

The background of the slide is a light gray gradient. In the top-left and bottom-right corners, there are several realistic water droplets of varying sizes, rendered with soft shadows and highlights to give them a three-dimensional appearance.

Autism Assessments & Screeners

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Before trying any supplement-type products or other products listed throughout this course, it is **highly recommended** that you first consult with your child's Pediatrician or other qualified medical expert. Consulting a nurse, nutritionist, self-taught herbalist, non-M.D. naturopathic "doctor" or PhD (e.g., Dr. Eric Berg is a doctor of Chiropractic who also promotes various natural remedies), or other non-M.D. practitioner may put you and/or your child at greater risk for malpractice and/or negligence. When consulting with any practitioner, it is recommended that you find out exactly what training they have received. It is never OK for any practitioner to refuse to explain, in detail, what their "Scope of Practice" is and is not. For example, even though I am licensed by my state to diagnose and treat any/all mental and emotional disorders, I would never claim to be adept at treating someone with Anorexia Nervosa simply because I lack specific training in that area and have no supervised experience in working with Anorexic clients.



AUTISM RESEARCH INSTITUTE

Advancing Science & Education

The *Understanding and Treating Autism book series*, from Jessica Kingsley Publishers, provides a cutting-edge resource for parents, professionals, and academics seeking further insight into the co-occurrence of sleep disturbances, anxiety, and self-injurious behavior with autism. Each book explores contemporary research and is written by experts in the autism field, edited by ARI's chief science officer, Stephen M. Edelson, and past ARI Board member, Jane B. Johnson.

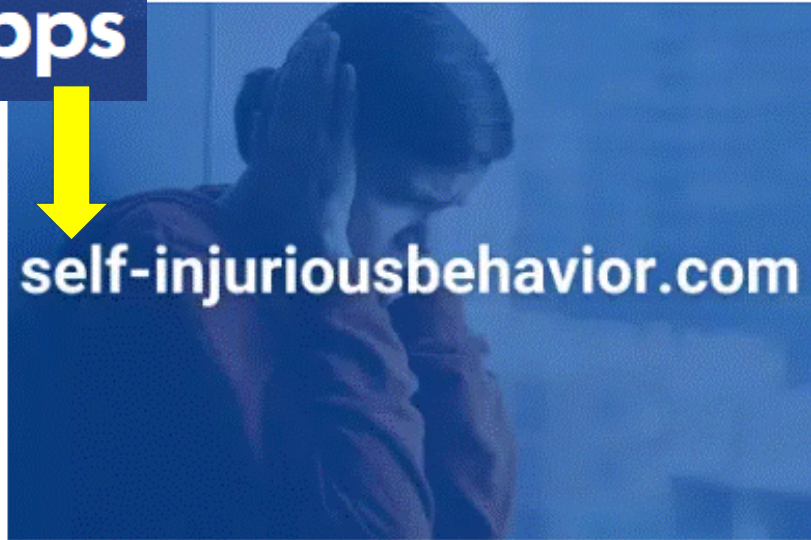
Based on this book series, ARI developed online apps for parents and practitioners. Our free questionnaires help identify potential care strategies for issues commonly associated with sleep disturbances and self-injurious behaviors related to autism.

Understanding Autism - Free Online Apps

<https://autism.org/understanding-autism-free-online-apps/>



sleepdisturbances.com



self-injuriousbehavior.com

➞ SLEEPDISTURBANCES.COM

➞ SELF-INJURIOUSBEHAVIOR.COM

Dr. Daniel Amen identifies seven distinct types of ADHD, each with unique symptoms and treatment approaches, emphasizing that ADHD is not a one-size-fits-all disorder.

Overview of the 7 Types of ADHD

www.amenclinics.com

1) **Classic ADD:**

Symptoms: Inattentiveness, distractibility, hyperactivity, disorganization, and impulsivity.

Treatment: Stimulant medications (e.g., Ritalin, Adderall) and supplements that boost dopamine levels, along with physical activity and a diet rich in omega-3 fatty acids.

2) **Inattentive ADD:**

Symptoms: Short attention span, disorganization, procrastination, and daydreaming; typically not hyperactive or impulsive.

Treatment: Similar to Classic ADD, focusing on stimulant medications and dietary adjustments.

3) **Over-Focused ADD:**

Symptoms: Difficulty shifting attention, getting stuck in negative thought patterns, and trouble moving from one task to another.

Treatment: Medications that address both dopamine and serotonin deficiencies, along with cognitive behavioral strategies.

4) **Temporal Lobe ADD:**

Symptoms: Issues with memory, learning, and emotional stability; may experience mood swings and irritability.

Treatment: Focus on mood stabilizers and strategies to improve memory and emotional regulation.

5) **Limbic ADD:**

Symptoms: Chronic low energy, sadness, and difficulty with motivation; often associated with anxiety and depression.

Treatment: Antidepressants and lifestyle changes to enhance mood and energy levels.

6) **Ring of Fire ADD:**

Symptoms: High levels of irritability, mood swings, and impulsivity; often seen in individuals with coexisting conditions like anxiety or depression.

Treatment: (this information was absent from the source material)

7) **Anxious ADD:**

Symptoms: Symptoms of ADHD combined with anxiety; may struggle with excessive worry and fearfulness.

Treatment: Medications for anxiety, along with ADHD treatments, to address both sets of symptoms.

Conclusion

Dr. Amen's classification of ADHD into seven types provides a nuanced understanding of the disorder, suggesting that treatment should be tailored to the specific type of ADHD an individual has. This approach emphasizes the importance of personalized care in managing ADHD effectively.

Like with all ASD behaviors, it never does any good to simply try to stop a particular behavior. Think about it – Does “**Just stop it!**” ever produce any good or lasting change in neurotypical kids? – in adults? – in you?

Instead, we must always strive to understand, “What is the **FUNCTION** of the (violent or other) behavior?” Here are some possible functions (see handout):

☐ **Attention-Seeking** (when “acceptable” or positive methods don’t succeed).

- Remember, for all children, getting negative attention is better than getting none at all.

☐ **Expressing Pain or Discomfort** | Sometimes they can’t not do “x” behavior

☐ **Communicating Overwhelm**

☐ **Seeking Help**

☐ **Expressing Unmet Emotional Needs**

☐ **Escape or Avoidance** (removing themselves from an unwanted task, environment, or person ... or demand/expectation being placed on them)

☐ **Seeking Predictability** (disruptive acts force adults to stop, slow down, and/or reset routines; ASD kids may use behavior to regain structure)

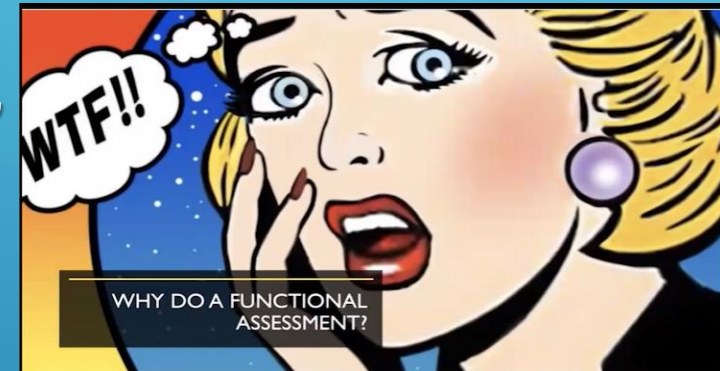
☐ **Exerting Autonomy or Control**

☐ **Self-Advocacy**

☐ **Testing Boundaries**

☐ **Sensation-Seeking** = mitigating sensory input

☐ **Sensation-Avoidance** = mitigating sensory input



“What’s The Function?”

The “Big Four”:

- 1) Escape/Avoidance
- 2) Attention
- 3) Tangible Gain(s)
- 4) Sensory/Autonomic

- ❑ **Physical Release** (discharging built-up energy, restlessness, or hyperarousal – meltdowns can serve as a type of neurological reset in both neurotypical and ASD children), &/or **Preferred Interest**
- ❑ **An Attempt at Self-Regulation** (paradoxically using aggression or disruption to regain inner equilibrium)
- ❑ **Expression of Hunger, Fatigue, or Physiological Needs** (acting-out when basic needs aren't met; in ASD children, Interoception challenges may mean that the child doesn't even recognize hunger, tiredness, etc., until sensations "boil over" through some kind of behavior)
- ❑ **Imitation of Observed Behavior**
- ❑ **Peer Influence or Social Gain, including trying to look cool!**
- ❑ **Revenge or Retaliation**
- ❑ **Avoiding Social Interaction** (using behavior to push others away when interaction feels confusing, uncomfortable, draining, unsafe, or overwhelming; think about how many times a neurotypical child will avoid, for example, the uncomfortableness of meeting a new adult)
- ❑ **Protective Behavior**

"We have to do a much better job at getting in there earlier in order to support self-regulation in these kids so that we're not constantly reacting to a violent episode and then wondering, 'How do we get this kid under control?' after the meltdown has already started. We have to do a much better job at reading the signs – especially the subtle signals - leading up to a meltdown. Even argumentative speech can be a signal of growing dysregulation. Everyone on the team must move into a solidly preventative mode and mindset." – Dr. Barry Prizant

A PRACTITIONER'S GUIDE TO UNDERSTANDING AND UTILIZING ASD ASSESSMENT: A STRENGTHS-BASED APPROACH

REBECCA SACHS PHD, ABPP WWW.CBTSPECTRUM.COM

TAMARA ROSEN PHD, JFK PARTNERS, UNIVERSITY OF COLORADO
SCHOOL OF MEDICINE

FUNCTION & REINFORCEMENT

- All behaviors are functional
- Behaviors happen and are maintained for a reason
- Not manipulative. Rather, they "work" or serve a purpose
 - Sensory
 - Escape
 - Attention
 - Tangible
 - (Medical)

**A PRACTITIONER'S GUIDE TO
UNDERSTANDING AND UTILIZING
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SCHOOL OF MEDICINE

WHEN THE FUNCTION IS ATTENTION



Planned Ignoring



Child Centered Time



Labeled Praise



Teach how to request
attention appropriately

Take Time to Have a Full Sensory Assessment Done

~~moving forward?~~ That is certainly where the assessment process comes in the evaluation process. And again, if it's not you doing it knowing to make that referral, because I would want to do a sensory assessment to see what are their sensory needs, I also want to see observation in those settings, whether it's school or community observing what's happening, what could be triggering that, what could they be seeking that they need?* And that's that strength-based piece, right? So yes, we may have, let's say someone is **hitting or being aggressive**. Well, okay, the strength-based piece of that is what is it exactly that they're seeking that we can then use? Is it weights on the wrist? Is it deep pressure massage to their body? I had a child that simply was being challenged with allergies and inflammation in his body, and we addressed diet **and the allergen in his environment**, then we saw improved behavior. So it's really that investigation piece. And yes, unfortunately a lot of it is trial and error, right? Until you truly get to know them, especially if they're nonverbal. ~~And then how have your experiences been advocating for~~

From a lecture entitled, *Dissecting the Brain-Gut Connection to Address Sensorimotor Concerns for Children with Autism*, by Dr. Varleisha Gibbs
PhD, OTD, OTR/L, ASDCS

* In other words, "what could they be seeking" is asking, what need is a child's aggressive behavior designed to help them get met?

