


The background of the slide is a light gray gradient. It is decorated with several realistic-looking water bubbles of various sizes, scattered across the top and bottom edges. The bubbles have highlights and shadows, giving them a three-dimensional appearance.

Autism Assessments, Treatments, & Interventions

Please note that specific products listed within this section are being given as examples of some of the types of products available on the market today and are not (necessarily) being specifically endorsed by this organization or by the facilitator(s) of this course.

Idea! If a parent or parents want to check out a particular service, book, or product, we'd love to hear your "book review" or "service review" feedback in class!



Success is the sum of
small efforts, repeated
day in and day out.

Robert Collier

quote fancy

Anticipating change...

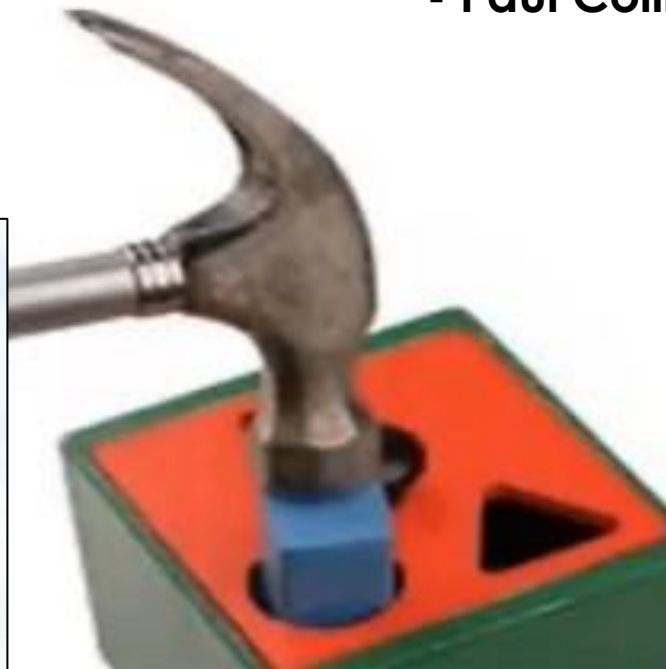
Helps to respond to change!

“Autists are the ultimate square pegs, and the problem with pounding a square peg into a round hole is not that the hammering is hard work. It’s that you are destroying the peg”.

- Paul Collins

“If a child can't learn the way we teach, maybe we should teach the way they learn.”

- Ignacio Estrada



“What if normal school makes you abnormally miserable?”

And what if growing up in a normal society makes you a miserable adult? Is that success? Is that normal?

Do you want to be in the mainstream if its going to drown you?”

From P. Collins (2004) Not even wrong: Adventures in Autism

**Improving Social Communication
in Autistic Clients**

Neurodiversity Principles in Action

Barry M. Prizant, Ph.D., CCC-SLP
Visiting Scholar

Brown University, Providence, RI
Director, Childhood Communication Services,
Cranston, RI

www.barryprizant.com
www.SCERTS.com
www.uniquelyhuman.com

We can measure a person's Way of Knowing, as well as their Way of Doing, but the problem with "old-school" treatment goals is that clinicians have worked for decades to try to change an ASD person's ...

Way of Being! ... to try to make them "normal"!

Not only is a person's Way of Being more difficult to define and remains rather abstract when trying to observe and measure it, but ... how much damage has been done in the name of "therapy" as doctors have tried to actually change an ASD person's Way of Being? Dr. Stephen Shore (an Autistic college professor) says we need to accept ASD people for who they are, but sometimes we're told by a therapist that they do practice acceptance when, in reality, they do not. A therapist either *works with* or *tries to fix*, one or the other!

(From PESI.com's ASD certification training: A lecture entitled, *Developing Core Competencies as an Autism Specialist through a Neurodiversity Lens* – Jeffrey Guenzel MA, LPC, and Emile Gouws PhD)

The Four A's of Autism: (per Dr. Stephen Shore):

- 1) Awareness** – early diagnosis is key; simply being aware of how even mild ASD traits might be impacting a person's life is the starting point.
- 2) Acceptance** – acceptance means accepting the hard truth about an ASD diagnosis so that you can then begin exploring how this person's ASD symptom picture is unique.
- 3) Appreciation** – don't just accept ASD, shrug, and move on; rather, start to truly appreciate the whole person and the unique gifts they bring into the world.
- 4) Action** – take appropriate action, always being willing to try new angles and new combinations of things to help an ASD person thrive.

Before we dive into looking at treatments and interventions, let's watch an interesting little video about "Influencing Behavior Change." The reason this is important is because ... well, you'll see!



Influencing Behavior Change - Hand Washing

The *New York Times* Bestseller

— REVISED and UPDATED SECOND EDITION —
NEW CASE STUDIES • APPLICATIONS • RESEARCH

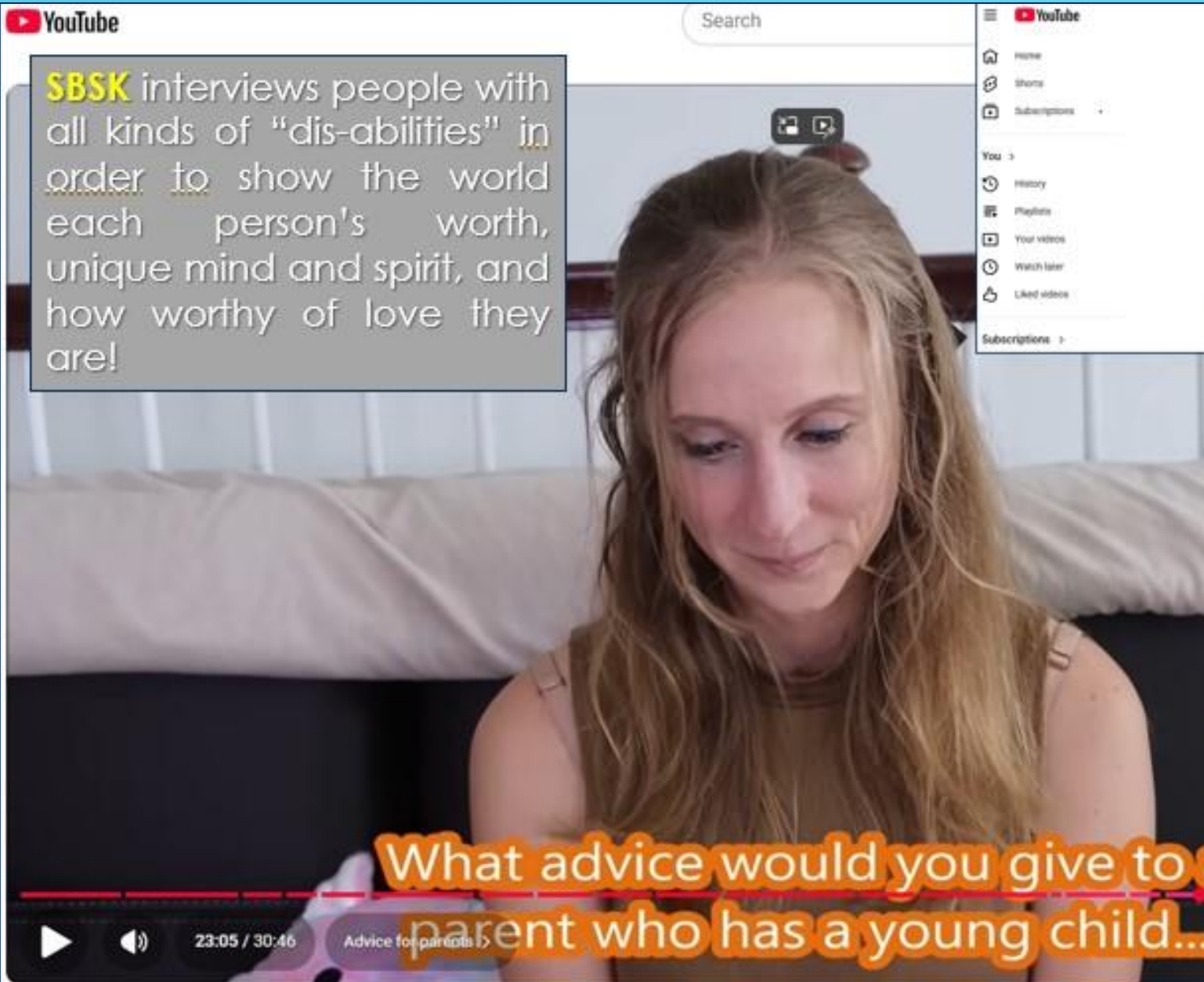
Influencer



Joseph Grenny • Kerry Patterson
David Maxfield • Ron McMillan • Al Switzler

From the bestselling authors of
crucial conversations

SBSK interviews people with all kinds of "dis-abilities" in order to show the world each person's worth, unique mind and spirit, and how worthy of love they are!



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Interviews that are intended to create a more inclusive world. ...more

patreon.com/SBSK and 4 more links

What advice would you give to a parent who has a young child...

An Autistic Woman who was Misdiagnosed and Wrongfully Medicated for a Decade

Special Books by Special Kids 3.67M subscribers

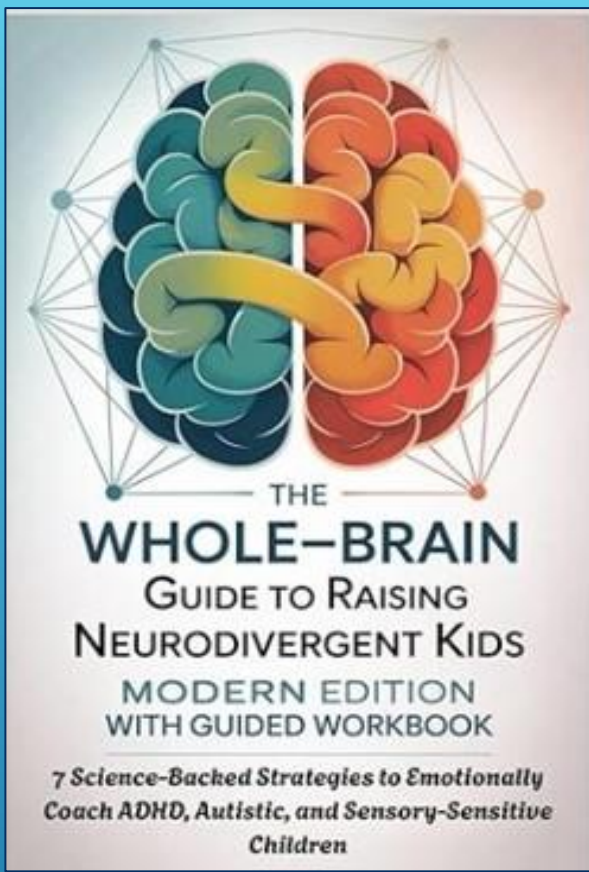
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Q: "What advice would you give to a parent who has a young child who is showing Autism symptoms but they're wondering, 'Should we get them diagnosed? We don't want them to think they're different?'"

A: "They can't hide the fact that they're different ... It's not bad to teach them when it is appropriate to mask [their symptoms in public] for brief periods of time, because there are situations where it is important [to do that], but, they need that safe space [to be themselves] at home. It's a mindset change ... ; You cannot get rid of a problem by pretending it does not exist. You have to address it. You're only going to do more damage by delaying diagnosis and treatment – they need accommodations for their disabilities. And they need you!"



“Unfortunately, **traditional parenting techniques** and even some ‘therapeutic’ interventions “can actually harm the very mechanisms your child uses to **stay regulated and engaged** with their environment. **The sensory world presents another layer of complexity entirely ignored by traditional methods.** **A child having a meltdown in the grocery store isn't being manipulative or attention-seeking.** Their nervous system is genuinely **overwhelmed** by fluorescent lights, competing sounds [that often CAUSE neurological pain], varied textures, [unclear expectations, unpleasant smells], and social demands that their brain cannot filter or process simultaneously.

No amount of logical consequences or behavioral interventions will address or change their neurological reality.

This **mismatch** between method and [neurology]/mind creates secondary problems that compound the original challenges. [ASD] **children begin to internalize messages that they're difficult, defiant, or broken. Parents develop chronic stress, doubt their instincts, and often resort to increasingly punitive measures that further dysregulate already sensitive and overwhelmed nervous systems.** The family system becomes stuck in cycles of conflict and disconnection.”

My (Greg's) #1 pet peeve is when a parent, teacher or other adult accuses a child of acting out just to “**get attention**” when the reason the child is acting-out is likely because they're not getting enough nurturing attention, and/or they're getting too much negative attention, at home.

“There was a time in Western culture, coming to us from the ancient Greeks, when impairment was seen as being a punishment from the gods. In essence, good people looked normal and bad people – people who had done wrong, or people whose parents had done wrong – looked not-normal. Even today in Western culture we still idealize physical power, grace, beauty, and perfection.”

Emile Gouws PhD

(An adult with ASD who is also an ASD special educator in South Africa)

Only within the past few years have we begun to see a sharp increase in the number of product advertisements showing people who are not “ideal,” for example, obese ... with obesity certainly not matching the glamorous ideal that the ancient Greeks promoted.

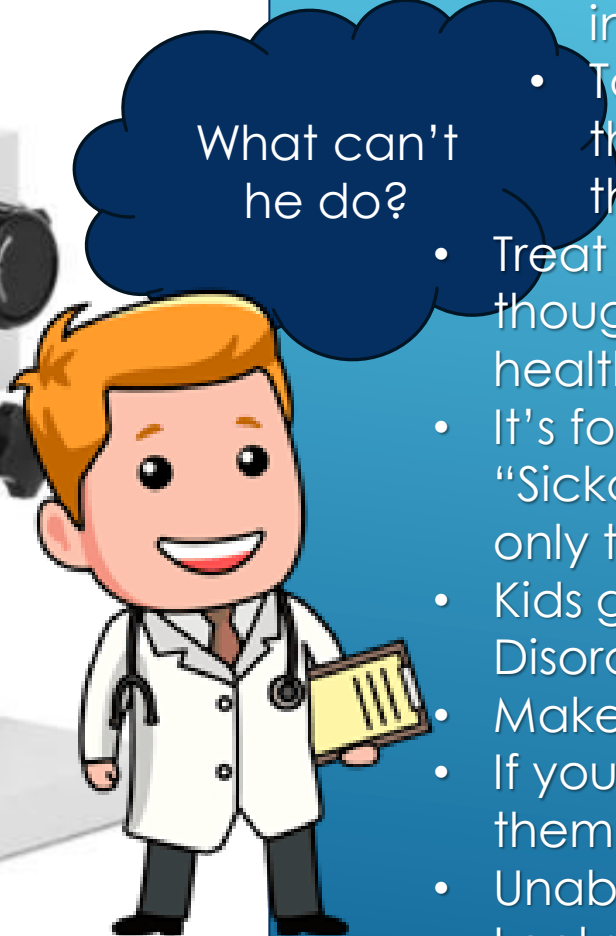
“I personally have also noticed how people that used to be considered ‘weird’ or ‘nerdy’ have actually found their place in our society, so, hopefully this trend is also translating into less fear and more acceptance for ‘quirky’ ASD folks, too.” – Greg Handleton MA, LPCC-S, TRCC

The Traditional Goals of ASD Treatment Are Based on Outdated Models of Psychiatry:

- Trying to make an ASD person “normal.”
- IEPs are extremely deficits-based, which means that everyone on the team focuses primarily on deficits, with strengths being an afterthought.
- Dr. Stephen Shore: “We need to turn the entire reporting system upside down.”
- Demanding that kids spend hours at a time being focused only on their deficits in order to “work on them” IN ISOLATION from their strengths and interests.
- Working on controlling and containing undesired behaviors.

The Medical Model:

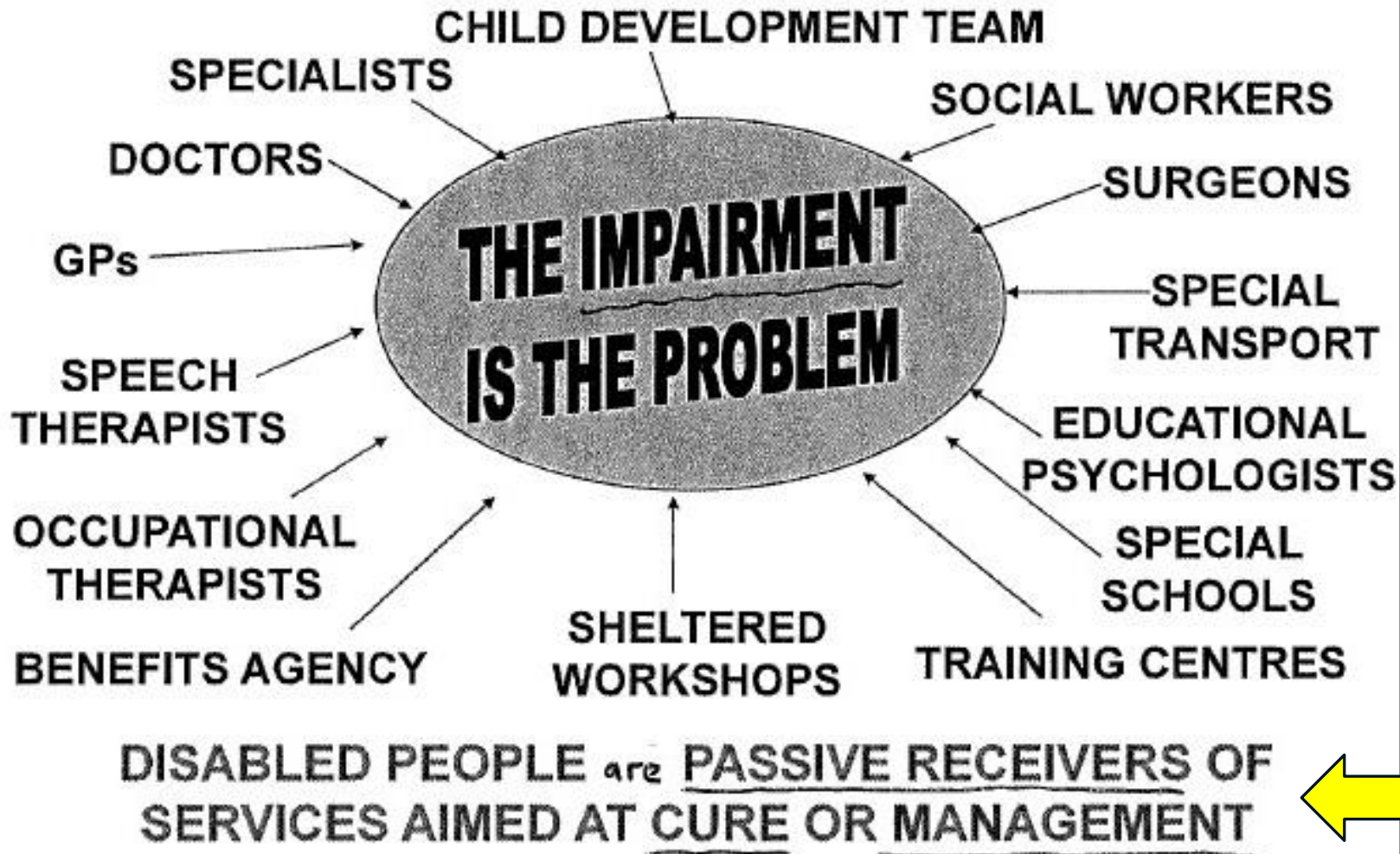
- Looks at disabled people from a deficiency point of view:
 - Rooted in evolutionary thinking, “survival of the fittest,” and the idea that some races are inherently better than others.
 - Taken to an extreme, this is the same mindset that Adolf Hitler used when purging Germany of those he felt were genetically inferior.
- Treat the symptoms, sometimes with little or no thought being given to trying to actually improve health.
- It’s foundational to why we actually have a “Sickcare System,” not a “Healthcare System.” The only time you see a doctor is when you’re sick!
- Kids get diagnosed too frequently with Bipolar Disorder because psychiatry can’t exist without pills.
- Make the person as normal as possible.
- If you can’t make them normal, segregate or isolate them from society at home.
- Unable to celebrate people for who they are.
- Looks at ASD as being a stand-alone disorder to be fixed through behavior modification.



What can't he do?



The dominant view is the Medical Model.



I have noticed that the COVID-19 pandemic both revealed and created two kinds of people:

- 1) People (generally older) who have always trusted the medical "experts" 100% and who continued to exercise that trust during the pandemic, and
- 2) People (generally younger) who have lost trust in the medical "experts" because of the political affiliations that seem to have taken over at the highest levels. Dr. Fauci later coming out and admitting that they forced the vaccines on the American people without proper research validation has only reinforced this distrust.

“I’m a clinical psychologist, but I don’t own a copy of the DSM-5 because I don’t agree with the labeling that goes on in it.” – Dr. Gil Tippy

From Greg Handleton MA, LPCC-S:

“We have to remember that maladaptive behaviors do **not** automatically point to an underlying ‘**Disorder,**’ especially not a genetically rooted one. For example, PTSD can be found in the DSM 5 TR as a diagnosable mental illness. But here’s the thing: When a person is experiencing PTSD symptoms, the reason they’re experiencing them is because their nervous system is still reacting to the trauma or traumas **in exactly the way they’re supposed to ... in exactly the way that either Evolution or God designed them to react.** Therefore, is PTSD a ‘mental illness,’ or is it merely a label that can describe the symptoms of a neurological system that simply needs help getting unstuck?”



PESI
2022 Autism
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Helping Autistic Clients Relate and Communicate through DIR/Floortime®: A Powerful Evidenced-Based Developmental Model That Works!
Gil Tippy, PsyD

In other words, the world of psychiatry is bent on turning **differences** into “**disorders**”; nor does the DSM diagnostic system truly factor-in **strengths** or **cultural differences**. The whole system is set up so that a “patient” who has a “disorder” has to come to a doctor, open up their checkbook, and **pay for interventions** that only the **doctor** can provide ... often in the form of pills.

Psychiatrists: only medical specialists who rarely looks at organ they treat

- Cardiologists look
- Neurologists look
- Orthopedists look
- All other specialty looks
- Psychiatrists **guess**



5:20 / 14:36

SPECT in psychiatry >



In Treatment, It's Never Acceptable To:

- Deem a trait or behavior as being “desirable” or “undesirable” based on whether it is typical of people of a certain age or not. Consider: How many adults basically throw adult-sized tantrums when something bad happens, they don't get their way, etc. Certainly such behaviors are not “desirable,” either, but people do them anyway ... and yet there's no one around forcing them into treatment.
- Conflate/confuse impairments in areas like speech or motor skills with the absence of internal processes, feelings, intelligence, creativity, etc.
- Promote social skills training that encourages Autistic people to merely “act neurotypical” or “act normal.” It's not that ASD folks shouldn't be helped to become less aggressive or gain better emotional and physical control of themselves, however, we need to remember that acting is always just that ... acting. It's not genuine, and ... whose goal is this, anyway? If this kind of social skills training is designed to simply help neurotypical people feel more comfortable in the presence of an ASD person, then that – by definition – is a goal that is not rooted in pursuing what's in the best interests of the client.
- Try to make an ASD person become “indistinguishable” from their neurotypical peers and family members.
 - This is different from speech therapists working in the deaf community who are trying to help deaf people to lip-read. In this case, the person can't not be deaf, therefore anything that helps the deaf person to *function better* in/interacting with the hearing world is an appropriate goal.
 - Ohio Valley Voices in Loveland, Ohio, actually teaches deaf children to speak once each child receives a cochlear implant that provides them with some sound detection by bypassing the outer ear.
- Use restraints or seclusion of any kind.
- Knowingly or intentionally overriding someone's “no.”
- Portraying an intervention as being the “only way” the ASD person can grow, learn, or change.

The New Goals of ASD Treatment Based on Our New Understanding of Neurodiversity:

- Not to make the person not have ASD, but to help them function *with* their ASD. In other words, help them to become the most highly functioning ASD person that they can be vs. trying to turn them into a poor imitation of a neuro-typical person.
- Deficits need to be overcome with strengths-based strategies.
- Looking at ASD as a Neurobehavioral Disorder (per DSM 5) imposes certain behavioral EXPECTATIONS on the child, which then leads to CORRECTION, which leads to MELTDOWNS. The way around this is to stop focusing on correction and to start focusing on strengths/interests even as you continue to better understand the “why” behind certain “disordered” behaviors.

In Treatment, It's Always Acceptable To:

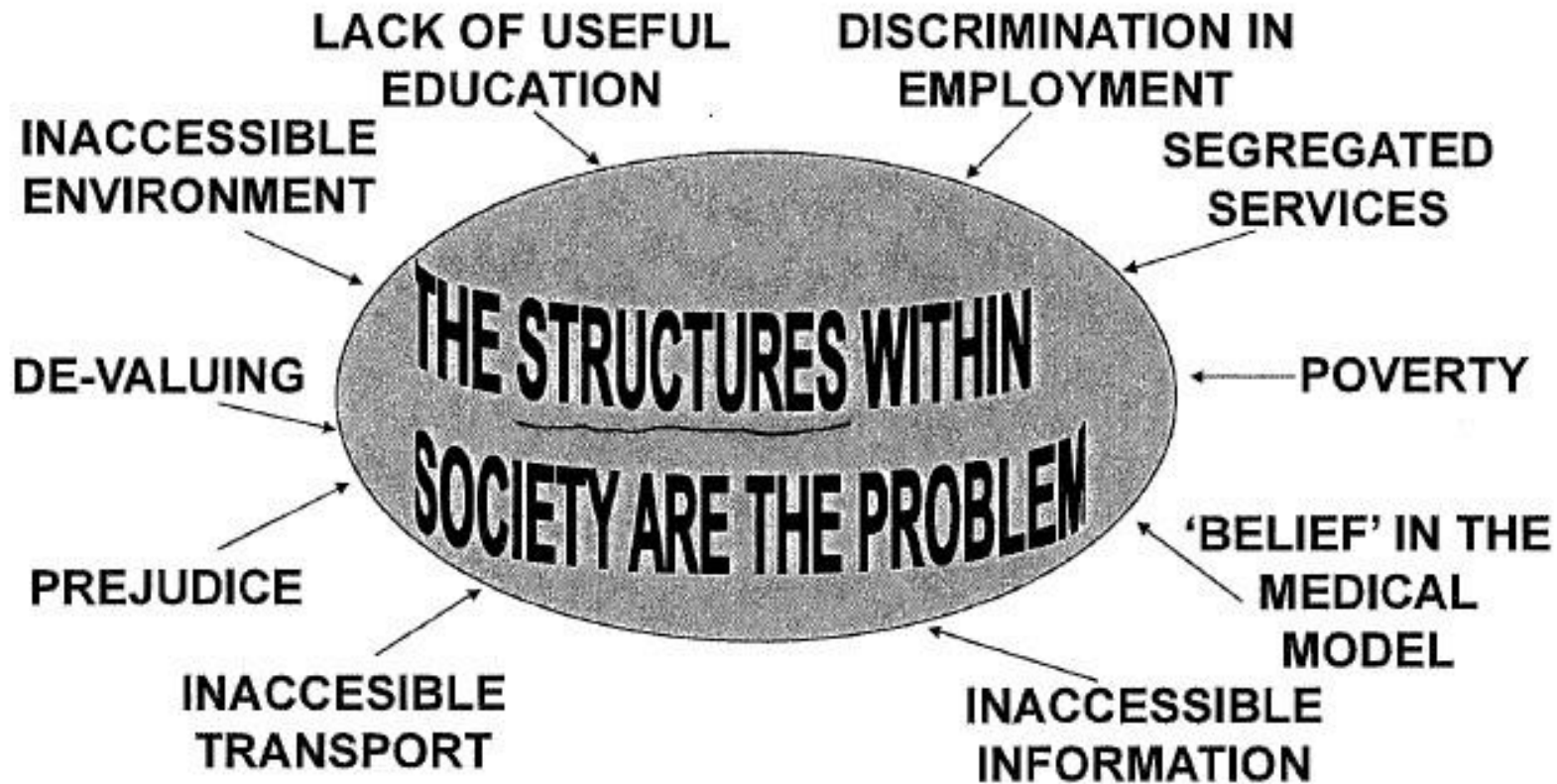
- Be trained in Trauma Informed Care.
- Presume competence – i.e., presuming that, with the right supports, the Autistic person IS capable of developing and learning, thinking, communicating, and gaining new skills.
- Distinguish when an issue is LESS about something that the Autistic person needs to do differently and is MORE about something that needs to be changed in their environment or needs to be addressed in the behavior of those around them.
- Provide support IN inclusive settings, as much as possible. Imagine if kids in a neurotypical classroom could be helped to really care for and care about an Autistic classmate as a friend/peer ... what a difference that would make!
- Acknowledge, validate, celebrate, and encourage what an Autistic person can do, is good at, and is interested in.
- Embrace the idea that all people, both ASD and neurotypical, grow up and change along different developmental tracks.

- Valuing the individual person vs. looking at them through a clinical lens that lumps all ASD people into one homogeneous category. How do you measure “feeling valued”? How can you tell if someone with ASD *feels* valued?
- Nurturing a sense of agency and control from the start, even from a very young age. For children, having real control is already mostly absent, and this is even more true for children with ASD. Therefore, therapists and parents must create many opportunities for children to make choices that provide the child with that elusive and subjective awareness of being able to initiate, execute, and control one’s own actions in the world.
- Create experiences in therapy and at home where the ASD youth can feel understood. Without this, and without their thoughts, feelings, fears, desires, etc. being validated, therapy and home-life are both likely to remain stagnant. It’s possible that nothing else is as important as this experience of feeling both understood *and* loved/accepted.

“People don’t care how much you know until they know how much you care”



The Social Model of disablement focuses on the **barriers**



**DISABLED PEOPLE AS ACTIVE FIGHTERS FOR EQUALITY
WORKING IN PARTNERSHIP WITH ALLIES.**

... it also focuses on working with the ASD person to help them develop vocational skills based on their interests and natural skills. After all, it doesn't do anyone any good to do nothing more than sit around all day complaining about what's wrong with society!

“Nothing about us without us!”

“One Right Answer”?

When clinicians continue to prompt an ASD child for “**one right answer**” or “**one right behavior**,” this is a very bad place to be, both clinically and interpersonally. This is because, at that point, the client has become lost in the clinician’s ego, agenda, vision (driven by neurotypical expectations), political stance, etc.

A wise clinician, working with a verbal ASD person, might start off by asking:

- “**How many doctors, counselors, OTs, and social workers have basically told you that you are broken and need to be fixed?**”
- If the answer is, “A lot,” then the new clinician can establish a new, better, different, and ultimately more productive foundation for their relationship.

Too many clinicians have egos that drive them to try to “**fix**” their clients so that they can personally feel the satisfaction of showing everyone else, both colleagues and parents, that **they** were the one who was smart, knowledgeable, and skilled enough to do it.

Egos aside, a good intervention will always start with asking “**Why**” is a behavior present? – i.e., it’s important to discover the ASD person’s reason for a certain behavior.

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**
- 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**
- Sensation-Avoidance**

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)
- ❑ **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**
- ❑ **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, etc.)
- ❑ **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

Why is the Behavior Occurring

It's important to remember an individual may do a behavior for multiple reasons.

Example

I first started purging because of my ED

However,

it later became a behavior I did for both the ED and for my ASD/SPD



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“Some of the symptoms look exactly the same. Purging - so, I used to throw up a thousand times a day. And I did that for years. Throwing up serves a few different purposes. One is for the eating disorder because I was anxious about eating. But I discovered that I was also throwing up when I heard noise. My body started to want to throw up when I was getting overstimulated. Also, my body wants to throw up when I'm about to get into catatonia. It helps me to get out of catatonia. Not healthy, obviously. So, I had to learn to differentiate between those times because the reason why I wanted to do the behavior guides my next steps.”

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

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

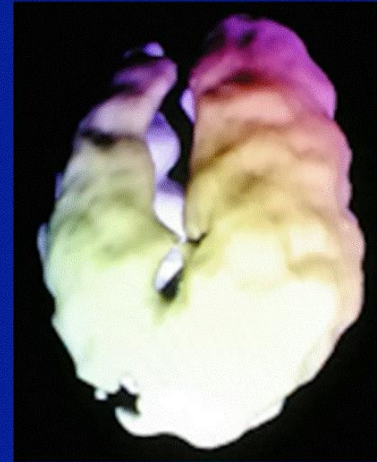
* In other words, "what could they be seeking" is asking, what need is a child's aggressive behavior designed to help them get met?

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.**

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Mild Traumatic Brain Injury



Mild?

