

# weap: The People

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## 10 Easy Steps to Good Sleep

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Wisconsin Early Autism Project, Inc.

One of the most common challenges for children with Autism-Spectrum Disorders is falling asleep and/or sleeping through the night. This may seem like a topic that behavioral techniques would be less successful with, because so much of what we do at WEAP is focused on reinforcing voluntary behaviors, but there is also a great tradition within behavior analysis of helping people with involuntary (also called respondent) behaviors.

Before we go too far, the following recommendations should be considered with a few limitations. First, these are general recommendations and if your child's physician or your WEAP lead has told you to do something different than these you should follow that recommendation. It is more specific for your child and your child's physician can consider medical and medication-related aspects of your child's care that are not included in this general recommendation. If you are unsure, check with your child's physician.

Second, these recommendations don't take the place of a medication or supplement (such as Melatonin) that your physician has recommended, but do be sure that you have discussed with your physician exactly how these medications or supplements are to be administered – all too often we find that parents have not been told how to use these or what the dangers are of using it differently than your physician recommended.

Third, these recommendations are for *establishing* good sleep habits; they are not recommendations on fixing problematic sleep. Problematic sleep can occur for many reasons (such as getting attention from parents), and will be covered in the future.

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## All About Numbers: Understanding Different Data in Your Child's File

**By Nan Huai, Ph.D. Licensed Psychologist**

Wisconsin Early Autism Project, Inc.



After a few months into your child's treatment at WEAP, or the IEP processes at school, you may find yourself surrounded by various numbers and scores. These numbers and scores can be quite confusing and baffling. We would like to provide you with some explanations and make these numbers meaningful. We organized the information in the format of Frequently Asked Questions for your easy reference.

1. *What types of scores or data do we use at WEAP and in school?*

Numbers and scores are data that we collect to inform us about your child's progress and skill performance. Generally speaking, we can group data/ scores into two big categories: standardized norm-referenced scores/ data and criteria-referenced data.

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2. *What do the standardized cognitive, language, and behavioral scales tell us?*

Standardized norm-referenced scores come from standardized tests, such as cognitive tests (or IQ tests), formal standardized language tests (e.g., Preschool Language Scale-4<sup>th</sup> Edition), and standardized behavioral scales (e.g., Vineland Adaptive Behaviors Scale – 2<sup>nd</sup> Edition). Standardized tests typically yield standard scores based on a statistical conversion procedure. Specifically, your child's performance is compared with his/ her age peers in the standardization norm sample. The standardized norm sample is usually based on U.S. Census Data and is considered representative of the general population.

Like all measurement instruments, standardized tests inevitably involve errors that are results of "chance factors". Therefore, we often give a range of score (confidence interval) to indicate that with a certain level of confidence (typically 95% probability), the child's "true" score will fall into this range.

3. *What does criterion-referenced data mean?*

In contrast with the norm-referenced data, criterion-referenced data compares your child to a criterion or a set of criteria. For instance, you might have heard a comment from your child's teacher: "He is reading at grade level." The teacher is referencing your child's performance to the expected grade level performance, instead of comparing your child with his peers.

4. *My child seems to do great in therapy. But why are some of his standard scores on WEAP yearly testing similar or even lower than his previous scores?*

To answer this question, we need to first consider the differences between the data collected through the WEAP treatment program and the scores from standardized testing. Your child's program binder reflects his/ her performance on specific skills taught by WEAP therapists. These skills were introduced based on careful consideration of your child's present skill level. We know that instruction and learning is most effective when the child can achieve success at a sufficient level, while he/she is also challenged to gain new knowledge/ skill. WEAP teams work very hard to ensure that your child's programs are at a level where he/ she can attain success and handle a certain amount of challenges at the same time. In another word, these programs are carefully tailored to your child. We expect that children will show skill development through the programs. Furthermore, when we examine the program binder, we are looking at the child's own performance before and after exposure to skill instruction/ practice. We do not compare your child with his/ her peers in the general population.

Compared with the data in the program binder, standardized tests tell different aspects of a child's skills. The tests are standardized and do not allow practice/ teaching other than a few pre-designated items. The test is not modified to accommodate different children's needs. Instead, we can think of them as rigid "Yard Sticks" that are used to measure children's skills. Your child's performance is compared with the norm sample. His/ her relative standing against peers is reflected by the standard score.

