



# ASD Connector

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Life can seem so grand when events go our way, both when those events that we prefer happen, and when those that we don't prefer don't happen. The nature of life, though, is that sometimes events go our way and sometimes they don't. It is an important skill for all of us to learn to tolerate the ebb and flow of preferred and not preferred events happening and not happening.

Due to the nature of the deficits associated with an ASD diagnosis, learning this skill for tolerance can be especially challenging. The social-communication deficits of the disorder often lead the person with ASD to not attend to and/or not use social information about others' wants and needs, so he or she behaves more from a position of being egocentric. Further, the restricted, repetitive behaviours and interests of this diagnosis often result in the person with ASD being more inflexible, with an insistence on sameness and preferring to remain with what is familiar.

Yet, despite the challenges of learning this skill, it is important that we persist in teaching such tolerance, slowly and incrementally, rather than try to arrange the impossible, that all events happen only as the person with ASD prefers.

I wish you well with learning and teaching this skill of tolerance.

- Patty Petersen, editor

### CPRI Mission

Our mission is to enhance the quality of life of children and youth with complex mental health or developmental challenges and to assist their families so these children and youth can reach their full potential.

# CPRI

CHILD & PARENT  
RESOURCE INSTITUTE

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Autism Spectrum Disorders Clinic**

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# COPING WITH CHANGE

By Joan Gardiner, Speech-Language Pathologist, ASD Clinic

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Change is difficult; this is true for most of us, if not all of us. As a result of this, most of us like to keep things at least somewhat the same. We travel the same routes throughout our day, shop at the same stores, and eat the same brands of food. One reason why predictability is preferable for us is that it frees us up to think about other things. If we don't have to concentrate on what route to take to work, then our minds can be occupied with thoughts of other (and possibly, more interesting) things.

Change also is known to be difficult for individuals with ASD. Often, those with ASD also like things to be predictable and consistent. Surely, at least part of this desire to minimize change for persons with ASD comes from the same place as it comes from for the rest of us; consistency is easier. Notably though, the challenges that persons with ASD experience in understanding their world are more significant than the challenges that affect most people. As such, persons with ASD can be expected to have even more difficulty coping with change.

Many children and youth (and adults) living with ASD have difficulty understanding language. As a result, they do not have access to an efficient and effective system of communication that allows them to understand messages from others about what change is going to occur, when or why. Consequently, when change occurs, it can appear as sudden and frightening; hardly feelings that result in an individual embracing a change experience.

Also, many children and youth (and adults) living with ASD have difficulty in the area of Theory of Mind (ToM). ToM refers to a person's ability to understand that other people have thoughts, ideas, needs and experiences that are different than ones' own and that these different thoughts, ideas, needs and experiences may affect how another person behaves and/or how a situation unfolds. As a result of these difficulties with ToM, children and youth with autism can see the world only from their own perspective. As such, they can have significant difficulty understanding when or why something needs to change, particularly if that need originates from the perspective of another person.

To support children and adolescents with ASD then, care providers sometimes try to minimize change; they attempt to keep things the same for those with ASD; always doing the same things in the same order and following the same routines for each day. This can be comforting for kids with ASD and can reduce problem behaviours that result from confusion or frustration when change occurs. Initially, this appears as a good idea and a supportive solution. A problem arises however, when change *must* occur despite our best efforts. For example, we cannot always drive the same route if the streets are under construction or we cannot always play outside for recess if there is a thunderstorm. As such, we need a better way to help children and adolescents with ASD manage and cope with change.

One way to implement consistency and predictability for persons with ASD is to use a schedule. This could be a written or text-based schedule for those who have literacy skills, a picture-based schedule for those who understand symbols (i.e., are able to comprehend that pictures can represent things or places), or even an object-based schedule for those who have a lot of difficulty understanding language and communication. A schedule can be used to help children and adolescents with ASD

understand what events and options will be included as part of the day. And, unlike routine, a schedule can be modified, as needed, to allow for change.