Sensory Integration Assessment Tools

Information and skills being assessed	Assessment Tool
Background information: Medical, educational, developmental history, and therapeutic history	Intakes, clinic developmental history, review of previous therapy evaluations & notes
Current information: What activities do you currently seek out or enjoy, what do you need and want to do that you currently cannot do, & areas of strengths and difficulties	Intake, clinic developmental history Canadian Occupational Performance Measure World Health Organization Quality of Life-BREF
Clinical observations: May take place in the clinic, work/school, or home environment. May include report from spouse, parents, etc.	Responses to various Sensory Stimuli Muscle Tone Prone Extension (<i>trunk strength measured by laying on your stomach & lifting your arms and legs</i>) Supine Flexion (<i>trunk strength measured by laying on your back and curling into a ball</i>) Sequential thumb-finger (<i>moving your fingers one after another</i>) Diadokokinesis (<i>rapidly alternating movements</i>) Oculo-motor control (<i>examining the muscles of your eyes</i>) Gravitational Insecurity (<i>your body's reaction to movement, especially unexpected movement</i>) Postural Alignment
Sensory/Developmental History: To get information on how you <i>usually</i> respond to different sensory inputs	Adolescent/Adult Sensory Profile Adult Sensory History Adult Sensory Questionnaire ADULT-SI Coping Inventory- Adult Version
Sensory discrimination: Tactile, auditory, vestibular (visual, & proprioceptive will likely also be assessed)	Sensory Integration and Praxis Tests: Finger Identification, Graphesthesia Subtests SCAN-3:A Post Rotary Nystagmus: upright and sidelying
Motor coordination: Fine and gross motor skills	Sensory Integration and Praxis Tests: Postural Praxis and Oral Praxis, Standing Balance BOT-2
Visual Perceptual & Visual Motor skills: Ability of the eyes to move in a coordinated way, and effectively interpret what they see.	Visual Motor Integration (VMI), Test of Visual Perceptual skills (TVPS-3), Motor-Free Visual Perception Test (MVPT-3)
ADLS: Dressing, eating, bathing, self-care, leisure	Observation, intakes, clinic developmental history
Organizational skills: Managing materials, schedules, transitions, and social expectations	Observation, intakes, clinic developmental history

****Note:** There are many standardized assessments available. These are commonly used tests but this list is not inclusive of all possible assessment tools. Your clinician will select assessments individually focused on your needs.



A Guide to Sensory Integration Problems



When the sensory integration process does not work efficiently and effectively, a person may encounter a number of functional difficulties. Below is a chart that identifies possible sensory problems and resultant signs or behaviors exhibited by individuals with SPD. Typically, someone with a sensory integration problem will show one or more of these signs or behaviors.

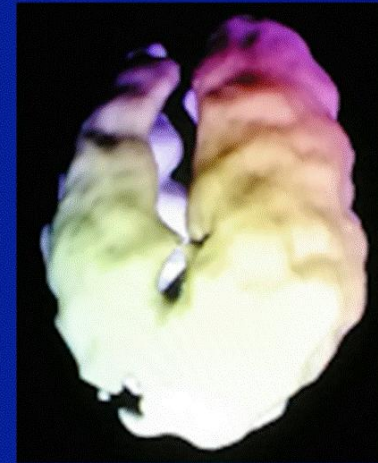
<i>Sensory problems</i>	<i>Signs or difficulties you may have</i>
Overly sensitive to touch, movement, sights or sounds	• Easily distracted by sounds, movement, and objects • Discomfort when unexpectedly touched by something/someone • Bothered by certain textures—of food or clothing • Sensitivity to loud or unexpected noises • Nervousness or 'bad reaction' to movement (easily car-sick, or motion sickness, avoiding elevators and escalators) • Overwhelmed or extremely irritated by very busy environments • Avoidance of anything 'messy,' seeking to immediately wash hands/body if they get 'messy' • Very sensitive to strong perfumes, cleaning products, body odors; may react strongly to smells that no one else notices
Seeking or under-reactive to sensory stimulation	• Seeking out intense movement sensations (thrill-seeking), like fast rides, roller coasters, and sports • Higher 'pain tolerance' than others, not noticing bruises, cuts, and bumps • Preferring foods with very strong textures or flavors
Unusually high/low activity level	• Constantly on the move, can't sit still • Dislike for 'down-time,' activities planned for every moment of the day • Slow to 'get moving,' fatigue easily • Appear lazy or unmotivated to others, but just prefer to 'chill out' during free time
Coordination Problems	• May have poor balance, trip frequently, difficulty walking on uneven surfaces • Difficulty with sports, driving, or timing of movement • Feeling awkward, stiff, or clumsy—especially when learning a new movement task • Clumsy with cell phone buttons, zippers, utensils, and other smaller items
Problems at work or in social situations	• Unable to stay focused on tasks at work, overwhelmed by workload even when it's within your abilities • Nervousness or avoidance of busy social situations like malls, festivals, or crowded restaurants • Difficulty tracking appointments, birthdays, or time of day • Difficulty maintaining relationships with 'unpredictable' people • Avoidance of hand-holding, kissing, or other romantic activities

Dr. Daniel Amen (www.amenclinics.com): **"Mild traumatic brain injuries are a major cause of psychiatric illnesses** that ruin people's lives, and virtually no one knew about it because they would see psychiatrists for things like temper problems, anxiety, depression, and insomnia, and they would never look [at the brain using SPECT imaging], so they would never know. Here's a scan of a 15-year-old boy who fell down a flight of stairs at the age of three. Even though he was unconscious for only a few minutes, there was nothing mild about the enduring effect that injury had on this boy's life. When I met him at the age of 15, he had just been kicked out of his third residential treatment program for violence. He needed a **brain rehabilitation program, not just more medication thrown at him in the dark** ... Researchers have found that undiagnosed brain injuries are a major cause of homelessness, drug and alcohol abuse, depression, panic attacks, ADHD, and suicide." **Similarly, people with Autism most often will benefit from "brain rehabilitation programs" instead of just one pill, one treatment, or one change in environment.**

YouTube

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Mild Traumatic Brain Injury



Mild?

The most important lesson from 83,000 brain scans | Daniel Amen | TEDxOrangeCoast



TEDx Talks
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Why early identification and intervention are so important:



When children with autism spectrum disorder are untreated, misdiagnosed, or have a delayed diagnosis of autism (ASD), it is associated with higher incidences of other medical conditions and mental disorders, including:

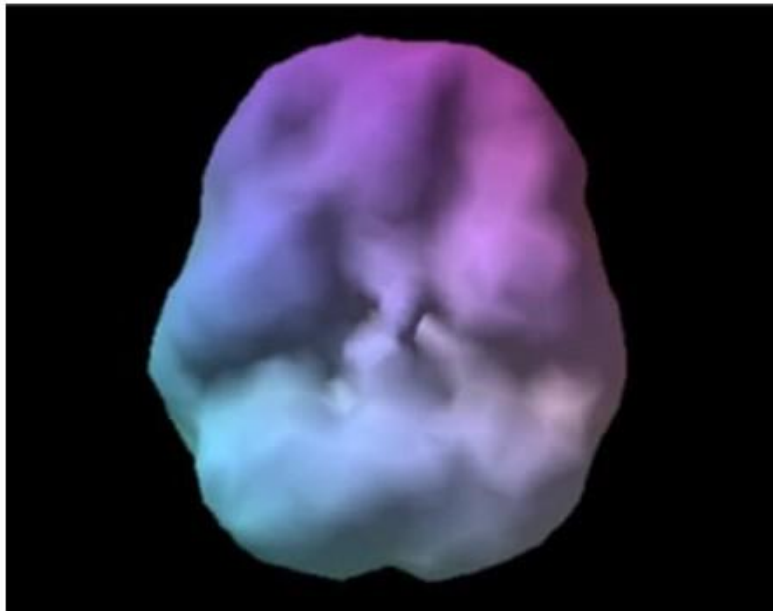
- ✓ Other developmental disabilities and related problems
- ✓ More severe symptoms
- ✓ Immune disorders (allergies, asthma)
- ✓ Diabetes
- ✓ Heart disease
- ✓ Motor disorders
- ✓ Cancer
- ✓ Obesity
- ✓ Schizophrenia
- ✓ Suicidal thoughts and behavior



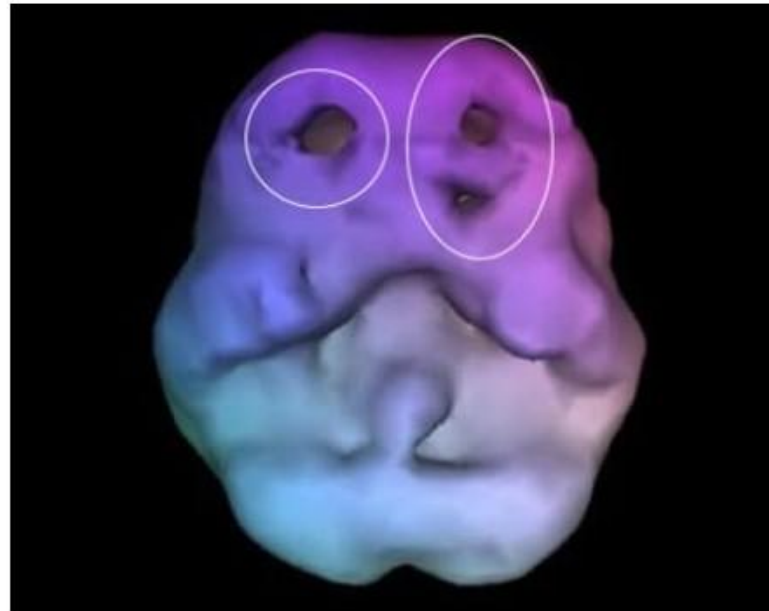
It's funny to think that for over 100 years, Psychiatry was conducted without access to the brain! But now, brain scans are regularly used by neurologists to see which areas of the brain are under-performing, resulting in a better selection of medication(s) that target those specific areas.

