

# Autism

Spectrum Disorder



 A YUKON GUIDE TO SERVICES

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# Autism Spectrum Disorder – A Yukon Guide to Services

**THIS HANDBOOK IS A ROADMAP** for families and others who are entering the world of Autism Spectrum Disorder (ASD). It provides information about the condition itself and guides Yukon families and service providers to the information and resources that will help children with ASD. The handbook is based on information gathered from Yukon families, service providers, individuals interested in helping children diagnosed with Autism Spectrum Disorder (ASD) and scientific literature.

Awareness and understanding of ASD is growing at a rapid rate. The result is positive changes for people with ASD. Today, there is more reason than ever to be hopeful about the future of children diagnosed with ASD.

**WE WOULD LIKE TO ACKNOWLEDGE** the contribution of the individuals who provided information for this guidebook and the Steering Committee, which includes representatives of Autism Yukon, Child Development Centre, Council of Yukon First Nations, Yukon Association of Community Living, Yukon Education, and Yukon Health and Social Services (Mental Health Services and Family and Children's Services).

Research and Writing: Heather Alton

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# 1. Introduction

## What is autism?

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Autism is a neurological disorder that affects the way the brain develops and leads to developmental disability. It is a lifelong disorder. People with autism usually have:

- problems communicating with other people;
- difficulty with social relationships; and
- limited, repetitive patterns of behaviour and interests.

Autism, otherwise known as Autism Spectrum Disorder (ASD), typically appears before three years of age. It is four times more common in boys than girls. The condition is called a spectrum disorder because it has a wide range of symptoms and degrees of severity. People with the same diagnosis can have very different skills, challenges, and abilities.

Disorders under the autism spectrum are:

- *Autistic Disorder*
  - ▶ most common, ~ 20/10,000

- *Asperger's Syndrome (AS)*
  - ▶ common, ~ 5/10,000
  - ▶ tends to be recognized and diagnosed later, usually after three years
- *Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)*
  - ▶ common, ~ 15/10,000
  - ▶ often called atypical autism
- *Rett's Syndrome*
  - ▶ rare, ~1/10,000
  - ▶ almost always occurs in girls
- *Childhood Disintegrative Disorder*
  - ▶ very rare, ~0.2/10,000

## What causes autism?

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No one knows for sure what causes autism. Research is currently focussed on a number of areas:

- identifying genes that may contribute to autism;
- investigating brain differences through new imaging technology; and
- examining differences in brain development that might result in symptoms of autism.

The Autism Society of Canada's website includes a short guide to Autism Spectrum Disorders and associated terminology: [http://www.autismsocietycanada.ca/understanding\\_autism/what\\_are\\_asds/index\\_e.html](http://www.autismsocietycanada.ca/understanding_autism/what_are_asds/index_e.html)



## What is the long-term prognosis?

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Currently there is no cure for autism. The good news is individuals with ASD can reach their potential with early detection, family support, individualized treatment, and effective teamwork. Many people who live with ASD have skills and abilities that allow them to make important contributions to their community.

## Where can I find out more?

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In the Yukon, information about autism and services for people diagnosed with autism is available from:

- Autism Yukon – 667-6406
- Child Development Centre – 456-8182
- Special Programs, Department of Education – 667-8000
- Services to Children with Disabilities, Health and Social Services – 667-8950

Information on Canadian research on autism can be found through the following links:

[http://www.autismsocietycanada.ca/asd\\_research/causes\\_of\\_autism/index\\_e.html](http://www.autismsocietycanada.ca/asd_research/causes_of_autism/index_e.html)

<http://www.cairn-site.com/mission.html>



## 2. Starting the Process

### Where do I start?

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Parents know their children best and are frequently the best observers of their children's behaviour. If you suspect your child or a child you know might have ASD, here are some important first steps:

1. Look at the list in the box. It describes aspects of child development that might suggest the possibility of ASD.
2. Talk to your family doctor or public health nurse about evaluation. Children do not grow out of autism – the earlier they receive help, the better.
3. Talk to people at Autism Yukon, staff at the Child Development Centre, your doctor, your child's teacher as well as the staff at Special Programs (Education) or Services to Children with Disabilities (Health and Social Services) listed on the previous page. They can give you more information about ASD and child development. The websites listed on page 31 also provide good information about ASD.

Autism is defined by a certain set of behaviours. Children with ASD can exhibit any combination of the behaviours in any amount. So, if not all of the symptoms are present, the child may still have ASD. If you have questions or doubts, do not ignore them. ASK.

The following traits might indicate ASD:

- Looks through people; not aware of others
- Delay or absence of spoken language
- Not responsive to other people's facial expressions/feelings
- Lack of pretend play; little or no imagination
- Does not show typical interest in peers, or play near peers purposefully
- Does not take turns
- Unable to share pleasure
- Does not point at an object to direct another person to look at it
- Differences in eye contact
- Does not understand body language or tone of voice
- Does not initiate activity or social play
- Unusual or repetitive hand and finger mannerisms
- Unusual reactions, or lack of reaction, to touch, sound, temperature or light

## Asperger's Syndrome

Asperger's Disorder or Asperger Syndrome (AS) tends to be diagnosed later in life, usually after three years of age or when a child is in school. AS can also be diagnosed in teens and adults. Recently there has been an increase in the number of people diagnosed with AS in North America.

People with AS:

- have typical development of language, learning, and cognition, but struggle with social use of language;
- lack the social skills to make friends;
- have difficulty understanding the unwritten rules behind social interactions such as facial expressions, body language, personal space, and humour;
- have difficulty understanding and asking about others' feelings; and
- can be very rigid in following rules, leading to great anxiety when routines are changed.

## How do I know if my child has ASD?

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The first step in finding out whether your child has ASD is an assessment by qualified professionals. This process includes both a medical evaluation and an assessment of your child's development. The next section in this Guide explains where you should go to get an assessment and diagnosis.

## How do I deal with the stress?

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The process of finding out if something is different about your child can be stressful and difficult for parents and other family members. Do not try to deal with everything yourself. Find support! Family, friends and church or community organizations can all help.

For support and counselling you can contact:

- Autism Yukon
- Yukon Family Services Association
- Services to Children with Disabilities (Health and Social Services)



## 3. Assessment and Diagnosis

Currently in the Yukon, families are using a number of different ways to get a diagnosis of ASD. The family, the family doctor, and the paediatrician work together to determine the process. Historically, diagnosis was done at hospitals in Edmonton (Glenrose Hospital) or Vancouver (Sunny Hill Health Centre for Children). In the past few years, the diagnosis of ASD has also been done in Whitehorse.

### Who do I contact first?

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Your doctor is a good starting point. The doctor can help you find your way through the medical system. Information maintained by a family doctor about your child's prenatal history, birth, and development is important. If you don't have a family doctor, visit your health centre or go to a walk-in-clinic in Whitehorse.

Your doctor or community health nurse (in Yukon communities except Whitehorse) may refer you to the paediatrician if they believe that a more thorough assessment is needed. If you have reports from the Child Development Centre or Department of Education (Special Programs), the paediatrician and your doctor will want to see them.

The paediatrician or family doctor may also refer you to a child psychiatrist at Mental Health Services. Although ASD is not a mental illness, psychiatrists often make the diagnosis or are part of a team making a diagnosis.

### How do I get a child development assessment?

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An assessment of your child's development can provide you and the medical doctors with important information. Child development professionals can suggest ways to help your child reach his or her potential. They also provide information medical doctors need when making a diagnosis of ASD. Child development professionals are available through the Child Development Centre (CDC) and the Department of Education (Special Programs) and travel to all Yukon communities to do assessments. There is no charge for these assessments.

For an assessment of a pre-school child, you can contact the Child Development Centre directly. For an assessment of a school-aged child, talk to your child's teacher or the Learning Assistance Teacher at your child's school. See Appendix B for contact information.

Here are the professions that may be involved in assessing your child's development:

**Speech Language Pathologist:** evaluates how the child speaks and uses language to communicate. This person can also help with eating and swallowing issues.

**Occupational Therapist:** evaluates your child's development in the areas of fine motor skills, eye-hand coordination, activities of daily living (dressing, eating) and sensory processing.

**Physiotherapist:** evaluates the development of large movement skills such as crawling, walking, and running, and how the child plans and coordinates these movements.

**Developmental Therapist:** looks at children's play, behaviour, social and emotional development. They provide support to families regarding parenting issues and child development. Developmental therapists work at the CDC, not in schools.

**Psychologist:** is a non-medical specialist in the diagnosis and treatment of mental and emotional problems. The psychologist's role involves assessment, program planning, and/or counselling. Psychologists work in the school system, privately, and may work at Mental Health Services.

## How do I get a diagnosis in the Yukon?

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Mental Health Services organizes the assessment of ASD in the Yukon. Mental health clinicians, a child psychiatrist and developmental professionals collaborate to arrive at a diagnosis.

