

Autism Parenting Magazine



Issue 59

**TRAINING
YOUNG PEOPLE
TO BE THE
TECHIES OF
TOMORROW**

**HOW
CRANIOSACRAL
THERAPY
CAN MAKE
A DIFFERENCE
WITH ASD**

**MINDFULNESS:
HOW IT CAN HELP
YOUR STRESSED CHILD**

EXCLUSIVE GUIDE INCLUDED

**TOP STRATEGIES, THERAPIES,
AND TREATMENTS FOR AUTISM**



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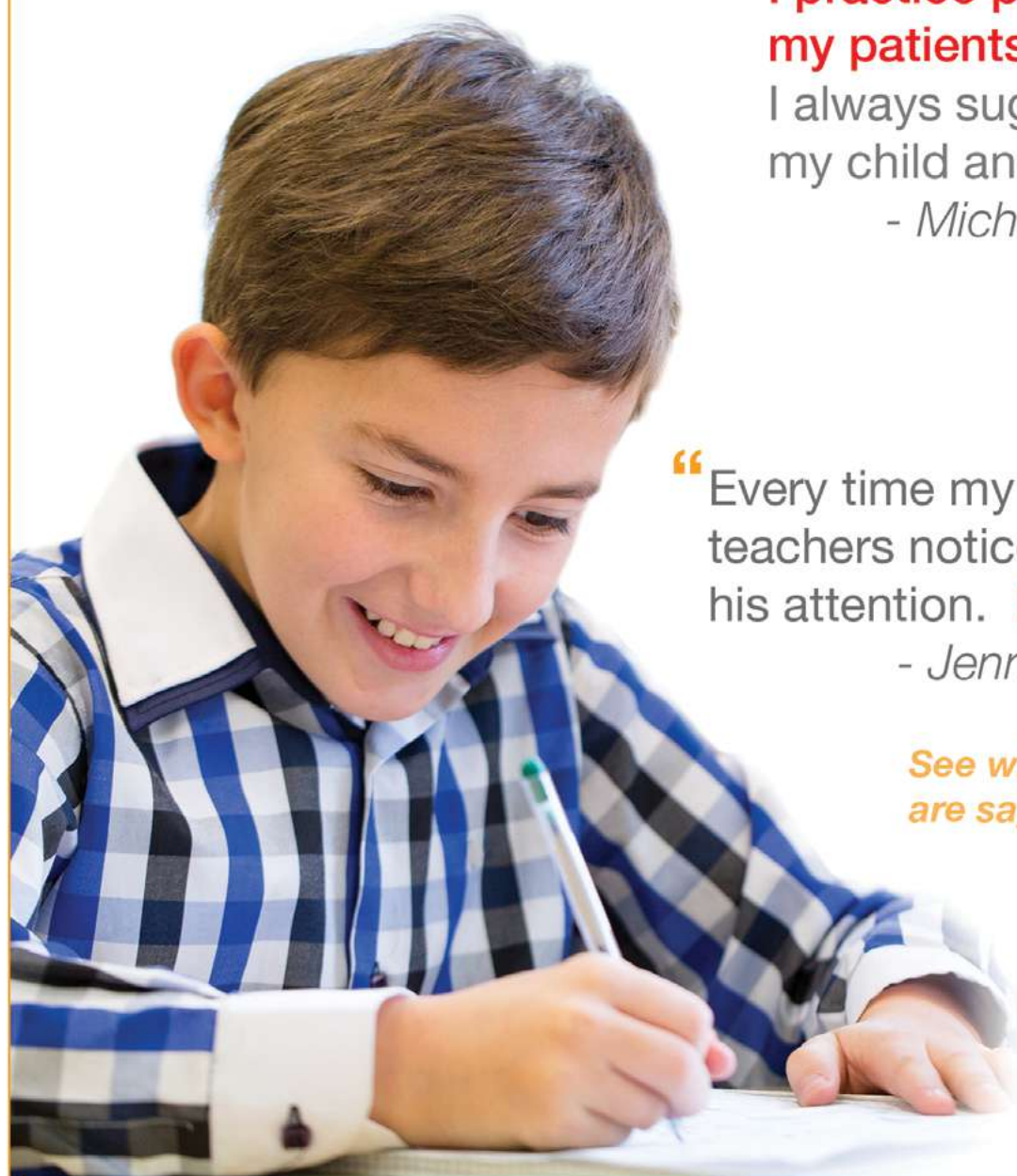
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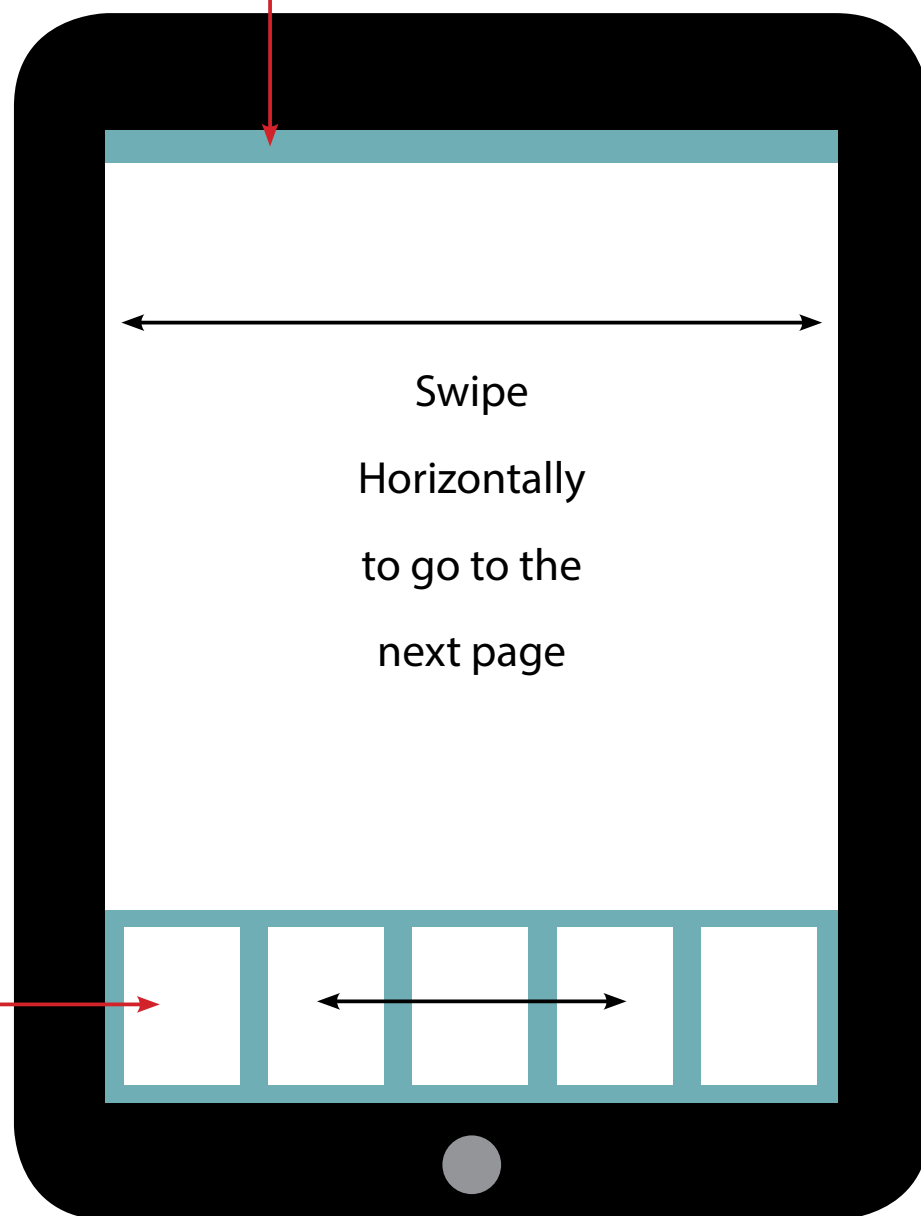


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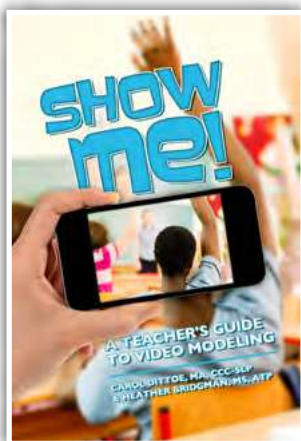
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Autism Food Club



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Editor's Letter

ASD, BCBA, CBT, PT, PRT, OT, PECS...

Oh, the acronyms and terms surrounding autism can be overwhelming, especially if your family is new to a diagnosis. Having a child with autism spectrum disorder (ASD) is one of the biggest challenges families have to experience, and finding the most up-to-date information can be overwhelming. And as your child grows and develops, so do his/her needs, making a commitment to continued research essential.

As we all know, early recognition is key with autism, and behavioral, physical, and educational therapies are recommended to lessen symptoms while supporting development and learning.

In an effort to assist families affected by ASD, we have devoted this issue to top strategies, therapies, and treatments for autism. Whether you have a child, a grandchild, a friend, or perhaps you yourself are on the spectrum, this is an issue you will not want to miss.

We are excited to share with you our exclusive *Autism Parenting Magazine* guide within this issue called **The Ultimate Guide to Autism Therapies and Solutions**. This comprehensive guide to popular therapies and interventions includes topics such as: educational and behavioral therapies, social and communication skills interventions, special diets for children with autism, and sleep interventions and therapies. As we all know, every child is very different, making it imperative to educate and establish a tailored plan.

In addition to this guide, we also connected this month with several therapists and parents of children with autism and asked for advice on specific topics.

First, we'll introduce you to Laurie Willmott, a woman who has impacted the lives of children with autism through trained therapy horses. We'll take a look at Sheryl Green's exclusive interview with the founder of Spirit Therapies, an organization that uses horses to help children with autism grow. In her piece, **Exciting Ways Equine Therapy Can Help a Child You Love**, the author gives us a good look at how horseback riding can improve learning, talking, and balance for children with special needs.

Does your child experience high levels of anxiety and stress? If you said yes, then you need to read Bailey Rory's interview with Bek Wiltbank, an occupational and craniosacral therapist. In her piece, **How Craniosacral Therapy Can Make a Big Difference with ASD**, Bek shares the positive benefits of this manual, hands-on form of therapy for children with autism. It's remarkable how craniosacral manipulations can promote improved health, both physical and emotional, via a gentle touch to the head, neck, and spine.

Finding strategies that work for your child can be a process. One tool for learning, for example, may make an enormous difference for one child but do little for another. Since digital tools play such an important part in our daily lives, we are delighted to share Jana Rooheart's piece called **10 Digital Tools That Can Help Your Special Needs Child**. Read as this former educator for special needs children shares a variety of apps and other digital tools to help children and parents



overcome everyday challenges. We also connected with Beth Rosenberg, an educator and founder/director of Tech Kids Unlimited, a NYC-based nonprofit offering technology classes to students on the spectrum, ages 7 to 19. Please take a look at her piece, **Training Young People With ASD to Be the Techies Of Tomorrow**, as she explains why learning the tools of technology and computer science can be beneficial for young people with autism.

And if you're in search of tools and products to assist your child with everyday life, take a look at Courtney Barnum's article called **Top 10 Things My Child with Autism Needs in His Life**. From weighted blankets and body socks to fidgets and sectioned plates, Courtney shares her advice on useful tools and products as the mother of a young boy with autism.

Finding the answers you need as your children develop can be challenging, especially when the conversation turns to sexuality and puberty. We recently received an email from a reader who had a concern about her five-year-old boy's masturbatory activity, which we passed on to our monthly contributor, Angelina M, MS, BCBA, MFTI, for advice. Please take a look at **HELP: My Little Boy is Showing Masturbatory Behaviors** as Angelina provides her explanation for the behavior and gives tips on how to deal with it. Another tough question we receive from our readers deals with how to handle menstruation with autism. If you know a young woman who could benefit from some guidance, please read Maria Rohan's piece called **Expert Advice on How to Help Girls Handle Menstruation**, as the registered nurse provides ways to alter how your child with autism views menstruation using what she refers to as the Prompting Happiness Theory. Maria also offers some great tips regarding the physical aspects of menstruation.

It's crucial here at *Autism Parenting Magazine* to be able to provide our readers with the most up-to-date information and professional guidance surrounding autism. We are thrilled to announce our Facebook page reached more than 100,000 'likes' this past month. If you don't already follow us, we invite you to join our community.

Kind regards,
Amy KD Tobik
Editor-in-Chief

Disclaimer:

Autism Parenting Magazine tries its best to deliver honest, unbiased reviews, resources, and advice, but please note that due to the variety of capabilities of people on the spectrum, these are recommendations and not guaranteed by Autism Parenting Magazine or its writers. Medical information, including but not limited to, text, graphics, images and other material contained within Autism Parenting Magazine is for informational purposes only. Always seek the advice of your physician with any questions you may have regarding treatment.

How to Take CHARGE of Your Child's ASD TREATMENT Now

By Cornelia PELZER ELWOOD and D. Scott McLEOD, PhD



It was an ordinary weekday morning in September. I was sitting at the kitchen counter working on an assignment for one of my graduate school classes when the phone rang. The caller ID told me it was someone from my son Alexander's school, and my mind immediately began to race. Was there a problem? What could it be?

“We had an incident and need you to pick your son up from school.” These were the words I heard from Alexander's special educator when I answered the phone. Alexander, who had just begun fourth grade, had had a meltdown at school and no one could calm him down. My heart sank.

I hurried to the nearby school, and the special educator who had called directed me to a converted closet with a small, square window at eye level. A school staff member was stationed outside the door.

Though I am certain the intention was different, this staff person appeared to me like a guard and the closet reminded me of a prison cell. When I opened the door, I was horrified to find my son lying on the floor crying, red-faced, and calling out in anger.

The lioness within me awoke. She emerges from a primal place inside of me, urging me to fiercely protect my young. I was furious! But I knew enough about the importance of developing cooperative relationships at school that I fought to control my angry impulses. I used very few words and approached

“My son Alexander has Asperger’s syndrome. I now understand that the challenging part about working with children with Asperger’s syndrome is that each child on the autism spectrum is different.”

Alexander slowly and warmly. I used soothing tones to assure him I was going to take him home for the day, which calmed him enough to leave the school. We left quickly so that I wouldn’t end up saying anything to the staff that I would later regret.

My son Alexander has Asperger’s syndrome. I now understand that the challenging part about working with children with Asperger’s syndrome is that each child on the autism spectrum is different. Alexander’s particular sensory struggles and difficulty with transitions often make school more complex to navigate than it does for most people. He has an over-reactive sensory system, which in his case, means that loud noises, unexpected touch, and visual clutter escalate him. For example, his brain processes unexpected touch like someone putting a hand on his shoulder (which would feel harmless to most of us), as an attack. All kinds of transitions—a new school, a new school year, new teachers, new classmates, a new classroom, new rules, a new week, and even a new activity during the day—are especially stressful for him. It turns out that both his sensory issues and his struggle with transitions contributed to his meltdown that September day.

Earlier that day, following a loud and chaotic PE class, Alexander became very upset in the classroom. His teachers felt that it was in everyone’s best interest for him to leave. When he refused, two teachers, who had the best of intentions, grabbed his arms to escort him out of the room. These teachers wanted to keep everyone safe and help Alexander preserve his dignity in front of his new classmates. The physical touch felt like an attack to Alexander and initiated a meltdown. When Alexander became increasingly upset, they thought that removing him to a closed room by himself would allow him to calm himself down without impacting his classmates. These teachers are bright, capable, and sensitive, but this was obviously not a correct response. The fact that these were new teachers operating with different rules at the beginning of a new school year intensified the situation.

No one had ever taken that approach with Alexander before, and it shocked and confused him.

This traumatic experience ultimately inspired our new book, *Take Charge of Treatment for Your Child with Asperger’s (ASD)*. I had lived with Alexander for 10 years by this point and knew about his sensitivities and struggles, but I hadn’t shared this information with Alexander’s teachers. I can now see that I was expecting them to automatically know my son and how to work with him effectively. I realized that teachers have large caseloads. Expecting them to treat my child according to his unique and complex needs without sharing what those are, particularly at the beginning of the year, was unfair and unrealistic. I assumed that teachers knew more than me about my son’s Asperger’s syndrome—but you know what they say about what happens when you assume! Had I shared information about Alexander, I could have saved him from a terrible trauma, myself from intense anger, and Alexander’s teachers from feeling rattled and maybe even inadequate in this situation.

While I was in graduate school for autism spectrum disorders, I decided to create a guide to Alexander’s unique profile for home, school, and the community for my final project assignment in one of my classes. Once I completed my assignment, I started sharing my guide with Alexander’s teachers and service providers so they would have the information they needed to avoid situations like the one at the beginning of his fourth grade year. One service provider with whom I shared my guide was Scott McLeod, PhD, the educational consultant on Alexander’s case.

Scott and I started discussing how this type of guide could help other parents support their children with autism spectrum disorders (ASD). We decided to write a book explaining why and how to create a guide—a customized toolbox for home, school, and the community. We wanted to help parents collaborate with teachers and service providers to coordinate support in every environment, to help their child reach his or her greatest potential.



One of the first tools we created would have been instrumental in preventing Alexander's meltdown at the beginning of the school year. The tool helps parents prepare for their first meeting with new teachers and service providers. It sets the relationship up for success by establishing explicit ground rules, sharing important information about the child's profile, and scheduling future meetings. We wanted to share this tool with other families affected by autism:

☐ **Beginning of the Relationship Meeting with Special Educators or Service Providers**

Either before or soon after school starts, or when a new professional relationship begins with an outside service provider, set up and use the checklist below to help you prepare for a meeting with your child's special educator or service provider. The purpose of the meeting is to establish collaboration preferences, tactfully identify the professionals' understanding and knowledge of ASD, share information about your child's unique profile, and set up a follow-up meeting to collaborate on your child's guide. Given that initial interactions with a child with ASD can set the tone for the year, proactive communication and preparation are worthwhile investments.