When we measure children across the span of one year or two years, we compare them to their peers at correspondent age level. Because children develop at different rates, your child's relative standing in reference to his/ her peers can also fluctuate.

When there is a difference in scores across a time period, it is important to examine whether the scores are significantly different. All measurement involves errors; a small difference does not necessarily mean a "true" change in scores/ performance. Statistically significant changes in scores across time should be noted in your report. In many cases, although the scores are different, the difference is slight and non-significant. Such differences are due to chance factors (or measurement error). If your child's scores across the span of one year are similar, this means that your child is making progress, comparable to the progress his peers made. And his relative standing compared with his peers is the same over this one year.

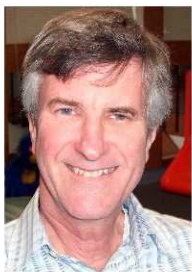
When confidence intervals from last year to this year do not overlap at all, it is likely that there is a significant change in your child's scores. We will need to further examine factors such as testing behaviors and health conditions to interpret such significant changes.

5. *What does age equivalent score mean?*

Standardized instruments typically provide Age Equivalent Scores. Age Equivalents are considered "criteria-referenced" and they are based on the number of correct answer your child completed on the test. Instead of comparing your child's performance to his/ her peers in the norm sample, the Age Equivalents indicate that, based on the number of correct response by your child, his/ her performance is similar to average children at a specific age level in the norm sample. For instance, in the norm sample, average 3-year-old children obtained 20 correct responses, and if your child also got 20 correct responses, his/ her age equivalent score is 3 years. Age equivalents often show more changes (typically increases in months) over a time span. It does not compare your child with his/ her peers.

6. *What should I do if I have questions regarding the data provided by WEAP?*

For the results of yearly testing, please contact the clinician who completed the testing. If you have questions regarding the data in the program book, please contact your child's senior therapist first.☀



## Ask Dr. Sallows

You can submit more questions to Dr. Sallows by putting "Ask Dr. Sallows" in the subject line of an email to:

[jsallows@wiautism.com](mailto:jsallows@wiautism.com)

**Q: I feel my child isn't getting enough attention at school. I talked to the teacher, but my impression is that they have their hands full with the other students and can't find time to interact with my son. What can I do about this?**

This is a common problem, especially if your child doesn't cause problems in the classroom or if there are other children who do cause problems. There are probably three main circumstances when your child needs direct teacher time: when learning a new skill, when the work is too hard, and when your child is not interacting with others or is making social errors like hugging peers during free time or recess. The first step in obtaining more teacher involvement is to meet with school staff to discuss what you have discovered may be helpful. Explain how you have taught your child new skills. Typically, demonstration and lots of practice and encouragement is effective. To teach your child to get help when he needs it, you can teach him at home to raise his hand, or say "Ms. Sue, I need help", or whatever the teacher wants the children to do to request help. You can also explain the importance of staff helping and prompting your child to interact with others, since many children will isolate during free time unless someone moves in to facilitate interaction. One way to do this is for the adult to start a game that your child knows how to play (tag, hot potato, Red Light Green Light, Red Rover, catch, board games, turn taking games), drawing other children into the game as they approach to see what is going on. Once there is a plan in place, it helps to set up a daily or weekly teacher note to let you know how things are going. Setting up regular meetings with the teacher to fine tune the plan or make changes to address new issues is equally important.☀

### EMPLOYEE RECOGNITION

We are happy to announce that Samantha Gates has been selected to be the Milwaukee Clinic's Line Therapist of the Month. Samantha was recommended by two Senior Therapists. Samantha helps with admin and does great work with the child. She helps fill in hours on the team and helps train new therapists. She has good creativity in her play.

### Great Advancement Opportunities in Madison!!!

We are currently hiring 4 Clinic Supervisors to work in our Madison Clinic. We are seeking individuals who can maintain a high level of confidentiality, communicate effectively, and that have excellent supervisory skills in their current senior or supervisor role.

Competitive Wages!! Pay will commensurate with experience & education. Candidates must be available to work flexible hours during the week, including evening hours. These positions are full time, salaried positions.

