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Creative Perspectives Quarterly

FEATURE TOPIC OF THIS NEWSLETTER

HELPING YOUR CHILD BE SUCCESSFUL AT SCHOOL



Creative Perspectives, Inc.
AUTISM CENTERS OF COLORADO



Where it all comes together.



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Letter from the Editor:

Dear Readership:

I am pleased to introduce the first issue of the second volume of Creative Perspectives Newsletter. As you may have noticed, the title has been changed to *Creative Perspectives Quarterly* indicating the Newsletter has switched to a quarterly format with publications planned for December, 2010; March, 2011; and June, 2011. The overall scope of the Newsletter has also shifted to more of an education, information, and community event/activity resource for parents, and family members of individuals with autism and related developmental disabilities as well as interested community members. Each Newsletter will also have a central topic that each contributing clinical staff member centers his or her written piece around.

This volume's topic is "Helping Your Child Be Successful At School". With the recent transition back to school for all of our kiddos, there are a number of things to keep in mind regarding your child and their communicative, social-emotional, sensory-motor, daily living, cognitive, and behavior skills and developmental progression. As a result, each clinical staff member from the aforementioned domains has written a short piece centered on things you can do or things to keep in mind to help your child be successful at school within the said areas.

As always, I hope you enjoy reading this newsletter as much as I enjoyed putting it together. Please do not hesitate to let me if you have any questions, concerns, or comments.

David J. Cox, M.S.B.

Assistant Clinical Director



**Creative
Perspectives Inc.**
Autism Centers of Colorado



Did you know?

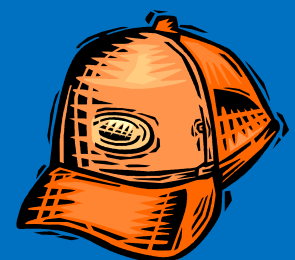
A cat has 32 muscles in each ear.



A polar bear's skin is black and its fur is not white, but actually clear.



The first baseball caps were made of straw.



Is Your Child Ready to Listen?

Denise Nicholas, M.A., CCC

Is your child ready to listen? Now that your child is back in school, he/she will be required to “turn on those listening ears”. Listening skills are important for your child’s learning of language, as well as his/her success in school. To help with listening skills at home, be sure to get your child’s attention before speaking to him/her. Putting your hand on him/her or repeating his/her name may help. Speak simply, slowly and directly. Try to make activities around the house interesting and meaningful enough to attract and maintain your child’s attention. When reading to your child, stop at different points in the story and ask questions about what you have just read. Play games with your child, having him/her find objects or put them in specific places, for example ‘put the crayon under the blue blanket’.

When I think of school, I immediately think of ‘listening’ skills. Kids will be required to sit and listen throughout the day. Visuals and simple instructions will be necessary for your child to be successful. This may be obvious but make sure your school has made the adaptations for your child to be successful. Do you know who the speech language therapist is? Do you have way to communicate with her/him on a weekly basis? How to help at home:

- 1) Read Books to your child. Read to them at whatever level he/she communicates. Model pointing to pictures that you name. Take their hand and point to pictures you name. Have fun.
- 2) Give them small chores to do at home. Simple tasks as emptying the trash, washing out the sink, picking up dirty clothes or toys in their room, setting the cups on the table. Make it a chore they do every day and at the same time, if possible.
- 3) Reinforcing activities they do at school at home will be fun and good practice for your child. Example, find out some of the songs they sing during group, do simple projects that use scissors, glue, colors, etc. , talk about the topics the school is focusing on for that week or month.
- 4) Discuss concepts in, on, under, on top, in front of, in back of, beside,

next to , between, bottom, middle, big, little, etc. Understanding concepts, such as these, will help your child understand instructions in the classroom.

At school, your child will need to listen in large circle, listen to instructions about how to do a project, listen to a story being read, listen on how to behave in the hall or on the playground, listen when the teacher is teaching (reading,). Does your child have the tools he/she needs to be successful?

- 1) Where does he/she sit when listening? On the floor, on a chair, close to the teacher?
- 2) Does he/she need a cube chair, a soft pallet, a person to sit by him/her?
- 3) Is he/she provided a stimmy object to help listen?
- 4) He/she might need a visual, i.e. a picture symbol of the teacher, a child sitting down, listening ears, etc. Your child might need a first-then board so he knows what is coming next.
- 5) Did the teacher or paraprofessional prepare your child for this time of listening?
- 6) Are any adaptations needed for the child to be able to follow through with any instruction that was given? Your child may need someone to simplify the instructions, or provide visuals or written instructions so that he/she understands what is being said. Find out if your child is being provided the best possible environment for his/her ability to listen.

The University of Colorado’s Speech and Hearing Outreach Program wrote an article titled “Suggestions for Facilitating Language Development in Children”. In this paper, they discussed reading to your children, which I would like to share with you.

It is necessary to understand what ‘reading’ to young children means. “Reading” is simply another way of communicating with a child which helps

to develop language and ‘turn him/her on to new thoughts and ideas (that is why social stories are so successful with our kids on the spectrum). If you approach ‘reading’ as something you enjoy and value, the child will respond with enjoyment and interest.