ADD/ADHD Brains Work Differently

In a healthy brain, concentration causes blood flow to increase appropriately in certain regions, especially the prefrontal cortex. This helps us to focus, plan ahead, stay organized, and follow through on tasks. However, when people with ADD/ADHD try to concentrate, blood flow decreases in the prefrontal cortex, making it more difficult for them to focus and filter out distractions. In fact, the harder they try to concentrate, the harder it can get.



Healthy Brain Scan



ADD / ADHD Brain Scan

Childhood Autism Spectrum Test (CAST)

<https://psychology-tools.com/test/cast>

Tests

About Us

Get Help

Introduction

The Childhood Autism Spectrum Test (CAST), formerly known as the Childhood Asperger Syndrome Test, is a tool designed for the early detection of Autism Spectrum Disorder (ASD) in children aged 4 to 11 years. It is structured as a parent-completed questionnaire, focusing on behaviors and abilities that are indicative of ASD. By capturing a wide range of social, communicative, and imaginative behaviors, the CAST aims to identify children who may benefit from a more detailed evaluation for ASD. This screening tool is particularly notable for its role in facilitating early identification of ASD, thereby enabling timely intervention and support.

Developed by a team of experts in the field of autism research, the CAST consists of a series of questions that parents or primary caregivers answer based on their observations of the child's behavior and interactions. The questionnaire is designed to be both comprehensive and accessible, allowing for its use in various settings, including primary care, educational environments, and within the family home. The emphasis on parent-reported observations leverages the detailed knowledge that caregivers often have about their child's behavior in a range of social contexts and situations.

One of the key strengths of the CAST is its focus on early childhood, a critical period for the development of social and communicative skills. Early detection of ASD can significantly influence the course of a child's development, offering opportunities for interventions that can improve social, communicative, and academic outcomes. By providing a structured framework for assessing behaviors associated with ASD, the CAST plays an essential role in the early diagnostic process, guiding families and professionals toward further evaluation when necessary.

The application of the CAST in screening for ASD reflects an understanding of the importance of early, accessible, and accurate identification of autism spectrum conditions. Its development and use underscore the commitment within the field of autism research to create tools that can bridge the gap between expert diagnostic services and the initial concerns of parents or educators. Through its widespread use, the CAST contributes to a broader awareness and understanding of ASD, promoting a more inclusive and supportive approach to supporting children with diverse developmental profiles.

See the next slide to view the first 17 questions (out of a total of 39).

Childhood Autism Spectrum Test (CAST)

<https://psychology-tools.com/test/cast>

Instructions

Please read each question *carefully* and select the most accurate response.

	Yes	No
1. Does s/he join in playing games with other children easily?	☐	☐
2. Does s/he come up to you spontaneously for a chat?	☐	☐
3. Was s/he speaking by 2 years old?	☐	☐
4. Does s/he enjoy sports?	☐	☐
5. Is it important to him/her to fit in with the peer group?	☐	☐
6. Does s/he appear to notice unusual details that others miss?	☐	☐
7. Does s/he tend to take things literally?	☐	☐
8. When s/he was 3 years old, did s/he spend a lot of time pretending (e.g., play-acting being a superhero, or holding teddy's tea parties)?	☐	☐
9. Does s/he like to do things over and over again, in the same way all the time?	☐	☐
10. Does s/he find it easy to interact with other children?	☐	☐
11. Can s/he keep a two-way conversation going?	☐	☐
12. Can s/he read appropriately for his/her age?	☐	☐
13. Does s/he mostly have the same interests as his/her peers?	☐	☐
14. Does s/he have an interest which takes up so much time that s/he does little else?	☐	☐
15. Does s/he have friends, rather than just acquaintances?	☐	☐
16. Does s/he often bring you things s/he is interested in to show you?	☐	☐
17. Does s/he enjoy joking around?	☐	☐
18. Does s/he have difficulty understanding the rules for polite behavior?	☐	☐
19. Have teachers/health visitors ever expressed any concerns about his/her development?	☐	☐
20. Has s/he ever been diagnosed with any of the following: Language delay, ADHD, hearing or visual difficulties, Autism Spectrum Condition (including Asperger's Syndrome, or a physical disability)?	☐	☐

Score my Answers

A quick referral guide for parents to complete about a child aged 4-11 years with suspected autism **who does not have a learning disability.**

Please tick one option per question only:

Definitely Agree Slightly Agree Slightly Disagree Definitely Disagree

1	S/he often notices small sounds when others do not				
2	S/he usually concentrates more on the whole picture, rather than the small details				
3	In a social group, s/he can easily keep track of several different people's conversations				
4	S/he finds it easy to go back and forth between different activities				
5	S/he doesn't know how to keep a conversation going with his/her peers				
6	S/he is good at social chit-chat				
7	When s/he is read a story, s/he finds it difficult to work out the character's intentions or feelings				
8	When s/he was in preschool, s/he used to enjoy playing games involving pretending with other children				
9	S/he finds it easy to work out what someone is thinking or feeling just by looking at their face				
10	S/he finds it hard to make new friends				

SCORING: Only 1 point can be scored for each question. *Score 1 point for Definitely or Slightly Agree on each of items 1, 5, 7 and 10. Score 1 point for Definitely or Slightly Disagree on each of items 2, 3, 4, 6, 8 and 9.* If the individual scores **6 or above**, consider referring them for a specialist diagnostic assessment.

USE: This is the child version of the test recommended in the NICE clinical guideline CG142. www.nice.org.uk/CG142

Key reference: Allison C, Auyeung B, and Baron-Cohen S, (2012) *Journal of the American Academy of Child and Adolescent Psychiatry* 51(2):202-12.

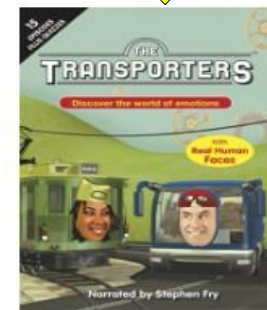
The Transporters

The Transporters is a fun video series to help autistic children understand the causes of emotions, and the facial expressions that go with them.

Research shows that even after watching *The Transporters* for just 15 minutes per day for one month, autistic children improve significantly in their emotion recognition ability.

The Transporters was nominated for a prestigious Learning Primary BAFTA award in 2007, and won the Association of Electronic Publishers' Distinguished Achievement Award for Special Education Preschool in 2010.

FIND OUT MORE



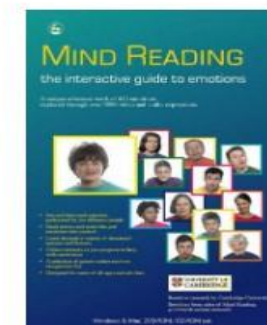
Mind Reading

Mind Reading is an online course based on the idea that emotional 'literacy' can improve just like any other skill, with repetition and practice.

Emotions in the real world are transient, without any opportunity to 're-play' the emotion, to study them, but by making emotions digital they can be played and replayed as often as is needed, either in a private setting or in a group teaching format.

It is an emotional 'library' and the video, audio clips and stories are available for anyone who wants to learn to recognise emotions or to use them for teaching and research.

The development and evaluation of Mind Reading was funded by the Shirley Foundation. The course includes 412 different emotions, each shown on 6 actors' faces (males, females, different ethnicities, different ages) and through 6 actors' voices, and so comprises a rich collection of almost 5,000 emotions in audio and video. Each emotion is classified according to 6 levels, where Level 1 is for young children and Level 6 is for adults, so that you can progress up the levels to learn emotions you may be less familiar with. And you can learn this at your own speed, in your own time, from the comfort of your own home, online.





Autism Test
by IQ Center

Discover your Autism Score

Complete this quick Autism Test to gain insights into communication, social interaction, and behavioral patterns.

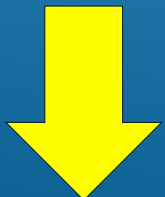
Start by selecting your gender:



Male



Female



https://iqcenter.com/en/start/autism?utm_source=bing&utm_medium=cpc&utm_content=IQ%20Center_Autism%20Test

https://www.brainhealthassessment.com

brainMD
BY DANIEL AMEN, MD

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FIND MY BRAIN TYPE

TAKE THE STRESS QUIZ

TAKE THE SLEEP QUIZ

WHAT WORKS BEST FOR YOU?

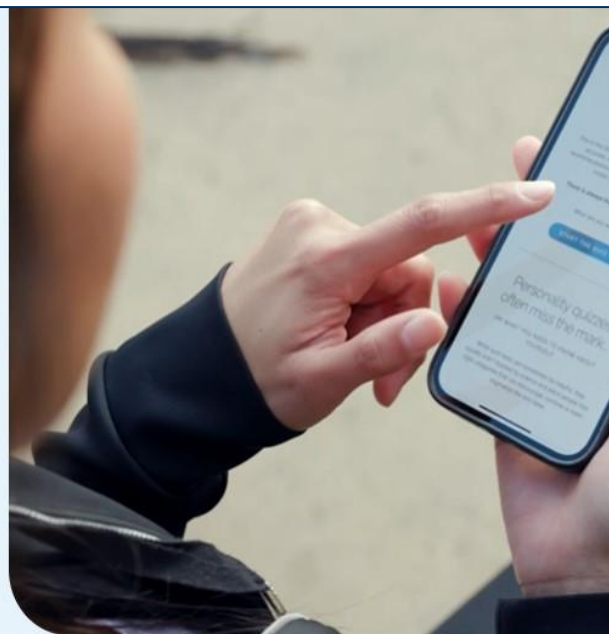
Take our free quiz to discover the best supplements for your stress type.

TAKE THE QUIZ

What's Your Brain Type?

Take our FREE quiz and get science-backed insights to optimize your memory, focus, mood, and mental clarity.