Interested individuals should contact:

Nell Justiliano: [njustiliano@wiautism.com](mailto:njustiliano@wiautism.com)

or Wendy Copus: [wcopus@wiautism.com](mailto:wcopus@wiautism.com)

1210 Fourier Drive  
Madison, WI 53717  
608-662-9327

### Upcoming Events

#### Treinen Farm's A-Maz-ing Days for Autism

A portion of all maze receipts will be donated to The Autism Society of Greater Madison for their work in supporting individuals and families affected by autism. FREE General Admission

- Art Activity Tent
- Bouncy House
- Ice Cream and Lemonade
- Raffle
- All Treinen Farm activity areas open

Proceeds help with ASGM's continued educational workshops and programs. Rain or shine, it's going to be a great time! October 1&2 WE NEED VOLUNTEERS! If you have time to lend a hand at making this great event another success, please email [autismmadison@gmail.com](mailto:autismmadison@gmail.com) today! <http://www.treinenfarm.com>

#### ASGM AUsome Soccer Camp with TEAM IMOK

KEVA Sports Center celebrates 11 years as Wisconsin's premier sports and recreation facility. At KEVA, you'll find indoor and outdoor venues for play! COME JOIN ASGM for a day long soccer camp. Learn new skills, improve on your abilities and play a game or two. Email [autismmadison@gmail.com](mailto:autismmadison@gmail.com) for more information and to register your child.

**Middleton**  
**Oct 22**  
**11AM – 3PM**  
**KEVA Sports Center**  
8312 Forsythia St.

There are 3 basic goals in establishing good habits for your child: to prepare your child for sleeping, to establish good sleep conditions, and to avoid common problems that interfere with your child's sleep.

First, to prepare your child to sleep, you will want to:

- 1) Make sure your child gets some type of exercise every day – some people will even experience leg or arm twitches as they try to sleep if they have not exercised.
- 2) Have your home be generally low-key for the final activity before sleep and after your child is going to sleep. Their bodies will have less "winding down" to do and they won't feel like they are missing out if the only things they know are happening are boring activities while they're sleeping – wait to turn on the Xbox until you know they are out.
- 3) Have a regular sleep and wake schedule. There should be a set time when the child normally goes to bed and is awakened in the morning. Unfortunately, most sleep research shows that changing the time of waking by more than 1 hour is likely to disrupt sleep schedules – so Saturday sleep-ins need to be very limited.

Establishing good sleep conditions are all about conditioning. Conditioning occurs when two things occur together over-and-over, and eventually control each other. You can check it yourself with a flashlight, a bell, and a mirror – just ring the bell and then immediately shine the flashlight in your eyes so your pupils contract. Do this 20-30 times, and you will see your pupils contract after you ring the bell, even without shining the flashlight.

Falling asleep is an involuntary action. We can make falling asleep more likely by conditioning our bodies to associate the things we control, like laying down in the dark. The child's environment itself will then help them fall asleep, as it does for most of us when we are lying down in a dark, quiet room. In that example, darkness, quiet, and laying in a bed are the things we have conditioned to help us sleep. To accomplish the same thing for your child, you would want to:

- 4) Put them to bed when they are sleepy, but not yet asleep. That way, falling asleep is connected to being in their own bed, rather than "passing out" on the couch in front of the T.V. or some other place and then being put into bed.
- 5) Provide them with a routine they can do themselves, that will be available if they wake in the night. So, if they fall asleep to music or a fan, keep it on for them all night – otherwise they will wake in the middle of the night and the music they need to fall asleep isn't there, so they will have to wake you. Similarly if you teach them a small song or routine with squeezing their stuffed animal, etc. these are things they can do for themselves if they wake in the night to go back to sleep. The items your child uses in this routine will then need to be available to them if they sleep over somewhere else, just like you would follow your routine to sleep at a hotel.
- 6) If your child currently depends on you to help them fall asleep, you are also something they don't have if they

wake in the night, so you will want to slowly ease yourself out of that role. Start by helping your child to fall asleep in their bed, and when they do that easily, then have them start cuddling up to a stuffed animal or blanket for just the last moments before they sleep – this is a good time to start a routine that they can do themselves. Next ease back a little more away from them as they help themselves fall asleep; then move back further and be less engaged with them (possibly doing paperwork or paying bills). Then move to the doorway for the start of sleeping and finally close the door but be on the other side for any needed assurance. At this point your child should be able to start sleeping without your presence, aside from the bedtime routine you have established. For multiple caregivers or people whose children have to sleep in different houses, all caregivers should move through these steps together.