Before the adult decides upon what books the child should have, be aware of several things:

- 1) What, in the child’s world, is most interesting to him/her?
- 2) Does the child use short or long sentences?
- 3) Does the child talk for short or long periods of time?
- 4) Too many pictures in the books is better than too few.
- 5) Most public libraries have good children’s librarians who can help adults select appropriate books

After the books are chosen and you decide to ‘read’ to your child, remember that ‘reading’ is from the child’s point of view. Reading may be any one or several of the following:

- 1) Turning pages only and more than one at a time.
- 2) Turning one or several pages at time and looking at some of the pictures.
- 3) Looking at the pictures and commenting on some of the pictures, or encouraging the child to ‘read’ a story to you by telling about the pictures.
- 4) Looking at the pictures, but reading only the beginning, middle or end of the story, not the whole story. Very young children aren’t aware of beginning, middle and end; books aren’t where they learn this concept.
- 5) After the adult has looked at the pictures and maybe read some of the story, the child may continue to interrupt with his/her own questions. Follow the child’s lead, listen and converse; these are the learning times. If the adult continues reading and disregards the child’s expressed interest, the point of reading is lost.
- 6) As the child gets older, he/she will let you know when he/she wants the ‘whole’ story read to him/her; but

again, follow his/her lead and don't impose.

After reading time is over, at whatever level, it is not necessary to "quiz" the child about the pictures or the story. If you remember to interact with the child while you are reading to him/her as though you were talking and listening, reading will be fun and valuable to the child.

Many, many years ago, when I was in

graduate school, a professor said, "Remember S.O.U.L when you work with your kids, which stands for Silence, Observe, Understand and Listen". As speech pathologist we tend to focus on talking and we don't stop to just be quiet, watch, try to listen and understand (listening may include listening to sounds, words, sentences, but also watching facial expressions, body language, eye gazes, etc.) Remembering S.O.U.L comes in

handy when I seem to be on verbal overload with my kids. Maybe this will help you, on occasion, to just relax, enjoy and "listen".

Thank you,

Denise Nicholas, M.A., CCC
Speech Language Pathologist

Back to School: Social/Emotional Strategies for the Year Ahead

Justin Male, M.A.

Prepare your child for the transition back.

Summer brings a much needed period of rest and relaxation from the demands of school. Transitioning back is often met with a struggle. One fun and interactive strategy to utilize is to make a "Back to School" social story with your child. Take photographs of the school grounds and your child's new teacher if possible, or you and your child can draw similar representational pictures. Make the storyline personalized for your child stating what going back to school involves, where they will go, who they will see and what they will do. Try and make the storyline positive and motivating for your child (I.E. When I go back to school I get to see... I get to play.... I get to learn about...). Additionally, you can add positive outcomes and/or rewards that will result from being successful in school. Try and keep the social story to the point and make your child a part of the process. Read the story a few times a week prior to

starting back in school or throughout the school year to keep your child motivated.

Practice social skills.

Utilize pretend play with toys and/or puppets to practice a variety of social skills including eye contact, active listening, social greetings, initiating conversation and identifying and managing feelings. For older kids you can role-play school scenarios in which you practice similar skills. **Play conversational games.** Write a list of topics both preferred and non-preferred and take turns asking questions and making comments about the designated topic. It is best to do this with some kind of visual reinforcer. You can use colored poker chips designating one color as questions and one color as comments or if you want it to be really reinforcing you can use different colored candy and eat the candy after an appropriate question or comment is made. *Work on social problem solving*

skills. Role-play a variety of hypothetical situations and/or create comic strip scenarios relevant to social challenges your child will face during the school year. Make it a collaborative and interactive process between you and your child if possible.

Provide ongoing social opportunities:

While school offers numerous social opportunities it can also be a time of social isolation for many kids on the autism spectrum. Get involved with your child's school and classroom, meet other families and form relationships. The hope is to provide additional opportunities for social interaction outside of the school setting. If possible, try and set up frequent "play dates" or "hang outs" with other peers to maintain and further develop your child's social skills.

Justin Male, MA

Transitioning Back to School and the Role of the Occupational Therapist or Motor Interventionist

Sandy Curnow, OTR and Kim Mohrbacher, M.S. OTR

As your child begins their journey back into the school environment, there will be many questions and concerns. Your child has probably been placed on a 504 plan or an Individualized Education Plan (IEP), which mandates certain school services. Your child may be receiving specialized services from a variety of professionals, including an occupational

therapist or OT or possibly a COTA (Certified Occupational Therapy Assistant), within the context of general education programming to receive a free and appropriate education in the least restrictive environment.

The role of the occupational therapist in the school system is to promote the student's academic achievement and

functional performance through a variety of modalities. The role of the occupational therapist assistant is to provide services under the supervision of the registered occupational therapist. Depending on the services outlined in your IEP, the OT may be working on fine and/or gross motor skills and/or sensory-based activities. Services may be

provided in a group or on an individualized basis and may vary in duration and frequency depending on your child's needs. It may need to be adapted to be functional in the school environment. The OT will also be assisting the school special education team, the regular education teacher and the families to promote student learning. For successful school-based practice it requires collaboration with the team of

service providers (on which the parent is a vital part).