When a schedule is used to support children and adolescents with ASD, the act of referring to the schedule itself becomes the predictable routine. When one activity ends, the routine is to check the schedule to see what comes next. In this way, the next activity can be adjusted to whatever the day and the environment can support (e.g., if it is raining, the next activity can be to go to the gym rather than going outside to the play yard; or, even if we take a different route, the child still knows what the destination will be). The predictability needed to support a person with ASD then is to refer to the schedule rather than simply relying on routine.

Also, importantly, when implementing a schedule to help person with ASD cope with change, it is necessary to adjust the order of the events that are represented on the schedule each day. This helps to promote the child's understanding that the schedule itself is the predictable source of information. After all, if the pictures on the schedule occur in the same order every day, the schedule as a tool becomes redundant. As such, when creating a schedule for a child or adolescent with ASD, on one day, brushing teeth can occur before having a bath and another day, having a bath can happen first.

Supporting children and adolescents with ASD to cope with change then, requires some understanding and support from those around them. Firstly, we need to take note of why dealing with change is difficult. Secondly, once we understand why the difficulties occur, we need to implement strategies to help.

Learning to function and to cope within a world in which change is inevitable is a life skill that is important for all of us. Children and adolescents with ASD are not excluded from this but they are likely to need some extra support as they learn.



# COLLABORATIVE, STRENGTH-BASED APPROACHES TO WORKING WITH SYRIAN REFUGEE FAMILIES

By Laurie Arnold, Social Worker, ASD Clinic

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There are often many challenges for families caring for a child with ASD and/ or other special needs. This experience can be particularly difficult for Syrian refugees who face the added stressors associated with accessing services in a new country such as cultural differences and language barriers. Using a collaborative, strength-based approach that acknowledges the diverse needs of families can be helpful for engaging caregivers in ASD and mental health services.

Mandell and Novak (2005) suggest that recognizing the importance of cultural differences allows clinicians to gain a better understanding of parents' perspectives and can increase parental involvement in developing and implementing interventions. They incorporated cultural context in interview questions adapted from Kleinman's (2003) work regarding parental beliefs about the causes and treatment of ASD. Examples of these questions include: "What do/did you call your child's problem before it was diagnosed?" "What do you think autism does?" "What kind of treatment do you think your child should receive?"

McCubbin et al. (1993) recommend acknowledging differences by asking questions such as, "I understand you are new to this country and the medical system may work differently, can you tell me more about your country and how the system works there?" This style of interviewing can provide an opportunity to empower families by expressing a willingness to incorporate their cultural views into the clinical relationship.

When families require language interpretation and or assistance with completing written documentation, the availability of appropriate services is crucial. Some families may use other family members (or children) to assist with translation however there is substantial evidence that indicates using family or untrained members of the community can pose ethical and practical issues in terms of confidentiality, quality of communication, assessment and treatment (Jefee-Bahloul, Moustafa, & Barkil-Oteo, 2014). In these cases, clinicians need to be proactive in ensuring the availability of trained interpreters so that families do not need to rely on family members for assistance with translation.

The British Psychological Society established guidelines for working with interpreters in health settings that offers a useful framework for child oriented training curriculum. These guidelines include having basic knowledge about child development, age appropriate verbal and non verbal language, an understanding of key differences in education, family roles and values between the country of origin and the host country, etc. (BPS, 2008). Establishing a pool of professionally trained interpreters who are familiar with the terminology and have some understanding of issues related to ASD can be a valuable resource.

A number of services for children with ASD include program goals that involve an emphasis on increasing independence. This may pose some conflict for families who have cultural values that differ or include a reliance and/or strong connectedness with family (Welterlin & LaRue, 2007). The concept

of family and a sense of belonging is particularly significant for Syrian refugees who may struggle with feelings of isolation, a loss of identity and alienation (Hassan, Ventevogel, Jeffe-Bahloul, Barkil-Oteo, Kirmayer, 2016). Using a strength based approach that focuses on resilience and reframing family involvement as a protective factor can be helpful in mediating cultural differences and keeping families engaged.