Last, but not least, we need to avoid the things that commonly interfere with good sleep:

- 7) No taking naps. This is the recommendation most likely to be dropped if your physician says otherwise. Young children need naps and still sleep through the night, and some children are more likely to have seizures or other serious medical issues if they don't get enough sleep and for those children naps are a good thing. But, for most children, if they are up late one night, taking a nap the next day will just make it so they are not tired that night and the cycle of poor sleeping at night with naps during the day continues – eventually becoming "normal" and very hard to change for both you and your child.
- 8) Don't make a child who truly can't sleep stay in bed. This will condition them to associate bed with the place they toss and turn and feel frustrated – the opposite of what we want. Instead, after a child has tried to sleep (eyes closed in dark/near dark without anything tempting them to stay awake) for 20+ minutes, have them get out of bed and do some very boring thing until they show signs of exhaustion, then have them try to sleep again. The thing they do must be boring, or they may get excited or even want to have sleep problems so they can do it.
- 9) Don't allow your child to use their bed much for things other than sleep. Again, we want to condition laying in bed with sleeping, not watching TV or reading their favorite books—otherwise they may get excited going to bed, instead of calm.
- 10) Avoid medications or foods that are likely to wake your child in the night in the time before bed. This probably goes without saying, but if your child drinks caffeine at 7:00, they are not going to sleep at 8:00, and if they drink too much of anything, they will be up using the bathroom or wetting themselves at night. For medications you will need to consult with your physician.

With these 10 "easy" steps, your child will have an easier time sleeping, and with more practice your child should have an easier and easier time falling asleep and staying asleep through the night. Even better, all of these recommendations also work for adults, so you may find that by following them, you can help your own sleep challenges. Good Luck!! ☀

# Autism and Halloween: A Sometimes Scary Mix

By Julie Ryan Evans from [The Stir](#)

[http://thestir.cafemom.com/toddler/110642/autism\\_and\\_halloween\\_a\\_sometimes](http://thestir.cafemom.com/toddler/110642/autism_and_halloween_a_sometimes)



Halloween can be frightening and hard to explain to any child. Talk of ghosts and witches, scary masks, and grave stones in the neighbor's yard can prompt plenty of nightmares.

For children with autism, however, it can be particularly challenging to celebrate the holiday with all the new rules (yes, you can actually knock on someone's door and ask for candy) and nuances it brings.

Kim Stagliano, author of the new book *All I Can Handle; I'm No Mother Teresa*, is the mother of three girls who have autism. I talked with her about her experiences with them and Halloween over the years and what other people can do to make the holiday a little less frightening and more enjoyable for children with autism and their families.

## ***What challenges do children with autism face when it comes to Halloween?***

Oh, where to begin? Well, Halloween is inherently abstract, and that can be difficult for some kids on the spectrum. It's hard to separate the illusion of costumes from reality. The concept of not going into a house after ringing the doorbell was tough too -- 364 days a year you go to a door, ring the bell, and walk in, And here you have this one night where everyone is out and yet you can't walk into the house? It confused my oldest daughter especially.

## ***Any anecdotes or examples from your own family?***

I've chased my girls up a staircase or two as they zoomed into a house to check out the bedrooms!

## ***For those with sensory issues, what kind of costumes would you suggest?***

Costumes themselves can be a challenge for kids who have sensory issues. I was never able to put face paint on my children when they were young. They would not tolerate it. Costumes had to feel like clothing, and so I often made their costumes from clothes in their closet.

It's easy to turn an orange sweat suit into a tiger, for instance. One year I bought cheerleader dresses from Boston College -- that was a comfortable, easy costume for the girls. Keep the child's needs in mind first and foremost. When Mia and Gianna were toddlers, I bought the "Thing 1 and Thing 2" Dr. Seuss costumes with the big red wigs. Neither girl would wear the wig -- so I realized I had to buy the costume to suit the child -- NOT the mother!

## ***Any other considerations people may want to take into account?***

A child on the spectrum might not say, "Trick or Treat" at the door, but please, just give him or her a big smile and let him choose a piece of candy, just like the other kids. They might not say thank you either -- please don't think them rude. I can promise you that Mom and Dad are very nervous on Halloween night about how their kids will do. Holidays are often bittersweet for the parents. It can feel kind of sad when your child isn't racing down the street with friends and laughing. Or is still holding your hand and walking tentatively at 12 or 13 on Halloween. Give Mom and Dad a piece of candy too.