### Mental Health Services/Child Psychiatry Clinic (Health and Social Services)

When there are concerns about ASD, the referral to Mental Health Services usually comes from a paediatrician or another agency such as the Child Development Centre. However, anyone can make a referral (e.g. parent).

The initial contact person for Mental Health Services is the intake coordinator. The intake worker discusses parents' concerns, and obtains permission to gather information from others involved with the child. The information is passed on to the Mental Health clinician.

The Mental Health clinician contacts the family to arrange a meeting. At the meeting, parents provide background information and the child is assessed by the Mental Health clinician. The child may also be observed and assessed in other places. Information is gathered from other professionals involved with

the child. A report is completed and given to the psychiatrist.

After the Mental Health clinician completes the initial assessment, an appointment is booked with the child psychiatrist. The child psychiatrist visits the Yukon every three months and does video conferencing once a month. The waiting time for an appointment varies but is generally three to four months.

## What if my child is referred to a hospital in Alberta?

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Some people will have an assessment for ASD done in Alberta. The Glenrose Hospital in Edmonton has designated teams of professionals that assess and diagnose children suspected of ASD. The service is provided through one of two teams, depending on the age of the child. See page 26 for information on travel arrangements to Alberta.

### Pre-school children (2-5 years old including Kindergarten)

A team of professionals assesses preschool children with complex developmental needs, which includes ASD. In order for a child to attend the Pre-School Assessment Clinic (PAS), you need:

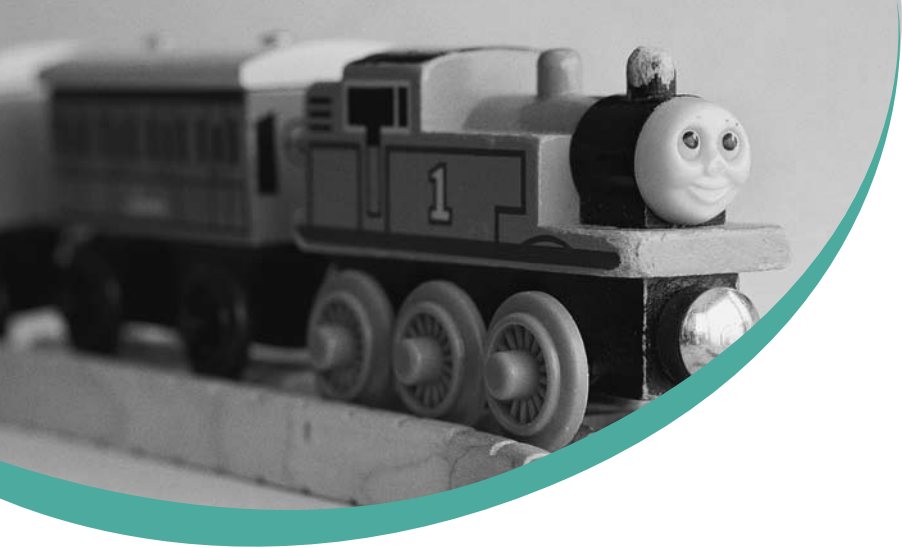
- a medical referral completed by your doctor on a form provided by Glenrose Hospital;
- a current developmental assessment from an OT and SLP by the Child Development Centre; and
- an audiology report completed by Hearing Services (Health and Social Services).

### School-age children (6-17 years old)

This team of professionals provides assessments for school-aged children who have complex learning issues and who have exhausted the assessment resources of their communities. They see children with issues that are school-based but NOT children with physical challenges.

In order for a child to attend the School-Age Children Neurodevelopmental Assessment Clinic (SNAC), you need:

- a medical referral completed by your doctor on a form provided by Glenrose Hospital;
- a current psycho-educational assessment and a current assessment from any other involved specialist, such as an OT or SLP (Department of Education, Special Programs).



### **ASD Follow-Up Clinic (children 0-18 with a diagnosis of ASD)**

This clinic at Glenrose Hospital provides medical follow-up for autism-related needs such as sleep disturbances, severe behaviour issues, other medical conditions, and medication trials/changes. The clinic does not provide assessments by other professionals such as psychologists or speech language pathologists. It provides general suggestions on the programming needs of child. Follow-up through telehealth is an option when travel to Edmonton is difficult.

### **What about getting a diagnosis in another province?**

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Currently the British Columbia medical system does not accept referrals from the Yukon for the assessment and diagnosis of ASD.

If you are travelling to a major centre outside of BC or Alberta that has a Children's Hospital, you can explore options for having your child evaluated there. Your family doctor can help with this process. Parents will be responsible for travel costs, as the Yukon health care system does not cover travel to these jurisdictions.

Glenrose Rehabilitation Hospital website is accessed through the Capital Health Authority <http://www.capitalhealth.ca/default.htm> under "Hospitals & Facilities".

## 4. Support for Families

### What next?

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Families often ask, “What do I do now that I know my child has ASD?” It is important to take care of yourself and your family. Here are some suggestions to help you handle the stress you face after having a child diagnosed with ASD.

**Work together as a family:** In times of stress, when mutual support is most needed, family members tend to take their frustrations out on each other. Despite the difficulties in finding child care, couples find that taking breaks without their children helps renew their bonds. The other children also need attention and a voice in expressing and solving problems. For many people the extended family can be a source of support. Look for other forms of support for your family such as respite care so that you get a break when you need it. Check out local counselling services and support groups that may be meeting in your community. (See listing on pages 14-15.)

**Keep a sense of humour:** Parents find that the ability to laugh and say, “You won’t believe what our child has done now!” helps them maintain a healthy sense of perspective.

**Focus on the positive:** When it seems that all the help, love, and support is going nowhere, it’s important to remember that real progress is being made over time. Families are better able to maintain hope if they celebrate small signs of growth and change.

**Take action:** One of the actions you can take is to learn about ASD. Get the information you need to make informed decisions. Sharing information about your child with others involved in their care can also be very positive. When everyone involved with your child has the same information, planning can be more effective. Work with these resource people to develop a plan that works for your child and your family. In addition, many parents gain strength from working with others, especially other parents, on behalf of all children with autism. Other families find lobbying and advocacy overwhelming or not their personal strengths. Do what works for you and your family.

**Plan ahead:** Parents of children with conditions like ASD worry about what will happen to their offspring if and when they can no longer care for them. Having a plan in place helps relieve some of the worry. One option is to form a contract with a professional guardian who agrees to look after the interests of the person with autism, from observing birthdays to arranging for care.

**Perspective:** Remember that you are not alone and that you are not the first family to cope with the realities of autism. Autism Yukon or one of the other organizations referred to in this Guide can help you find company and support. Talking to other families can help. The sooner you can start to cope constructively with your child's diagnosis, the greater the gains will be for your child and the better his or her chance of leading a relatively normal life.

Adapted from “Strategies for Coping” in the Government of British Columbia’s Autism Spectrum Disorder, Parent Resource Directory: [www.mcf.gov.bc.ca/autism/resource\\_directory/autism\\_5.htm#coping](http://www.mcf.gov.bc.ca/autism/resource_directory/autism_5.htm#coping)

## Where do I find support?

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### (a) Community-based supports

The organizations listed below can provide you and your family with information about ASD and support in dealing with life's challenges.

*See Appendix B for a complete listing of the organizations.*

#### AUTISM YUKON

Autism Yukon is a non-profit organization whose objectives are to provide information and resources, promote parent and peer support, increase public awareness, and advocate on behalf of individuals and families living with Autism Spectrum Disorder.

#### YUKON ASSOCIATION OF COMMUNITY LIVING (YACL)

Yukon Association of Community Living provides services to Yukon people with intellectual disabilities of all ages, as well as to their families. Services include: advocacy, referral, resource library, information, once-a-month integrated dances, presentations and workshops. YACL provides summer recreation opportunities to children and adults who live with disabilities.

## **YUKON COUNCIL ON DISABILITY (YCOD)**

Yukon Council on Disability is a non-profit society whose mission is to be a resource for Yukoners with disabilities on issues of equity, community awareness, government policy and employment.

## **YUKON FAMILY SERVICES ASSOCIATION (YFSA)**

Yukon Family Services Association serves children, youth, adults, and families by promoting healthy relationships within the family, the workplace and the community. YFSA provides support and counselling to all age groups, information and education, a lending library and other related programs and services.

### **(b) Government supports**

Government agencies that offer diagnosis, assessment, intervention or other services also provide family support as part of their services. For example, if you have a child diagnosed through Mental Health Services, staff there will offer support to your family. And if you have a child assessed at Child Development Centre or through the school system (Department of Education), staff there will provide support. Reach out to the service providers that you are in contact with. If they cannot provide the support you need, they will help you find other services.

