

weap: The People

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Sleep Matters

By Margot Squire

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•A good laugh and a long sleep are the best cures in the doctor's book. ~Irish Proverb

It is reported that up to 89% of children with Autism Spectrum Disorders have sleep problems. Common sleep difficulties include having trouble falling asleep, waking frequently during the night or waking too early and not being able to go back to sleep.

Families and professionals are concerned about sleep disturbances in children for obvious reasons. Chronic sleep problems will likely cause a decrease in the child's motivation and concentration. Sleep also affects our emotional well-being. In research with young children, it has been found that sleeping longer is associated with an increase in adaptability (being able to tolerate changes in routines) and positive mood. For the

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The Human Resource

By Angela Bartol

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My brother was a typical child until age three. No one really knew the exact cause, but he became extremely ill and developed swelling in the brain, known as encephalitis. He survived the illness but ended up with permanent damage. Although my brother does not have autism, many of the characteristics of autism definitely hit home. He needed constant repetition to learn basic skills. He had major behavior issues, displayed violent tantrums and had trouble making and keeping friends. He would do quirky things to get people's attention and to make the other children laugh.

At the time of the incident there really wasn't much treatment available. My parents wanted him mainstreamed as much as possible so they shuffled him from school to school. If the teachers placed him in the "Special Class", neighborhood boys and classmates would make fun of him. My parents also tried counseling and even placed him in karate classes to build self esteem, but that back fired. He used what he learned to hurt other kids when they teased him.

As an adult, my brother still has challenges. He writes like a 3rd grader and can barely read the newspaper. Amazingly, he can completely take apart a snowmobile and put it back together without a manual. He now has a job selling small recreational vehicles, ATVs & snowmobiles, and helps out fixing things in the shop. He has a wife and 5 children.

I came across WEAP while searching for an office management position. I immediately thought of my brother and I wanted to help other children and their families - this would be my way of giving back.

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families caring for these children, the associated lack of sleep for parents and siblings can intensify the challenges of family life.

There are a variety of environmental factors that may contribute to a child's sleep difficulties. For many children, introducing a regular bedtime and wake-up time has a significant impact on improving a child's sleep habits. A bedtime routine that is the same each evening also plays a vital role in building good sleep habits. It is recommended that the bedtime routine take about 30 minutes and the nighttime activities occur in the same order each night. Previewing the new routine by introducing a bedtime social story and visual schedule will likely reduce any resistance to the change. A small degree of variability within the routine (e.g. activity order, parent involved, books read) is advised to prevent the child from becoming overly rigid with the new routine. For example, the child may learn that only his Mom takes part in the new bedtime schedule. This may result in an extremely stressful night on those nights when his Mom is out of town. Inspecting the child's bedroom to ensure that there is not too much light or too much noise and it is a comfortable temperature may help identify additional barriers to sleep. It is a good exercise to sleep in the child's bed for an hour to better understand his or her sleep environment.

For a child with sleep difficulties, naps may be a regular part of the day. Although naps often meet the child's needs in the short term, a nap of more than a few minutes can decrease the likelihood that the child will be tired at his or her usual bedtime. If the child is not tired at bedtime, taking steps to reduce naps may be helpful.

Children can be very convincing in their arguments against going to sleep, even when they do not speak. Parents often face negotiating, crying and tantrum behavior when they say goodnight and leave their child to fall asleep on his or her own. The use of graduated extinction can be effective in reducing the amount of time children cry when falling asleep.

Graduated extinction involves parents spending increasingly longer amounts of time before providing reassurance to the crying child at bedtime. To start, parents determine the amount of time they are willing to wait before checking on the child, for example, 3 minutes. On the first night, parents follow the bedtime plan, say goodnight to the child

then leave the room. They wait the pre-determined 3 minutes then enter the child's room to tell him or her to go to sleep. They should avoid lengthy conversation or giving a snack or drink. They leave the room and wait another 3 minutes and continue this routine for the remainder of the night. On each of the subsequent nights, the parents extend the time between visits by 2 or 3 minutes, and continue with the same procedure when entering the room. After a few nights using this strategy, the length of time the child cries begins to decrease and continues to decrease over time. The graduated extinction procedure seems to work by teaching the child how to fall asleep without a parent present. Treatment research has shown that many children can benefit from this approach.

For families involved in intensive treatment, WEAP staff can work with parents to develop a sleep plan for the parents to implement. Depending on the type of sleep problem, this may involve a visual schedule for the new routine, modified prompt procedures, video-model and/or social story as well as a positive reinforcement system.