If your child has been identified with sensory processing issues, it will be important for the therapist to consult with the regular classroom teacher to establish a sensory diet that can be used throughout your child's day at school. If your child has a sensory diet that has been previously developed for home and/or school it is important to share

that information with your school therapist. Problems or difficulties with fine and/or gross motor skills will be addressed by the OT as outlined on the IEP. In some school districts, gross motor skills are delivered by an Adaptive P.E. or a physical therapist depending on your child's individual needs and the availability of school personnel.

Strategies for Addressing Common Activities of Daily Living Problems

Problem	Possible Underlying Cause	Strategies
Child can't manage fasteners or zippers on clothing	Poor fine motor coordination; bilateral coordination and motor planning issues	Send child in clothing with elastic waistbands or Velcro fasteners; if having difficulty pulling up a zipper, attach a key ring or larger object that facilitates the child pulling up
Child can't tie shoelaces	Poor fine motor coordination; bilateral coordination and/or motor planning issues	Send child in shoes with Velcro fasteners until able to tie own shoes; can use elastic shoelaces as well
Child can't open milk carton or place straw in juice bag (e.g. Capri Sun)	Decreased bilateral coordination; motor planning or inadequate fine motor coordination	Instruct the child on ways to break the seal such as using a fork. Provide milk or juice cartons that come with perforated openings for straws; send the liquid in a water bottle
Child has difficulty getting a jacket or coat on correctly	Motor planning; bilateral coordination; poor fine motor	With a permanent marker, place a mark that designates the back of the garment. Have child look for that mark when placing garment on body.
Child has difficulty opening containers in his lunch box	Poor fine motor coordination; motor planning and bilateral coordination	Send containers that can be easily accessed or opened by your child; zip-loc bags may be too difficult so use the bags with the slider on top; avoid sending twist top bottles
Child can't tolerate food touching	Sensory processing issues- touch and visual	You can purchase lunch boxes that have separations (available at Autism Community Store and in catalogs)
Child is distracted in the lunch room and only eats a small portion of their lunch and then is hungry later in the day	This is common for children with sensory processing difficulties related to difficulties processing visual and auditory stimuli and making an appropriate adaptive response (e.g. ignoring the child sitting next to them that is yelling).	Child could bring some extra snacks to be eaten later in the afternoon. It would be beneficial for the child to sit at a designated table where there will be less sensory input or distractions. If child is bothered because of loud noises, have them ask an aide if there can move to a quieter spot.

Strategies for Addressing Common Sensory Motor Problems

Problem	Possible Underlying Causes	Strategies
Child holds the pencil with a tight grip	Poor proprioception resulting in poor modulation of force (gradation)	Have child use a pencil grip. If it is an older child, have them use a lead pencil, which will break if they are pushing too hard.
Child holds the pencil with an incorrect grasp pattern	Lack of good arch development in the hand; possible low muscle tone; inadequate stability in the hand and fingers.	Provide child with a pencil grip that is comfortable for them. If the parent has been using a specific grip, bring it to school to show the OT.
Child erases too hard which results in holes in the paper	Poor proprioception resulting in poor modulation of force	Have child use soft gummy erasers; use verbal prompts to help your child realize they are pushing too hard ("soft eraser").
Child can't position scissors correctly on their hand to cut paper	Poor visual motor control; motor planning; bilateral coordination	Provide verbal cues to help with positioning (thumb in small hole; fingers in big hole). Draw a face on your child's thumb so they know to hold scissors upright. Can use adapted scissors if necessary (e.g. loop scissors, self-opening scissors, etc.).
Child chews on clothing or hair and is ruining their clothing	This can reflect a need for additional oral sensory input or can be a sign of stress or anxiety	Provide an oral motor tool (e.g. expandable wrist band; necklace, etc.) and prompt them to use it when they start chewing on their clothing.
Child has difficulty standing in line	Most likely related to sensory issues with touch	Have child stand at front or end of the line; teach them to advocate for themselves by telling the child to please move.
Child slouches in seat or may periodically slide out	Could be related to low muscle tone and inadequate postural stability and control secondary to poor processing of vestibular and proprioceptive input.	Have child sit on an inflated cushion, wedge or non-slip surface that can be placed on a chair. Make sure the child's feet are touching the floor for stability and to promote trunk extension. Prior to doing homework or table work have your child participate in a sensory activity such as bouncing on a therapy ball, jumping in place or on a trampoline etc.

The Use of Dialectical Behavior Therapy with Individuals with Autism and Asperger's

Mike Foster, LPC

The use of Dialectical Behavioral Therapy (DBT) has been a model which has been used in various settings since 1991. It was formed by a psychotherapist named Marsha Linehan and was initially used extensively with individuals diagnosed with Borderline Personality Disorder or an extreme Attachment Disorder. Under the circumstances of

the above named diagnoses, individuals often struggle with an inability to effectively regulate emotions. Often times, for those observing these emotional difficulties in others, it appears to be difficult to link the stimulation causing the emotional disturbance to the level of reaction the individual displays.

For individuals that are either living

with Autism Spectrum Disorder or know somebody who is, this situation likely sounds very familiar. In truth, many individuals who deal with ASD on a daily basis recognize that there is also a difficulty that comes with ASD that involves emotional regulation. Because of a lack of understanding of the dynamics within the brain of the individual who is having

difficulty regulating, many people struggle to have empathy and, in turn, assist them in calming down. For this reason, the intention of this article will be to provide a brief insight into the dynamics of the Autistic brain in terms of emotional regulation and provide steps, using DBT, to assist the individual in soothing and calming him or herself.