TAKE THE FREE QUIZ



Dr. Daniel Amen is a neurologist who has been leveraging SPECT brain imaging for years in an effort to create products and services that improve people's brain health ... and now he has a free, online **quiz**, the results of which will tell you **which "type" of brain you have**. That information then helps **narrow-down** what kinds of supplements are needed to **activate or calm those areas needing activation or calming**.

Finally Understand Your Brain

START THE QUIZ NOW



<https://www.pathneuropsych.com/assessment>

Our Evaluations Can Address:

ADHD / ADD, ADHD testing for adults and adolescents

Autism, Autism testing for adults and adolescents

Age-related memory changes

Brain fog

Effects of stress, pain, and sleep dysfunction on cognitive functioning

Effects of neurological, medical, and/or psychological conditions on cognitive functioning

Concussion and traumatic brain injury (TBI)

COVID-19 and long COVID

Dementia

Alzheimer's disease

Parkinson's disease / movement disorders

Dementia with Lewy Bodies

Frontotemporal dementia

Hydrocephalus

Stroke and vascular disease

Depression, anxiety, and PTSD

Epilepsy and other seizure disorders

Multiple Sclerosis (MS) / autoimmune conditions



2812 Mack Road, Suite A
Fairfield, OH 45014

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Psychological & Neuropsychological Evaluations

Children may be referred for testing to determine their levels of intellectual, or emotional functioning, areas of strengths and weaknesses, and styles of learning and processing information. This testing is useful for diagnostic purposes, treatment planning, and offering care recommendations for home and school.

Evaluation is a 3 step process.

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*Diagnostic Testing and Therapy Services
for Children and Adults*



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Welcome!

At the Macks Psychology Group, our mission is to provide comprehensive diagnostic testing and therapeutic services in order to address the social, emotional, academic, and occupational needs for people of all ages. Our experienced providers offer a variety of services with a thorough and caring approach. We look forward to working with you!

<https://www.mackspychology.com>

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OUR SERVICES

We are pleased to offer a wide variety of mental health, speech/language, and educational services for our patients. In doing so, we are able to take a comprehensive approach to evaluation and treatment options. Please click on the icons for a detailed description of each service and to learn more.



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Teen & Social Skills
Group Services

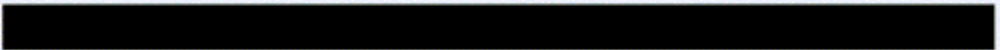
[Learn More](#)

NMT – Brainmapping – Dr. Bruce Perry



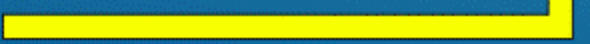
Side Note: (i.e., some things that look like Autism can have other, different sources)

In addition to Autism, we now also have to be aware of the unique needs of "COVID Babies," those children born during the lockdowns and masking that started in March of 2020.

The end of the COVID-19 public health emergency in the United States was officially declared on **May 11, 2023**. This declaration marked the conclusion of the federal COVID-19 public health emergency (PHE) and the end of the federal COVID-19 PHE declaration. The end of the PHE declaration also signifies the end of certain data collection and reporting requirements, such as weekly tracking of severe COVID-19 at the county level. 

Mr. Bernstein noted that, because of the COVID-19 mandates, "**We may need to teach sharing**" to kids later than they normally would have learned it. In fact, "These kids were *taught not* to share!" – because of COVID.

From: Greg Handleton MA, LPCC-S, TRCC:

"My wife was running a before-and-after school program that started in May of 2020, and what she noticed during the program's summer camp a couple years later is that when she instructed kids to '**work together**' to perform a particular task or solve a particular problem, they seemed to literally not even know what that phrase means. She literally had to teach, model, and guide them over a period of time so that, by the end, they were finally **experiencing 'teamwork'** for the first time! 

Consider a child **born with Autism during this time**. These kids already would be struggling because of their Autism symptoms, but then they also were deprived of having access to community, appropriate touch, face-to-face learning/teaching, and facial/non-verbal communication.

At first, these kids would be 100% self-focused, they couldn't handle not getting their way within the group format, they would bicker and argue automatically over every little thing, and they completely failed to grasp what sharing a common goal with others even begins to look or feel like. This is due to both COVID and social media/screen addictions.

Help Autistic Clients Build Strengths, Ease Frustration, & Engage with the World: Techniques to Improve Cognitive Development, Early Language Development, Anxiety, & Behavior

with
Rob Bernstein

A PRACTITIONER'S GUIDE TO UNDERSTANDING AND UTILIZING ASD ASSESSMENT: A STRENGTHS-BASED APPROACH

REBECCA SACHS PHD, ABPP WWW.CBTSPECTRUM.COM

TAMARA ROSEN PHD, JFK PARTNERS, UNIVERSITY OF COLORADO
SCHOOL OF MEDICINE

FULL DIAGNOSTIC EVALUATION

- Comprehensive evaluation
 - Feel included & the evaluators “get” your child
 - Sources of information:
 - Interview with primary caregiver(s)
 - Review of developmental history and records
 - Observation of child
 - Information from other settings (e.g., teacher interview)
 - Clinical judgment of provider/team with expertise in assessing for ASD

CONSIDERATIONS Regarding Autism Testing:

- Earlier diagnosis → earlier intervention → better trajectory
- Distinguishing educational identification & medical diagnoses
- Can take 18-36 months to get to a proper evaluation
- Research on age of receiving diagnosis & acceptance
- Social justice & equity lens: Racial and economic disparities, Gender differences
- Parents may go through own process of acceptance: Starting earlier and concretely can help address their ambivalence

A PRACTITIONER'S GUIDE TO
UNDERSTANDING AND UTILIZING
ASD ASSESSMENT:
A STRENGTHS-BASED APPROACH

REBECCA SACHS PHD, ABPP WWW.CBTSPECTRUM.COM

TAMARA ROSEN PHD, JFK PARTNERS, UNIVERSITY OF COLORADO
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SCHOOL OF MEDICINE

Dr. Sachs: "It seems that parents need to hear, 'I think your child may be Autistic' somewhere in the neighborhood of seven times" before they are able to accept it and take action, "and I may be the *first* person they're hearing it from."

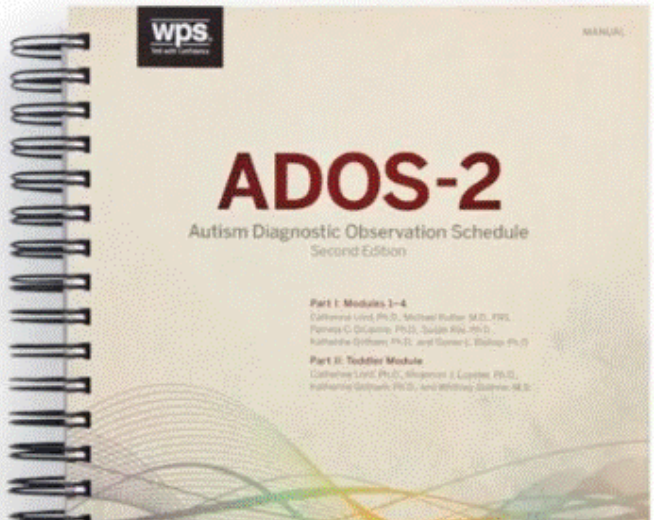
FULL DIAGNOSTIC EVALUATION

- Procedures:
 - Gold-Standard ASD diagnostic tools:
 - Autism Diagnostic Observation Schedule, Second Edition (ADOS-2; Lord et al., 2012)
 - Autism Diagnostic Interview Schedule - Revised (ADI-R; Lord, Rutter, & Le Couteur, 1994)
 - IQ testing
 - Differential diagnosis of co-occurring psychiatric or developmental differences
 - Interdisciplinary (e.g., speech, OT evaluations)

Treating Autism and PTSD Comorbid Through a Polyvagal-Informed Lens

A Framework to Inform EMDR and Sensorimotor Psychotherapy Interventions in TherapySelf-Compassion

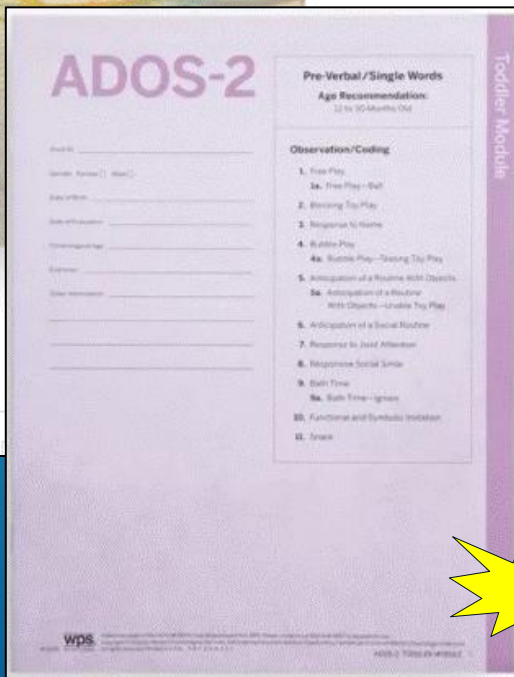
Sean Inderbitzen, APSW, MINT



SAMPLE MATERIALS AVAILABLE!

(ADOS®-2) Autism Diagnostic Observation Schedule, Second Edition

by Catherine Lord, PhD, Michael Rutter, MD, et al.



BENEFIT Allows you to accurately assess and diagnose autism spectrum disorders (ASDs) across age, developmental level, and language skills

TRANSLATION Available in Czech, Danish, Dutch, Finnish, French, German, Italian, Norwegian, and Swedish

[Published Translations](#)

FORMAT Standardized behavior observation and coding

ADMIN TIME 40–60 minutes

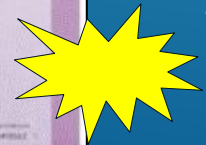
AGES 12 months–adulthood

PUBLISH DATE 2012

QUALIFICATIONS Level C required

[About Qualification Levels](#)

NOTE: This assessment was normed with boys & might not be reliable in assessing girls.



“The ADOS-2 is the ‘Gold Standard’ for Autism testing.”