## **SERVICES TO CHILDREN WITH DISABILITIES (HEALTH AND SOCIAL SERVICES)**

This program provides support to families of children with disabilities. Supports include information on services for children with ASD, supportive counselling, and assistance in accessing services and financial supports including respite care funding and funding for autism interventions.

### *RESPITE SUPPORTS*

Health and Social Services offers a variety of respite options for families. In the case of ASD, the most appropriate program will likely be the Special Needs Respite Care Program. All parents whose children with disabilities are under the age of 18 years are eligible. Caregivers may be approved for funding to pay for their own respite care provider (respite funding option), or they may use an approved home recruited by Family and Children's Services (respite home option). A parental contribution may be required.

## **FIRST NATION HEALTH AND SOCIAL SERVICES**

All Yukon First Nations have Health and Social Service departments that can provide you and your family with information and support.

# 5. Interventions for ASD

## What choices do I have?

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Parents often feel flooded with information about possible interventions for ASD. While there is research available on effective treatments, there are many other approaches to ASD that are promoted in books and through the Internet. Some of these approaches do not have any scientific evidence to show that they are effective.

It is important for parents to remember that ASD is a spectrum disorder. That means children diagnosed with ASD have a wide range of abilities and challenges. An intervention that works for one child may not necessarily work for another child. By the same token, what works for one family may not necessarily work for another. Intervention must be based on the strengths and challenges of both the child and the family.

All interventions have pros and cons. Here are a few questions to help sort through the information:

- Is the treatment individualized and based on assessment?
- Are data kept to show it is effective?
- What training and supervision are needed to provide the treatment?
- What are the potential side effects or risks?
- How much does it cost?

- Is it commonly used elsewhere?
- How is it funded?
- Does the theory behind a treatment make sense, given what is known about autism?
- Is there research to demonstrate the treatment is effective?

## How do I judge which interventions are going to help my child?

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“Best practice” is a term used in medicine to describe an approach that is considered effective based on scientific outcomes. In this handbook, suggestions about best practices are based on information from the last 10 years, mostly from Canada and the United States. Clinical guidelines developed by panels of experts are also included.

The learning needs of children with autism are complex and change as they develop. Focussing on one approach or method could restrict a child’s growth because it may not take into account changes in their learning needs. **The best approaches for children with ASD are those that meet the needs of the individual child.**

The research recommends that all children with an ASD diagnosis should receive education/intervention which:

- Begins as early as possible;
- Is intensive in nature and occurs throughout the year (12 months);
- Is based on the child's needs and works on specific objectives that can be measured;
- Uses a curriculum focusing on communication, engagement, social interaction, play, cognitive, self-help, behaviour and motor goals;
- Measures progress based on data collected;
- Provides sufficient individualized one-on-one attention; and


- Uses approaches to problem behaviour (positive behavioural supports) that are based on scientific research.

(National Research Council, 2001)

Children with ASD often have different people working with them at the same time. It is important they work as a team. Research shows teams are successful when:

- People work together;
- The lines of communication are open;
- There is flexibility in the system; and
- People trust each other.

*See Appendix D for more information on Best Practices and Interventions for ASD.*



The Autism Community Training (B.C.) has compiled information parents can use to evaluate qualifications of people working with their children.

Information on How To Assess Qualifications Of Professionals can be found at: <http://www.actbc.ca/tipsforparents.htm>

Information on a checklist of questions parents should ask about Intensive Behavioural Programs can be found at: <http://www.actbc.ca/checklist.htm> - Behavioural Institute Checklist for the Evaluation of Intensive Behavioural Programs

## What are the approaches to intervention?

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The terms used to describe the various interventions used to help children with ASD can be confusing. Below you will find a very general overview of some of the main terms you will run across in your reading or discussions with people.

It is important to recognize that many of these therapies have not proven to be effective for children with ASD in clinical studies. More research is needed. However, research has shown that behavioural interventions (including some of the eclectic models listed below) have produced positive outcomes for children with ASD. Despite this general finding, there are mixed research findings and debate on specific behavioural programs.

There are generally three different models of interventions for ASD – behavioural models, developmental models and eclectic models. Each model is based on an underlying theory.

### 1. Behavioural models

Behavioural models of intervention are based on Learning Theory. Children can learn new skills by changing the learning environment and providing positive reinforcement for certain

behaviours. The theory is that an individual is more likely to repeat a certain behaviour if they receive some sort of positive feedback or consequence for that behaviour.

People commonly use the term ABA (Applied Behavioural Analysis) when talking about all behavioural interventions for ASD. This can be misleading, as there are many different behavioural interventions with different methods, levels of intensity and settings for intervention.

### APPLIED BEHAVIOURAL ANALYSIS (ABA)

ABA is an approach where a variety of assessment and intervention methods are used to change behaviour and teach skills. ABA interventions involve breaking a task down into small steps and teaching each of those steps to the child. ABA is not necessarily intensive, restricted to autism or to young children and can be used in a broad range of situations by a variety of individuals. Data is collected and progress is evaluated on an ongoing basis.

### DISCRETE TRIAL TEACHING (DTT)

DTT is a teaching method that can be used in ABA programs. The child is presented with a brief instruction or question and receives a “prompt” (a clue or the answer) to assist them to get the

right answer. If the child gets the correct answer, they get a reward (e.g. hugs, food treats, praise, a toy to play with, tokens). If the child gets the answer wrong, the correct answer is provided. Data collection is an important part of DTT. It is frequently done at a table in a one-on-one setting. Psychologist O.I. Lovaas was one of the early pioneers of DTT in the 1960s, but since then, other therapists have modified the Lovaas DTT model.

### **INTENSIVE BEHAVIOUR INTERVENTION (IBI) OR EARLY INTENSIVE BEHAVIOURAL INTERVENTION (EIBI)**

Intensive Behavioural Intervention is a general term to describe behavioural therapies that are intensive. One-on-one therapy is provided on a regular basis by trained therapists and is frequently used with young children. All individuals interacting with the child, including parents, teachers and siblings, use a consistent approach. Discrete Trial Teaching is often a part of IBI programs.

## **2. Developmental models**

Developmental models of intervention are based on human development theory. Developmental models promote typical development and in the case of autism, focus on language and social communication. Interventions

that are based on developmental models are generally delivered in more naturalistic settings and often occur in groups.

### **FLOOR TIME**

Floortime, otherwise known as the Developmental Individual-Difference Relationship-Based Model (DIR), was developed by Stanley Greenspan. It is child-directed, includes interaction with the child's peers and strives to build on the child's interests and motivations to engage in social and emotional interactions.

### **SCERTS (SOCIAL COMMUNICATION, EMOTIONAL REGULATION, AND TRANSACTIONAL SUPPORT)**

The SCERTS model was developed by Barry Prizant. It combines functional language therapy, social skill development through Greenspan's floor-time approach, sensory integration therapy and support to the family. It focuses on the core deficits of ASD and is a comprehensive model that can be applied in a variety of settings for children with a range of abilities.

### **RELATIONSHIP DEVELOPMENTAL INTERVENTION (RDI)**

The RDI model was developed by Gutstein and is a cognitive-developmental treatment model aimed at encouraging children with ASD to develop social relationships.



### 3. Eclectic models

Eclectic models use a combination of the behavioural and developmental models to deliver interventions for ASD. Examples of eclectic models are Pivotal Response Training (PRT), Verbal Behaviour, Positive Behavioural Support and Incidental Teaching. Interventions based on these models emphasize generalizing skills taught in a one-on-one setting to a group or social setting.

### 4. Other therapies

There are therapies that were developed for different disabilities which are often used with children with autism. Some of the therapies that focus on communication include Augmentative Communication (e.g. sign language, pictures, symbols), Picture Exchange Communication System (PECS), and Social Stories to help children understand the reasons behind behaviours (e.g. “The bell rings and then it is time for lunch.”).

There are also therapies that focus on differences in processing sensory information. Many children with ASD have some form of sensory difficulty. Children can be over or under stimulated by light, sound, movement or touch. Different approaches are used to deal with these sensory differences. Sensory Integration (SI) therapy aims to treat and promote sensory integration by stimulation and learning to adapt. The use of elements of Sensory Integration or a “Sensory Diet” is often incorporated into a variety of interventions but is not considered a specific therapy. An Occupational Therapist is the individual most frequently trained in dealing with sensory differences.



## 6. Early Intervention Services (birth to 6 years or pre-school)



Once a child is diagnosed with ASD, intervention should begin as early as possible. It is important that parents be involved in directing interventions for their child. Over the years, many people will work with your child but the family remains constant. As a parent, you provide consistency for your child.