Although there is much that we still don't know about the brain activity regarding ASD, what we do know is that there is often an aspect of the brain which is not regulating at an adequate rate in order to allow the individual to self-soothe as adequately as one whose brain is doing so. Often times, with Autism and other developmental delays, we see struggles occurring in the frontal lobe of the brain, which is responsible for decision making, problem solving emotions and impulse control, or we see struggles occurring in the temporal lobe, which regulates emotions, language, hearing and memory. Because these events are occurring within the brain and are often difficult to see through physical features in the individual, those who struggle with frontal or temporal lobe "misfires" too often don't receive the amount of empathy needed to help them to better control themselves.

While the first step to working with an individual in need of DBT therapy is to understand that there are neurological struggles that are attempted to overcome, the second step is to put in place a therapeutic model which fundamentally addresses this through the strengths that an individual with ASD has within them, which is the ability to explore logic. Dialectical Behavioral Therapy is called such because it involves exploring the issue at hand from two opposite perspectives. This entails first exploring the issue from the initial perspective the person takes. In the case of an individual struggling with emotional regulation, this is the perspective that is developed almost entirely from an emotional perspective, void of a considerable amount of logic. The next step of the DBT approach is to then look at the problem from a polar opposite perspective. The key to the second step is to assist the individual in observing the situation through a lens that is void of any significant emotion. Once the individual is able to do this, he or she then combines both perspectives to come up with a logical and reasonable solution to the issue at hand.

Let's take a look at a practical example of this. Let us imagine that Russell is a 14 year old boy with Asperger's. Russell comes home from school and is frustrated that he is having difficulty keeping up with the assignments in school. He is reporting that he can't remember everything that needs to be done for his work. Russell says that none of his teachers care about him and that he is going to fail because nobody will help him. Russell also says that it is impossible for him to get caught up.

In this example, we can plainly see that Russell is pretty frustrated and that while some of what he is saying may be coming out of some reality he is clearly engulfed in his emotions regarding the situation. As parents, professionals, or family members of these individuals, we must keep our ears out for "red flag" words that may indicate that DBT approach may be necessary. With the example of Russell, we hear generalizing words such as "none of his teachers care" or it is "impossible." Individuals with ASD often struggle with black or white, all or nothing type of thinking. DBT allows the opportunity to explore other perspectives.

In the case of Russell, we clearly heard his "emotional mind." Our next step is to explore the "reasonable mind". This is the place that many people with ASD operate out of when emotional disturbances are absent. This is the state of logic. If Russell were to take the second step into exploring things reasonably, he may have some very different conclusions. In the case of the individual, the reasonable mind is designed to look at the facts, not the impressions. Russell can see with his reasonable mind that (a) his teachers are unaware that Russell has an IEP, or his IEP doesn't reflect the need for additional time for Russell to have assignments explained and (b) the teachers are very busy, and they are attempting to help a lot of kids. They might not be aware of Russell's difficulty keeping up because he is not speaking up or his frustration causes such an outburst that he is asked to leave the class. The reasonable mind provides measurable facts.

The third step is to help Russell combine both of these types of mindfulness into what is called the "wise mind." If Russell combines measurable facts with emotions that these facts elicit within himself, Russell is able to form a well

managed response to the situation that focuses on addressing all of his needs, both emotionally and logically. This is the way in which problem solving takes place. Russell's wise mind might say "my IEP doesn't reflect my struggle with learning information only through hearing it. Also my teachers don't have a lot of time to stop and ask me every day if I understand everything. I don't want to feel stupid and fail my classes. Therefore, I need to speak to my teachers, explain what I need calmly and have them help me with a plan to better help me be successful."

This type of mindfulness takes time to master. Many typical individuals use these techniques themselves in many different situations in life. The key is to help the individual recognize what state of mindfulness they are stuck in and provide them the opportunity to explore the Dialectical perspective. There are many people in this world who also get stuck in the reasonable mind state. ASD individuals also often do this. Utilizing DBT with such individuals helps to teach social skills and, especially, empathy training.

In conclusion, it is important for us to recognize the need for DBT based skills in everyday life. Even this article is, in itself, an example of DBT at work. Many individuals reading this may have worked with someone on the spectrum or otherwise who was difficult to understand. One may have an emotional response upon seeing something within the individual that is frustrating. Hopefully, this article assisted in exploring some of the "reasons" in which the individual may respond in such ways. Therefore, the reader has set aside his or her "emotional mind" and stepped into their "reasonable mind". The next step would be to put both into motion to make wise decisions that have a positive impact on both the individual as well as the person in which he or she is interacting with and frustrated with. Perhaps the "wise mind" moment occurs through practicing this in our everyday lives and realizing the significance of the technique and, as a result, that perhaps we are not so different from our ASD friends after all.