(ADI®-R) Autism Diagnostic Interview – Revised

by Michael Rutter, MD, FRS, Ann LeCouteur, MBBS, and Catherine Lord, PhD

<https://www.wpspublish.com/adi-r-autism-diagnostic-interviewrevised.html>



AbaTools

ADI-R

**Autism Diagnostic
Interview – Revised**

Clinical Developmental
History Interview

PAGE 1 OF 8

https://app.abatools.pro/assets/en/atri/scales/ADI-R_Autism_Diagnostic.pdf

Here are a couple of the assessment tools that are used when assessing a child for Autism:

Pearson Quick order [Sign in](#)

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Autism Spectrum Rating Scales

ASRS

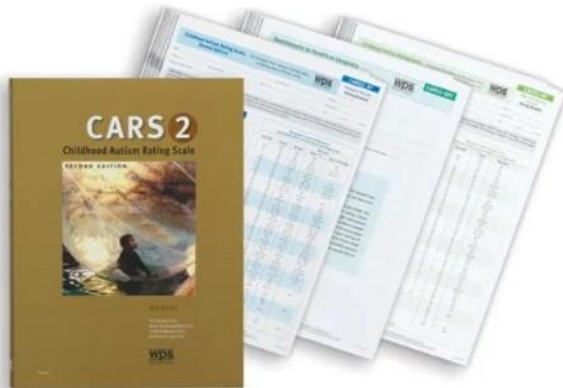
Sam Goldstein, PhD, [Jack A. Naglieri, PhD](#)

The Autism Spectrum Rating Scales (ASRS™) provides the first nationally standardized, norm-referenced ASD Rating Scale. This multi-informant measure helps identify symptoms, behaviors, and associated features of Autism Spectrum Disorders (ASDs) in children and adolescents aged 2 to 18 years.

Now Available on Q-global!

(CARS®2) Childhood Autism Rating Scale, Second Edition

by Eric Schopler, PhD, Mary E. Van Bourgondien, PhD, Glenna Janette Wellman, PhD, and Steven R. Love, PhD



BENEFIT	Helps to identify children with autism and determine symptom severity through quantifiable ratings based on direct observation
TRANSLATION	Available in Bulgarian & Italian Published Translations
SCORES	Cutoff scores, standard scores, and percentiles
FORMAT	Two 15-item rating scales completed by the clinician (each designed for a different population); and an unscored Parent/Caregiver Questionnaire
ADMIN TIME	5–10 minutes (after the information needed to make the ratings has been collected)
AGES	2 years and up
PUBLISH DATE	2010
QUALIFICATIONS	Level C required. About Qualification Levels

Other Assessments Being Used:

- Adaptive Behavior Assessment System (ABAS)
- Adaptive Behavior Evaluation Scale (ABES)
- Vineland Adaptive Behavior Scales (VABS)

These are used by Clermont County Department of Developmental Dis.



This site has lots of free information on ASD, AD/HD, speech, sensory, reading, dyslexia, etc., including free webinars on various topics related to child development, treatments, etc.

Developmental and Autism Screening Tools

Screening tools can be used in a variety of settings, including private practice clinics and early intervention programs. Some are flexible enough to be used in either environment. These are some of the most commonly used tools:

- **Ages and Stages Questionnaires (ASQ):** A general development test that uses parent questionnaires to track motor skills, problem-solving, communication, and adaptive skills.
- **Autism Screening Instrument for Educational Planning (ASIEP-3):** A screening tool with five sub-tests designed to identify autism and assist educators in planning and monitoring instructional plans.
- **Social Communication Questionnaire (SCQ®):** A 40 yes-no question screener completed by parents or caregivers, usually in around 10 minutes.
- **Communication and Symbolic Behavior Scales (CSBS):** A standardized assessment of communication skills completed by caregivers.
- **Modified Checklist for Autism in Toddlers (M-CHAT):** An autism-specific questionnaire that relies on information supplied by caregivers.
- **Parents' Evaluation of Developmental Status (PEDS):** A screening tool that identifies developmental and behavioral problems using a parent-interview form.
- **Screening Tool for Autism in Toddlers and Young Children (STAT):** An interactive tool that uses activities to assess play, communication, and imitation skills.

Some practitioners may opt for more extensive screening tools that identify developmental delays or possible differences in adaptive functions, such as the **Adaptive Behavior Assessment System, Third Edition (ABAS®-3)** or the **Developmental Profile 4 (DP®-4)**.

Learn more about **screening tools** you can use to identify autism.

The Autism Mental Status Exam (AMSE) is an observational assessment tool designed to evaluate cognitive, emotional, and behavioral functioning in individuals with Autism Spectrum Disorder (ASD).

Overview of AMSE

The AMSE is an **eight-item observational assessment** that standardizes the way clinicians observe and document signs and symptoms of autism. It is particularly useful in clinical settings to help inform diagnostic decisions regarding ASD. The exam has been validated through multiple studies and is available for free use. [⇒ Autism Mental Status Exam](#) +1

Purpose and Significance

The primary purpose of the AMSE is to provide a structured approach to assessing key features associated with autism, including:

- **Social Interaction Skills:** Evaluating the ability to engage in reciprocal social interactions and respond to social cues.
- **Communication Abilities:** Observing verbal and non-verbal communication skills.
- **Behavioral Patterns:** Identifying restricted or repetitive behaviors typical of ASD.
- **Cognitive Functioning:** Gauging overall cognitive abilities and processing skills.
- **Sensory Sensitivities:** Noting any unusual sensory responses or sensitivities. [⇒ 2](#)

Components of the AMSE

The AMSE consists of several key components that focus on specific aspects of functioning:

1. **Social Interaction Assessment:** Observes behaviors such as eye contact, joint attention, and social referencing.
2. **Communication Assessment:** Evaluates both verbal and non-verbal communication skills.
3. **Behavioral Observation:** Looks for repetitive behaviors and routines that may indicate autism.
4. **Cognitive Evaluation:** Assesses cognitive processing and problem-solving abilities.
5. **Sensory Processing:** Identifies any atypical sensory responses. [⇒ 2](#)

- Not intended to diagnose ASD, but rather to support an expert's clinical diagnosis when ASD is suspected
 - Initial validation data published indicates a sensitivity of 94% and a specificity of 81% in an unstratified high risk population.
- 
- Free training can be accessed at <http://autismmentalstatusexam.com/introduction>. For those interested in training in the AMSE online, be sure to review the manual, complete the training curriculum, and then the post-tests. The AMSE is also available for free download on the website.

A PRACTITIONER'S GUIDE TO UNDERSTANDING AND UTILIZING ASD ASSESSMENT: A STRENGTHS-BASED APPROACH

REBECCA SACHS PHD, ABPP WWW.CBTSPECTRUM.COM
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Accommodations & Impact Scale for Developmental Disabilities (AISDD)

ADHD Clinical Outcome Scale (ACOS)

Adolescent Autism Spectrum Quotient (AQ-10) – Parent version

Adolescent Empathy Spectrum Quotient (EQ)- Parent version

Adolescent Systemizing Spectrum Quotient (SQ) – Parent Version

Adult Autism Spectrum Quotient (AQ-10) – Self-administered

Autism Parenting Stress Index (APSI)

Autism Spectrum Quotient (AQ-10 Child Version)

Autism Spectrum Quotient (AQ)

Autism Spectrum Quotient (AQ) – Self-administered

Autism Spectrum Quotient Children’s Version (AQ-Child)

Quantitative Checklist for Autism in Toddlers

Revised Cambridge Personality Questionnaire

The Adolescent Autism Spectrum Quotient (AQ)

The Adult Asperger Assessment

The Empathy Quotient (EQ)

Autism Spectrum Screening Questionnaire (ASSQ)

Autism Symptom Dimensions Questionnaire (ASDQ)

Autism Treatment Evaluation Checklist (ATEC)

Autism Worries Survey (AWS) (Parent Version)

Bateria de Avaliação da Coordenação Motora em Crianças com Transtorno do Espectro Autismo (BACMA)

Cambridge Friendship Questionnaire (FQ) – Self-administered

Checklist for Autism in Toddlers- CHAT

Childhood Autism Spectrum Test (CAST)

Children’s Empathy Quotient and Systemizing Quotient – Parent version

Coaching Fidelity Scale (CFS)

Daily Living Skills Scale (DLSS)

Early Psychotic Symptoms Screening Scale (EPSy)

Empathy Quotient (EQ) for adults

Faces Test

Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R/F)



TestLibrary

Discover your Autism trait profile

Complete this 5-minute autism test to reveal how your unique traits shape who you are

Start by selecting your gender:

♂ Male

♀ Female



<https://testlibrary.com/autism-test/>

Ritvo Autism Asperger Diagnostic Scale – Revised (RAADS-R)

The Ritvo Autism Asperger Diagnostic Scale – Revised (RAADS-R) is an 80-item self-report questionnaire designed to identify autism in adults (18 years or older). Developed by Ritvo et al. (2011) as a revision of the original RAADS, it was created to address the growing need for validated assessment tools specifically designed for adult populations, where autism presentations may differ from those typically seen in childhood.

⌚ 13 minutes

👤 Ages 18+

✅ Autism, Diagnosis, Formulation

📋 Administer Now

RAADS-R
Overview

RAADS-R Scoring &
Interpretation

RAADS-R
Psychometrics

Professional
Access

The RAADS-R captures the ways autism manifests in adults who may have developed coping strategies, learned social scripts, or experienced years of adaptation to neurotypical expectations. Originally developed as a clinician-administered tool, it is advised that if using the RAADS-R as a self-report tool that it is then completed with clinician supervision to ensure accurate understanding of items and to provide an opportunity for clarification and clinical observation.



The screenshot shows the assessment interface for the Ritvo Autism Asperger Diagnostic Scale – Revised (RAADS-R). It includes a header with the NovoPsych logo and the assessment title. Below the title, there are instructions for the user. The main part of the interface is a table with 80 items listed on the left and a grid of response options (True now and when I was young, Only true now, True only when I was younger than 16, Never true) on the right.

RAADS-R

Assessment 1 of 1

Please read each statement below and choose the answer that best fits your life experiences and personality characteristics.

Question 1 of 80

1. I am a sympathetic person.

True now and when I
was young

Only true now

True only when I was
younger than 16

Never true

Next

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- stephenporges.com



Psychophysiological Assessments and Autonomic Scales

All assessment tools are free for educational, research, and clinical use. They are managed by the [Kinsey Institute Traumatic Stress Research Consortium \(TSRC\)](https://www.kinseyinstitute.org/traumatic-stress-research-consortium).