Sample Checklist for Beginning of the Relationship Meeting with Special Educator or Service Provider (additional points can be added as necessary):

- ☐ Establish the professional's preferred communication style(s): e-mails, phone calls, fact-to-face visits
- ☐ Determine frequency of communication
- ☐ Identify what the professional would like to know on an ongoing basis. Options could include, but are not limited to:
 - ☐ Note to prepare staff for how child might show up to school or appointment
 - ☐ Information about special occasions and incidents
- ☐ Provide the professional with information about what you would like to know on an ongoing basis. Options could include, but are not limited to:
 - ☐ Schedule changes
 - ☐ Behavioral expectations for each context in which your child interacts
 - ☐ Is the child happy?

- ☐ How is the child interacting with peers?
- ☐ Was the child upset during the day? If so, what caused the upset?
- ☐ Is the child accessing his social and academic curriculum?
- ☐ How can parents support the teachers at home?
- ☐ Ask questions about the professional's ASD knowledge and experience. Questions could include, but are not limited to:
 - ☐ Strengths
 - ☐ Weaknesses
- ☐ Share guide
 - ☐ Child's unique profile
 - ☐ Already created tools that are pertinent for your child
 - ☐ Tools that have been successful in the past
- ☐ Support skill generalization—helping the child to be able to use the same skill mastered in one environment just as effectively and fluently in other environments
 - ☐ Ask if professional would be willing to share tools he/she uses with child
 - ☐ Discuss importance of having a common language between home, school, and community
- ☐ Share what family is currently working on with child with autism
- ☐ Set follow-up meeting to develop the special educator or service provider tools for your child's guide

As you can see, parents can choose the discussion points that make sense for them, delete the ones that aren't relevant, and add important points specific to the child.

This is just one example of the many tools in the book. Parents will have access to multiple tools for use at home, in school, and in the community, both in the printed book and online. The online workbook makes customizing this tool and every tool easy and efficient. Once the tools are completed, parents will have a comprehensive guide to their child's unique profile.

Now that I have created a guide for Alexander and share it with his support team, I am able to proactively alert teachers about Alexander's profile, supportive strategies, and potential pitfalls when interacting with him. It helps them to avoid mistakes like the one that led to the incident I've described, which can take months to repair. Though we will always have ups and downs, we are able to avoid many unnecessary traumas and have not had a crisis since I started sharing my guide.



Cornelia Pelzer Elwood is the mother of two sons, one of whom has Asperger's syndrome. She received her BA from Vanderbilt University, trained as a life coach, and earned a Certificate in Autism Spectrum Disorders from Antioch University New England. She has many years of experience collaborating with her son's providers and interacting closely with his schools. She is based in the Boston area of Massachusetts.

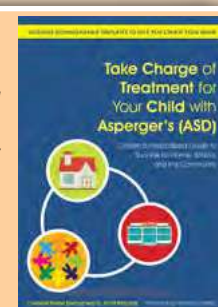


D. Scott McLeod, PhD is the Executive Director of the [Massachusetts General Hospital Aspire Program](#), clinical instructor of psychology for Harvard Medical School, and clinical psychologist for individuals with autism spectrum disorders and their families in his private practice in Wellesley, Massachusetts, USA. He obtained his PhD in clinical psychology from Boston University.

Cornelia Pelzer Elwood and D. Scott McLeod, PhD speak to groups about their book, present about ASD and parenting at conferences, and lead a six-week Take Charge ASD training for parents. Website: www.takechargeasd.com

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Exciting Ways Equine Therapy Can Help a Child You Love

By Sheryl GREEN



Surrounded by the delightful whinnies of “therapeutic” horses, I had the opportunity to interview Laurie Willmott, founder of Spirit Therapies.

Q: How did you get started in Equine Therapy?

I’ve been around horses since I was three years old. They have always held a special place in my heart. In 1997, I was working as a hairdresser and realized how much I missed being around horses. While vacationing at my sister’s house, I was able to recon-

nect with them, and I knew that it was time to bring horses back into my life. I started volunteering with an organization in Las Vegas three days a week and learned to do side walking.

I worked with this one little boy who was mentally challenged and nonverbal. He was having a hard time steering the horse. We worked together for many lessons, and when he finally got it, he looked back at me and held his thumbs up. I was moved by the connection that we had and realized if I could do that with one kid, I could do it for so many more.

“

Everyone is dealing with stress, and animals can be extremely therapeutic. They never judge us. Even though they are huge, horses can be so kind and loving, and understanding.

”

That experience changed my life. I came for the horses and the children stole my heart.

Q: That sounds like an incredibly powerful experience. When did you make the decision to start Spirit?

When the organization I volunteered with closed down, I decided that working with equine therapy was my true calling. I left my job as a hairdresser to open Spirit Therapies. I got my first horse for \$1 and started out with one student. But there were so many kids that needed our help.

We went through PATH certification (Professional Association of Therapeutic Horsemanship International) and EAGALA certification (Equine Assisted Growth and Learning Association) and are now the only center in Las Vegas with both certifications. That means that we adhere to a high set of standards. All of our instructors are certified and extremely knowledgeable about the physical, emotional, and mental challenges that our clients face. They are extremely compassionate and must be trained quarterly in order to be in the arena with the kids.

Many of our horses were donated to us, and quite a few of them were rescued. We now have seven horses for riding, two mini horses that can't be ridden but allow kids to bond with the animals on the ground and get comfortable being around horses. We see between 35-40 students a week, with three instructors and an amazing group of volunteers.

Q: Thirty-five to forty students a week is quite impressive! What do the kids get out of working with the horses?

Everyone is dealing with stress, and animals can be extremely therapeutic. They never judge us. Even though they are huge, horses can be so kind and loving, and understanding. They just stand with you in the moment. We work with quite a few children with autism and some that fall somewhere on the spectrum, and we've seen such amazing growth in their

learning, talking, and balance. The children's behavior has improved, and they become more social. I worked with one rider who was nonverbal when he came to us. Now he is able to say five or six words at a time and answer questions correctly. He is in school now and his mom swears that he learned to speak through the horse therapy.

We work with children with a variety of other physical or mental disabilities as well, and the horseback riding improves their balance, coordination, range of motion, muscle strength and flexibility, and so much more. Working with the kids, I've had to remove the word "no" from my vocabulary. We never say that a child can't do something, it's just a matter of when.

Q: What an amazing contribution to the community. Are all of your clients able to pay for your services?

No. We know how difficult it is for families to pay for alternative therapies and we don't ever want to turn away a child because of money. We try to keep our fees extremely low and are constantly looking for grants and for donations from within the community to help cover costs. We are currently accepting donations to fully enclose our indoor barn so that we can serve more clients. Our Pegasus program allows people to sponsor a child to go through our program free of charge. We also have a Hay Angel Account where people donate money to feed and care for the horses. They are expensive!

Q: I have no doubt. And I bet those horses have the prettiest manes around too!

[Laughing]. Yes. I will always have an inner hairdresser. I keep their manes and tails looking beautiful.

Q: How has Spirit Therapies impacted the community?

While we have had a huge impact, I feel like the question should be how has the community im-

pacted Spirit Therapies. The amazing volunteers that lend their time, their talents, and their money have kept this organization going for over 15 years. I feel so blessed to be a part of this community and to be able to provide a much-needed service to children with autism and a variety of other disabilities.

As of 2012, we also offer Horses Healing Heroes, a program to help veterans and active duty personnel deal with physical and mental challenges from serving our country.

Our Spirit Reins program is a summer camp for the mentally and physically challenged. The best part of it is that “typical” kids can be involved throughout the summer as Junior Leaders. They get to be a part of the program and give back. Giving to others truly helps us all grow.

Q: Laurie, thank you so much for taking the time to speak with me. How can people learn more about your organization (and hopefully make a donation)?

They can visit our website at <http://www.spirittherapies.org> to learn more about the programs we offer and the benefits that our clients receive. And they can donate there too. All donations are tax deductible and you get smiles, whinnies, and horse poop in return!

Q: Any last thoughts?

Horses have the wings that we lack. Even though kids can't fly, they can fly in their minds.



Sheryl Green is a freelance writer, motivational speaker, and passionate animal advocate. She serves as the Director of Communications and Cuddling for Hearts Alive Village, an animal rescue in Las Vegas. Sheryl is the proud mommy to a beagle/lab mix named Akasha and an avid admirer of people who use lint rollers. Visit Sheryl at www.sherylgreenspeaks.com or email her at sheryl@sherylgreenspeaks.com.




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- Visit www.aikoandegor.org to learn more about the app, watch animated videos, and **sign up for our e-newsletter**.

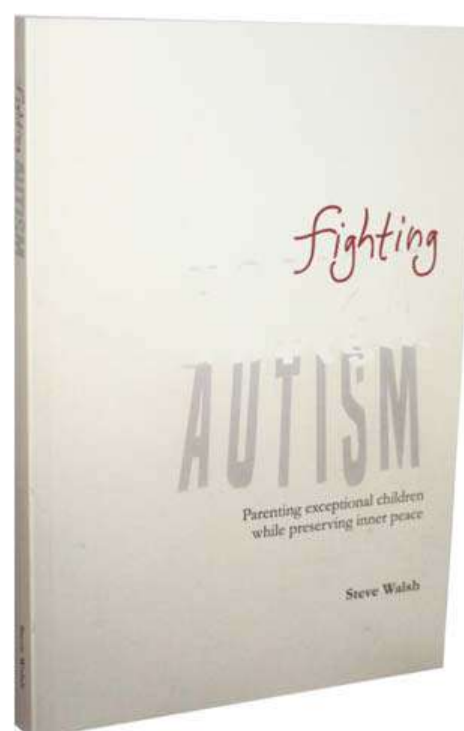
The app is developed by See Beneath, a San Diego-based nonprofit co-founded by autism experts with years of experience in autism research and intervention.



“The fight is *within*... highly recommended”

★★★★★ — Jeffrey McMahon

FIGHTING AUTISM



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Hold That Face: HOW TO STAY CALM WHEN LIFE GETS TOUGH

Cynthia L. MATLOCK

People seemed to freeze in their movements as my son, Frankie, ran through the parking lot screaming “Nooo!” I avoided eye contact and hurried to catch him before we provided the store’s entertainment for the day.



I tried not to show fear and kept a straight face as I hurried to catch him. If I couldn’t redirect him, we would have a problem. I’ve had over 25 years of practice dealing with public meltdowns with Frankie, who’s autistic. He’s now 31 years old and six feet tall. He doesn’t articulate his frustrations, so I have to prepare and try to avoid things that may trigger his anger.

“Stop, don’t go into the store.” I yelled after him.

I’ve observed with amazement when doctors, policeman, and news reporters give someone a tragic report all while keeping a straight face. In my research and experience working through many embarrassing or unexpected impromptu situations, I had to control showing my emotions. As a special needs mother, getting accustomed to people staring



What do you do when a child or adult with an autism spectrum diagnosis exhibits socially-unacceptable behaviors in public? Staring, standing too close, bumping into someone without saying, “excuse me.” I’ve scurried to apologize many times before someone became upset with him.



or watching us in public is a challenge. I still struggle with control, but I’ve learned a few things.

That day when I caught up with Frankie just before he entered the entry doors, I pulled him aside. I told him, sternly, “Hold on. We can go get some hot fries if you go back to the car.” He loves food. I wondered if it was because I had to make another stop before we went to eat that upset him? I don’t know. The National Institute of Neurological Disorders and Strokes (NINDS) lists one symptom of autism that families must deal with is an inflexible adherence to specific routines or rituals. A change or unexpected detour upsets him immensely.

His eyes were red, he was breathing hard, and he appeared pained while I talked sternly to him. “Can you stay? Or must we leave?” I wondered who would help me get him to the car if he started running again.

“Go!” His voice blasted over the parking lot. Then he crossed his arms defiantly. I wondered if people thought I had done something to him. Some scooted by us, hurrying into the store as if avoiding a burning fire.

What do you do when a child or adult with an autism spectrum diagnosis exhibits socially-unacceptable behaviors in public? Staring, standing too close, bumping into someone without saying, “excuse me.” I’ve scurried to apologize many times before someone became upset with him. Well, that time in front of the store, I had to wait out his angry outburst, allowing time for him to vent and hopefully calm down. Sometimes it’s a few minutes. And sometimes my husband, other son, or I have had to drag him away from the public. Then we would let him scream or repeat unfamiliar phrases until he was exhausted. He often repeats words or phrases he’s overheard somewhere at random times.

After a few minutes, luckily, he wiped his eyes and, that time, the mention of the fries worked. He pivoted and walked to the car. I took several deep breaths and then followed behind him, shaking my head.

In the U.S., 1 in 68 children are on the autism spectrum, per (CDC 2014) reports. My mind turned over how family and friends had advised us over the years to institutionalize Frankie. I often wonder why I’m not institutionalized? Prior to having Frankie, I avoided situations where I was the center of attention, because I’d become so nervous I’d fumble my words, show fear, or evade snail-like from the limelight. But now, without a choice, I’ve learned to keep a calmer face in tense situations.

Here are a few tips that have helped me:

1. Don’t overreact

Several times, I’m tense and clenching my fists while deciding if we should go or if my son will get quiet. If I remain calm and keep my voice low and steady, then most times, I can talk Frankie into calming down. We both didn’t need to lose our composure. For example, when we’re in a crowded restaurant, he may get edgy and start blurting out something he’s overheard, such as, “To the moon, to the moon.” And then, he’ll burst out laughing. I concentrate on getting him quiet, not on who’s watching us.

2. Focus on the positive

Instead of worrying about being escorted out by a security guard or business manager, I think of how I can make Frankie aware of where we are: in a meeting, café, church, or another outing. I always carry pen and paper in my purse to give him simple math or word

problems to answer, and that helps redirect his thoughts. Keeping a positive view of us getting things under control and being able to stay in our current location allows me to keep a straight face—even when I think people seem surprised I’m not panicking when he acts out. Now sometimes, he’ll do something nice in public, like suddenly say “thank you” to someone’s kindness. Yes, I do allow myself to smile.

3. Find a good outlet afterward

There are times when I get home and think about what just happened. I let Frankie go inside while I sit in my car and cry. Or, I may phone a close friend, family member, or my husband and blurt out: “You won’t believe what I just went through.” They empathize or help me laugh about it. Then I go inside to play the piano. Loud, banging songs. Or if there’s

any pesky, prickly crabgrass or nutsedge weeds in my flowerbed, I yank them up one-by-one. Then, sometimes, I take a long walk down one of the roads near our house.

Who would’ve thought I’d still be supervising the daily concerns of my special needs child who’s now an adult? But it’s the hand I was dealt. And just like in a poker game, I try to keep a straight face and stay in the game.

Cynthia Matlock is the mother of a 31-year-old son with autism who was diagnosed at age three. She helps manage a small cattle ranch and writes part time. She is a graduate of Texas Partners in Policy Making, which is a state disability advocate group that learns how to work with school’s special education departments, local law enforcement agencies, and state legislators for benefits and rights for disabled people.

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10 Digital Tools

That Can Help Your Special Needs Child

By Jana ROOHEART



In my practice as an educator, I have worked with children who have different needs, as well as different strengths, that balanced their shortcomings. No child is the same as another, autistic or neurotypical, so it's very difficult to generalize. I should mention, however, that my experience is mostly with children of preschool and elementary school levels of capability.

Digital tools are particularly helpful if a student struggles with fine motor skills (such as difficulty in grabbing a pencil). If the verbal skills are impaired, dig-

ital augmentative and alternative communication tools (AACs) also come to succor. What I personally like about tablet applications and similar aids is that they are adjustable and that you can switch the difficulty level on the go whenever it is not challenging enough. This is crucial for engaging and maintaining interest.

There are a variety of apps and other digital tools to help children with autism spectrum disorder (ASD) and their parents in overcoming difficulties they might encounter; however, this list also includes

tools that were not specifically designed to assist kids with autism but came off very suitably for them in particular.

1. **Flash to Pass**

Skills: Math

Compatibility: [iOS](#)

This is a flashcard app that allows users to practice math skills. The ability to choose one of the preset difficulty levels and a timer makes it a very flexible tool you can use for children of different attainment levels. While some might find the design dull and not motivating enough for younger learners, in my experience, it might be better that way for ASD students, because it is free of distractions and additional sensory stimuli. Sometimes, creators of educational games make them very colorful to engage and entertain, but it is not always the most adequate option. One of my students with ASD was also synesthetic. For example, she imagined '5' as red and '3' as green, so figures that were the "wrong" colors were very confusing to her. When she was asked to add 2 and 0, she would be convinced that the answer is 8, simply because 2 was displayed as red and 0 was green. With Flash to Pass, there was no such problem.

2. **My Play Home**

Skills: Social Interaction

Compatibility: [iOS](#), [Android](#)

Essentially, this is a digital dollhouse where a child can use every item: light switches, faucets, cookers, etc. It's very engaging for children of various ages to explore the environment and develop fine motor skills. There is a family living in the house, and that is where additional benefit lies: through the social contexts presented in the app, children learn reciprocal interactions that might be subsequently transitioned from the digital medium into real life.

3. **Learn with Rufus**

Skills: Emotions/Facial Expression Recognition

Compatibility: [iOS](#), [Android](#), [Kindle Fire](#)

This application aims to help with the recognition of facial expressions, which often is an issue for children on the spectrum, hampering their advance in social interaction. Friendly,

animated, robotic puppy [Rufus](#) introduces an array of emotions, as well as exercises to learn them. You can track the progress of your student and gradually extend the range of emotions and increase the difficulty level.