Functional Behavior Assessments/Analysis: What, Why, How, and Who

David Cox, M.S.B

As we enter a new school year many of our children and adolescents will begin engaging in many new and old behaviors across many of his or her daily living environments. These behaviors may be very adaptive and positive behaviors or maladaptive or “negative” behaviors. Two common and very effective tools for analyzing those difficult behaviors our kiddos may be displaying are Functional Behavioral Assessments or Functional Behavior Analysis and are commonly referred to as FBAs.

Four Functions Maintaining Behavior:

After a functional behavior assessment or functional behavior analysis has been conducted, one or multiple of the following functions will be identified as maintaining the behavior that is being seen.

The first function that research literature has identified as maintaining behavior is ‘attention’. It is important to remember that attention that maintains a behavior can be either positive or negative attention from either peers or adults.

The second function maintaining behavior that has been identified through research is ‘access to a tangible’. A ‘tangible’ item is any item that has physical, touchable properties; e.g. toys, ice cream, book, etc. The individual then engages in the behavior of interest in order to gain access to those items. It is important to recognize that both adaptive and maladaptive behaviors can be attempts at gaining access to a tangible. Examples would include appropriate communication for an item, or throwing a tantrum.

A third function maintaining behavior that has been identified by research is ‘escape’ or ‘avoidance’. Escape behavior is any behavior that is performed in order to escape from a stimulus (demand, sensation, environment, etc.). An example of an escape behavior would be a person who steps barefoot onto hot cement immediately jumping onto the grass to escape the pain sensation. The behavior of ‘jumping onto the grass’ would then be the escape behavior. Escape behaviors differ from avoidance behaviors in that, avoidance behaviors, occur to avoid a

stimulus before its presence is perceived by the individual. Playing off the first example, in knowing that the pavement is hot, the person puts on shoes before stepping onto the pavement. ‘Putting on shoes’ would then be the avoidance behavior as they have successfully avoided the undesired stimulus.

The fourth identified function that research has identified as maintaining behavior is ‘automatic’ reinforcement. These are behaviors that act on the environment to produce reinforcement automatically, i.e. it is not contingent on other people nor objects. Great examples of these kinds of behaviors are the many types of stereotypy that are commonly seen in individuals on the autism spectrum. In a good functional behavior assessment or analysis, all of the above three functions must be ruled out before a behavior can be assumed to be automatic or sensory maintained.

What is a Functional Behavior Assessment?

A functional behavior assessment is the process of determining which of the aforementioned causes (or functions) is maintaining a behavior before developing an intervention. This is done by creating a precise description of the behavior, its context, and its consequences so one better understands the factors influencing it. The resulting hypothesized function of the behavior then serves as the basis of the intervention developed to address the targeted behavior.

What is a Functional Behavior Analysis?

A functional behavior *analysis* differs from a functional behavior *assessment* in that a functional behavior *analysis* has the added step of systematically altering the antecedents (things that come before the behavior) and systematically altering the consequences (things that come after the behavior) to more precisely determine the motivating force behind the behavior being seen.

Why Perform a Functional Behavior Assessment or Analysis?

There are several main reasons for performing a functional behavior

assessment. The first is that, with an appropriate assessment, a much more appropriate and adaptive replacement behavior can be selected for teaching the child that allows them to meet his or her needs.

In following from the first, by correctly identifying the function or need the child is trying to fulfill, the resulting therapy is much more effective and utilizes much less restrictive procedures. A good example of this would be a child who has learned that hitting peers around them is an effective way to escape or avoid the unpleasant tasks asked of them in a classroom setting. If one used a timeout procedure, removing he or she from the room, the child would be getting exactly what is was they were after initially. However, by performing a functional behavior assessment or analysis, the escape/avoid function of the behavior would be identified and a more appropriate intervention would be outlined.

How is the Function of a Behavior Determined?

There are three different manners of determining the function of a given behavior. The first is through interviews and rating scales. Interviews and rating scales tend to be unreliable as a whole due to potential bias and subjectivity of judgment on part of those filling them out. These generally are used as a starting point only and not in and of themselves for determining the function of a given behavior.

The second is direct and systematic observation of the person’s behavior within the context it occurs. Direct observation is much more reliable and can be done by anyone involved in the person’s care with the proper and common format being used amongst those collecting the information. These first two manners determining the function of a given behavior fall under the functional behavior assessment definition previously discussed.

The third, and final, manner of determining the function of a person’s behavior is by manipulating the different environmental events that to be involved

and observing how the person's behavior changes. This would be the functional behavior *analysis* type referred to previously.

The three aforementioned types of formal assessment and analyses are most often given, and often required within the school settings before any intervention pertaining to a maladaptive behavior is put in place. More informal assessments may be used elsewhere, but always check to be sure the formal functional behavior assessment or a functional behavior analysis is completed for your child if a behavior plan is going to be put in place at his or her school.

Who Can Administer a Functional Behavior Assessment or Analysis?

One of the most important questions to ask in relation to functional behavior

assessments and functional behavior analyses is "who is involved in the assessment/analysis?"

With respect to the interview and/or checklist portion of the overall assessment or analysis, it is important that all individuals who know and interact with child in the various settings in which the behavior plan will be implemented are involved. This is done for several reasons. The first is to ensure that all relevant information is gathered that pertains to all of the environments and people that will be involved in the intervention. Secondly, by including everyone in on the FBA process, buy-in from all parties is more likely to occur, which leads to greater consistency among people and environments, and increased effectiveness of the intervention as a whole.