### **What services can I get for my child?**

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The main resources in the Yukon for pre-school children with ASD are the Child Development Centre (a non-profit organization) and Services to Children with Disabilities (Health and Social Services) which provides funding for autism interventions. Childcare programs may also assist your child. Children with disabilities may be eligible for extra support in a child care setting through the Supported Childcare Program. A list of childcare facilities is available from the Childcare Services Unit (Health and Social Services).

If the Child Development Centre (CDC) has been involved in assessing your child through the staff diagnosis, staff will be in a good position to advise you on the therapy services that the CDC can provide.

Because of the Yukon's population and location, we may not have the same variety of therapies that are available in a large city like Calgary or Vancouver. Speak to the local service providers listed in this handbook to find out what they offer and what might be suitable and effective for your child.

Information on services for children with ASD is listed on pages 24 - 25. Funding programs are listed on pages 26 - 27.



# 7. Services for Youth

(6 to 19 years or school-age)



Once a child enters the school system, the Department of Education coordinates and delivers educational programming. School-age children with ASD may also receive funding for autism interventions from Services to Children with Disabilities (Health and Social Services). Families may also be eligible to receive assistance from the Supported Childcare Program for after-school childcare.

## **How do I make sure that my child's move to kindergarten is successful?**

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Research has shown it is important for children with ASD to have a plan for the transition to kindergarten. A successful start to kindergarten can pave the way to success in school.

In the Yukon, the Child Development Centre and the Department of Education have established the Kindergarten Transition Process to make the start to kindergarten successful. Information about the transition process is available from staff at Special Programs (Department of Education) and the Child Development Centre.

## **What happens when my child goes to school?**

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The main contact with the school system will be your child's teacher. If you have not met your child's teacher during the transition from CDC, contact and meet with your child's teacher before the start of the school year. Work with the classroom teacher to plan and implement an educational program for your child.

The teacher may draw upon the expertise of the principal and the School-Based Team (SBT) when planning a suitable educational program for your child. The principal collaborates with classroom teachers to deliver appropriate educational programs for students. Introduce yourself to the principal.

The SBT consists of the school principal, Learning Assistance Teacher (LAT), school counsellor and the child's teacher. The parents and representatives from community services may also be part of the team. The Learning Assistance Teacher is a resource person for classroom teachers dealing with students who require adapted or modified programs.

If a student requires additional expertise beyond that of the SBT, Special Programs (Department of Education) has consultants in speech and language pathology (SLP), educational psychology, physiotherapy (PT), occupational therapy (OT), special education, and hearing or visual impairment. The consultants assess children and provide program recommendations to teachers. They also provide information about ASD to parents and teachers.

Special Programs consultants, school staff, and parents work together to design an Individual Education Plan (IEP) to meet the needs of the child.

An Educational Assistant (EA) may be assigned to work with the teacher to deliver your child's educational program.

**Referral to Special Programs is not automatic for children involved in the transition process from the Child Development Centre to kindergarten. Parents should discuss the referral with the kindergarten teacher.**

## **How do I prepare my child for the transition to adulthood?**

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Planning for school leaving should start in high school by grade 10. Research suggests the student, parents, teachers and school counsellor make the plan for school leaving part of the IEP. Students and parents need to work closely with school staff (particularly the Learning Assistance and/or Special Education teacher and school counsellor) to explore all options for in-school programming to meet the student's long-term goals.

Plans for school leaving will depend on the abilities of the student. Some students will need to make special plans for university entrance while others may look at supported employment options. It is important the IEP be individualized for students.

*For more information about services for adults with disabilities, see page 29.*

## 8. Therapy/Intervention Services

This alphabetical listing sets out Yukon services available to children with ASD. For contact information, see the Directory in Appendix B. For information on funding programs, see page 26.

### **APPLIED BEHAVIOURAL ANALYSIS (ABA)**

#### ***Andrea Sharpe (Referral through Services to Children with Disabilities)***

Andrea is an ABA consultant from Vancouver who visits 4-5 times a year. She provides assessment, program development and consultation for children of all ages and training of ABA instructors.

#### ***Star Services (Private contractors)***

Star Services is a private company that provides assessments, program development and delivers therapeutic interventions in the home and community based on ABA and Discrete Trial Teaching. They can assist in identifying and training ABA instructors. Services are provided for all ages. No referral is required.

### **CHILD CARE SERVICES (HEALTH AND SOCIAL SERVICES)**

A listing of child care centres and family day homes is available from Child Care Services. Child care centres and family day homes can sometimes offer modified programs for children with disabilities based

on input from ABA behavioural consultants and/or professionals at the Child Development Centre.

### **CHILD DEVELOPMENT CENTRE (CDC)**

The CDC is a non-governmental organization that provides a variety of programs for children up to school-age. Therapists and families work together to identify the options that best meet the child's needs. Options include home-based programming, one-to-one therapy (delivered by a therapist or a program assistant under the guidance of the therapist), childcare-based programming and centre-based groups (e.g. preschool, language group).

### **CITY OF WHITEHORSE PARKS AND RECREATION**

Recreational facilities and programs are outlined in the Leisure Guide. Anyone accompanying someone with a disability to a program is admitted free. There are reduced rates for people with disabilities.

### **DEPARTMENT OF EDUCATION (SCHOOLS AND SPECIAL PROGRAMS)**

Local schools and Special Programs provide identification, assessment and support of children with special needs. These services include assessing students and working out strategies to meet their needs. The Special Programs unit provides the expertise of psychologists, physical

and occupational therapists, speech and language pathologists, and specialists in visual and hearing impairments, among others.

#### **FREEDOM TRAILS RIDING THERAPY**

Freedom Trails provides a therapeutic riding program for individuals of all ages with physical and cognitive challenges.

#### **LEARNING DISABILITIES ASSOCIATION OF YUKON (LDAY)**

LDAY provides information and counselling to people with learning disabilities. Some children with ASD also have learning disabilities and may be eligible for their programs. LDAY runs summer, winter, and teen camps. The Laurie Briggs Library provides up-to-date resource materials, video and audio tapes. They have access to neuropsychological assessment services.

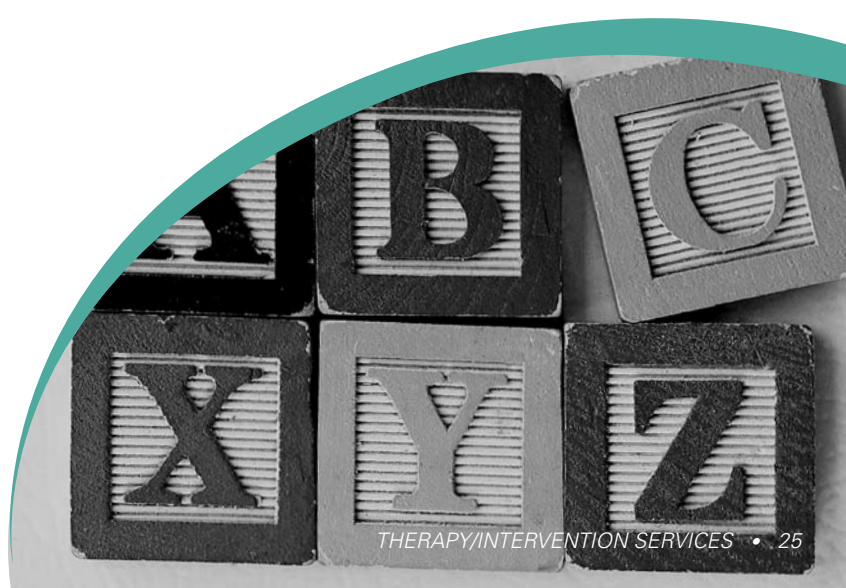
#### **MUSIC THERAPY**

**1. *Serena McKone*** – offers private music therapy, music therapy in some Yukon classrooms and music classes through the City of Whitehorse.

**2. *David Sutton*** – offers private music therapy and music therapy through the Child Development Centre.

#### **YUKON SPECIAL OLYMPICS**

Yukon Special Olympics provides a variety of year-round sports programs for people with intellectual disabilities, including track and field, soccer, five-pin bowling, indoor soccer, swimming, snowshoeing, speed skating and cross-country skiing. Programs are for people 8 years old and up. Programs are offered in Whitehorse.



# 9. Funding Assistance

## (a) Yukon Government

### MEDICAL TRAVEL (HEALTH AND SOCIAL SERVICES)

- If you are travelling to Alberta for an assessment, you will need to talk with your doctor. The applications for Medical Travel must come from a doctor (or nurse practitioner in communities without a doctor).
- The 'Travel for Medical Treatment Program' is available for Yukon residents registered with the Yukon Health Care Insurance Plan. Status First Nations, RCMP and federal government employees should contact their respective programs for medical travel. (First Nations citizens please refer to the section below entitled "Non-Insured Health Benefits").
- Transportation cost for one escort is provided for children under the age of 19. The cost of an escort's travel will be considered for older patients, based on the patient's mental capacity or communication problems.
- Transportation is also covered if you live outside of Whitehorse and the treatment is not available in your home community or you have an appointment for assessment by Hearing Services, Mental Health or CDC. This includes the cost of public transportation or a mileage allowance.