4. **Stories2Learn**

Skills: Social Learning, Interaction

Compatibility: [iOS](#)

This application is used for creating personalized stories for your students to teach them reciprocal play, taking turns, playground and school rules, non-verbal communication, and other social skills. You can quickly create a story to illustrate almost any social cue there is, record your own audio, and add your own relevant pictures. It also is great for creating visual schedules.

5. **Book Creator**

Skills: Comprehension, Creativity

Compatibility: [iOS](#), [Android](#)

This tool is versatile and suitable for students of all ages and abilities. You can create any story in order to convey your lesson plan, adding pictures from inside the app, found on the web, or those of your own. What is more important, this is the tool of creative expression for children—creating stories from their own photos, sounds, recorded audio, and text make it easier for them to tell about their concerns and difficulties. They can also share their little victories or make deeper, meaningful connections between different aspects of their lives.

6. **Pumpic**

Skills: Monitoring

Compatibility: [iOS](#), [Android](#)

Digital monitoring is essential for two main reasons. First, children with autism tend to wander off, because even high-functioning children of the spectrum sometimes experience difficulty in expressing themselves or making contact with strangers to ask for help and direction. Second, they sometimes [engage themselves in behaviors](#) and interactions with other children that may be seen as censurable in the eyes of the law. [Pumpic](#) has a GPS-tracking and geo-fencing feature to help locate a stray child, but what is more important, it monitors his/

her online activities so that caregivers can be aware of any risky behaviors, cyberbullying, or other disturbing developments.

7. Grace

Skills: Communication

Compatibility: [iOS](#), [Android](#)

[Grace](#) is a communicational tool for nonverbal children. It can be very helpful for people with special needs who struggle with language and spoken communication. Within the app, they are able to create visual sentences to communicate their needs. It also can be used to promote verbal skills if a communication partner (a teacher or another student) accompanies these pictures with spoken explanations.

8. Word SLapPs

Skills: Verbal skills, Vocabulary

Compatibility: [iOS](#)

This application is a flashcard tool to learn the words that are specific to your student's world. You provide the pictures and name them, which is particularly good for learning the names of family, friends, and other important people in the child's life, or the things that surround him/her in class. Your learner hears the audio or sees the word and must identify the object among a number of pictures, which is very good for building and exercising vocabulary.

9. What's the Word

Skills: Verbal Skills, Vocabulary

Compatibility: [iOS](#), [Android](#)

This free app shows pictures, and the goal is to choose the right word that describes all four of them. This is a funny and engaging way to broaden vocabulary. What's the Word was just perfect for one boy with Asperger's who had difficulties expressing himself verbally. His mother understood his needs perfectly and acted as his interpreter and mediator. However, when they decided on attending a brick-and-mortar school, he needed to acquire his own voice in order to communicate with teachers and peers. The app helped him to see verbal communication as fun, since his issue was not that he found speaking difficult—he was just unwilling to engage in conversations.

10. Super Why

Skills: Reading, Comprehension

Compatibility: [iOS](#), [Android](#)

I used activities with this app on various occasions, but it was particularly good at enhancing comprehension. There are a number of activities with words and letters, as well as colorful stories with recurring, cute characters. To finish each story, a reader ought to choose the right words—this makes [Super Why](#) very beneficial for children whose reading skills far exceed their comprehension.



Digital tools are numerous—parents and teachers should remember to be very careful when choosing the one that is “right” for a particular child, and they should be very perceptive when assessing the difficulties. Sometimes, for the sake of consistency, it is better to stick to those tools used by parents and caregivers at home; in other cases, switching to new ones may turn out to be very beneficial. When choosing the apps, do not confine yourself to the realm of “apps for special needs,” as regular games and activities may be also very suitable depending on your goals and the needs of the child.



Jana Rooheart is a former educator who used to work with ASD and other special needs children. Currently, she is a blogger residing in Kansas City with her family. Jana is passionate about technology and is convinced that digital tools and gamification offer many possibilities for children and adults alike.

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Please Understand, I'm Not a Supermom

By Tulika PRASAD



I'm not a supermom, but I get that a lot. Having a child with autism does not make me one. Please let me be weak and cry, let me make mistakes and let my guard down, and let me just be a mom, a wife, and a woman—not a "super" someone.

The day my son Vedant was diagnosed with autism, life handed me a cape and said, "Now you fight and never stop doing so." But there are days when I'm exhausted. I want to simply kneel down and wish that never again should a mom have to fight for what is rightly her child's and hope that the world will be more sensitive to any child who has challenges.

For once, I want to tell the bus driver who snatched my son's straw away: "Please, be considerate. It's my son's sensory toy. It keeps him calm in a crowded bus full of noisy kids." Some days I want to cry out loud and ask him to educate himself on autism.

Instead of telling that teenager not to pity my son when I tell her he has autism, I wish the school and society taught her better so she would know autism has its strengths too. I am tired of explaining that autism is not the end of the world, it's just a different world. No, I'm not a supermom. I feel rundown every now and then.

Sometimes, all I hope is that the mom waiting in that lobby was more sensitive. My son simply wanted to be friendly with her little one, and that is why he came so close. He did not hurt her or scare her. Please don't ask her if she is OK and implicitly teach her that my son's attempt to be friendly could make her "not

“ There are days when sifting through all the treatments that have failed, I lose hope and I just want to suspend my optimism and cry. Just plain cry for fear of it never getting any better. ”

OK.” Let her learn to deal with a different kid. Let her learn to be accommodating. I don’t want to stand on a podium and explain to her the importance of inclusion.

There are days when I don’t want to put up a fight every time someone shows me that society is still not ready to co-exist with a child with autism.

Occasionally, when things get overwhelming, I feel like quitting and walking away. I don’t want to feel guilty about that thought. I need that weakness in me. I want those cracks so my pain can find a way out.

There are days when sifting through all the treatments that have failed, I lose hope and I just want to suspend my optimism and cry. Just plain cry for fear of it never getting any better.

Once in awhile, I want to stop trying, because it never seems to work no matter how much I do. Occasionally, I want to complain that it’s not fair—why me, why us, why him?

In a weak moment, I wonder if not having a physical deformity works for or against my son. Some days, I feel jealous of moms who take their kids to soccer practice or a tuition class or swim lessons or a recital.

Just for once, I too want to go to concerts, movies, and date nights. I want to attend parties, stay out late, and take a break from the hyper-vigilance that has taken over my life.

For a change, I want someone to have my back when I’m exhausted of holding up my son’s.

Sometimes, it’s that weakness that is so powerful. The burden of being a supermom is too heavy to carry. I wish it were a world where you were not forced to be a fighter, a supermom, and a constant advocate. If anyone is a warrior and has superpowers, it’s my son—not me. He is a superkid.

Tulika Prasad and her husband are parents to seven-year-old Vedant, who was diagnosed with autism when he was three years old. An absolute delight and an exhausting bundle of joy is how they like to describe their son, who teaches them new lessons every step of the way on their long journey through the puzzle that is autism. She is a member of the Family Advisory Council at Cincinnati Children’s Hospital and Medical Center. She also writes a [blog](#).

In this post, she talks about why she is wary of the “supermom” tag that people give her. You can read the original post [here](#).



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Training Young People With ASD to Be the Techies of Tomorrow

By Beth ROSENBERG, MA, MS Ed Tech

There's a lot of talk about why teaching kids technology, programming in particular, is beneficial in today's educational landscape. Nearly every other week there seems to be some major news announcement around STEM (science, technology, engineering, math), STEAM (science, technology, engineering, art, and math), CS (computer science), and even IT (information technology) education.

Beth Rosenberg and her son.



There's also a current rush for computer science to be taught in all New York City public schools within the next 10 years according to an initiative promoted by NYC Mayor Bill de Blasio in 2016. There are loads of technology camps and workshops for kids, apps to help students with the pre-cursors to learning programming, pre-college programs for

gifted high school students, and a bunch of start-up organizations that provide online programming curriculum for the novice coders-in-the-making. However, the question remains: can learning the tools of technology and computer science principles also be beneficial for youth on the autism spectrum?

According to Autism Speaks, up to 9 out of 10 adults with autism over the age of 21 are unemployed or

underemployed. In today's society, students with autism spectrum disorder (ASD) are still confronted with bias, prejudice, and a lack of opportunities. Less than half of students with disabilities graduate from high school, and even fewer are privy to meaningful jobs. Unemployment rates are extraordinarily high for adults with autism, and yet there are few training programs for young students that aim to resolve this issue.

According to a November 2015 article from The Hechinger Report, "A growing group of educators see technology work as an ideal field for some adults with autism and hope that tech can provide a career path and a means to financial security. At the same time, employers are beginning to see advantages to hiring people with autism, many of whom have strengths that lend themselves to working well with technology, such as being able to stay focused for long periods of time and to perform repetitive tasks with accuracy."

Many children on the spectrum intuitively understand technology for these reasons and more. Computer code is predictable, rote, and follows a set of finite rules—which makes it comfortable for many of these youth to work with. Individuals with ASD may be the best suited to code, but students with disabilities who are still in school have been consistently left out of this conversation. In addition, we

know that students with ASD are big consumers of technology—how do we make them into producers of digital culture?

Gary Moore and Dan Selic from the [nonPareil Institute](#) in Plano, Texas, started a combination-training program and software company for individuals on the spectrum. According to theVerge.com, non-Pareil is just one of a handful of U.S. organizations dedicated to training and employing young adults with autism (estimated to comprise 1 to 1.5 million Americans) who demonstrate valuable talents in technological realms. The same is happening with UltraTesting, a headhunter-type program for young adults with ASD in NYC. In San Francisco, [Specialists Guild](#) trains interns who have autism as software testers and then works to place them in full-time jobs. Other organizations, like AspiroTech in Chicago and Specialisterne, a Denmark tech organization that recently opened its doors in the US, is also helping to train young adults ages 18 and above with ASD in the tech industry.

Dr. Patricia Evans, a neurologist at Children's Medical Center in Dallas, says people on the high-functioning end of the autism spectrum often have an amazing ability to hyper-focus on a task.

"They may really flourish at engineering-type tasks or computer design, where their interaction with people is somewhat limited," Evans says.



Students at a TechKidsUnlimited.org workshop learning together.

“ At TechKidsUnlimited.org, youth and teens learn open-source or free software in workshops and often continue experimenting with the program at home. ”

At TechKidsUnlimited.org, a NYC-based tech educational not-for-profit, technology classes are given in weekend and weeklong workshops to students on the spectrum, accepting kids from 7 years old up to age 19. Students who have been diagnosed with ASD or learning and emotional disabilities can become technologists early on by learning in supported workshops with a 3:1 student ratio and a social worker in every program. By creating, developing, and sharing the tools of technology in a supportive, nurturing, and individualized environment, TechKidsUnlimited.org is working to change the paradigm for education and employment for young people with disabilities. I started TechKidsUnlimited.org with my son who learns differently.

At TechKidsUnlimited.org, youth and teens learn open-source or free software in workshops and often continue experimenting with the program at home. For example, high support student J.L. learned the complex, 3D game development software Unity in a recent TKU workshop, where students were learning Unity to make a game that was then deployed to a 3D Oculus Rift headset. Staff noticed that by the second day of the workshop, he had gone way ahead of the other students who were still trying to master this complex, industry-standard software. When asked, he mentioned that he went home and downloaded the free software program onto his own computer—which took an hour—and then opened his account and continued working on his project throughout the evening. This inspiring anecdote made it clear that many students with ASD really have an innate ability and talent to learn and create with today's tools of technology.

Educational technologists and media theorists, such as media theorist Douglas Rushkoff, compare learning to program with learning to read way back in the Renaissance. The ability to read was primarily contained to the monks and clergy, which meant they controlled the knowledge of the world. Similarly,

should only the smartest math students and most gifted science students hold the secret to programming? With the advent of the Gutenberg Press, literacy rates soared just by placing the book—the Bible—into the hands of the masses. The same can be said for introducing students of the 21st century to programming, where they can then become producers and makers. Getting students to geek out by teaching them to learn how to make games, apps, websites, and more using step-by-step coding curriculum and intuitive software is gaining momentum. Students with autism should not be ignored and left out of this conversation.

The hope is that in the next 10 years, we're going to have a lot of more jobs in the tech sector to fill, and students with ASD will become tomorrow's gainfully employed if they are given the opportunity to explore tech as youth. By working with students on the spectrum ages seven and up to learn to use state-of-the-art software and hardware, students with ASD can become the techies of tomorrow.

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Beth Rosenberg is an educator, writer, and project manager with over 20 years of experience in the fields of culture, access/special needs, and technology. She is the founder/director of Tech Kids Unlimited and also consults for not-for-profit cultural and community organizations. Beth teaches on the faculty of NYU-Tandon School of Engineering. www.edubeth.net



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He Will Be Ready

When the Time Is Right for Him

By Diana ROMEO



It's 7:30 am and we are waiting in the car for our carpool friends to meet us. My happy boy is in the back giggling about something—I will never know what. An idea has been brewing in my mind for a bit, and I decide today is the day to try it. I tell my boy that he is big now (four inches taller than me at 15), and he needs to start getting out of the car by himself, just like his carpool friend does. I tell him step by step. "You need to take off your seatbelt (he mastered this just recently), put on your backpack, open the door and close it, and open [the] other door and get in." I confirm with him "OK?" He responds "OK." His response gives me no confidence this will happen. "Yes" and "OK" are his default responses. Our carpool friends arrive. My boy gets

out of the car independently and gets into the other car. I even get a wave goodbye. I send up prayers of thanks. He did it! All by himself! The other mom is applauding for him and nodding her head at me. She gets it.

My boy has autism. We celebrate every step of progress as we go. This may sound like a small step, but it was HUGE. A year ago he did none of those things by himself. We called in our old behavior therapist, who was with us from ages four to eight, to come back and help with independent skills which were declining instead of increasing. Calling her again felt like a step backward. We had originally done applied behavior analysis (ABA) with the hopes of increasing communication and decreasing self-injurious be-

“ We followed ABA with three years of a special needs karate class. I figured he would work on physical and occupational therapy, discipline, focus, and social skills—and hopefully fun all at one time. ”

havior, as my boy expresses his frustration by biting himself. My plan was to continue ABA until he was conversational. It just didn't happen. It was hugely expensive and starting to just be too much. I was beyond disappointed we hadn't reached our goal. There was a lot of progress, and ABA laid a great foundation for reducing behaviors and learning, but it didn't take us where I had hoped. I've spent many moments since wondering if the capability for conversation wasn't there or if we gave up too soon. Was there something else we should have been doing?

We followed ABA with three years of a special needs karate class. I figured he would work on physical and occupational therapy, discipline, focus, and social skills—and hopefully fun all at one time. It was therapy but not, in a real-life situation. It was a great program. We made friends, and we got lots out of it. I had hoped the frustration could be focused into kicking and such, but that didn't happen. I spent maybe 25% of the class on the sidelines with my boy, calming his meltdowns and redirecting him back to class.

Then, we moved from a public school, self-contained classroom to a special charter school for autism. This was a great decision. Everyone in the school was trained in and understood autism instead of just his teacher and classroom aide. He continued to have speech every day and occupational therapy often. He was in an environment of acceptance where his strengths were seen before his weaknesses. Still, there was no drastic change in communication or behavior.

Against my hopes, my boy had to be medicated due to self-harm from the time he was in kindergarten. We made a switch from a neurologist who couldn't be bothered to return my calls to a psychiatrist who thought outside the box and was a better fit for us.

We did the gluten-free/casein-free diet, which didn't work for us. Then, we tried different nutritional supplements. We delved into special needs music and dance classes and participated in buddy sports, including running and basketball. He enjoyed the basketball more than running and learned some skills, but alas, we were still sometimes on the sidelines melting down for portions of many games.

In the meantime, I met some lovely families through all of our extracurricular and school-related activities. Most of the time, the other kids—mostly boys—are higher functioning than mine. I often come home to tell my husband about our day and describe a new friend or acquaintance. “He talks more than our boy,” or “He doesn't talk a lot but he's so calm and happy. I just wish that when I took our boy out, he was calm and happy. Then, I would know he was having fun, that I am doing the right thing for him. What else can I do? I don't know what else to do. I feel like he's stuck.”

Just as I had set an arbitrary goal for him to have conversations with ABA, I set a deadline in my head of when I thought time was up. I figured if he wasn't talking more or having conversations by 15 years old, it probably wasn't going to happen. In this world of autism, there is a fine line between hope and reality.

“ Then, we moved from a public school, self-contained classroom to a special charter school for autism. This was a great decision. Everyone in the school was trained in and understood autism instead of just his teacher and classroom aide. ”

I needed to accept that this might be it. Though I've dreamed and prayed for years that he would really be able to talk to me beyond a couple word responses, I had to be realistic and accept it might not happen. I started to give up hope.

The changes since we've started the ABA again have been slow and steady. It's been seven months, and it's been a lot of work. ABA must be implemented consistently. Our therapist comes for an hour once a week, but I need to carry on practicing our goals consistently every day—reinforcing the good behavior and ignoring the bad. I didn't see when we started how we were going to get out of some of these negative behaviors and patterns that had developed. I was as frustrated as my boy gets sometimes, almost ready to bite myself. Little by little, there were small victories. It is so hard to see the forest for the trees when you are in the thick of it.

Our story is nowhere near finished, but we are no longer stuck. Everyday my boy surprises me with something. Independently getting out of the car: YES! A new word or phrase: YES! A note from the teacher saying he is raising his hand and participating in class: YES! I realize now I can't set goals for him on my clock. I have to do my part, but when he's ready and the time is right for him, it will happen. If you're feeling stuck, don't give up! There's no age limit on learning and growing.