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



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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:

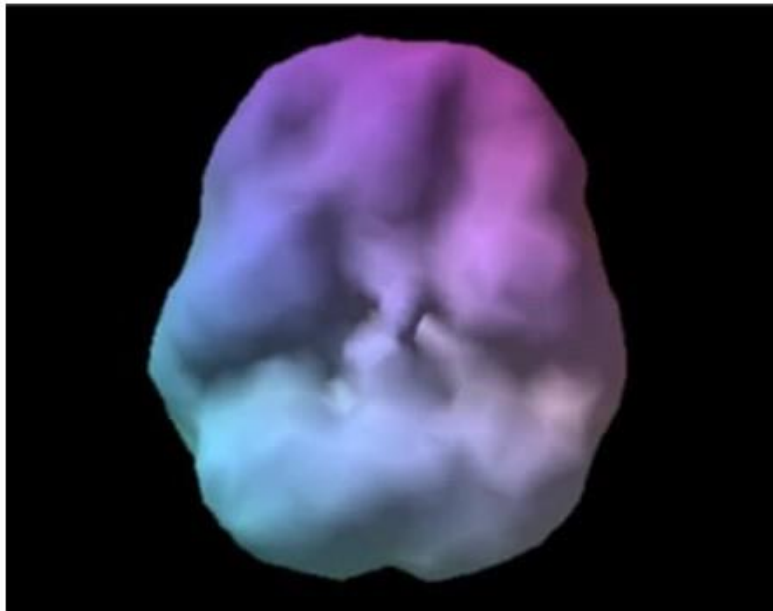
- ✓ Other developmental disabilities and related problems
- ✓ More severe symptoms
- ✓ Immune disorders (allergies, asthma)
- ✓ Diabetes
- ✓ Heart disease
- ✓ Motor disorders
- ✓ Cancer
- ✓ Obesity
- ✓ Schizophrenia
- ✓ Suicidal thoughts and behavior



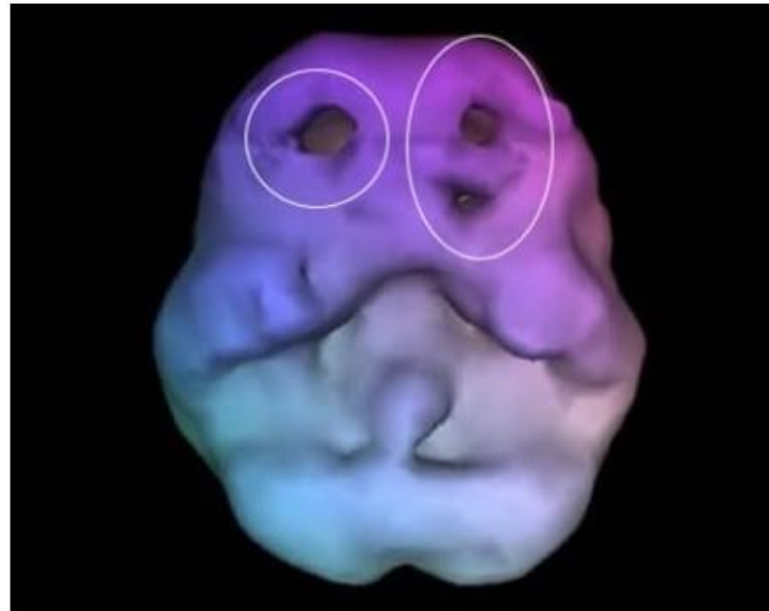
It's funny to think that for over 100 years, Psychiatry was conducted without access to the brain! But now, brain scans are regularly used by neurologists to see which areas of the brain are under-performing, resulting in a better selection of medication(s) that target those specific areas.

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

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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?	<input type="radio"/>	<input type="radio"/>
2. Does s/he come up to you spontaneously for a chat?	<input type="radio"/>	<input type="radio"/>
3. Was s/he speaking by 2 years old?	<input type="radio"/>	<input type="radio"/>
4. Does s/he enjoy sports?	<input type="radio"/>	<input type="radio"/>
5. Is it important to him/her to fit in with the peer group?	<input type="radio"/>	<input type="radio"/>
6. Does s/he appear to notice unusual details that others miss?	<input type="radio"/>	<input type="radio"/>
7. Does s/he tend to take things literally?	<input type="radio"/>	<input type="radio"/>
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)?	<input type="radio"/>	<input type="radio"/>
9. Does s/he like to do things over and over again, in the same way all the time?	<input type="radio"/>	<input type="radio"/>
10. Does s/he find it easy to interact with other children?	<input type="radio"/>	<input type="radio"/>
11. Can s/he keep a two-way conversation going?	<input type="radio"/>	<input type="radio"/>
12. Can s/he read appropriately for his/her age?	<input type="radio"/>	<input type="radio"/>
13. Does s/he mostly have the same interests as his/her peers?	<input type="radio"/>	<input type="radio"/>
14. Does s/he have an interest which takes up so much time that s/he does little else?	<input type="radio"/>	<input type="radio"/>
15. Does s/he have friends, rather than just acquaintances?	<input type="radio"/>	<input type="radio"/>
16. Does s/he often bring you things s/he is interested in to show you?	<input type="radio"/>	<input type="radio"/>
17. Does s/he enjoy joking around?	<input type="radio"/>	<input type="radio"/>
18. Does s/he have difficulty understanding the rules for polite behavior?	<input type="radio"/>	<input type="radio"/>
38. Have teachers/health visitors ever expressed any concerns about his/her development?	<input type="radio"/>	<input type="radio"/>
39. 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)?	<input type="radio"/>	<input type="radio"/>

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

		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.

<https://www.autismresearchcentre.com>

Resources

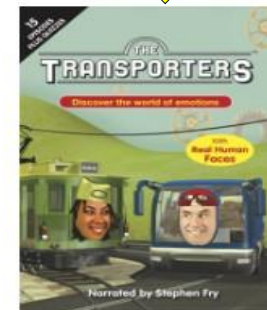
The Transporters

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](#)



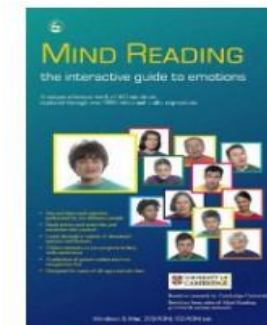
Mind Reading

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.



PATH

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Our Evaluations Can Address:

ADHD / ADD, ADHD testing for adults and adolescents

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Frontotemporal dementia

Hydrocephalus

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Depression, anxiety, and PTSD

Epilepsy and other seizure disorders

Multiple Sclerosis (MS) / autoimmune conditions

2812 Mack Road, Suite A

Fairfield, OH 45014

513-813-5327

fax: 513-440-0028

hello@pathneuropsych.com

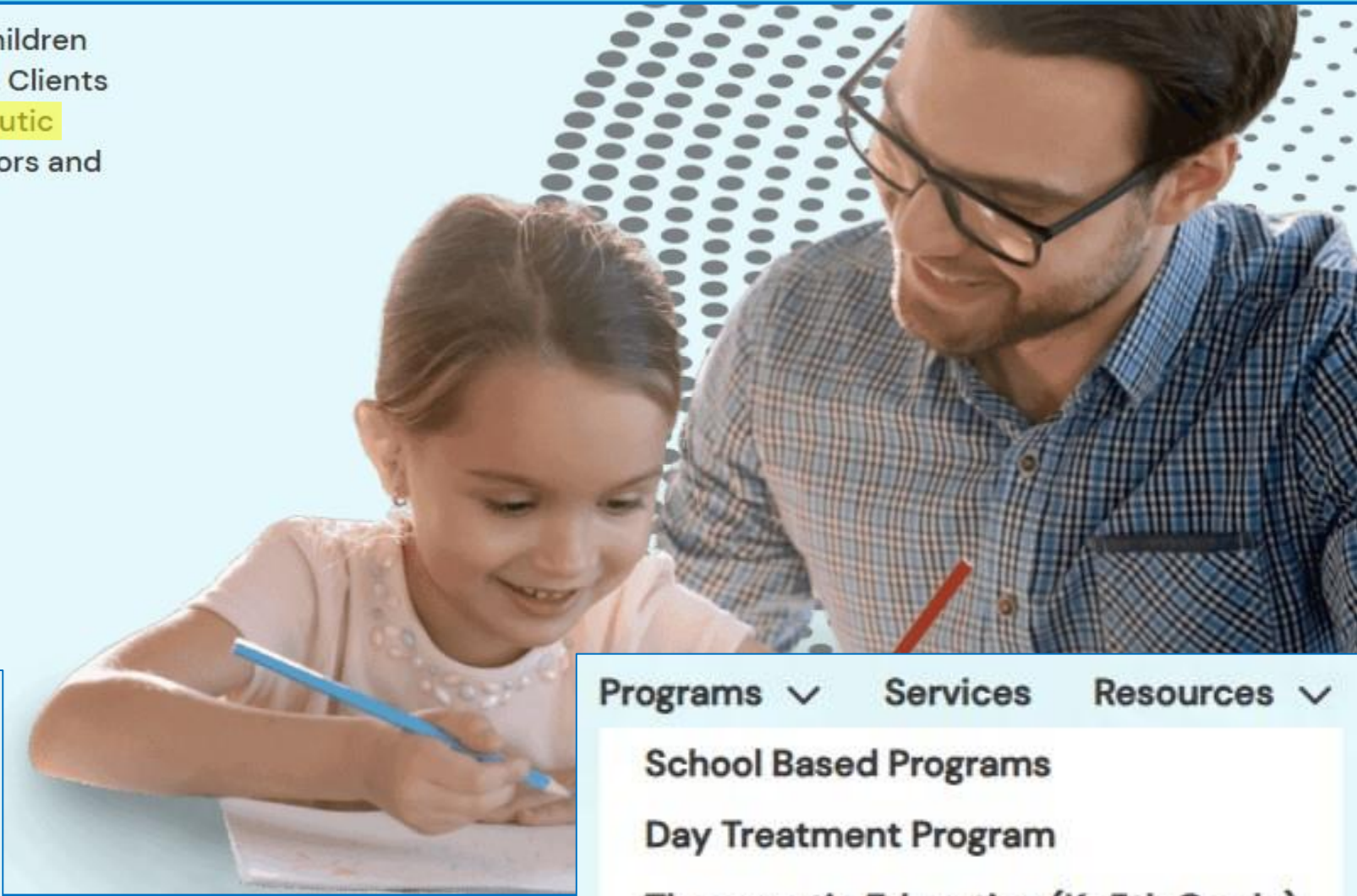


Kids Thrive provides the **highest level of care** for children ages **3-12 years old** with a mental health diagnosis. Clients enrolled in Kids Thrive receive **a full day of therapeutic programming** to assist with improving their behaviors and functioning across environments.

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[MAKE A REFERRAL](#)

[HOW TO BECOME A PARTNER](#)



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[School Based Programs](#)

[Day Treatment Program](#)

[Therapeutic Education \(K-5th Grade\)](#)



7243 Eastlawn Drive Cincinnati, Ohio 45237



513-740-1001



5505 Cheviot Rd, Cincinnati, Ohio 45247



info@kidsthrievebh.com



CHILD &
ADOLESCENT
PSYCHOLOGY
ASSOCIATES

<https://capapsych.com/evaluations>

🦋 Appointments available within 2 weeks: Therapy & Assessment 🦋

Call to schedule an appointment @ 513-589-0900



CHILD &
ADOLESCENT
PSYCHOLOGY
ASSOCIATES

Home

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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.



<https://kidpowertherapyservices.com>



KidPower has started an **educational support group for non-verbal ASD kids!!!**



Welcome

Kid Power Therapy Services, Inc. was established in 1999. Therapists joined together to open a small family oriented clinic, where decisions are driven by clients needs. We provide Speech/Language Therapy and Occupational Therapy to children with a diverse range of communication, speech, sensory, gross motor, and fine motor abilities. Our goal is to provide intense therapy services in an environment that facilitates integration, organization, learning, growth, interaction, and FUN! Our Mission is to empower the children and families we serve to maximize their abilities and quality of life. We have experience helping individuals with a variety of diagnoses to include Autism, Down Syndrome, developmental delay, sensory integration disorder, articulation disorders, Apraxia, expressive and receptive language delays, attention disorders, and many more. At Kid Power, we will meet each individual where they are and use individual strengths to develop areas of need.

We are approved Ohio Autism Scholarship and Jon Peterson Special Needs Scholarship providers.

Address: 5989 Meijer Dr Ste 4, Milford, OH 45150 Phone: 513.575.5431 email: kidpowerschedule@gmail.com



Galperin Autism Consulting

LLC

Owner and lead consultant, Tom Galperin, has over a quarter century of experience working in the Autism and Developmental Disability field. He has worked with persons on the Spectrum from toddlers to retirement age, from Moderate Intellectual Disability to Genius-level IQ, and in various settings including Supported Employment, Behavioral Crisis Units, Home and Community Supports, and University Programs. Mr. Galperin has worked with professionals in the field from across the United States and from around the globe, including Europe, Asia, and South America. He is a Licensed Independent Social Worker with a Supervision designation (LISW-S) in the State of Ohio, a Licensed Clinical Social Worker (LCSW) in the State of Kentucky, and is a TEACCH Certified Practitioner.

Galperin Autism Consulting

LLC

PO Box 498162

513-628-9060

Cincinnati, OH 45249

tom@galperinautismconsulting.com

<https://www.galperinautismconsulting.com/recorded-trainings>

Recorded Trainings

These trainings are free of charge and can be viewed at any time.

Supporting Families of Children with ASD

This course provides an overview of what to expect when supporting a parent or caregiver of a person on the Autism Spectrum. The course is geared toward Social Workers, Therapists, Counselors, and other Services Providers. In this course, participants learn about the various obstacles faced by parents of kids with ASD across numerous stages of childhood, so that they may be better prepared to support the parent.



Autism and Trauma

In this session, I discuss how persons with Autism Spectrum Disorder experience trauma. The presentation provides concrete examples on how professionals can help individuals with ASD to understand and navigate traumatic experiences. The presentation will cover:

- Diagnostic criteria of Autism Spectrum Disorder (ASD).
- Common sources of trauma for people with ASD.
- Tools to help persons with ASD who have experienced trauma.

The training, originally presented for OCALI, can be found here:
<https://ohioemploymentfirst.org/autism-and-trauma>

The Intersection of DD, Executive Dysfunction, and Mental Health

This presentation focuses on how executive functioning deficits affect a person's Developmental Disability's mental health. The webinar was originally presented for persons living with Spina Bifida, but is applicable for persons with Autism Spectrum Disorder, other developmental disabilities, and ADHD.

A screenshot of a YouTube video player. The title is "Intersection of DD, Executive Function, and Mental Health" with a "Copy link" button. The video is titled "INTRODUCTION". A list of topics is shown: "25 years of experience in Autism and Developmental Disabilities", "Supported Employment", "Home & Community Supports", "Behavioral Crisis", "Training and Education for Parents and Professionals", "Counseling", "Consultation", and "Ages 2 to 70". A red play button is visible. At the bottom, it says "Watch on YouTube".



Individualizing Emotional Regulation Strategies

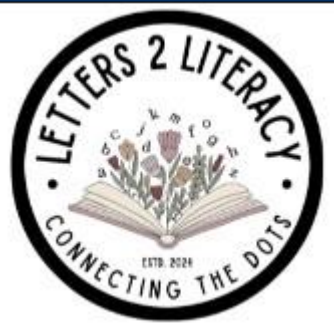
This presentation focuses on how to individualize commonly used Emotional Regulation Strategies often implemented by Autism professionals. This recording is from The Regional Autism Advisory Council's Training Series.

Consultation (virtual)
Counseling (virtual)
Autism Screenings (virtual)
Case Management
Training and Education
Social Work Supervision

The image shows a YouTube video player thumbnail. At the top left, there is a small circular logo for 'Cochran'. The main title of the video is 'Individualizing Emotional/Regulation Strategies'. Below the title, the text 'RAAC TRAINING SERIES' is prominently displayed in large, white, sans-serif font. A red play button icon is centered over the text. In the top right corner, there are icons for 'Watch later' and 'Share'. At the bottom left, there is a red 'SUBSCRIBE' button and the URL 'Cochran.uc.edu/RAAC'. At the bottom right, the year '2024' is displayed in large white font, followed by three white chevron arrows pointing to the right. The background of the thumbnail is dark with abstract white and red geometric shapes.

Watch on YouTube

INTELLECTUAL AND
DEVELOPMENTAL DISABILITY
EDUCATION CENTER



LETTERS 2 LITERACY



OUR MISSION

To close the literacy gap through evidence-based instruction and support, ensuring that all children, no matter their socioeconomic status, have the opportunity to develop strong foundational skills in reading and writing.

OUR SERVICES



**READING & MATH
TUTORING**



SPEECH THERAPY








**OCCUPATIONAL
THERAPY**

ADDITIONAL SERVICES INCLUDE ACT PREP AND HIGH SCHOOL WRITING

OUR APPROACH

Our approach is built on a foundation of evidence-based practices in literacy instruction and education. We believe in collaboration, working closely with families to ensure a supportive environment for student success both inside and outside the classroom. Furthermore, we strive to create an inclusive atmosphere, welcoming children from all backgrounds and abilities.

TUTORING INFORMATION

-  \$35 per session
-  30 minute, one on one sessions
-  Tutoring with a licensed teacher
-  Science of Reading approach
-  Evidence based interventions

**FINANCIAL ASSISTANCE IS AVAILABLE
FOR QUALIFYING FAMILIES**



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Batavia, OH 45103



SCAN ME

PACTT

Connecting people with autism
to the community

WHERE WE BEGAN

Parents Allied with Children and Teachers for Tomorrow (PACTT) opened in 1993 as a school in Rogers Park. The founders began with a small group of students and staff, and a big goal – to create an autism-specific educational program that would help each student realize his or her potential as a participating member of a family and a community.

Programs

SCHOOL &
TRANSITION
PROGRAMS

**RESIDENTIAL
PROGRAMS**

ADULT VOCATIONAL
PROGRAMS

PACTT Residential Programs

PROGRAM UPDATES

ELIGIBILITY REQUIREMENTS



INDIVIDUALIZED PROGRAMMING FOR CHILDREN & ADULTS

PACTT operates a therapeutic residential program serving individuals **ages 7 – 22** with a **primary diagnosis of autism**. Intense support and supervision are available **24 hours a day** to **provide the structure that individuals on the autism spectrum require**. Each group home houses 6 participants with a ratio of 1 staff per 2 clients during waking hours

PACTT believes that learning is a life-long process. To assist adults **ages 18 and older** in reaching their potential, PACTT offers 24-hour residential care in a Community Integrated Living Arrangement (CILA). Each group home houses 8 individuals with a primary diagnosis of autism.

Call us: [\(513\) 204-5746](tel:(513)204-5746)

JOIN OUR TEAM! Currently looking for
Psychologists, Therapists, & Psychiatrists



*Diagnostic Testing and Therapy Services
for Children and Adults*



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- JOIN OUR TEAM
- RESOURCES

- Psychological Testing
- Types of Testing
- Psychological Therapy
- Speech/Language Services
- Social Pairing
- Group Counseling & Social Skills
- Coaching Services
- Patient Forms

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.mackspsychology.com>

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.



Psychological Testing Services

Learn More



Individual Therapy Services

Learn More



Marital & Family Therapy Services

Learn More



Speech/Language Evaluations & Treatment

Learn More



Teen & Social Skills Group Services

Learn More

https://www.brainhealthassessment.com

FIND MY BRAIN TYPE

TAKE THE STRESS QUIZ

TAKE THE SLEEP QUIZ

WHAT WORKS BEST FOR YOU?

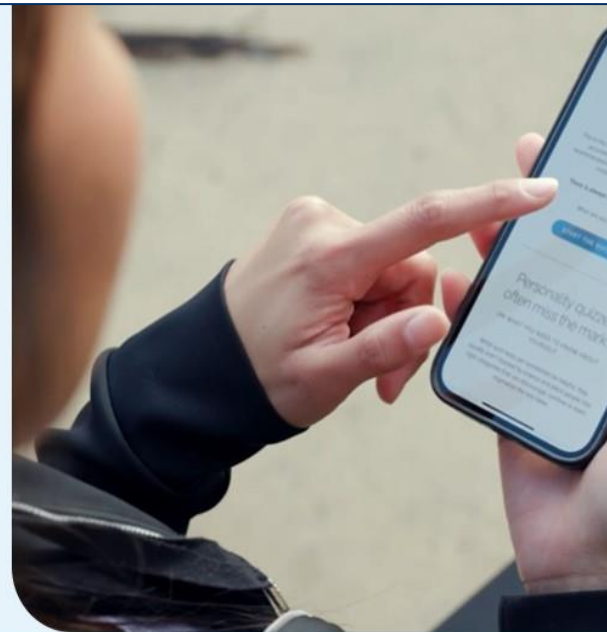
Take our free quiz to discover the best supplements for your stress type.

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://brainhealthassessment.com

NMT – Brainmapping – Dr. Bruce Perry



Before Intervening, Learn How To L.E.A.P.: (very similar to Motivational Interviewing)



<https://leapinstitute.org/free-leap-videos/>

The LEAP Story

LEAP is for any relationship, but it also gives you the tools you need to persuade someone in "denial" about mental illness to accept treatment and services. It grew out of Dr. Xavier Amador's experience:

Clinical

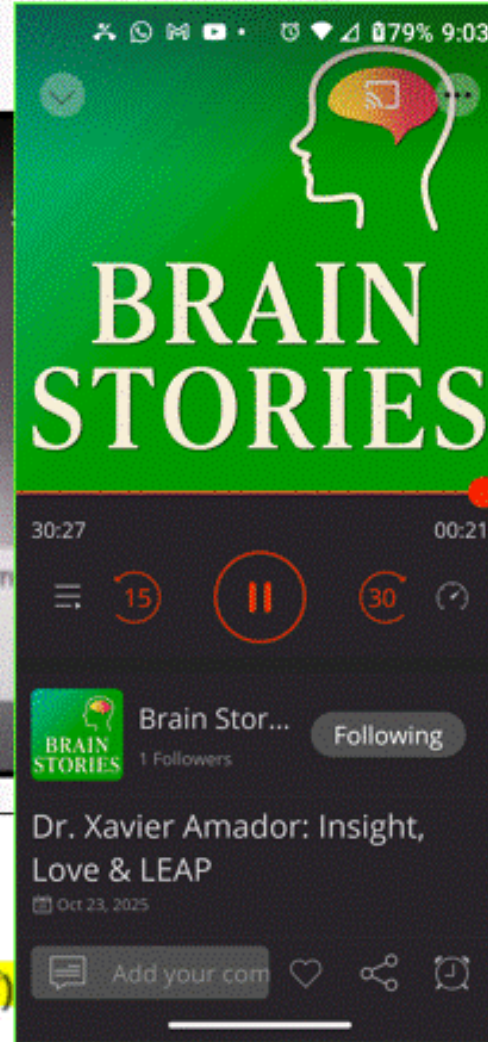
Personal

Seminars

Research

Dr. Amador's research on poor insight was inspired by his success helping his brother Henry, who developed schizophrenia, accept treatment. Like tens of millions of others diagnosed with schizophrenia, bipolar, and substance abuse disorders, Henry did not believe he was ill.

anosognosia



LEAP (Listen-Empathize-Agree-Partner)

Evidence-based tools to create **trusting relationships** with people who have **SERIOUS MENTAL ILLNESS** and **ANOSOGNOSIA** that lead to treatment and recovery
for Professionals, Families & Community Members

Check out this podcast via the PodBean app for the interesting story about how LEAP developed!

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. [REDACTED]

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! [REDACTED]

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

Treating Autism and PTSD Comorbid Through a Polyvagal-Informed Lens

A Framework to Inform EMDR and Sensorimotor Psychotherapy Interventions in Therapy Self-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

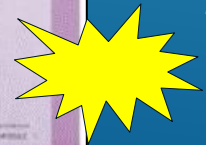
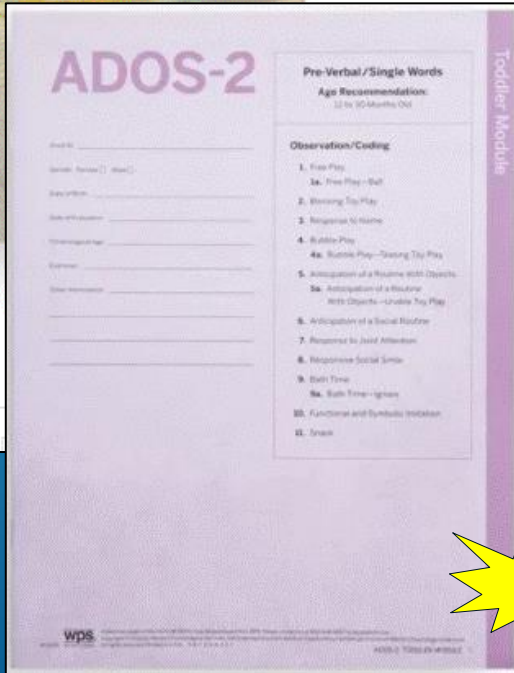
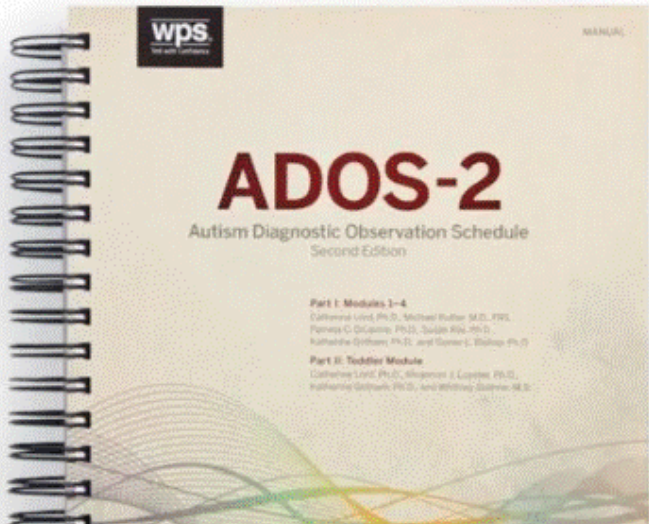
ADMIN TIME 40–60 minutes

AGES 12 months–adulthood

PUBLISH DATE 2012

QUALIFICATIONS Level C required

[About Qualification Levels](#)



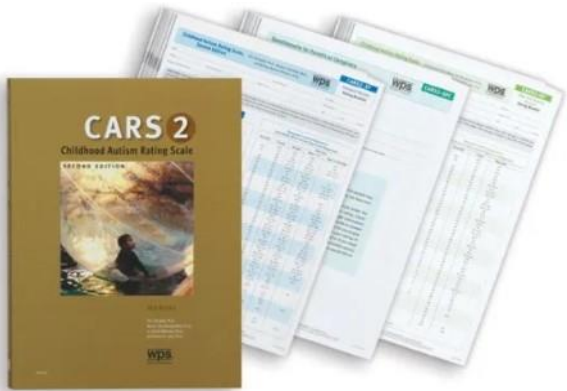
“The ADOS-2 is the ‘Gold Standard’ for Autism testing.”



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

(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](#)

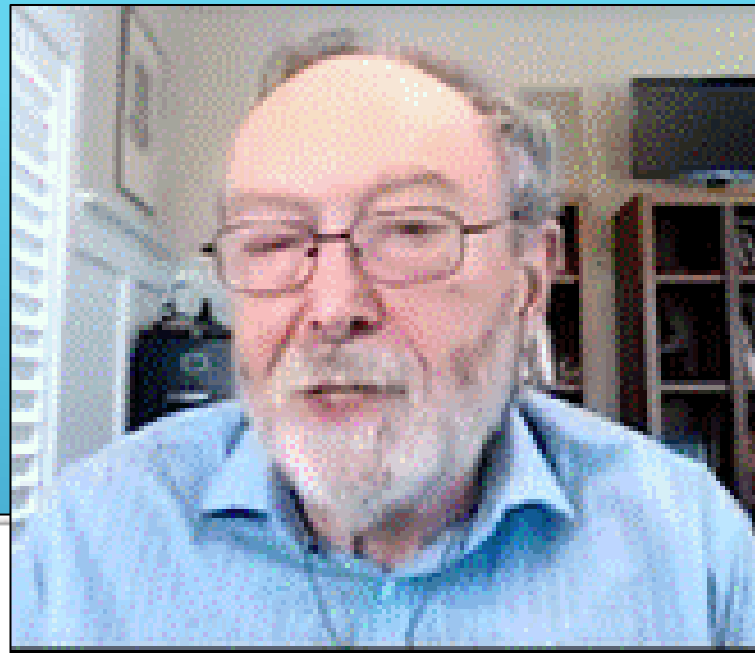
PVI

polyvagal institute

the art and science of human connection

[POLYVAGALINSTITUTE.ORG](https://polyvagalinstitute.org)

• 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

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.

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

Copyright (c) STEPHEN M. EDELSON, PhD AND BERNARD RIMLAND, PhD

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.



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The study will include
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UBC (1-2 hours) and
two online sessions
(45 minutes each).

FOR MORE INFORMATION:

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

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📄 [Lab Website](#)

📄 [Google Scholar](#)

📄 [Download CV](#)

RESEARCH AREA

[Clinical](#)

EDUCATION

PhD, Temple University, 2013

HOW is the ASD person trying to communicate, and WHAT are they trying to communicate?: Context is Everything!:

MEMORABLE QUOTES

1. "GOT A SPLINTER!"
2. "NO DOGS? DOGS CAN BITE!"
3. "DO AHH!"
4. "BUDDY, MA'AM, SIR"
5. "ARE YOU A GOOD WITCH OR A BAD WITCH?"

"Metaphorical Language" - Dr. Leo O'Connor:

Regarding the little girl who kept saying, "I got a splinter" to Dr. Prizant when he was first meeting her: The teacher noted that, "About a year ago she got a bad splinter on the playground, and [afterwards] she associated that with pain and anxiety. And so whenever she has felt anxious or afraid since then, she says, 'Got a splinter!'" Dr. Prizant now could understand that what the girl was afraid about and needed to know was whether he was a safe and kind person or not. Then, when the teacher repeatedly told her that "Barry's a good man," soon the girl began to repeat "Barry's a good man IN PLACE OF, "Got a splinter!"

Regarding the little boy walking up and saying, "Do Ahh," Dr. Prizant learned that at home whenever the boy's mother would discover that he wasn't feeling well, she'd have him open his mouth and say, "Ahhh" so that she could look at his throat. Dr. Prizant learned from this context that whenever the boy would say this at school, he would be communicating that he didn't feel good ... and not necessarily in regard to a sore throat.

Regarding a boy who'd ask, "Are you a good witch or a bad witch?" when meeting new people, his mother explained that this phrase came from Glinda the Good Witch of the North in The Wizard of Oz when she met Dorothy. The boy was borrowing it to ask new people, "Are you good?" or "Are you going to be good to me or not?"

Improving Social Communication
in Autistic Clients

Neurodiversity Principles in Action

Barry M. Prizant, Ph.D., CCC-SLP
Visiting Scholar
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Director, Childhood Communication Services,
Cranston, RI

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www.SCERTS.com
www.uniquelyhuman.com

↑ FORMS OF UNCONVENTIONAL VERBAL BEHAVIOR (UVB)

(Prizant & Rydell, 1993; Rydell & Prizant, 1995)

Immediate echolalia - IMMEDIATE REPETITION OF SPEECH (Prizant & Duchan, 1981)

Delayed echolalia - DELAYED REPETITION OF SPEECH (Prizant & Rydell, 1984)

Immediate and delayed echolalia may be produced with or without communicative intent

“All of the types of verbalizing communication [listed here] serve **different functions** at different times. We’ve found **many** different **functions** of echolalia” – Dr. Barry Prizant

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PERSEVERATIVE SPEECH

PERSISTENT, RECURRING REPETITION OF NON-COMMUNICATIVE UTTERANCES (self-directed)

INCESSANT (REPETITIVE) QUESTIONING

REPEATED VERBAL INQUIRIES ABOUT SCHEDULES, PERSONAL FACTS (E.G., BIRTHDATES), OR INTERESTS

“Even these labels **pathologize** these patterns; ... We hypothesized that **Gestalt Language** [see next slide] and **Unconventional Verbal Behavior (UVB)** **may** occur with **communicative intent** [though sometimes] it’s [just] self-talk used for self-regulation.” – Dr. Barry Prizant

Overview of Gestalt Language Processing

Gestalt language processing (GLP) is a way of acquiring language that involves learning phrases or scripts as whole **units**. This approach contrasts with analytic language processing, where language is learned one word at a time. Children who are gestalt language processors often start by using **echolalic phrases**—repeating phrases they have heard from others, such as parents, media, or books. For example, a child might say, "There's a monster at the end of this book!" after hearing it from a favorite story. [↻ Speech and Language Kids +1](#)

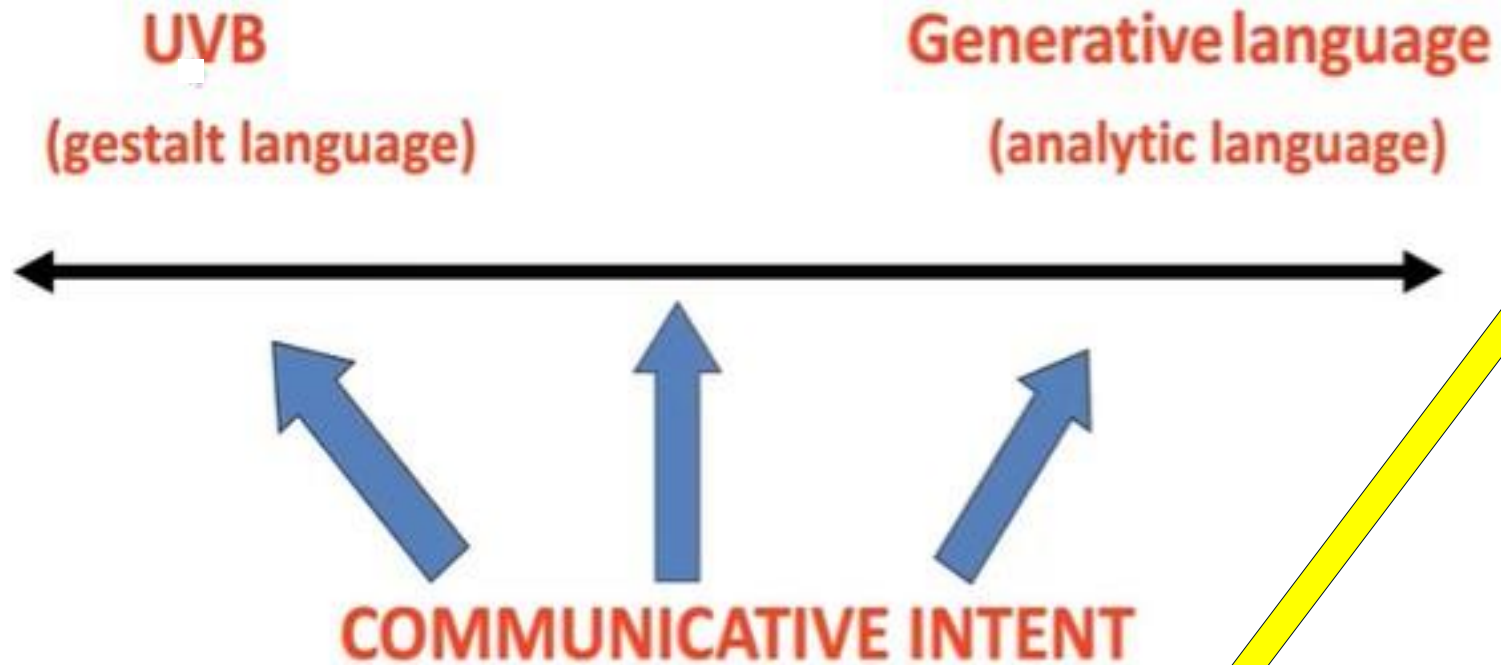
Stages of Gestalt Language Development

Gestalt language development typically follows several stages, which include:

1. **Whole Gestalts:** Children communicate using entire phrases or scripts they have heard before, often without understanding the individual words. [↻ 2](#)
2. **Mitigations:** They begin to break down longer phrases into smaller chunks and mix and match parts of different scripts to create new utterances. [↻ 2](#)
3. **Single Words:** Eventually, children start to recognize individual words as units of meaning and can use them to form their own sentences. [↻ 2](#)
4. **Flexible Language:** Finally, they develop the ability to create original and flexible language, combining words in new ways to express their thoughts. [↻ 2](#)

If you shut an Autistic child down at stage 1., 2., or 3., they'll never reach stage 4. ... obviously. Except, it **hasn't** been obvious, not even to some highly educated, trained, and experienced clinicians.