With respect to the observational

portion of either a functional behavior assessment or functional behavior analysis, these should only be carried out by someone who has been thoroughly trained on collecting and analyzing this type of information. Generally this will only be a Board Certified Behavior Analyst (BCBA), an Assistant Board Certified Behavior Analyst (BCaBA), or a psychologist or psychiatrist trained in behavior analysis. The main reason for this is the potential for danger to the person conducting the observation and/or manipulation of the environment if not done correctly. As such, it is important to recognize and question the training that anyone who will be administering a functional behavior assessment or functional behavior analysis has before allowing them to conduct one with your child.

Creative Perspectives, Inc.

AUTISM CENTERS OF COLORADO

Multidisciplinary Diagnostic Testing & Assessment Center

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Lafayette, Colorado

Services Available Include:

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 - Functional Behavior Assessment
 - IQ Testing
 - Speech Evaluation
 - Sensory / Motor Evaluation
- Available to all individuals 18 months to adult.
- Call 303.935.5200 to Schedule an Appointment



Where It All Comes Together.

Community Activities and Events

National Sports Center for the Disabled Volleyball & Basketball League

NSCD Participants:

The National Sports Center for the Disabled is excited to announce our **Volleyball and Basketball Leagues**.

We invite you to participate in one or both of the sports leagues, which will include practices and games.

VOLLEYBALL LEAGUE:

(Coed: ages 6-18)

DATE:

September 7, 14, 21, 28,
October 5, 12, 19, 26

TIME:

5:00PM- 6:00PM

LOCATION:

Gold Crown Fieldhouse
150 S. Harlan Street
Lakewood, CO 80226



To Register Go To:

<https://secure.rec1.com/CO/national-sports-center-disabled/depreg.php>

BASKETBALL LEAGUE:

(Coed: ages 6-18)

DATE:

September 7, 14, 21, 28,
October 5, 12, 19, 26

TIME:

6:15PM- 7:15PM

LOCATION:

Gold Crown Fieldhouse
150 S. Harlan Street
Lakewood, CO 80226



To Register Go To:

<https://secure.rec1.com/CO/national-sports-center-disabled/depreg.php>

Boulder County Aging Services Offers Caregiver Training Program



- Boulder County Aging Services is offering residents of Boulder County the opportunity to participate in a national caregiver training program.
- This 21-hour course, taught by a registered nurse, helps family (unpaid) caregivers acquire the skills needed to provide safe, confident homecare for frail, older loved ones.
- Classes include detailed instruction, take-home materials, demonstration, and hands-on practice. Course topics include: *Caring for Someone on Bed rest, Personal Care, Safe Wheelchair Use, Medication Management, Taking Vital Signs, Infection Control, Fall Prevention, Reducing Caregiver Stress, and Local Resources.*
- The program is open to Boulder County residents only and class size limited. To apply, call (303) 678-6116 or email ecooper@bouldercounty.org. There is no registration fee; however, donations (\$30 suggested) are appreciated. Respite care (substitute elder care) assistance is available. Classes start September 15.

Colorado Developmental Disabilities Council Wants To Hear From You

The Colorado Developmental Disabilities Council wants to know what issues are important to people with disabilities and family members so that the Council's next five-year plan priorities reflect those issues and concerns. Please help them (and yourselves) out by taking the time to fill out a quick online survey: <http://coddc.org/surveyApr2010-1.asp>.



Creative Perspectives Autism Rocks! Benefit Concert



Where: LoDo's in Downtown Denver
When: November 5th, 2010 from 7.00 -10.00 pm
Details still in the works and will be e-mail and posted as they become available

Community Activities and Events

ASBC 2010 "Through My Eyes" Art Show

The Autism Society of Boulder County is soliciting entries for the 2010 "Through My Eyes" Art Show. Works may be submitted in a variety of media and forms such as crayon, ink marker, paper layering, and paints of all types, foam, mask, paperboard, clay, pencils, photography, pastels, and reproduction work. To submit an art work entry, please fill out a copy of their Art Registration Form (found at:

[http://www.autismboulder.org/pdfs/Art_Regi-
stration_Application.pdf](http://www.autismboulder.org/pdfs/Art_Regi-
stration_Application.pdf))

and return it to:

Autism Society of Boulder County

Attn: Art Show Registration

P.O. Box 270300

Louisville, CO 80027-5004

Please call 720-272-8231 for an appointment to pick up your art work.

Outlets at Castle Rock's 5th Annual Shopping Extravaganza

Exclusive Shopping Discounts, over \$30,000 in Prizes, Aid to Local Charities and a fun day for you and your friends!

September 25 will be a day of fun, friends and shopping! What could be better than spending time with your friends doing your favorite pastime...shopping?? How about helping local charities who will receive a portion of each \$20 ticket that is purchased? You'll spend the day benefiting from huge shopping discounts and the chance to win over \$30,000 in prizes while enjoying lunch, dessert bar and more during Outlets at Castle Rock's 5th Annual Shopping Extravaganza on Saturday, September 25. Tickets are just \$20 with a portion of the proceeds benefiting various Colorado charities. Go online to the following website to purchase your tickets: <http://outletsatcastlerockshoppingextravaganza.eventbrite.com/> Then choose the charity you wish to support and pick up your tickets at will-call in the event court on the East side of the Shopping Center on the day of the event - Saturday morning, September 25 starting at 10 am.