Diana Romeo is a full-time stay-at-home mother to two kids, a 13-year-old neurotypical girl (read drama queen) and a very sweet 15-year-old boy who has autism. She has a degree in Business Management and has worked in Human Resources. She enjoys reading, writing, cooking, walking, and yoga. She has been published in Exceptional Parent Magazine. She can be reached at dianaromeo@att.net.



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BEST WAYS

to Integrate Tech and Gadget-Like Toys with Autism

By Ladislav de TOLDI

They don't make toys like they used to. It's not uncommon to still see the dolls and action figures of yesteryear, but as we have progressed scientifically and experienced innovative breakthroughs across technologies, toys today are more than that. They're interactive companions, sometimes designed from purely an entertainment perspective. And, more often than not, they are keenly developed as a medium of education to foster personal development and growth.



Technology is increasingly becoming a part of nearly every facet of our lives—which means it makes sense to introduce modern tech toys and gadgets early on to children, under supervision, to build familiarity with how these devices work. These devices are especially im-

pactful for children with autism, as they can be used to build on social development in a controlled environment without fear of rejection from their peers. Recent examples of these toys include [Ozobot](#), [Ro-mibo](#), [Dash](#), and [Leka](#) (the robotic smart toy to be released in 2017).

These toys have to be smartly integrated; however, these types of interactive gadgets could potentially lead to social withdrawal or general distraction if overused and unguided.

They *do* have their benefits, though. Dr. Carolyn Jaynes, a learning designer for Leapfrog Enterprises, once told [PBS](#): “By age three, many children are active media users and can benefit from electronic media with educational content. This content often uses strategies such as repeating an idea, presenting images and sounds that capture attention, and using child rather than adult voices for the characters.” It helps to start young, and for children with autism, research shows that children react well with robots and are comfortable interacting with them, as their behavior is predictable.

This in mind, you need to put these toys to practice to make them work with your child. Below are a set of tips on introducing emerging robotic toys to your children:

Supervise, supervise, supervise

Children have curious minds, and such curious minds lend themselves well to distractions—which, in turn, can lead to oversaturation with any given activity. For example, given the chance, a child will probably sit in front of a TV and not try to break away from the mesmerizing cartoons. This is why experts recommend a limit to screen time, because children need it. Unfiltered use, according to research published in [Computers in Human Behavior](#), may inhibit their ability to recognize emotions due to an ensuing lack of social interactions, a difficulty children with autism already cope with. Everything should be in moderation.

We should approach the use of interactive, robotic smart toys similarly to how we approach a child’s use of television or other forms of media. Robotic smart toys tend to be interactive, but they’re not meant to replace social interaction. Instead, they’re meant for guided use by a parent or teacher to facilitate interaction with others—keeping the human element in check.

Benchmark progress

Obviously, you want to know whether or not the use of the toy is having a positive impact for your child, correct? To ensure your child is *actually* receiving the tangible benefits of using these gadgets, it’s import-



ant to actively monitor and measure his/her progress over time.

A number of these toys have built-in “status reports” that actively monitor and benchmark how a child is interacting with the device—monitoring platforms that track metrics such as a child’s reaction time to certain prompts or how he/she handles the toy (for example, Leka has this capability embedded into the toy’s feature set). Being able to keep up with and have this degree of transparency of use helps parents, teachers, and caregivers decide how to best integrate any given gadget into a child’s playroom. It lets you see what works, what doesn’t, where the child is excelling, and where he/she needs improvement.

And, if the gadget doesn’t come with any sort of tracking measurements—make one yourself! You can easily compile your own spreadsheet in Excel or Google Docs tracking your own metrics to see what works best for you and your child.

The iPad isn’t everything

Yes, iPads are wonderful, and yes, as proven by some of Apple’s own research, the devices certainly have their place as an educational device.

But don’t pigeonhole your child’s introduction to technology with an iPad. iPads create a closed environment that tends to only foster a human-machine relationship—all actions are done within the constraints of the iPad itself through apps. There isn’t much interaction with the device other than the use

of one's fingers to interact with the touchscreen, and it lacks a focus on social behavior, which is a critical development area for children with autism.

There's a known connection between the use of hands and the development of the brain—it's where the impact of "hands on learning" originates. Children need to *touch and interact* physically beyond a screen; they need to feel texture. These new robotic toys are grounded in movement and their immediate surroundings—the actual use of the device *involves* the environment. With iPads, however, it's all within one square box pulled together by a touch screen (unless applications employ new augmented reality technology, which are few and far between save for some very popular apps right now—Pokémon GO, anyone?).

Treat the iPad with the same screen time onus of usage—it's good in moderation, but it's not the be-all-end-all of educational technology. Steve Jobs didn't even let his kids have one!



Ladislav de Toldi is the CEO and co-founder of [Leka](#), a startup set on changing the way children with development disorders learn, play, and progress through a robotic smart toy of the same name. Ladislav has a long history with exceptional children, from families and friends to volunteering in several organizations, so he's very familiar with the cause. In 2011, while at university, he discovered that his design teacher's son was diagnosed with autism. Together with a classmate (and eventual co-founder of Leka) Marine Couteau, they started working with their teacher to develop a toy that would both help his son learn and communicate, and thus Leka was born. Ladislav graduated from the Ecole de Biologie Industrielle with a degree in Biotech Engineering.



"...we began giving him CBD oil twice a day. In the first week he began labeling items significantly more than he ever had. His focus had sharpened, his attention span widened..."

- Athena S. on her experience giving Green Mountain CBD to her two year old autistic son.

THE ULTIMATE GUIDE

to Autism Therapies and Solutions

An exclusive Autism Parenting Magazine guide



Finding the best method for **treating autism** is often a challenge for the loved ones of children and adults with autism spectrum disorder (ASD). Because no two people with ASD are exactly the same, it's vital to choose a method of treatment and therapy and an intervention plan that is tailored to address specific needs.

A Quick Note to Parents

There are a number of autism therapies and treatments available today. Before you settle on a specific method, however, it's very important you complete thorough research to determine what might

work best for your child. There are many unknowns with ASD, so it's wise to equip yourself with sufficient knowledge before trusting a particular mode of treatment or therapy.

If you encounter a type of treatment that seems too good to be true, it probably is. No matter what other people may say about a particular therapy, always take the information they are offering with a grain of salt. Remember, it's your child's health and well-being that is at stake. If you make a hasty decision without verifying the information you have received with a medical professional, you might put your child's safety at risk. ***We cannot endorse any one treatment or therapy.***

Also, always keep in mind that a method that works well for one child may not work for another child with different developmental needs. The key to finding an **autism therapy** or treatment that helps your child is to do research and determine which therapies were successful for children with similar challenges.

During your research, be sure to reach out to other families also affected by autism and learn what is working best for them. When you find a type of therapy that works with your child, be sure to share it with them in return.

EDUCATIONAL AND BEHAVIORAL THERAPIES

Here are some popular therapies designed to help improve behavior and boost learning for children with ASD:

Applied Behavioral Analysis

Applied Behavioral Analysis (ABA) is the most popular type of behavioral therapy for children with ASD. ABA is actually something of an umbrella term for a number of behavioral therapies, with several specific approaches falling under it. For example, discrete trial training (DTT) is a form of ABA that focuses on encouraging or reinforcing positive behaviors while discouraging negative ones.

When providing ABA, therapists or practitioners conduct an assessment to determine if a child has been unintentionally rewarded by his/her parents for any negative behaviors. They then work to establish new behaviors using a variety of methods, including discrete trial learning (DTL).

Many studies have shown that ABA can be positive for children with ASD. In fact, this type of therapy has been found to boost children's test scores, language skills, and academic performance. A 2006 study published by the *Journal of Autism and Developmental Disorders* also revealed that ABA and other similar behavioral interventions may contribute to the development of a child's personal and social skills.

Selecting an ABA provider for your child can be an overwhelming task for some. For expert advice on what to look for, take a look at a piece written for *Autism Parenting Magazine* by Angelina M., MS, BCBA, MFTI called [Help: I Don't Know How to Choose an Applied Behavior Analysis Provider](#), as she explains what

ABA sessions include and the kind of training the team should have.

Sarah Kupferschmidt, MA, BCBA, also provides her top notch advice in *Autism Parenting Magazine* on the ABA selection process her in piece called [High Quality ABA Treatment: What Every Parent Needs to Know](#).

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is a type of psychotherapy designed to eliminate unwanted behavior patterns by helping people get rid of negative thoughts about themselves and the world. In recent years, there have been attempts to utilize CBT with children and teens who have ASD, particularly with those who have anxiety.

Some believe that children on the autism spectrum don't have the skills needed to succeed at CBT; however, research conducted in 2012 proved otherwise. The research team found that children with autism have the ability to distinguish thoughts, feelings, and behaviors. They also have the ability to alter their thoughts. Some children, however, did have difficulty recognizing emotions.

Because of this, researchers and autism experts have worked tirelessly to modify CBT and make it more suitable for children with ASD. They made it more repetitive, visual, and concrete to suit the needs of the kids. For example, instead of simply asking a child to describe or rate his/her anxiety level on a scale of 1 to 10, a therapist may just use a thermometer showing anxiety levels from low to high and have the child point to the level according to what he/she is feeling.



One reason why CBT works well as an **autism therapy** for children is that it involves parents. It allows parents to develop a better understanding of their child's challenges and teaches them how to use CBT techniques when real life situations affect their child. This empowers them and makes them feel involved and confident about their ability to help.

DIR/Floortime

Developed by Dr. Stanley Greenspan, the Developmental Individual Difference Relationship (DIR) model is a completely child-led approach to treating autism. DIR's most well-known component is Floortime, which is why it is now often called DIR/Floortime. This type of treatment often takes place on the floor (hence, the name) because it requires an adult to follow a child's lead. It puts emphasis on the toys or objects that capture the interest of the child with ASD.



For example, if a child is fascinated with spinning the wheels of a toy car, the adult will get on the floor with him/her and spin the wheels on the car, too. The point of this therapy is for the adult to catch the

child's interest and attention, as well as for the child to share his/her pleasure or frustration. This gives the adult the opportunity to better understand the child's world, thus paving the way toward establishing a social and emotional connection.

DIR/Floortime is also designed to help ensure children's holistic or overall development. With this kind of treatment, every area of development is addressed. These areas include motor, emotional, and cognitive skills; sensory abilities; and language functioning.



One advantage of DIR/Floortime is that parents themselves can deliver this form of therapy, thus saving a lot of money. Also, as compared to other autism treatments, DIR/Floortime requires fewer hours of therapy to be effective.

Discrete Trial Training

DTT is considered by many as the most deliberate and pure form of ABA. It is often used when a therapist seeks to teach children new skills or behaviors or encourage them to do something they don't of-

ten do. With DTT, skills or behaviors are broken down into tiny, manageable pieces. This way, they will be easier for children to learn and achieve success.

A discrete trial is comprised of three components: the therapist's instruction, the child's response (or lack thereof), and the consequence. The effectiveness of this intervention program is partly due to the fact that it embraces the idea of reinforcement as "anything" that motivates the child to learn. When a child with ASD learns a new skill or behavior, it should be practiced or repeated many times. Then, he/she will be rewarded accordingly, usually in the form of toys, food, gestures, or anything that will serve as a motivation.

Early Start Denver Model Therapy

The Early Start Denver Model (ESDM) is a **treatment for autism** developed by Dr. Sally J. Rogers. It made news in 2012 when it provided the first physical evidence of psychologist O. Ivar Lovaas' 1987 study that claimed improvements are possible with the help of the right kind of intervention. In fact, *Time* magazine named it as one of the top 10 medical breakthroughs of 2012.

ESDM utilizes some principles of ABA and DTT, such as breaking down a task or skill into smaller pieces and teaching each step in sequence. The difference, however, is that it doesn't use discrete trials. It also focuses on the relationship between the therapist and the child, which is built on play according to the child's interests.

In 2012, a group of researchers conducted a study on how early behavioral intervention is associated with normalized brain activity in children with ASD. They found that toddlers who underwent ESDM therapy showed significant improvement in several areas, including the use of language. They also demonstrated better daily living skills than those who received conventional interventions.

The researchers continued to follow and observe the children who underwent ESDM therapy even after the study ended, and the kids continued to show improvement. This supported Dr. Roger's earlier expectations that young children who are undergoing ESDM therapy can achieve the same score on IQ and language tests as neurotypical children by the time they reach six or seven years old.

LEGO®-Based Therapy

LEGO-based therapy involves so much more than playing with a stack of plastic bricks developed generations ago—it's a group play therapy with specific guidelines. With the right guidance, these colorful bricks can help facilitate social and communication skills for children with high-functioning autism.

Amy Wagenfeld, PhD, OTR/L, SCEM explains the fundamentals, the process, and the valuable social connections that can be made in her article published in *Autism Parenting Magazine* called [LEGO® Therapy: How to Build Connections with Autism One Brick at a Time](#). This therapy can also help a child with ASD develop fine motor skills, visual perceptual motor skills, cognitive skills, sensorimotor skills, and self-efficacy skills.



Occupational Therapy

Occupational therapy (OT) can often benefit children with autism, as many tend to have a difficult time with social interaction and communication, as well as difficulties with restricted interests and play skills.

An occupational therapist can often assist children to perform better in school and at home. Therapy can help enhance daily life skills, such as grooming and toilet training.

For additional advice on ways to assist children with autism develop specific skills, take a look at the piece published in *Autism Parenting Magazine* called [Simple Ways to Help Kids with Autism Develop Hand Skills](#).



written by Barbara Smith, MS, OTR/L. An occupational therapist, Smith provides excellent advice on how to use sensory stimulation to help a child engage and use his/her hands while decreasing touch sensitivities.

Pivotal Response Training

Pivotal Response Training (PRT) was developed by doctors Robert and Lynn Koegel of the University of California, Santa Barbara. The Koegels believe that some of the deficits in children on the autism spectrum are more fundamental than others. Developing a child's ability in one of these pivotal areas, they theorized, could possibly result in collateral behavioral improvements.

In PRT, the focus is on changing certain pivotal areas—such as the child's motivation and self-management—in order to change the behaviors that depend on them. It also follows the same behavioral principles of ABA, such as rewarding the child for positive behaviors. But instead of following the “child and teacher at the table” model, PRT uses a more naturalistic approach. During therapy, the child is placed in a structured place where he/she has many opportunities to play and interact with surroundings.

Like in DIR/Floortime, the adult follows the child's lead in PRT. The child is also allowed to choose the toys, activities, and topics of conversation during the session. Parents love this approach because it is suitable for all environments. Also, they can easily incorporate PRT strategies into the child's day-to-day activities.

SOCIAL AND COMMUNICATION SKILLS INTERVENTIONS

Below are some of the resources and tools that can be used to help children on the autism spectrum develop social and communication skills needed for daily life:

Picture Exchange Communication System

The Picture Exchange Communication System (PECS) was developed in 1985 by Dr. Andrew S. Bondy and Lori Frost as a unique augmentative communication intervention package for individuals with autism. The system is commonly used with children and adults on the autism spectrum who have little to no verbal ability. With PECS, therapists and parents help children build a vocabulary and articulate their thoughts and feelings through pictures.

Many children and adults with ASD have achieved success with PECS. Through this system, they are able to communicate and articulate their thoughts, feelings, and observations regardless of their communicative, cognitive, and physical difficulties. Some learners were also able to develop speech. Today, research supporting the effectiveness of PECS is ongoing to determine how it can further help those with ASD to communicate.

To learn more about how the PECS can make a difference in a child's life, take a look at Emily Davidson's piece called [How to Use PECS to Give Your Child with Autism the Voice He/She Needs](#) published in *Autism Parenting Magazine*.

Social Scripts

This strategy is used to help individuals with ASD, especially children, initiate social contact and converse with other people. The kids are taught “scripts” for common social situations. At first, the child uses a support or a reminder card that has a scripted question or phrase written on it. The child then uses these cards until he/she is able to develop better social skills and is able to use questions and phrases in a more spontaneous and natural manner.

Social Stories and Comic Strip Conversations

Studies have shown that children with autism respond better to visual cues, which is why using stories and drawings is a great way to help them build social understanding. “Social Stories,” developed by C. Gray, are brief, personal stories written for children with ASD. These stories describe social situations where the feelings of the child and other people serve as key elements. Possible social responses are included to help the child understand or cope with stressful social situations.



For an example on ways social stories can aid a child with autism, take a look at the piece by Angelina M, MS, BCBA, MFTI in *Autism Parenting Magazine* called [HELP: My Autistic Child is Absolutely Terrified of Storms Now](#) to learn excellent ways to help a child cope with overwhelming storm anxiety.

Comic Strip Conversations, on the other hand, seek to help the child learn the social rules he/she might otherwise find challenging. These conversations involve drawings with bubbles, which represent a conversation that can overlap (indicating the continuous nature of conversation).

For example, a child with ASD who might be offended by the lighthearted phrase “You can’t catch me!” can learn through the comic that his/her friend is not demeaning his abilities in any way, but rather, trying to entice him/her into playing a fun game of tag.



SPECIAL DIETS FOR CHILDREN WITH AUTISM

Various studies have proven that the food we eat can affect not only our bodies, but also our mood, behavior, and mental growth and development. For children with autism, there are certain diets that may help reduce symptoms and even improve overall functioning:

Gluten-Free and Casein-Free Diet

Gluten is a protein found in the seeds of wheat and grains such as barley and rye. It can be found in many products and is known to cause digestive problems in some people. Casein, on the other hand, is a type of protein present in dairy products. Like gluten, it can cause digestive issues.

To learn more about the basics, take a look at the piece called [Q&A Section: How Does Gluten Free Casein Free Diet Work and is it Effective?](#) published in *Autism Parenting Magazine*.