Relationship between Unconventional Verbal Behavior and Communicative intent



Dr. Prizant's research blew a hole in the **old theories** that **relegated all UVB expressions** to the realm of being **non-meaningful, non-communicative, non-generative, non-progressive, and pathological** ... and yet, for decades Behavioral Psychology either ignored or remained ignorant of these findings.

Echolalia as pathological

"Echolalia may ...(a) complicate educational programs, (b) contribute to communication breakdowns, (c) increase the likelihood of social failure or stigmatization, and (d) increase the risk of challenging behavior".

(Neely, et al, 2015; Rev. J. Aut. Dev Disord)

People adhering to the **outdated** idea that **UVBs are always bad** will continue to try to "**extinguish**" UVBs **instead of using them as stepping-stones towards progressive language development.**

Improving Social Communication in Autistic Clients *Neurodiversity Principles in Action*

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Echolalia as progressive and positive

“**Expansion** of echolalic utterances...**(can support)** more effective communication... and motivate the autistic child to want to learn language, initiate interaction with others, and become an active member of the world around him.

(Prizant & Duchan, 1981, J. Sp. Hrg. Disorders)

We should ...

”**Discourage** the use of **abatement treatments** to target echolalia... that may inhibit the development of true symbolic communication”

(Stiegler, 2015, Am J. Sp-Lang. Pathology)

What do autistic people say??

“Echolalia was the way I learned to communicate through language”

- Julia Bascom, Executive Director,
Autistic Self-Advocacy Network

“ECHOLALIA ROCKS !!!!”

- Ros Blackburn, Autistic Self-advocate

“I love when science catches up to the autistic experience”.



- Judy Endow, Autistic Writer,
Social Worker, Consultant

Improving Social Communication in Autistic Clients

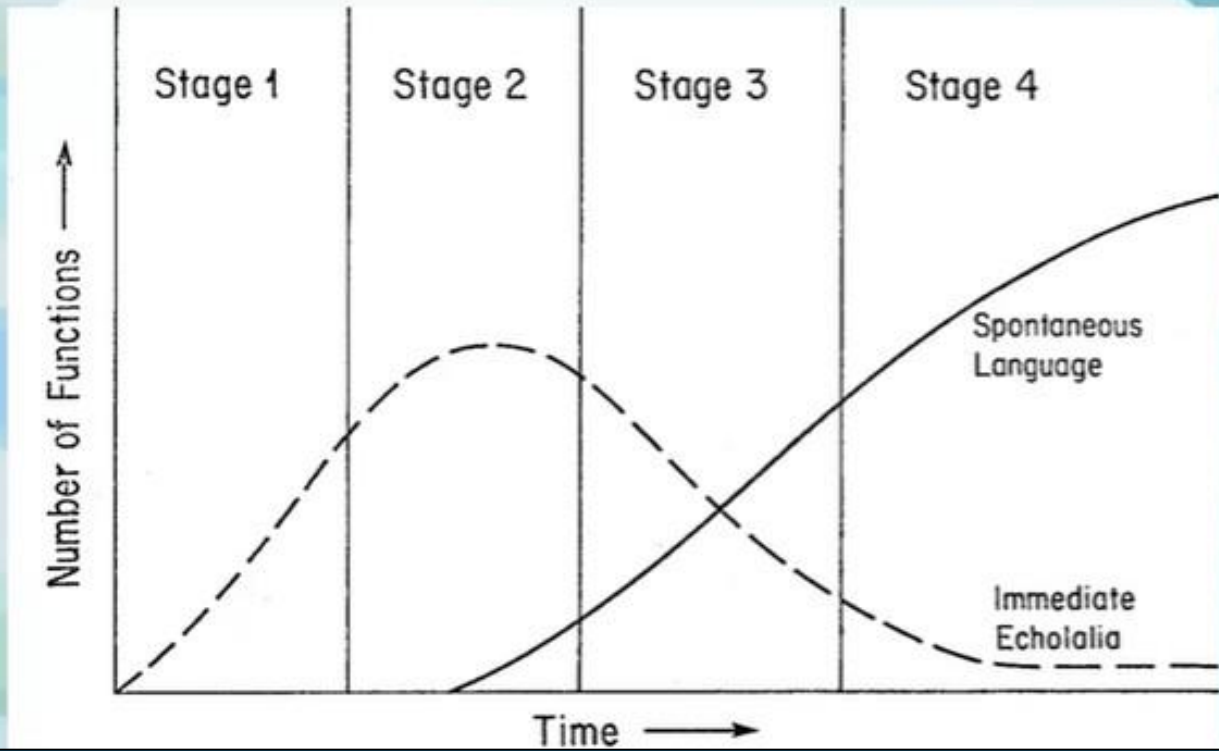
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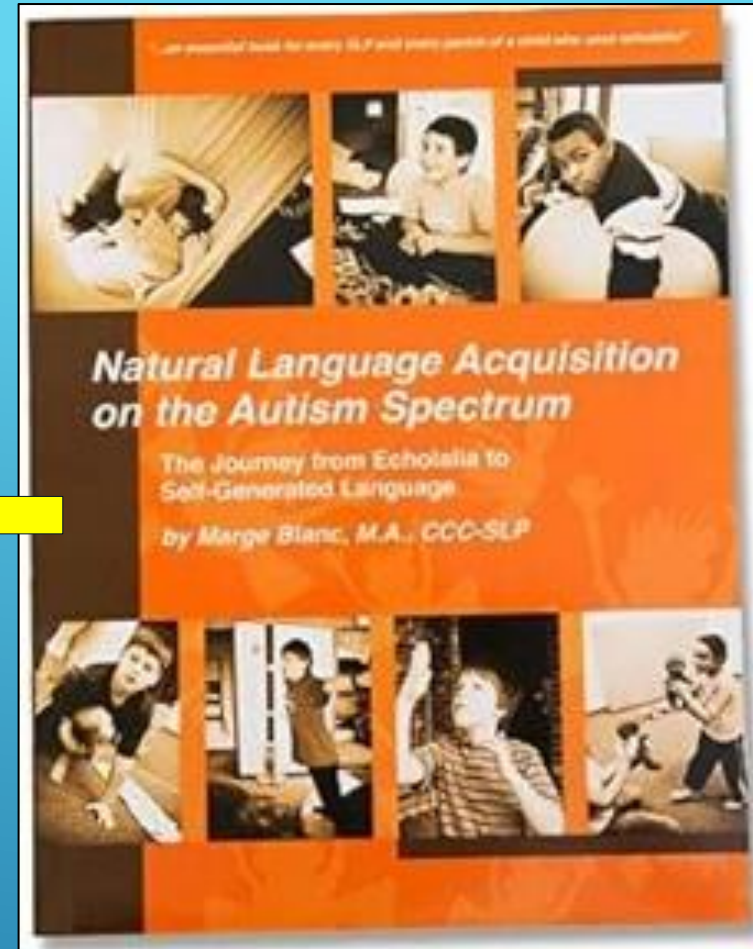
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Echolalia and Language Development (Prizant, 1978; 1983)



Subtitle: The Journey from Echolalia to Self-Generated Language:

Book by Marge Blanc, a speech & language pathologist:



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“For years we have been fighting this battle around [what is] essentially a **different way** of learning language and learning how to communicate ... Now, we have a stages-[based] model of how echolalia actually serves different functions in an Autistic person's early phases of language-acquisition. And so, this graph shows us that as spontaneous, creative, and analytic language starts to come in, we **naturally** see a **decrease** in echolalia. And so, creative generative language happens by breaking-down echolalic chunks.” In other words, you have to **ACCEPT, HONOR**, seek to **UNDERSTAND**, and **WORK WITH** a person's echolalia **SO THAT** they begin to grow in their ability to understand individual words and start generating language that is more akin to “normal” communication. Echolalia is not a “disordered” behavior, it's a developmental step towards higher functioning.

Dr. Barry Prizant identifies **7 functions of echolalia** in children, which include:

1. **Processing Time:** Echolalia can provide individuals with autism spectrum disorder (ASD) with a temporary step to develop fluent spoken language.
2. **Labeling:** It serves as a way to label objects, actions, or locations.
3. **Requesting:** Echolalia can be used to request desired objects or actions.
4. **Processing Thinking:** It allows individuals to process their thoughts and ideas before expressing them.
5. **Stalling:** Echolalia can stall the speaker to gather information or think about their response.
6. **Emotional Support:** It can provide emotional support during stressful situations.
7. **Gestalt Style Learning:** Echolalia reflects a gestalt style of language acquisition, where learning is done in chunks rather than isolated sounds. These functions highlight the multifaceted role of echolalia in language development and communication.  1

The 7 Functions of Echolalia:

In other words, the ASD person starts learning what an entire phrase means in context then, over time, they start learning what individual words within that phrase mean. Finally, they learn how to use individual words from that phrase in different ways not including the original phrase.

We also have to remember that ASD people exhibiting echolalia might have an actual IQ that is far higher than what their expressive language abilities reveal at the beginning.

From a Webinar by Dr. Wes Dotson
entitled, **What Criminal Justice
Professionals Need to
Understand About ASD**
(provided through Justice
Clearinghouse):

WHAT TO DO IF THEY'RE ESCALATED? (57:31) ←

- If possible, ignore the repetitive behaviors
 - Let them do that because that's often a coping mechanism.
 - Attempting to block or stop that repetitive behavior is going to escalate the situation
 - They're not going to respond well to that
 - If they're doing it in an unsafe place or you can't ignore it
 - Define for them a space, a safe place to do it
 - Redirect them to an empty part of a room, or a safe open space
- Simplify their environment as much as possible
 - Turn off sirens and lights
 - Have fewer people around
 - Ideally, bring in someone they know
 - The most direct way to help someone with autism
 - Having someone who knows them and their specific sensory sensitivities, language processing difficulties
 - Can often help simplify their environment to have a person with whom they do have routines and rules
- Give them silence unless they request an interaction
 - That's going to help calm them
- Talk and touch usually make it worse at the moment
 - The more we touch when someone with autism who is upset, the worse it's going to be in a moment because we're hitting them with language and sensory input at a time that they're already overwhelmed
- If you must talk –keep it simple and literal with time to process between remarks
 - One remark every 10 to 15 seconds to give them time to process especially when they're overwhelmed.
- Tell them WHAT to do vs. what NOT to do
- Even better –SHOW THEM what you want
 - Model, draw a picture, point, etc.
 - Because they may not hear language well
- Give advance notice when something is about to happen
 - Minimize surprises
 - Tell them as much as possible in advance
 - E.g., "Paramedics will come," "The police officer is going to be here in five minutes and he's going to do this"

10 Calming Strategies for Autism: Reduce Anxiety and Meltdowns


Jan 26th 2025



Go to this webpage for clickable links:

- 1) Deep pressure therapy
- 2) Sensory bottles or sticks
- 3) Calming visual tools/lighting
- 4) Breathing exercises/fidget toys
- 5) Noise-cancelling headphones
- 6) Safe spaces (non-stimulating)
- 7) Social stories
- 8) Routine and predictability
- 9) Calming music or white noise

 - Chewable pendants
 - Calming light projectors

 <https://nationalautismresources.com/blog/10-calming-strategies-for-autism-reduce-anxiety-and-meltdowns/>

Movement

For kids, movement **enables** listening! If they're not allowed to move while you're talking, they often end up internally focusing on their felt 'need-to-move' impulses, which results in their auditory pathways shutting down in favor of trying to figure out how to move despite the context rules that prohibit it!



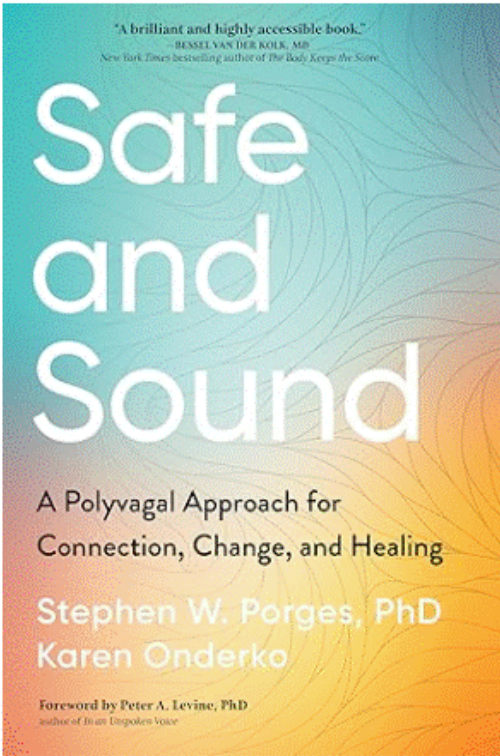
- Movement is a common strategy for regulation used in children
- Allowing children the freedom to bounce, or move gives them the ability in sessions to come back within their window of tolerance
- Thus we might expect to see less rigidity or aggressive behavior if the energy has somewhere to go

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

Insert "**movement breaks**" into the school day, therapy session, or other times in a child's schedule when physical energy is building-up and needs to be released in healthy ways.



Safe and Sound: A Polyvagal Approach for Connection, Change, and Healing Paperback – April 22, 2025

by Stephen Porges PhD (Author), Karen Onderko (Author), Peter A. Levine Ph.D. (Foreword)

4.4 ★★★★★ (32)

[See all formats and editions](#)

From Polyvagal Theory pioneer Dr. Stephen Porges comes a new resource sharing the origin and best practices of his groundbreaking new protocol, and highlighting real-life stories of transformation and healing.

We all want to live and share our truth, but when we don't feel safe, it can be impossible to fully express or even *know* who we really are. The nervous system impacts daily well-being, to our benefit or detriment. Understanding *how* may be key to truly knowing yourself and better supporting the challenges holding you back. "When the nervous system regains its capacity to feel safe," say Porges and Onderko, "individuals can express themselves genuinely, engage comfortably with others, and embrace a life of greater openness and ease."

The Safe and Sound Protocol (SSP) is a groundbreaking therapy based in Polyvagal Theory, which looks at the role the autonomic nervous system and vagus nerve play in regulating health and behavior. SSP involves listening to music that's been filtered to prioritize frequencies of human speech, providing auditory input that enables the nervous system to reset to its homeostatic state.

Porges and Onderko offer a glimpse into this innovative approach, highlighting not only the origin of SSP and its best practices but also real-life stories of transformation. They showcase clinical evidence demonstrating SSP's impact on emotional dysregulation, social interaction difficulty, and auditory sensitivity, providing a comprehensive understanding of its therapeutic potential. Some features and conditions addressed include:

- Depression
- Perfectionism
- Addiction
- Suicidal ideation
- COVID recovery
- Navigating gender identity
- Living with Parkinson's disease
- Hypermobility
- Autism
- ADHD
- Dyslexia

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The Ear as the Portal to the Brain

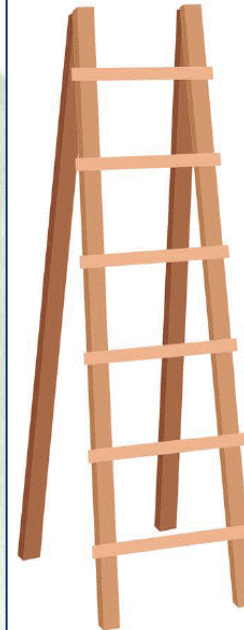
Listening therapies like the Safe and Sound Protocol (SSP) and Integrated Listening System (ILS) influence the nervous system through specially filtered music, activating the auditory neural network, including a branch of the vagus nerve.

Based on hierarchical recruitment of the autonomic nervous system, the SSP trains the auditory processing system to tune into cues of safety signaled by frequencies of the human voice, which stimulates the social engagement system through the neural network associated with listening.

The ILS combines filtered music through air and bone conduction with movement activities, harnessing the power of neuroplasticity to change the brain.



The Autonomic Ladder



VENTRAL VAGAL

Neuroception of safety

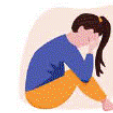
Social, engaged, connected



SYMPATHETIC

Neuroception of danger

Mobilized, action taking, fight and flight



DORSAL VAGAL

Neuroception of life-threat

Immobilized, shut down, collapsed



The Safe & Sound Protocol:

<https://www.ssptherapy.org/safe-and-sound-protocol-subscription>

YouTube

Search

So this auditory input allows our nervous system to be receptive to cues of safety and to **downregulate** defense.



2:22 / 1:06:18

What is the Safe and Sound Protocol? >

From Sound to Safety: Understanding the Safe & Sound Protocol with Dr. Porges and Karen Onderko



Justin Sunseri
15.3K subscribers

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55



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The Safe and Sound Protocol

The Safe and Sound Protocol (SSP) is a listening therapy designed by Dr. Stephen Porges based on research that is now known as the Polyvagal Theory.

The SSP works alongside other therapeutic approaches and modalities, and can help individuals with trauma, anxiety and depression, sensory processing and other neurodevelopmental differences.

[Watch Video](#)

[https://learn.unyte.com/hubfs/eBooks%20\(scored%20%2B10\)/e-book-effective-processing-and-regulation.pdf](https://learn.unyte.com/hubfs/eBooks%20(scored%20%2B10)/e-book-effective-processing-and-regulation.pdf)



<https://integratedlistening.com/ssp-product-v2/>

What is the **Safe & Sound Protocol**? The safe and sound protocol and we call it SSP is a evidence-based and non-invasive therapy that involves listening to music that has been filtered to prioritize the frequencies of human voice.

The Integrated Listening System

The Integrated Listening System (ILS) was developed with Ron Minson, MD, and is used to improve brain function through brain and body integration via multisensory input.

The ILS can be used in-person or at home, using specially filtered music combined with fun movement activities and, when ready, cognitive challenges to further activate brain networks.

[Learn more](#)



(These are three different but complimentary trainings that therapists can participate in, through <https://integratedlistening.com/store/> - based on the Polyvagal Theory of Dr. Steven Porges - to help their clients, including clients with Autism, learn to self-regulate their chronically dysregulated nervous systems).

Safe and Sound Protocol (SSP) Subscriptions

See the lasting benefits of nervous system regulation in your clients.

[Learn more](#) →

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Use The Safe and Sound Protocol to Calm Stress, Anxiety, CPTSD, & Reprogram How Your Body Is Naturally Responding to Life!

👉 [Message Me to Get Started](#) or [Book Your Free Consultation](#) 👈



From Sound to Safety: Understanding the Safe & Sound Protocol with Dr. Porges and Karen Onderko

MORE VIDEOS

0:42 / 1:06:18 • Intro to Stuck Not Broken

254. From Sound to Safety: Understanding the Safe & Sound Protocol with Dr. Porges and Karen Onderko
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Sound Evidence-based Neurostimulation Program for Auditory Processing Issues impacting Motor and Coordination, Emotional, Attention, Learning, Speech and Language, and **even Autism Spectrum Disorders**

Discover the Method

The Tomatis Method Explained

The Tomatis Method, developed by Dr. Alfred Tomatis, is a **neuro-auditory training program to enhance how the brain processes sensory stimuli, i.e., sound, movement, etc.** By improving auditory processing with **modified music**, it strengthens various abilities, including motor, emotional, communicative, and cognitive skills. Often described as **"gymnastics for the ear,"** it utilizes tailored auditory stimulation to harness the brain's neuroplasticity – reshaping neural pathways for better motor skills, enhanced emotional resilience, clearer communication, and sharper learning.



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Adda Shur
voice teacher/voice therapist
Practitioner L1

Task Analysis

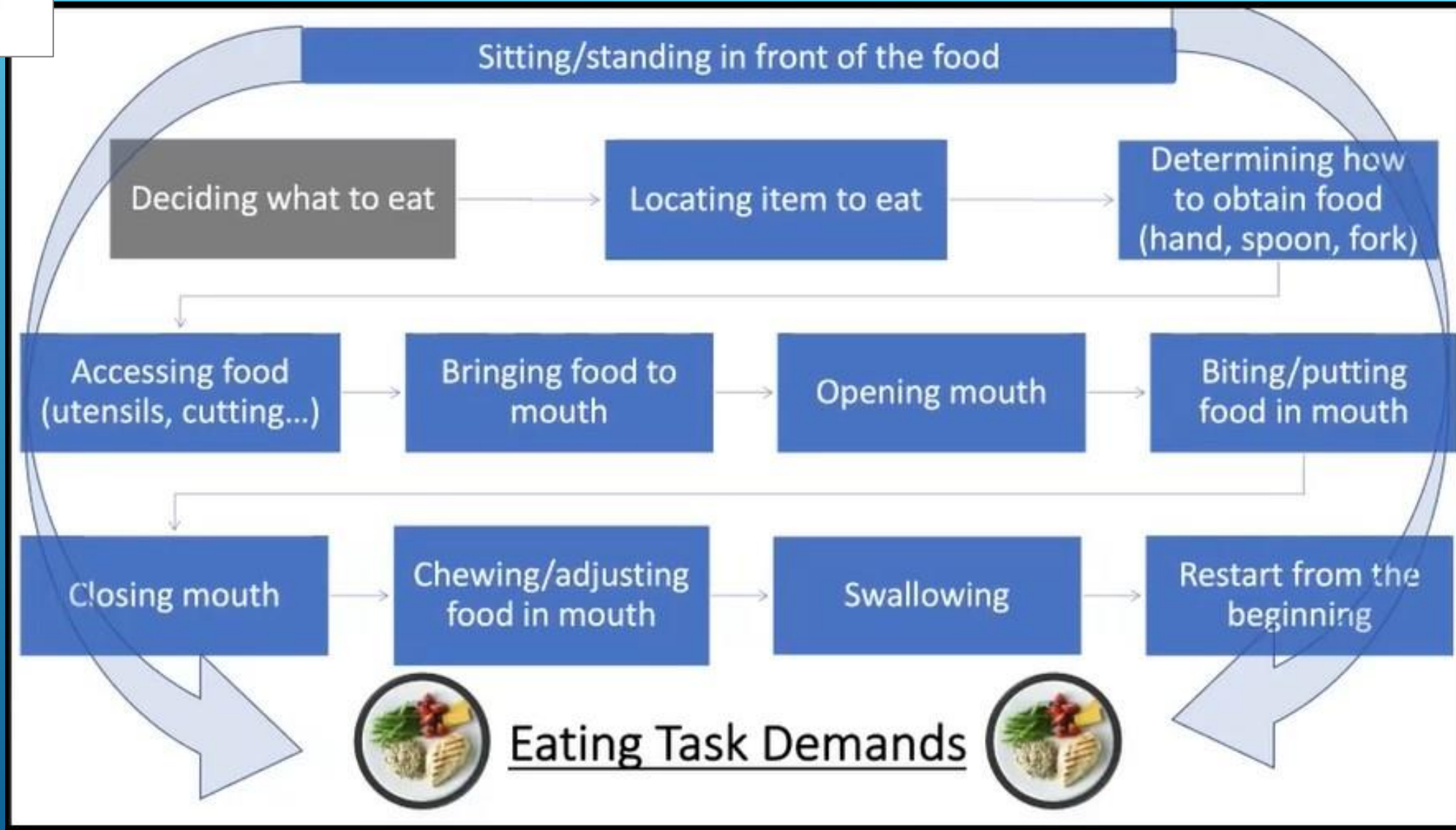
Take an observed problem and determine where the break downs may be occurring

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:

- Environmental factors
- Biological conditions
- Prior/post meal factors
- Emotional & social factors
- Psychological wellbeing
- Individual vulnerabilities

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From: A lecture entitled, *Not Just Surviving, But Thriving With Autism*, by Kimberly Clairy 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 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	<ul style="list-style-type: none"> • Thoughts too fast • Thoughts disorganized • Ping pong images in head • Stuttering • Blurring dots in head • Zombie mode • Throw up 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Can't talk or loud voice • Shooting energy • Want to kick, hit, run away • No thoughts or violent thoughts • Too hyper • Self-harm 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Confusing colors • Want to run away • Black colors • Bursting seams 	<ul style="list-style-type: none"> • 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

The **Valsalva maneuver** is performed by a forceful attempt of exhalation against a closed airway, usually done by closing one's mouth and pinching one's nose shut while expelling air, as if blowing up a balloon. Variations of the maneuver can be used either in medical examination as a test of cardiac function and **autonomic nervous** control of the **heart** (because the maneuver raises the pressure in the lungs), or to clear the **ears** and **sinuses** (that is, to equalize pressure between them) when ambient pressure changes, as in **scuba diving**, **hyperbaric oxygen therapy**, or **air travel**.^[1]

A modified version is done by expiring against a closed **glottis**. This will elicit the cardiovascular responses described below but will not force air into the **Eustachian tubes**.^[citation needed]

Valsalva maneuver



A man performs the Valsalva maneuver while his ear is examined with an otoscope.

[\[edit on Wikidata\]](#)

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

Head Massager 28 Fingers Scalp Massager Head Scratcher, Back Massage Back Scratcher, Stocking Stuffers for Scalp and Body Massage (Black)

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Vagal Maneuvers

Bearing Down: Valsalva maneuver, closed glottis; occluded straws/whistles

Coughing: similar to bearing down; easier

Cold Stimulus to the Face: Divers reflex; ice pack or cold cloth to face about 10 secs.

Gagging: The gag reflex stimulates the Vagus nerve.

Eye Lid Massage

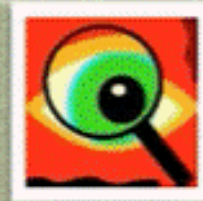
Trumpet Breathing

↳ (Same as the Valsalva Maneuver, listed first)

Gentle ear massages

Wake Forest Baptist Health. Vagal Maneuvers for a Fast Heart Rate.
<http://www.wakehealth.edu/Health-Encyclopedia/Health-Topics/Vagal-Maneuvers-For-A-Fast-Heart-Rate.htm#ps1283-sec> Accessed August 2014.

Research on autism:



Studies have documented that schedules and routines influence children's emotional, cognitive, and social development.

- Predictable and consistent schedules in classrooms help students feel secure and comfortable.
- Schedules and routines help children understand the expectations of the environment and reduce the frequency of behavior problems, such as tantrums and acts of aggression.

-Ostrosky, Jung, Hemmeter,
Thomas

Techniques for After an Autism Meltdown

Supporting Prevention of Future Eruptions

Kathy Kaluza Morris, MeD, BS

(Part of the 2022 Autism Symposium: What's New & What's Next in Supporting Clients on the Spectrum - by PEI.com)

Make **visual schedules** BOTH for **(1)** the class period itself, and for **(2)** the entire school day. You might even want to make one for the semester that shows upcoming holidays, teacher in-service days, field trips, etc.

It's very hard to develop a routine/schedule without using a **calendar**. Personally, I still use an 8.5"x11" paper calendar instead of an electronic one; but, use what works for you!

Note: Kathy's in-school and in-home trainings have helped Autistic children go (for example) from having 10-15 meltdowns per day in K and 1st grade to ZERO meltdowns in 2nd grade ... **all due to training the adults.**

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Here are the comments of a teacher who was coached by Kathy Kaluza Morris, one of the PESI.com Autism certification presenters:

<https://www.igivuwings.com>

So with our diagnostician, we got together and we made the **schedule** for him and started it up. And within a week of starting the schedule, the behaviors, they had disappeared and he had done a complete turnaround. He would sit in a large group because we gave him the choice. **He knew what was happening at that time**, and we gave him the **choice** of sitting in a chair or sitting on the carpet. And so he had that choice. **We used the flip book and it had the choices on there that showed that he could either sit in the chair or sit on the carpet and he would do that and he would sit for 15 minutes.** The small group activities were good. He stopped taking off his shoes and throwing them. He stopped running to the corners, he stopped getting under the tables. And **I think it was just because he knew what was coming next and he wasn't confused at all.** And so I became a big believer in the schedule. It helped him turn a complete turnaround in his behavior and helped us with the rest of the Class.

“We have got to provide **schedules, communication boards**, etc. for our students that align with concrete objects [in their environment] if they’re non-verbal [or] it may be realistic clip art [that you use to visually depict the different activities in the schedule]. Also, use **“transition markers.”** The transition marker in this photo has a picture of Mario at the top – remember, you have to use a child’s **“high-interest areas”** and incorporate those interests into as many aspects of the child’s day as possible.

“You’ve got to teach” the proper use of the schedules and transition markers “when the student is **calm**. **You don’t try to teach someone to swim when they’re already drowning!**”

Schedule & Transition Marker



Techniques for After an Autism Meltdown

Supporting Prevention of Future Eruptions

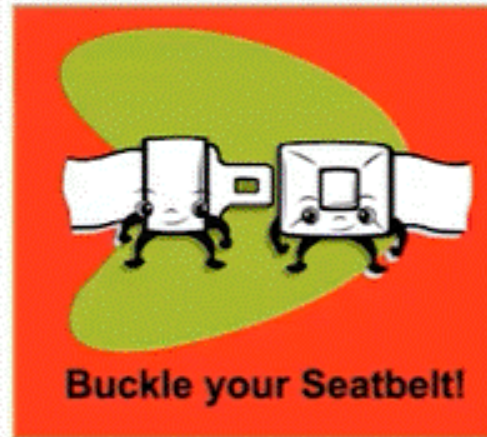
Kathy Kaluza Morris, MeD, BS

(Part of the 2022 Autism Symposium: What's New + What's Next in Supporting Clients on the Spectrum - by PESI.com)

When they're calm, show them the transition marker **from every place in the room and in the building**, helping them to **PRACTICE** seeing it and then **PRACTICE** walking to the visual schedule to check it.

A Transition Marker

- Provides a visual support to the verbal request “check your schedule”
- Facilitates the transition back to the schedule from highly desired activities
- Helps to disengage from one activity to focus on a new activity
- Leads to independence



Here's a “schedule” for a little boy that got Velcro-ed to the back of the driver's seat of his dad's truck to help him stop unbuckling before arriving at the destination.

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Mini-schedule at Centers



Techniques for After an Autism Meltdown

Supporting Prevention of Future Eruptions

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Jacob's Centers



These visuals show Jacob **where** to go for each Center, and in what order:



Structure at Home: Schedule

For morning, afternoon, and evening



Kathy uses a laminated, visually-rich “**Positive Behaviors Flipbook**” and takes it with her everywhere she goes. For little Jacob, a page was added that showed a picture of a child waiting patiently in line at a grocery store because he had trouble with waiting in all kinds of different settings.

[It would be great to pair the use of visual flip-books with social stories!!!]

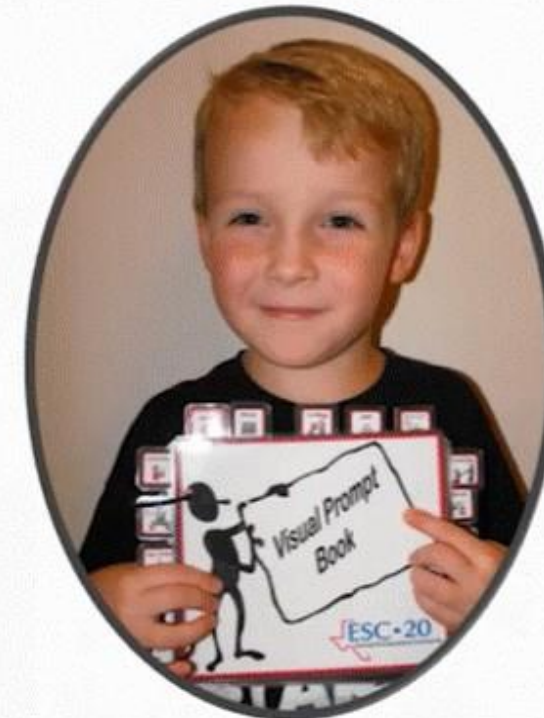
Techniques for After an Autism Meltdown

Supporting Prevention of Future Eruptions

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Positive Behavior Flip Book: “Wait” at restaurants!



Surprise



"Oops! A surprise is happening or is going to happen today! But, we'll get through it together!"



SURPRISES ARE OK

I can handle it.
I'll remember that it may be a surprise to others as well.