<https://www.polyvagalinstitute.org/assessments>

Body Perception Questionnaire

Measurement of body
awareness and autonomic
symptoms

Get the BPQ

Neuroception of Psychological Safety Scale

Measurement of social,
emotional, and body
sensation aspects of feeling
safe

Get the NPSS

Brain-Body Center Sensory Scales

Measurement of sensory,
ingestive, and digestive
problems

Get the BBCSS

Purpose in Life Scale

Measurement of feelings of
purpose

Get the PIL Scale

About the ATEC

About the Autism Treatment Evaluation Checklist: A major obstacle in autism research has been the lack of a valid means of **measuring the effectiveness of various treatments**. Over the years, researchers have published hundreds of studies attempting to evaluate different biomedical and psycho-educational interventions intended to benefit autistic children. Much of this research produced inconclusive or, worse, misleading results, because there are no useful tests or scales designed to measure treatment effectiveness. Lacking such a scale, researchers resorted to using scales such as the Childhood Autism Rating Scale (CARS), the Gilliam Autism Rating Scale (GARS), or the Autism Behavior Checklist (ABC), all of which were designed to diagnose autism- to tell whether or not a child is autistic--and not to measure treatment effectiveness.



Bernard Rimland and Stephen M. Edelson of the Autism Research Institute developed The Autism Treatment Evaluation Checklist (ATEC) to fill this need.

The ATEC is a one-page form designed to be completed by parents, teachers, or caretakers. It consists of 4 subtests: I. Speech/Language Communication (14 items); II. Sociability (20 items); III. Sensory/ Cognitive Awareness (18 items); and IV. Health/Physical/Behavior (25 items).

Using the ATEC

<https://autism.org/autism-treatment-evaluation-checklist/>

The ATEC may be used only for non-commercial purposes.

The ATEC is not a diagnostic checklist. It basically provides several subscale scores as well as a total score to be used for comparison at a later date. Basically, the lower the score, the fewer the problems.

Thus, if a person scores a '20' on one day, and then a '15' two weeks later, then the individual showed improvement. In contrast, if the score was '30', then the individual's behavior worsened.

Many parents and teachers use the ATEC to monitor how well the child is doing over time. In addition, researchers have used the ATEC to document improvement following an intervention by comparing the baseline ATEC scores with the post-treatment ATEC scores.

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THE AUTISM TREATMENT EVALUATION CHECKLIST (ATEC) MAY BE USED ONLY FOR NON-COMMERCIAL PURPOSES.

Connor Kerns Autism Trauma

Dr. Connor Kerns is a prominent researcher in the field of autism and trauma. She has conducted extensive studies on the relationship between childhood adversities, trauma, and mental health in autistic individuals. Her research highlights the need for specific trauma measurements tailored to the autism community and emphasizes the importance of understanding the diverse presentation of anxiety in autism. Dr. Kerns' work includes developing the **Childhood Adversity & Social Stress Questionnaire (CASS-Q)** and investigating the prevalence and impact of traumatic experiences in autistic people. Her ongoing studies aim to better measure trauma for those on the autism spectrum, ensuring their trauma can be recognized and effectively treated. [Autism Research Institute](#) +5



THE UNIVERSITY OF BRITISH COLUMBIA

Vancouver Campus

Anxiety Stress and Autism Program (ASAP)

Interested in joining the ASAP lab? Check out our Join our lab page!

<https://asap.psych.ubc.ca>

Research Participation Opportunities at the ASAP Lab!



**Seeking
Young Adults
(Ages 18-30)**

TO HELP US BETTER
UNDERSTAND SOCIAL AND
EMOTIONAL PROCESSING
AND WELL-BEING IN YOUNG
ADULTHOOD.



**YOU WILL RECEIVE \$20 PER HOUR
VIA A GIFT CARD OF YOUR CHOOSING!**

The study will include
one in-person visit at
UBC (1-2 hours) and
two online sessions
(45 minutes each).

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Email: schemastudy@psych.ubc.ca
Phone: 604-822-6069
Study Website: bit.ly/SCHEMA_C23
Lab Website: <https://asap.psych.ubc.ca/>

**The Social Communication, Historical
Exclusion, Memory and Affect (SCHEMA)
Study 2.0**

What to expect in the study:

SCHEMA 2.0 is a three-part study that includes one in-person visit at UBC (1-2 hours) involving eye tracking and two online sessions (45 minutes each). The study takes approximately 2.5 hours (for non-autistic participants) to 3.5 hours total (for autistic participants).

How do I participate in the study?

If you are interested in participating in this study, please fill out the eligibility screener survey (~3 min) [here](#).

Participants receive \$20 per hour in the form of any electronic gift card of your choosing.



Connor Kerns
Associate Professor

✉ cmkerns@psych.ubc.ca

☎ 604 822 6771

📍 Kenny Room 3404 - 2136 West Mall

📄 [Lab Website](#)

📄 [Google Scholar](#)

📄 [Download CV](#)

RESEARCH AREA

[Clinical](#)

EDUCATION

PhD, Temple University, 2013

Task Analysis

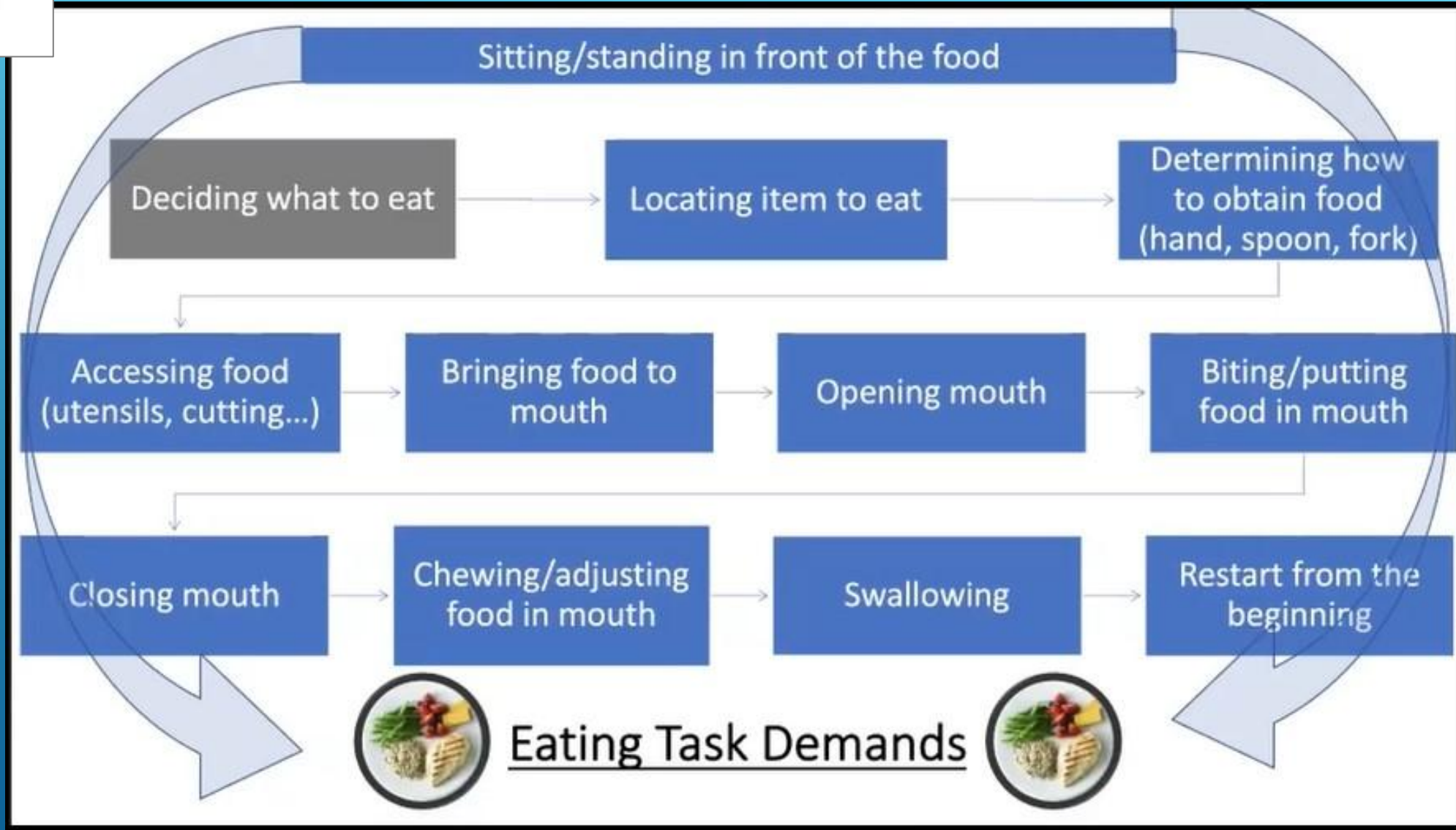
Take an observed problem and determine where the break downs may be occurring

From: A lecture entitled, *Not Just Surviving, But Thriving With Autism*, by Kimberly Clair O.T. (autistic adult) and her husband, William Miller.

The Challenge of Eating (for example):

Additional Considerations:

- Is the ASD person willing/able to stop what they're doing to come to the table?
- How the ASD person feels on the front end – e.g., fear of certain sensations they're about to experience (taste, smell, textures, temperatures):
- Therefore you MUST deal with anticipatory fear properly on the front end!



For Parents and Professionals:



STOP and ask about his/her problem, feelings, and needs

Situation facts only

Orient yourself to the environment

Look at the task (demands & what happened before/is happening after) + expectations being imposed

Vulnerabilities (processing differences, sleep, mental/physical health status...)

Experience through his/her lens

EXPERIMENT with solutions

"Behaviors must be analyzed in a variety of environments and circumstances!"



Don't Forget...

It is imperative to take into consideration the following:

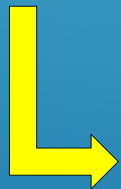
- | | |
|---|---|
| <ul style="list-style-type: none">• Environmental factors• Biological conditions• Prior/post meal factors | <ul style="list-style-type: none">• Emotional & social factors• Psychological wellbeing• Individual vulnerabilities |
|---|---|

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From: A lecture entitled, *Not Just Surviving, But Thriving With Autism*, by Kimberly Clair O.T. (autistic adult) and her husband, William Miller.

On a more basic level, in order to help an ASD person in a particular environment with a particular task, one must – at a minimum – first engage in a **S.W.O.T. analysis**:

S. = Strengths
W. = Weaknesses
O. = Opportunities
T. = Threats (to their strengths, to their weaknesses, and to the identified opportunities).