- For information about medical travel, ask your doctor or call Health and Social Services – Medical Travel.

### CHRONIC DISEASE AND DISABILITY BENEFITS PROGRAM (HEALTH AND SOCIAL SERVICES)

- This program provides benefits for Yukon residents who have a chronic disease or a serious functional disability as provided under the Chronic Disease and Disability Benefits Regulations.
- Under this program, there are specified chronic conditions. In addition, anyone with a serious functional impairment is eligible, including individuals with brain damage or a mental disability.
- Financial assistance is provided for many prescription drugs, medical surgical supplies, medical equipment, or food supplements that are medically required for the management of a condition and are recommended by a Yukon doctor.

- Goods and services are not covered if benefits are already available through a federal or territorial Act or by private or group insurance. Beneficiaries are required to pay the first \$250 of eligible costs per year, to a maximum of \$500 per family. There are also restrictions on being absent from the Yukon and purchases outside of the Yukon. Call the Chronic Disease and Disability Benefits Program for additional information.

#### **SUPPORTED CHILDCARE PROGRAM (HEALTH AND SOCIAL SERVICES)**

- This program provides additional support for children with special needs to promote their inclusion in childcare settings. This support may be provided through funding to the day care provider for the following:
  - ▶ Extra staffing where needed;
  - ▶ Assistance in staff development and programming; and,
  - ▶ Assistance with materials, and transportation where needed
- Application forms are available through Child Care Services.
- Individual Program Plans must be in place and signed by the facility, caregiver, professional, and parent for funding to be granted.

- Level of support depends on the child's assessed needs and progress, recognizing that support may change over time.

#### **FUNDING FOR AUTISM INTERVENTIONS (SERVICES TO CHILDREN WITH DISABILITIES – HEALTH AND SOCIAL SERVICES)**

- Funding is provided for interventions for ASD.
- A family with a child under the age of 18 with a diagnosis of ASD is eligible for funding.
- Funding is available on an annual basis (April 1 – March 31st ).
- Parents must submit proposals for funding in writing.
- Parents must meet the funding requirements.

#### **(b) Federal Government**

##### **NON-INSURED HEALTH BENEFITS (HEALTH CANADA):**

- Status First Nations people and Inuit are eligible for most travel costs to and from the nearest health care facility through the Non-Insured Health Benefits Programs.
- All medical travel must be approved and arranged by the Non-Insured Health Benefits Program before leaving home.



- Escorts will be covered when essential but must be approved ahead of time.
- Contact the Non-Insured Health Benefit office for detailed information.

#### **CHILD DISABILITY BENEFIT (CANADA REVENUE AND CUSTOMS AGENCY)**

- Families with low or modest incomes with children who qualify for the disability amount may be eligible to receive the Child Disability Benefit (CDB) supplement with their Canada Child Tax Benefit.
- The CDB is based on family net income and provides up to a maximum of \$166.66 per child each month to families with eligible children.



# 10. Services for Adults with Disabilities



There are no specialized services for adults with ASD in the Yukon at this time. Services to adults with disabilities respond to the individual needs of adults 19 and over with a wide variety of disabilities.

## **(a) Services to Persons with Disabilities, Adult Services Unit (Health and Social Services)**

In Whitehorse, a referral may be made to the Services to Persons with Disabilities Unit. A social worker will assist the youth and their family explore the supports that may be appropriate for the individual. Services to Persons with Disabilities coordinates an integrated range of voluntary services to adults with disabilities that includes:

- case management
- financial supports (e.g. social assistance)
- residential supports
- employment/vocational supports (e.g. through Challenge Vocational Alternatives)
- community living supports (e.g. day programs, respite, individual support)
- assistive technologies
- Supported Independent Living Program

Outside of Whitehorse contact your local Health and Social Services office.

## **(b) First Nations**

If you are a citizen of a Yukon First Nation you may also contact your First Nation for information on supports and services that they may provide. See Appendix B for contact information.

## **(c) Community organizations**

Community organizations such as Autism Yukon, Yukon Special Olympics, Yukon Association for Community Living, Learning Disabilities Association of Yukon, Yukon Society Towards Accessible Recreation and Yukon Council on Disabilities also provide valuable supports and services to adults with disabilities. See Appendix B for contact information.

## **(d) Employment and education**

Employment services offered by Challenge Vocational Alternatives are available through Adult Services (Services to Persons with Disabilities). Yukon College (Developmental Studies and Student Services) can provide information on education opportunities, planning and accommodations.

The federal government (HRSDC) provides funding through the Opportunity Fund to assist people with disabilities find and keep employment. Within the Yukon government, contact the Workplace Diversity Employment Office



(Public Service Commission) for more information on employment services. L'Association Franco-Yukonnaise also provides services to French-speaking Yukon residents.

### **(e) Diagnosis and counselling support**

For information on diagnosis, contact your family physician, who may refer you to a specialist at Mental Health Services (Health and Social Services) in Whitehorse or a specialist outside of the territory. See diagnostic information on page 9 for more details. For family counselling, contact Yukon Family Services Association.

## Appendix A – Autism Websites

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This appendix includes websites in Canada that provide information on research, resources and training related to ASD: Websites linked to specific subjects are also listed throughout the body of the handbook. (Accurate as of March 30, 2006)

Website	URL	Comments
Canadian Autism Intervention Research Network	<a href="http://www.cairn-site.com">www.cairn-site.com</a>	Dedicated to promoting effective evidence-based early diagnostic methods and treatment for children with ASD.
ASD Canadian American Research Consortium	<a href="http://www.autismresearch.ca">www.autismresearch.ca</a>	Interdisciplinary group of investigators with a broad range of expertise and a mandate to undertake research that will result in a better understanding of the causes and pathogenesis of ASD, as well as the effects of treatment of persons with ASD, including individuals with Fragile X Syndrome, Tuberous Sclerosis, and other conditions often seen with ASD.

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Website	URL	Comments
Autism Society of Canada (ASC)	<a href="http://www.autismsocietycanada.ca">www.autismsocietycanada.ca</a>	ASC is a federation of Canada-wide provincial and territorial autism societies or their equivalents. By linking societies across the country, ASC represents the largest collective voice of the autism community in Canada. The provincial and territorial autism societies and their member groups in each region provide direct support to people with ASDs and their families.
Autism Community Training (ACT)	<a href="http://www.actcommunity.net">www.actcommunity.net</a>	ACT is a registered not-for-profit society that began in May 2003 as a community response to the great need throughout British Columbia for a wide range of training opportunities on Autism Spectrum Disorders. It provides workshops and training opportunities to parents, paraprofessionals, and professionals.
Autism Treatment Services of Canada	<a href="http://www.autism.ca">www.autism.ca</a>	National consortium of organizations that provide, or plan to provide, treatment, educational, management and consultative services to people with autism and related disorders across Canada.

Website	URL	Comments
Geneva Centre for Autism	<a href="http://www.autism.net">www.autism.net</a>	Toronto-based organization providing information for parents, professionals, and individuals with ASD. Training and treatment provided.
Nova Scotia Provincial Autism Centre	<a href="http://www.autismcentre.ns.ca/digitalResources/">www.autismcentre.ns.ca/digitalResources/</a>	Nova Scotia resource centre whose goal is to help parents, professionals, those on the spectrum, and others to find the information and services they need to support persons living with Autism Spectrum Disorder.