Diet Rich in Omega-3 Fatty Acids

Omega-3 fatty acids, which are found in fish oils as well as in supplement form, has been touted to help with brain development and function. The journal *Biological Psychiatry* revealed that based on previous

studies, adding omega-3 fatty acids to a child's diet can help minimize hyperactive and repetitive behavior, especially among those with ASD. Other studies suggest that omega-3 fatty acids can also help boost a child's learning and social skills.

However, there are also studies that argue against the inclusion of omega-3 fatty acids into the diet of children with ASD. As such, before you give this diet a try, it would be wise to consult a doctor or a professional dietitian to help decide what is right for your child.

Feingold Diet

The Feingold Diet is a type of diet in which salicylate and artificial additives, such as synthetic colorings, flavorings, and preservatives, are removed from one's diet. It is based on the idea that some additives are harmful to our health. Salicylate, which is a natural plant toxin found in certain kinds of foods like citrus fruits and medicine like aspirin, is believed to have a similar effect as artificial additives.

Research on the effectiveness of the Feingold Diet is still underway, but the Feingold Association of the United States is claiming that the diet can be used for **treating autism** as well as other issues.

Yeast-Free Diet

A yeast-free diet consists of removing fermented foods, such as vinegar, barley malt, chocolate, and soy sauce, from the daily food intake of children with autism. It is based on the idea that yeast *Candida albicans*, which are present in our intestinal tract and mouth, can amplify the symptoms of autism. By refraining from eating food with high yeast content, children on the spectrum can better cope with or even reduce the symptoms of autism.



ANIMAL-ASSISTED THERAPIES

Interacting with animals can go a long way toward helping improve our mental and physical health and the quality of our lives. But for children with autism, its effects can be even more significant. Apart from serving as furry companions, animals can provide children with therapeutic benefits, too.

To learn more about the therapeutic benefits of animal-assisted therapies, please take a look at autism mom and dog trainer Michelle Huntting's piece called [Pets Can Make all the Difference in the World of Autism](#) published in *Autism Parenting Magazine*.



Dogs

According to a study published in the *Journal of Alternative and Complementary Medicine*, dogs can have a positive effect on the social behavior and skills of children with autism. Senior researcher Francesca Cirulli of the National Institute of Health in Rome, Italy, and the rest of her research team found that children with ASD tend to be more responsive, engaged, and open to communicating during therapy sessions where a dog is present. In another study, they found that children, particularly boys, were friendlier and less aggressive toward their playmates when in the presence of therapy dogs.

However, Cirulli noted that it's also possible that a dog might have negative effects on children with ASD. For instance, the animal could increase hyperactivity.

If you're wondering whether or not to adopt a dog, you might want to see how he/she reacts to a friend

or neighbor's dog first before you proceed with your plan. Also, when adopting a canine companion, it would be wise to consider the needs of your child, as well as the personality and characteristic of the dog you want to adopt.

Cats

A well-chosen cat can also form a strong bond with children on the spectrum. For a firsthand success story of a young girl and her remarkable kitty, be sure to read Arabella Carter Johnson's piece published in *Autism Parenting Magazine* called [How an Amazing Cat Changed My Child with Autism's World](#). Also take a look at Amy KD Tobik's piece called [Special Kitty Encourages Young Girl with Autism to Interact](#).



Horses and Therapeutic Riding

A study published in the *Journal of the American Academy of Child and Adolescent Psychiatry* has found that riding horses, known as **hippotherapy**, can have a therapeutic effect on children with autism. According to the study, children involved in therapeutic horseback riding lessons are less irritable and less hyperactive. They were also more communicative and showed other improvements, as compared to those who didn't take lessons.

To learn more, take a look at the article called [What is Hippotherapy and How Can it Help Children with Autism and ADHD](#) published in *Autism Parenting Magazine*.

Accessing horse riding lessons can be a challenge for some families. Fortunately, parents can purchase a hippotherapy device known as the Relaxing Equine Simulator Therapy, or REST. This device replicates the rhythmic motion of a horse's gait, which can help children with ASD relax and feel more at ease.

To learn more about REST, take a look at an informative article in *Autism Parenting Magazine* called [New Equine Simulator Therapy Provides a Unique Sense of Calm](#) by Will Turbow as he explains the many benefits of this form of therapy.

SLEEP INTERVENTIONS AND THERAPIES

Many children with ASD have trouble sleeping, and this lack of sleep can often lead to other problems, such as aggression, depression, hyperactivity, and increased behavioral problems. Fortunately, there are interventions, therapies, and solutions to help your child sleep soundly and peacefully:



Establishing Bedtime Routines

Forming bedtime routines can be very effective for children who have difficulty falling asleep or who lack quality sleep, especially among those with ASD. Children with autism are known to respond well to routines or a set of activities that are done repeatedly and consistently. These activities help send a signal to their brain that it's time to calm down, get ready for bed, and go to sleep.



Establishing bedtime routines is easy to implement. It doesn't usually require the assistance of a therapist, since parents can do it on their own and in the comfort of their home. Also, it doesn't cost anything. However, to be effective, parents must take certain things into consideration. For instance, parents should start by selecting a reasonable time for bed that they and their child can follow without fail.

Also, activities prior to bedtime must be chosen carefully. They should be pleasant and relaxing. More importantly, they should match the needs and interests of the child.

Faded Bedtime with Response Cost

In faded bedtime with response cost, parents first determine the actual time the child falls asleep after being placed in bed. Then, add an additional 30 minutes to the child's succeeding bedtime. When using this method of sleep intervention, it's important for parents to keep a "sleep log" so they can easily monitor the child's sleeping patterns.

For instance, when a parent puts a child to bed at 8pm and he/she falls asleep at 8:30pm, the child should be put to bed at 9pm the following night. When the next bedtime is set at 9pm, the child should be kept awake until 9pm. This is to increase the likelihood that he/she will be tired by the time 9pm rolls around.

In the event that the child falls asleep within 15 minutes of being put to bed, the bedtime should be faded back. This is done by reducing bedtime by 30 minutes the following night. Using the example above, the 9pm bedtime should now be adjusted to 8:30pm.

What if the child doesn't fall asleep within 15 minutes of the new appointed bedtime? When this happens,

he/she should be brought out of bed for about 15 minutes. During this time, any activity that promotes excitement or restlessness should be avoided. This is to motivate the child to go to sleep. Once the 15 minutes is up, the child should be placed back into bed. If he/she doesn't fall asleep again, this procedure should be repeated until he/she does.

Light Therapy

Also known as phototherapy, light therapy involves the use of artificial light to help children diagnosed with autism spectrum disorder to sleep better by aiding their body's natural circadian rhythm. It is also known to positively affect the brain chemicals that are responsible for our mood. This is why light therapy can also be utilized to help reduce the symptoms of seasonal affective disorder (SAD).

During light therapy, the child sits near a device called a light box. This box gives off a bright light that is similar to natural outdoor light. To be effective, a combination of three vital elements must be present: timing, light intensity, and duration. It also requires routine and proper scheduling. In addition, it's important to find a light therapy box that matches the child's lifestyle.

While light therapy doesn't necessary cure SAD, depression, and insomnia, it can improve the health and well-being of the child. Aside from helping to ease the symptoms of insomnia and SAD, it can also boost the child's energy levels, improve his/her mood, and enhance the quality of life.

Scheduled Awakenings

Scheduled awakenings are another method that may help children with ASD who have difficulty remaining asleep. Again, with this method, it certainly helps for parents to have a sleep log for their child.

Using the information from the sleep log, parents determine the time their child usually wakes up. Then, about 30 minutes before that time, they wake the child up by gently touching or speaking softly to him/her. After waking the child up, the parents should let him/her fall back asleep.

This procedure should be repeated every night until the child is able to sleep undisturbed and without waking up through the night for the next five to seven days. Once the child is able to achieve this goal, parents can skip one night of awakenings per week until the child no longer wakes up in the middle of the night.

Sleep Training

Aside from having problems falling asleep, some children with ASD also experience difficulties staying asleep. Fortunately, there are various sleep training methods that can help parents deal with this issue.

To ensure a good night's sleep, experts say a parent should leave a child's bed, crib, or room without long, drawn-out words. If the child is still not sleeping, parents can wait a few minutes before going back to the room to check on him/her.

Once inside the room, parents can touch or rub their child. However, these gestures should not last more than a minute. They can also gently but firmly reassure the child that it's OK for him/her to go back to sleep. Afterwards, parents must leave the room until the need to check on the child arises.

Like most treatments for autism, sleep training should be done consistently. However, many experts agree that this method can be harder on the parents than on the child, as it could take a couple of hours for the child to fall to sleep, especially during the first few nights. Also, there's a possibility that the child's behavior could get worse for a few days before showing significant improvement. To make sleep training much easier to accomplish, parents can put up a gate or barrier at the child's bedroom door. This will remind him/her that it's time for bed and, therefore, the child must stay inside the room and go to sleep.

The Bedtime Pass

If the child refuses to go to sleep and leaves his/her bedroom, one type of intervention that may help is the use of a bedtime pass. With this method, parents provide the child with a pass that will allow him/her

to leave his/her bedroom briefly. This pass can be a small index card or any token with the child's name written on it.

The bedtime pass must always be used to fulfill a specific purpose. For example, the child should use it for getting a drink or going to the bathroom. Once the bedtime pass has been used, it should be surrendered to the parent until the following night. If the child displays problem sleep behavior after the pass has been given to him/her, the parent may revoke it during the next bedtime.

For an innovative approach to helping a child with autism sleep without the need for medication, please take a look at the piece by Aditi Srivastava, SROT called [*Simple Ways to Help Your Child with ASD Sleep Without Medicine*](#) published in *Autism Parenting Magazine*.

For additional advice on helping a child with autism get the rest he/she needs, take a look at a piece written for *Autism Parenting Magazine* by Angelina M., MS, BCBA, MFTI called [*Help: My Child Doesn't Sleep*](#).

Studies indicate lighting and color are important elements in creating a comfortable space for a child with autism. Take a look at interior designer Carolyn Feder's piece published in *Autism Parenting Magazine* called [*Top Ideas to Create a Calming Sensory Bedroom Space*](#) for expert advice on creating the ideal space for your child.

CONCLUSION

These are just some of the therapies and interventions available for children with ASD today. The good news is that various research and studies are being done every day to explore more ways to improve the challenges of autism spectrum disorder.

As mentioned previously, it's imperative you complete thorough research before using a particular intervention or therapy. And since no two children with ASD are exactly alike, a therapy that works for one child may not work for another. As such, you should learn from the experiences of other parents whose children have developmental needs similar to those of your child. This way, it will be easier for you to determine the most successful **treatment for autism** for your child.

#GOBLUE for Autism Awareness Month



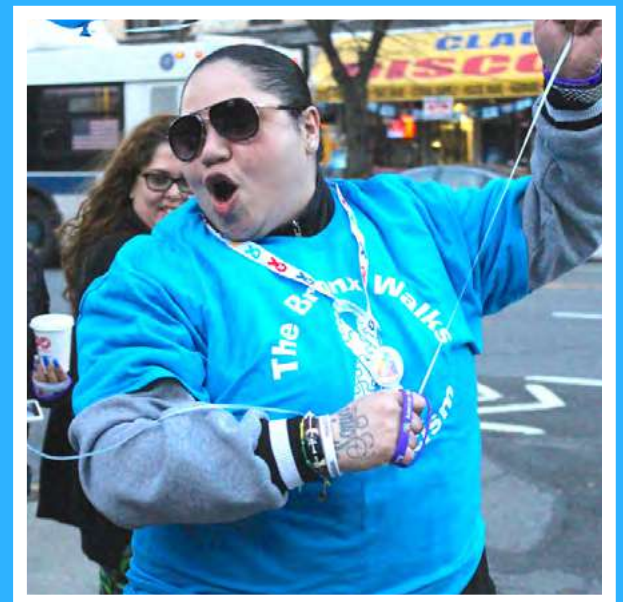
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Expert Advice on HOW TO HELP GIRLS HANDLE MENSTRUATION

By Maria ROHAN, RN, BSN

You can't change the radio channel fast enough. You've had a bad day, and you can't make up your mind about what you want to want to listen to. You scan the radio channels like you are looking for a needle in a haystack. Then you hear it. That old song that takes you back to a memory in time. As much as you should be focusing on the road, the song takes your mind off the road and you start to visualize a memory. You begin to dance, and you don't care who is watching. The song ends, and you shake back into reality. You feel something on your face. No one is in the car, and you realize you have a huge smile on your face. Your bad day has melted off your body just by the correlation of a song to a good memory. It is that simple—handling menstruation with your child with special needs can totally change with the simple idea of correlation.

Prompts

The world of autism revolves around prompts. Signs by the bathroom door. Signs on mirrors. Signs on

door handles. Children with autism have minds that are triggered with pictures, expressions, timer sounds, and pointing. We become experts at molding. Let me take you on a journey with me, a journey of one week of happiness. A journey of a routine once a month that fosters happy memories once her period starts. A journey where “correlation and routine” turn menstruation into...a joyride. Let's retrain the brain.

Menstruation is a mother's worst nightmare. If a mother could put a hold on her child getting her period, every mother would. Handling menstruation might very well be the most dreaded thing a parent with a child with autism will ever have to handle. But does it have to be?

Prompting Happiness Theory

The lives of young children with autism often revolve around prompts and routines, so a period routine can create happiness and positive memories. Any woman who gets her menstrual cycle will experience mood

swings, irritability, and emotional highs and lows. What about a child who struggles with expressing feelings and verbalizing—what will make her feel better? How do we help her mood swings, irritability, and emotional highs and lows? It's simple: by distraction. The Prompting Happiness Theory is a routine created at the start of the period. This is a seven-day routine with an outcome of highs and lows, and, in hindsight, seven days of good memories.

Sit down and write down a list of things your child loves to do. Then, create a seven-day schedule routine:

Day 1: Movie Night

Day 2: Baking Cookie Night

Day 3: Craft Night

Day 4: Reading Night

Day 5: Dance Party

And so on...

There should be one event for every day of the child's period. Despite what it feels like, children with autism are very focused, especially when it comes to schedules and routines. The prompt in this case is the start of the period, and the focus on the seven-day routine will distract the child from feeling the maximized mood changes. Train the brain to actually think the start of a period is the start to a seven-day party. This will prompt the child to verbalize to you the start of her period monthly. The routine might not be smooth sailing at first. Your child most likely doesn't feel good, so it may not be all puppies and flowers at first. Stick to it and allow your daughter to get used to it. Every girl dips a toe in the water before she starts swimming.

There is nothing simple about handling menstruation. Below are some tips about handling the physical aspect of menstruation for a child with autism:

1. Mom's Protégé

Think of yourself and how menstruation is for you, what you go through, and what helps you. Your child has your gene pool, and chances are, her cycle will mimic how yours is.

2. Pad Art

If you can potty train your child, you can teach her how to handle her period. As always, ev-

ery painter was at first an amateur. A pad can feel uncomfortable, so the chances your child will not be happy wearing one are real. Remember, your child has a heightened sensory system. Do not allow the pad to be full before changing it; change it just slightly before. How do you teach your child that? It's difficult to teach how feeling too saturated feels. So give your child a visual. Create a trigger by drawing a circle on the pad, that if saturation meets that point, the pad needs to be changed.

3. Sleeping Beauty

Prior to their period, most females will feel overly tired earlier in the day than usual. Allow your child to have some naps during the day or earlier bedtimes the week before her period.

4. For Once Be Like the Fun Aunt

Many of us have that fun aunt in the family, the one that sugars our kids up and gives them whatever they ask for. Our children think the world of them. Almost all women experience cravings prior to and during their periods: anything full of sugar or salt is devoured, and yet nothing is entirely satisfying. Your child will feel the same. Many children with autism are on specific diets or restrictions, so allowing your child to have sugar may be something you're against. If possible, break down some of those restrictions. Feeding the cravings will decrease moods and outbreaks. With children who have cravings and yet cannot express them verbally, there may be an increase in mood-swings due to frustration. A spoonful of sugar never hurts.

5. Increase the Protein

Studies show that woman will experience a decrease in blood sugar during menstruation. This causes cravings and irritability. Increasing protein in your child's diet will stabilize your child's blood sugar.

6. Pay Attention

Period migraines/headaches are very common in most women. Due to the overwhelming events that happen to the body during menstruation, realizing your child has a headache can be easily missed. Listen to your child and pay attention to her nonverbal clues during menstruation.

7. Loosen Up

Women understand that dreaded bloating and water weight felt during menstruation. Be sure to dress your child in looser/free breathing clothes during this time so she doesn't become focused on discomfort.

8. Heat with a Dash of Rice

Heat definitely helps cramps and discomfort. Keep in mind that children with autism have a heightened sensory system, so any heating pad that feels lukewarm will feel hot to them. How do you keep a heating pad on your child? It's simple: distraction. You can find 'do it yourself' directions on making a reusable microwaveable rice heating pack on the Internet. No sewing needed, just rice, fabric, and sewing glue. The magic to keeping the heating pad on your child is using a heavily textured fabric. Your child will focus on feeling the fabric and the movement of the rice and forget the feeling of the heat on her stomach.

Our children with autism will face many things in life that are complicated, like menstruation. It is important to pay attention to who our children are and how they process the world. We should not mold our children to situations—we should mold situations to our children. Like a puzzle piece, sometimes you have to keep turning the piece until you find the side that fits. Enjoy your ride; no one said menstruation with a child with special needs couldn't be fun. Change your perspective to create a better reality.

Maria Rohan is a Registered Nurse at Rainbow Babies and Children's Hospital in Cleveland, Ohio. Outside of the nursing field, Maria has dedicated her life to working with children with disabilities, trying to provide the most opportunities possible. Having worked with children with autism for 10 years and having the autism diagnosis in her family, Maria writes interactive workbooks for children with this condition. She molds each workbook to their musical voice pattern, their attention span, and their likes. She currently sits on the PTO of STEPS Center for Excellence in Autism and continues to let her love for the children plant seeds of movement.

