



# **Autism Treatments & Interventions**

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



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



**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](http://www.barryprizant.com)  
[www.SCERTS.com](http://www.SCERTS.com)  
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*“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



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.



## 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

1 2 3

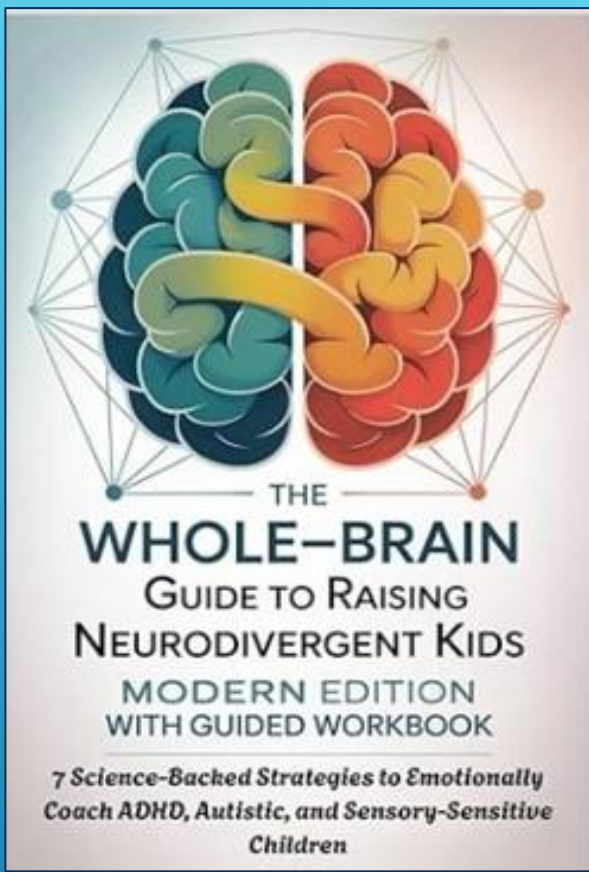
Sheets, Windex & paper towels, Pledge w/ cloths

- 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.





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.

"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."

*“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 a person's foundational 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.

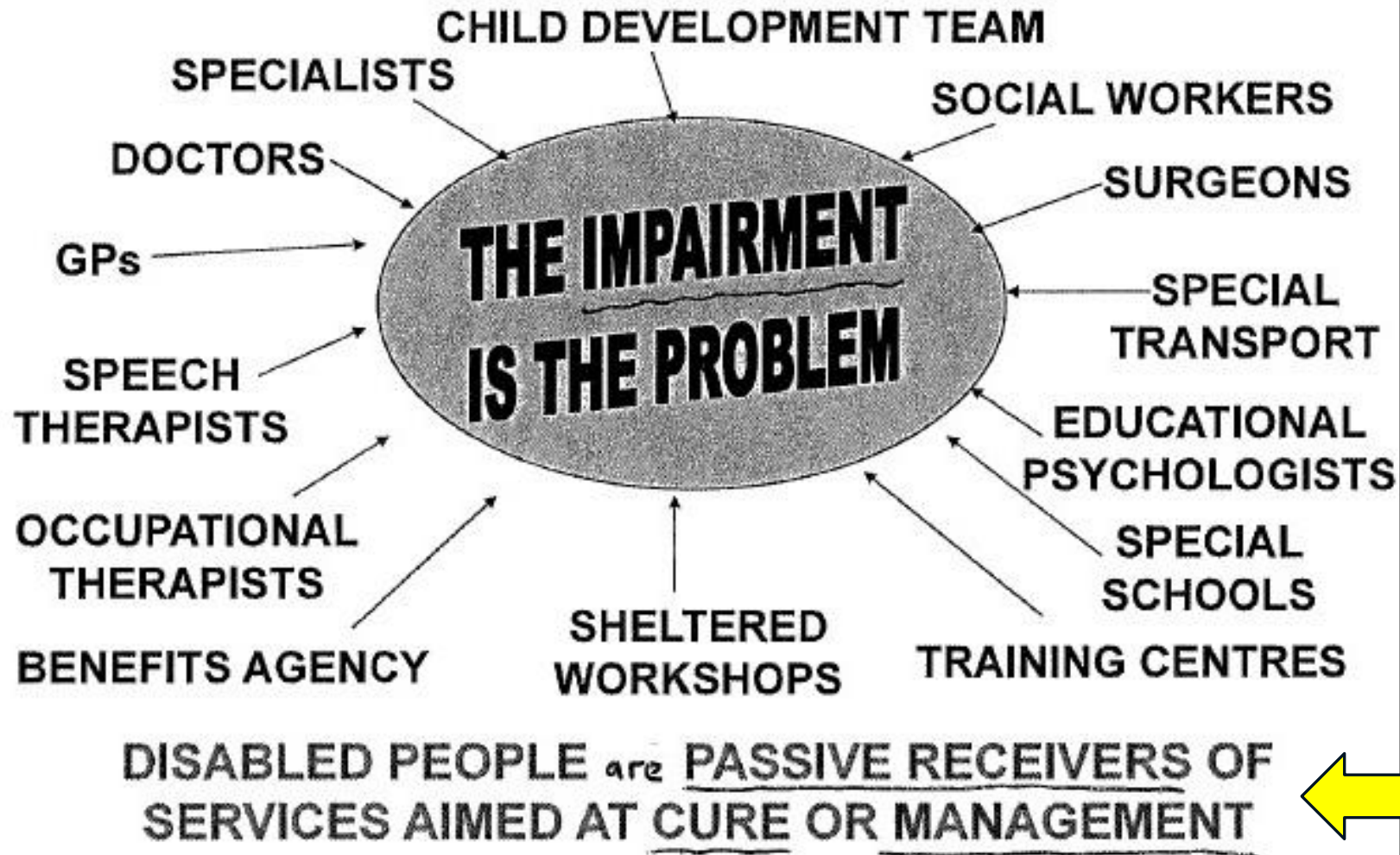
What can't he do?



(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 dominant view is the Medical Model.



(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)

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?”

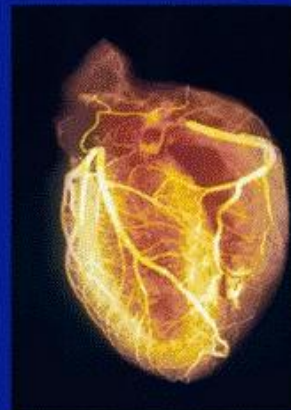
|                                           |                                                                                                                                                                  |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>PESI<br/>2022 Autism<br/>Symposium</p> |                                                                                |
|                                           | <p>Helping Autistic Clients Relate and Communicate through DIR/Floortime®:<br/>A Powerful Evidenced-Base Developmental Model That Works!<br/>Gil Tippy, PsyD</p> |

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 neurotypical 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.