Now/Next



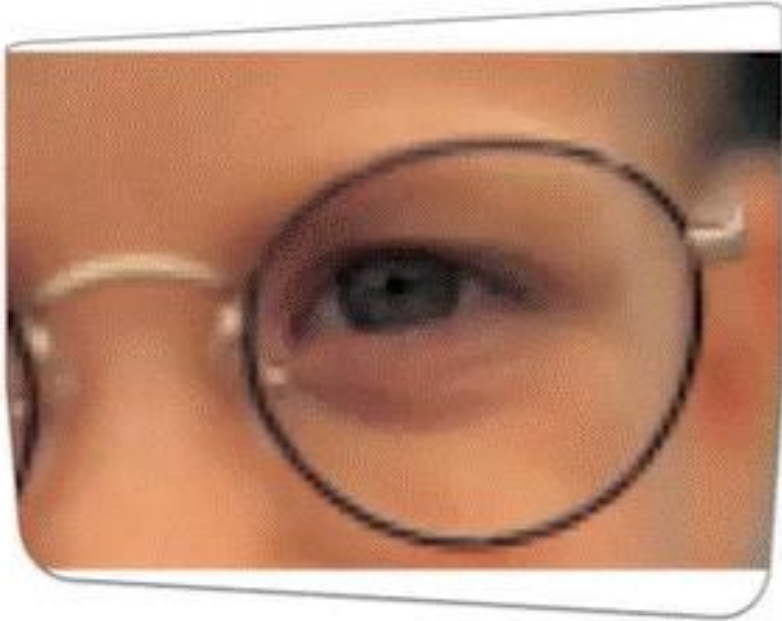
Techniques for After an Autism Meltdown Supporting Prevention of Future Eruptions

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(Part of the 2022 Autism Symposium: What's New + What's Next in Supporting Clients on the Spectrum - by PESI.com)

The image on the cards, again, should represent the child's high-interest area.

Visual is a strength



Auditory ain't!



Techniques for After an Autism Meltdown

Supporting Prevention of Future Eruptions

Kathy Kaluza Morris, MeD, BS

(Part of the 2022 Autism Symposium: what's New & what's Next in Supporting clients on the Spectrum - by PESI.com)

Consider: Children who are doing well in school are probably able to process information **both** visually and auditorily. But what about the kids who are struggling? Might it possibly be accurate to say that these kids, by and large, are **experiencing barriers when it comes to learning primarily from listening to words being spoken to/at them?** Might it possibly be accurate to say that their struggle to process information **auditorily** is creating a **cascade of problems** that are not their fault and which lead to power struggles, negative labeling, unnecessary diagnosing, and punishments?

The Meltdown Cycle

Prevention
Intervention
Postvention
Strategies

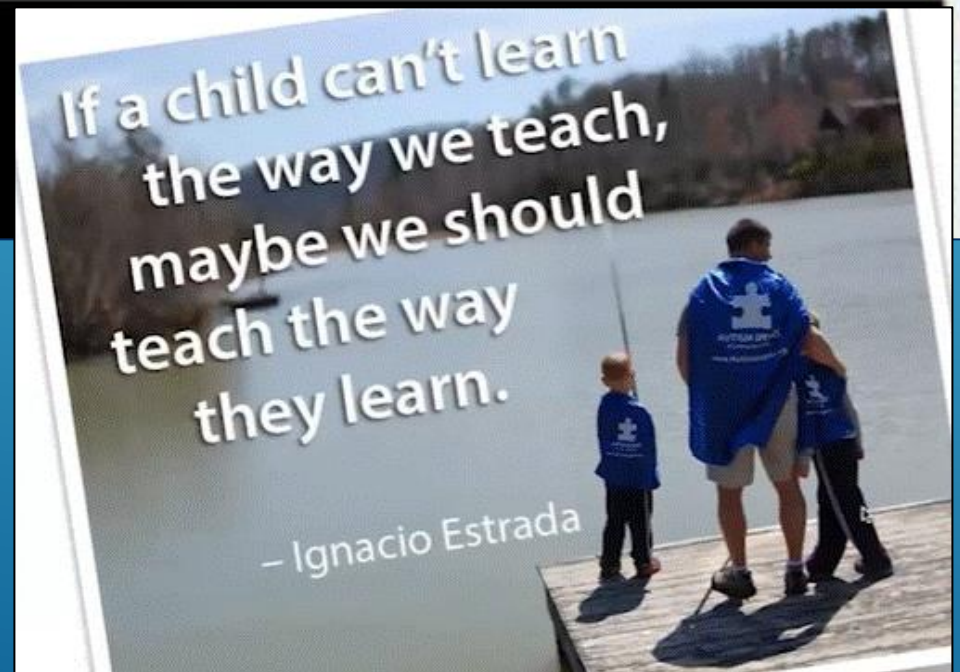
Parents, teachers, and therapists all need to be thinking in these categories, anticipating problems, learning from meltdowns when they do occur, and coming up with new strategies both for and with the child until the issues leading up to the meltdowns get solved.

Techniques for After an Autism Meltdown

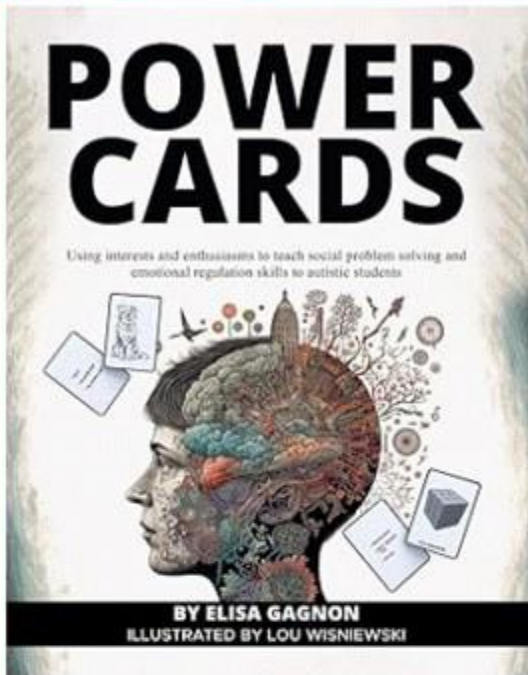
Supporting Prevention of Future Eruptions

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The picture and the text below it go together on the same Power Card:



"Stone Cold" Steve Austin talks in a very loud voice on stage. He wears black boots and stomps people on stage. He uses a stranglehold on his opponents on stage.

Off stage, Steve Austin talks in a library voice to his children when he reads stories to them at night. He does not hurt his wife or children by choking them or stomping on them. He is off-stage.

Just like me. I will use my library voice or my partner voice at school and home. I will use my Stone Cold voice only on stage. Just like Steve.

Power Cards: Using Interests and Enthusiasms to Teach Social Problem Solving and Emotional Regulation Skills to Autistic Students

Paperback – December 7, 2023

by Elisa Gagnon (Author), Lou Wisniewski (Illustrator)

3.9 ★★★★★ (16)

[See all formats and editions](#)

Unlock the potential of your autistic students with "Power Cards: Using Interests and Enthusiasms to Teach Social Problem Solving and Emotional Regulation Skills."

This invaluable resource is designed for dedicated teachers and caring parents seeking effective strategies to empower children and adolescents who grapple with social misunderstandings and emotional regulation challenges. The Power Card Strategy is a game-changer, harnessing the magic of a child's interests and passions to inspire them to tackle the complexities of social interaction and problem-solving with newfound confidence.

In "Power Cards," you'll discover a motivational strategy that speaks to the heart of kids who may be struggling with behavioral issues, socialization difficulties, or self-regulation. We introduce a compelling storytelling approach that weaves your child's favorite character into a journey of growth and triumph. Imagine Mickey, that beloved character, facing and conquering the very challenges your child encounters daily. Through the art of bibliotherapy, we use relatable stories to help children navigate the complex terrain of social and emotional development.

Why "Power Cards" Works: Regardless of the unique needs of your child or student, this book offers a transformative approach to social and emotional growth. Perfectly suited for special education settings and for those on the autism spectrum, "Power Cards" instills essential skills such as emotional regulation, self-management, relaxation techniques, and co-regulation. Join us on a journey where your child's interests become the catalyst for building lifelong social and emotional intelligence. Equip yourself with this powerful tool today and watch as your child or student gains the confidence to overcome challenges and flourish in a world of endless possibilities.

Empower your child's journey to social success with "Power Cards" - the key to unlocking their full potential.

"Elisa Gagnon says that you should always try to **COLLABORATE** with the student when it comes to writing the text for Power Cards that they're going to use. I learned this the hard way because I wrote this card by myself, only to find out from the child that Steve isn't married!"

Techniques for After an Autism Meltdown

Supporting Prevention of Future Eruptions

Kathy Kaluza Morris, MeD, BS

(Part of the 2022 Autism Symposium: What's New & What's Next in Supporting Clients on the Spectrum - by PESE.com)

Shutting Anxiety Down Quickly:

<https://www.youtube.com/shorts/0vYy3GKOa0w>


Immersing your whole body in an ice bath for 10 minutes (with your doctor's permission) triggers your body to activate its fat-burning system ...

Similarly, when cold water touches your skin, it triggers the **Vagal Response**. "Once the cold sensors in your skin sense a quick temperature drop, particularly in your face, they activate the "**Mammalian Dive Reflex**." This reflex quickly engages several vagal pathways, leading to many calming effects on your body:

- Lowers heart rate.
- Peripheral blood vessels constrict to conserve heat and energy.
- Your metabolism shifts toward more efficient oxygen usage.
- Your sensory awareness heightens while mental chatter often subsides."

*You don't even need ice. **Just splashing your face with cold water for 10-15 seconds while holding your breath will do.*** Doing this serves as a powerful "reset button" for your nervous system, especially during periods of heightened stress.

A 21-DAY SCIENCE-BACKED **PROTOCOL** WITH **EXERCISES**

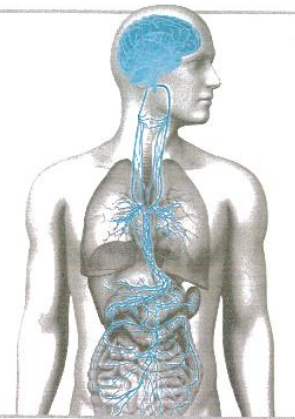


REGULATE NERVOUS SYSTEM, REDUCE STRESS & INFLAMMATION, RESTORE BRAIN GUT

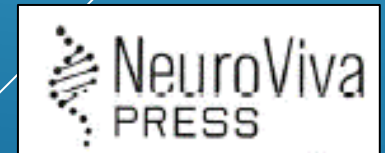
VAGUS NERVE

PROTOCOLS

WITH **REAL-LIFE CASE STUDIES**



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health. We can do stretches. I talk about this in trauma treatment and action. And so doing lower body stretching actually can help to decrease stress, believe it or not. Yeah, we focus so much up here in their shoulders. But if you do what we call ileal SOAs stretches and stretching out the pelvic area, you're actually allowing the diaphragm to stretch and allow more air into the lungs, decreasing those stress hormones. Okay? So there's different stretches that you can do, but let's start simply by thinking about yoga, right? In a yoga poses and how doing that could actually improve your ability to breathe, the production of those good neural transmitters that are connected to those lovely gut bacteria. I'm giving you some other interventions here such as a soft massage, the shiatsu massage, where you could actually give yourself nice deep pressure. You can teach this to your clients. This is very important as well. If you have someone that doesn't like imposed input, a lot of individuals with autism will rather do things themselves, rather having someone else do it. So you can teach how to do nice gentle shiatsu massage on your hands as well as in your scalp, right? If you just do that for a few seconds, oh, that feels great, right? Decreasing those stress hormones and getting that nice healthy gut. We could also work with our parents to teach them how to do massage for their children. And here's an example of that, of how to do massage on the child's body, maybe their belly. They can do massage on the scalp and fingertips movements, et cetera. As you see listed here, aromatherapy is also a wonderful thing to explore with. I always have **caution** with that to make sure you address any allergies, avoid putting things on the skin, but you can use diffusers and different techniques such as cotton balls that are with essential oils that you're using ~~that~~ for smell. ~~And here are some examples of what they do, potential uses of~~

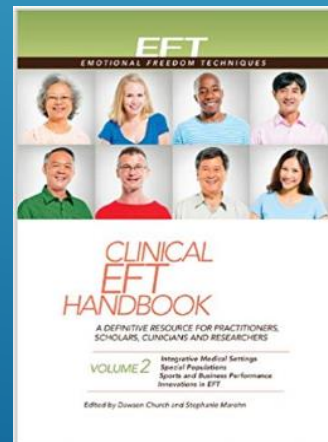
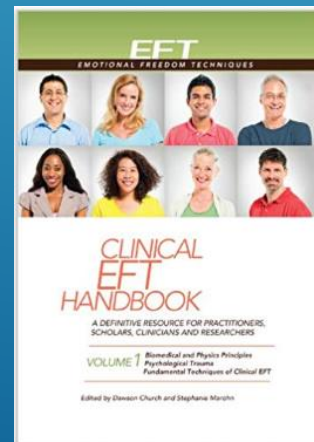
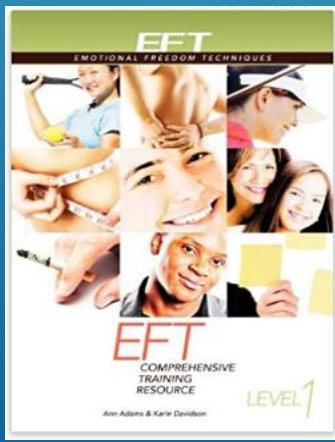
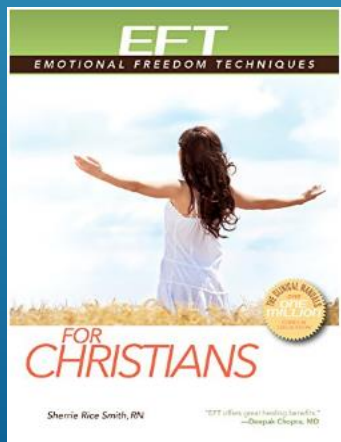
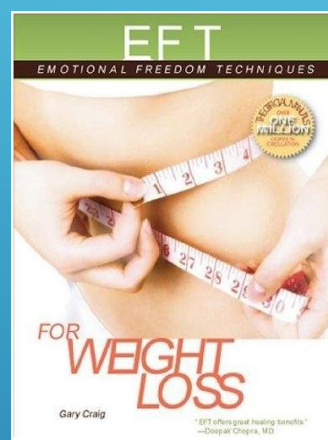
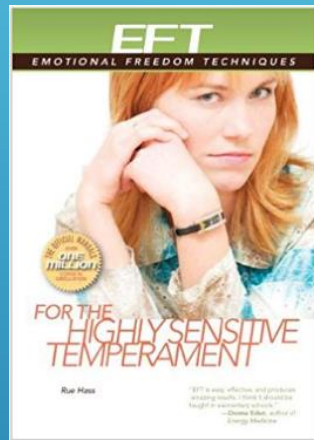
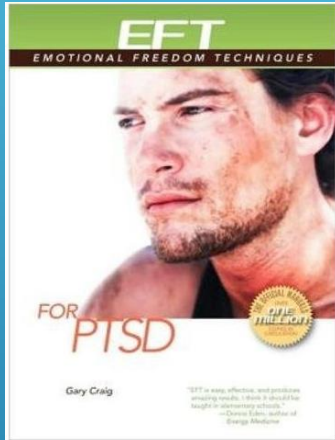
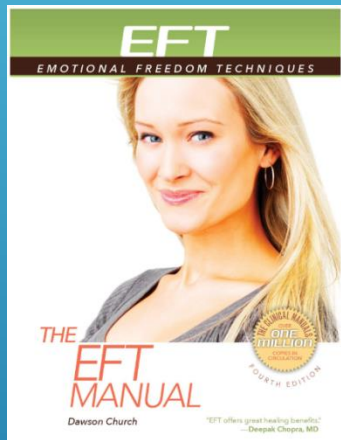
From a lecture entitled, *Dissecting the Brain-Gut Connection to Address Sensorimotor Concerns for Children with Autism*, by Dr. Varleisha Gibbs PhD, OTD, OTR/L, ASDCS

Shiatsu is a bodywork that originated in Japan. It integrates Japan's traditional manual therapies such as acupuncture and **anma**, an old Japanese massage style, with western medical knowledge. Healthcare professionals view shiatsu as **a modified form of acupressure**, a massage therapy that involves pressing specific points in the body to reduce tension and fatigue by improving blood and lymphatic circulation. A shiatsu therapist applies pressure on the body's **energy meridians**, parts of the body believed to be energy channels, to balance or unblock the flow of energy (qi).

THE EFT MANUALS & EVIDENCE-BASED PRACTICE

Most of these EFT manuals cite research studies that support EFT as an evidence-based approach.


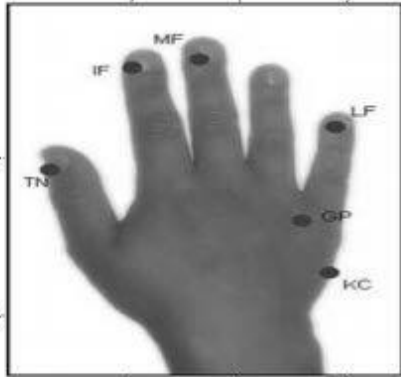
Go onto www.Amazon.com and you will see many other EFT titles as well.



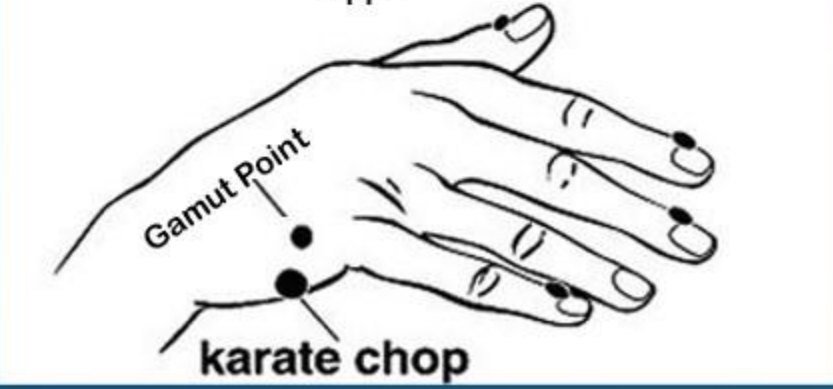
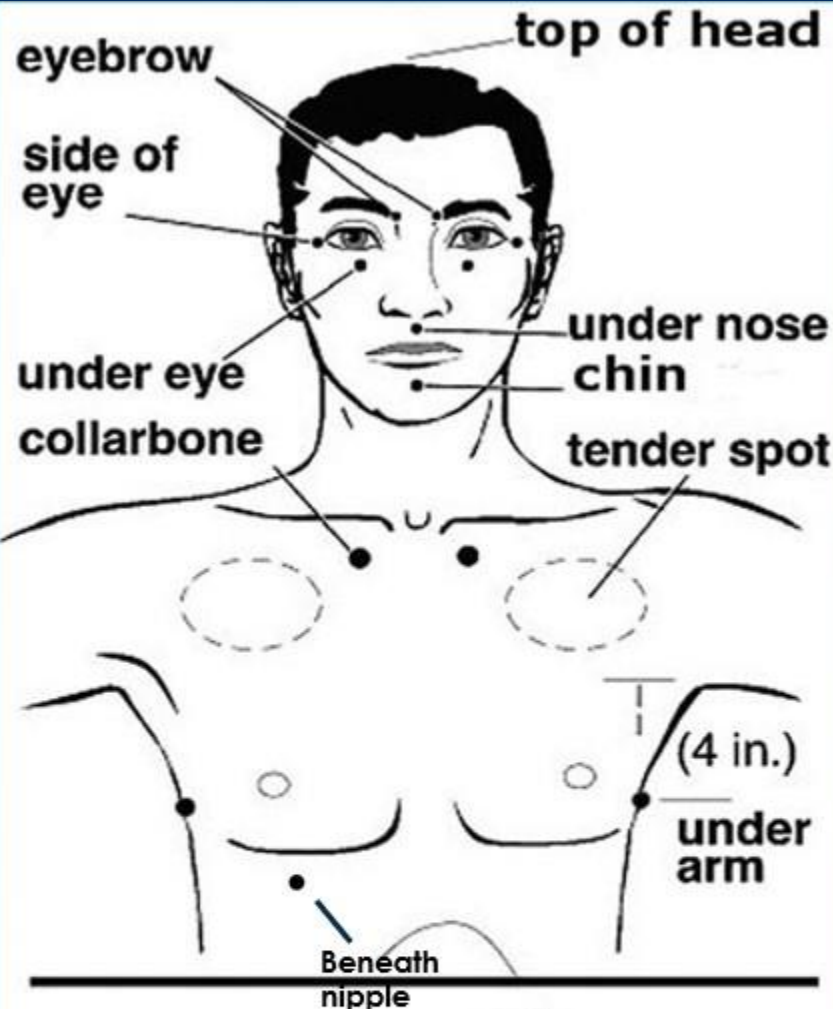
What is Emotional Freedom Technique?

Emotional Freedom Techniques, or EFT, is a self-help method that combines elements of cognitive and exposure therapy with acupressure. Over 200 clinical trials show that EFT is effective for anxiety, depression, pain, PTSD, phobias, and other conditions. Our organization, EFT Universe, pioneered "Clinical EFT," the evidence-based form of the method. EFT is often called "tapping" because when you're feeling stressed, EFT has you tap with your fingertips on your body's acupressure points. This rapidly reduces stress hormones like cortisol and turns off the body's fight-flight response. Try it yourself!

ENERGY MERIDIAN AREAS OF INFLUENCE

Under Arm (UA)	Spleen	Worry, poor concentration, forgetfulness, cloudy thought process, vacillation, addiction, attachment, obsession, gluttony, jealousy, self-pity, strong concern about opinions of others, stubbornness, vanity	Reasoning abilities, memory, a clear thought process, honest introspection, opinion, loyalty, willpower, sense of satisfaction/achievement, ideas & creativity, expressing sympathy	Stomach	
Thumb (Th)	Lung	Sorrow, resentment, anguish, claustrophobia, inflexibility (both mind and body), pessimism, nostalgia	Compassion, good survival instinct, instinct and intuition, free will, individuality, positive outlook, endurance	Large Intestine	
Index Finger (IF)	Large Intestine	Sorrow, resentment, worry, coughing, anguish, claustrophobia, inflexibility (both body and mind), pessimism, nostalgia. Stubbornness, holding on.	Compassion, good survival instinct, instinct and intuition, free will, individuality, positive outlook, endurance	Lung	
Middle Finger (MF)	Pericardium	Sadness, sorrow, grief, self-absorption, coldness, lack of concern, poor relations with others, lack of enthusiasm. Poor sleep habits, hysteria, hysterical or cackling laughter, abnormal emotional responses, hyper-sensitivity.	Love, happiness, contentment, warmth and concern in relationships, enthusiasm.	Triple Warmer involves immune system, flight or fight response, and the body's ability to habituate responses to stress and threat	
Gamut (9G)	Triple Warmer	Unsociable nature, standoffish, lack of humour, prefers isolation to group cooperation, poor decision making abilities, forgetfulness, rambling thoughts.	Sociable nature, ability to work well in groups, platonic friendships, personal warmth, sense of humour, liking for others	Pericardium	
Little Finger (LF)	Heart	Hysteria, erratic behaviour, alternating joy and melancholy, dullness, yearning for love, jealousy, sorrow	Tranquillity, gentleness, emotional balance, spirit, love, integrity, optimism, emotional and spiritual growth, zest for life, control of thoughts and senses, conscience, wisdom	Small Intestine	
Under Breast (UB)	Liver	Anger, depression, impatience, short temper, hatred, jealousy, self-insistence, insecurity, attachment to strong opinions (even when wrong), power-hungry, over ambitious, controlling, cursing and shouting	Drive, planning and starting skills, endurance, good reflexes, perseverance, spiritual enquiry and maintenance, quick and clear intellect, agreeable disposition, organizational abilities, ambition, patience, sense of well-being	Gallbladder	

Speaking of your body's energy system, you've probably heard of something called "Reiki." Well, there's a similar method called **Emotional Freedom Techniques**, or **EFT**. EFT is based on the work of **Dr. Roger Callahan** (founder of **Thought Field Therapy**, or **TFT**) who had a female client who suffered from a lifelong phobia of water. One day he asked her to think about her fear of water and where she was feeling that fear in her body, and then asked her to **tap gently** under her eye (which is an **energy meridian end-point**). Immediately her fear was released from her body and the phobia never came back.



EFT is now recognized as a **robust and yet gentle method** for use both in therapy and as a self-help tool, and it also falls within the field of study known as Energy Psychology.

You can go to <https://EFTUniverse.com> to learn more:

Unlock the power of advanced energy healing today! **ENROLL FOR FREE**

The Enormous Benefits of Tapping Correctly

Doing EFT tapping **correctly** produces **huge benefits in your life** and the lives of those around you. Research shows that Clinical EFT is able to reduce:

- ✓ Anxiety by 40% (Clond, 2015)
- ✓ PTSD in 84% of veterans (Sebastian & Nelms, 2016)
- ✓ Depression by 41%(Nelms & Castel, 2016)
- ✓ Weight by 11 to 22 lbs per year (Stapleton et al., 2014; Church et al., 2018)
- ✓ Pain by 68%(Church & Brooks, 2011)
- ✓ Autoimmune disease symptoms by 33%+ (Brattberg, 2011; Hodge & Jurgens, 2014)
- ✓ Cortisol by 37% (Groesbeck et al, 2018)

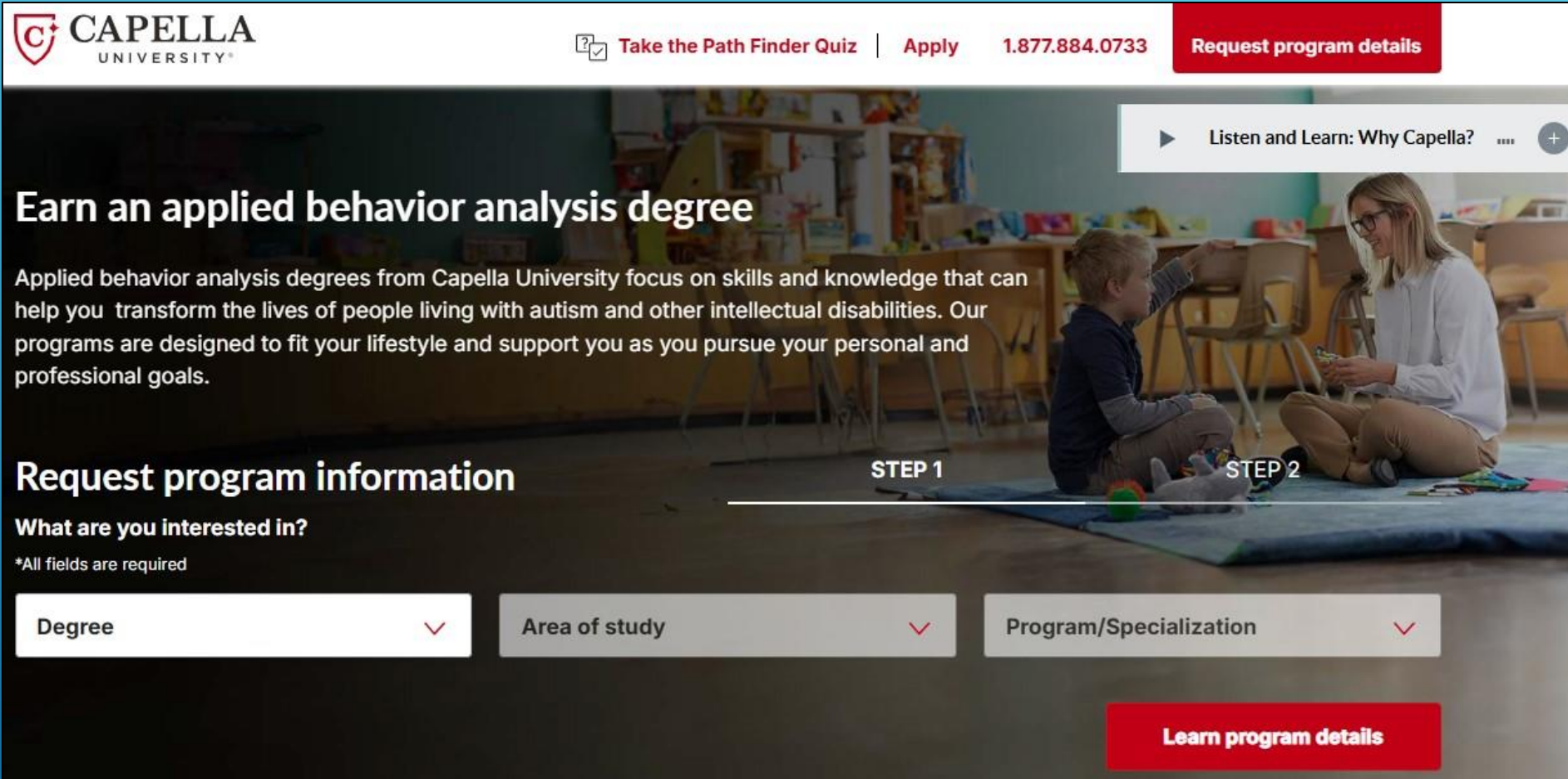
Applied Behavior Analysis (ABA): This is the most frequently used treatment for Autism in the USA:

The screenshot shows the Autism Speaks website. At the top, there is a navigation menu with links for 'About us', 'Common misconceptions', 'Blog', 'Events', 'Careers', 'Select Your Location', and a search icon. Below the menu is the Autism Speaks logo and a secondary navigation bar with links for 'What is autism?', 'Help & information', 'Our work', 'Get involved', '¿Que es el autismo?', and a red 'Donate' button. The main heading is 'Applied Behavior Analysis (ABA)'. To the right, a statistic shows '36.5% of autism caregivers use ABA' with a progress bar. Below the heading is a section titled 'What is Applied Behavior Analysis?' with a definition: 'Applied Behavior Analysis (ABA) is a therapy based on the science of learning and behavior.' This is followed by a section titled 'Behavior analysis helps us to understand:' with a bulleted list: 'How behavior works', 'How behavior is affected by the environment', and 'How learning takes place'. Below this is a paragraph: 'ABA therapy applies our understanding of how behavior works to real situations. The goal is to increase behaviors that are helpful and decrease behaviors that are harmful or affect learning.' To the right of this text is a 'Copilot Answer' box with a detailed definition of ABA: 'Applied Behavior Analysis (ABA) is a psychological discipline that applies the principles of learning, particularly operant conditioning, to change socially significant behavior. It is often used as a therapy for individuals with autism and other developmental disorders, aiming to increase positive behaviors and decrease negative ones. ABA involves one-on-one interactions between a practitioner and a child, focusing on improving social skills through structured interventions. Techniques used in ABA can include reinforcement strategies, skill acquisition, and behavior modification to help individuals learn new skills and improve their social interactions.' A link to Wikipedia is provided at the end of the Copilot Answer.

How much does ABA take into account the “why” behind their behaviors? – apparently, not at all!

Applied Behavior Analysis (ABA):

TODAY, ABA IS A MULTI-BILLION DOLLAR INDUSTRY.



The screenshot shows the Capella University website for the Applied Behavior Analysis degree program. At the top, there is a navigation bar with the Capella University logo, a "Take the Path Finder Quiz" button, an "Apply" button, a phone number "1.877.884.0733", and a "Request program details" button. Below the navigation bar is a video player with a play button and the title "Listen and Learn: Why Capella?". The main content area features the heading "Earn an applied behavior analysis degree" and a paragraph describing the program. Below this is a "Request program information" section with a "What are you interested in?" heading and a note that "*All fields are required". There are three dropdown menus for "Degree", "Area of study", and "Program/Specialization", each with a red downward arrow. A red "Learn program details" button is located at the bottom right of the form. The background of the page shows a woman sitting on the floor with a young child in a classroom setting.

ABA is an example of a type of therapy that has been developed on a foundation of **Psychology** instead of on a foundation of **understanding** the truth, namely, that ASD individuals **do not automatically have a cognitive/ psychiatric or learning/ info.-processing deficit**, rather, they have a **motor-planning, coordination, and execution deficit** that is often exacerbated and **made worse** by sensory **sensitivities** and sensory **processing** challenges.



MANY NONSPEAKING ADULTS ASSERT THE ABA THERAPY THEY RECEIVED AS CHILDREN WAS TRAUMATIC AND DEHUMANIZING.

ABA: Applied behavioral analysis:

Per Dr. Temple Grandin: “An ABA treatment program should not ignore sensory issues, especially because it doesn’t take much for a treatment environment’s demands to push an ASD child into sensory overload. Then, once that happens, the treatment team now has to work uphill against a negative emotional mindset when the child comes back next week to the very place that made them feel overloaded.”

“A child should *like* going to therapy!”

ABA Therapy

Positive reinforcement

Positive reinforcement is one of the main strategies used in ABA.

When a behavior is followed by something that is valued (a reward), a person is more likely to repeat that behavior. Over time, this encourages positive behavior change.

First, the therapist identifies a goal behavior. Each time the person uses the behavior or skill successfully, they get a reward. The reward is meaningful to the individual - examples include praise, a toy or book, watching a video, access to playground or other location, and more.

Positive rewards encourage the person to continue using the skill. Over time this leads to meaningful behavior change.

Antecedent, behavior, consequence

Understanding **antecedents** (what happens before a behavior occurs) and **consequences** (what happens after the behavior) is another important part of any ABA program.

The following three steps – the “A-B-Cs” – help us teach and understand behavior:

1. An **antecedent**: this is what occurs right before the target behavior. It can be verbal, such as a command or request. It can also be physical, such as a toy or object, or a light, sound, or something else in the environment. An antecedent may come from the environment, from another person, or be internal (such as a thought or feeling).
2. A resulting **behavior**: this is the person's response or lack of response to the antecedent. It can be an action, a verbal response, or something else.
3. A **consequence**: this is what comes directly after the behavior. It can include positive reinforcement of the desired behavior, or no reaction for incorrect/inappropriate responses.

Looking at A-B-Cs helps us understand:

1. Why a behavior may be happening
2. How different consequences could affect whether the behavior is likely to happen again

Example:

- **Antecedent**: The teacher says "It's time to clean up your toys" at the end of the day.
- **Behavior**: The student yells "no!"
- **Consequence**: The teacher removes the toys and says "Okay, toys are all done."