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Richard Solomon, MD

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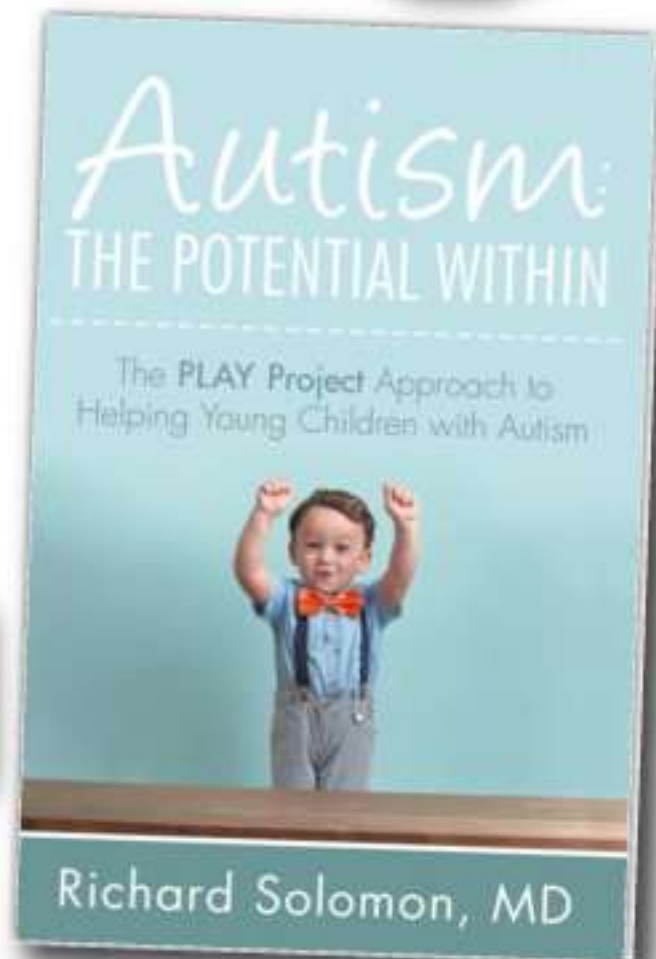
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Richard Solomon, MD is a Developmental and Behavioral Pediatrician with 25 years of experience working with children with autism, and founder of The PLAY Project..

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TOP 10 THINGS

My Child with Autism Needs in His Life

By Courtney BARNUM

I am asked time and time again what items we use for our son with autism to make his life and our lives easier. So, here is a breakdown of the things that he (or we) couldn't live without.

Disclaimer: These are the things that work for my son, Liam. I am not claiming these things will work for everyone, I'm merely sharing in an effort to help other children.

1. Crash Pad



First and foremost, the Crash Pad has been the BEST item we have ever bought for our son. (Thankfully, we were able to get a grant from a local 501c to purchase it.) If you have a child on the spectrum who craves input, loves to smash him or herself off of anything and everything, or just loves rough play, then this is a must have!

So what is it? Well, it's basically like an amped up beanbag pad. It's quite large (four feet in diameter),

and it is filled with bits of furniture-grade foam. (The micro-suede cover is removable and washable too). Your child with autism can jump, crash, smash, and bash off of this pad as much as they want. My son has even used it to head bang. Liam craves the feeling of head banging gently, and this way we know his brain isn't going to be affected. Note: I said GENTLY. He also enjoys the pressure of the crash pad ON his body. As I said, it's large and pretty heavy, so it gives his body some much-needed sensory input.

Where can you get one? We purchased ours from Amazon. It's called Jaxx Cocoon Junior Bean Bag Chair. Check around though, because I have since found them cheaper by running a simple Google search.

2. Weighted Blanket

I think this was the first object that Liam ever got to aid him in his journey. He was lucky enough to have his Papa and Nana purchase one for him, and he adores it. Weighted blankets are great for everyone. They increase levels of serotonin and melatonin in the brain, helping individuals fall asleep more easily. Many people use them for autism, attention-deficit/hyperactivity disorder (ADHD), restless legs, and insomnia in general.

If you're good at sewing and have a LOT of patience, you can easily make your own. The weight is provided by poly pellets, and they are evenly distributed throughout the blanket in sewn-in pockets of sorts. (I once made a lap pad. NEVER again.)

Whether you're making one or purchasing one, getting the correct weight is important. Therapists say you should multiply your child's weight by 10%, then add one or two pounds. Liam's blanket weighs eight pounds because he weighed 70 pounds when it was made.

Wondering where to get one for your son/daughter? Well, there are many places that make them, but we love [Peace Weighted Blankets](#). Their prices are very competitive (these blankets aren't cheap), but they are very well made. They also make weighted lap pads and weighted stuffies, which are perfect for use at school, in the car, and even for sitting at the dinner table.

3. Chewies



Liam got his first chewy from his occupational therapist when he was five years old. I sure wish I had known about them sooner! I can't even count how many shirts he has ruined from chewing the necks! There are many different kinds of chewies, many different textures, strengths, and styles.

Some chewies even look like jewelry, such as necklaces or bracelets, which is perfect for kids who are older or more self-conscious of what they wear. My son is an aggressive chewer, so when purchasing for him, I have to make sure they're sturdier. He also likes ones that have a bumpy or textured side on them. He will often rub it in his hands when he is craving some tactile input. Again, there are tons of places to get chewable items (and I think we may have bought at least one from every store we could find,) so really, it's up to what your child would prefer. Recently, I was able to review some items from [Chewbeads](#), and I have to say, they held up to Liam's gnawing quite well!

There are times though that he refuses the silicone chewies, and his psychiatrist gave me the best idea of all. Sometimes he craves the feeling of chewing on cloth, thus the reason he never has a shirt with a "normal" neckline. Upon her advice, I took some old tee shirts and simply cut the necks off of them (I left more in the front when I cut it). These are actually his

go-to for chewing. He has a basket full of them now, and they can simply be washed with the rest of the laundry. I have also seen other parents use handkerchiefs for their kids too. It all depends on what your child prefers.

4. Body Sock

Liam's Body Sock has been a godsend. He uses it almost daily, and I love how it's something we can easily pack it when going to visit family. He loves it because it "squeezes" him. If you haven't yet heard of what a body sock is, then you definitely need to read this section further.



OK, so what are they? Well, simply put, they are a stretchy sock for your body made from machine-washable Lycra. Body Socks are designed to give tactile and proprioceptive input. Basically, it gives you pressure to regulate your senses.

They come in many different colors, sizes, and styles. You can even get them as a sheet for your child's bed to help them sleep better. We purchased ours from Etsy, but sadly, the person who made Liam's has closed her shop. A simple Google search will help you find the perfect one for your child.

5. Fidgets



Fidgets are HUGE in this house. I keep some in the car, some in my purse, and we take a bag of various ones for when we go places. Believe it or not, Dollar Tree is a great place to stock up on fidgets—most of the ones we have were purchased there. Below I will list our go-to items.

Tangle/Tangle Junior

These little things are great. I myself have a hard time putting them down. We got Liam's from Kmart, but you can find them online as well. They aren't super-expensive either. You can also buy

them with different textures, so they won't only keep your kid busy for a bit, but they will give great tactile input.

Flarp! Noise Putty

Another one I have a hard time putting down. You probably know what this is. It's that slimy—but not sticky—putty that, when manipulated in the container, makes silly noises. Liam loves the feel of it, so it's one of his go-to things. You can usually find it at Dollar Tree as well.

Bouncing Putty



By far, this is my absolute favorite on the fidget list. We first discovered this about five years ago, and it's now something we always have on hand. You can bounce it, stretch it, and stick it. It's not sticky. I really can't describe how it feels other than a bit like mushy circus peanuts candy.

Squeezable Light Up Toys



These toys really don't have an official name. They come in different shapes (like animals) and colors. They have an LED light inside. They can be squeezed and stretched, and the bumps on the

outside are perfect for tactile input. Another great find from Dollar Tree.

Touch and Feel Books Your child may or may not have had these as a baby, but either way, they are a must have for a sensory bag. I try to have Liam use his before we go shopping. It fulfills the input he craves and often keeps him from touching everything he sees in the store.

6. Therapy/Exercise Balls

Liam LOVES these things. He's had various therapy balls and a peanut. The peanut-shaped one is by far his favorite. What's great about these is that they are so versatile.



First and foremost, your child can lay and bounce on them for some needed input. You can use them to help your child work on balancing and strengthening his/her core. You can partially deflate the ball, and then it can be used as a chair. This is great for kids who like to fidget when they sit. My son often uses his during his home school lessons. They can also be kicked and used to play catch (outside or a large room works best for this).

The uses for these are truly endless. You can get them at most places that specialize in autism therapy items, or you can head to your local Walmart. We found Liam's peanut there too!

7. Noise Cancelling Ear Muffs

Is your child sensitive to loud noises? If so, these are a must-have. Liam used to wear his in town because the noise of traffic really hurt his ears. He doesn't wear them as often now, but they come in handy when he's already overwhelmed (we all know, the less stimuli the better). Many autism specialty shops sell them, but you can also purchase them at Walmart or Kmart.

8. Sectioned Plates

OK, so most of our kids eat a very limited diet. I, for one, feel lucky when my son will eat more than one thing at a time (he usually gets stuck on ONE food for a while, then moves to another). However, there are times when he will eat more than one dish I may

“ Every single autism family I know talks about how their kid watches YouTube all the time. Many of us joke that our kid’s preferred YouTubers owe them a thank you, because our kids are most likely responsible for them going viral. ”

be serving for dinner. When this happens, sectioned plates are a must have.

Now, you can often find plates with two sections at Walmart, but recently I found some at Dollar Tree that are reminiscent of our old lunch trays. These plates have SIX sections, and Liam (as well as myself) love them.

9. Melatonin

Before I go any further on this one, I need to stress: ASK YOUR DOCTOR BEFORE PROCEEDING WITH MELATONIN.

Melatonin is something the pineal gland in our brains produces naturally (as well as endogenously), but those with autism often don’t produce enough. Their circadian rhythm is often out of whack as well. Both of these things affect how our children sleep or don’t sleep. While it is all natural and it can be bought over the counter, it’s important to check with your child’s doctor before using.

Liam has been on melatonin for five years now. He also takes a prescription antihistamine that is also used for anxiety to help him sleep more soundly. Liam still only sleeps four to six hours per night and is up at least once per night, but at least he’s sleeping.

10. YouTube and a Wi-Fi Connection

I tossed this last item around in my mind a lot. It was suggested that I use an iPad here, but to be honest, they’re expensive, and my son doesn’t have one (and I know many children with autism who don’t use an iPad.) He has a hand-me-down iPhone 4, and a knock-off tablet, as well as my older laptop. Of course, he loves all three of these things, but it’s not really THEM that he loves.

What he loves about these things is that he uses them to watch YouTube. I call them his magical YouTube machines! At this point, I question why we have

the satellite hooked up in his room because all he really watches is YouTube.

I know it’s not just my son. Every single autism family I know talks about how their kid watches YouTube all the time. Many of us joke that our kid’s preferred YouTubers owe them a thank you, because our kids are most likely responsible for them going viral.

So this is our list. I suppose there are a few more things I could add here, but these are really the TOP TEN in our life. Hopefully you have discovered something new that could work for your child.

Which of these would be in your top ten? What would you add? Feel free to reach out to me on [Facebook](#) and let me know.



Courtney Barnum is a stay-at-home-mom who homeschools her son with autism. He is 10 and also struggles with Bipolar Disorder, ADHD, SPD, and more. In her spare time, she runs an autism Facebook page and writes. In her spare, spare time, she attempts to run a local autism support group. When not doing any of these things, she can be found creating something to feed her artistic side.



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HOW CRANIOSACRAL THERAPY Can Make a Big Difference with ASD

By Bailey RORY

An autism spectrum disorder (ASD) diagnosis can be difficult news to hear. Parents of newly diagnosed children, or adults with autism, actively seek out treatment methods that relieve the anxiety and stress that can accompany autism. When anxiety and stress are relieved, daily functions improve, sometimes dramatically. One gentle and reliable method that can often provide this welcome relief for people with ASD is craniosacral therapy

What Is Craniosacral Therapy?

Craniosacral therapy is a manual, hands-on form of therapy that promotes improved health, both physical and emotional, via gentle touch to the head, neck, and spine. When possible, the individual receiving craniosacral therapy will lie down while the therapist uses his/her hands to focus on key symptom-relieving regions. The therapist maintains physical contact throughout the session, which may last as little as fifteen minutes, but often lasts as long as an hour or more.

The therapist will then perform a gradual, gentle series of manipulations intended to promote muscular and emotional release. The goal is to tune into the craniosacral rhythm of the recipient's body, working to move the muscles and bones in time with that rhythm.

These manipulations and adjustments aim to improve circulation, mitigate pressure, and encourage the flow of cerebrospinal fluid, which the body produces to insulate and cushion the brain and spinal cord and remove toxins and cell waste from the central nervous system. This treatment relieves restrictions, or areas that are not moving in a prescribed and he-



althy way, which increases activity in the parasympathetic nervous system. As a result, physical symptoms and emotional challenges can be soothed and potentially eliminated.

How Does Craniosacral Therapy Benefit People with Autism?

1. It delivers a healthy dose of bonding hormones.

First and foremost, as a hands-on form of therapy, craniosacral therapy presents the recipient with a healthy, even pleasant flood of oxytocin. Oxytocin is a hormone often associated with childbirth and breastfeeding, but it occurs in the human body throughout the life cycle. The body produces oxytocin

when there is extended physical contact between people, generally with skin-to-skin contact.

Because of social challenges and possible physical discomfort, some people with ASD may produce far less oxytocin than the average person, leading to feelings of disconnectedness, isolation, and even depression or anxiety. Having a compassionate individual place hands on one's body with the caring intention of lessening discomfort and improving one's daily life can help kick-start oxytocin production, creating feelings of connection and increased well-being.

"Many parents ask if craniosacral is worth trying, because their child rarely lets anyone touch them. I find those kids to be the ones that end up loving craniosacral the most! I've had several non-verbal kids on the spectrum who spoke their first words asking for more craniosacral," says [Bek Wiltbank](#), Seattle-based craniosacral and [occupational therapist](#).

2. It provides a meditative experience.

Many doctors and therapists recommend yoga and meditation practices for those diagnosed with an autism spectrum disorder. This is because the ability to quiet the body and mind when necessary not only decreases tension and anxiety, but improves the ability to deal with stress and other negative emotions. Because craniosacral therapy sessions generally take place in a quiet, meditative space, recipients can typically relax their bodies and minds, which may help them feel more in control of their mood and actions in everyday situations.

"Kids on the spectrum work harder than most kids. All day they have to do things that are hard for them, including just being at school with all the sensory overload. An hour of restful quiet with therapeutic touch is invaluable and healing to them," Wiltbank says. "Even kids with extreme behavioral issues come into their sessions cooperatively and with happy excitement."

3. It promotes relaxation.

While each individual on the autism spectrum is unique, several people struggle with muscular tension. Whether this is the result of co-morbid conditions or due to increased physical activity or emotional tension caused by challenging social interactions, this symptom can be especially tricky to mitigate. Craniosacral therapy can melt away that muscular tension. Those with ASD,

in particular, may have difficulty in slowing down and relaxing. Craniosacral therapy can help recipients learn to relax physically, mentally, and emotionally.

4. It can build the patient's trust in their therapist.

One potential symptom of ASD is that it can impede social development and result in anxiety-triggering social interactions. By developing a routine of regularly anticipated appointments with a craniosacral therapist, the patient can develop a mutually beneficial relationship with his or her therapist. They may come to enjoy and even look forward to regular craniosacral sessions as a time of relaxation and physical relief. This positive relationship can help the patient feel more confident in other social situations.

"The most important factor in childhood health and development is at least one warm, unconditional, and safe connection with another person. Sometimes, it's hard to make those connections with kids on the spectrum, even as their parent," Wiltbank says. "[Craniosacral sessions](#) are designed to teach kids with ASD how to relax and trust being touched. Ultimately, this expands into increased trust and relaxation with their parents and loved ones."

Bailey Rory is dedicated to the autism community and aims to spread awareness through guest-blogging and volunteering at community activities in her home state of Washington. In her free time, Rory enjoys connecting with the great outdoors through climbing, hiking, sailing, and going for scenic bike rides.

Bek Wiltbank is an occupational and craniosacral therapist, but above all, she is an advocate for children. She started her Seattle-based practice to help babies and kids find relief from pain, anxiety, discomfort, and dysfunction, ultimately helping them achieve a joyous childhood and progress into happy adults. Her mission to bring health and comfort to others' lives also rings true in her adult treatment approach. Bek holds a bachelor's degree in neuropsychology with a minor in women's studies and a master's degree in occupational therapy. Bek also teaches classes on pediatric craniosacral therapy to help parents and loved ones learn about the extensive benefits that babies and children receive from treatment.



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The Promising Benefits of Aiding Hand Dominance in Autism

By Denis ROGERS, MD,
with remarks from Gillian FORRESTER, PhD

We have a grandchild who was diagnosed as being on the autism spectrum at around 18 months. She is now seven years old and has shown amazing improvement. Her stimming has ceased. She now functions in school in the appropriate grade and shows continuous improvement in social integration. For us, the diagnosis brought with it—as I’m sure it does for many—an initial reaction of despair and a sense of helplessness. We desperately wanted to attempt to walk with her in her world, to help her and us understand that world, to show our love, and to do something that might help.



In addition to the applied behavior analysis (ABA) program, we started her on an intensive program of activities aimed at facilitating coordination and gross and fine motor skills development. Eventually, she was engaged in swimming, dance, acrobatics, gymnastics, ballet, skating, soccer, and bike riding. Initially, we got her a small indoor trampoline, which seemed to channel her stimming in a useful direction. Now she has a larger outdoor trampoline and is expert in cartwheels and flips!