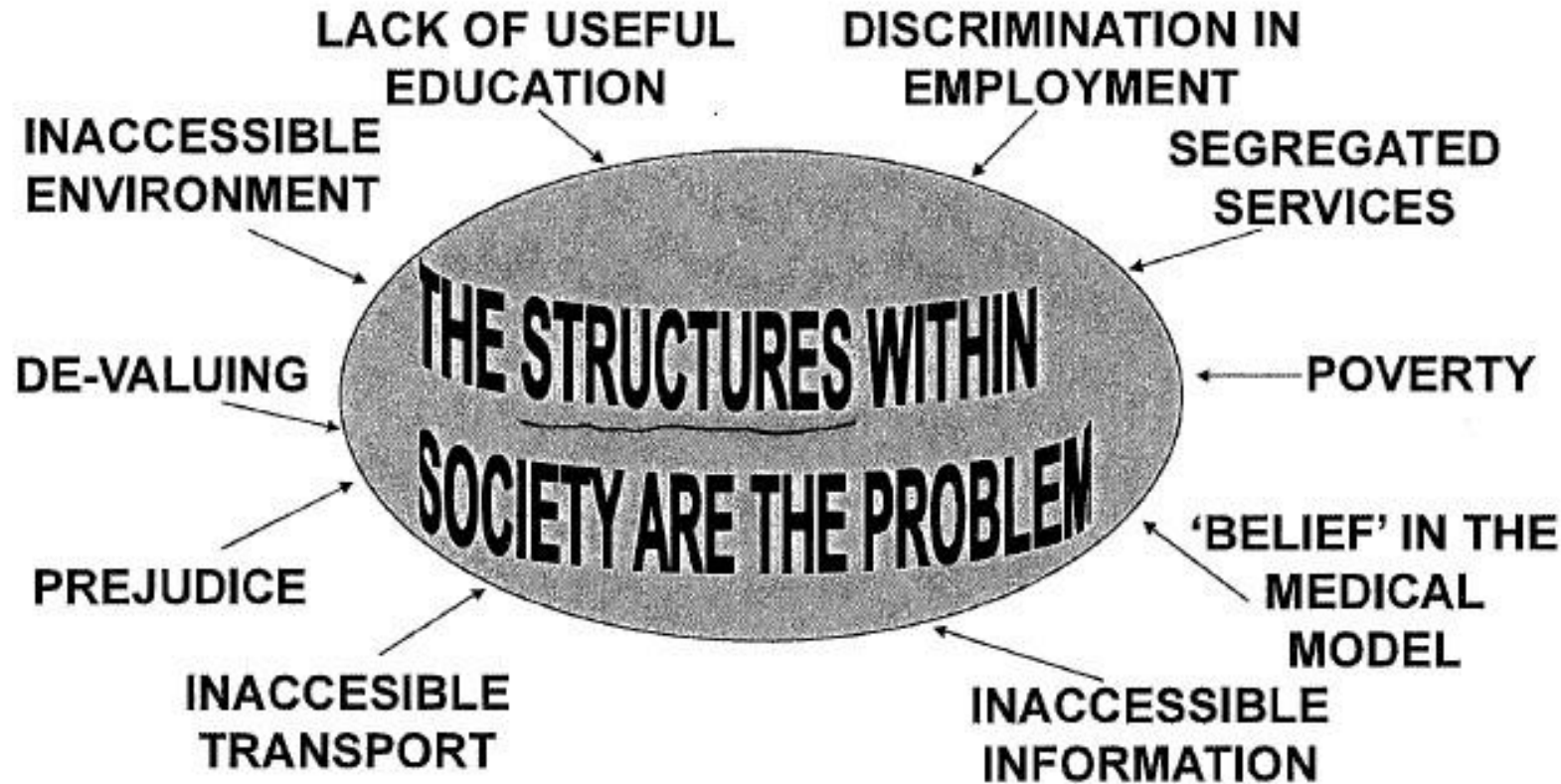


- Valuing the individual person vs. looking at them through a clinical lens that lumps all ASD people into one homogeneous category. How do you measure “feeling valued”? How can you tell if someone with ASD *feels* valued?
- Nurturing a sense of agency and control from the start, even from a very young 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.**

(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)

... it also focuses on working **with** the ASD person to help them develop vocational skills based on their **interests and natural skills.**

***“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.

## 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.

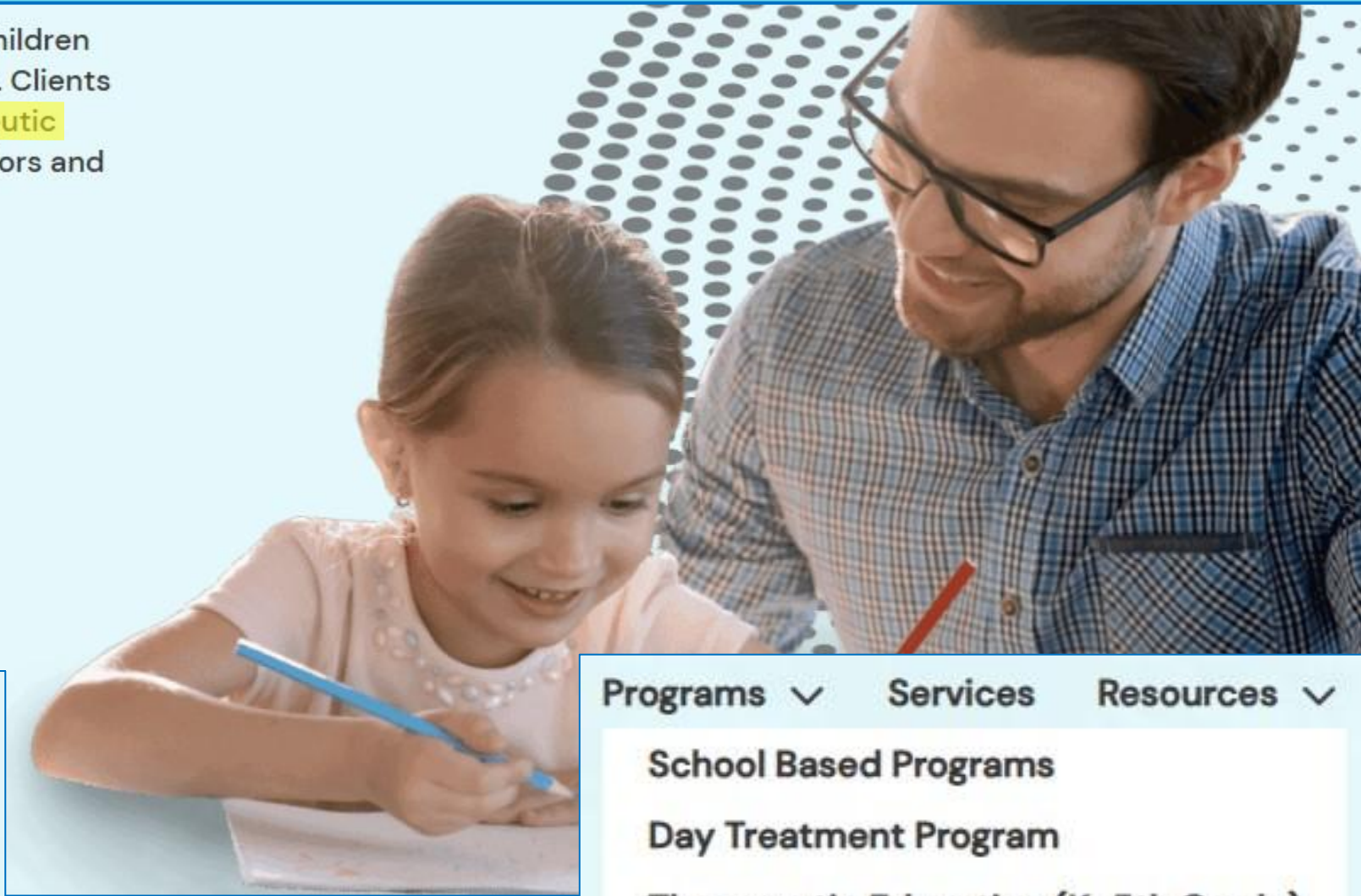


Kids Thrive provides the **highest level of care** for children ages **3–12 years old** with a mental health diagnosis. Clients enrolled in Kids Thrive receive **a full day of therapeutic programming** to assist with improving their behaviors and functioning across environments.

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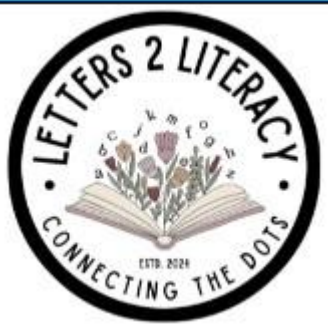
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# LETTERS 2 LITERACY



## 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  
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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.