In situations in which parents have not had success implementing the plan, WEAP therapy hours may sometimes be used toward re-establishing bedtime routines and sleep behaviors. For a child who falls asleep in his own bed but wakes up in the night, walks to his parents' room and climbs in their bed, WEAP line therapists may be hired to be present in the night. When the child tries to leave his room, therapists are able to redirect him back to bed. Energetic and well-rested WEAP line staff can provide the necessary consistency where many exhausted parents cannot. The regular redirection of the child back to his bed also ensures that he can begin to earn his reinforcement for staying in his room all night. This frequent delivery of reinforcement helps to establish the new routine quickly. This procedure has been used with WEAP clients with great success in a short period of time, typically within a week.

Changing routines can be extremely difficult for children with ASD, particularly those routines that have been established to make the child feel secure and happy. Children are fast learners and new routines with positive incentives for change will go a long way in improving sleep behaviors.♦

For additional information, read *Sleep Better! A Guide to Improving Sleep for Children with Special Needs* by V. Mark Durand.

Here at the De Pere Clinic, I hold the position of Office Manager and also serve as the Human Resources contact. This allows me various opportunities to interact with employees and parents involved with WEAP.

My initial contact with families is made through Parent Orientation or a phone call confirming a workshop. After a workshop is officially scheduled, I contact the parents to introduce myself, confirm their therapy schedule and talk a little bit about the process. During Parent Orientation I explain the HR portion, policies and a few various topics of consequence.

A primary function of the Human Resource department is to fill and maintain therapy teams. This entails recruiting caring individuals with the sincere desire to help children with autism. Ideal candidates also possess a special interest in autism, psychology, elementary education, or a related field. For this reason we often try to recruit from local colleges. Parents often assist us in the recruiting process by hanging fliers in areas we typically cannot reach, such as churches, community gathering places and libraries. Since a full therapy team may consist of 3-5 line therapists and 30-35 hours of therapy per week, recruitment is an ongoing process. Each week interviews are conducted and staff hired. Candidates begin training class as soon as possible.

This question occasionally comes up, "Can a family member or close family friend be a therapist on my child's team?" Although we value the individual's desire to help, we typically do not allow this for a few important reasons. First, it is confusing to the child when a family member plays two different roles and second, it would be a very uncomfortable situation if the family member wasn't working out as a therapist or needed corrective action. Further, neither the state nor insurance will allow immediate family members to work with a child.

Once therapy begins there are still challenges to be met. Families collaborate with Human Resources and their senior therapist to develop a schedule that best meets their needs balancing therapy, school, family time and work. With many part time employees and college students, turnover is inevitable, but it can be greatly reduced. Typically, therapists who feel welcome and appreciated in the home maintain their

employment status the longest. Parents are asked to create a set of house rules so there are no misunderstandings or confusion down the road. Parents are also encouraged to voice any concerns immediately to their senior therapists so issues can be addressed right away. If a therapy team is missing a member, HR immediately goes to work to replace the team member as soon as possible. Openings are filled quickly - vacancy can depend on location and therapy times available.

Another question that arises from time to time is, "Can therapists take children outside the home? How does this happen?". With prior county approval, many children are allowed to work on community outings. In this case, the parent must drive the child to the designated location. Therapists are not permitted to transport a child. Therapists should drive themselves to the location and meet the family.

To ensure satisfaction, families are contacted periodically throughout the year as well as when new therapists are added to the team. Parents are always welcome to voice any questions or concerns. They can call the office at any time.

I'm very honored to be a part of the WEAP team.♦

WEAP on Facebook

Wisconsin Early Autism Project now has a page on Facebook, the social networking site. We will be announcing updates and events and sharing WEAP news on our page.

Facebook, like other social networking sites, offers a way to find and communicate with friends, family members and organizations. It is free and setting up an account is easy. Just go to www.facebook.com and follow the directions to get started.

It's easy to find WEAP on Facebook. After your profile is set up, just use the search box and enter "Wisconsin Early Autism Project." On the WEAP page, click on "Become a Fan." Updates from WEAP will automatically be sent to your Facebook account!

Autism Support Group in Janesville

A new autism support group will soon be launched in the Janesville area. This initiative is being spearheaded by Carrie Braunreiter, a part-time WEAP employee and a graduate student in the UW-Whitewater Counselor Education program. Carrie is currently recruiting interested people to help establish the group logistics, including meeting place and dates. To learn more about this group or to get involved, please contact Carrie at (608) 289-4750, or BraunreiCL11@uww.edu via email.