As a doctor, I was aware of a relationship between some developmental problems and a failure, in some

instances, to establish a definite hand dominance. For this reason, we also consistently encouraged her in the use of her right hand. Hand dominance usually becomes established around the age of four, although hand preference may be seen much earlier.

While the root cause of autism is still unknown, one result of it seems to be some abnormality of communication between the two hemispheres in the brain. With this in mind, I reasoned that facilitating right hand dominance would facilitate, or perhaps “wire,” pathways between the left hemisphere (which controls language in most instances and right hand movement) and the right hemisphere. Dr. Gillian

Forrester, a PhD from Oxford, is involved in this type of research in England, and I wrote her a letter asking her opinion regarding the possible therapeutic benefit of aiding hand dominance in autism. Her response was remarkable (see below).

I realize that every child on the spectrum, as a separate individual, reacts differently to intervention. For us, however, the above interventions enabled the wider family to become involved in a program that has seemed to be helpful to our grandchild, who now is a joyous, vibrant little girl. I do not know which of these interventions, or perhaps some combination of them, has resulted in our grandchild's improvement, but thought perhaps this might be of interest to others with children on the spectrum.



Dr. Gillian Forrester's Remarks on Hand Dominance

It is really interesting to hear personal accounts of motor ability in the development of children diagnosed with autism. While it is impossible to disentangle how different factors may have contributed to the attenuation of your grandchild's autism symptoms, it is nonetheless fascinating and wonderful that she has shown such positive improvement.

I am very interested in therapeutic motor interventions and am developing a program of research that has a two-pronged strategy that aims to produce long-term cognitive benefits. The intervention includes both a motor enrichment element and a parent/carer responsiveness element. Research suggests that therapeutic interventions that require the infant/child to motivate his/her own explorative motor actions have the longest acting benefits. It has also been noted that parents/carers can support and encourage these behaviors by being extra responsive to their child's direction of attention and then inviting the child to initiate his/her own motor actions towards the perceived goal state.

Stemming from my research into the evolution of human language, I have been working with a theory that considers object manipulation to have been an important catalyst for the emergence of language. Manipulating an object to achieve a goal state (e.g. simple tool use) may act like a physical proto syntax that primes the brain for language development. I believe that object manipulation may still play an extremely important role in the development of language skills in children. For example, a child learns a structured sequence of actions (e.g. pick up the spoon, dip the spoon in the porridge, bring the spoon to the mouth). When the individual motor actions of the sequence are conducted in a specific order, the goal state is obtained. This is much like a simple sentence. When the words are spoken in a specific order, the goal meaning is obtained.

When considering the human brain, it is normal for the left and right hemispheres to be dominant for different types of behaviors. This type of brain organization is thought to be more efficient than duplicating functions across both hemispheres. For the vast majority of the population (approximately 90%), the left hemisphere controls structured sequences of actions. Since each hemisphere controls motor actions on the opposite side of the body, it is not surprising that the vast majority of the population demonstrate right-handedness for tool using activities. Interestingly, neuroimaging studies indicate that the dominant brain areas that control action sequences of actions of the hands and the mouth are overlapping and dominant in the left hemisphere. As such, the left hemisphere plays an integral role in the development of both object exploration and speech.

A growing body of evidence indicates that hand dominance (left or right) is associated with typical language development in children. The hand dominance is a behavioral marker that suggests that the hemispheres of the brain are well lateralized for function. However, research suggests that the frequency of ambidexterity (no hand dominance) significantly rises in children with autism. Moreover, ambidexterity is associated with atypical language development.

Therefore, although we have yet to conduct systematic studies in this area, encouraging a dominant hand for object manipulation may play an important role for the typical development of expressive language abilities in children. As such, the advent of motor dominance training could become an important therapeutic intervention that builds and strengthens hemispheric dominance. Specifically, we will aim to develop interventions that employ high parent/carer responsiveness to encourage infant/child initiated motor actions. Additionally, we have come to understand that the earlier we implement therapeutic interventions, the longer-term the cognitive benefits tend to be.

Dr. Denis Rogers is the 81-year-old grandfather of a child on the autism spectrum. Born in Ireland, he emigrated to Canada at age 19. He served in the Canadian Air Force for 6 years before returning to Ireland, where he attended medical school and qualified as a doctor. He returned to Canada, where he practiced medicine as a G.P. for 46 years. He is now retired.

Dr Gillian Forrester obtained a BSc in Cognitive Science at the University of California San Diego and a PhD in Experimental Psychology from Oxford University. She is based at Birkbeck, University of London's Department of Psychological Sciences. She investigates the evolutionary and developmental relationships between brain organization and naturalistic behavior. Gillian is currently investigating the developmental links between motor and cognitive abilities in children with and without neurodevelopmental disorders. In addition to making regular contributions to the scientific community, she is an advocate for the public communication of science. She recently authored an article in *The Conversation* called: How Children's brains develop to make them right or left handed: <https://theconversation.com/how-childrens-brains-develop-to-make-them-right-or-left-handed-55272>. You can find out more about Dr Gillian Forrester's research at the following websites: www.gillianforrester.com; https://www.researchgate.net/profile/Gillian_Forrester

If you would like to contribute to a better understanding about how handedness and cognitive development are associated, please click on the following link and participate in a hand dominance and autism survey: <http://www.gillianforrester.com/autism-and-hand-dominance-survey.html>



This is a story of this family's journey. When Autism entered the narrative, it changed the system. All of us shaped & stretched by ASD. This is the story of a mother, who after a rare intimate conversation with her beloved son, spent time in her own bedroom crying. Crying for her son's pain and his story yet to be written. Crying for not having the power to change his story. Crying because it was a gift to be let in and she treasures those moments, even the ones that ache. This is the story of a family whose journey took an unexpected turn full of goodness when their story intersected with that of a dog. **A Service Dog for Autism.**

IN THIS STORY THE BOY DID NOT KNOW HAPPY. HE DID NOT KNOW TO LOOK FOR IT. BUT BECAUSE OF THE DOG, HE IS ABLE TO BE HAPPY.

This is my story of Thanksgiving.
Even though you may have aches in your life,
I wish you all also moments of happiness .

~Kristie

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Q&A

Reach Out

We encourage you to send in your questions, comments, suggestions and concerns to questions@autismparentingmagazine.com. We will do our best to find you answers, resources, and improve the magazine to help all families with children on the autism spectrum. Please note that we may post your questions and edit them if needed. Please include a phone number in case we need clarification. We thank you for reaching out to us. We will do our best to provide helpful resources and the most current information.

HELP: My Little Boy is Showing Masturbatory Behaviors

By Angelina M., MS, BCBA, LMFT

Q

I am a mother of a five-year-old boy with autism. Even though he is attending occupational therapy sessions, he is showing masturbatory behavior at times. Do you have any suggestions or tips for controlling these behaviors?

— Jan

A

Hi Jan,

There's something we need to get out of the way before going any further...these behaviors are a completely normal part of development. Children begin discovering their bodies in this way anywhere between the ages of two and six. While adults see masturbation as a sexualized behavior, children are simply experiencing pleasure. It's important to note that difference. There is not a dirty or immoral motivation for kids to masturbate...it just feels good. It's the same reason a child might twirl their hair or why so many kids with autism flap their hands or walk on their toes. So, although masturbation is an uncomfortable thing to deal with as a parent, it's a normal part of growing up. As long as the masturba-

tion is occasional and not interfering with his ability to do other things, there's no need for alarm.

OK, now that we've covered that, let's get into some things you can try to help curb this behavior:

1. Create a safe space and time when masturbation is acceptable.

For example: "You can only do this in your room when you are all alone."

Like I mentioned, masturbation is very typical at this age. While many cultures and religions forbid it, masturbation can be a healthy part of growing up. It teaches children about their own bodies and allows them to discover new sensations. By setting up clear boundaries on when

and where that behavior is appropriate, your son will learn that it's OK to explore himself, but with restrictions. If the frequency of his masturbatory behaviors becomes a problem, you may also set a limit on that, according to what you and his pediatrician feel comfortable with.

2. Refrain from vilifying your child or his body.

Whether you approve of masturbation or not, we do not want your son to learn that he or his penis are bad, wrong, or yucky. If your personal beliefs do not support exploratory touching, it's critical to convey this in a way that does not make your son feel ashamed. Consider also that this type of conversation may be better received in the future. There is certainly time as he grows up to discuss religious or cultural beliefs about masturbation. Keep in mind that it is very possible for a five-year-old to misinterpret a conversation about "sin," for example, and end up feeling bad about himself and his body. Sexual shame carries into adulthood and can have a tremendous impact on self-esteem and relationships in the future. Point being—if you do not approve of masturbation, be careful when and how you choose to address this.

3. Provide alternatives.

I have worked with several kids who had inappropriate masturbation habits, either doing it too much or doing it in public, and I always warn families that it's not easy to replace these behaviors because nothing feels quite as good to your child. Nevertheless, try to come up with sensory activities that will provide other forms of pleasure. This can be things like gently stroking his back with your fingernails,

using a pronged scalp massager, or massaging his feet. Teach him ways he can stimulate himself, other than masturbation, too. For example: he can stretch, rub lotion on his hands, or run a soft brush over his arms to give himself goosebumps. You can also engage him in highly-reinforcing activities that don't necessarily provide sensory pleasure but bring him pleasure in other ways. For example: watching his favorite movie, cooking his favorite meal together, or going on a walk to the park.

I hope these ideas help! Continue working with his occupational therapist for additional ways to manage this behavior if it becomes a problem, but remember—it's normal for his age!



Angelina M. works as a Board Certified Behavior Analyst, specializing in assessing and treating children and adolescents with autism, down-syndrome, and other developmental delays. She began her career in Applied Behavior

Analysis in 2006 following her youngest brother's autism diagnosis and has since worked with dozens of children and families. She also writes a blog about her experiences as both a professional and a big sister. Her brother, Dylan, remains her most powerful inspiration for helping others who face similar challenges.

Learn more about Angelina and her blog, The Autism Onion, at www.theautismonion.com or www.facebook.com/theautismonion

CONTRIBUTE

Autism Parenting Magazine

Do you have a story to share? Perhaps you have information that would be helpful to other parents with ASD kids and want to share the info. Why not share your story/info with us? Autism Parenting Magazine wants parents and caregivers to unite to help each other. Our writing guidelines are simple.

Ideally, the topic needs to be relevant to the magazine. Any topic that is related to parenting a child with autism or being a person on the spectrum that is parenting would be a relevant topic. Released on a monthly basis, the magazine features the latest news, tips, and advice for parents of children with autism. With helpful advice that covers subjects like: behavioral tips, sensory processing issues, mitigating meltdowns, special education needs and getting access to services, we are confident that the magazine will become a must read for parents of children with autism.

We do ask that you submit a topic, title or idea of the article to make sure that someone hasn't already covered the same thing by emailing the editor. You may use a blog post that you have posted on your blog already.

THE ARTICLE SHOULD BE A MINIMUM OF 300 WORDS. FONT DOES NOT MATTER. WE DO ASK THAT IF YOU USE SOURCES TO PLEASE CITE YOUR SOURCES AT THE END OF YOUR ARTICLE TO AVOID PLAGIARISM.

At the end of your article please include a few sentences about yourself and your writing or autism related background with links to your site or products.

Please note that we cannot post your article without a small bio. So please do not forget to send a few sentences about yourself with your article.

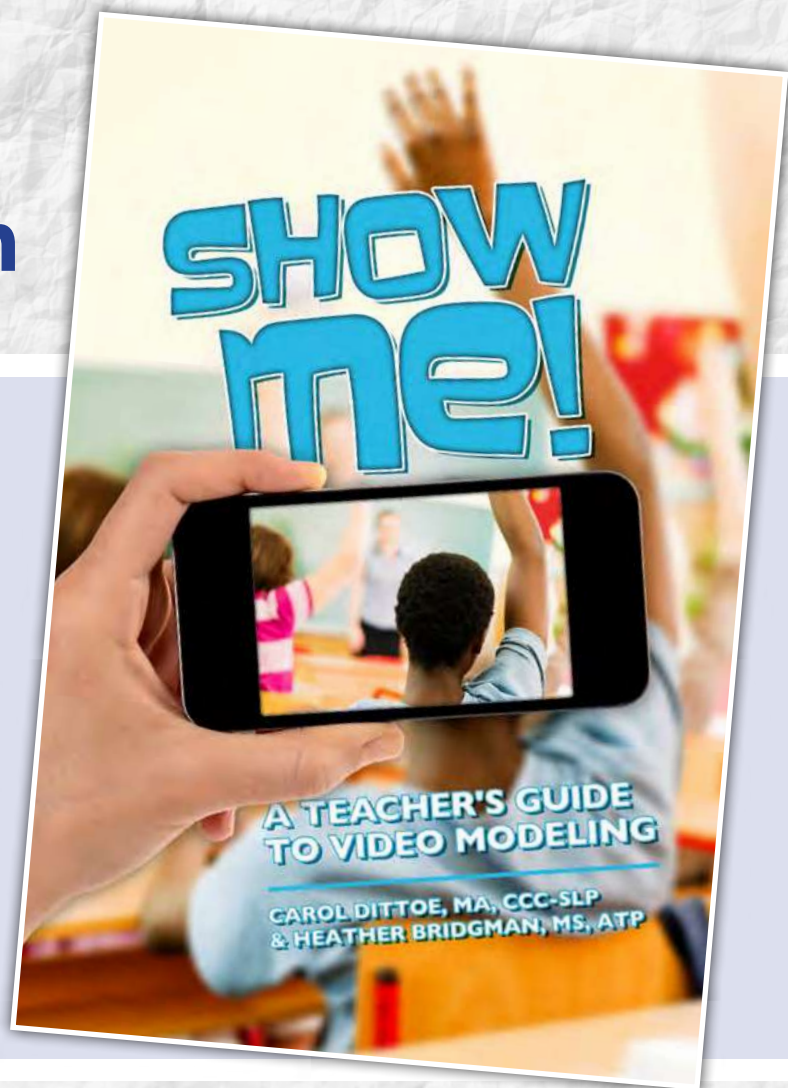
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VIDEO MODELING: A Fun and Easy Way to Teach Kids with Autism

SHOW ME! A TEACHER'S GUIDE TO VIDEO MODELING

By Carol DITTOE, MA, CCC-SLP,
and Heather J. BRIDGMAN, MS, ATP



Although video modeling can be a highly beneficial strategy to support individuals with autism, many teachers and parents have not implemented the use of this evidence-based practice. Research has shown that video modeling can be used to help individuals with autism adapt to situations and learn new skills, yet the technology aspect of video modeling (accessing a camera, transferring video to a computer, and editing the video) seems overwhelming. *Show Me!* inspires readers to use video modeling by providing real-life examples of students who have used and benefited from watching video to learn social skills, positive behaviors, and academics. A helpful planning guide is provided to assist teams in getting started with a video modeling strategy.

Video modeling is made simple using the step-by-step instructions and helpful suggestions included in the book, paired with the use of tablets, smartphones, and applications. The authors share examples of how easy it can be for teachers, therapists, and parents to pick up a tablet or smartphone, capture key videos, and organize them for student viewing. Bridgman's technical knowledge and Dittoe's practical experience combine to create this easy-to-read guide, which demystifies the notion that video modeling is costly and difficult to accomplish.

Carol Dittoe, MA, CCC-SLP has over 30 years of experience working with individuals with communication challenges, specializing in augmentative communication, assistive technology, and autism. As a speech pathologist, she has worked in hospital settings and schools, providing evaluation and treatment recommendations for children with a range of disabilities. She now serves on a team that provides support to educational teams in applying evidence-based practices for teaching students on the autism spectrum in West Central Ohio.

Heather J. Bridgman, MS, ATP has been working in the field of assistive technology for over 20 years. She has worked in both the medical and educational environments, and her specialties include computer access, augmentative communication, and universal design for learning. She serves as an assistive technology consultant at the Ohio Center for Autism and Low Incidence (OCALI) and is a RESNA-certified Assistive Technology Professional (ATP). Bridgman is also an adjunct instructor of assistive technology at Bowling Green State University and Ashland University.

[Show Me! A Teacher's Guide to Video Modeling](#)

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Before...

By Lyvonne PFEFFER

*Before you were born we thought we knew what to expect.
Before you were born I had your life all planned out.
Before you were born we made everything perfect.
Before you were born I just knew who you'd be.*

*Before you were three I noticed something strange.
Before you were three we lost our cool.
Before you were three we didn't know what to do.
Before you were three you stopped looking at me.*

*Before you were five we asked for help.
Before you were five we were told things were fine.
Before you were five you would lose your mind.
Before you were five you were just "too smart."*

*Before we gave up we found someone to help.
Before we gave up someone finally listened.
Before we gave up we made a great stride.
Before we gave up we knew you'd be fine.*

*Before your diagnosis I thought it was the worst possible thing.
Before you were diagnosed I thought I'd lost you forever.
Before you were diagnosed I cried myself to sleep.
Before you were diagnosed I didn't know what to do.*

*But afterwards... Afterwards we found you!
Afterwards we learned how to help you.
Afterwards you gained a life we couldn't imagine.
Afterwards we loved you just the same.*

*Autism is scary, I won't lie.
You were in the dark and so were we.
Autism is a lot, for you and for us.
But it's also what makes you who you are!*

Lyvonne Pfeffer lives in McMinnville, Oregon, with her husband and five-year-old son. She is an amateur writer by trade, but her son's autism diagnosis spurred her to look into a career in special education. She does in-home-care for the elderly and disabled and is also working towards her degree in hopes of one day being a special education coordinator for her local school district. She and her husband run a support group, Yamhill Family Connections, in her county for parents and families of those with developmental disabilities. She has also done some work with Creating Opportunities, a member of the Oregon Consortium of Family Networks, as well as with Autism Society of Oregon. On her downtime, she works on spreading awareness for developmental disabilities and on constructing Lego masterpieces with her son.