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

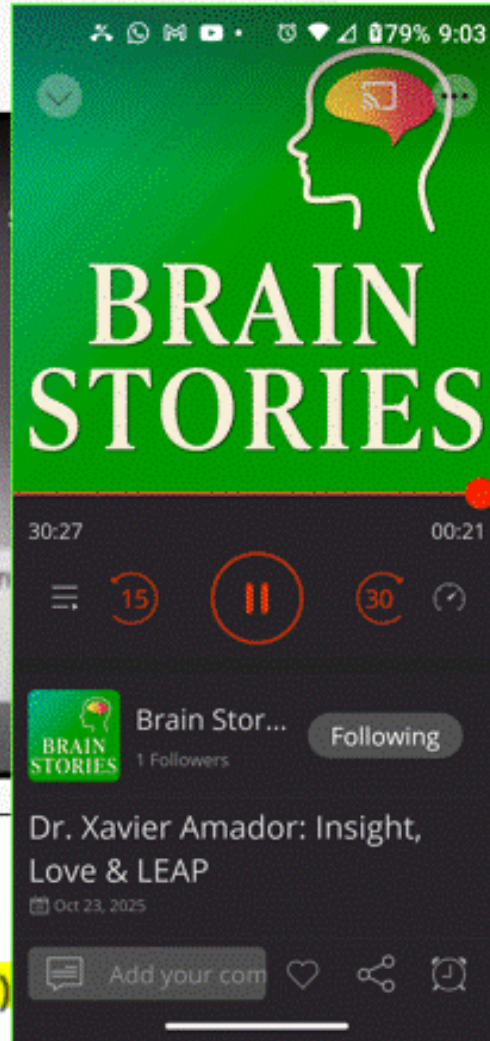


<https://leapinstitute.org/free-leap-videos/>



**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*



## 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.

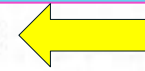
**anosognosia**

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



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/>





**PESI®**

## Self-Regulation Interventions for Children & Adolescents

*Reduce Frustration, Emotional Outbursts & Oppositional Behaviors*

Laura Ehlert, PsyD

### De-escalating with choices

- ✓ Safety first - always
- ✓ Validation and time are your most powerful de-escalating tool. **“Let me know when you’re ready”**
- ✓ If they aren’t in trouble, tell them they aren’t!
- ✓ Pacing with **Reset and On-hold**
- ✓ Your patience/neutral response and support speeds up the reset process

### Ingredients for Validating

- ✓ Listen and really try to see it from their perspective!
- ✓ **“I believe you”** is a very validating statement
- ✓ Team Approach - Assume they ARE trying their hardest

**“I know you don’t like being mad all the time and you’d rather \_\_\_\_\_.  
Let’s figure this out together.”**

Which of these tips seem to be appropriate when working with an Autistic individual?

### Choices and considering pros and cons:

- ✓ Model the thinking skills to self-regulate:
  - **Did your choice help or hurt you?**
  - **How is ~~our~~ anger helping you ~~right now?~~ Is it making ~~anything~~ worse?**
  - **Do you feel more or less happy/mad/sad/ when...**
  - **Will your tantrum make the answer “yes”?**
  - **What might help you more? Staying mad or doing something you enjoy?**
- ✓ We change our behavior/choices only when we see the benefit to ourselves, not because it will help someone else.

# 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

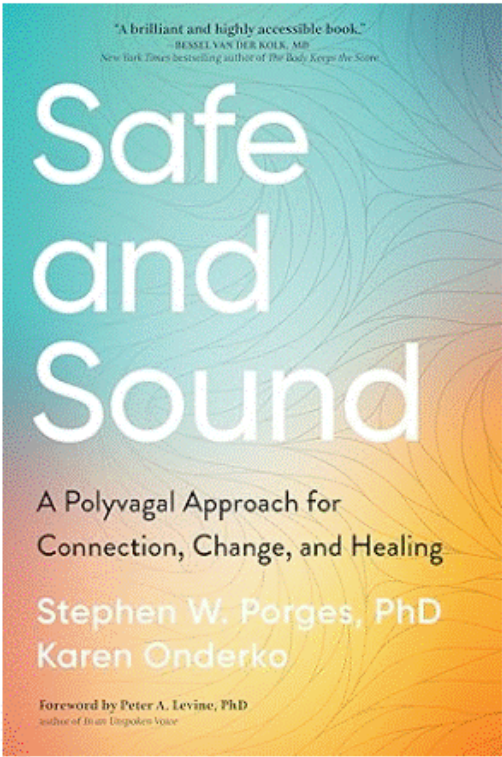
## Treating Autism and PTSD Comorbid Through a Polyvagal-Informed Lens

*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

## Follow the author



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# The Ear as the Portal to the Brain

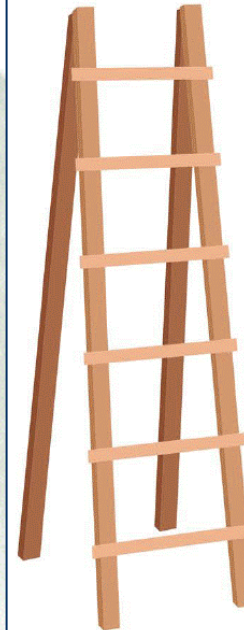
Listening therapies like the Safe and Sound Protocol (SSP) and Integrated Listening System (ILS) influence the nervous system through specially filtered music, activating the auditory neural network, including a branch of the vagus nerve.

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

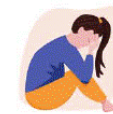
Social, engaged, connected



### SYMPATHETIC

Neuroception of danger

Mobilized, action taking, fight and flight



### DORSAL VAGAL

Neuroception of life-threat

Immobilized, shut down, collapsed



Copyright Deb Dana, LCSW 2020



# 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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## 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](#)

## 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](#)

[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.



(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](#) →

### **PURCHASE NOW:**

[Annual Subscription with Training](#)  
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[3 Month Trial Subscription with Training](#)

## Integrated Listening System (ILS) Subscriptions

**Formerly the Focus System.**

Improving function and skill building through multi-sensory input. [Learn more](#) →

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## Rest and Restore Protocol (RRP) Subscriptions

Designed to promote deep relaxation, recovery, balance in the body and mind, and connection to self, cultivating interoception and self-regulation. [Learn more](#) →

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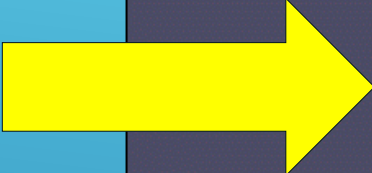
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*"Want to Get Started Within 24hrs? \*Message Me to Get an Email with Answers to Common Questions about using SSP & RRP + Links to Start Your Subscription. \*Includes both Protocols, Instructions, & Weekly Live Q&As 😊"*



*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



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

YouTube | Justin Sunseri | 2.4K views | 6 months ago

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## THE TOMATIS® METHOD

# Transforming lives through innovative neurosensory solutions

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 ⓘ



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**.<sup>[1]</sup>

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**.<sup>[citation needed]</sup>

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

The image shows a black box for the 'Premium Scalp Scratcher' by TIPKON, a black handle with a silver-colored head, and a close-up of the 28 fine metal prongs.

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

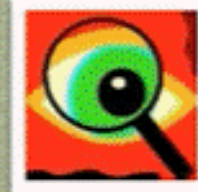
➡ (Same as the Valsalva Maneuver, listed first)

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 PEST.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 1<sup>st</sup> grade to ZERO meltdowns in 2<sup>nd</sup> grade ... **all due to training the adults.**

## 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)

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

<https://www.igivu wings.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

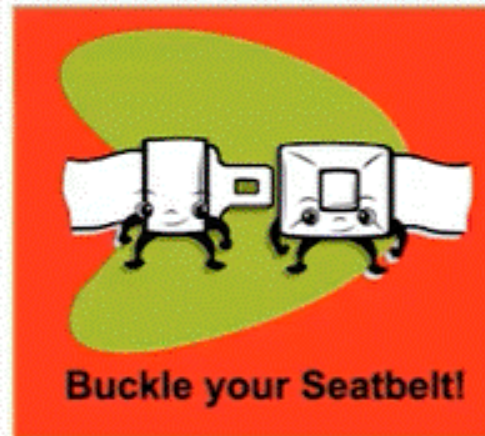
(Part of the 2022 Autism Symposium: What's New + What's Next in Supporting Clients on the Spectrum - by PESI.com)

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.