Actively involving parents and other family members in psycho-educational programming can demonstrate an appreciation of cultures that value the importance of family. Using collaborative parent/clinician approaches in parent education programs for children with ASD has demonstrated positive outcomes for children, reduced parental stress and increased parental confidence in comparison to models of service that did not collaborate with parents (Brookman-Fraze, 2004).

Other useful resources to engage parents and other family members may include offering literature and other programming material in the family's native language. Some families may also benefit from practical information about how to connect with services and assistance with problem solving around potential obstacles (e.g. being unfamiliar with public transportation, a lack of child care, etc.).

The crisis in Syria continues to have a devastating impact for so many families and it has necessitated the need to look at how we can assist refugee families coming to Canada with mental health needs. Using a collaborative, strength-based approach that includes culturally informed supports can provide Syrian refugee families with increased opportunity for access to appropriate services and care.

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# SO WHAT EXACTLY IS A BCBA?

By Patty Petersen, Board Certified Behaviour Analyst, ASD Clinic

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BCBAs, or Board Certified Behaviour Analysts, use Applied Behaviour Analysis (ABA) to improve the lives of people. ABA can be considered as an updated and advanced version of Behaviour Modification, with an important framework for evidence-based and ethical practice. ABA uses the scientific principles of behaviour to understand and improve human behaviour.

A Functional Behaviour Assessment (FBA) is the term used for the entire behaviour assessment completed by a BCBA. The FBA focuses on determining both the form that the target behaviour takes (its operational definition) as well as the factors in the environment, happening both before and after the target behaviour, that are influencing the target behaviour. The objective of the FBA is to determine the function of the target behaviour; or in other words, what is happening to reinforce or strengthen the target behaviour such that it keeps happening. From the science of behaviour, we know that when behaviour happens repeatedly, it is being reinforced in some way. When we can identify that reinforcer or behaviour function, we can then change what happens in the environment to increase or decrease behaviour. The FBA may include a file review of previous services, interviews, observations, and a Functional Analysis (FA). The FA sets up conditions, in a controlled and safe way, to explore whether the target behaviour happens or doesn't happen under those conditions. An FA allows us to be more confident in determining what factors in the environment are contributing to the target behaviour.

The BCBA's priority is the impact of the environment on behaviour, as this helps to direct what can be done today to improve functioning. However, especially for clients with complex needs, it can be important for an FBA to be informed by other disciplines' assessments that include diagnoses, biological conditions or past experience like trauma.

Completing an FBA is only the first step for a BCBA as our goal is to improve behaviour. When we know the function of the target behaviour, we can then develop a plan to change the target behaviour in a favourable way. A behaviour plan can include ways to:

1. improve the health and functioning of the person
2. prevent the target behaviour
3. teach alternative, more adaptive behaviour
4. reinforce desirable behaviour and ensure the target behaviour is no longer being reinforced

In order to optimize implementation, a behaviour plan strives to be a good fit by considering the unique characteristics of the client, caregivers, and the setting.

Once the behaviour plan is developed, the BCBA still has more to do, such as:

- ✓ train others to implement the behaviour plan
- ✓ train others to collect data (like frequency, duration, latency, time sampling or permanent product)
- ✓ monitor the data to ensure the behaviour change is happening in the desired direction
- ✓ make data-based decisions to alter the behaviour plan
- ✓ determine ways for generalization and maintenance of the behaviour plan

There is now a wealth of evidence that ABA improves the lives of people with ASD in many ways. However, ABA isn't only for those with ASD – it is being used to improve the lives of people in many other situations such as: Intellectual Disabilities; learning disabilities; education; self-injury; pediatric feeding disorders; toilet training; severe problem behaviour; parenting; habit reversal; service and

companion animals; public health; gerontology; corrections; crime/delinquency/forensics; health/sports/fitness; selectionist robotics; sustainable societies; gambling and addictions; medication compliance; military and veterans issues; organizational behaviour management; compliance; safety; environmental issues; effective study habits for students at risk; skill development; and behavioural contracts.