How could ABA help the student learn a more appropriate behavior in this situation?

- **Antecedent**: The teacher says "time to clean up" at the end of the day.
- **Behavior**: The student is reminded to ask, "Can I have 5 more minutes?"
- **Consequence**: The teacher says, "Of course you can have 5 more minutes!"

With continued practice, the student will be able to replace the inappropriate behavior with one that is more helpful. This is an easier way for the student to satisfy the child's needs!

www.crossrivertherapy.com

Dr. B.F. Skinner's brainchild, **Behaviorism**, cared nothing about a subject's internal thoughts or feelings. He believed that all that mattered was the conditioned responses ... what they have been, and then using interventions to use stimuli that would change unwanted conditioned responses to desirable conditioned responses.

Notice how, next to "3." under "The following three steps ..." section, it says, "... it can include **positive reinforcement of the desired behavior, or no reaction for incorrect/inappropriate responses.**"

Gee, this sounds an awful lot like trying to get ASD individuals to **"act" like neurotypical people**, doesn't it? – it sounds very subjective, **leaving the patient out of the process**, since apparently it's the therapist who's deciding on their own which behaviors are **"desirable"** and which ones are not.

Of course, treatment should result in reduced/eliminated aggression, but **how** that outcome is achieved is the real concern for most parents.

Greg Handleton MA, LPCC-S, TRCC

Proper Goals in Working with ASD Clients:

- 1) Avoid** goals and objectives driven by the expectation that an ASD client be “helped” to become more like neurotypical people.
 - If “extinguishing” an ASD-based behavior is the goal, one must ask, *“Who is the extinguishing helping? – is it helping the child, or is it just making parents and clinicians alike feel less uncomfortable because now the ASD person isn’t acting so weird?”*
 - If a given behavior is dangerous, at least try to find out why it’s there and what it means to the ASD individual.
- 2) Communication** goals must be based on where the client is at developmentally as well as on how that person is *already* trying to communicate, even if non-verbally.
- 3) Strength-Based:** No one, not even non-ASD people, grow and develop by focusing solely on deficits/weaknesses; therefore, treatment must focus on identifying strengths and interests, and then leveraging those strengths and weaknesses when trying to help the youth make progress with small, achievable goals over time. **Focus on interests, strengths, & talents!!!**
- 4) Measuring Outcomes:** Make sure that outcomes are realistic. Again, is a neurotypical outcome of increasing eye-contact even meaningful or relevant in the first place? Just because we can measure something doesn’t mean that we *should*.

(From PESI.com’s ASD certification training: A lecture entitled, *Developing Core Competencies as an Autism Specialist through a Neurodiversity Lens* – Jeffrey Guenzel MA, LPC, and Emile Gouws PhD)

The first things I do with clients is to help them....

Understand their own autism traits

Develop interoceptive awareness

Create systems to communicate

Discover strategies to regulate

Develop self-acceptance

Promote self-advocacy

A woman with long dark hair, wearing a maroon and black long-sleeved shirt and black pants, is standing on a small, round, rainbow-colored trampoline. She is in a room with wooden walls and a wooden ceiling. There is a white door with a window in the background. The room appears to be a living area or a playroom. The trampoline is on a wooden floor. There are some items on a table to the left and some plastic bags on the floor to the right.

Kim Clairry MS, OT

Tom's STRENGTHS


SOCIAL:

Being interesting, compassionate, care about others, interest in others, make people laugh

THINKING:

Have interesting thoughts, super focus, imaginative (thinking about going to other places), goal oriented, creative

SENSING:

Super good at smelling, moving my body fast, hearing is so strong, 

DOING:

Walking, hiking, basketball, balance, write interesting essays, art

OTHER:

Patient, hard worker, does not give up, persistent

If you've ever watched the show *Psych*, you'll probably laugh out loud in remembering that Guster also had a "Super Smeller"!

As a parent you should remove your ASD child from therapy with any therapist who is not deeply committed to finding and helping your child to capitalize on their **strengths**. Also, if "compliance" is all that a therapist is concerned about, this is another red flag that you should respond to by finding a better fit for your child.

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

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

Respect and Empathy Language

Children

- "What do you need?"
- "Do you need a break?"
- "How can I help?"
- "All done? Or do you need more?"
- "I want to help you."
- "What you experienced is not okay. What support do you need?"

Gratitude and Growth Statements

- "Thank you!"
- "I like your hard work!"
- "Wow! Look at how you grew today by finishing your work!"
- "You have grown so much!"

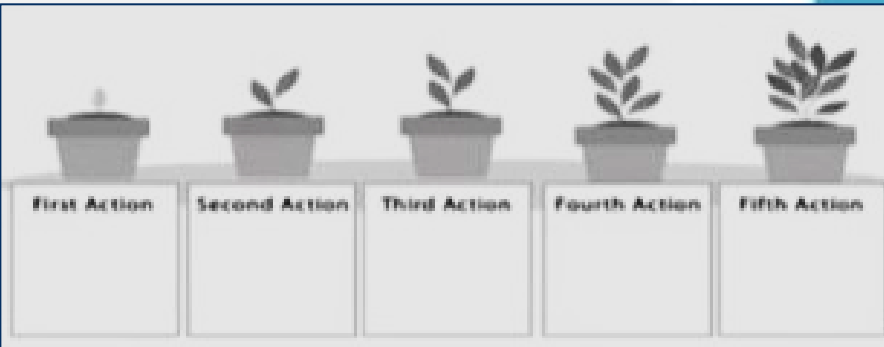
Research shows that better outcomes are realized when adults praise kids for their efforts, and not for "being smart."

ACTION-from-Trauma approach promotes the use of respect and empathy language, as well as gratitude and growth statements.

Adolescents, Adults, and Older Adults

- "That is really challenging, and I see you are upset. Can I suggest some strategies to assist with your anxiety?"
- "Would it be okay for us to discuss how that made you feel?"
- "While it may not have been the best choice, your response matches how you felt."
- "How can I help you grow from here?"
- "Did that make you feel uncomfortable? That was not my intent."
- "I see that may not have been the best way to phrase that. What I meant was..."

- "That was brave of you."
- "Your sharing shows your strength."
- "Look at all you have done since and despite of..."
- "That is a tough to talk about. I appreciate your openness and trust."



ACTION-from-Trauma Approach (Gibbs, 2020)

Consider:



Regardless of the therapy, **you have to have the right therapist ...** the person who can connect with your child according to their personality, their needs, their strengths, and their challenges. **The right person draws-out your child's strengths, while the wrong person gets stuck in their limitations.** With the right teacher or therapist, the sky's the limit; but with the wrong teacher or therapist, you'll never get anywhere. Unfortunately, sometimes a teacher or a therapist *could* be the right person, but their attitude and/or their deficit-focused training prevents them from really connecting and making a difference. Sometimes the "right person" is grandma! Little kids are like a **slow computer** – you **HAVE TO** give them **time to respond**.

Individuals with ASD are usually either:

- Sensory-avoiding,
- Sensory-seeking/craving ... or a little bit of both!

Giving ASD children **some control** is crucial. Dr. Varleisha Gibbs notes: "I tell parents and teachers that one of the main things I find with children [in general] is that they want to know what the **expectations** are, they want to have **control** over things. [It triggers them] when a situation is **unknown**, they don't know who's going to enter the room, which sounds are going to be [experienced] there, etc. We need to expose them **before** we put them into that new environment, either through video, visiting, [or at least making sure we discuss the details with them ahead of time]. Dr. Temple Grandin notes that cattle freak out the worst when **(1)** they haven't been previously exposed to much, and **(2)** they're being taken someplace entirely new.

Question: When was the last time you **worried** about which **sounds** you'll be experiencing in a new environment you're going to be visiting soon?

Kimberly Clair MS, OT – an Autistic adult:

Because of her great difficulty with **hearing, understanding, processing,** and **responding appropriately** to other people's use of **sarcasm**, her husband started using one **hand signal** – when speaking with her – to indicate that **“I am now using sarcasm as I say these words to you.”** For example, if he'd say, “Yeah, right, like *that's* gonna happen!” but would fail to use the hand signal, Kim would always assume he was **literally** telling her that that particular *something is going to happen*. Then, she'd be **confused, hurt,** or **disappointed** in later discovering that the thing he was talking about never did and was likely never going to happen in reality. Now, after using the hand-signal consistently, Kim has **gotten better** at **hearing, understanding, processing,** and **responding appropriately** to both his and other people's use of sarcasm in day-to-day conversations.

Television: Kimberly Clairry MS, OT – an autistic adult:

As a child Kim used to hate TV because she would get lost/couldn't easily follow along with the plot (in part due to the fact that she didn't see, grasp, or understand all of the social and communication nuances taking place with and between characters.

Finally, her husband (while they were still dating) gave her permission to **pause** the show or movie at any point to **ask questions**. She said, "He didn't know that a 30-minute show would end up taking, like, two hours" because of the many, many questions she still needed to ask, even as an adult. "We did this every night for two to three years, where almost every minute I would be hitting the pause button!" So, his detailed, patient explanations "just helped me so much to better understand" the many nuances of social interactions between people.

Now, she can literally be in a social situation, see someone's facial expression or body language or behavior, and **think back to the many explanations** that her now-husband provided at that time.

Now, sometimes he will be the one to hit pause, at which time he will ask **her** to explain the social dynamics on the screen ... which she has gotten so much better at doing!

From a Webinar by Dr. Wes Dotson entitled, *What Criminal Justice Professionals Need to Understand About ASD* (provided through Justice Clearinghouse):

What do we teach families and individuals with ASD?

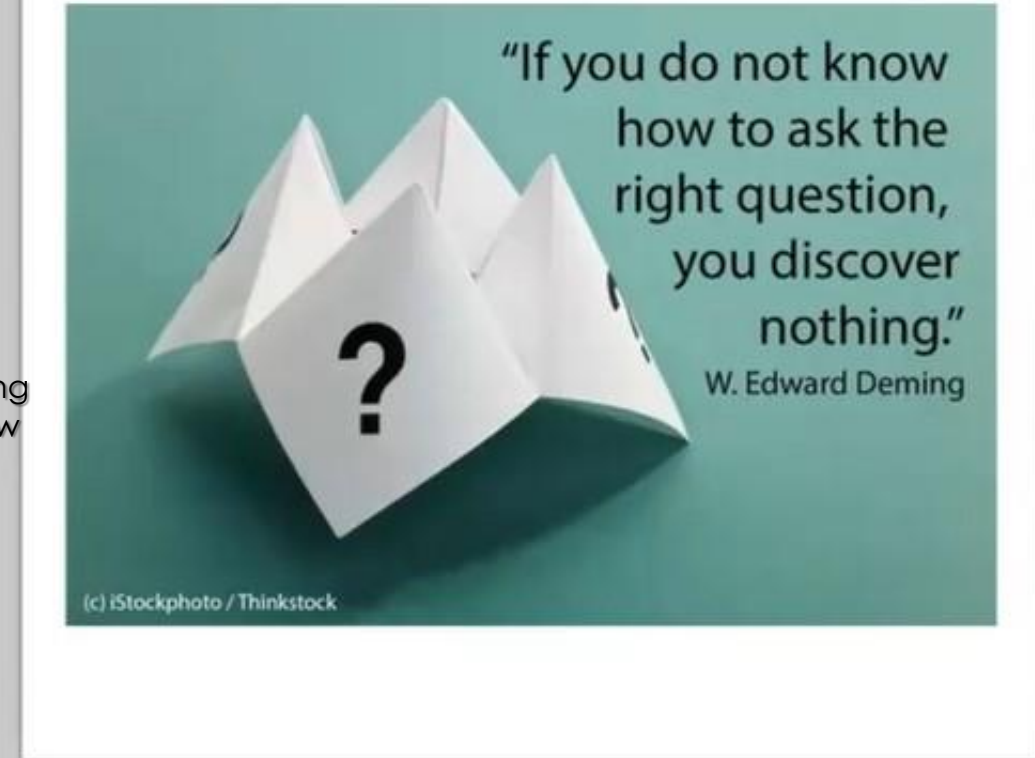
- Families
 - Identify yourself and your family in advance
 - Register their house with dispatch or the emergency responding services to flag that there is a person with autism there
 - Provide a clear signal
 - A seatbelt band, wristwatch, sticker, etc. for first responders to know
- Individuals
 - Disclose as soon as possible
 - They're reluctant to say that they have autism because they're usually bullied or made fun of for that
 - Explain that interacting with justice professionals is one of those situations where it's better to say it and let them know you have autism so they may accommodate your potential needs to have a different, safer environment
 - Carry a card or some means of non-verbal communication
 - Something they can hand over or hold up for someone to see
 - Law enforcement, responders, advocates must be aware of this to facilitate that interaction
- For both: Make it as specific as possible

Kimberly Clair MS, OT:

Kim uses pre-filled '**About Me**' forms to share important information about herself with new providers so that she doesn't have to feel so much stress/pressure to think of everything off the cuff, and she uses pre-filled '**Things I Need From You**' forms to communicate her needs to new providers for the same reason.

Other tools to help with social & communication

- About Me forms
- + Things I Need From You forms
- Social Mentors
- Scripting: can be used to prepare for upcoming conversations: Both what to say & how the other person might respond.
- Ask others to avoid open ended questions : Because ASD folks are so literal, asking, "How are things?" is confusing.
- Communication apps
- Communication cards
- Keyboarding
- Texting



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

Communication Cards

I am an 8+ of 10. I need to go outside and break sticks. If I am not back in 10 minutes please come check on me, I may have gotten fixated

I am afraid to eat, please help me restructure my thoughts through writing.

I am not afraid of the food. I am overstimulated now and cannot eat. I need to leave the table for 5 minutes. I will be in my safe place.



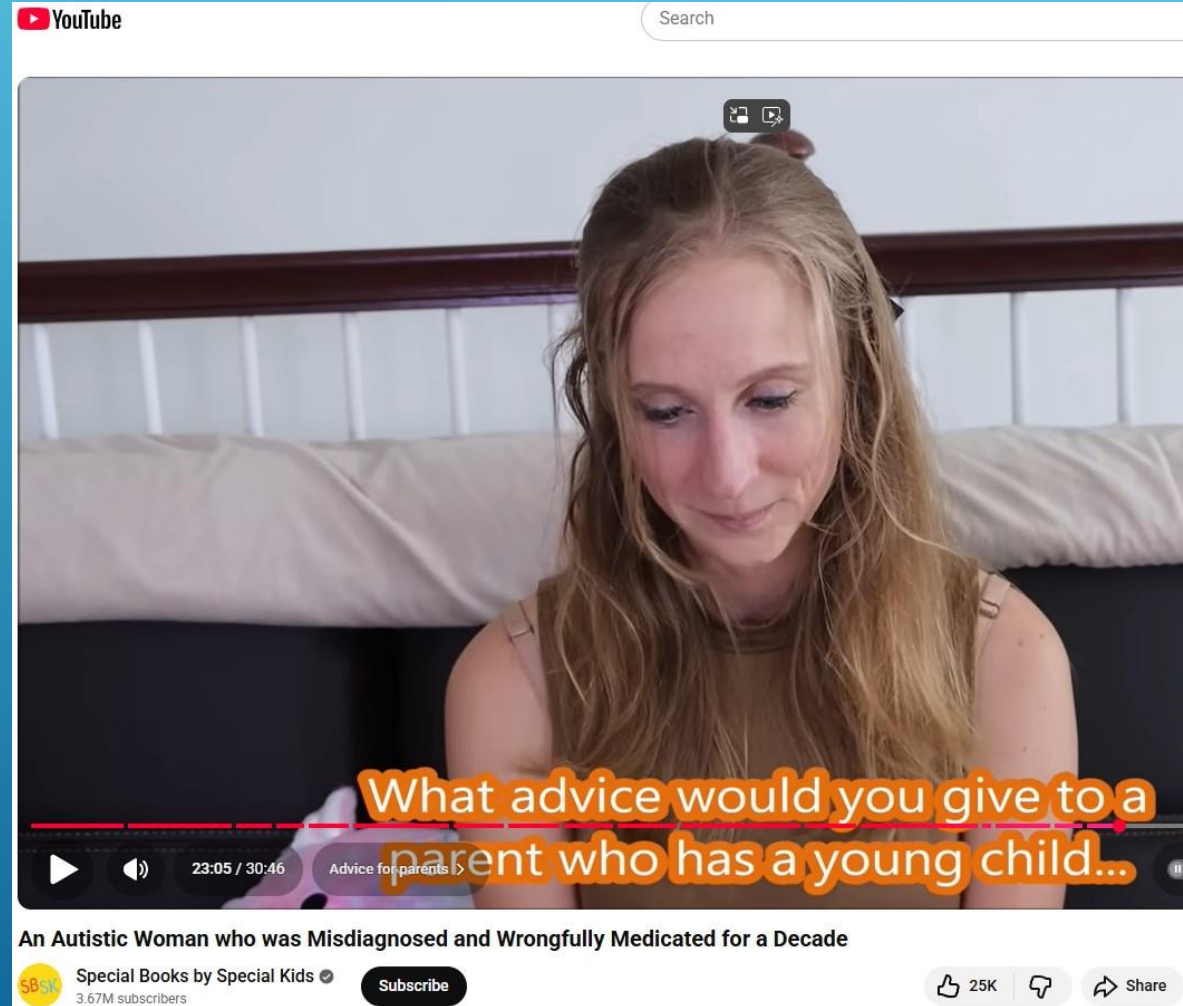
From: A lecture entitled, *Not Just Surviving, But Thriving With Autism*, by Kimberly Clair O.T. (autistic adult) and her husband, William Miller.

... Another Visual Cue Cards:

Hello-

I have Autism + prefer not to make (much) eye contact. Also, I need for you to be direct, because I can't read in between the lines.

Please be patient, as it takes me longer to process info due to my sensory sensitivities... which means I tend to shut down when people are loud.



YouTube

Search

What advice would you give to a parent who has a young child...

23:05 / 30:46

Advice for parents

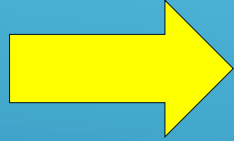
An Autistic Woman who was Misdiagnosed and Wrongfully Medicated for a Decade

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Language where disability is concerned is evolving. Lingraphica adheres to identity-first language when it pertains to autism. We acknowledge that both identity-first and person-first approaches to language are designed to respect the subject of our words. When there is a preference for person-first language, Lingraphica honors that preference.

"*" indicates required fields

Communication Impairment *

Name *



<https://lingraphica.com/printable-id-card/>

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

-children with autism experience difficulty with language and speech development, with **40%** being minimally verbal or nonverbal (Prizant, Wetherby, & Rydell, 2000, *Autism Speaks*, 2017).

Shutdown & Meltdown-Ways to Help

What will help a person is different from person to person.

Shutdown & Meltdown

1. Pre-plan to prevent (self-awareness & action plan)
2. Assure a safe environment
3. Go somewhere quiet and with dim lighting
4. Help initiate sensory strategies (they may be unable to do so themselves.)
5. Limit verbal communication. Instead try **images**, writing, texting, etc...
6. Provide a means of deep pressure

Meltdown

7. Suggest calming/weight bearing sensory strategies
8. Have him or her hold or throw ice
9. Give him/her a specific job to do or make your helper
10. Mindfulness activity using sensory cues (Find: 5 things that are blue, 4 smells, 3 sounds, etc...)
11. Give items to categorize and sort
12. Provide a time limit as a means of structure when doing a sensory activity to calm down from a meltdown

The **typical thing** that neurotypical adults try to do is they try to get a kid – any kid – having a meltdown to process their (adults') words **auditorily** (listen to words), and to continue processing verbally (respond with words), **but remember ...**

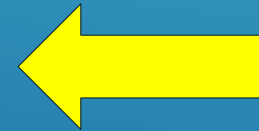
Kim Clairy MS, OT: “I have a **sensory bag** that I take with me with different tools in it. Included in that [bag] is **a card** that indicates to others that I have Autism, and I put that on the outside of my bag. And so, I did that because I was at a store one time, feeling very dysregulated, and they thought I was shoplifting because I had my backpack on and sunglasses and I was just kind of pacing back and forth in the jewelry section. And a group of employees surrounded me, and it was very terrifying. And I had an Autism card in my purse, but I wasn't able to get into my purse because I was so dysregulated and I couldn't talk. After that experience, I learned I had to have something **accessible right then**. Something else that I use is called a **Stretchese**, which is like a giant theraband, but it's cloth. When I go out and about, I can wrap it around me, and it gives me pressure. A lot of times pressure is very calming, and it looks like a shawl.”

Sean Inderbitzen PhD (also Autistic): “When the body **feels safe** and feels at ease ... and it is grounded and you are open and curious, you are **a little less Autistic**. People who have Autism are **in a chronic state of [feeling] threatened.**”

Coping tools for challenges with getting stuck, executive functioning, cognitive rigidity, and sequencing



- Timers
- First/Next/Then cards (see next slide)
- Change in Routine cards
- Visual schedules and sequences
- Visualization
- If/Then flowcharts (different from first/next/then cards);
- Written-out, step-by-step instructions for any task, with a picture of each completed step



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

Sequencing with First/Then Strips

<u>First</u>	<u>Then</u>	<u>Next</u>	<u>Last</u>
Gather all laundry and put in basket/bag	I need to pack: Detergent Money Snack	When wife gets here with rental car load car Drive to laundromat	Sort clothes into appropriate washer & Start machine



While waiting for wash I can

Go to waterfall
Listen to audiobooks
Pace
Get coffee

Perseveration: The problem of getting stuck on a task – i.e., hyper-focusing on something, doing it over and over again, and not being able to get out of that pattern on one's own:

Some people with ASD struggle with perseveration, either sometimes, often, or frequently, depending on the person. Here's what **Kim Clairy**, an adult Occupational Therapist with ASD, has to say about how she and her husband William handle her perseveration in their marriage:

Kim: "I can do a behavior or activity over and over and over. Sometimes it's because I like it, sometimes it's because I get stuck in an action. If it's something that I like, like arranging flowers, it's important for William or another person to **acknowledge the importance of that activity for me**. It's important for William to **say**, "I know that arranging flowers is important to you. At the same time [i.e., don't say "But"] we agreed to meet Tom and Ginger at the theater in 30 minutes. So, can you put that on **pause**? And when we get back from having fun with our friends at the theater, you can arrange the flowers **again**. [It'll give you something to look forward to later this evening]." That's very helpful for me because, first, it's showing that he respects what I like, what's important to me. It also gives me a time where I can return to it. Because a lot of times for people with Autism, we might not know that, and our mind is not thinking, "Oh, I'll be able to pause for now and then come back to it again later." It's like, my natural tendency is to automatically think that I have to finish it now or just keep doing it now, or I'm never going to be able to do it again." Isn't it amazing how the human mind goes so quickly to extremes?

William: "You're inviting and asking the Autistic person to press the pause button; you're not telling them to stop the activity permanently, in most cases. If you're telling them to stop, they think, "I'll never get to do this again."

Kim: "Other tools that help are timers, First/Next/Then cards; plus I use a lot of pictures. You see this is my First/Next/Then card for my day today. I trampolined, then I ate lunch, and now I'm doing my talk [for this online seminar]. Plus I use Change In Routine cards."

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

Additional Kinds of Visual Cue Cards are Also Useful to Have On Hand in Various Settings



When I feel anger, frustration, or rage



Clap hands & Count to 10



Squeeze fists & Count to 10



Stomp feet & Count to 10



Curl toes & Count to 10

Feel Good Activities



	M	T	W	TH	F	Sat	Sun
-Sitting out on the porch in the morning							
-Mindfulness tea							
-Reading a book							
-Lighting a candle							
-Stretching							
-Foam rolling							
-Listening to music							
-Use body brush							
-Petting cats							



Home Activity Checklist Questions to ask myself *before* starting an activity



1. Is this something I get fixated on or do I have to be done by a specific time?

If no- Go to question 2

If yes- I need to keep track of time. How will I do this? Set timer OR Ask for help?

2. I need to be prepared to stop even if I am not done. How will I do this?



Set up a time to finish if I am not done



Remind myself that I can come back to it later



Throw medicine ball 10 times if I become distressed

3. What activity am I going to do do next?

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FOR SCHOOL



When I have bad thinking

1. I need to communicate I need help. To get help I can



Say HELP



HOLD UP RED HAND SIGN



PRESS HELP ON AAC

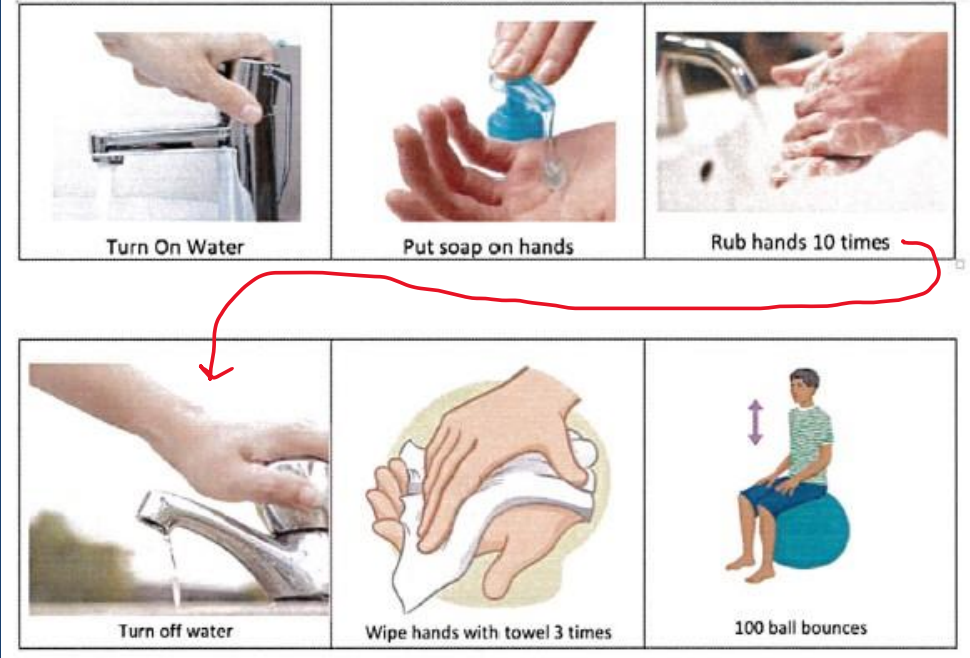
2. Go to safe spot

3. Do coping skills. To cope I can

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

Sensory Coping Keychain Cards- Community Coping

What is it? A portable tool with specific locations (friend's house for dinner, social event, shopping mall, Dr's office, airport...) I may struggle with AND sensory coping strategies or tools I can use while there



Coping Cards

Grocery Store

Be aware that busy times are Sat, Sun, and weekday mornings/early afternoon (some times)

Traffic will be busy between 7-9 AM, 11-1, 5-7 PM

If going at busy times make sure you are registered ~~if~~ if not, go at another time.

Before

- take 10 min walk or sensory break
- make list
- bring sensory bag

DURING

- use headphones/sunglasses
- look at grocery list

AFTER

- put away items that need to be in fridge first then take 10 min sensory break if needed before putting away rest.

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

... More Visual Cue Cards:



When I have bad thinking



1. I need to communicate I need help. To get help I can



Say HELP



HOLD UP RED HAND SIGN



PRESS HELP ON AAC

2. Go to safe spot

3. Do coping skills directed by aide


FOR SCHOOL

Suggestion:

Since the word “**bad**” can easily be transferred in the mind of child from being an adjective describing thoughts to being an adjective describing self, my recommendation would be that you replace “bad” with:

- Stressed-out thoughts/thinking,
- Negative thoughts/thinking,
- Unhelpful thoughts/thinking,
- Aggressive thoughts/thinking, etc.

ART Directions

1. Get  &  from my  desk

crayons paper desk

2.  Draw a picture of a  house a  face and  flowers to send  Kim

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



When having bad thoughts I can do these things to help me cope

1. Move your body



-throw medicine ball-20 times



-climb the stairs-5 times



-body shakes-5 times

2. Journal



3. Express through art



If you need help coping ask for help



Autistic Catatonia:

- Is often misinterpreted by parents and teachers as being a sign of an “**oppositional**” or “**defiant**” attitude, or as being a “**behavioral**” **problem** to be fixed when, in reality, the ASD person has shut down due to a preceding experience of feeling overwhelmed or overloaded. It’s like when too much electricity is sent through a circuit, causing the breaker to flip to the “Off” position. Catatonia can be seen in how an ASD person becomes completely frozen in place, or, it can be seen in how they might be perseverating and are unable to break their attention away from what it is that they are perseverating on.
- What **helps** ASD individuals experiencing Catatonia is/are the following:
 - Patience and kindness, emotional support and understanding, empathy
 - Gentle verbal prompts – one at a time, followed by adequate periods of silence so that the ASD person does not begin to experience additional auditory overload.
 - Clear and concrete visual prompts – e.g., First, Then, Next, Last cards.
 - Removal of excessive stimuli and/or gently escorting the ASD individual to a much more stimulus-free environment.
 - A therapy dog.
 - Introduction of an already-known self-soothing item.
 - Other things as well: _____

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



If legitimate, this product **SOUNDS** like it could represent a **miraculous breakthrough**, so, it might possibly be worth doing your own in-depth research!

A similar type of intervention that is vetted and valid is Dr. Steven Porges' *Safe & Sound Protocol*.

The Sound of Hope (intro video):

[Autism Documentary v2 – Global Academia Mental](https://global-academia.com/mental/documentary/?utm_source=Facebook+Mobile+Reels&utm_medium=Jef4-AUT-tst&utm_campaign=wroDraTesJal&utm_content=wroDraTesJal1&fbclid=IwQ0xDSwL1GLRleHRuA2FlbQEwAGFkaWQBqyN52rlsXgEe5ElbT6O56kn8dtSx82TZu1-dUC9vh-YNegT-XrhQMx9QyElgXhXjE_rq6U_aem_IVXp9RbYvXxsgqyl9XekZA&utm_id=120211717139040078&utm_term=120228821037460078) or

[https://global-](https://global-academia.com/mental/documentary/?utm_source=Facebook+Mobile+Reels&utm_medium=Jef4-AUT-tst&utm_campaign=wroDraTesJal&utm_content=wroDraTesJal1&fbclid=IwQ0xDSwL1GLRleHRuA2FlbQEwAGFkaWQBqyN52rlsXgEe5ElbT6O56kn8dtSx82TZu1-dUC9vh-YNegT-XrhQMx9QyElgXhXjE_rq6U_aem_IVXp9RbYvXxsgqyl9XekZA&utm_id=120211717139040078&utm_term=120228821037460078)

[academia.com/mental/documentary/?utm_source=Facebook+Mobile+Reels&utm_medium=Jef4-AUT-tst&utm_campaign=wroDraTesJal&utm_content=wroDraTesJal1&fbclid=IwQ0xDSwL1GLRleHRuA2FlbQEwAGFkaWQBqyN52rlsXgEe5ElbT6O56kn8dtSx82TZu1-dUC9vh-YNegT-XrhQMx9QyElgXhXjE_rq6U_aem_IVXp9RbYvXxsgqyl9XekZA&utm_id=120211717139040078&utm_term=120228821037460078](https://global-academia.com/mental/documentary/?utm_source=Facebook+Mobile+Reels&utm_medium=Jef4-AUT-tst&utm_campaign=wroDraTesJal&utm_content=wroDraTesJal1&fbclid=IwQ0xDSwL1GLRleHRuA2FlbQEwAGFkaWQBqyN52rlsXgEe5ElbT6O56kn8dtSx82TZu1-dUC9vh-YNegT-XrhQMx9QyElgXhXjE_rq6U_aem_IVXp9RbYvXxsgqyl9XekZA&utm_id=120211717139040078&utm_term=120228821037460078)

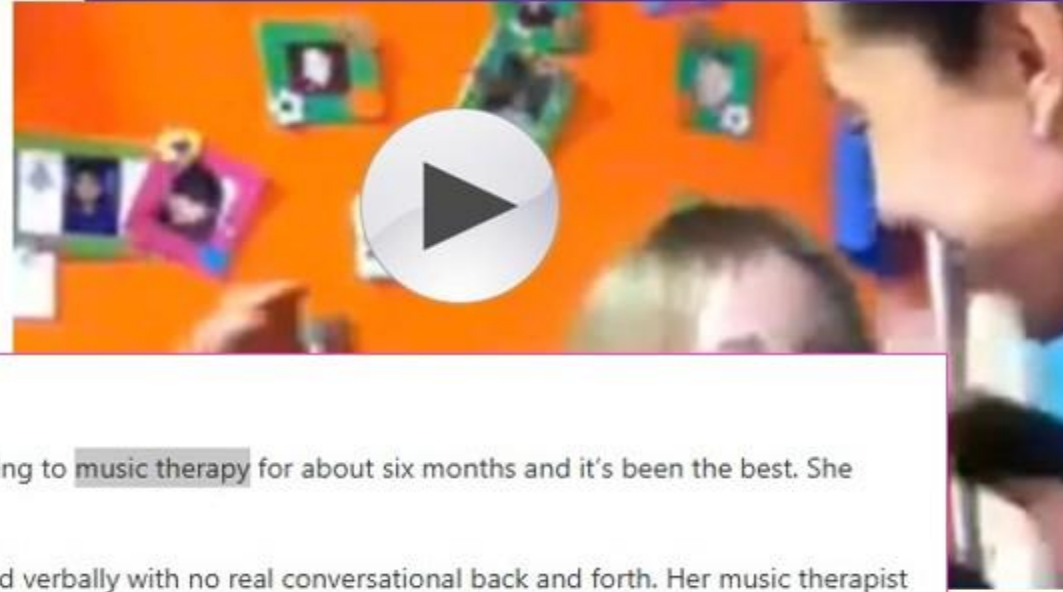
The problem is, I have not been able to find any specific reviews of the parent company, Global Digital Academy, nor have I been able to find reviews specifically of The Sound of Hope program itself. If you watch the video, you'll notice that the primary person talking looks like they're lip-syncing, which is strange. However, it's still possible that this video's landing page is tied to a real product ... ?