PECS Basic Training

Don't miss this opportunity to attend the *PECS Basic Training* in **Denver, Colorado!** This workshop offers **1.3 ASHA CEUs** or **7.0 BACB CEUs** at **no additional cost!** All participants will leave with practical knowledge that can immediately be implemented into any setting.

Now is the perfect time to *picture* your students communicating! You will learn how to appropriately implement the six phases of the PECS protocol, including teaching initiation, attributes, commenting and much more. PECS is much more than just using pictures... learn how to teach your students the power of communication!

PECS Basic Training

September 23 & 24, 2010

The Hampton Inn & Suites Denver Downtown

1845 Sherman Street

Denver, Colorado 80203

Presented by: Marsha J.E. Miller, MA, BCBA

Cost: \$395 professionals/\$295 parents

Workshop Hours: 8:00am – 4:00pm

The PECS Basic Training is appropriate for any parent or professional working with learners with autism, related disabilities and/or limited communication skills. This two-day training begins with an overview of the Pyramid Approach to Education. This includes factors related to establishing an effective learning/communicative environment. Specific topics include functional activities, powerful reinforcers, functional communication, identification and replacement of Contextually Inappropriate Behaviors, generalization, lesson formats, teaching strategies, error correction and data collection/analysis.

The training then goes on to describe the six phases of the Picture Exchange Communication System (PECS) protocol. PECS begins by teaching an individual to request desired items, by exchanging a picture with a communication partner. The system goes on to teach discrimination of pictures and sentence structure. In the more advanced phases, individuals are taught to use attributes, answer questions and comment. PECS is an evidence-based strategy, with supportive research from countries around the world.

Please visit the website at www.pecs.com for more information. Online registration is available. Alternately, you may register via phone at 888-732-7462. *If it's not PECS...it's just pictures!*

Community Activities and Events

Supporting Language and Communication for Individuals with Autism

This free SLP led session will begin with a review of research related to AAC and autism, with an understanding of what the research does (and does not) tell us. We will explore best practices and practical strategies for maximizing functional use of AAC for people with autism. Specifically, we will focus on techniques to address each of the areas of language and communication typically impacted by autism: Expressive and receptive language, social communication, behavior and emotional regulation. (see attachment)

Where: The Children's Hospital Denver
Mount Oxford Auditorium
13123 East 16th Avenue
Aurora, CO 80045

When: Oct 21, 2010 at 9:00 AM — 3:30 PM

Virtual Literacy, Learning and Communication

Looking for tools and strategies that promote language and literacy development in children with disabilities with a focus on autism? This conference consists of multiple sessions. 5 Live Sessions (Available as recorded for 1 week) 9 Recorded Sessions (Available all month) Possibility for up to 1.2 ASHA CEUs! Online Conference Community Membership (Available Aug 2010-Jan 2011)

Where: Virtual Conference. (Why not view in your PJs in the comfort of your own home!)

When: September 22- October 25, 2010

Northern Colorado Device Training

You have 2 opportunities for classes in Northern Colorado in Longmont and in Johnstown.

Xpress 2.0 Training:

Where: Longmont Public Library
409 4th Avenue
Longmont, CO 80501

When: October 8, 2010 from 9.30am - 12.00pm

Series V Training Part 3:

Where: Northern Colorado Rehabilitation Hospital
4401 Union Street
Johnstown, CO 80534

When: Still Being Scheduled; Check the following website for more information:
<http://www.dynavotech.com/training/online/location/search-device.aspx>

Online Tool Helps You Access and Manage Benefits

In a move similar to other states across the United States, Colorado is making it possible to apply for public benefits online. This can be done from any computer with internet access, twenty-four hours a day through the online Program, Eligibility and Application Kit (PEAK).

Check out the PEAK program online at the following website:

<http://www.colorado.gov/benefits/index.html>

Advocacy Conference for Parents: Hosted by ASBC From Emotions to Advocacy

With speaker Pat Howey, Paralegal and Advocate

A six hour conference for parents and others who want to better advocate for their loved ones affected by ASD.

Saturday, October 2, 2010 8:00 am – 4:30 pm

**Location: A Spice of Life Event Center,
at the Flatirons Golf Course
5706 Arapahoe Ave.
Boulder, Colorado 80303**

Pat Howey is a legal advocate who has helped parents obtain special education services for their children with disabilities since 1986. She also helps parents resolve special education disputes with their school districts. Pat has a B.A. in Paralegal Studies from Saint Mary-of-the-Woods College where she graduated with honors.

Pat is an active member of the Council of Parent Attorneys and Advocates (COPAA). In 2004, the Learning Disabilities Association of Indiana honored Pat with its Outstanding Service Award for her commitment and compassion toward students with disabilities.

