

What if the amount is over/under estimated?

Not a problem. If the annual amount is over estimated, then the amount of contributions in the following contract year would be reduced. Any unused amount is carried forward. If the annual amount is under estimated, then the contributions can be increased to recover the total expense. The ability to cover the previous year's expense will not be lost.

However, no expense can be recovered if they occurred before the HSA was set up.

Understanding How the HSA Can Help You

Health Spending Accounts may be one of the least understood yet most significant deductions available on personal and corporate tax returns. With over 20 years of financial advisory experience, it is my belief that the Health Spending Account is the essential vehicle to help families afford and better manage the vital services their children require.

If you would like more information on Health Spending Accounts, or to determine if this financial vehicle would be of assistance in your situation, contact Rick Machtinger at 905 470-7788 ext. 242 or rick.machtinger@dfsinc.ca.

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Reference: CRA Guidelines Interpretation Bulletin IT-85R2 ■

This is the second in a series of four articles provided for *Autism Matters* by AlphaBee/WVM+A, as a special advertising feature of the services that they provide. ~ Ed.



Learning to Get Along

PART 2: INCREASING SOCIAL SKILLS AND PEER INTERACTIONS IN CHILDREN WITH AUTISM

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CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD) often exhibit impairments in their social skills development. They may have limited social interactions, have difficulty initiating and responding to social interactions, prefer to isolate themselves or interact with adults rather than peers, and/or have weak motivation for social interactions. For many children with ASD, social skills must be taught directly: simply having the child exposed to peers is often not sufficient for the child to learn social skills. Specific social skills targets should be a part of any intervention or education plan. How do we teach social skills to children with ASD? This article will review some strategies for assessing and teaching social skills in children with ASD.

Before selecting what skills to teach, it is important to assess where the child is at developmentally in terms of his/her current social skills repertoire. It can be helpful to look at how social skills develop in typical children. Understanding how typical children play and interact can help determine what to teach the child with ASD. It is important to keep in mind, that social skills development, like any skill, can be delayed in a variety of ways, so the assessment used should be able to identify these. For example, a child could have weak prerequisite language skills. If a child is not able to communicate his/her wants and needs, answer simple questions or follow instructions with adults it is unlikely that they will be able to interact with peers in a meaningful way. Teaching language and other prerequisite skills may be a priority before social skills becomes a major focus. Some children may have more advanced language skills but have weak motivation to interact with peers and prefer

to be on their own. For these children, initial goals may be to pair peers and peer interactions with reinforcement. Other children seem to want to interact with their peers but do not have the skills to do so effectively. In any case, the goal of the assessment is to determine where the child's social skills are developmentally, to then guide the selection of teaching targets.

Teaching social skills can be complicated. There are many different aspects to social behaviour, including nonverbal behaviours (e.g., body language, proximity, facial expression and eye contact), verbal behaviours (what someone says), and listener behaviours (listening to what someone else is saying). The rules involved in social behaviour are often complex, vague and continuously changing. Many social skills, especially advanced ones, involve complex skills (e.g., attending and listening, asking and answering questions, staying on topic, monitoring your own facial expressions, tone of

voice, proximity, emotional regulation and coping skills, etc.). In addition, peers are often not as reinforcing as adults and they compete for adult attention and for turns; they often do not share or take turns or wait. Peers do not respond as quickly and clearly as adults do, they are not very skilled at reading facial expressions and body language, they do not wait for slow responses or poor articulation, and they may have deficits in language and social skills similar to the child with ASD.

Social skills can be taught to early, intermediate and advanced learners. The specific skills taught and how they are taught may vary, however. For example, early social skills may largely be with adults and require adult prompting. Eventually the goal is to have the child interacting with peers with minimal adult support. When it is appropriate to have peers involved, it is a good idea to start with peers who are able to model appropriate social and language skills.

AlphaBee provides Applied Behaviour Analysis (ABA) based programs to children and youth with Autism. **AlphaBee** has established itself as an exceptional program with a highly skilled clinical team, dedicated to assisting each child with reaching his or her potential. **AlphaBee** offers a range of ABA based services such as Intensive Behavioural Intervention (IBI), behaviour assessment and consultation, social skills training, and others. **AlphaBee** families are funded through the Direct Funding Option (DFO) or through private means. **AlphaBee's** programs take a verbal behaviour approach to assessment and treatment and are individually tailored to meet the needs of our clients. Programs may include teaching language and communication, play and social, personal care and daily living, academic, and fine and gross motor skills as well as reducing challenging behaviours. We value input from parents in the selection of program goals and provide parents with training on how to implement strategies themselves. Our team is committed to improving the quality of life for children and their families.