ABA has developed as a field separate though parallel to Psychology however, it shares some features with and can complement Psychology. Many BCBA-Ds are Psychologists too. ABA has its own journals, university programs, associations, conferences, and certification board. In general terms, the scope of practice for a Psychologist is much broader and varied whereas the scope of practice for a BCBA is ABA only.

Certification of Behaviour Analysts is important because, unfortunately, there have been some circumstances in which ABA has been misapplied, sometimes with good intentions, resulting in ineffective treatment and even significant harm. Certification helps to ensure consumers receive ABA services provided by qualified professionals who have demonstrated competency in the required professional standards for ethical ABA practice.

The Association for Behavior Analysis International (ABAI) and its affiliate chapters, including the Ontario Association for Behaviour Analysis (ONTABA), have endorsed the Behavior Analyst Certification Board (BACB) for certifying Behaviour Analysts. The BACB was established in 1998; currently in Ontario, there are a total of 504 certified BCBAs, BCBA-Ds, and BCaBAs.

Certification requires 5 steps:

1. Complete a graduate degree (e.g. master's or doctoral) in a field of study like behaviour analysis, education or psychology, from a qualifying accredited institution
2. Complete the required coursework covering the content outlined in the BACB's Task List
3. Gain experience through supervised practice, with three options: 1500 hours supervised independent fieldwork or 1000 hours practicum or 750 hours intensive practicum
4. Pass the BACB exam (after steps 1-3 have been completed)
5. Maintain certification through continuing education and payment of renewal fees

There are four levels of certification:

- **BCBA** = Board Certified Behaviour Analyst  
- a Masters level certification, an autonomous practitioner
- **BCBA-D** = Board Certified Behaviour Analyst-Doctoral  
- a Ph.D. level certification, an autonomous practitioner
- **BCaBA** = Board Certified Assistant Behaviour Analyst  
- an undergraduate certification, requires supervision by a BCBA-D or BCBA
- **RBT** = Registered Behaviour Technician  
- a paraprofessional certification, requires supervision by a BCBA-D, BCBA or BCaBA

Click on the images below for more information:



# CAPP NATIONAL ONLINE SURVEY

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One of the recommendations arising from the national needs assessment survey conducted by CASDA in 2014 and the 2015 CASDA Canadian Autism Leadership Summit was that a truly pan-Canadian partnership comprised of individuals on the Autism Spectrum, their families, caregivers, government, service providers, researchers and others be established. Such a partnership would facilitate research, promote innovative solutions and programs, and help address the complex issues facing the autism community in Canada.

The Canadian Autism Partnership Project (CAPP) is the first step towards realizing that goal. In addition to stakeholder consultation sessions being conducted across the country as a means of engaging our partners in building that critical inter-sectoral collaboration, CASDA has launched a national online survey. The survey will broaden access to Canadians who wish to participate in achieving the Canadian Autism Partnership Project mandate to develop a business plan to support a partnership model.

You can access the survey here:

<http://www.capproject.ca/index.php/en/have-your-say>

More information about the survey and the project can be found on the CAPP website at:

<http://www.capproject.ca/index.php/en/>.