## 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)



# Mini-schedule at Centers



## 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)



## 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*

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)

## 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



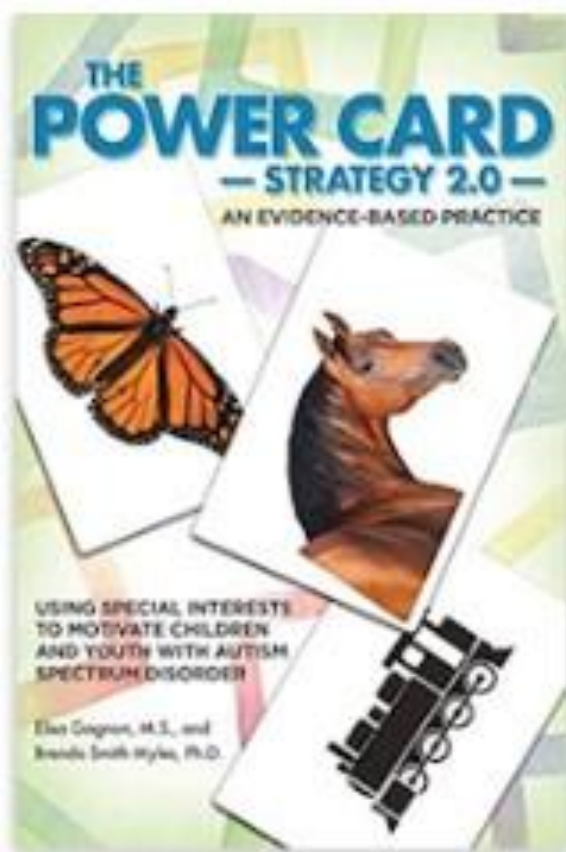
### Techniques for After an Autism Meltdown *Supporting Prevention of Future Eruptions*

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)

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



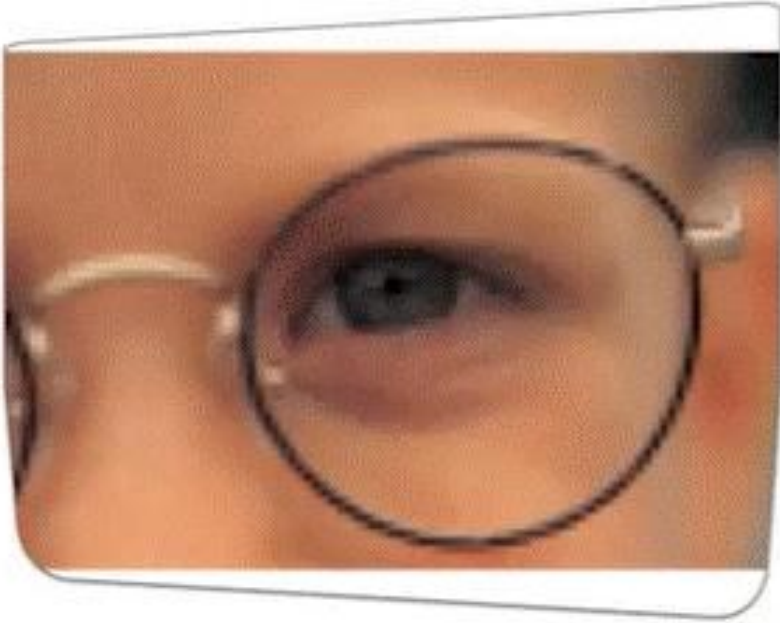


## *Power Cards: Using Special Interests to Motivate Children and Youth with Asperger Syndrome and Autism*

Gagnon, E.

This step-by-step book shows parents and educators how to help change an unwanted or inappropriate behavior by capitalizing on the special interests that characterize children and youth with AS. A brief, motivational text related to a special interest or a highly admired person is combined with an illustration and made into a bookmark- or business card-sized POWER CARD that the youth can refer to whenever necessary. For younger child the special interest or hero is worked into a brief story.

*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 PEI.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

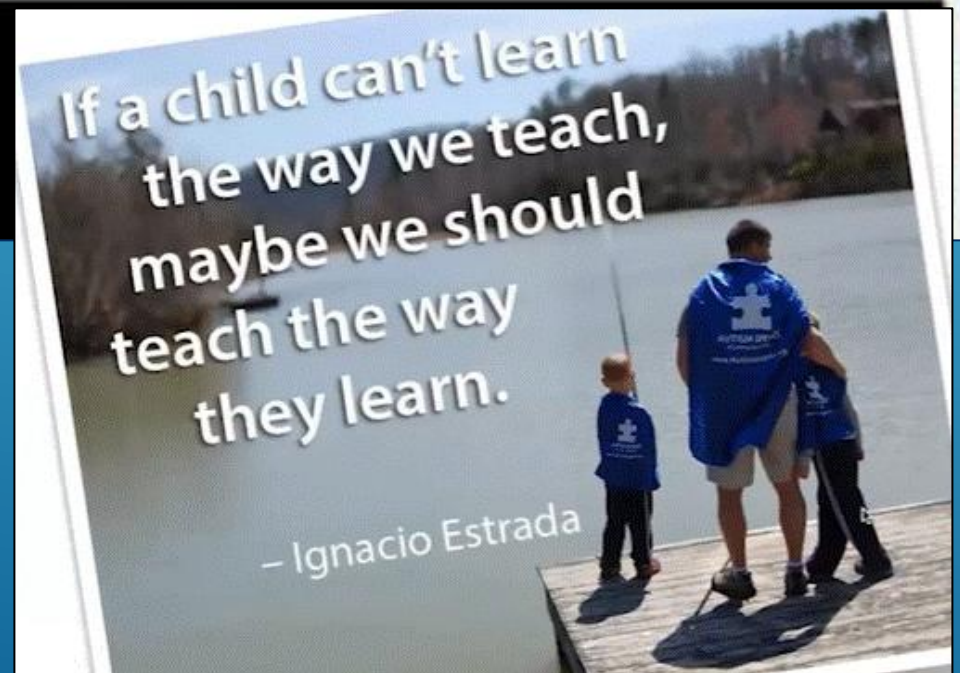
Parents, teachers, and therapists all need to be thinking in these categories, anticipating problems, learning from meltdowns when they do occur, and coming up with new strategies both for and with the child until the issues leading up to the meltdowns get solved.

## Techniques for After an Autism Meltdown

*Supporting Prevention of Future Eruptions*

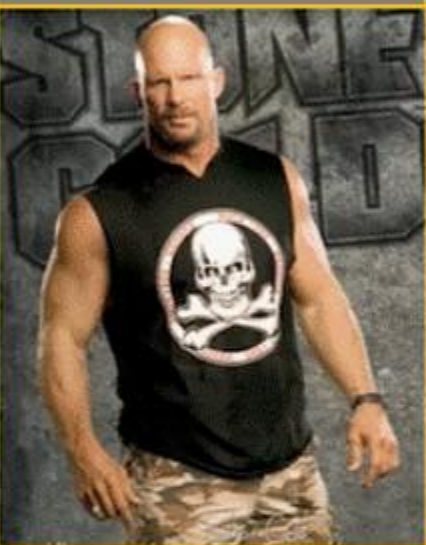
Kathy Kaluza Morris, MeD, BS

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





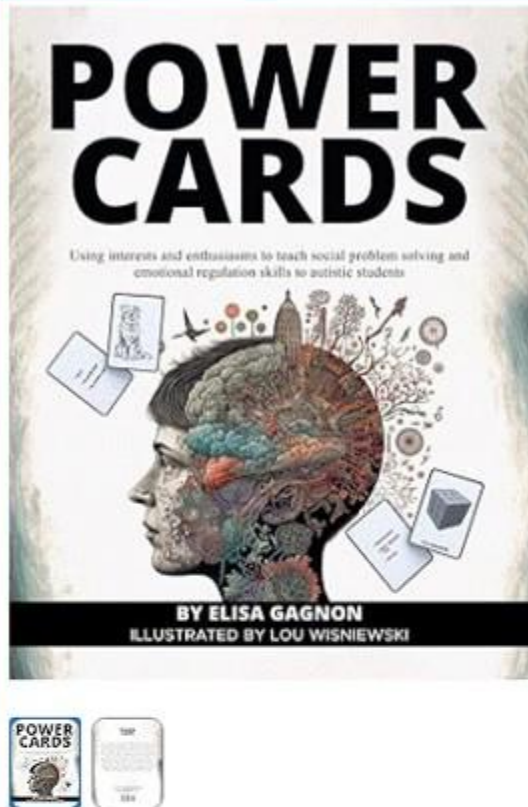
The picture and the text below it go together on the same Power Card:



"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 PESI.com)



# Shutting Anxiety Down Quickly:

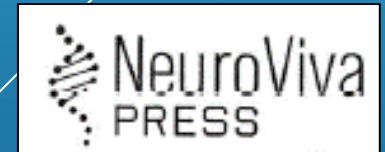
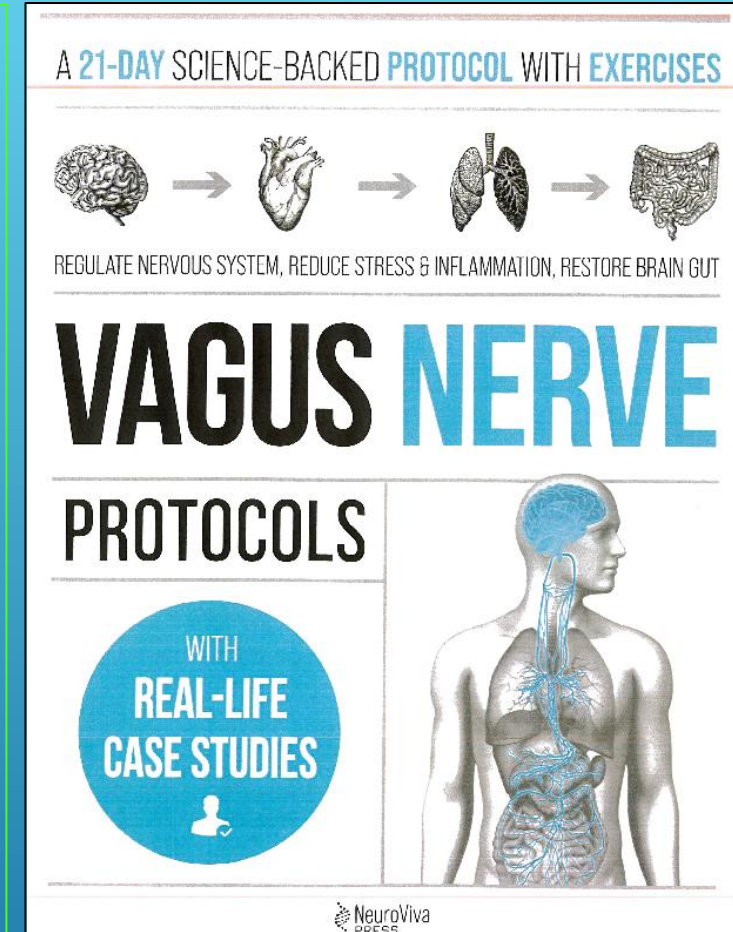
<https://www.youtube.com/shorts/0vYy3GKOa0w>

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.





~~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

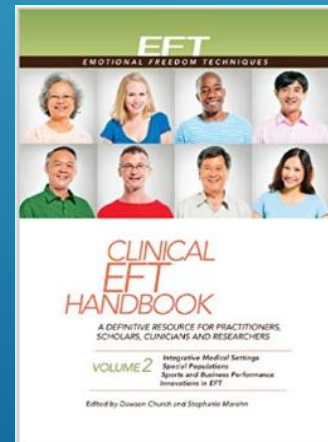
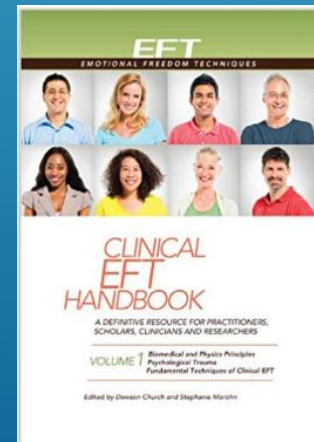
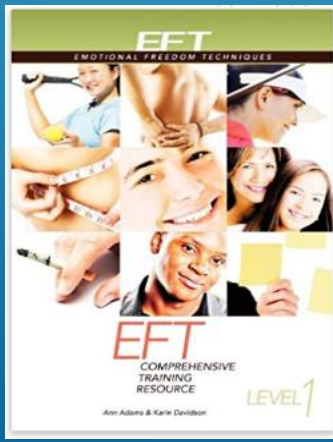
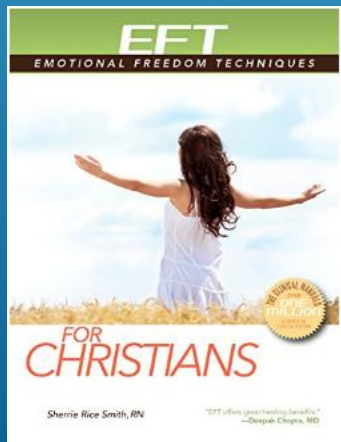
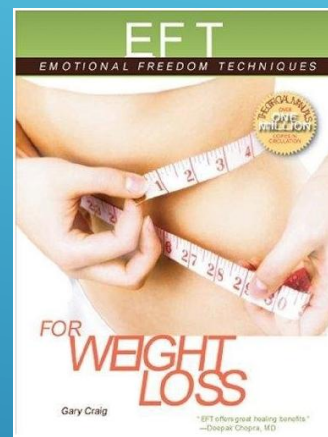
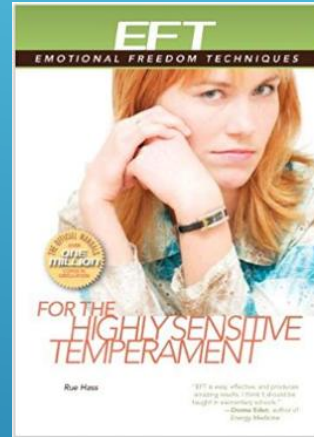
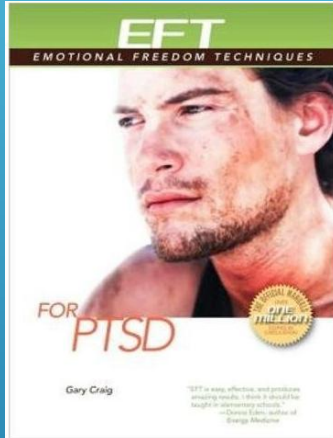
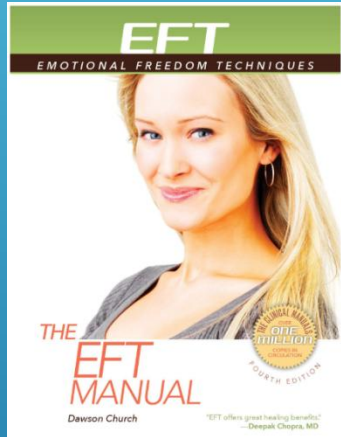
**Shiatsu** is a bodywork that originated in Japan. It integrates Japan's traditional manual therapies such as acupuncture and **anma**, an old Japanese massage style, with western medical knowledge. Healthcare professionals view shiatsu as **a modified form of acupressure**, a massage therapy that involves 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](http://www.Amazon.com) and you will see many other EFT titles as well.



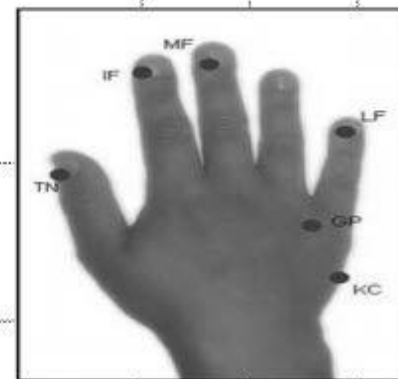
## What is Emotional Freedom Technique?