Visit the following website for more information: <http://www.autismboulder.org/conference.php>



September 2010: Upcoming Events!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 C & A Clinical Rounds	2 Lafayette EC Grand Rounds	3	4
5	6	7 Englewood EC Grand Rounds	8 C & A Grand Rounds	9 Lafayette EC Clinical Rounds	10	11
12	13	14 Englewood EC Clinical Rounds	15 C & A Clinical Rounds	16 Lafayette EC Clinical Rounds	17	18
19 Lisa Gillespie Birthday 	20	21 Englewood EC Clinical Rounds	22 C & A Clinical Rounds	23 Lafayette EC Clinical Rounds	24	25 Castle Rock's Shopping Extravaganza
26 Kim Mohrbacher Birthday 	27	28 Englewood EC Clinical Rounds	29 C & A Clinical Rounds	30 Lafayette EC Clinical Rounds	PECS Basic Training 8.00 am – 4.00 pm	

October 2010: Upcoming Events!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2 Advocacy Conference for Parents 8.00 am – 4.30 pm
3	4	5 Englewood EC Grand Rounds	6 C & A Clinical Rounds	7 Lafayette EC Grand Rounds	8 Northern Colorado Device Training 9.30 am – 12.00 pm	9 Jennifer Rydahl Birthday 
10	11 Ryan Daly Birthday 	12 Englewood EC Clinical Rounds	13 C & A Grand Rounds	14 Lafayette EC Clinical Rounds	15	16
17	18	19 Englewood EC Clinical Rounds	20 C & A Clinical Rounds	21 Supporting Language and Communication in Individuals with Autism 9.00 am – 3.30 pm Lafayette EC Clinical Rounds	22	23
24 Breanne Matthies Birthday 	25	26 Englewood EC Clinical Rounds	27 C & A Clinical Rounds	28 Lafayette EC Clinical Rounds	29	30
31 						

November 2010: Upcoming Events!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2 Englewood EC Grand Rounds	3  Mike Foster Birthday C & A Clinical Rounds	4 Lafayette EC Grand Rounds	5 Autism Rocks! Benefit Concert 7.00 – 10.00 pm LoDo' Downtown Denver	6
7	8	9 Englewood EC Clinical Rounds	10 C & A Grand Rounds	11 Lafayette EC Clinical Rounds	12	13
14	15	16 Englewood EC Clinical Rounds	17 C & A Clinical Rounds	18 Lafayette EC Clinical Rounds	19	20
21	22	23 Englewood EC Clinical Rounds	24 C & A Clinical Rounds	25  Lafayette EC Clinical Rounds	26 Thanksgiving Holiday CP Closed	27
28	29	30 Englewood EC Clinical Rounds				



the **Super Series.**

Social and Life Skills for
Individuals with Asperger's & PDD-NOS



Program Overview & Focus

The **Super Series** has been designed to address a variety of deficits associated with Asperger's and PDD-NOS including challenges in social communication, self-regulation and behavior management, as well as increasing independence, confidence, success, and enjoyment in daily routines and activities.

**Super Series
Mission:
Be a Friend.
Make a Friend.**

Who?

Individuals with Asperger's and PDD-NOS from the ages of 6 to adult

Enrollment

Enrollment is ongoing, year-round.
Sessions run in quarters: Fall, Winter, Spring & Summer.

Session

Each session is Center-Based, with the exception of the last week of the month, which is typically utilized for a community outing. Participation in activities within the community provides individuals with the opportunity to socialize with a variety of peers and generalize learned skills across settings.

Ratio?

1:1 initially; with the potential for the formulation of pairs and small groups, based on similar interests, goals, and abilities (upon availability and parent request only).

Cost?

\$45 / per hour

SuperSeries Sessions

Commitment to Quality

Programming typically begins with our Super Staff on a 1:1 basis, allowing the individual to work on pre-identified skill sets until it can be determined that there is an appropriate pair, triad, or small group for the individual, based on relevant skill level and interest.

CPI recognizes the challenges that exist for individuals with ASD to establish friendships within their own environment. We work to build individual skill levels and find the best possible matches based on natural factors of friendship, rather than considering only age, diagnosis, and session time.

Ages: Participants are considered on an individual basis; however, age ranges include: 6 – 8, 9 – 11, 12 – 14, and 15 – 18.

Times: Session times are determined per family; groups are subject to interest and availability.

Locations: Sessions are available at both Englewood and Lafayette locations.



Parent & Family Support Groups

What Can This Group Offer Me?

Honesty. The truth is that there are many challenges that come with having a loved one with ASD or Asperger's. There are also many victories that come with this as well. This group is designed to be a place where people impacted by having a loved one on the spectrum can come together and walk this journey together. Support is something everyone needs. Family members of individuals on the spectrum are some of the strongest, boldest, and honest people in our community. They are continually faced with challenges and decisions, which is when being surrounded by individuals who understand and can share a similar experience is encouraging and healing. Imagine what can be accomplished when we come together.

Date & Time:

First Tuesday of each month from 6:00 – 7:30 p.m. at Englewood Center.

First Wednesday of each month from 6:00 – 7:30 at Lafayette Center.

Location:

CPI Englewood Center: 901 Englewood Parkway, Suite 118, Englewood, CO

CPI Lafayette Center: 1724 Majestic Drive, Suite 109, Lafayette, CO

Cost: \$10 per family, each session.



To Reserve Your Mug of Coffee:

Please contact:

Mike Foster, M.A., LPC
Licensed Family Counselor

Phone: 303.935.5200

mike.foster@creativeperspectives.org