Article: Music Therapy for People With ASD:
<https://pmc.ncbi.nlm.nih.gov/articles/PMC6956617/>



Capture the Power of Music

Jammin Jenn featured: Using Instagram Live to Help Children with Autism Cope During the Pandemic



Jammin' Jenn

music therapy

We are now offering "Tele-Jam" music therapy sessions conducted remotely via online platforms like Zoom or Facetime.

davisb • 2y ago

My daughter (almost 4) has been going to music therapy for about six months and it's been the best. She loves it.

Prior to music therapy she was limited verbally with no real conversational back and forth. Her music therapist was pretty quickly able to get her to engage interactively through music. Therapist hits the drum once, my daughter hits it once. Therapist hits the drum twice, my daughter hits it twice. Etc. etc. My daughter has since started to engage more conversationally with us. "Hi Dad, how are you?" "I'm good! How are you?" "I'm good!" It's difficult to know how much of this is due to the music therapy, as she's also in twice weekly speech therapy and goes to a developmental preschool. But the first time I ever really saw her respond interactively with someone was through music in music therapy.

3 ↓ Reply Award Share ...

Please contact us for a complimentary trial

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401-215-7182



DANA JOHNSON, PHD
FOUNDER SPELLERS CENTER TAMPA.
CO-FOUNDER SPELLERS REVOLUTION

From: **Spellers – The Movie**

Apraxia is the inability to perform, on demand, a specific movement even though it is fully understood.

“The early research in autism focused on the cognitive disabilities, and that is mostly due to the researchers being **psychologists or psychiatrists** who focus primarily on the cognitive aspect. **The assumption that individuals right from the get-go who have Autism also have a cognitive disability is completely inaccurate.**

All tests of language, of cognition, of academics, of IQ require **MOTOR [responses]**, every single one! So you either [have to] speak [your responses to test questions], or you have to do it – pointing, writing, filling in a tiny little dot, etc. – which ALL are motor skills. You know: Put the thing in the thing, touch this, touch that, give me this, give me that, [manipulate these items to make this, manipulate these items to make that] ... but, we never teach the motor. We never teach the motor [because we just expect that everyone can respond with fully functional motor responses to all verbal commands, which simply isn't the case].”

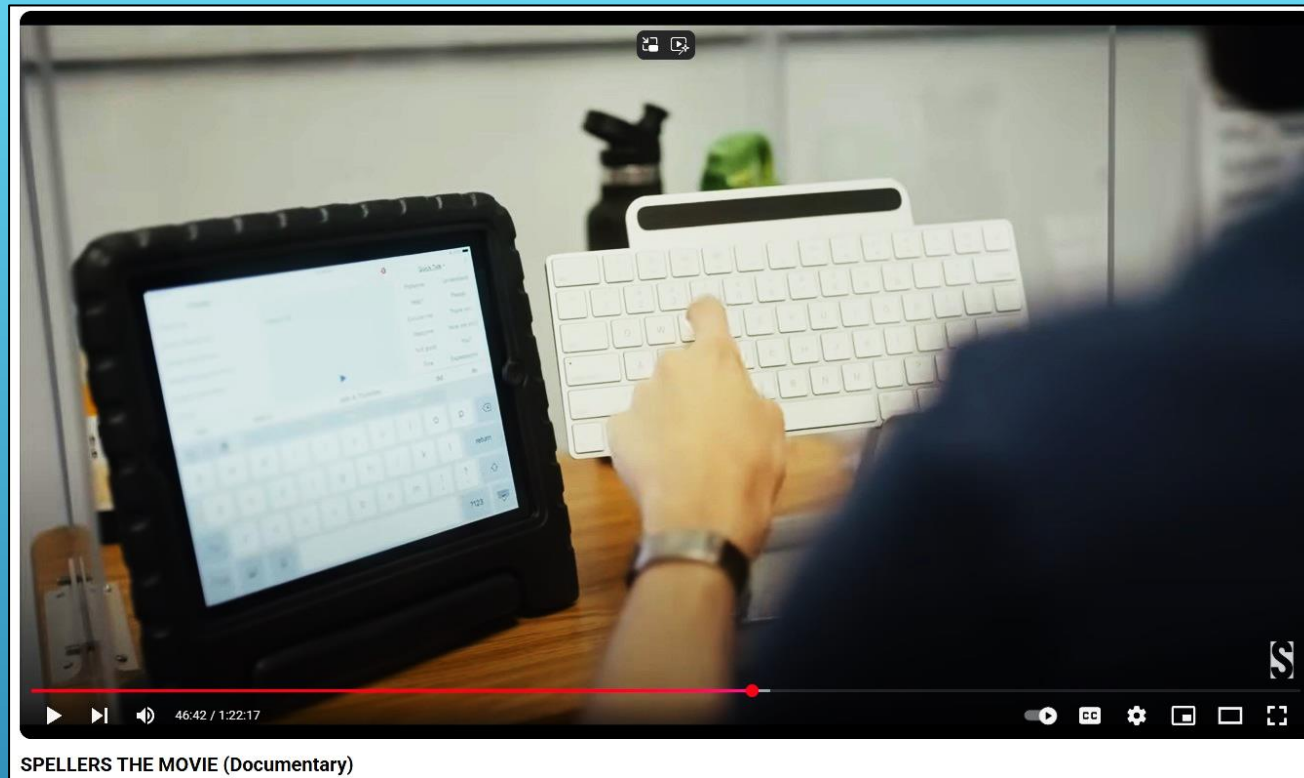
“Assumption of intelligence brings respect, whether that intelligence is on display or not ... and respect brings dignity. Absence of evidence is NOT evidence of absence!”

On the other hand, an assumption of non-intelligence brings disrespect, especially if the assumption persists even in the face of evidence that contradicts the assumption. Disrespect often brings about, allows, or even facilitates behaviors in caregivers that violate the child's dignity:

- Adolf Hitler: He reduced all Jews and non-Aryan races down to being of animal intelligence which, in turn, gave him justification for treating them like lab animals ... like disposable things.
- In 2008-2010 my wife and I worked in a residential children's home where the Director told us a story about “the last time I handcuffed a kid to a chair.” I remember thinking, “What did I just hear?” At some point, this man lost respect for the kids he was supposedly helping.
- In a TED Talk that got included in the documentary, **Spellers – The Movie**, one mom (Dr.



Vaishnavi Sarathy) talked about her son (see image). She came into his classroom one day to see that he had been strapped to a chair in front of all his peers. She felt that his dignity had been violated simply because his appearance triggered a universal assumption of non-intelligence. The truth is that when given access to the **S2C program** (using finger-spelling boards), he was able to articulate his thoughts and feelings quite intelligently without speaking. He used to communicate, “I am a rudderless ship in a sea of thought.” Does that sound like non-intelligent communication?



From: Honey Rincelear, in *Spellers – The Movie*:

“You can’t unsee what you’ve seen with these spellers. And I [now] believe that presuming competency is critical, right off the bat – [like,] at five years old, we should have all been presuming competence in our kids, and we should have been encouraging them and telling them that we knew that they were in there. It’s time to shift that whole paradigm; we need to make a shift to say, **‘Start talking to your kids the way you would any other kid, right off the bat.’**”

Alan Turing (he broke the encrypted Nazi code to help end WWII): “Sometimes it is the people no one imagines anything of who do the things no one can imagine.”

<https://lingraphica.com/conditions/autism-aac-device/>



Learn about Lingraphica AAC devices

Lingraphica AAC devices give you multiple ways to communicate. They also support speech and comprehension through activities, videos, and quizzes, and help you connect with others — online or in person. Learn more and get a free consultation.

[Learn More >](#)

Lingraphica[®]

<https://lingraphica.com/conditions/autism-aac-device/>

Lingraphica's AAC devices, also known as speech-generating devices, support **autistic** individuals of all ages in enhancing their communication. These tools provide additional ways to express words, thoughts, and emotions, complementing speech and gestures to help users connect more effectively.

Lingraphica[®] Solutions ^ Conditions v Resources v Device Users

Devices

- Overview**
Compare all AAC devices and find the right fit for you
- TouchTalk™ Plus**
Large-screen AAC device for flexible daily communication
- TouchTalk™ AAC**
Portable AAC device designed for everyday speech needs
- MiniTalk™ AAC**
Compact AAC device for simple, powerful communication

Apps

- View all apps**
Explore free apps for speech, language, and therapy support
- TalkPath™ Therapy**
Free online exercises to practice speech, language, and more
- TalkPath™ News**
Daily news with built-in reading and comprehension practice
- SmallTalk™**
Quick speech tools with everyday words, phrases, and videos

Discover

- Success Stories**
See how real people use AAC to connect and communicate
- What is AAC?**
Learn the basics of AAC and how it helps with communication
- Join In**
Free, virtual groups tailored to your communication diagnosis
- Funding guide**
Understand insurance coverage and how to get a device



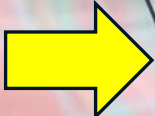
9 signs you might benefit from a communication device

Communication devices are simple yet powerful tools that can help remove communication barriers and allow individuals with speech-related conditions to participate in life in ways that matter to them. Here are nine common signs that you or a loved one might benefit from a communication device.

[Read more >](#)



Mendability, lifting the overload of autism struggles and bringing you closer to home.

 We developed **Sensory Enrichment Therapy** for *overwhelmed* brains to nurture their self-repair mechanisms.

Note: S.E.T. is an **adjunct** intervention/therapy, not a stand-alone therapy. But what's nice is that it's something parents can do at home for minimal cost, only taking 10-15 minutes per day (or longer, if you're both enjoying the process!).

See next slide.



AUTISM RESEARCH INSTITUTE
Advancing Science & Education

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, Ph.D.

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
785 subscribers



66 Share Download Clip



**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/>

A photograph of a person covering their face with their hands, suggesting distress or anxiety. A yellow arrow points from the main title to this image.

sleepdisturbances.com

A photograph of a person holding their head with their hands, suggesting self-injurious behavior or severe distress. A yellow arrow points from the main title to this image.

self-injuriousbehavior.com

➔ [SLEEPDISTURBANCES.COM](https://sleepdisturbances.com)

➔ [SELF-INJURIOUSBEHAVIOR.COM](https://self-injuriousbehavior.com)



<https://self-injuriousbehavior.com>

- [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, 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 Aronoff](#)¹, [Robert Hillyer](#)¹, [Michael Leon](#)^{2,*}

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PMCID: PMC5046013 PMID: [27721995](#)

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

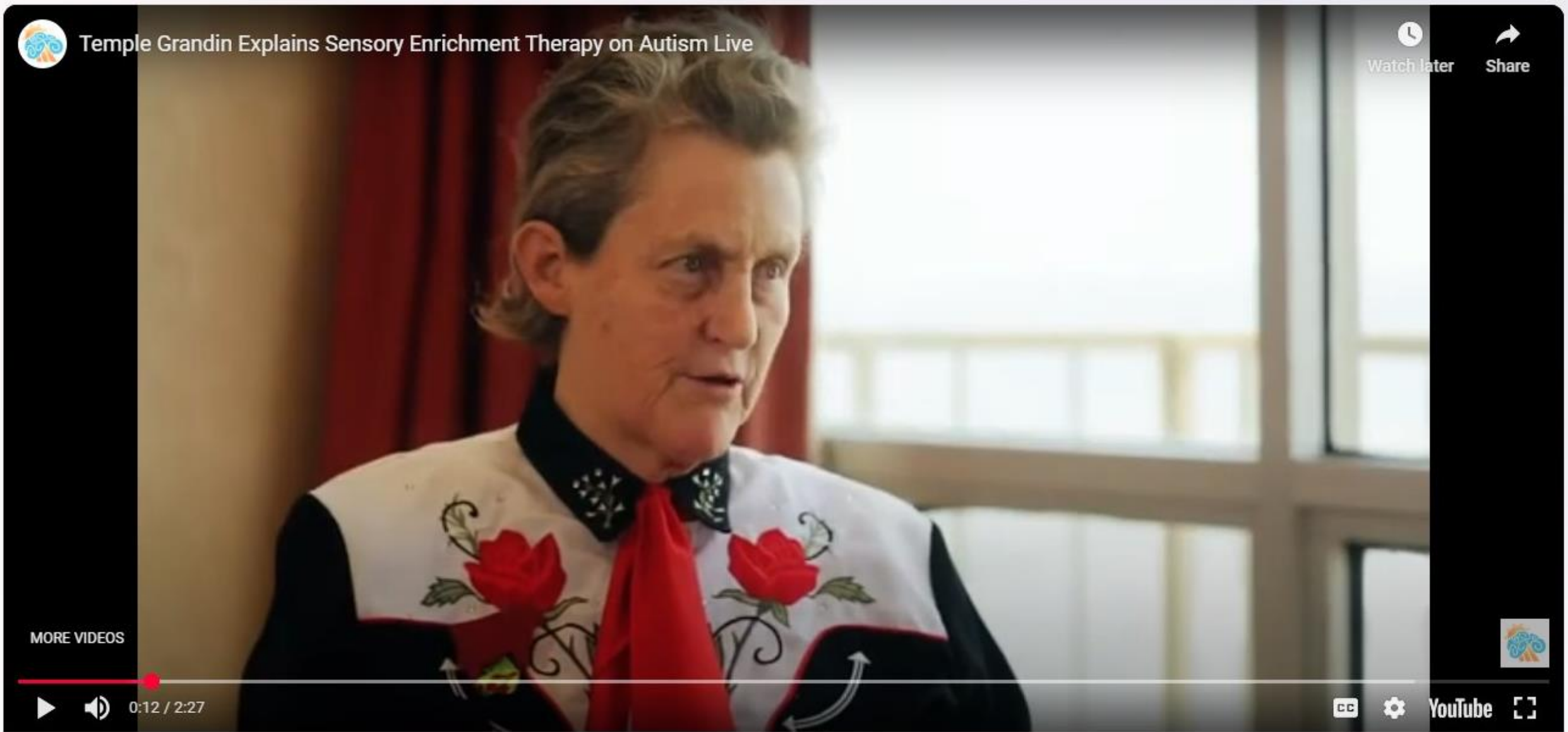
Abstract

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.** ←



Temple Grandin Explains Sensory Enrichment Therapy on Autism Live

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Temple Grandin Explains Sensory Enrichment Therapy on Autism Live

YouTube | Mendability | 1.1K views | May 7, 2015



<https://www.youtube.com/watch?v=AQHWGH7wtNQ>

Sensory Enrichment Therapy (SET):

Tips for sensory enrichment at home (from: <https://www.autismparentingmagazine.com/sensory-enrichment-therapy-autism/>)

Here are a few things you can do to introduce a little sensory enrichment at home:

- Introduce a pleasant fragrance to your child several times a day while giving him/her a gentle, pleasant back rub with your fingertips. If the child doesn't like that, find a place he/she likes or will at least tolerate a gentle, pleasant touch, e.g., the cheek, forearm, forehead or the palm.
- At bedtime, play peaceful instrumental music while the child is falling asleep and put a scented cotton ball inside the pillow-case. Any safe scent that is pleasant will do.
- Following a bath or shower, have a warm towel ready to wrap around your child. (You can put the towel in the dryer for a few minutes to warm it). Give your child a foot massage and hand massage with scented lotion.
- Place mats of different textures in a place where your child may frequently walk without shoes.
- Set up the environment with more textures, smells, music, art, and other pleasant passive sensory opportunities.

These are things which can be done for free and can make a difference. If you can make a daily habit of sensory enrichment, you can begin to see improvements.

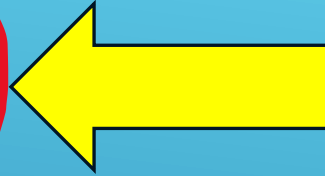
The Ultimate Guide To
**Sensory Enrichment
Therapy: A New
Approach**



Autism Parenting Magazine

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Structured Sensory Enrichment Therapy: Individual programs

Structured SET involves more than just good sensory ideas such as those outlined above. To create an individual program, SET begins with an assessment that gives an idea of which areas of the brain to focus on, and therefore which daily sensory enrichment exercises to follow. A set of three or four exercises make up a worksheet that is followed daily. The therapy takes about 10 to 15 minutes, once a day.

Here is an example of one of the exercises that may be done in Sensory Enrichment Therapy:

- **Step 1:** The parent prepares two large bowls. One has warm water, and the other has cool water.
- **Step 2:** The parent instructs or helps the child place one hand in each bowl simultaneously. For example, the left hand in warm water, and the right hand in cool water, at the same time. If possible, avoid touching the bowls. We want temperature, but not pressure.
- **Step 3:** The parent swaps the bowls, and now the hands will feel the opposite temperature. Continuing with the example, the left hand is now in the cool water, and the right hand is now in the warm (Note that the child does not cross their arms, but instead the bowls are swapped).
- **Step 4:** Repeat swapping bowls and dipping the hands two more times, for a total of four hand dips.

This exercise may be assigned, for example, if the initial assessment shows that it would be good to focus on improving the function of the corpus callosum, which is the main communication bridge between the two halves of the brain. Many complex functions require speedy interaction between both sides of the brain, such as speech, sensory processing, and math. Recent studies have linked issues with the corpus callosum and autistic symptoms. This water exercise would be combined with another protocol intended to prepare the brain for growth and repair. So, with the combination of these exercises, the ideal results would be improved corpus callosum function and improvements in the corresponding symptoms.

<https://www.autismparentingmagazine.com/sensory-enrichment-therapy-autism/>

Mendability

How it Works Helps With... Free

- Free Consultation
- Resources
- Art & Music Slideshows
- Brain Self-Healing Guide
- Meltdowns Guide
- Motivation Stress Relief Guide
- Sleep Guide
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- Webinars

“I just want him
Who will take care of

Free Consultation
Click to Check the Calendar for Availability

Free program - just stick with it!

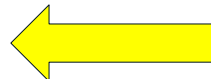
SET is done by the parent at home with their child and requires taking time every day to incorporate a new therapy. This is perhaps the "Achilles' heel" of the therapy. SET works, but like introducing a new diet or exercise into your life, it can be hard to stick to.

At the same time, many parents have expressed appreciation for the fact that they get to spend quality time with their child, and they don't have to drive anywhere for the therapy. Parents have also shared a feeling of empowerment to be directly in charge of their child's recovery.

The full SET program can be accessed online for free. This free online version gives families everything used in the clinical studies, including a thorough online assessment in the form of a questionnaire, as well as video instructions for each exercise. For local support, parents can access over 200 professionals certified in SET. There is also currently an option to enroll in a platinum service plan and work directly with the creator of SET. You will find a wealth of information online.

Whether you are ready for a new therapy or not, SET looks like a new sensory approach that is here to stay!

Website: <https://www.mendability.com/autism/>





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Mendability, lifting the overload of autism struggles and bringing you closer to home.

 [Free Consultation](#)

We developed Sensory Enrichment Therapy for overwhelmed brains to nurture their self-repair mechanisms.

<https://mendability.com/autism>

Sensory Integration: An Evidence-Based Intervention:





Brenda Smith Myles PhD - Shawn Henry - Autism planning system



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Brenda Smith Myles PhD - Shawn Henry - Autism planning system

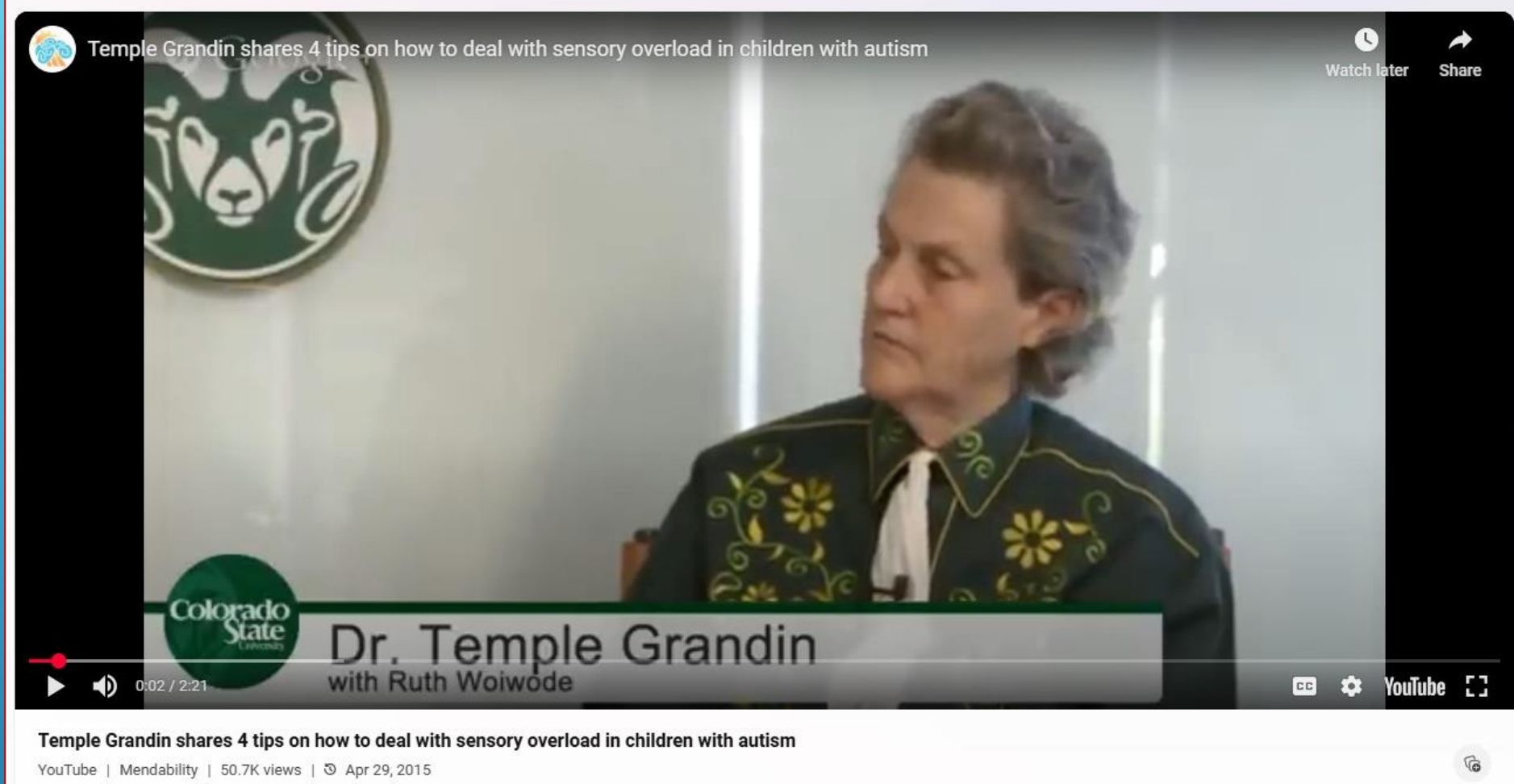
YouTube | American Health Journal | 385 views | Mar 18, 2017



The Role of Medications in Treating ASD:

- 1) There **does not exist** a single class of medications for treating ASD's underlying neurological issues.
- 2) **Dr. Temple Grandin:** *"I have been on antidepressant medication for 40 years, and I don't know what would have happened to me if I hadn't taken this medication ... I think my guts would have fallen out!" – "It has to be a low dose; take too much, you get agitation and insomnia."*
- 3) Get **Gene Site Testing** done: This genetic test will literally tell you which medications would be toxic, neutral, or beneficial/compatible.
- 4) **ASD people can experience other neurological/brain conditions, too**, conditions that get treated with psychotropic medications in non-ASD populations. Because ASD people have nervous systems that make them extremely sensitive to both internal and external stimuli, it only makes sense that this pervasive and chronic experience of irritation can often be helped by medications designed to lessen anxiety.
 - 1) **What about pain meds?:** It is not normal practice for narcotics or opiates to be given.
 - 2) **Antidepressants** are prescribed when an ASD individual experiences symptoms of depression related to feelings of hopelessness about ever finding relief. ASD individuals can also experience depression related to all the times when changes are made in their environment, life, and situation that they have no power over, which they don't like, and which they can't communicate (effectively) about. Children are 99% powerless over their circumstances, but ASD children are super-powerless.

“Getting on the right medications saved my life!”

A screenshot of a YouTube video player. The video title is "Temple Grandin shares 4 tips on how to deal with sensory overload in children with autism". The video shows Dr. Temple Grandin, a woman with short grey hair, wearing a dark blue jacket with yellow floral patterns. She is speaking in a room with a white wall and a green circular logo featuring a ram's head. The video player interface includes a play button, a progress bar at 0:02 / 2:21, and a volume icon. The video title and channel name "Mendability" are visible at the bottom of the player. The video description below the player reads: "Temple Grandin shares 4 tips on how to deal with sensory overload in children with autism" and "YouTube | Mendability | 50.7K views | Apr 29, 2015".

Temple Grandin shares 4 tips on how to deal with sensory overload in children with autism

Watch later Share

Colorado State University

Dr. Temple Grandin
with Ruth Woivode

0:02 / 2:21

YouTube

Temple Grandin shares 4 tips on how to deal with sensory overload in children with autism

YouTube | Mendability | 50.7K views | Apr 29, 2015

Dr. Temple Grandin: *“Sensory oversensitivity is debilitating. In social situations, I had panic attacks when there was no real danger in those situations. What helped was the **right medication**,”* which she credits as saving her life and, in a real sense, giving her a life worth living. The proper medication(s) freed her up to learn, grow, earn her PhD, and embark on a meaningful and interesting career. *“I don’t know what would have happened to me if I hadn’t discovered the medication in my early thirties, because my health was absolutely falling apart.”* Also, *“Fixing or improving sensory problems didn’t make me a social butterfly. I still have the problem of not being able to follow [rapid, multi-person] conversations.”*



Dr. Josef

Board-certified Psychiatrist, former FDA Medical Officer, and owner of the world's largest psychiatric drug tapering program. We provide guidance to help people safely stop psychiatric medications and recover from side effects.

Disclaimer: All content on this channel is for educational purposes only and not intended as specific or personal medical advice. Watching the videos or getting answers in comments does not establish a doctor-patient relationship.

Links

<https://taperclinic.com>

Tapering Program

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United States

From Kassondra, an Autistic adult who was improperly medicated for years after being misdiagnosed with Bipolar Disorder as a child:

“One of the biggest lessons that I want to bring home and share with other people about my journey and my experience is, **don't be afraid of psych meds** if you need them. [Note: **Gene Site Testing** can be done to find out which meds are good, which are bad, and which are neutral, based on your unique genetic makeup].

But definitely become educated on the blind spots of psychiatry, the dark sides of medications, too, so that if there's a problem that maybe your doctor doesn't notice, you notice and you can be prepared to deal with it properly.

And, really know how to **taper-off** of meds responsibly if you start taking something and need to come off. Because if you come off medications too fast, it can cause something called **Protracted Withdrawal**, which can be very damaging.”

Note: Bipolar is often way over-diagnosed. Mood swings can be caused by trauma, Autism/SPD, unresolved grief, etc., but Bipolar is treatable with meds while these other things are not.

Strategies

- ▶ Predict : help them to predict upcoming changes/challenges, then help them to ...
- ▶ Practice, kind of like rehearsing for a play.
- ▶ Plan A
 - ▶ (Plan B), which is just as vital as Plan A.

<https://ohioemploymentfirst.org/the-journey-a-suite-of-resources/Autism-and-Trauma>



Structure for Independence

WRITTEN

Sally's Morning Schedule

- Breakfast
- Yoga
- Math at table
- Playtime
- Lunch

Sheets, Windex & paper towels, Pledge w/ cloths

- ▶ Allow choices whenever appropriate
- ▶ Errorless: At first, make all choices

acceptable choices so that they can't make a mistake by choosing the "wrong" one.

"From" means that you start their day with things they CAN do successfully, then when you move to more challenging things, you highlight the strengths that helped them earlier in the day, week, month.

If you tell your ASD child to clean their room, like "normal" kids, they'll do it to **their** specifications of what "clean" looks like, not yours. Therefore, **you** clean their room the first time, take a **picture** of it, and then **post** that picture as a standard for them to see in the future. Make the standard **realistic**, not perfect.

Self-Help Tool for ASD Person Knowing How To Respond to Someone

Else's Emotions:

What Do I Do When You Feel...	<p style="text-align: center;"><u>Feelings</u></p> <p style="text-align: center;">→ Proud of an accomplishment</p> <p style="text-align: center;">What it can look like (person w/o autism)</p> <p>He smiles, express he finished a particular activity & talks a little about it</p> <p style="text-align: center;">What I need to do (person with autism)</p> <p style="text-align: center;">Smile, give him a hug, & say "I am proud of you!"</p> <p>Ask ?s about accomplishment & try to keep conversation focused on him</p> <p>Give him a card or write a note that expresses I'm also proud of him</p>	<u>ASD</u> <u>Relationship</u> <u>Tool</u>
	<p style="text-align: center;"><u>Feelings</u></p> <p style="text-align: center;">→ Hurt</p> <p style="text-align: center;">What it can look like (person w/o autism)</p> <p>Scott becomes quiet & isolates in room. He may cry, cover his head, or refuse to eat. His face has a frown on it.</p> <p style="text-align: center;">What I need to do (person with autism)</p> <p style="text-align: center;">Ask: "Are you ok?" & "What is wrong?"</p> <p>If I said or did something that upset him ask for clarification & listen to reply.</p> <p>Acknowledge his hurt feelings say "I understand how that could've been hurtful, I'm sorry you feel that way."</p>	

These are just two examples representing helpful scripts that an ASD person can follow. Note: Just because their response might be scripted, that doesn't mean it's not genuine.

+ Ask, "Is there anything I can do to help?" If not, "I'm here if you need me."

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

More Visual Prompts, Checklists, & Reminders:

Tummy Hurting: I may be:

Hungry- When did I eat last?

If hungry I need to: eat

Anxious- What am I doing and thinking about?

If anxious I need to do relaxation techniques

Constipated- When was my last bowel movement?

If constipated I need to: drink my GI herbal tea

Gassy- What did I eat last?

If gassy I need to: take papaya enzymes

About to start my period- Where in my cycle am I?

If about to start my period I need to: take Midol

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Number System

What is it?

1-10 scale of emotional and sensory regulation states.

How to use:

1 is low & 10 is high

Check in throughout the day. This develops self awareness and can prevent emotional outbursts and sensory meltdowns.

Numbers can be communicated verbally, visually, or by touch.

For me:

If a 6-I need to be aware that I may need to implement a coping strategy soon so I do not escalate further.

If an 8-I may need to ask for help with implementing strategies.

Above 8-I will not be able to initiate strategies and my ability to verbally communicate will dissipate.

Good to remember...Don't expect the person to be able to go from an 8 to a 4. It takes time to come down.

Use of a numeric 0-10 **Likert Scale** provides ASD individuals with a means for communicating their stress level non-verbally. Feel free to put numbered cards on a key ring that they can carry with them so that they can share their "stress number" proactively and hopefully preventively.

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

Emotions



Experiencing and communicating emotions differently than you doesn't mean I am wrong .

Kim drew this in Art Therapy when asked to depict how connected she feels to each family member. The therapist later "took me to a staff meeting and told on me," saying Kim didn't follow her instructions to not create abstract art! Kim explained that,

"The colors in the wings represent my feelings and emotions for each of the people in my family. There's five of us. The butterflies are my family. The distance between the butterflies are the distance that I feel with my family. So, to me this wasn't abstract. To me this was the only way I could really follow her directions."

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

Purging: I may be...

Overstimulated: What number of regulation am I?

If overstimulated I need to: Look at sensory coping cards

Anxious: How are my ED thoughts right now?

If anxious I need to: Look at ED coping book

Frustrated: Did I experience a misunderstanding?

If frustrated I need to: Write thoughts to express self

Interoceptive Awareness Tool



Sensations, Feelings, and Urges:

What they may indicate & how to cope

Tummy Hurting: I may be:

Hungry- When did I eat last?

If hungry I need to: eat

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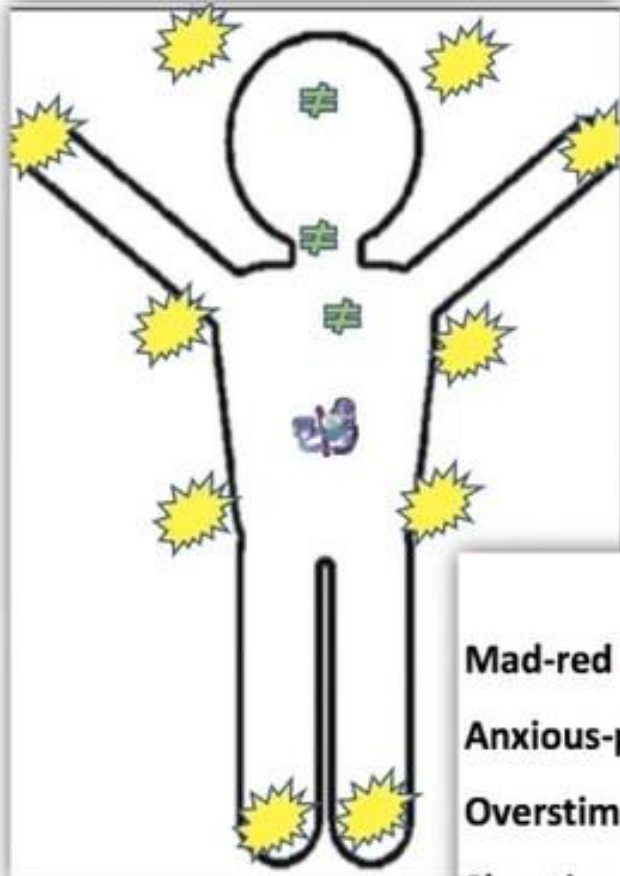
If about to start my period I need to: take Midol

From Kim's husband: "That same class that Kim was talking about with the girl who only related sadness to death, they all had trouble with [labeling and identifying] these emotions. We asked them, "How many of you have ever been mad?" Interoceptive. That's what tells you you're mad. Everybody in the class, nope, never been mad a day in my life. Then Kim explained what it feels like to be mad. Yeah, I get mad all the time! Individuals with autism often have difficulty with that interoceptive awareness need help with that.