Sometimes it's the very policies and rules of a school or other organization that pose the biggest threat to a youth's health, growth, and ability to thrive!

From a lecture entitled, *Dissecting the Brain-Gut Connection to Address Sensorimotor Concerns for Children with Autism*, by Dr. Varleisha Gibbs PhD, OTD, OTR/L, ASDCS

Acknowledgment of strength, resilience, support, and available resources	Acknowledgment of the trauma List all types and categories of trauma, as well as what support is needed	Interdisciplinary Team Who is needed to move toward balance?

Self-awareness & Discovering the Whys

For me it was essential to:

Have awareness of my ASD, SPD, ADHD tendencies
Discover how they do/can impact the eating disorder
Learn to differentiate between symptoms

Things I need to be aware of regarding my ASD, SPD, & ADHD

Information, emotion, sensory processing	Tendency towards perseveration
Executive functioning	Ways of communicating
Impulse & emotional control	Fascination with numbers

Questions to ask myself

- What is a result of my processing differences?
- What is a result of the eating disorder?
- How do the they affect each other?

From: A lecture entitled, *Not Just Surviving, But Thriving With Autism*, by Kimberly Clair O.T. (autistic adult) and her husband, William Miller.

When analyzing task demands to assess whether underlying skill deficits and/or processing differences impact performance you must consider an individual's

Sensory Profile

+

Traits/challenges associated with any underlying conditions

i.e. my underlying conditions would be ADHD, SPD, and ASD



Searching for Patterns

Helping with self-awareness & understanding interoception signals through discovering patterns

Unwanted behaviors, thoughts, urges	Doing	Did prior	Want to do and body sensations	Thinking	Environment
Pretending to bite teacher	Standing still in line, with class on outing.	lunch	Die, bite myself, run into the street, prickly skin	I want to bite myself	Outside, windy, hear other kids talking, cloudy, crowded sidewalk
Banging knees into wall	at personal trainer session doing squats	at home working on chores	prickly skin, stop doing squats	Want mom to tell trainer take me home bc I want to stop the squats	Gym, overhead fans on, lights on, smells like sweat, echo noises
Biting self & looking like I will bite teacher	In class working on cutting project	Horticulture class	Ask teacher for help with cutting, prickly skin, pace	Nothing	Classroom with support next to me. Desk under air vent. Sitting on hard chair,

Parent Question: "Are you saying I have to prevent my child from feeling air blowing on his skin at all times!? – that's impossible!"

The short answer is "Yes."

The long answer is:

Last week I bought a charger for my phone to keep in our minivan at all times. But the backstory is: Do you know how many times I **thought** about this preventative step before actually **doing** it!? I can't tell you how many times I felt frustrated with being in the van without a charger and/or having to go back into the house to get one before driving somewhere/running errands, etc. I'd bet I thought of buying a "dedicated charger to keep in the van" at least 10 times, total, before actually doing it ... and I'm not someone struggling with Autism!

The key to addressing patterns like this is to **Think Preventatively** and to **Anticipate** when your child will be exposed to known triggers and environmental stressors. Dr. Shore wears a baseball cap indoors at all times to block fluorescent light, so ... what does your child need?

Describe the situation: (What were you doing... how did you react...): I was working on a project but was told Tom was working late and I needed to pick up kids. I got home with kids same time as sis came home and then everyone started talking. I needed a plan but I had no plan. I Laid on floor, kicked feet, yelled, covered ears,

What were you doing right before this time? Picking up nieces from school

Did you have any urges to do something else: I want to break the kid's toy

What were you thinking: not sure

Describe sensory environment: Too many people talking and moving, annoying toy sound, questions non stop

What you felt inside your: Body tense, leg shaking, clenched teeth, squinty eyes, tapping mouth, fists on ears

What emotions were you experiencing: Confused, don't know what's happening, time keeps going I do not

What Emily noticed: Furrowed eyes, isolated self, did not engage with others,

When an ASD person uses a worksheet like this daily, such as every day right after dinner, it helps them – ideally, with the help of a trusted individual – to look at a time of emotional dysregulation more objectively, to process things without shame, and to learn from seeing patterns and being able to plan accordingly for similar situations in the future.

From: A lecture entitled, *Not Just Surviving, But Thriving With Autism*, by Kimberly Clair O.T. (autistic adult) and her husband, William Miller.

Self-Awareness and Coping

STATES	HOW TO DECREASE CHANCES OF...	HOW I KNOW ITS...	COPING TOOLS
COGNITIVE OVERLOAD	First/next/then prior to task, to do lists, chunking tasks, take breaks body scan throughout day, use timers	• Thoughts too fast • Thoughts disorganized • Ping pong images in head • Stuttering • Blurring dots in head • Zombie mode • Throw up	• Break up tasks into chunks • Choose 1 task and start • Use weighted vest • Take a break • Go to gym or run outside • Ask for help
SENSORY OVERHELM	Sensory breaks during day, bring headphones to work, use sensory keychain in public, body scan throughout day	• Can't talk or loud voice • Shooting energy • Want to kick, hit, run away • No thoughts or violent thoughts • Too hyper • Self-harm	• Go somewhere quiet • Use device to ask for help • Look at sensory coping cards • Kick couch • Jump on trampoline
EMOTIONAL OVERWHELM	Eat regularly, sensory breaks, talk to others when about sensations/feelings, body scan throughout day	• Confusing colors • Want to run away • Black colors • Bursting seams	• Journal or color how I feel • Talk to someone • Go for a walk • Use emotion blocks • Play with dog

From: A lecture entitled, *Not Just Surviving, But Thriving With Autism*, by Kimberly Clair O.T. (autistic adult) and her husband, William Miller.

Kim's
Problem-Solving Process
for
Problem Behaviors



Once I acted out impulsively, dealt with the consequences, and identified the problem behavior's I answered the following:

1. Describe the situation
2. List personal vulnerabilities/environmental factors that may have contributed to the behavior.
3. What was my body feeling? What emotions were I feeling?
4. What need does the feeling/emotion signal?
5. How did my behavior affect me? How did it affect others?
6. Was there a positive outcome? If no, list desired outcome.
7. Was my behavior healthy? If no, describe alternative strategies.
8. How can I rectify the situation (if warranted)?
9. What will I do next time I am in a similar situation?

This is basically an **Applied Behavior Analysis** kind of process (see next slide as well), one where the goal is not to find out what the child did that was “wrong” so that they can be told to never do it again, rather, the goal is to help the ASD child to start identifying factors that precede and contribute to the development of the acting-out or meltdown experience. Once these factors are identified, underlying and unmet (felt) needs can be identified as well. From there, the youth’s strengths, in conjunction with appropriate self-help tools, can be identified for future use.

(These questions will need to be simplified and shortened for kids and teens, since this list represents questions Kimberly uses as an adult)

From: A lecture entitled, *Not Just Surviving, But Thriving With Autism*, by Kimberly Clair O.T. (autistic adult) and her husband, William Miller.

Specific Sensory Documentation	Taste	Smell	In-Mouth Feel/how it feels when chewed	Temperature	Sound	Other
Mashed Potatoes	Good (but not red potatoes)	Good	Hates it when there are little chunks of potato remaining	Actually likes them cold, b/c coldness feels soothing	No annoying sounds associated with this food	They have to have the right amount of salt; no melted butter
Broccoli	Awful	Awful	Hates it how the little florets tickle his palette	Doesn't matter, he won't eat it at any temp.	"When I eat broccoli, I can hear it wanting to kill me!"	Trauma memories of being forced to eat broccoli
Chicken Nuggets (real meat)	Ok - good	Good	Real chicken feels rubbery	Prefers nuggets at room temp.	"I can hear my teeth bouncing off the rubbery chicken!"	Will only eat Wendy's nuggets at the right temp.
Peanut Butter	Good, but only if super sweet	Good	Can't be the chunky kind	Prefers room temp., never warm or hot	N/A	Will eat it on celery sticks – likes the crunch
Cucumber Slices	Ok, but if bitter, will lead to a meltdown	Ok	Likes the crunch, but not the mushy center w/seeds	Likes them cold	N/A	Won't eat them without being able to dip in salt

Other Ideas Around Food Sensitivities:

- 1) Pair a (new) food with a fun activity.
- 2) Make the (new) food look really fun, cute, and appealing – e.g., use ideal cookie-cutter shapes for finger sandwiches ... if Bluey is their thing, then go online and find a Bluey cookie-cutter set.
- 3) Focus on the journey with your child / the relationship, NOT on the task/desired outcome:
“Years ago I was trained as an RDI certified educator. One time I was watching another person doing the training and engaging in sampling with food, and how they had a child of their own who was a restricted eater because they had very adverse sensory reactions to different textures, temperatures, and spices. So they turned this activity into just being a sharing experience between parent and child. It wasn't about having the child eat a bunch of different things. It was about the parent trying something and wanting to share that experience with their child. If the child didn't like it, that was OK; they didn't have to try it any more. It's about the experience [in a positive and loving relationship context] so that the child can learn what they want to eat so they can make choices as much as possible.”

Self-Regulation & Mindfulness (SAM):

Dr. Varleisha Gibbs

Purpose: To track the application of the daily targets for the SAM program.

Child: Person Completing Sheet:

Setting: Dates:

Target	AM	Lunch	Afternoon	PM (if applicable)	Bedtime (if applicable)	Notes
Touch & Heavy Work						
Hydration & Oral Motor						
Metronome & Timing						
Right & <u>Left</u> Brain Integration						
Patterns & Repetition						
Breath & Valsalva						
Vision & Sound						
Movement						
Inhibition						
WEEKLY TOTALS:						

Activities that are **repetitive actually release dopamine and endorphins** ... which is why so many ASD individuals tend to engage in back-and-forth rocking behaviors, especially when under stress.

The **Valsalva Maneuver** (see next slide) is a way to reverse or bring down the body's Fight/Flight/Flee reactions by helping the Parasympathetic N.S. to kick-in.

Inhibition is about starting and stopping, starting and stopping.

From a lecture entitled, *Dissecting the Brain-Gut Connection to Address Sensorimotor Concerns for Children with Autism*, by Dr. Varleisha Gibbs PhD, OTD, OTR/L, ASDCS



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Autism **Treatment** Evaluation Checklist (ATEC)



<https://self-injuriousbehavior.com>

The October 2005
Recovered Autistic Children Event

Featuring Garrett Goldenberg
whose recovery inspired the Defeat
Autism Now! (DAN!) Project,
and 9 other terrific recovered kids.