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 co-operation, 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, con-trolling, 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                                                                                                                        |



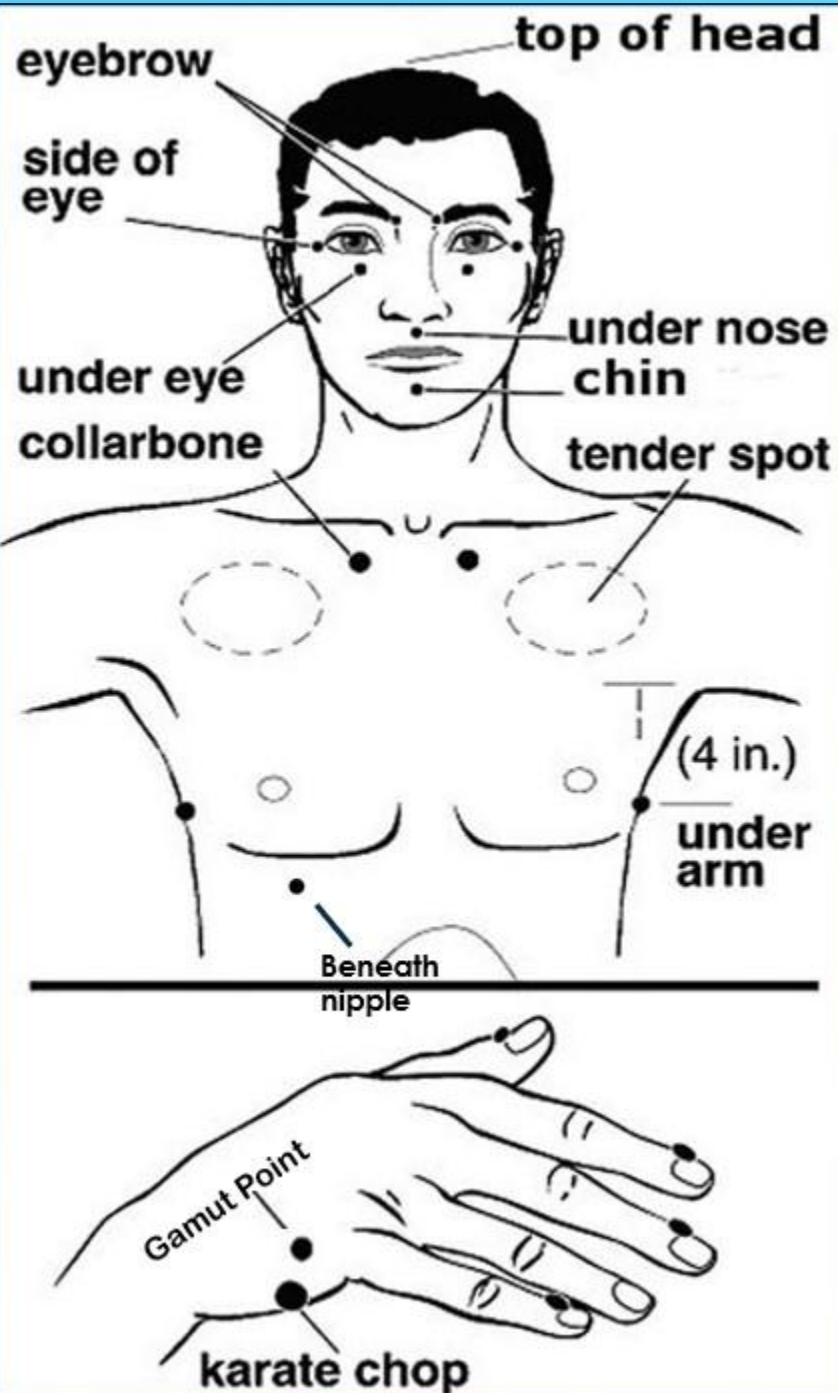
**Speaking of your body's energy system**, you've

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:



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# Applied Behavior Analysis (ABA)



36.5% of autism caregivers use ABA

## What is Applied Behavior Analysis?

Applied Behavior Analysis (ABA) is a therapy based on the science of learning and behavior.

### Behavior analysis helps us to understand:

- How behavior works
- How behavior is affected by the environment
- How learning takes place

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.

 **Copilot Answer**

**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. [Wikipedia](#) +4

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

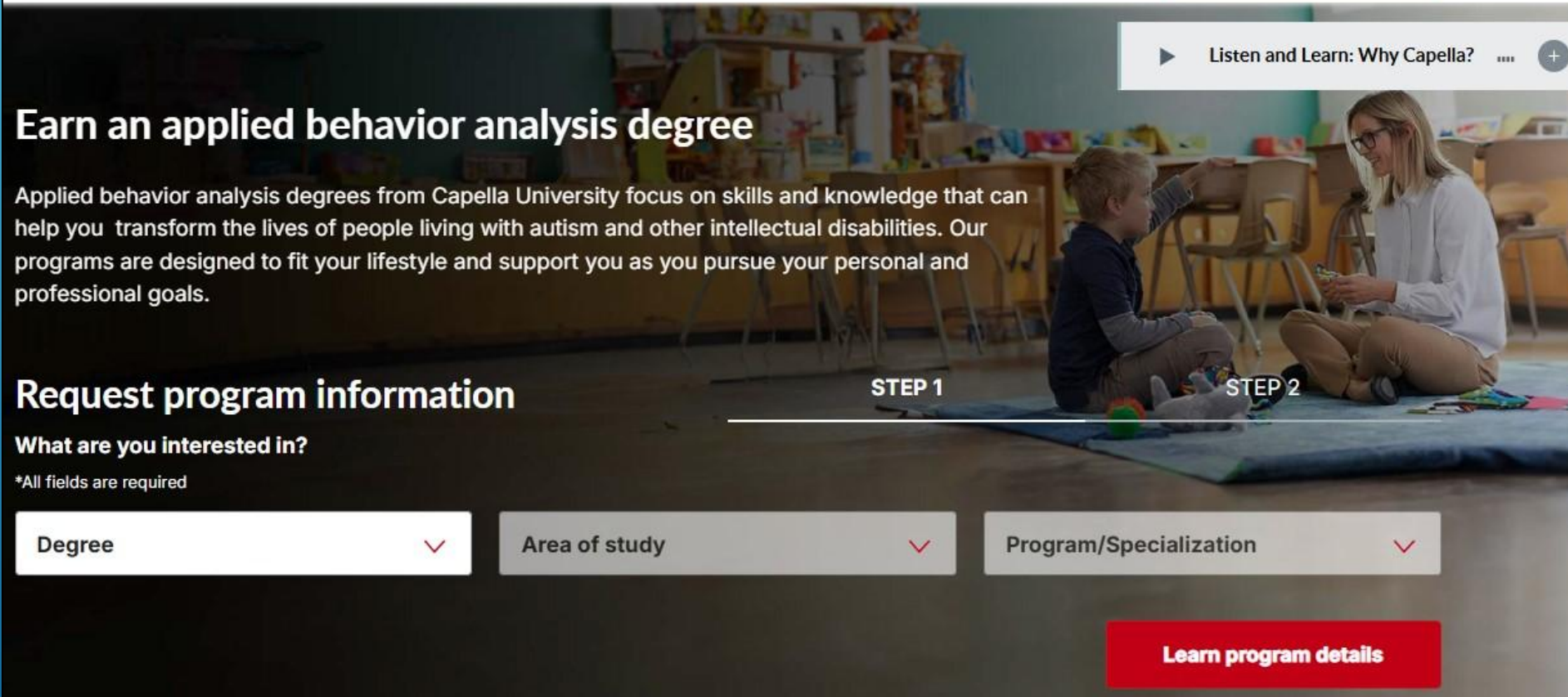


# Applied Behavior Analysis (ABA):

TODAY, ABA IS A MULTI-BILLION DOLLAR INDUSTRY.



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Listen and Learn: Why Capella? +

## Earn an applied behavior analysis degree

Applied behavior analysis degrees from Capella University focus on skills and knowledge that can help you transform the lives of people living with autism and other intellectual disabilities. Our programs are designed to fit your lifestyle and support you as you pursue your personal and professional goals.

### Request program information

What are you interested in?

\*All fields are required

Degree

Area of study

Program/Specialization

Learn program details

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 **process-ing** 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!”



## 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!

## ABA Therapy

[www.crossrivertherapy.com](http://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, teachers, 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 staircase in the background. The room appears to be a living area with a white door and a window in the background. The trampoline is on a wooden floor. The woman is looking down at the trampoline.