Hot Off the Press!

New Research Suggests **VITAMIN D BENEFITS** Children with Autism

By Amber TOVEY



In 2008, Dr. John Cannell, MD, Founder of Vitamin D Council, published the first paper suggesting a relationship between low vitamin D status and an increased risk of autism. He created his hypothesis based on the data that illustrated an increased prevalence of autism in the regions of greater cloud cover and rainfall. Only observational studies had confirmed his hypothesis until now.

In a groundbreaking study, researchers proved that vitamin D supplementation reduces the symptoms of autism among children.

Vitamin D plays an essential role in neurodevelopment and gene regulation. More than 2,700 genes contain vitamin D receptors, and vitamin D regulates the expression of over 200 genes. Furthermore, vi-



tamin D deficiency during pregnancy is associated with adverse effects for the baby, including an increased risk of autism. This evidence led researchers to recently conduct a randomized controlled trial (RCT), the gold standard of research, to evaluate the effects of vitamin D supplementation on autism in children.

The RCT consisted of 109 children with autism spectrum disorder (ASD), ages three to ten years. Half of the children were randomized to receive a daily vitamin D dose of 300 IU per kg of body weight, equivalent to 136 IU per pound, but no greater than 5,000 IU daily. The other half received a daily placebo pill. The experiment lasted for a total of four months.

The researchers assessed vitamin D levels, autism severity, and social maturity of the children at the beginning and end of the study.

After four months, vitamin D supplementation significantly improved the core manifestations of ASD, which include irritability, hyperactivity, social withdrawal, stereotypic behavior, and inappropriate speech. The placebo group did not experience any significant improvements.

Furthermore, children who received vitamin D supplementation experienced increased cognitive awareness, social awareness, and social cognition compared to those who only received the placebo. Vitamin D supplementation significantly decreased repetitive hand movements, random noises, jumping, and restricted interests.

The researchers concluded, "This study is the first double-blinded RCT proving the efficacy of vitamin D3 in ASD patients...Oral vitamin D supplementation may safely improve signs and symptoms of ASD and could be recommended for children with ASD."

The study also mentioned that the supplementation regimen was well tolerated among the children. Only five children experienced minor side effects during the four-month study period, such as skin rashes, itching, and diarrhea.

The study presents promising findings; however, the researchers reminded the readers that the study consisted of a relatively small number of patients, and further studies are needed to confirm the efficacy of vitamin D in ASD.

Source

[Saad, K. et al. Randomized controlled trial of vitamin D supplementation in children with autism spectrum disorder. Journal of Child Psychology and Psychiatry, 2016.](#)



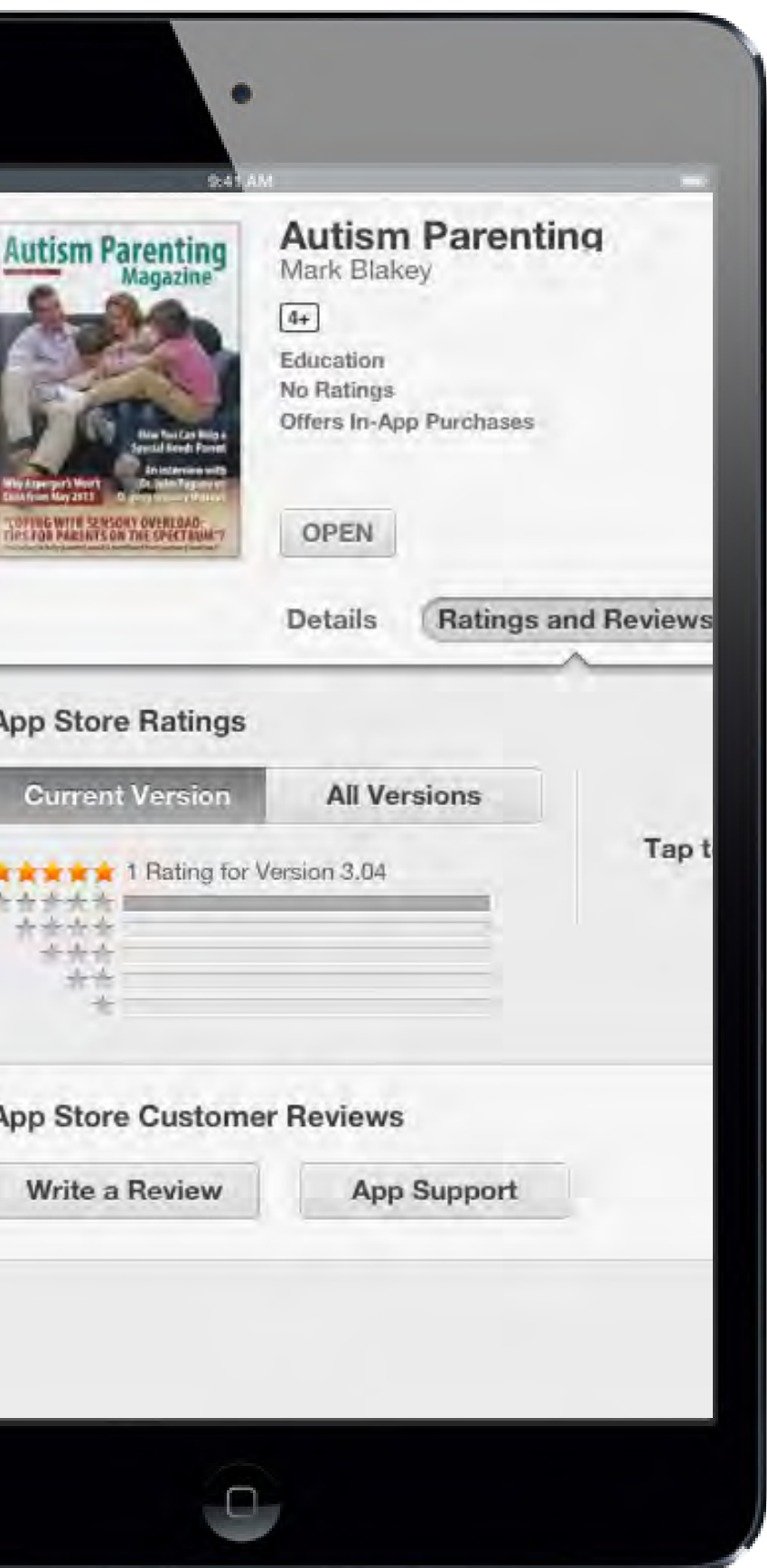
Amber Tovey is the Program Manager at the Vitamin D Council, a 501©3 non-profit focused on disseminating evidence-based information regarding the impact of vitamin D and safe-sun exposure for human health. She graduated from California Polytechnic State University, San Luis Obispo with a Bachelor's of Science in Nutrition.

Amber's passion for public health and science led her to the Vitamin D Council in hopes of impacting the quality and longevity of lives worldwide. Outside of work, she enjoys spending time outdoors in the beautiful Central Coast of California where sunny beaches and gorgeous hiking trails are just minutes away from the office.

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MINDFULNESS: How It Can Help Your Stressed Child With ASD

By Sarah KUPFERSCHMIDT, MA, BCBA

Many children and teenagers with autism spectrum disorder (ASD) suffer from anxiety and stress. Research suggests nearly 55% of all children with ASD are actually living with a comorbid anxiety disorder (De Bruin et al, 2006).



One intervention that has garnered a lot of evidence to support its use in helping individuals with anxiety is Acceptance and Commitment Therapy (ACT). ACT has six important processes, one of which is “contact with the present moment”—or as some might call “mindfulness.” Mindfulness involves being able to notice your thoughts and feelings and making room for them without judging them or yourself for having them. This article is all about infusing mindfulness into your daily routine with the hope that you will see an improved quality of life.

I have been using the principles of ACT, which includes mindfulness exercises, in my own personal life, with my students I teach at the university, and with the children and teenagers with autism in my clinical practice. I also encourage the parents of the children I work with to use it. When mindfulness is included in an intervention that is based on ACT, it has some pretty compelling effects on quality of life. It has been shown to have an effect on challenging behavior in individuals with ASD (Singh, 2003), has helped reduced stress in parents of children with ASD, and has reduced test anxiety in my college students. These are just a few of the benefits of using an intervention that is based on the core processes of ACT coupled with mindfulness. Feel free to reach out for a more comprehensive list of the benefits of ACT with individuals with ASD if you would like more detailed information on the research to back it up or if you have any questions on ACT itself.

Conceptually, the scientific principles of ACT may be a bit complex, but the use of it doesn't have to be. In fact, one of the really cool things about ACT is it is relatively easy to implement. This is especially true when talking about the mindfulness component, and it doesn't have to take up all of your time. It can have a real impact with only minutes a day. One of the teenagers with ASD that I work with does it for three minutes every day, and it has had an effect on her ability to cope with novel situations like getting her wisdom teeth removed recently. I also saw the effects of brief exercises when I implemented it with my college students. Simply by including a 10-minute exercise every week in the middle of my lecture, I was able to see an impact on test anxiety within 10 weeks! You can read more about the research we did with college students [here](#).

Here is how to get started:



Decide which exercises to do and how long you will do it.

The key is to start with a short exercise and gradually build on it. For example, one of the teenagers that I work with will always search for the shortest exercise, which is typically three minutes in length. Recently, he was able to start adding two minutes to his session. The key is to not make it seem like this huge deal that is going to take up a lot of your time. Otherwise, you might see some challenging behavior around doing it and less buy in. Start small, as you would with any new skill, and gradually build on it.

There are all kinds of resources on the Internet that provide options for guided mindfulness exercises. I work with families that prefer to start with something like the “[headspace](#)” app, which has free exercises to start with and options to buy more. Other clients prefer the “[calm](#)” app. Alternatively, you can always do an online search for guided mindfulness exercises and choose from the ones that are presented. Here is a list of some of the ones I like to use:

<http://marc.ucla.edu/mindful-meditations>

https://www.actmindfully.com.au/free_resources

http://sf-act.com/docs/resources_harris.pdf

Decide where you are going to do it.

It is a good idea to find a space that you will always use to work on your exercises. Ultimately, you will be able to do it anywhere when you need to, but for your daily practice, having a space to go to is ideal. I like to do the exercises in my living room with my husband every morning before we have our coffee. I work with one teenager who does it in his desk chair in front of his computer. It all depends on what works for you and your child with ASD.

Commit to doing it at the same time.

It will be much easier to infuse this exercise into your daily routine if you know when it is going to happen every day. As mentioned before, I do it with my husband every morning before our little ones get out of bed. One of the teenagers I work with will do it every morning before he takes the bus to school. This is in the hopes that it will help him start his day on the right foot. When I implemented it with my college students, it was just before they went on the break in the middle of a three-hour lecture. Predictability is key and limiting the number of distractions at the time will also make it more effective.

These are just some of the reasons and ways to incorporate mindfulness into your day. If you decide to go ahead and try implementing it into your daily routine or if you already are, I would love to hear your thoughts on how it works for you!

References:

De Bruin, E. I., Verheij, F., Wiegman, T., & Ferdinand, R. F. (2006). Differences in finger length

ratio between males with autism, pervasive developmental disorder—not otherwise specified, ADHD, and anxiety disorders. *Developmental Medicine & Child Neurology*, 48(12), 962-965.

Hayes, S. C., & Wilson, K. G. (2003). Mindfulness: Method and process. *Clinical Psychology:*

Science and Practice, 10(2), 161-165.

Singh, N. N., Wahler, R. G., Adkins, A. D., Myers, R. E., & Mindfulness Research Group.

(2003). Soles of the feet: A mindfulness-based self-control intervention for aggression by an individual with mild mental retardation and mental illness. *Research in Developmental Disabilities*, 24(3), 158-169.

White, S. W., Oswald, D., Ollendick, T., & Scahill, L. (2009). Anxiety in children and

adolescents with autism spectrum disorders. *Clinical psychology review*, 29(3), 216-229.



Sarah Kupferschmidt realized that Behavior Analysis was her calling when she first started working with children with autism in 1999. Once she discovered its effectiveness and the impact it had in helping children with autism and their families, it inspired her to pursue a Masters of Arts in Psychology with a specialization in Behavior Analysis from the University of Nevada, Reno. She is also a Board Certified Behavior Analyst (BCBA). Not only does Sarah enjoy working directly with children with autism, she's also very passionate about empowering others with the most effective tools to teach children with autism. She has been training staff and clinicians and coaching parents on how to do this since she started. She is also passionate about the science and research behind the tools that she advocates. In partnership with Brock University, Sarah is currently involved in a research project that involves the evaluation of a parent-training package that will help empower parents with tools to teach their children with autism important safety skills. She has been a Part-Time or Adjunct Professor since 2005, teaching ABA courses. Sarah also regularly presents workshops to parents, therapists, and educators on a variety of topics related to teaching or working with individuals with autism. Sarah is a [Huffington Post Contributor](#), a [TEDx speaker](#), and was named [Top Safety Contributor for Autism Parenting Magazine](#) in 2014 and [Top Behavior Analysis Writer](#) for 2015. Visit her site: sarahkconsulting.com

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How Will I Know if My Child is Eligible for Government Benefits?

By Ryan F. PLATT, MBA, ChFC, ChSNC

Question: *I heard that government benefits are something we should be considering for my daughter, but I have also been told that our family will not qualify. Should we apply, and if so, how?*

— Ben

Access to government benefits can be beneficial, due to the fact they can help pay for services that your daughter needs today or may need in the future. The reason you may not be able to qualify for certain government benefit programs is because your daughter is under the age of 18. If that is the case, many government benefit programs consider your income and assets in your daughter's qualification. If you have more than \$2,000 in assets, then your daughter will not qualify for certain benefits such as Supplemental Security Income (SSI) and Medicaid; however, you may still qualify under your individual states' waiver program. Each state has their own program that "waives" the income and asset limits for Medicaid qualifications and base their decision solely on your daughter's individual and specific needs. These waiver programs can provide home and community-based supports, including a one-on-one worker, additional therapies, and even respite care for parents [and caregivers]. You will need to search out the waiver programs that are available in your state and complete the necessary



application. We suggest you begin your search with your state's Department of Health and Human Services, as well as asking other families you may know or even your child's school.

At age 18, your daughter can qualify for benefits such as SSI and Medicaid based upon her own income and assets. The ability to qualify for these benefits will provide your daughter a monthly income and access to Medicaid services. Medicaid services will include healthcare, but she will also access day programs, supportive employment which can help her find and be successful at a job, supported living outside of your home, and more depending on your daughter's situation. In order to access this array of services, your daughter will have to be eligible, which means she cannot have *countable* assets of more than \$2,000 in her name, and to remain el-

igible she must never allow her *countable* assets to increase over that \$2,000 number. This means that you have to be careful on how you save for her future and how you expect to care for her when you are no longer here.

It is critical that if you plan on accessing government benefit programs that you plan to do so. Otherwise, it is inevitable that assets will flow to your daughter in the incorrect way, whether that is from extended family like grandparents or from you, which very well may mean that she will forfeit her eligibility for these services. As you plan, you will need to understand how to use the proper financial and legal tools in conjunction with the correct tax and communication strategies in order to secure your daughter's future. In future issues we will discuss the utilization of the necessary tools in Special Needs Planning.

For more information on how to prepare for the future, be sure to contact a financial advisor who specializes in serving families with special needs. A Special Needs Plan is driven by what they call Unleash L.I.F.E.™—L.I.F.E. meaning Lasting Independence For Everyone™. This is accomplished with education, action, and support in the creation, implementation, and continued monitoring of a specifically-designed lifelong and integrated plan for your family of parents, caregivers, your loved one with special needs, and their siblings.

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By Elouise ROBINSON,
Autism Food Club

How to Make the Best Sweet and Sour Chicken

Ingredients

For the chicken:

2 boneless, skinless chicken breasts
1 tablespoon corn flour
1 large tin pineapple pieces in natural juice (drain juice and reserve)
2 tablespoons cooking oil e.g. olive or rapeseed
1 cup roughly cut onion
1 red pepper, deseeded and chopped in large pieces
1 green pepper, deseeded and chopped in large pieces
4 spring onions, trimmed and finely sliced

For the sauce:

1 cup 250ml pineapple juice (juice from the tin)
1 tablespoon corn flour
2 garlic cloves, crushed
2 tablespoon white wine vinegar
1 tablespoon tamari sauce
2 tablespoons soft light brown sugar
3 tablespoons tomato ketchup
1 teaspoon or to taste of chili sauce
1 teaspoon ground black pepper
1 1/3-2 cups of basmati rice



METHOD

Cut the chicken into bite-sized pieces and toss in the corn flour and set aside.

To prepare the sauce, in a small bowl mix the corn flour with 2 tablespoons of pineapple juice. In a jug, mix together all the rest of the sauce ingredients.

Bring a pan of water to the boil. Add the rice, allow to boil for 10 minutes and then turn off the heat and leave the lid on and allow to cook for a further 10 minutes.

Heat the oil in a large frying pan or wok add the onion and pepper and cook for a few minutes, add the garlic, chicken and cook for 3-4 minutes until the chicken has turned white. Add the sauce from the jug and pineapple pieces, cook for another five minutes. Add the pineapple and corn flour mixture, stirring quickly and cook for another minute.

Serve sprinkled with the spring onion and some of the rice.

Comments? Have you enjoyed this recipe and others I have created? If so—let me know! [Twitter @dietitianpro](https://twitter.com/dietitianpro) - [Facebook.com/dietitianpro](https://www.facebook.com/dietitianpro)



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