullemans*



PREPARING A CHILD FOR CAMP

Cristina Isaac

FEARS: Unknown schedule, change of environment for eating and particularly sleeping.

Here are some ideas that may help:

- Find Camp on Google earth
- Daily schedule of activities with times
- Menu of food for different meals
- Map of camp
- Camp rules
- Who will he share a room with?
- Bring Calming toys or his special interest for when feeling anxious.
- Write as much information so he will be prepared before he gets to camp.
- Reward system (tokens) for doing / trying activities to be delivered when he goes back home.
- Lots of specific and enthusiastic praise.



6 Reasons for Unsuccessful Behaviour Management

Solving Behaviour Problems in Autism: Linda A. Hodgdon

1. Not looking at the 'Big Picture'.

a. Sometimes we focus our attention on extinguishing a particular behaviour and not looking at why the behaviour is occurring.

2. Failure to find the true cause of the behaviour. Generally there are three factors that are woven into the students behavioural difficulties:

- Their inability to understand effectively
- Expressive communication problems
- Sensory issues

3. Trying to deal with too many issues at the same time.

a. Focus on why one behaviour is happening as changing that will usually change multiple problems.

4. Focussing on extinguishing behaviours rather than teaching a particular skill.

- We have to stop telling students what NOT to do and start teaching them what they should be doing
- One of the most effective ways to eliminate inappropriate behaviour is to teach a more effective and appropriate way to get a student's need met.

5. Presuming students understand

a. Few people recognise that a student's difficulty in 'understanding' (the underpinning meaning of what we say and do) is frequently a source of behaviour problems

6. Reacting to difficult behaviours inconsistently

a. We need to be very consistent in our day to day encounters with our ASD students. The more inconsistent we are, the more confused the ASD student will be and the less he will be able to problem solve.

Behaviour in the classroom – excerpt from *Teacher*

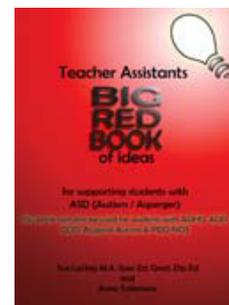
Assistants Big Red Book of Ideas –Anna Tullemans & Sue Larkey

Behaviours in the classroom often take the form of:

- Irrelevant comments
- Interrupting
- Talking over the top of others
- Not following instructions
- Doesn't always understand the intent of words

Ideas to try:

- Use Comic Strip Conversations – (Carol Gray)
- Model what is and what is not appropriate and explain why
- Teach the student to ask for help appropriately
- Teach the student how to ask for clarification
- Teach the student how to start and how to finish
- Pause between instructions
- Limit oral questions





BOOKS



- **[Your Special Student: A Book for Educators of Children Diagnosed with Asperger Syndrome](#)**
Josie Santomauro and Margaret-Anne Carter
If one of your pupils has Asperger Syndrome (AS) you might have noticed that some of their behaviour is a bit different to other students: that they become stressed when faced with change in situations or routines. Children with AS are visual thinkers and learners, and they do not cope well with verbal instructions. That's why, in order to avoid negative feedback, they can become defiant in their behaviour.
- **[Autism and Diet What You Need to Know](#)** **Rosemary Kessick**
Parents have been reporting a connection between autism and diet for decades, but for many years the science behind the connection was evasive. Today, we see a growing body of research to back up parental-reported evidence that certain foods and other environmental sources can affect the developing brains of some children, and trigger adverse behavioural episodes.
- **[The Complete Guide to Asperger's Syndrome](#)** **Tony Attwood**
- **[Helping Children with Complex Needs Bounce Back](#)** **Resilient Therapy(TM) for Parents and Professionals**
Kim Aumann and Angie Hart
- **[Grandparenting a Child with Special Needs](#)** **Charlotte E. Thompson M.D.**

INTERNET



<http://www.teacch.com/structuresuccess.html> "GROUP" IDEAS FOR PRESCHOOL AND PRIMARY CLASSROOMS INCLUDING STUDENTS WITH AUTISM: **STRUCTURING FOR SUCCESS**

<http://www.teacch.com/toilet.html> Applying Structured Teaching Principles to Toilet Training

<http://www.seeandspeak.com.au/index.html> Website offering quality visual photographic teaching supports for all toddlers, small children especially those with special needs: Autism Spectrum Disorder, Down Syndrome, Anxiety Disorders, Speech and Language Disorders. You can get some great ideas on different topics.

<http://www.mayer-johnson.com/> Create visual aids with Boardmaker, download a trial version for 28 days for free.

<http://www.annatullemans.com/> Anna Tullemans author, speaker and Asperger consultant. Great newsletters to download.



New Medicare Items for Diagnosis and Early Intervention for Children with ASD

An outline of the various package components follows:

1. Medicare Items – under the Department of Health and Ageing (DoHA)

New Medicare Items have been announced that are designed to support diagnosis and early intervention **for children with Autism up to 12 years of age**. \$20.7 million have been allocated over five years to introduce the new items. There are three levels of these items, namely:

- Diagnostic items – for Paediatricians and Psychiatrists; for diagnosis and development of treatment plan;
- Allied Health Provider Assessment – for Speech Pathologists, Developmental Psychologists and Occupational Therapists (4 sessions in total);
- Allied Health Provider Intervention – for Speech Pathologists, Developmental Psychologists and Occupational Therapists (20 sessions in total). Therapy up to 15 years old.





MEDICARE AND YOU

The Australian Medicare scheme can be quite difficult for parents to wrap their mind around - below you'll find a brief guide as to how Medicare may assist you with our Allied Health Therapies of Occupational Therapy, Speech Therapy and Psychology / Counselling.

1/ Enhanced Primary Care - (EPC) allows up to 5 partially subsidized sessions for OT and Speech Therapy within a calendar year. For example you may choose 2 OT sessions and 3 speech therapy sessions for your EPC plan. Your doctor must organise a referral through Medicare for you to access the EPC.

<http://www.health.gov.au/epc>

2/ Mental Health Care Plan for OT (20 sessions) and Psychology only - (MHCP) allows up to 12 subsidized sessions annually. The 12 sessions must be obtained in two six session blocks - each requiring a referral from your GP or Paediatrician. The OT must be registered as a Mental Health OT. The MHCP is only eligible for a select group of children, commonly with a diagnosis of: Autism Spectrum, Anxiety Disorder, ADD & ADHD amongst others*.

Autism Advisors: EARLY INTERVENTION FUNDING

A national program of up to 40 autism advisors will be available across Australia to provide information and advice to families and carers of children who are diagnosed with an Autism Spectrum Disorder.

The Autism Advisors will:

- provide a link between the clinical diagnosis and access to early intervention programs and support services
- assist eligible families to access the Australian Government's funding package for early intervention services
- support families from rural and remote areas to apply for funding and receive payment.
- **CONTACT**
- **[Autism Victoria Inc: \(03\) 9885 0533](tel:(03)98850533)**