## PAST AND FUTURE EDITIONS

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To be notified when future editions of the ASD Connector become available online, please **add your email here.**

The ASD Connector, including archived editions from 2010, is available at the CPRI website **here.**

If there are topics you would like to see in future editions of the ASD Connector, let us know. Also, if you have an interesting family anecdote or written work/artwork that was completed by a person with ASD, please send them our way. Submit contributions for this next edition by September 15, 2016, by any of the following methods:

- + fax to 519-858-3913, attention Patty Petersen
- + e-mail to [Patty.Petersen@ontario.ca](mailto:Patty.Petersen@ontario.ca)
- + call 519-858-2774, extension 5522

*Newsletter content is for your information. Inclusion of websites, articles and viewpoints does not imply endorsement nor does exclusion indicate lack of endorsement by CPRI*

# CHECK IT OUT ASD CLINIC WEBINARS



*Presentations are approximately two hours in duration and are intended for parents or family members, as well as front-line professionals (teachers, early childhood educators, developmental services workers), students, or anyone else with interest in this topic.*

[Click on each numbered title to access link](#)

## **1** **Diagnosis and Pharmaceutical Treatment for ASD** Presented by: **Dr. Rob Nicolson, Psychiatrist**

The first part of this presentation explains the clinical assessment for the diagnosis of ASD, including a review of symptoms (as outlined in the DSM-5) and a description of how some of the symptoms present in children. The second part of the presentation describes medications commonly used to treat interfering behaviours (aggression, inattention, hyperactivity and anxiety) associated with Autism Spectrum Disorder, and includes information about current evidence-based treatments.

## **2** **The Language and Social Communication of ASD** Presented by: **Joan Gardiner and Mandy Harloff, Speech-Language Pathologists**

This presentation is intended to provide information about how some of the characteristics of ASD influence communication. Issues reviewed include what skills are needed for effective communication and why, when these are impaired for children/youth with ASD, difficulties may occur. General information about intervention approaches to support communication development also is presented.

## **3** **Motor Development and Sensory Processing in Children with ASD** Presented by: **Renee Ellis, Occupational Therapist**

This presentation includes information about motor and sensory differences that may be present in children with ASD. It includes a review of behaviours that may be related to motor difficulties and over-responsiveness/under-responsiveness to sensory input. General information and strategies to support improved participation in daily activities are discussed.

## **4** **The Link Between ASD and Problem Behaviour** Presented by: **Patty Petersen, Board Certified Behaviour Analyst**

This presentation begins by exploring basic principles of human behaviour, including the nature of reinforcement, behaviour function, and how behaviour is strengthened to increase the likelihood that it will happen again. This is followed by an examination of how the symptoms associated with an ASD diagnosis can contribute to problem behaviour. Finally, a five-step plan for behaviour change is described with ways to improve care providers' overall well-being along with the well-being of the person with ASD; strategies for preventing problem behaviour; ways to teach alternative behaviours; and lastly, what to do when problem behaviour occurs to reduce the likelihood of strengthening it.

## **5** **Understanding ASD** Presented by: **Dr. Craig Ross, Psychologist**

This presentation includes information about how all of the symptoms associated with ASD create the profile of skills and challenges for children/youth with this diagnosis. The presentation is intended to review and integrate information discussed from previous weeks to support a better understanding of the diagnosis of ASD.

# CPRI EDUCATION EVENTS

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## Workshops & Training Courses

CPRI provides evidence-informed learning to support professional development. Internal, national and international expert speakers are hosted to facilitate professional learning and skill development.

Workshops are held onsite at CPRI at Zarfes Hall (London, Ontario).

## Webinars

Webinars are provided by CPRI staff on a variety of topics. Webinars are short online presentations that require you to have a computer and Internet connection to participate.

## Clinical Presentations

Education and community capacity building is a significant component of CPRI's strategic direction. We provide a comprehensive list of topics available for presentation by CPRI staff. Advance notice is required and presentations are subject to availability.

## CPRI Clinical Series

Each year, our clinical teams offer intensive educational series in an area of speciality taking place over several weeks. These series are offered (in person, and/or via OTN) as indicated in the listing.

## Videoconferencing

Workshops and training courses may be available using videoconference technology through the Ontario Telemedicine Network (OTN). <https://otn.ca/en>

## Registration Information

All of our events require registration, and some require payment. Click on the different offerings to find out how to register, or [follow this link](#)