Interviewer: Stan Kurtz,
parent of a recovered autistic child

Bernard Rimland hosts the introduction of a few of the children who have made huge improvements and recoveries in the Autism Spectrum. Autism IS Treatable!!!

Bernard Rimland, Ph.D. is the director of the Autism Research Institute (ARI) in San Diego, which he founded in 1967, and the founder of the Autism Society of America, which he founded in 1965. He is also the co-founder of the Defeat Autism Now! (DAN!) Project, which is sponsored by ARI. Dr. Rimland is the author of the prize-winning book, *Infantile Autism: The Syndrome and Its Implications for a Neural Theory of Behavior*, which is credited with debunking the "mother-blaming theories of autism prevalent in the 20th century. He is also the father of an autistic adult. His website is:

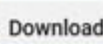
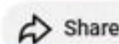
www.AutismResearchInstitute.com



Bernard Rimland Recovered Autistic Kids Pt 1



AutismRecovery
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66

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- [Pharmacologic Treatment of Severe Irritability and Problem Behaviors in Autism: A Systematic Review and Meta-analysis](#)
- [Pharmacological Treatment of Mood Disturbances, Aggression, and Self-Injury in Persons with Pervasive Developmental Disorders](#)

Understanding and Treating Self-Injurious Behavior

Go to this website to read the **Disclaimer** and to answer all of the questions contained within this **online questionnaire**. There are three categories of questions:

- 1) Behavior directed toward a specific area of the body
- 2) Possible physiological reasons
- 3) Possible communication/social reasons [Note from Greg Handleton MA, LPCC-S: Some parents report that their child revealed, once they became able to communicate, that they engaged in head-banging, etc., because of their chronic pain related to extreme sensory sensitivities, some of which seemed to have started at or soon after the time of getting one or more vaccines].

From the above website: *Notes:*

1. It is recommended that a thorough medical assessment be conducted first to rule out SIB as a coping mechanism to deal with discomfort or pain, such as migraine headaches and irritable bowel syndrome (IBS). A functional behavior assessment at the same time or soon after is also recommended to reveal possible cause(s) as well as the context of the behavior (e.g., antecedents, consequences, surroundings).
2. In a few instances, possible reasons for SIB listed on this website are based primarily on reports by experienced clinicians, rather than on research. When trying to understand the reason(s) for such devastating behaviors, it is important to include all information as possible.
3. Medical interventions are sometimes prescribed to treat SIB. Since it is important to consult with a medical provider regarding drug treatments, such interventions are not discussed in this website. You can learn more about them from the following published review reports:
 - [Pharmacologic Treatment of Severe Irritability and Problem Behaviors in Autism: A Systematic Review and Meta-analysis](#)
 - [Pharmacological Treatment of Mood Disturbances, Aggression, and Self-Injury in Persons with Pervasive Developmental Disorders](#)

Please read the disclaimer notice prior to completing the questionnaire.

Stephen M. Edelson, Ph.D.

Executive Director

Autism Research Institute

(See the next slide for information about using the above website to submit diagnostic info. about your child online to ARI)



Understanding and Treating Self-Injurious Behavior

This website is designed to assist professionals and parents in identifying treatments that may reduce or eliminate self-injurious behaviors (SIB) in clients or children.

SIB is one of the most devastating behaviors exhibited by individuals on the autism spectrum. Examples of these behaviors include head- and ear-banging, eye-gouging, hand-biting, and excessive scratching and rubbing. *These behaviors are associated with redness, bruises, open wounds, and/or bone fractures.* Note: Tic-like and stereotypic behaviors (e.g., repetitive motor behaviors such as rocking and flapping) typically do not lead to injury and are not addressed on this website.

Research has documented numerous reasons for SIB (see Durand, 1990; Edelson, 2020; Edelson & Johnson, 2016; Handen et al., 2018; Laverty et al. 2020). There are many effective interventions, and the selection of appropriate interventions often depends on identifying the underlying causes of the behaviors.

Responses to the questions below may provide insight into one or more possible reasons why an individual engages in SIB. Links to published studies on causes as well as appropriate interventions are also provided. Most of these articles will include references to related articles.

Behavior directed toward a specific area of the body:

1. Does the individual hit or bang his/her head and/or ears?
 - ☐ Yes
 - ☐ Sometimes
 - ☐ No
 - ☐ Don't know or not applicable
2. Does the individual hit or slap the face area and/or nose?
 - ☐ Yes
 - ☐ Sometimes
 - ☐ No
 - ☐ Don't know or not applicable
3. Does the individual press, rub, or poke his/her eye(s)?
 - ☐ Yes
 - ☐ Sometimes
 - ☐ No
 - ☐ Don't know or not applicable
4. Does the individual pull out his/her hair?
 - ☐ Yes
 - ☐ Sometimes
 - ☐ No
 - ☐ Don't know or not applicable
5. Does the individual hit or bang his/her mouth or chin?
 - ☐ Yes
 - ☐ Sometimes
 - ☐ No
 - ☐ Don't know or not applicable
6. Does the individual *excessively* scratch, pinch, or rub his/her skin on anywhere on the body?
 - ☐ Yes
 - ☐ Sometimes
 - ☐ No
 - ☐ Don't know or not applicable

Possible physiological reasons

7. Does the individual suffer from seizures?
 - ☐ Yes
 - ☐ No
 - ☐ Don't know or not applicable
8. Does the individual have limbic encephalitis or herpes simplex encephalitis?
 - ☐ Yes
 - ☐ No
 - ☐ Don't know or not applicable
9. Does SIB worsen after suffering from a viral syndrome?
 - ☐ Yes
 - ☐ Sometimes
 - ☐ No
 - ☐ Don't know or not applicable
10. Does the individual suffer from asthma, allergies (e.g., rhinitis, food allergy), and/or sinusitis?
 - ☐ Yes
 - ☐ Sometimes

<https://self-injuriousbehavior.com>

There are a total of 23 questions. When you hit "Submit" at the bottom, I am not entirely sure where that information goes or what is done with it! I'm assuming that someone from ARI will reach out to you ... ?

ARI's Diagnostic Checklist, Form E-2, was developed by Dr. Bernard Rimland to **diagnose children** with Kanner's syndrome, which is also known as '**classical autism.**' Many parents and professionals have also used the E-2 checklist to assist in the diagnosis of autism spectrum disorder (ASD). The Form E-2 checklist also asks parents to rate the effectiveness of various interventions they have tried on their son/daughter. Information on the effectiveness of interventions is compiled on a regular basis, and the resulting **Parent Ratings of Behavioral Effects of Biomedical Interventions** are shared with families and professionals throughout the world. Form E-2 is available on request in English. Our files contain information on over 40,000 children from more than 60 countries. Our service to researchers depends in part on our having a comprehensive bank of up-to-date information about children with these severe disorders. Your help in completing the E-2 checklist and submitting them to ARI will be greatly appreciated: [Download the E-2](#) (English, PDF)

Diagnosis: The responses on Form E-2 are entered into a computer which calculates a diagnostic score. The score along with its interpretation is sent to the person or agency submitting the checklist. In addition, a file number is assigned to each child for data recording and analysis, and to ensure confidentiality.

Form E-3, a supplement to Form E-2, contains additional questions which are designed to explore a number of leads which have been uncovered in our search for the causes of severe behavior disorders in children. Form E-3 is sent to families upon completion of Form E-2. Note: there is no score derived from Form E-3; and there-fore, there is no individualized report. An interesting and informative paper about autism is sent to the person or agency submitting a completed E-3 form as a token of our appreciation. Additionally, the information about your child will be kept permanently in our computer databank, so that it will be possible to contact you if future research produces relevant diagnostic or treatment implications. If you would like to complete the Diagnostic Checklist Form E-2, you can download and print the checklist (Adobe pdf file), and then mail it to ARI, 4182 Adams Ave., San Diego, CA 92116. [Download the PDF file](#)

Sensory Enrichment Therapy (SET)

Environmental enrichment, in the form of **Sensory Enrichment Therapy**, **pairs different types of sensory and motor exercises on a daily basis**. Varied textures, such as plastic turf doormats, aluminum foil, sponges, artificial flowers, adhesive tape, and bubble wrap, were used to stimulate the sense of touch. For object manipulation, there were beads to sort and arrange, discs to insert or pull, and rice or toothpicks to insert into foam or Play-Doh, which was also used to squeeze and shape. Thermal stimulation came from different temperatures of water, spoons, or mugs. Visual stimulation came in the form of fine art, photos, and other images. Auditory stimulation came in the form of classical music or sound makers. Proprioceptive and vestibular stimulation came in the form of various exercises requiring walking or ascending and descending stairs while carrying an object overhead. Balance skills were elicited on a raised or angled beam, and different movements were performed in place with a blindfold. Pleasant scents provided olfactory stimulation. A partial list of the exercises available to the children in this study can be found in previous reports [17, 18]. The online system selected exercises from a database of more than 400 different sensory exercises, which allowed a new individualized therapy worksheet to be developed for each 2-week period.

Environmental Enrichment Therapy for Autism: Outcomes with Increased Access

Eyal Aronoff¹, Robert Hillyer¹, Michael Leon^{2,*}

► Author information ► Article notes ► Copyright and License information

PMCID: PMC5046013 PMID: [27721995](#)

<https://pmc.ncbi.nlm.nih.gov/articles/PMC5046013/>

Abstract

We have previously shown in two randomized clinical trials that environmental enrichment is capable of ameliorating symptoms of autism spectrum disorder (ASD), and in the present study, we determined whether this therapy could be effective under real-world circumstances. 1,002 children were given daily **Sensory Enrichment Therapy** by their **parents**, using personalized therapy instructions given over the Internet. Parents were asked to assess the symptoms of their child every 2 weeks for up to 7 months. An intention-to-treat analysis showed significant overall gains for a wide range of symptoms in these children, including learning, memory, anxiety, attention span, motor skills, eating, sleeping, sensory processing, self-awareness, communication, social skills, and mood/autism behaviors. The children of compliant caregivers were more likely to experience a significant improvement in their symptoms. The treatment was effective across a wide age range and there was equal progress reported for males and females, for USA and international subjects, for those who paid and those who did not pay for the therapy, and for individuals at all levels of initial symptom severity. **Environmental enrichment, delivered via an online system, therefore appears to be an effective, low-cost means of treating the symptoms of ASD.** 