## Government websites related to autism

Province/Territory	Website
<b>BRITISH COLUMBIA</b>	
BC government website	<a href="http://www.mcf.gov.bc.ca/autism/">www.mcf.gov.bc.ca/autism/</a>
Link to BC autism services handbook	<a href="http://www.mcf.gov.bc.ca/autism/pdf/parents_handbook_03-05.pdf">www.mcf.gov.bc.ca/autism/pdf/parents_handbook_03-05.pdf</a>
<b>ALBERTA</b>	
Link to Alberta programs	<a href="http://www.child.gov.ab.ca">www.child.gov.ab.ca</a> (Family Support for Children with Disabilities)  <a href="http://www.education.gov.ab.ca/k%5F12/specialneeds/">www.education.gov.ab.ca/k%5F12/specialneeds/</a>
System of care report	<a href="http://www.child.gov.ab.ca/whatwedo/fscd/pdf/autism_expert_report.pdf">www.child.gov.ab.ca/whatwedo/fscd/pdf/autism_expert_report.pdf</a>
<b>SASKATCHEWAN</b>	
Health information	<a href="http://www.health.gov.sk.ca/rr_autism.html">www.health.gov.sk.ca/rr_autism.html</a>
Education information	<a href="http://www.sasked.gov.sk.ca/branches/children_services/special_ed/docs/autism/Teaching%20Students%20with%20Autism%20Document.pdf">www.sasked.gov.sk.ca/branches/children_services/special_ed/docs/autism/Teaching%20Students%20with%20Autism%20Document.pdf</a>
<b>MANITOBA</b>	
Education information	Supporting Inclusive Schools: A Handbook for Developing and Implementing Programming for Students with Autism Spectrum Disorder  <a href="http://www.edu.gov.mb.ca/ks4/specedu/aut/">www.edu.gov.mb.ca/ks4/specedu/aut/</a>

Province/Territory	Website
<b>ONTARIO</b>	
Health information, general	<a href="http://www.children.gov.on.ca/CS/en/programs/SpecialNeeds/earlyInterventionAutism.htm">www.children.gov.on.ca/CS/en/programs/SpecialNeeds/earlyInterventionAutism.htm</a> <a href="http://www.kidsmentalhealth.ca/documents/PR_Evidence_based_practices_for_children_and_adolescents_with_autism_spectrum_disorders.pdf">www.kidsmentalhealth.ca/documents/PR_Evidence_based_practices_for_children_and_adolescents_with_autism_spectrum_disorders.pdf</a>
Health Program	<a href="http://www.children.gov.on.ca/NR/CS/Autism/En-PIP-Notice-Guidelines.pdf">www.children.gov.on.ca/NR/CS/Autism/En-PIP-Notice-Guidelines.pdf</a>
Education information	Education monogram #4 Students with Autism (1990) <a href="http://www.edu.gov.on.ca/eng/general/elemsec/speced/monog4.html">www.edu.gov.on.ca/eng/general/elemsec/speced/monog4.html</a>
<b>NEW BRUNSWICK</b>	
Education	<a href="http://www.gnb.ca/0000/publications/ss/teachingStudentswithAutismSpectrumDisorders.pdf">www.gnb.ca/0000/publications/ss/teachingStudentswithAutismSpectrumDisorders.pdf</a>
Health	Program and Project Criteria for Community Centres for Persons with Autism Spectrum Disorder and Their Families <a href="http://www.gnb.ca/0055/autism-e.asp">www.gnb.ca/0055/autism-e.asp</a>
<b>NOVA SCOTIA</b>	
Health	Provincial Autism Centres for Treatment – A Discussion Paper <a href="http://www.gov.ns.ca/health/mhs/pubs/neuro.pdf">www.gov.ns.ca/health/mhs/pubs/neuro.pdf</a>

Province/Territory	Website
<b>PEI</b>	
Education	<a href="http://www.gov.pe.ca/educ/index.php3?number=74837&amp;lang=E">www.gov.pe.ca/educ/index.php3?number=74837&amp;lang=E</a>
Health	Autism Early Intervention Project – contact information  <a href="http://www.gov.pe.ca/infopei/index.php3?number=20680&amp;lang=E">www.gov.pe.ca/infopei/index.php3?number=20680&amp;lang=E</a>
<b>NEWFOUNDLAND AND LABRADOR</b>	
Education	<a href="http://www.ed.gov.nl.ca/edu/k12/sss/autism/autism_aug03A.pdf">www.ed.gov.nl.ca/edu/k12/sss/autism/autism_aug03A.pdf</a>
Health	Autism Pilot Project – under disability Services  <a href="http://www.health.gov.nl.ca/health/divisions/pgmpolicy/default.htm#autism">www.health.gov.nl.ca/health/divisions/pgmpolicy/default.htm#autism</a>
<b>NWT</b>	
Education	<a href="http://www.hlthss.gov.nt.ca/content/Publications/Reports/HelpDirectory/hd_database/entry.asp?ID=15">www.hlthss.gov.nt.ca/content/Publications/Reports/HelpDirectory/hd_database/entry.asp?ID=15</a>
<b>NUNAVUT</b>	
nothing specific to autism	

## Appendix B – Supports and Services

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### (a) Non-governmental and private agencies

#### **AUTISM YUKON**

508F Main Street,  
Whitehorse, Yukon Y1A 2B9  
PHONE: (867) 667-6406  
FAX: (867) 667-6408  
E-MAIL: [info@autismyukon.org](mailto:info@autismyukon.org)  
WEBSITE: [www.autismyukon.org](http://www.autismyukon.org)

#### **CHILD DEVELOPMENT CENTRE (CDC)**

1000 Lewes Boulevard,  
Whitehorse, Yukon  
MAILING: P.O. Box 2703,  
Whitehorse, Yukon Y1A 2C6  
PHONE: (867) 456-8182;  
TOLL FREE: 1-866-835-8386;  
FAX: (867) 393-6374  
E-MAIL: [info@cdcyukon.ca](mailto:info@cdcyukon.ca)  
WEBSITE: [www.cdcyukon.ca](http://www.cdcyukon.ca)

#### **CITY OF WHITEHORSE, PARKS AND RECREATION**

PHONE: (867) 668-8325  
FAX: (867) 668-8324  
E-MAIL:  
[parks&rec@city.whitehorse.yk.ca](mailto:parks&rec@city.whitehorse.yk.ca)  
WEBSITE:  
[www.city.whitehorse.yk.ca](http://www.city.whitehorse.yk.ca)

#### **FREEDOM TRAILS RIDING THERAPY**

PHONE: (867) 633-5911

#### **GLENROSE REHABILITATION HOSPITAL**

10230 111 Avenue,  
Edmonton, Alberta T5G 0B7  
PHONE: (780) 735-7908  
WEBSITE: [www.capitalhealth.ca/  
HospitalsandHealthFacilities/  
Hospitals/GlenroseRehabilitation-  
Hospital/ProgramsAndServices/  
default.htm](http://www.capitalhealth.ca/HospitalsandHealthFacilities/Hospitals/GlenroseRehabilitation-Hospital/ProgramsAndServices/default.htm)

#### **GLENROSE CONTACT PHONE**

NUMBERS: Initial phone contact  
must be made by a medical doctor.

- PAS – (780) 735-7999, Ext. 2411
- SNAC – (780) 735-7998
- ASD Follow-up Clinic –  
(780) 735-7999 Ext 2556

#### **LEARNING DISABILITIES ASSOCIATION OF YUKON (LDAY)**

1154C 1st Avenue,  
Whitehorse, Yukon, Y1A 1A7  
PHONE: (867) 668-5167  
FAX: (867) 668-6504  
WEBSITE: [www.nald.ca/lday.htm](http://www.nald.ca/lday.htm)

#### **MUSIC THERAPY**

- a) **Serena McKone** –  
(867) 393-3914
- b) **David Sutton** –  
(867) 633-5618 or  
(867) 456-8182

#### **STAR SERVICES**

PHONE: (867) 668-4986  
CELL: (867) 333-4806

**YUKON FAMILY SERVICES  
ASSOCIATION (YFSA)**

4071 4th Avenue,  
Whitehorse, Yukon Y1A 1H3  
PHONE: (867) 667-2970 or 667-2962  
FAX: (867) 633-3557  
E-MAIL: [yfsa@yfsa.yk.ca](mailto:yfsa@yfsa.yk.ca)  
WEBSITE: [compucorps.info/yfsa/  
home.html](http://compucorps.info/yfsa/home.html)

**YUKON ASSOCIATION OF  
COMMUNITY LIVING (YAACL)**

Suite G, Yukon Inn Plaza,  
Whitehorse, Yukon (access off the  
Baxter Street parking lot)  
MAILING: Box 31478  
Whitehorse, Yukon Y1A 6K8  
PHONE: (867) 667-4606  
FAX: (867) 668-8169  
E-MAIL: [yaclwhse@northwestel.net](mailto:yaclwhse@northwestel.net)

**YUKON COUNCIL ON DISABILITY  
(YCOD)**

1154A 1st Avenue,  
Whitehorse, Yukon  
P.O. Box 31415  
Whitehorse, Yukon Y1A 6K8  
PHONE: (867) 668-6703  
FAX: (867) 393-4992  
E-MAIL: [yukoncod@northwestel.net](mailto:yukoncod@northwestel.net)  
WEBSITE: [www.ycod.yk.ca](http://www.ycod.yk.ca)

**YUKON SPECIAL OLYMPICS**

Sport Yukon Building,  
4th Avenue, Whitehorse, Yukon  
MAILING: 4061 - 4th Avenue  
Whitehorse, Yukon Y1A 1H1  
PHONE: (867) 668-6511  
FAX: (867) 667-4237  
E-MAIL:  
[specialolympics@sportyukon.com](mailto:specialolympics@sportyukon.com)