AlphaBee's sister company, **wm+a** is a leading provider of ABA and evidence based supports dedicated to making everyday a better day for the clients, families, and communities we serve. From Respite to Crisis Management, **wm+a** provides direct 1:1 or group support and teaching to children, youth, and adults with ASD in the home, school/day program, hospital, or community program. With a strong foundation in ABA, a skilled management and frontline team, we are technologically advanced, quick to respond to service requests, effective in delivery and committed to continued learning and growth within the support community.

wm+a and **AlphaBee** collaborate on joint projects: training programs for **wm+a** associates, community agencies and parents; children's social skills groups; Next Steps – post IBI ABA-based tutoring; and more.

With two main office locations and IBI treatment centres in Toronto and Hamilton, and a team of over 350 frontline professionals, our services are available in the GTA, York and Simcoe, Durham, Peel, Hamilton/Niagara and Central West regions. Visit our website www.wmanda.com or call us to discuss how we can be of support to your family.

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Peers should be generally cooperative with adults and be able to follow adult prompts. It may also be a good idea to talk to the peer(s) about what you would like them to do. For example, you may role-play or pre-teach the peer certain responses. When training starts, both the child with ASD and the peer(s) should be reinforced for interacting with each other to promote continued interactions in the future.

For a child with early language and social skills, initial goals may include pairing the peer with reinforcement and requesting from the peer. The primary goal of these early interactions is to teach the child with ASD that there is a benefit to peer interaction. Peers can be reinforcing.

Once the child is approaching and staying near the peer, additional targets may include parallel play, imitating the peer and following simple instructions from the peer. These can be taught in the context of simple and fun activities. Additional goals at this early stage may also include simple turn taking (e.g., Mr Potato head, puzzles, pushing cars down a ramp, going through a tunnel, etc.). Be careful not to teach sharing and turn taking too early though. One of the earliest and possibly most important goals is to pair the peer with reinforcement and not

that playing with peers means having to give up all your favourite things.

For intermediate learners, the social skills curriculum may include goals such as requesting attention from peers, following play led by peers, initiating play with peers, playing pretend or interactive games, and so on. Target goals for advanced learners may include asking peers questions and answering questions from peers, talking to peers, telling jokes, dealing with conflicts or arguments, recognizing and coping with emotions in social situations, and so on. The list of skills to teach may seem endless and to some extent, social skills training never ends. What is important to keep in mind, is to select skills appropriate for the child's developmental level and to gradually increase the difficulty and demands.

What follows are some general tips and strategies to promote social skills and interactions with peers. First, it is often necessary, especially early on, to set up and create opportunities for social interactions. Adults may have to instruct children to interact with their peers and vice versa, and prompt children and peers during their interactions. Activities should be selected that are reinforcing for the child with ASD and the peer, require proximity, interaction and cooperation.

Second, select peers that are willing to help, that follow instructions, attend to adults and are generally cooperative. Talk to the peer ahead of time about what you would like them to do or say and how to respond. Make sure to reinforce the peer for participating. Initially start with a select few peers and gradually increase the number of peers the child can interact with.

Third, pair the peer(s) with reinforcement. For many children with ASD, peers are associated with reduced adult attention and the loss of toys. For more advanced children we do need to teach them to tolerate these things, but for the early learner, we want to start by teaching them that peers are fun and there is a

benefit to interacting with them.

Finally, there are many different curriculums available for assessing and teaching social skills that break down skills and provide teaching strategies and steps. It is a good idea to use a social skills curriculum because social skills involves many skills and can get complex at higher levels. Some sample curriculums include *Making a Difference* (Ed. Maurice, Green, & Foxx, 2001), *Navigating the Social World* (McAfee, 2002), *Do-Watch-Listen-Say* (Quill, 2000) and *Crafting Connections* (Taubman, Leaf, & McEachin, 2011).

Teaching social skills can seem complicated. Social behaviour itself is complicated. Using a structured assessment and programming tool can help to guide a child's curriculum and make teaching more efficient and effective. ■