“One of the things that I made to help myself is this **key chain**. And on the key chain, I have different feelings or urges. On the example on the screen, I'll do tummy hurting. I would feel my tummy hurting and your tummy can hurt for tons of different reasons. But I at first was just noting okay, my tummy is hurting. So, I would look at my card and it would go through these questions. When did I eat last? What am I doing and thinking about? When was my last bowel movement? What did I eat last? So, I go through and answer those questions and figure out what that sensation actually was referring to. And over time I was able to then identify oh, this type of tummy hurting means that I'm anxious, whereas this type of tummy hurting means I'm about to start my period.”

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

Feelings Person



Key	
Mad-red	⚡
Anxious-purple	🦋
Overstimulated-orange	✖
Shooting energy-yellow	☀
Frustrated-green	⊕

Coping Blocks



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

I want to be social and to be included...



...I just might not know how, or the environment may be too much for me.

My way of socializing may look different than yours. That doesn't make it wrong.

If I'm not looking at you it doesn't mean I'm not listening. I often engage better without eye contact.

I may need to limit my social time, but when there I am fully present.

Kim prefers to socialize by doing a **one-on-one** activity with someone that **doesn't always/necessarily involve talking**.

Socializing in **groups** can be really difficult for people with ASD.

Kim's family is very close but, even so, at Christmastime if 4 family activities are planned, Kim's mom will invite her to all of them, will **ask** that she **attend one**, but will basically give her permission to not "have to" attend all four.

Introducing The Incredible 5-Point Scale



Intro to the Scale.pptx

Download File

I have been asked by several teachers to post some ideas for introducing the 5 point scale to other teachers in their schools, and other educators on their teams.

The most important point to make when introducing the scale is that it is a *teaching approach* to social and emotional skill delays. It is not a behavior management system nor a "level" system. The scale is based on the premise that children and adolescents who "mis-behave" do so because they lack the social/emotional information and/or skills needed to handle difficult or frustrating social interactions in a better way.

The 5-point scale is based on Simon Baron Cohen's learning theory of Hyper-systemized learning preference (suggesting that most autistic individuals have stronger skills in the use and understanding of systems versus learning through social/emotional language). Teachers and parents typically use social/emotional *language*, embedded with social and emotional concepts, to teach social behavior. The idea of the scale is to support such learning with a visual, concrete, numerical system.

The scale should feel good. Avoid "good and bad" and "right and wrong" language whenever possible. Focus on little and big emotions and situations.

5	I AM GOING TO EXPLODE!!!
4	I AM GETTING ANGRY
3	I AM A LITTLE NERVOUS
2	FEELING OK
1	CALM AND RELAXED


www.zigguratgroup.com (Ziggurat Model)
www.kelly-mahler.com (Interoception)
www.paulakluth.com (Inclusion)
www.judyendow.com (Self-Advocacy)
www.carolgraysocialstories.com (Social Stories)
www.tonyattwood.com.au (Asperger Syndrome)
www.autismnavigator.com (Early Identification)
www.drrossgreene.com (Problem Solving)
www.autismawarenesscentre.com (Canada resources)
www.ausm.org (Autism Society of Minnesota)
www.socialthinking.com (Teaching Social Cognition)
www.zonesofregulation.com (Emotional Regulation)
www.petervermeulen.be (H.A.P.P.Y Project)

Dr. Varleisha Gibbs:

Teaches kids the **FADS** and the **JELs**:

FADS = **F**ear, **A**nxiety, **D**esire, and **S**adness: "Say hello to these emotions, and then goodbye" fairly quickly, as these emotions suppress the immune system.

JEL: **J**oy, **E**nthusiasm, and **L**ove: "JEL emotions we want to keep around and try to engage them and engage others with them as much as possible" ... why?: Because they stimulate the "love hormone," **Oxytocin**, which ...

Asking an autistic person to rate their pain using the **traditional 10-point pain scale** might be too confusing, especially for a child with autism. Without clear ideas about what each number means, individuals can easily become **overwhelmed**. Using a 5-point scale can simplify the 10-point system, while adding specific details to each number value. A generic pain scale might look like this: 

A biologist once said that “under stress the brain favors **rigid habit memory over more flexible cognitive memory**” (Margaret Schmidt). This is a great point to remember when working with patients with autism and it implies that the scale might increase its’ worthiness with each use. If you use a scale with a patient once, it is a good idea to keep that scale in the patient’s file so that its’ use can become predictable and reassuring during follow up visits.

<https://5pointscale.com>

5	I can't stand the pain!! The pain is so bad that I can't calm down! I can't control myself!!! Do something!!!!
4	I feel pain all the time. The pain makes it hard to sleep. I think about it all the time. It is hard to relax.
3	I feel pain most of the time no matter what I do. It bothers me a lot.
2	I feel pain on and off depending on what I do.
1	I don't feel any pain at all.

The Start of a 5-point scale on getting interrupted

Level of distress	Example	Factors affecting me	My Emotions	What it looks like	How to Cope
5				Thrashing Hitting my head	Take meds Emily helps me to bed
4	Interrupted from project and need to pick up the girls.	-Interrupted from a project unexpectedly -No plan -Loud -Routine changes -People doing a lot of movement, talking	Confused Don't know what is happening Rushed	Laying on floor Kicking Yelling Body tense Clenched teeth Squint eyes Fists on ears Tapping mouth	I need help at this level to initiate strategies. Strategies that help include... -deep pressure -my headphones -a quiet place -a plan with no choices
3					
2	Emily interrupted me from my audiobook when in bed	-Interruption of routine -Talking from multiple sources	Anger Frustration Annoyed	Not listening Harsh tones Covering ears Closing eyes	-Turn off audiobook -Emily give 5 min warning card
1					

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

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What is it?

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Good to remember...Don't expect the person to be able to go from an 8 to a 4. It takes time to come down.

Kim Clairry MS, OT – an Autistic adult:

"I'm always at least at a five" on the emotional intensity scale of 1 – 10.

When she's feeling highly dysregulated, she can still communicate to her husband which number she's at by using her fingers. He then knows what each number means in terms of which coping skills will need to be accessed ... often with his help:

- Weighted vest
- Leaving a noisy environment & going for a walk
- Noise-blocking headphones
- Breaking sticks outside
- Deep pressure massage
- A more intensive exercise
- Pet the dog
- Etc.

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

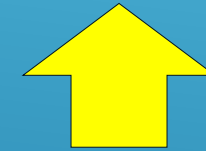
Kim Clairy MS, OT (an adult with ASD):

“And **five-point scales** can be made with so many different situations. It really is helpful for autistic individuals because it's a **system**. It provides a **structured way of thinking**, and I have some clients for whom this is the only way that they're able to make sense of situations and how to respond, or of how they're feeling. Also, the **Feeling Good Questionnaire** [by Dr. Peter Vermeulen at www.autismincontext.be]: It explores what creates positive feelings in the areas of stereotyped activities and interactions. It's a really good tool to use as a getting to know myself type of thing for ASD persons. Developing interoceptive awareness. Kelly Mahler, her books on interoception and workbooks are tremendous. Figuring out my interoception was another real huge stepping-stone to coping with all the intricacies of life. One of the first things I work on with my clients is them developing their own interoception awareness, or I.A.



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Email: kjclucy@gmail.com

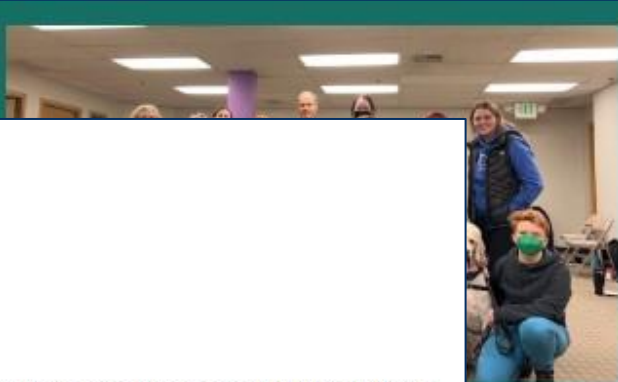
Kimberly Clairry (ASD adult): “When things are too loud, my vision gets blurry. I also get very uncoordinated. When things are too bright, the way things taste are different. Textures are different in my mouth. It is very important for me to incorporate all throughout my day sensory strategies, which includes using scented lotions in the morning and in the evening. I have a bike desk to help me when I'm doing stuff on the computer. I wear sensory bracelets. I have special lenses for my glasses that I use. I took all the lightbulbs out and replaced them with Edison bulbs. I also will roll up in a yoga mat like a burrito. I kick the couch a lot; I lay on the ground and kick the couch because **it gives my whole body a lot of input**. I also do a lot of cross-body movements and inverting my head and [applying] pressure. So, in the pictures, in the middle picture, you see me doing a bear walk, and my head is inverted. Inverting your head is calming and organizing. And I need to do that every day. And it's important to remember that these are not just things that I can kind of do, oh, if I feel like it. My **sensory routine in the morning** is absolutely vital.”



Husband (William): “I know if she doesn't go and do some **moving and sensory routine in the morning**, not only is she going to be a zombie all day long, she's probably going to drive me crazy because if she doesn't get her sensory routine in, she just can't organize herself the rest of the day and she ends up asking me questions on, like, how to make food, and when should she go to the bathroom, you know? I will kind of get on her and say, ‘You know you need to go to the gym. You know you need to get your sensory routine in, or you're going to have a bad day.’ **Kim:** “Yeah, sometimes I don't want to because it just takes a lot of work. But it's one of the things that I have to accept that this is what I need to function optimally. So, even though I don't feel like doing it sometimes, it's what I need.”



<https://bal-a-vis-x.com/schedule-training/>



What Is Bal-A-Vis-X?

The program consists of **200+ exercises**, each rooted deeply in **rhythm**. They range in difficulty from one hand passing/receiving a single sandbag to both hands bouncing/catching four racquetballs in a specified sequence. Partner exercises may call for six balls to be simultaneously in motion. Others combine bags or balls with feet patterns.

Exercises address visual tracking deficiencies and auditory imprecision, impulsivity, balance and anxiety issues. By virtue of teachable techniques (not athleticism), Bal-A-Vis-X enables body systems to experience the flow of a pendulum, thereby affording brain systems calm and sustained focus. Individual exercises promote self-challenge. Partner and group exercises demand cooperation and foster peer teaching.

Bal-A-Vis-X is not game or sport. It is a carefully modulated system that can become increasingly complex OR increasingly simplified/modified for those with severe special needs. Requiring thousands of midline crossings in three dimensions, exercises are steadily rhythmic with a pronounced auditory foundation. Each is executed at a pace that naturally results from proper physical techniques. No outside rhythmic source, such as metronome or music, is necessary or allowed.

The Bal-A-Vis-X program is contained on three dvds:

- Foundation Exercises
- Intermediate Exercises
- Advanced Exercises



For Everyone

Bal-A-Vis-X can be used with someone of any age who needs better balance, focus, and rhythm.

[View Training Schedule](#)



Sensory Tools So I Can Engage

Weighted Shirt

Noise Cancellation

Headphones

Sunglasses

Bongers

Sensory Bracelet

Developing IA to help body/mind regulation states

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1. How is your brain feeling right now? Are you:

- Focused
- Hyper
- Disorganized
- Calm
- Fixated
- Anxious
- Sleepy
- Other

2. How does your brain need to be right now so you can engage in our session?















3. What actions can help you achieve this brain state?

- Focused
- Alert
- Calm

4. Choose 1-3 of these actions to do now.

5. What strategies can you use to help you remain in this state during session

- putty
- fidgets
- pacing
- sitting on exercise ball

ACTION	HOW IT AFFECTS ME
10 BEARWALKS 	Focusing & Calming  
10 CRAB WALKS 	Focusing & Calming  
10 FROG JUMPS 	Alerting 
10 CROSSCRAWL 	Focusing & Alerting  
LEAN BACK ON BALL 	Calming 
100 BALL BOUNCES 	Alerting 
10 WALL PUSHES 	Focusing & Calming  
10 HAND PUSHES 	Focusing & Calming  
10 BOTTOM LIFTS 	Calming 

This tool was designed by OT Kim Clairy for a specific client, therefore, this is not a one-size-fits-all intervention but, rather, is just an example. However, the **questions 1. – 5.** are universally useful, not just for helping an ASD person to feel regulated during an OT therapy session, but in real-life situations they are dealing with.

IA = Interoceptive Awareness

“Help ASD people to build the capacity to adjust and think on their feet in situations where they don’t know what to do or know what the rules are” (Emile Gouws PhD):

- Just breathe and observe
- Find a safe person to ask, “So, what’s going on here?”
- Find a restroom stall if you need a minute to just decompress and think
- Remind yourself that being confused is a normal human experience, and that the key is to not react or overreact to these feelings ... if you do, your reactions might become “the problem” in other people’s eyes.
- Picture yourself being a rock in the stream.
- Think of a situation in the past that you thought would destroy you, but it didn’t. Is there anything from that experience that might be helpful at this time?
- Remember, in most social situations, the easiest way to connect with others is to ask curious questions about what they’re doing or about things they like to do, then you can keep learning more by asking clarifying questions, you can validate them (e.g., “That’s really neat that you stuck with skateboarding even though you suffered two broken bones and a concussion along the way”).
- If push comes to shove, you can call _____ to get a ride home.

TEMPLE GRANDIN

THINKING IN PICTURES

My Life with Autism

Foreword by Oliver Sacks

25th
ANNIVERSARY
EDITION
WITH THE LATEST INSIGHTS
AND UPDATED RESEARCH



Read sample

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Thinking in Pictures, Expanded Edition: My Life with Autism Paperback –

Illustrated, January 10, 2006

by Temple Grandin (Author), Oliver Sacks (Foreword)

4.7 1,761 ratings

Teachers' pick

[See all formats and editions](#)

The 25th anniversary edition of this seminal work on autism and neurodiversity provides “a uniquely fascinating view” (Deborah Tannen, author of *You Just Don't Understand*) of the differences in our brains, and features updated research and insights. With a foreword by Oliver Sacks.

Originally published in 1995 as an unprecedented look at autism, Grandin writes from the dual perspectives of a scientist and an autistic person to give a report from “the country of autism.” Introducing a groundbreaking model which analyzes people based on their patterns of thought, Grandin “charts the differences between her life and the lives of those who think in words” (*The Philadelphia Inquirer*).

For the new edition, Grandin has written a new afterword addressing recent developments in the study of autism, including new diagnostic criteria, advancements in genetic research, updated tips, insights into working with children and young people with autism, and more.

[Report an issue with this product or seller](#)

Print length



270 pages

Language



English

Publisher



Vintage

Publication date



January 10, 2006

Dimensions



7.9 x 5.1 x 0.7
inches



Reading this book would probably help parents tremendously in better understanding – i.e., assessing - how Autistic brains are wired differently and, therefore, process sensory input and information differently.



PEER REVIEWED

VESTIBULAR REHABILITATION THERAPY (VRT)

[VIEW THIS SECTION'S ARTICLES](#) ⊕

[🏠](#) | [Diagnosis & Treatment](#) | [Treatments](#) | [Vestibular Rehabilitation Therapy \(VRT\)](#)

ARTICLE SUMMARY

Vestibular rehabilitation therapy (VRT) is a specialized form of therapy intended to alleviate problems caused by vestibular disorders, primarily vertigo and dizziness, gaze instability, and/or imbalance and falls. A customized exercise plan is developed from the findings of the clinical assessment, laboratory testing and imaging studies, and input from patients. Different factors can impact the potential for recovery including activity level, pain, other medical conditions, medications, and emotional concerns.

Approaches to Treating Autism

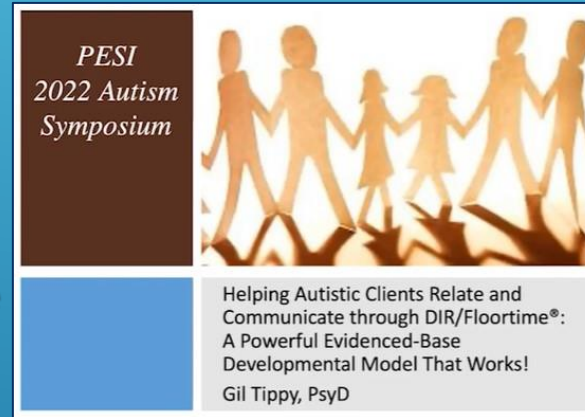
Behavioral Intervention:

- **ABA (Applied Behavioral Analysis)** – Dr. B.F. Skinner
 - Complaint: ABA relies on reinforcers, conditioning, and other elements from Behaviorism even though ASD children do not have a behavior-based problem.



Based on The Premack Principle:

“I’ll give you a reward of some kind after you will go ahead and do something that I’m asking you to do that you don’t really want to do.”



Developmental Intervention:

- **DIR Floortime (Developmental Individual Difference Relationship-Based Model)** – Dr. Stanley Greenspan
 - Complaint: “It’s just play!”
 - Dr. Gil Tippy was directly supervised by Dr. Greenspan for a period of 5 years.



Based on continuous interaction – i.e., continuous, meaningful, joyful back-and-forth interactions which are based on the child’s interests and the adult following the child’s lead while also utilizing the child’s interests as a foundation for gently inviting and challenging them to grow.

Create an inviting environment

Established shared attention, engagement, and reciprocal interactions-You are the first toy!

Join the child and build on her natural interests

Encourage initiative and spontaneity

Create surprise and novelty

Open and close circles of communication

Create a continuous flow of interaction

← DIR Floortime Principles

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Play enriched
Preschools

- Research repeatedly has shown that children in play enriched preschools have higher I.Q's at age 5 than children in academic enriched preschools

RESPECTING AUTISM

THE REBECCA SCHOOL DIR
CASEBOOK FOR PARENTS
AND PROFESSIONALS



STANLEY I. GREENSPAN, MD
GIL TIPPY, PSYD

Respecting Autism: The Rebecca School **DIR Casebook** for Parents and Professionals Paperback – March 9, 2017

by Stanley I. Greenspan M.D. (Author), Gil Tippy PsyD (Author)

4.3 ★★★★★ (12) 4.0 on Goodreads 23 ratings

[See all formats and editions](#)

Written during the third year of The Rebecca School's operation in Manhattan, **RESPECTING AUTISM: The Rebecca School DIR Casebook for Parents and Professionals** adroitly describes the results of Tina McCourt and Michael Koffler's efforts to conceive and create a new school in New York City for children diagnosed on the autism spectrum. Because of the devotion of the entire staff as well as parents, all New York students can now receive a developmentally appropriate, thoughtful, and integrated education. According to co-author Dr. Gil Tippy, Clinical Director: "At Rebecca School we believe that everything we do originates with respect. Respect for the children we serve, respect for the staff with whom we work, and respect for the families of the children." Dr. Tippy and Floortime™ creator Dr. Stanley Greenspan collaborated on **RESPECTING AUTISM**. In 2005, Dr. Greenspan became a consultant to Rebecca School, and his work with students is featured throughout the book. The school institutionalizes Dr. Greenspan's "Floortime™" methods of teaching and its educators work to extend students' circles of communication using the Developmental, Individual Difference, Relationship-based (DIR®) model also pioneered by Dr. Greenspan. Autism Spectrum Disorders are not issues of memory or of extinguishable behaviors, but rather difficulties with relating and communicating. Throughout **RESPECTING AUTISM**, everyday real life students and their families generously open up their homes and personal histories to Dr. Tippy who then conveys to readers these student's

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DIRFloortime®: Key Ideas

- “Inside-Out” approach to a wide array of developmental problems and educational practices.
- Affectively charged relationships are essential for development.
- No two people are alike. Individual differences are the norm not the exception.
- Strength-based model



“You cannot provide meaningful support with people if you are not willing to create a situation that has meaningful affect [i.e., emotion] in it ... ; affectively charged relationships are essential for development” – Dr. Gil Tippy ...

In other words, whether you're a parent or a therapist, **don't expect much** if you are not willing to bring **curiosity, joy, love,** and **appreciation** into your interaction with the Autistic child ... or with *any* child, for that matter. And, of course, the type of affective/emotional charge must be of a positive and affirming nature, not a critical, harsh, or demeaning nature.

It is about finding strengths and abilities and intelligences within someone and helping those to come out so **that the person can use them** in their everyday interactions in the world. It is about holding out an invitation, extending an invitation, and it is about holding the space that allows them to step into the space. I have done **thousands** of first interviews, first contacts with people who have developmental challenges and their families, thousands of them. And in every single one of those I have, it has been clear to me that the person who was going to be the subject of the support was at least as intelligent as me, maybe **more intelligent** than me, probably almost certainly more intelligent than me. And that **the kind of intelligence tests that had previously measured what they call IQ, had not captured the brilliance of the individual.** So every single individual who has ever come into my presence is at least as smart as me and has gifts that are different than mine, but which the world would be much less if it did not have their contribution. And so I think that's a real floor time notion.

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Home of DIRFloortime® (Floortime)

<https://www.icdl.com/dir/floortime>

Floortime (also known as DIRFloortime®) is an approach used to promote an individual's development through a respectful, playful, joyful, and engaging process. It uses the power of relationships and human connection to encourage the development of the capacities for self-regulation, engagement, communication, shared social problem solving, and creative, organized, and reflective thinking and reasoning. It is based on the DIR® model for human development. It is used worldwide by teachers, occupational therapists, speech therapists, mental health professionals, parents, and many others that are caring for individuals with developmental challenges or other related needs. It is an evidence-based approach to promoting human development that is used with individuals of all ages ... especially children on the autism spectrum.

AUTISM AND FLOORTIME AT HOME: ANYTIME AND ANYWHERE

Children with developmental differences such as autism often require fairly intensive support to help them overcome the aspects of autism that can be disabling. Left alone, they will often not initiate interaction unless they need something. When they are left alone too much, they are missing out on the opportunity to discover the joys of a shared world. Also, helping a child with autism is not about getting them to behave "normal". It is about helping them grow and develop. Therefore, children with autism can benefit from "Floortime anytime and anywhere." Floortime can be done anywhere in the house, in the backyard, in the supermarket, and at the playground. It can be done with other children (siblings or peers) or just with an adult. It can be done at any time of the day, after supper, in the bathtub, or cuddling in bed. It can be done in the car, or when doing laundry, washing the dishes, anytime, anywhere. One of the beautiful aspects is that most of this is done with the caregivers and child in the everyday natural environment. With good Floortime coaching for you as the parent or caregiver, you do not necessarily need professionals in your home all the time to provide intensive therapeutic support.

If you are interested in **beginning Floortime coaching**, you can [click here](#) to learn more about the [DIRFloortime Intensive Program](#) or search for a local provider in your community on the [DIR DIRectory](#).



Home of DIRFloortime® (Floortime)

FOLLOWING THE CHILD'S LEAD AND CHALLENGING THE CHILD AT THE SAME TIME

The DIRFloortime® approach is based on the fact that emotion is critical to the growth of the mind and brain. **Following the child's lead means following their emotions.** What is of interest to your child? What gives them pleasure? Whatever it is, your child's interest is your clue, your window into what they are feeling. The first step is for you to observe closely so that you can tune into their emotional world. Once you have figured out what they're interested in, you can use that to help them further grow and develop (refer to the six functional emotional developmental capacities page for more information). **Following your child's lead by understanding their interests tells you the best way to challenge them to develop and grow.**

MORE RESOURCES FROM DR. STANLEY GREENSPAN:

Floortime: [What it really is and what it isn't](#)

The [DIRFloortime Model Explained by Dr. Greenspan](#)

Initiative: [A Floortime Essential](#)



Home of DIRFloortime® (Floortime)

“At one time in the past, all we had were **behavioral approaches such as ABA**. These approaches clearly do **not** provide all the answers and have significant limitations. **Many Autistic self-advocates and autism experts have also spoken out strongly about a wide range of negative effects of ABA**. As we have learned more about child development, we have learned how effective developmental and relationship-based methods like DIRFloortime can be. It is a huge step beyond just controlling behaviors. It is about promoting growth and development in a deep and meaningful way.”

A graphic for the PESI 2022 Autism Symposium. It features a dark brown background on the left with the text "PESI 2022 Autism Symposium" in white. To the right is a silhouette of a group of people holding hands, set against a light background. Below the silhouette is a blue box with white text.

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2022 Autism
Symposium

Helping Autistic Clients Relate and Communicate through DIR/Floortime®:
A Powerful Evidenced-Base
Developmental Model That Works!
Gil Tippy, PsyD

“If you go to a DIR Floortime conference you will not find books for sale which say, ‘Here is the program which gets the child to be able to greet people.’ But you *will* hear and awful lot about helping people to function more fluidly in the world in a way which doesn’t require memorized strings of tasks.”



Home of DIRFloortime® (Floortime)

DIR FLOORTIME PARENT NETWORK:

Support, learn, and thrive together!

ICDL is now offering a **DIR Parent Network** Membership that includes the following:

- Opportunities to connect with other Floortime parents to build your network of support
- Weekly virtual parent support group meetings
- Recordings of webinars and selected presentations
- Monthly group parent Q&A with a DIRFloortime® Expert
- *We chose play* Floortime documentary series
- Access to all Affect Autism Floortime video examples bonus content
- Access to all Key Takeaways and Insights PDFs from Affect Autism blog posts
- DIR 120-Choosing Play: Setting Up For Success Across the Lifespan
- 25% off of all ICDL short courses and DIR 101
- 25% off ICDL's live online International DIRFloortime® Conference
- Many other special parent-focused opportunities throughout the year
- ...and more to come!

* Specific offerings subject to change and may vary from month to month.

Membership Subscription is just \$10 a month (paid monthly) or \$100 a year (paid annually)

DIRFloortime: Key Ideas

- **Parents are the cornerstone.** This is a parent-mediated model.
- It is an interdisciplinary approach.
- Plans are formed based on the child's individual profile.
- Process is emphasized over content.
- Surface behaviors and compliance are de-emphasized.



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In **behavior-compliance-based therapies (like ABA)**, when the therapist asks or tells the client to do something, that is the kind of “demand” that we’re used to thinking about – i.e., an adult is telling you what to do, so, for that reason alone, you need to do it. In **DIR Floortime therapy**, “demands” are still present, but instead of them being compliance based, they’re more relationship based. For example, if the therapist tells the child, *“I’m really interested in what you’re doing,”* that places a type of demand on the child to respond in a way that helps the therapist to better understand what they’re doing and why – a softer kind of demand, really. DIR Floortime helps to get the child accustomed to the larger reality that the world is always asking/demanding something from them, therefore, how do they respond?

DIRFloortime: Widely Applicable

- Infants, Toddlers, Children, & Adults
- In Schools
- In the Clinic and at Home
- Neurotypical and Neurodiverse
- At Risk
- A wide range of challenges and diagnoses
- A wide range of ages
- Most commonly used with neurodevelopmental challenges such as autism.

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The **International Council for Development and Learning (ICDL)** maintains a list of states where insurance companies have been or are starting to reimburse for DIR Floortime treatment services.

The Functional Emotional Developmental Capacities (FEDC)

- 1. Staying calm and regulated, and shared attention
- 2. Engagement and relatedness
- 3. Basic intentional interaction and communication, 5-10 circles of communication
- 4. Problem solving, co-regulated interactions with a continuous flow
- 5. Creative and meaningful use of ideas and words
- 6. Building logical bridges between ideas

FEDC 2 – Key Features

A child who is engaged and relating:

- Recognizes special caregivers.
- Shows anticipation
- Begins to develop gestures he can use to communicate.
- Laughs/smiles joyfully at caregiver; reciprocal social smiling/cooing – initiating and responding.
- Is able to handle an ever-widening array of emotional experiences and feelings and can begin to “read” the affect of others (smiles, frowns, excitement).

FEDC 1 – Key Features

A child who is attentive and regulated is able to:

- Remain regulated (not over or under-reacting) in response to internal or external stimuli.
- Enjoy interaction without immediately withdrawing.
- Respond to comforting and attention.

FEDC 3 – Key Features

A person working at this level may:

- Gesture purposefully to get what he wants (reaching, taking, pulling, pointing, making sounds).
- Be able to get almost all simple needs in interaction with another.
- Play with objects while also engaging with caregiver.
- Respond to a caregiver’s cues; for instance, when father offers a toy, baby takes it and puts it in a container.
- Demonstrate emotions such as closeness, pleasure, protest, fear, etc.
- Recognize he causes people and things to react (Mom coos back, block falls when he drops it).

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- Respond to a caregiver's cues; for instance, when father offers a toy, baby takes it and puts it in a container.
- Demonstrate emotions such as closeness, pleasure, protest, fear, etc.
- Recognize he causes people and things to react (Mom coos back, block falls when he drops it).

A lot of behavior-compliance-based therapies (like **ABA**) start and stop here – i.e., getting a child to do or stop doing a particular behavior, as if that alone is the only goal worth achieving. The problem with this is that **The Premack Principle** (i.e., “I’ll give you this reward after you do something I’m asking you to do that you don’t really want to do”) does not help the child to **develop further along the continuum to FEDC 4, 5, or 6.**

If behavioral compliance is all you’re after, then you are doing therapy to get outcomes that satisfy **you**, or satisfy a **school**, or satisfy a **system**, and you’re **NOT** doing therapy to **help the child grow and develop in the direction that is meaningful for THEM.** [From Greg Handleton MA, LPCC-S: “In a positive sense, DIR Floortime reminds me of the Montessori philosophy of education”].

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FEDC 4: Complex Communication and Shared Problem Solving

This capacity is about learning to interact to solve problems and about developing a sense of self.

FEDC 4 is characterized by a continuous flow of communication: child is able to open and close many circles, establishing a rapid back-and-forth rhythm with caregiver using facial expressions, sounds, and gestures.

DIR Floortime interventions working at this level of communication are always based on trying to understand **WHY** a particular activity, color, object, behavior, sensation, etc. is important to the child.

“There's always a question on the table when working at level 4. If it's a child who's nonverbal, I still put a question on the table all the time, even if it's simply: *'I have no way of understanding this about you, but ... I'm interested.'* And so, tell me about your inner life,' and if they can't tell you, see if you can find a way in.”

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DIR Floortime therapists

are always wondering:

- (1) Where do I find my client to be developmentally, and
- (2) What things and experiences are they already invested in?

FEDC 4: Key Features (1)

A child working at this level will be able to:

- Begin to negotiate for wants and needs
- Begin to recognize emotional patterns
- Play with an increasing emotional range
- Imitate something new that a caregiver introduces
- Sequence actions—motor planning—to execute an idea or desire



FEDC 5 – Key Features (1)

A child at FEDC 5 will be able to...

- Understand facial expressions and other affective cues for wide range of emotion (e.g. jealousy, disappointment)
- Begin to relate to what someone else is experiencing, responding appropriately to the feelings of others (e.g. my friend is sad because she fell down)
- Raise feelings and impulses to the level of ideas, engaging in conversations to convey what he is thinking, feeling, wishing
- Resolve conflicts in social situations
- Demonstrate a sense of humor (may also begin at FEDC 4)

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FEDC 6: Logical Thinking and Building Bridges between Ideas

- Where FEDC 5 is about generating and communicating emotional ideas, FEDC 6 is about building bridges between ideas.
- This is the level of every classroom in the world.
Competence at this level means you can sit in a
kindergarten classroom, or a medical school
classroom, and succeed.



with you i like that it doesn't feel pushy leah typically gets to decide if she's in or out in an



5:04 / 7:47



Activities of Daily Living:

- Your child may be socially and/or verbally challenged, they may have sensory struggles, etc. ... but it's still important to get them doing activities of daily living – i.e., chores – perhaps making it a family activity that you do together (with music and snacks and some one-on-one time), perhaps tying it in with allowance money. ASD kids still need to learn, by mid-adolescence:
 - How to shop
 - How to shake hands with people (with very brief eye contact)
 - Doing laundry
 - Handling money, saving money until enough is saved to purchase a desired item

But what about parents' legitimate fear of temper tantrums when prompting new skill development?

From Dr. Temple Grandin, diagnosed with ASD very early on:

- *"You have to stretch. You don't push them into horrible sensory overload. You stretch just a little bit outside the comfort zone, and give them some **CHOICES: 'We can try this, or we can try that.'**"*
- *"I have problems with sound sensitivity. One thing that helps with that is sometimes the child can take the noisy thing they hate and turn it off and on themselves, like a hair dryer or vacuum cleaner. There was a kid who was terrified of the scoreboard buzzer in the gym. And so they let him start playing with the buttons when no one was there. It gave him a sense of control" ... and familiarity.*
- This kind of thing helps the child feel less like a victim of the irritating sound. Ideally, let the child take the scoreboard apart to see where the buzzer box is inside the casing! Familiarity might even end up giving rise to curiosity, study, and expertise ... and now the buzzer is a wonder of electricity and engineering that the child is now quite interested in.
- Plan ahead: If they *might* develop an interest, have some old electronics available for them to take apart at home in a safe way with supervision, just in case they take off with it.