Upcoming Events

A-MAZE-ING DAYS FOR AUTISM

-VOLUNTEERS NEEDED CONTACT agugel@wiautism.com

Farm animals, wagon rides, pumpkin patch, food, games, bouncy house, ice cream, two raffles, largest corn maze in Wisconsin.

October 3rd and 4th

11:00AM -5:00PM

Treinen Farm
W12420 Hwy. 60
Lodi, WI

20 Mi. NW of Madison
www.AutismMadison.org
www.treinenfarm.com
autismmadison@gmail.com
608-592-3481

Walk4Autism

-VOLUNTEERS NEEDED CONTACT agugel@wiautism.com

A 5K walk. A 2.5K shortcut route is available. You can decide in route how far you want to walk! Thanks to the Wisconsin Early Autism Project, sponsor of the children's area, we will once again offer free inflatable rides and carnival activities for the kids! Come join us! T-shirts will be given to the first 1000 walkers.

Sunday, October 11, 2009

11:00 a.m.

Warner Park , 3110 N Sherman Ave

Madison

If you would like a sponsorship form, please contact:

friendsofautism@wi.rr.com

http://www.friendsofautism.org/walk_madison.asp

Groups and Classes

Location	Group	Age/Level	Facilitator	Fee	Days	Time	Start Date
Madison	Parents/ Caregivers	Open to Community	varies	\$30/session \$4/child daycare (rgstr 2 wks in advc.)	2 nd Tues each Month	5:30PM- 7:00PM	Ongoing
Madison	Social Skills: Beginner	Ages 2 ½-4	Kim W	\$30/session	Tuesdays	12:00PM- 1:30PM	Sept. 15 th - Dec. 8 th
Madison	Social Skills: Intermediate	Ages 4-6	Kaity L	\$30/session	Tuesdays	4:00PM- 5:30PM	Sept. 15 th -Dec. 8 th
Madison	Social Skills: Advanced	Ages 7-9	Melissa K	\$30/session	Wednesdays	4:30PM- 6:00PM	Sept. 16 th - Dec. 9 th
Madison	Speech Group: Language Adventurers	Ages 2 ½-4	Angie L	\$50/session	Mondays	1:00PM- 2:30PM	Sept. 14 th - Dec. 7 th no class Nov. 23 rd
Milwaukee	Play group	Ages 3-5	Stephanie	\$30/week	Wednesdays	9:30- 10:30 AM	Sept 23 rd – Oct 21 st
Milwaukee	Play group	Ages 3-5	Stephanie	\$30/week	Wednesdays	9:00-10:00 AM	Nov 4 th – Dec 9 th no group Nov 25 th
Milwaukee	Conversation Skills	Ages 6-9	Stephanie	\$30/week	Tuesdays	4:30-6:00 PM	Sept 15 th – Oct 6 th
Milwaukee	All About Feelings	Ages 4-6	Stephanie	\$30/week	Tuesdays	4:30-6:00 PM	Oct 13 th – Nov 3 rd
Milwaukee	Friendship Club	Ages 11-14	Stephanie	\$30/week	Thursdays	4:30- 6:00PM	Oct 8 th – Nov 19 th no group Oct 29 th
Milwaukee	Humor	Ages 8-11	Stephanie	\$30/week	Tuesdays	4:30-6:00 PM	Nov 17 th – Dec 8 th
Milwaukee	Monday Night Kids' Group	Ages 8-12	Amanda	\$30/week	Mondays	4:30-6:00 PM	Sept 21 st – Dec 7 th no group Nov 23 rd
LaCrosse	Social Skills	Ages 6-10	Chris W	\$30/week extra for outings	Tuesdays	4-5:30PM	Oct 20 th -Dec 23 rd

Current Openings

<p>MADISON 608-288-9040 Beloit Brodhead Evansville Hillpoint Janesville Portage Reedsburg</p>	<p>MILWAUKEE 262-432-5660 Milwaukee S. Milwaukee West Allis Oak Creek Kenosha Racine Burlington</p>	<p>Waukesha Nashotah Muskego Watertown Greenfield Juneau Cedarburg Germantown Slinger Dousman</p>	<p>GREEN BAY 920-338-1610 Shawano Marinette Green Bay (afterschool) LA CROSSE 608-781-6500 Boscobel Fennimore Wauzeka</p>	<p>EAU CLAIRE 715-832-2233 Danbury Eau Claire Hudson Luck Marshfield Mauston</p>	<p>Medford Merrill New Richmond Prescott Somerset Spring Valley</p>
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