**(b) Yukon Government**

**YUKON GOVERNMENT TOLL FREE  
PHONE LINE (IN YUKON):  
1-800-661-0408**

Box 2703,  
Whitehorse, Yukon Y1A 2C6

*WHITEHORSE OFFICES*

**ADULT SERVICES, SERVICES TO  
PERSONS WITH DISABILITIES  
(HEALTH AND SOCIAL SERVICES)**

3168 3rd Avenue, Whitehorse  
PHONE: (867) 667-5814  
FAX: (867) 393-6278

**CHILDCARE SERVICES UNIT  
(HEALTH AND SOCIAL SERVICES)**

9010 Quartz Road,  
Whitehorse, Yukon  
PHONE: (867) 667-3745  
FAX: (867) 393-6250

**CHRONIC DISEASE AND DISABILITY  
BENEFITS PROGRAM  
(HEALTH AND SOCIAL SERVICES)**

4th Floor, 204 Lambert Street,  
Whitehorse, Yukon

PHONE: (867) 667-5092

FAX: (867) 393-6486

**HEARING SERVICES  
(HEALTH AND SOCIAL SERVICES)**

204 - 4114 4th Avenue,  
Whitehorse, Yukon

PHONE (TTD): (867) 667-5913

FAX: (867) 667-5922

**MEDICAL TRAVEL  
(HEALTH AND SOCIAL SERVICES)**

4th Floor, 204 Lambert Street,  
Whitehorse, Yukon

PHONE: (867) 667-5203

FAX: (867) 393-6486

**MENTAL HEALTH SERVICES  
(HEALTH AND SOCIAL SERVICES)**

2nd Floor, 4 Hospital Road,  
Whitehorse, Yukon

PHONE: (867) 667-8346

FAX: (867) 393-8372

**SERVICES TO CHILDREN  
WITH DISABILITIES  
(HEALTH AND SOCIAL SERVICES)**

5030 5th Avenue,  
Whitehorse, Yukon

PHONE: (867) 667-8950

FAX: (867) 393-7130

**SPECIAL NEEDS RESPITE CARE  
(HEALTH AND SOCIAL SERVICES)**

5030 5th Avenue,  
Whitehorse, Yukon

PHONE: (867) 667-8950

FAX: (867) 393-7130

**SPECIAL PROGRAMS (DEPARTMENT  
OF EDUCATION)**

1000 Lewes Boulevard,  
Whitehorse, Yukon

PHONE: (867) 667-8000

FAX: (867) 393-6423

**SUPPORTED CHILDCARE PROGRAM  
(HEALTH AND SOCIAL SERVICES)**

9010 Quartz Road,  
Whitehorse, Yukon

PHONE: (867) 667-3745

FAX: (867) 393-6250

**WHITEHORSE HEALTH CENTRE  
(HEALTH AND SOCIAL SERVICES)**

9010 Quartz Road,  
Whitehorse, Yukon

PHONE: (867) 667-8864

FAX: (867) 393-6407

*COMMUNITY NURSING – REGIONAL  
HEALTH FACILITIES (HEALTH AND  
SOCIAL SERVICES)*

**BEAVER CREEK HEALTH CENTRE**

MAILING: Beaver Creek, Yukon  
Y0B 1A0

PHONE: (867) 862-4444

**CARCROSS HEALTH CENTRE**

MAILING: Box 27,  
Carcross, Yukon Y0B 1B0  
PHONE: (867) 821-4444

**CARMACKS HEALTH CENTRE**

MAILING: Box 230,  
Carmacks, Yukon Y0B 1C0  
PHONE: (867) 863-4444

**DAWSON CITY HEALTH CENTRE**

MAILING: Box 10,  
Dawson City, Yukon Y0B 1G0  
PHONE: (867) 993-4444

**DESTRUCTION BAY HEALTH CENTRE**

MAILING: Destruction Bay, Yukon  
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**(c) Federal Government****NON-INSURED HEALTH BENEFITS PROGRAM (HEALTH CANADA)**

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**WHITE RIVER FIRST NATION**

MAILING: General Delivery  
Beaver Creek, Yukon Y0B 1A0  
PHONE: (867) 862-7802

## Appendix C – What to Expect at an Assessment

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### Paediatrician Assessment (Whitehorse)

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1. Your initial visit with the paediatrician will take approximately an hour.
2. Bring all of the reports you have from the school, Child Development Centre or other doctors.
3. Be prepared to answer questions about the medical history of your family. It is helpful if you have information about any chronic diseases in your extended family.

### Yukon Child Psychiatry Clinic Assessment (Whitehorse)

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1. Once you have gone through the intake process, an appointment will be made with a mental health clinician at Mental Health Services. This assessment will take several hours. Bring copies of all previous reports to your appointment. Be prepared to discuss your child's presenting problems, his/her personal developmental history, psychiatric history, family and school history.
2. Your meeting with the psychiatrist will last about two hours and normally takes place at Mental Health Services, #4 Hospital Road.

3. Other people involved with your child may be asked (with your permission) to come to the appointment.
4. Parents receive a copy of the report. At the parents' request, it can also be sent to other agencies.

### Glenrose Hospital Assessment (Edmonton, Alberta)

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Parents who travel to the Glenrose for an evaluation of their child usually find it exhausting. A general knowledge of what happens will reduce the stress of the visit.

#### Prior to your departure

1. The local referring doctor will make the initial contact with the clinic, submit the required medical records, and give the clinic coordinator contact information for the parent. It's a good idea for parents to keep copies of medical records and reports on the child and take them along to the evaluation.
2. The clinic coordinator will contact the parent and arrange an appointment. The appointment will be made ONLY after required assessments by the local professionals are complete.
3. Some families find it helpful to take videos of their child in

familiar surroundings and send them to Edmonton for the professionals to view ahead of time. If the child does not behave in his or her usual manner during the Glenrose assessments, the videos can show what the child is normally able to do.

### **At the Glenrose**

1. Assessments are all carried out at Glenrose Hospital. Parents are given a list of assessment times, usually spread over a two-day period.
2. At the end of the assessments, the professionals consult together. Then the doctor and clinic coordinator meet with the family to discuss the findings, diagnosis, and recommendations. Parents often find it useful to prepare a list of questions before the meeting. Before returning home, parents are given a two-page summary; formal reports follow in one to two months.
3. If parents want any Glenrose reports to go to professionals in Whitehorse, they must sign a release of information and provide mailing addresses. It is a good idea to prepare a list of professionals and addresses before leaving for Edmonton. It is also a good idea to request a teleconference with Yukon professionals who will be involved with delivering services to your child.

### **After your visit**

1. Parents choose who sees the assessment summary document and formal reports. The formal report is sent to the referring doctor and family and to any others for whom parents have signed a release of information.
2. The Yukon professionals working with the child can clarify the information in the formal reports. They can also contact their counterparts at the Glenrose to discuss any questions and concerns.
3. A child who receives a diagnosis of ASD can be referred to the Glenrose's Spectrum Disorder Follow-Up Clinic.

## Appendix D – Best Practice and Intervention Information

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Treatment programs for young children with ASD may vary in their underlying philosophy but research suggests there are common elements that should exist in all programs delivering services to children with ASD:

1. **Curriculum content.** The curricula of the programs emphasize five basic skill domains, including the following abilities: 1) to attend to elements of the environment that are essential for learning, especially to social stimuli; 2) to imitate others; 3) to comprehend and use language; 4) to play appropriately with toys; and 5) to interact socially with others.
2. **Highly supportive teaching environments and generalization strategies.** The programs first try to establish core skills in highly structured environments and then work to generalize these skills to more complex, natural environments.
3. **Predictability and routine.** Since the behavior of children with autism is easily disrupted by changes in environment and routine, the programs adopt strategies to assist the child with transitions from one activity to another.
4. **Functional approach to problem behaviours.** Since

young children with autism often show problem behaviors, the programs first try to prevent the development of these behaviors by structuring the environment. If problem behaviors persist, the programs use a functional approach that involves the following steps: a) recording the behavior; b) developing a hypothesis about the function that behavior serves for the child; c) changing the environment to support appropriate behavior which allows the child to cope effectively with the situation; and d) teaching appropriate behaviors to replace problem behaviors.

5. **Plans for transition from preschool classroom.** The programs teach “survival” skills that children will need later on in order to function independently in preschool or school classrooms.
6. **Family involvement.** The programs include parents as a critical component in the intervention for young children with autism. Family involvement is an important factor for success of a program because parents can provide unique insight into creating an intervention plan and can provide additional hours of intervention. Including parents in the intervention can also

help children achieve greater maintenance and generalization of skills and can help reduce parents' stress levels.

There is a range of approaches used with children with ASD. Examples of the various approaches are listed below:

### **BEHAVIOURAL**

Lovaas  
Princeton

### **ECLECTIC**

Pivotal Response Training  
Verbal Behaviour  
Positive Behaviour Support  
Incidental teaching

### **DEVELOPMENTAL**

Denver  
Greenspan (DIR)  
SCERTS  
Relationship Development  
Intervention (RDI)  
TEACCH

There is agreement in the research that programs based on behavioural interventions benefit young children with ASD. Research on treatment programs based on other

developmental or eclectic models has improved over the past ten years and research support for these programs is increasing.