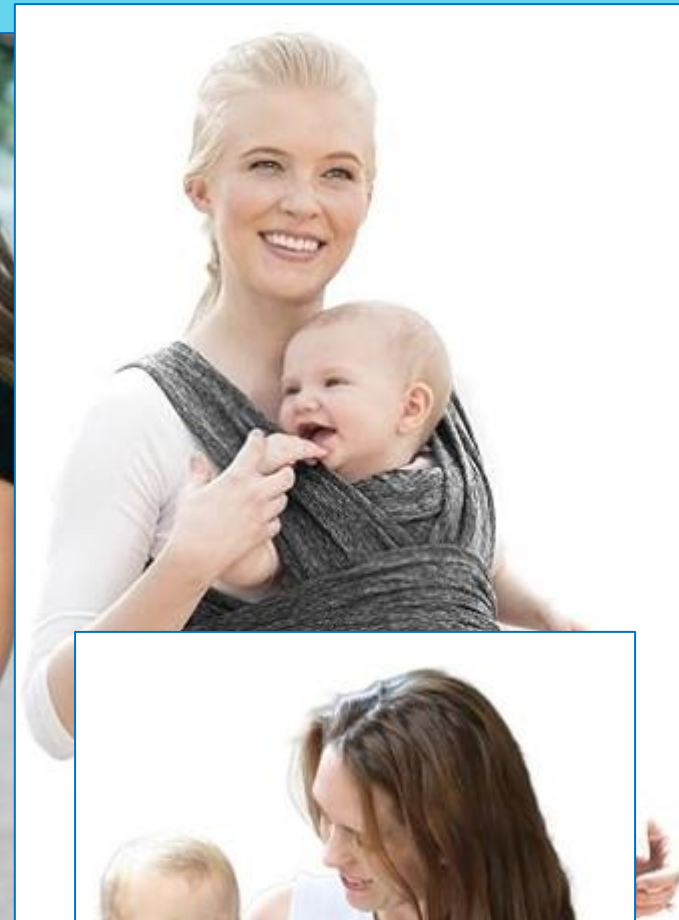
Emile Gouws PhD (an Autistic adult) notes that he feels that he was able to go to college and actually do well, going on to earn his PhD, because of how his parents always exposed him to new social situations throughout his childhood and adolescence. Now he can say with confidence that, *“I believe I survived [childhood] because I have learned to adapt to any changing environment, and the learning experience was rewarding because I learned that I can modify my behavior in social situations. I had to learn through experience that I can be OK in a neurotypical environment. I believe that the environment at university also shaped my behavior in a positive way”* ... because he was already open to new situations and environments from long years of being exposed to them while he was still receiving the daily support of his parents.

Stimulation & Desensitization:

Dr. Temple Grandin: "I was one of those babies that did not want to be touched ... when I was a kid, those pouches that the mom can wear didn't exist. If you put your child in that, you will create **vestibular stimulation** in your child just through natural movement and walking, which is really helpful. If a mom takes their baby that doesn't want to be touched and just wears them for about four hours per day, that's good ...

The other thing is that **you need a certain amount of stimulation to become desensitized.** We have a lot of dogs today that are afraid of everything because they don't get taken out or get exposed to enough things, to enough people and situations."

In the world of horse training, trainers will often talk about the degree to which a particular horse is or is not "**bullet proof.**" With horses, you have to expose them to the same levels of different stimuli on both the left side and on the right side of their body so that they get desensitized globally. That's how horses could withstand constant gun shots from all around them in the Old West and in cavalry-based warfare after guns were invented.



"The Autistic Brain"

with Temple Grandin PhD



PANIC



Ausome Little Adventures · Follow

Ausome Little Adventures · Original audio

Technology is okay in moderation, but balance is important. Real experiences teach children things that screens cannot.

<https://www.facebook.com/reel/920150504401906>

Dr. Temple Grandin (Autistic): “We’ve got a lot of these high-end Aspergers kids that are fully verbal, and I’m hearing way too many parents saying that, ‘**He’s playing video games all day and he won’t come out of the bedroom.**’ Well, we’ve got to not let them do that. Of course one of the reasons they do this is because of **anxiety**. When I was 15 I had a choice: I could go to my aunt’s ranch for a week or all summer. Not going was not going to be a choice [for me]. Well, one place where my teachers drew an absolute line in the sand was **I was not going to be allowed to become a recluse in my room** [despite Temple’s extreme anxiety]. But I was given **CHOICES**. When I was in high school I didn’t want to go to this Friday night movie night, [so] I [was given] a choice: I could become the [film] projector operator, or I could sit in the audience. So I became the projectionist. You’ve got to **STRETCH these kids, and you’ve got to stretch them just outside [their] comfort zone**. But **NO SURPRISES**. Surprises cause panic. A parent just asked me, ‘How do we transition our child to the new middle school?’ [So I told them] it might be a really good idea to visit the school beforehand. It might be a good idea to look at some of the books [and/or ebooks]. [The idea is to avoid] sudden surprise[s whenever and wherever possible].” **One of the moms helping with this class texted me this Facebook clip and said, regarding Dr. Grandin’s advice, “This was one of the most important things I have done for my [three Autistic] boys as they were growing up!”**

ASL Offers New Opportunities for Communicating With Autism

= American Sign Language

Think about what it would be like to be locked inside a body where your mind is still good, but your body/neurology prevents you from being able to speak and express your wants, needs, hurts, fears, etc. verbally. Then along comes ASL! Now you have a way to take what's in your mind and **communicate it** with the important people around you. Imagine just how freeing and liberating that would be!

90%+ of all communication is non-verbal, therefore, if an ASD person isn't very verbal or isn't verbal at all, other avenues may be tried:

- ASL ... or word-for-word English (i.e., ASL uses a word-order that's different from spoken English)
- Texting
- Typing on a keyboard
- Pointing at pictures (e.g., Picture Exchange Communication Systems, or PECS) – see next slide
- Drawing pictures

Remember, just because someone is non-verbal, that doesn't mean they don't **UNDERSTAND** the words/language of those who are talking in their environment. Remember Carly from our "Success Stories"?



Home > [The Picture Exchange Communication System \(PECS®\)](#)

The Picture Exchange Communication System (PECS®)



What is PECS?

The Picture Exchange Communication System®, or PECS®, allows people with little or no communication abilities to communicate using pictures. People using PECS are taught to approach another person and give them a picture of a desired item in exchange for that item. By doing so, the person is able to initiate communication. A child or adult with autism can use PECS to communicate a request, a thought, or anything that can reasonably be displayed or symbolized on a picture card. PECS works well in the home or in the classroom.

[Shop All Picture Communication Visual Supports >>](#)

PECS was developed in 1984 by Lori Frost, MS, CCC/SLP and Dr. Andrew Bondy. It was first used at the Delaware Autistic Program. The goal of (PECS) is to teach children with autism a fast, self-initiating, functional communication system. PECS begins with the exchange of simple icons but rapidly builds "sentence" structure.

At one time many people opposed the use of PECS and [sign language](#) to teach children with autism to communicate. They argued that these methods would hurt the development of spoken language. However, [several studies](#) have shown PECS actually helps people develop verbal language.

Studies have also shown that PECS can decrease tantrums and odd behaviors. For example, an individual may cry because they are thirsty. However, a parent or teacher may not understand why they are crying and as a result their needs will remain unmet. However, if an individual has access to communication pictures they can quickly communicate their need.

Noise-Blocking Headphones:

One couple allowed their ASD boy to wear noise-blocking headphones pretty much all of the time, though he used to be able to *tolerate* the noise level of normal dinner conversation at home. But, wearing the headphones all the time made his brain more sensitive, which in turn made him *sensitive and reactive* to normal dinner conversation noise levels for the first time. *If you shield them too much from sound, you actually make the auditory sensitivity worse, not better:*

- Keep the headphones with you at all times.
- Give the child control of when to use them.
- Reward them for not wearing them all the time, perhaps by making a game out of the idea that they will work on tolerating certain noise levels, especially in new situations:
 - *Prepare them* for new situations so that the noise level doesn't seem as bad simply because of unfamiliarity:
 - Prepare them by telling them in detail what kinds of sounds they're going to hear when they arrive at the football stadium, the beach, or wherever it is they're going for the first time.

CLASI

Partnership | Scholarship | Mentorship



About Ayres Sensory Integration®

ASI has been shown, through a thorough review of all research, to be moderately effective ... which is great!

<https://www.cl-asi.org/about-ayres-sensory-integration>

Ayres Sensory Integration® (ASI) is a well-established and growing area of therapeutic practice with applications in various settings including the home, school, and community. Developed by A. Jean Ayres, PhD, OTR, FAOTA, an occupational therapist, psychologist, and neuroscientist, this framework was originally shown to be effective with children with learning and behavior difficulties and has since emerged as an evidence-based practice for use with children with autism.



Applications have been broadly applied with individuals with a variety of disabilities and age groups. ASI is trademarked to help researchers, therapists, and parents identify the core principles which define ASI and to differentiate this evidence-based intervention from other approaches which may use some aspects of sensory-based activities, but do not meet the criteria for ASI.



Single Input Sensory Strategies =

target one sensory system at a time, like...

- weighted vests (proprioceptive)
- listening to music (auditory)
- kinetic sand (tactile)



... have been shown to not be very effective.

MORE VIDEOS



3:38 / 4:45 • Key Findings



That's not to say that using single sensory interventions are not HELPFUL, because they are ... they're just not shown to create lasting improvements in sensory integration and function.



Multiple Input Sensory Strategies =

→ target many systems at a time,
like...

-combination of spinning and swinging
(vestibular) AND deep pressure
(proprioceptive)

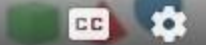
... have been shown to be more effective.



MORE VIDEOS



3:53 / 4:45 • Key Findings



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.

Sensory problems	Signs or difficulties you may have
Overly sensitive to touch, movement, sights or sounds	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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

Sensory Integration Clinical Activities

Activity	Description
Cranio-sacral therapy and myofascial release therapy	May be used for self-regulation, arousal, and increased postural mobility. A session may start with 10-20 minutes of work to organize the client and establish a functional arousal state.
Deep touch pressure	May be used alone using a weighted blanket or heavy crash pad, or may be coupled with cranio-sacral therapy.
Sound therapy programs	May be used for auditory processing and sensitivity problems. The program may be explored in the clinic for tolerance and evidence of change, and then a home program may be implemented.
Wilbarger Therapressure Protocol	Or some other variation, is used (when appropriate) to address tactile defensiveness and as a means of providing organizing deep touch pressure.
Beanbag tapping	Good alternative for adults who do not like the deep pressure provided with a brush. Beanbags are tapped firmly along the extremity to provide deep touch.
Heavy-weight Thera-band or stretchy ropes	When pulled with the arms or against the feet is an effective means of providing organizing proprioceptive input.
Bean and rice bins	May be used to decrease tactile sensitivity by finding small hidden objects in the bins.
Astronaut training program	Provides intense vestibular input to all semi-circular canals through rotation on a large spinning board and promotes equalization of vestibular processing across the canals. It is always followed with integrative oculo-motor and functional movement activities in order to use and integrate the input provided. Adults may need to progress one spin at a time and use organizing inputs like a weighted blanket while engaged in the activity.
Slow linear movement	With swings hung low to the ground is helpful for adults who are gravitationally insecure or fearful of movement
Exploring uneven surfaces	By walking across unstable surfaces such as mattress flooring, through large pillow crash pads, etc., is helpful for increasing comfort with uneven terrain.
BOSU ball activities	Promote vestibular function when the client stands, bounces, or balances on the uneven surface of this half therapy ball while doing eye-hand coordination activities.
Moving the head out of upright	May begin after the client has some comfort with movement. Activities such as falling slowly in a controlled way off a swing into a large pile of pillows or leaning over to pick items off the

For highlighted items, see the next three slides.

	floor are a good start. Working in prone extension (laying on stomach) while on a glider swing may be challenging as well.
The infinity walk	Provides intense but gentle vestibular input and involves walking in a figure 8 while maintaining a visual fix on a central target. Various oculo-motor and praxis challenges can be incorporated.
The flow	Is a flexible water-filled tube with handles that provide proprioceptive input during a variety of activities that promote visual-vestibular integration and praxis.
Bal-A-Vis-X ball activities	Promote oculo-motor control and integration of visual and auditory sensory inputs.
The Learning Breakthrough Program	Combines visual and vestibular activities to improve oculo-motor control, balance, projected action sequences, timing, and spatial awareness
Developmental activities	With simple whole-body movements. Log rolling across the floor or following a line may be difficult to coordinate and may challenge those sensitive to movement. Crawling through pillows provides heavy work, trunk rotation, and bilateral coordination and may be combined with a visual activity. These activities emphasize development of early motor movement patterns, which may be lacking.
Pumping and riding on swings	Can be a good praxis (motor planning) activity to maintain balance and develop bilateral skills. Incorporating visual targets and projected action sequences (coordinating the timing of throwing, catching, etc. moving objects) increase the complexity.
Balance board activities	May be used in many different ways to provide a wide range of praxis challenges.

**Note: Therapists may use a wide variety of treatment activities that will be designed to address specific needs of the individual. These are commonly used activities but this list is not inclusive of all possible activities.



Wilbarger Brushing Protocol (OT Brushing & Joint Compressions)

Watch later Share



0:27 / 4:45

CC Settings YouTube Full Screen

Wilbarger Brushing Protocol (OT Brushing & Joint Compressions)

YouTube | sc5mu93 | 580.1K views | Jun 24, 2011





*Our New, And Improved Performance
Breakthrough Balance Board*



*The Newly Designed Balance Board And
Exercise Kit Made Locally In Northern Ireland*

At Performance Breakthrough, We're So Proud To Be Working Together As A Family.

I know first-hand how difficult it is to watch your child struggle. My sons, John and Peter, understand exactly what it feels like to sit in a classroom, frustrated because they can't fully show their potential. That personal experience motivates everything we do, it's why we're so passionate about helping families like yours find answers, relief, and genuine breakthroughs.

What Are BOSU Ball Exercises?

Understanding balance training with the BOSU trainer

What Is a BOSU Trainer?

- Dome on one side, flat platform on the other
- "BOSU" = Both Sides Up
- Can be used dome-up or platform-up



Why It's Different

- Creates an unstable surface
- Increases balance and coordination demands
- Encourages greater core engagement



Unstable surfaces challenge balance and core control more than traditional floor exercises.



THE BEST **BOSU BALL** Workout For Beginners (Follow Along)

YouTube · Criticalbench
305.9K views · Nov 5, 2018



10 OUTSTANDING **Bosu Ball** Beginner Exercises 🧑🏻

YouTube · Critical Bench Compound
88K views · Dec 16, 2020



From <https://thespiralfoundation.org> – from their, *A Guide to Sensory Integration for Adolescents and Young Adults:*

Activities and strategies to try at home, school, or work

Calming and organizing activities	Getting input for those with poor discrimination or those who need to 'wake up' their systems	Motor and postural activities
Suck a piece of candy, chewing gum, or use a bite-and-suck water bottle	Crunchy foods: pretzels, ginger snaps, chips, crackers, nuts, carrots, celery	Go for a walk, run, or bike ride outside.
Take a shower or bath (hot or cold, whichever is more relaxing)	Bounce on a therapy ball or rock in a rocking chair	Lay down on your stomach and prop yourself on your arms when watching TV or reading
Imitate "smell the flowers and blow out the candles" (deep breathing)	Spin in an office chair or while standing	Do yard work (rake leaves, mow the lawn, shovel snow, etc.)
Listen to calming music	Find small objects in a large bucket of dried beans	Yoga or pilates (at home or in a class)
Spend time in a quiet, dark space.	Push or move heavy boxes, pot, or pans	Use a yoga/therapy ball instead of a chair at your desk
Wrap yourself tightly in a soft sweater or blanket	DO chair or wall pushups	Swim laps or swim for fun at a local pool
Apply lotion with firm, deep pressure strokes	Climb or hang from a pull-up (chin-up) bar	Use cardio equipment (elliptical, stationary bike, etc.) or lift weights at the gym



Aeromat Height Adjustable Yoga Ball Chair - Spine Alignment Office Chair with Back Support

★★★★☆ 28

\$180⁰⁰ List: \$200.00

This type of bouncy chair has been very helpful with both adults and kids who are driven to self-stimulate through constant movement. This type of chair allows the person to engage in some up-and-down and some twisting-side-to-side movement even while sitting at a desk or at a computer, allowing them to actually focus instead of being mentally focused on the dominant thought of, *"I need to get up and move around, but I can't."*

The use of this chair is not limited to a particular diagnosis, rather, it's use will depend on the needs of the individual.

The balance board can be found on Amazon.

Book: ADHD 2.0 (found on Amazon and other book sellers).

The book mentions a program called Zing Performance. Some of the movements in this video were found from Zing videos. <https://www.zingperformance.com/>

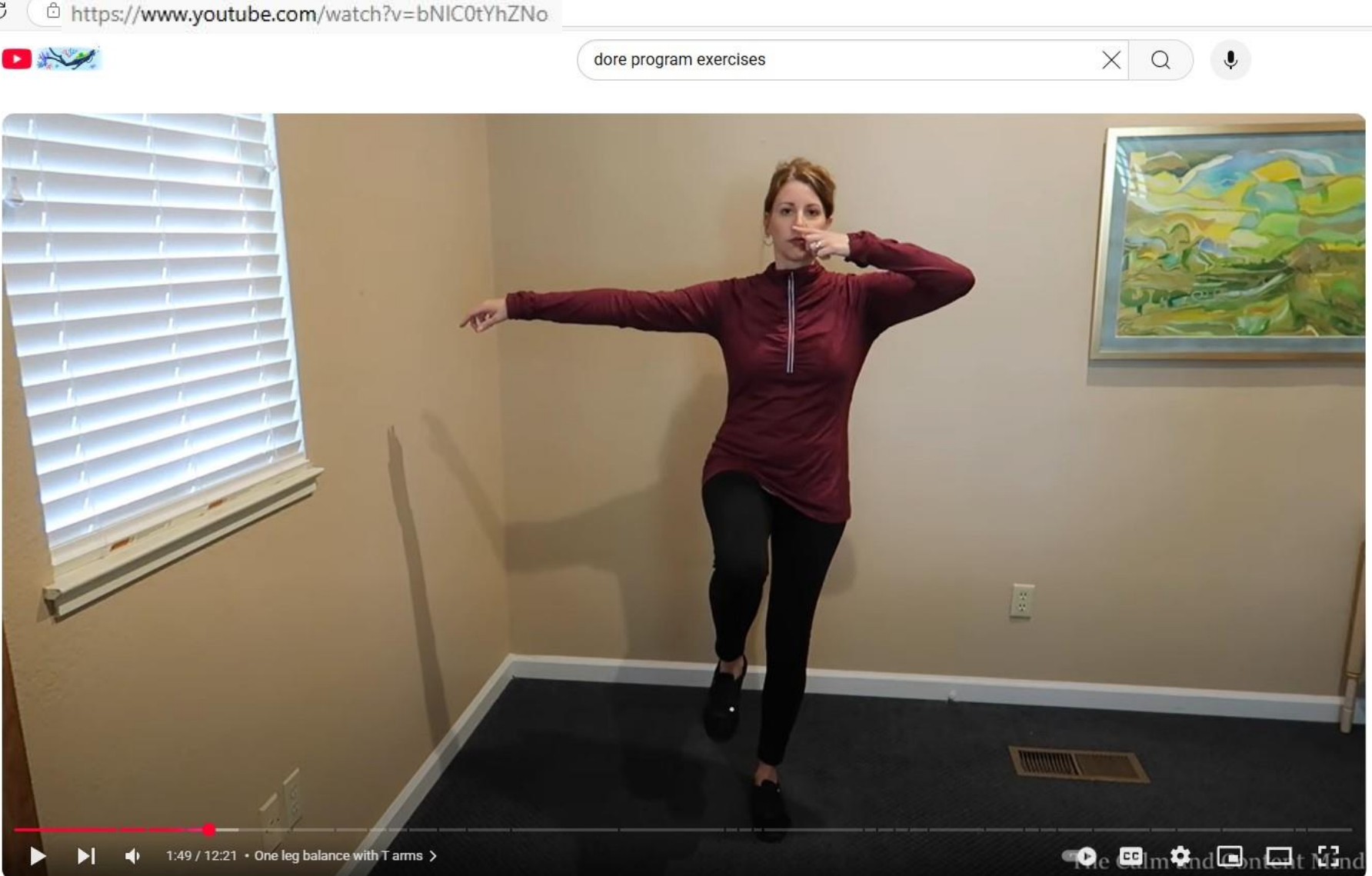
Crossing the midline research:
<https://www.ncbi.nlm.nih.gov/pmc/arti...>

40 midline crossings you can do at home:
<https://otperspective.com/40-crossing...>

Here is more about Bal-A-Vis-X:
<https://www.bal-a-vis-x.com/>

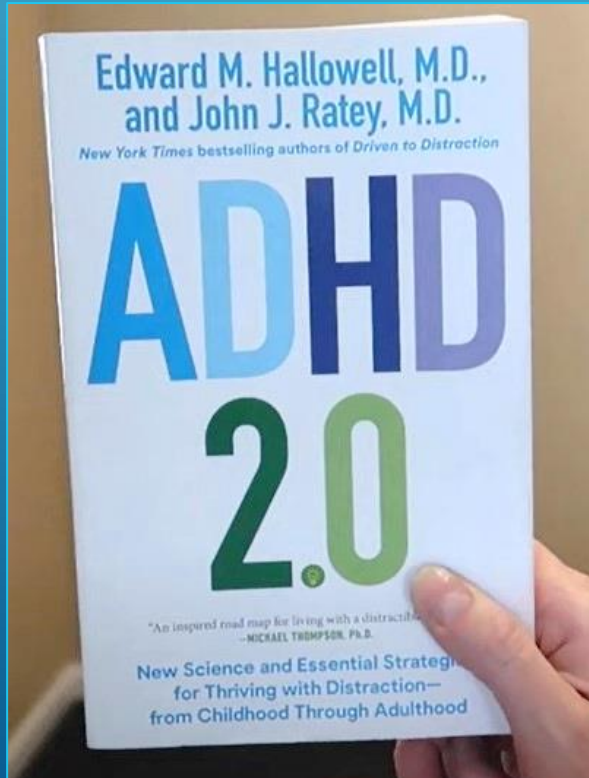
Rubber balls and bean bags:
<https://bavxresources.com/>

Treating the Cerebellum & Inner Ear Vestibular System to Improve Balance, Coordination, Physical Motor Skills Deficits, Attention, & Emotional Regulation:



The image shows a YouTube video player interface. The address bar displays the URL <https://www.youtube.com/watch?v=bNIC0tYhZNo>. The search bar contains the text "dore program exercises". The video content shows a woman in a maroon long-sleeved top and black leggings performing a one-leg balance exercise with her arms extended horizontally in a 'T' shape. She is standing on a dark carpet in a room with a window with white blinds and a framed abstract painting on the wall. The video player controls at the bottom show a progress bar at 1:49 / 12:21 and the title "One leg balance with T arms".

Balancing Exercises (the Cerebellum Connection): Inspired by the book ADHD 2.0



What is the vagus nerve?

The vagus nerve is the longest and most complex cranial nerve in your body, wandering from the brain to your abdomen. Some might say it's your body's natural superpower, since it plays a crucial role in many bodily functions, including digestion, heart rate, immunity, and stress.

One of the essential functions of the vagus nerve is to balance your nervous system. It does this by regulating your "fight or flight" and "rest and digest" responses within the sympathetic and parasympathetic areas of your nervous system.



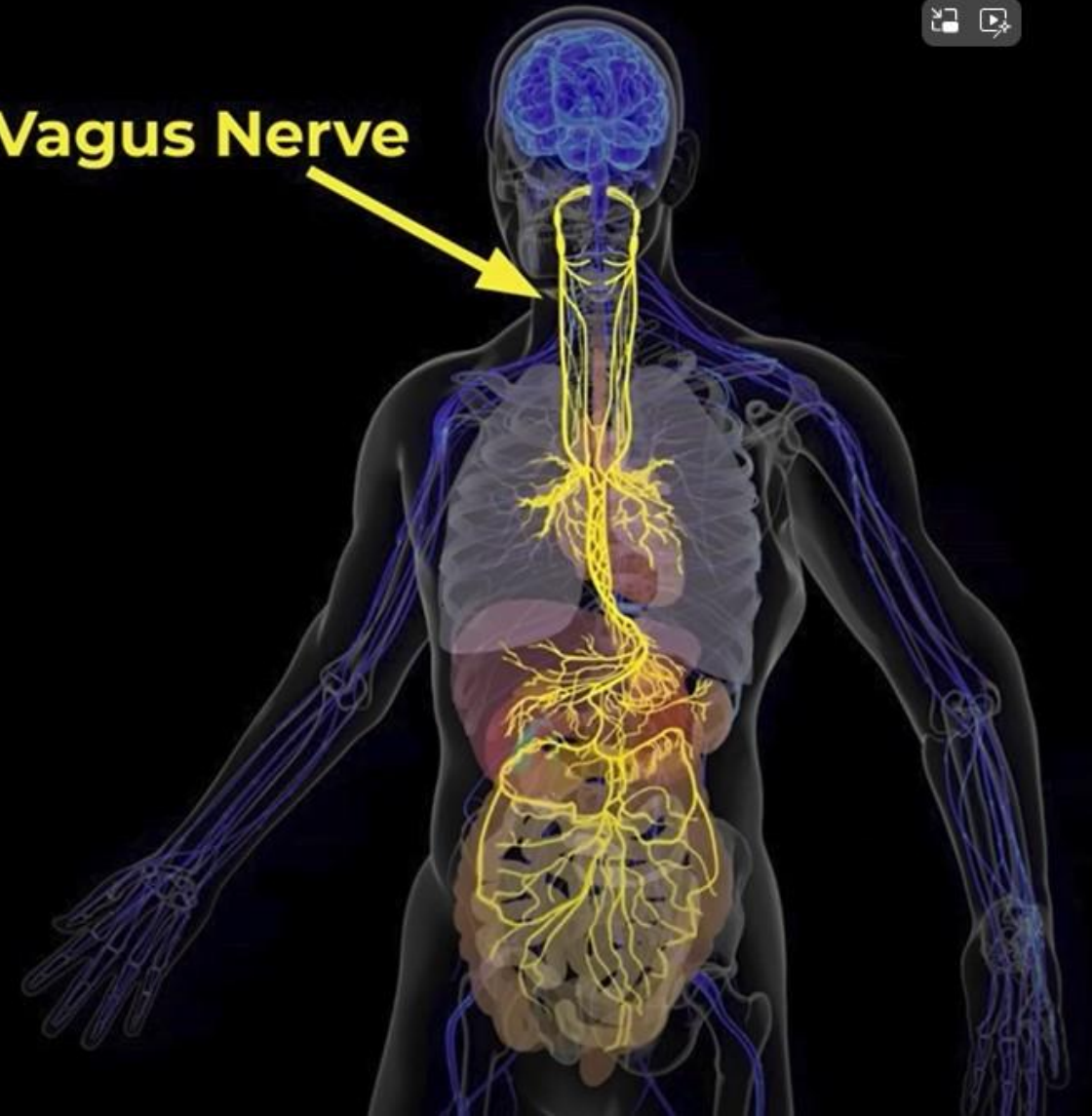
The sympathetic nervous system is responsible for the "fight or flight" response and increases alertness, energy, heart rate, and more.



The parasympathetic nervous system is responsible for the "rest and digest" response, decreasing alertness, and blood pressure in addition to helping with calmness, relaxation, and digestion.

When the vagus nerve is working properly, your body is in balance. However, when we feel stressed or anxious, this is a sign that our "fight or flight" response (sympathetic system) is overworked, and the "rest and digest" function (parasympathetic system) hasn't been keeping up to rebalance the nervous system properly. That's where Truvaga comes in.

Vagus Nerve





4 Powerful Vagus Nerve Tools to Rewire Your Nervous System

Dr. Michael Ruscio, DC, DNM
144K subscribers [Subscribe](#)

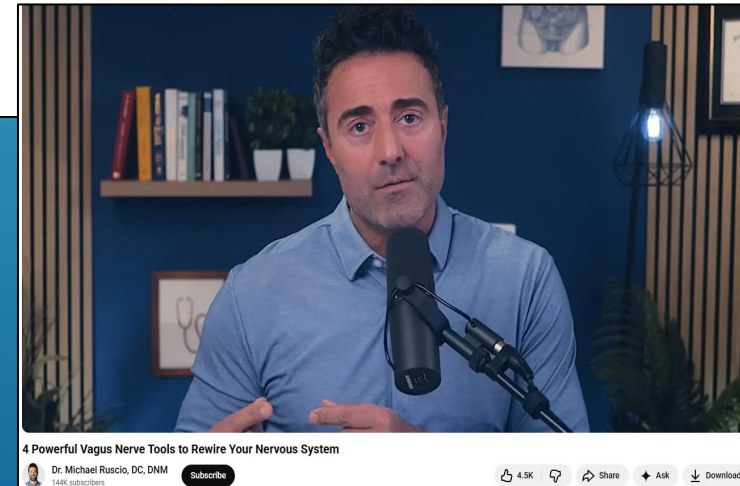
[4.5K](#) [Share](#) [Ask](#) [Download](#)

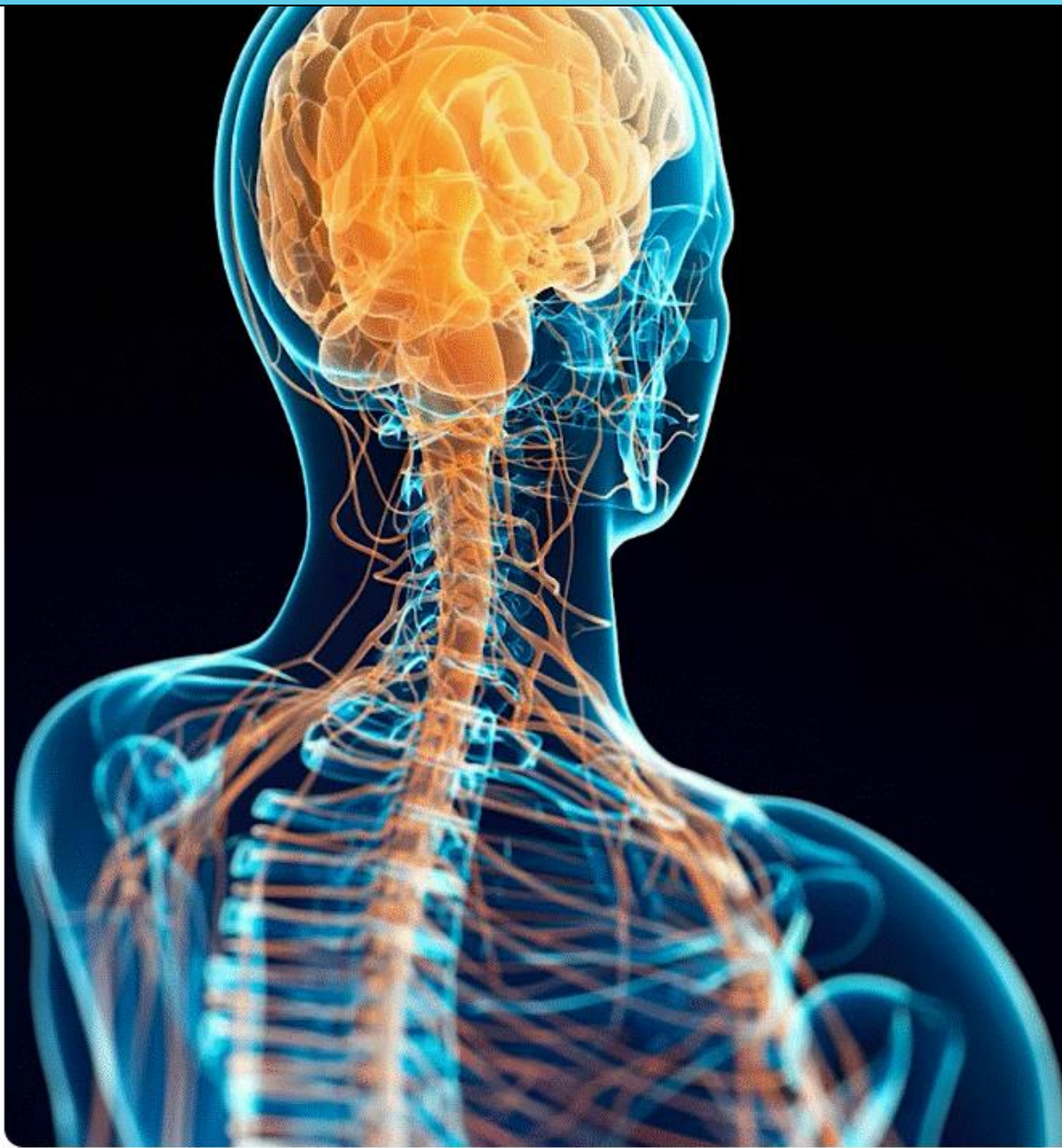
Go to YouTube, type in “**Vagus Nerve Reset**,” and tons of helpful videos will come up. I would encourage you to watch these over a period of time in order to discover action steps that you will recognize as being **actionable with your child**, as opposed to those that you respond to by saying to yourself, “**Oh, my Autistic child will never try that!**”

Sympathetic Influence on Mild Chronic Inflammatory Diseases

As mentioned above, acute local inflammation activates the SNS, and when inflammation becomes chronic, the SNS is persistently elevated. Depending on the severity of inflammation, the resulting catabolic state can have detrimental consequences. The *International Association for the Study of Pain* defines low-grade inflammation as “the chronic production, but in a low-grade state, of inflammatory factors.” Mild chronic inflammation is a hallmark of many different diseases, for example, hypertension, diabetes, depression, obesity, asthma, and Alzheimer’s disease [4, 107].

“SNS” = **Sympathetic Nervous System**, or the “side” of your Autonomic Nervous System (ANS) that is responsible for the Fight/Flight/Freeze/Fawn/ Flock response to stress and to both real or perceived dangers.





HOW TO STIMULATE THE VAGUS NERVE

1. Reduce Stressors & Implement Supportive Lifestyle Changes

2. VNS device therapy

3. Nutritional supplementation

4. Probiotics (gut-brain axis)

“VNS” = Vagal Nerve Stimulating

5. Exercise

4 Powerful Vagus Nerve Tools to Rewire Your Nervous System



Dr. Michael Ruscio, DC, DNM
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Subscri