Kim Clairry MS, OT

## 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?"

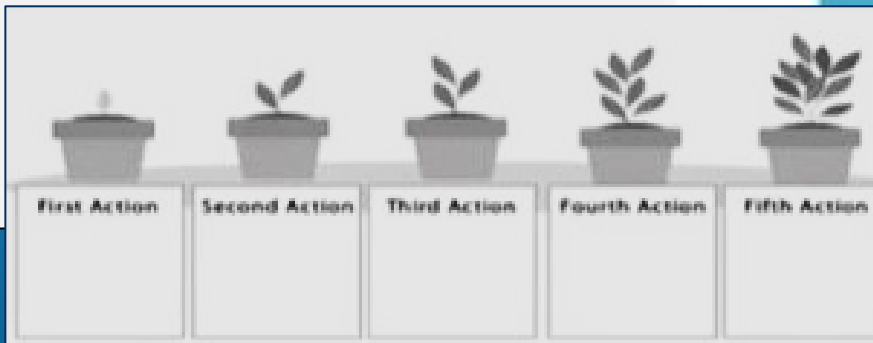
## Gratitude and Growth Statements

- "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."

### 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 promotes the use of respect and empathy language, as well as gratitude and growth statements.



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 Clair 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 to do?

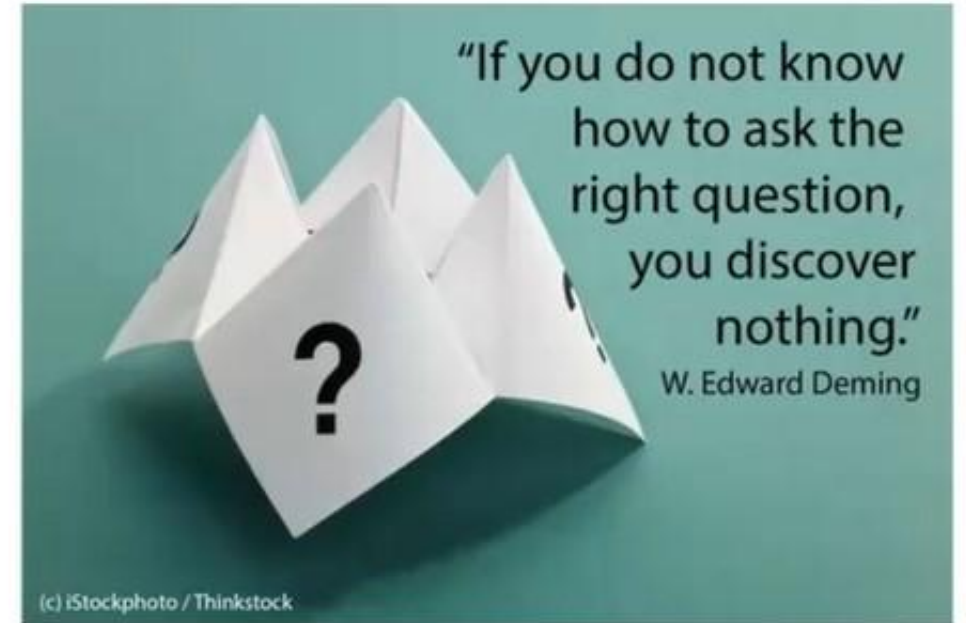
- Families
  - Identify yourself and your family in advance
    - Register their house with dispatch or the emergency responding services to flag that there is a person with autism there
  - Provide a clear signal
    - A seatbelt band, wristwatch, sticker, etc. for first responders to know
- Individuals
  - 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.



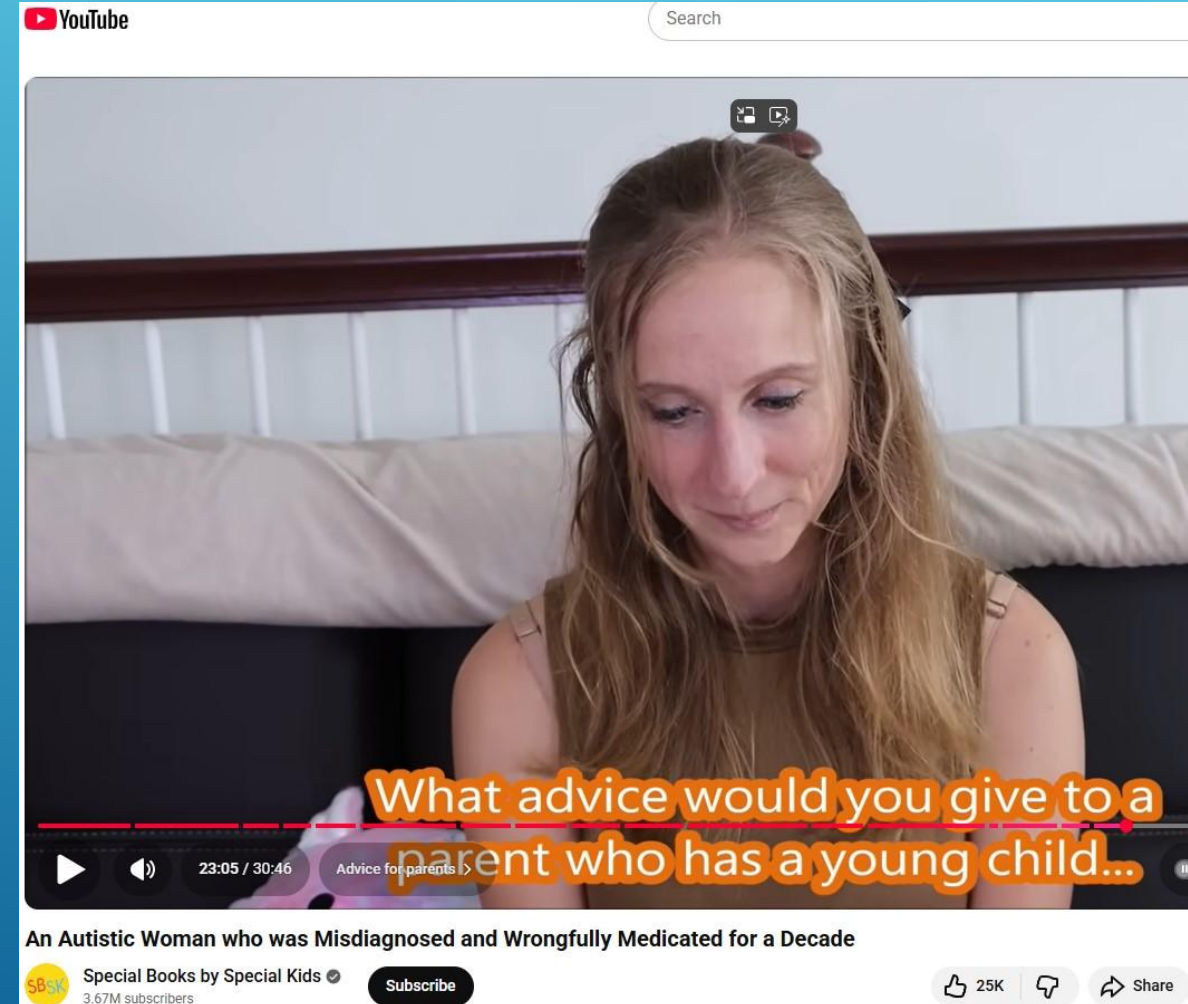
From: A lecture entitled, *Not Just Surviving, But Thriving With Autism*, by Kimberly Clair O.T. (autistic adult) and her husband, William Miller.

## ... 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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Here's a card that is given out by a 20-something year-old young man as he attempts to help others better understand how to interact with him around his Autism symptoms:

## I'm Cass!

MY BRAIN AND MY BODY ARE COMPLETELY SEPARATE. MY BRAIN IS JUST LIKE YOURS, FULL OF THOUGHTS. THE DIFFERENCE BETWEEN YOU AND I IS THE THOUGHTS IN MY BRAIN GET SCRAMBLED ON THE WAY OUT. MY VOICE TENDS TO GET STUCK IN LOOPS AND MY BODY CAN BE VERY TOUCHY. JUST KNOW I CANT CONTROL THIS SO PLEASE BE KIND. IF YOU WANT TO LEARN MORE, FLIP THIS CARD OVER!