Like most parents, autism Moms and Dads separate out the candy a child can eat (if any) from the candy they cannot. I'll allow a couple of piece of chocolate as a treat, but nothing with artificial colors or generally gummy in nature. I think peanut allergies have made parents consider non-food treats for Halloween too, which can be fun. Some years I've delivered a small treat bag with my girls' names on them early in the day. That way when the kids knocked at the door, the neighbor knew which treat to give them. That worked really well.☀

*Sign up for our email list at [wiautism.com](http://wiautism.com) and/or like us on facebook to be alerted to an upcoming trick or treat event at the Madison clinic!*

## Groups and Classes

Location	Group	Age/Level	Facilitator	Fee	Days	Time	Start Date
Madison	Speech Adventures	Ages 3-6	Amy S.	\$50/class (register by Sept 9th)	Thursdays	10:30am-12:00pm	Sept 15- Dec 8
Madison	Kangaroo Troop	Ages 2-3	Stephanie W.	\$30/class (register by Sept 9th)	Wednesdays	12:30-2:00pm	Sept 21- Dec 14
Madison	Dolphin Pod	Ages 4-5	Lauren V.	\$30/class (register by Sept 9)	Wednesdays	10:00-11:30am	Sept 21- Dec 14
Madison	Lion Pride	Ages 6-9	Stephanie W.	\$30/class (register by Sept 9)	Thursdays	4:00-5:30pm	Sept 22- Dec 15
Madison	Teen Groups	Ages 13-17	Dr. Peyton & Matt S.	\$30/class (register by Sept 9)	Wednesdays	4:00-5:30pm	Sept 21- Dec 14
Milwaukee	Friendship Club	Ages 11-15	Stephanie	\$30/class Cost includes outings	Thursdays (no group 10/27 & 11/24)	4:30-6:00PM	Sep 22nd- Dec. 15th
Milwaukee	Social Detectives	Ages 5-8	Stephanie	\$30/class	Tuesdays	4:30-6:00PM	Sep. 13th- Oct. 11
Milwaukee	Monday Fun Day	Ages 5-9	TBA	\$30/class <a href="#">register</a>	Mondays	4:30-6:00PM	Sep 12th- Dec. 5th
Milwaukee	Worry Busters 2	Ages 8-10	Stephanie	\$30/class	Tuesdays	4:30-6:00PM	Oct. 18th- Nov. 15th
Milwaukee	WEAP's Got Talent 2	Ages 5-10	Stephanie	\$30/class	Tuesdays	4:30-6:00PM	Nov 22nd- Dec. 6th
Green Bay	Social skills	Ages 3-5	TBA	\$10.00 / class Pick # of classes (Register by Sept. 16th)	Mondays	9:30-11:00Am	Sept 26 - Nov 14
Green Bay	Social skills	Ages 6-10	TBA	\$10.00 / class Pick # of classes (Register by Sept 16 th)	Mondays	4:30-6:00PM	Sept 26 - Nov 14
Green Bay	Teen Group	Ages 11& Up	TBA	\$10.00 / class Pick # of classes (Register by Sept 16 th)	Tuesdays	4:30-6:00 Pm	Sept 27 - Nov 15
Eau Claire	Social Skills	K-3rd Grade	TBA	\$30/class	3 <sup>rd</sup> Thurs of each month	5:00-6:30PM	Nov 17th Dec 15th Jan 19th

## Current Openings

<b>MADISON</b> <b>608-288-9040</b>	<b>MILWAUKEE</b> <b>262-432-5660</b>	<b>GREEN BAY</b> <b>920-338-1610</b>	<b>EAU CLAIRE</b> <b>715-832-2233</b>
Brodhead Beloit Madison Mauston Mt. Horeb Necedah Reedsburg Stoughton Watertown Wisconsin Dells Verona	Beaver Dam Brookfield Cudahy Delavan Franklin Germantown Greenfield Hartford Kenosha Menomonee Falls Milwaukee	Mukwonago Muskego Nashotah New Berlin Oak Creek Oconomowoc South Milwaukee St Francis Waukesha West Allis West Bend	Fond Du Lac Fox Cities Green Bay Oshkosh  Colfax Eau Claire Hudson Mauston Menomonie Merrill New Richmond Phillips Shell Lake Tomahawk