It is important to remember different approaches to interventions – behavioural and developmental - need not be viewed as mutually exclusive. It is suggested that the strengths of the different approaches be used for children with ASD.

A recent Canadian survey of best practice *Children's Mental Health Ontario, 2003 – Evidence-based Practices for Children and Adolescents with Autism Spectrum Disorders: Review of the Literature and Practice Guidelines*, is available at:


[www.kidsmentalhealth.ca/  
documents/PR\\_Evidence\\_  
based\\_practices\\_for\\_children\\_  
and\\_adolescents\\_with\\_autism\\_  
spectrum\\_disorders.pdf](http://www.kidsmentalhealth.ca/documents/PR_Evidence_based_practices_for_children_and_adolescents_with_autism_spectrum_disorders.pdf)

Frequently quoted sources of best practice and clinical guidelines for ASD interventions from the United States are:


- Best Practices for Designing and Delivering Effective Programs for Individuals with ASD, Recommendations of the Collaborative Work Group on ASD, California, 1997, <http://www.feat.org/docs/cabestpr.pdf>
- Clinical Practice Guidelines for Treatment of Young Children with ASD, New York State, 1999, <http://www.health.state.ny.us/nysdoh/eip/menu.htm>
- Educating Children with Autism, Committee on Educational Interventions for children with ASD, National Research Council, 2001



[www.feat.org/docs/cabestpr.pdf](http://www.feat.org/docs/cabestpr.pdf)



[www.health.state.ny.us/  
community/infants\\_children/  
early\\_intervention/  
autism/ch4\\_pt1.htm](http://www.health.state.ny.us/community/infants_children/early_intervention/autism/ch4_pt1.htm)



## Appendix E – Medical Guidelines

### Red Flags for ASD for 2-year-olds

Behaviours	Examples
Delayed development of spoken language	Child has a vocabulary of fewer than 50 single words and/or no two-word phrases
Failure to use non-verbal forms of communication to compensate for delayed language development	Child demonstrates inconsistent use of eye contact, gestures (such as pointing or shaking head), and facial expressions to convey needs and desires
Inconsistent response to sounds	Child may not respond to his/her name being called; deafness may be suspected
Failure to direct the parent's attention to objects or events to share interest	Child may point to juice to request, but does not point to the sky to share interest in an airplane. Child may bring a toy to the parent for help, but does not hold up a toy to show it to the parent for the purpose of conveying interest
Failure to imitate simple adult movement	Child does not wave goodbye or imitate hand movements in games like pat-a-cake
Failure to interact in a reciprocal, back-and-forth manner	Child may interest only on his/her terms. May initiate games (or affection) but not respond when parents initiate them
Lack of interest in simple social games	Child may be more interactive during physical games with parents, such as swinging or tickling, than during social games such as peek-a-boo
Lack of interest in other children	Child may show limited interest in watching or playing with other children
Repetitive and restrictive toy play	Child may show limited interest in toys, may play with toys in an unusual manner (for example, lining them up), may play with toys the same exact way each time, and/or may show limited imaginative play

Red flags for autism in 2-year-olds  
[www.vanderbiltchildrens.com/interior.php?mid=994&PHPSESSID=f532b940bd  
ec17a5d54533f7473f9075](http://www.vanderbiltchildrens.com/interior.php?mid=994&PHPSESSID=f532b940bdec17a5d54533f7473f9075)

## Guidelines for medical investigation of children in whom autism is suspected

The following guidelines provide a template for current best clinical practice for the diagnosis and treatment of children with autism spectrum disorder. While designed for professionals, they can be useful for parents and families who want to know what they can – and should – expect from clinicians who assess and treat these children.

The opinions of three expert panels on guidelines for the medical investigation of children suspected of having an ASD are summarized here. Committees formed by the American Academy of Child and Adolescent Psychiatry (1999), the American Neurological Society (2000), and, most recently, the National Initiative for Autism in the United Kingdom (2002), reviewed the literature to find evidence of best practices in the medical evaluations of children suspected of having autism.

Their findings are quite similar, with no important differences in the opinions expressed. As research is still evolving in this area, the recommendations here must be viewed as current guidelines only, and not the final word on the subject.

### Physical examination

The committees recommended these components of a physical examination for all children suspected of having an ASD:

- A thorough history should be taken of the child's development and should include questions about sleep, and bowel and bladder function.
- Any history of seizures should be elicited.
- All children should have their weight and height and a measurement taken of their head circumference. The parents' heads should be measured if their child has a particularly large or small head.
- Charting should be done of hearing and vision tests.
- A full neurological examination should be done.
- The skin should be examined for evidence of the lesions found in Tuberous Sclerosis, particularly if the child has had any history of problems with movement, regression, seizures, or developmental delay.

## Medical investigations recommended for some children with ASD

Only a minority of children with autism have co-existing medical problems, and they are usually found in children who have unusual symptoms. There are many theories about medical causes for autism, none of which have good evidence to support them. It is therefore recommended that any biochemical tests should be conducted only by accredited laboratories and that the reasons for the tests be explained fully to parents.

Children in whom there is a high degree of language or learning problems in addition to ASD should have genetic testing, that is, both karyotyping to look for chromosomal abnormalities, and molecular testing to look for Fragile X syndrome.

If a child has shown regression and developmental delay, thought should be given to testing for Rett Syndrome. The committees recommend that routine screening for the MECP2 gene, which is linked to Rett Syndrome, should not be done in all children with ASD.

In individuals who have an inadequate diet due to "pickiness," blood work should be done to identify iron deficiency anemia.

Creatinine phosphokinase (CPK), a chemical released from injured or diseased muscle tissue, should be determined in boys with developmental, language, or walking delay. There is a remote possibility that these boys have a muscular dystrophy in addition to an ASD.

If in the second year, a child shows regression or an unusual pattern of behaviour, consideration should be given to looking for a seizure disorder. EEG studies should then be done. EEGs need not be done routinely on all children with ASD.

Only if Tuberous Sclerosis is suspected or there is an unusual finding on EEG, should tests such as CT scanning or MRI be done.

There is no evidence to support the use of testing for urinary peptides, vitamin/mineral profiles, intestinal antibodies, or any metabolic functions.

### **THESE GUIDELINES WERE SUMMARIZED FROM THOSE PUBLISHED BY:**

*National Autism Plan for Children*

Produced by: National Initiative for Autism (NIASA): Screening and Assessment  
Ann Le Couteur, Chair,  
Core Working Group  
Published by The National Autistic Society for NIASA

in collaboration with  
The Royal College of  
Psychiatrists (RCPsych),  
The Royal College of Paediatrics  
and Child Health (RCPCH)  
And the All Party Parliamentary  
Group on Autism (APPGA)  
March 2003-10-30

P. A. Filipek, et al. of the *Quality Standards Subcommittee of the American Academy of Neurology and Child Neurology Society* (Neurology (55(4): 468-479; 22 August 2000). These findings were endorsed by the American Academy of Audiology, the American Occupational Therapy Association, the Autism National Committee, Cure Autism Now (CAN), National Alliance for Autism Research (NAAR), the American Speech-Language-Hearing Association, and the Society for Developmental Pediatrics.

*The Practice Parameters for the Assessment and Treatment of Children, Adolescents, and Adults with Autism and Other Pervasive Developmental Disorders* (Journal of the American Academy of Child and Adolescent Psychiatry; 38(12) Suppl.:32S-54S)

The parameters were presented to Academy members in September 1998 and approved by the Academy Council in June 1999.

- Guidelines of Medical Investigations in Whom Autism is Suspected (Canadian Autism Intervention Network – CAIRN) <http://www.cairn-site.com/documents/abstracts/diag02.html>

## Appendix F – Glossary

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ABA	Applied Behavioural Analysis
AS	Asperger’s Syndrome
ASD	Autism Spectrum Disorder
CDC	Child Development Centre
DIR	Developmental, Individual-Difference, Relationship-Based (Floor time)
EA	Educational Assistant
EIBI	Early Intensive Behavioural Intervention
IBI	Intensive Behavioural Intervention
IEP	Individual Education Program
IPP	Individual Program Plan
LAT	Learning Assistance Teacher
OT	Occupational Therapist
PA	Program Assistant
PDD –NOS	Pervasive Developmental Disorder Not Otherwise Specified
PT	Physiotherapist
RDI	Relationship Developmental Intervention
SBT	School Based Team
SLP	Speech Language Pathologist
YACL	Yukon Association of Community Living
YCOD	Yukon Council on Disability
YFSA	Yukon Family Services Association
YG	Yukon Government