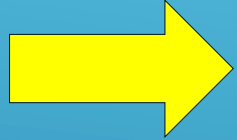
LEARN MORE ABOUT  
COMMUNICATION  
THROUGH SPELLING



Scan here  
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## Create Your Free Communication ID Card

Fill out this form to create a personalized Communication ID Card to immediately download, print, and carry in your wallet. Help spread awareness about communication conditions and let people know how best to communicate with you.

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 \*

Autism



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 Clairry 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**.”

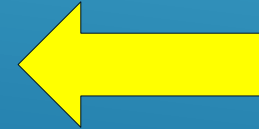


# Coping tools for challenges with getting stuck, executive functioning, cognitive rigidity, and sequencing

---



- 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:<br>Detergent<br>Money<br>Snack | When wife gets here with rental car<br>load car<br><br>Drive to laundromat | Sort clothes into appropriate washer &<br>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 Clair**, 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 Clair 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                            |   |   |   |    |   |     |     |

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

 **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

☐ NOW  
☐ LATER

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?

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

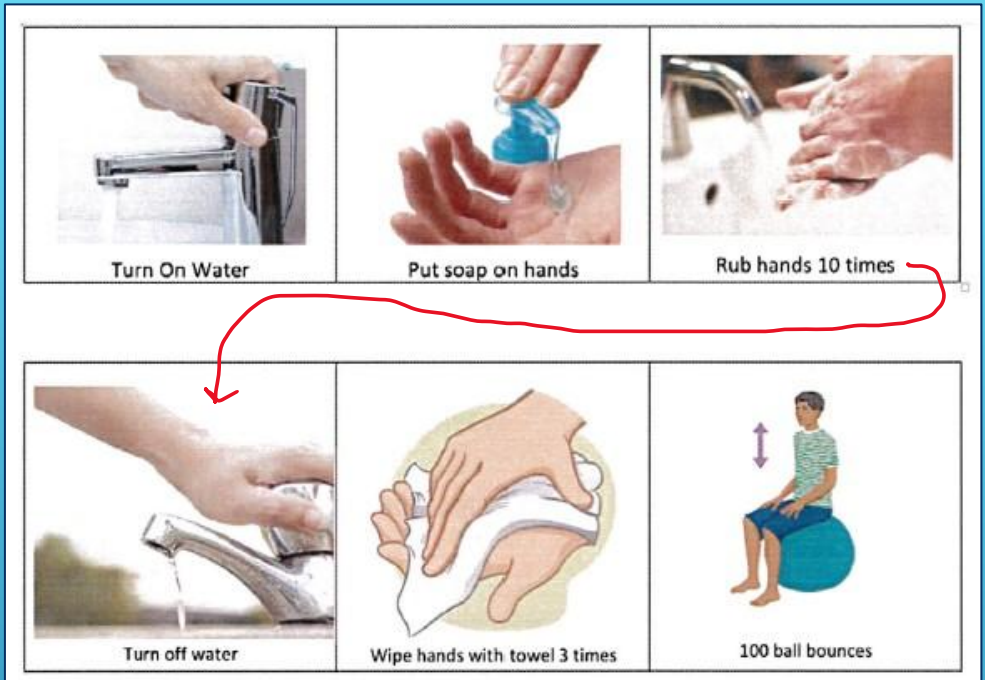
2. Go to safe spot

3. Do coping skills. To cope I can

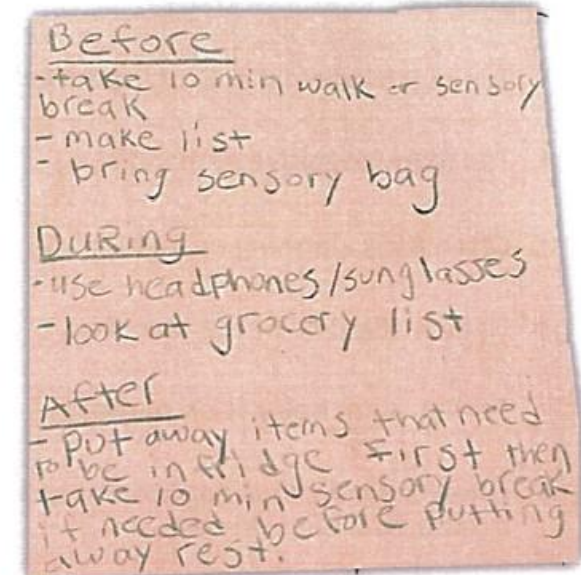
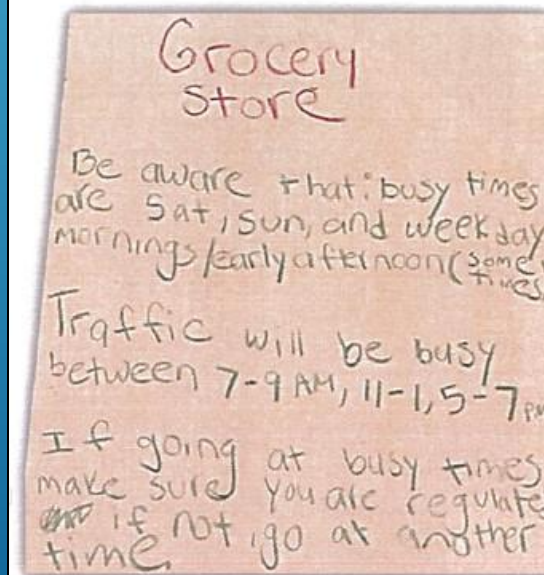


## Sensory Coping Keychain Cards- Community Coping

**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



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   
crayons paper desk

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

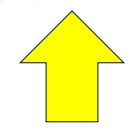
A similar type of intervention that is vetted and valid is Dr. Steven Porges' *Safe & Sound Protocol*.

### **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-XrhnmQmx9QyElgXhXjE_rq6U_aem_IVXp9RbYvXxsgqyl9XekZA&utm_id=120211717139040078&utm_term=120228821037460078) or  
[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-XrhnmQmx9QyElgXhXjE\\_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-XrhnmQmx9QyElgXhXjE_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/>

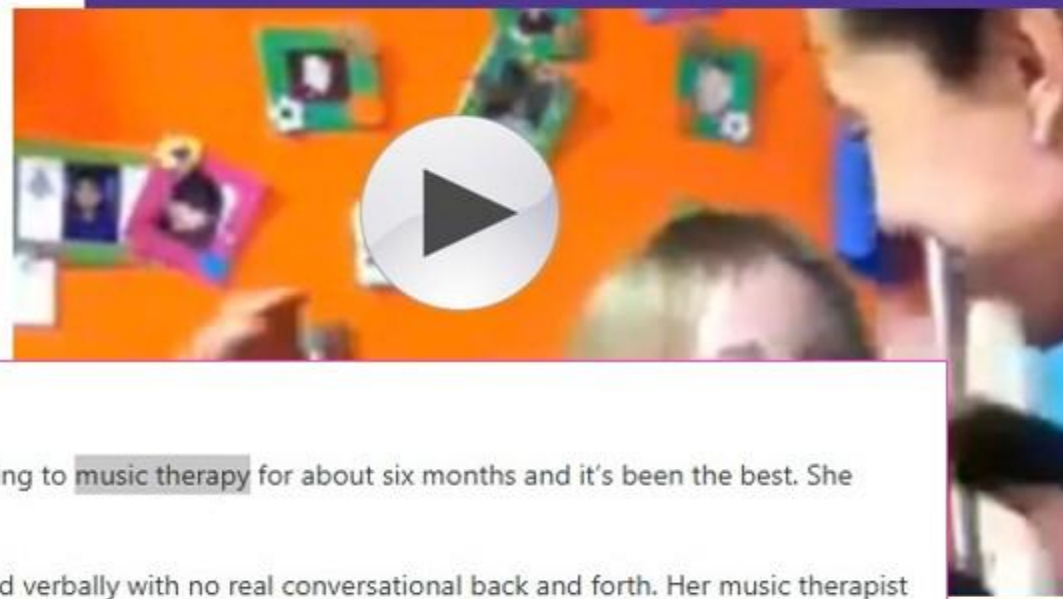


*Capture the Power of Music*

WELCOME THE POWER OF MUSIC STAFF VIDEOS SERVICES RESEARCH EMPLOYMENT POLICIES CONTACT US



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



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 ...



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

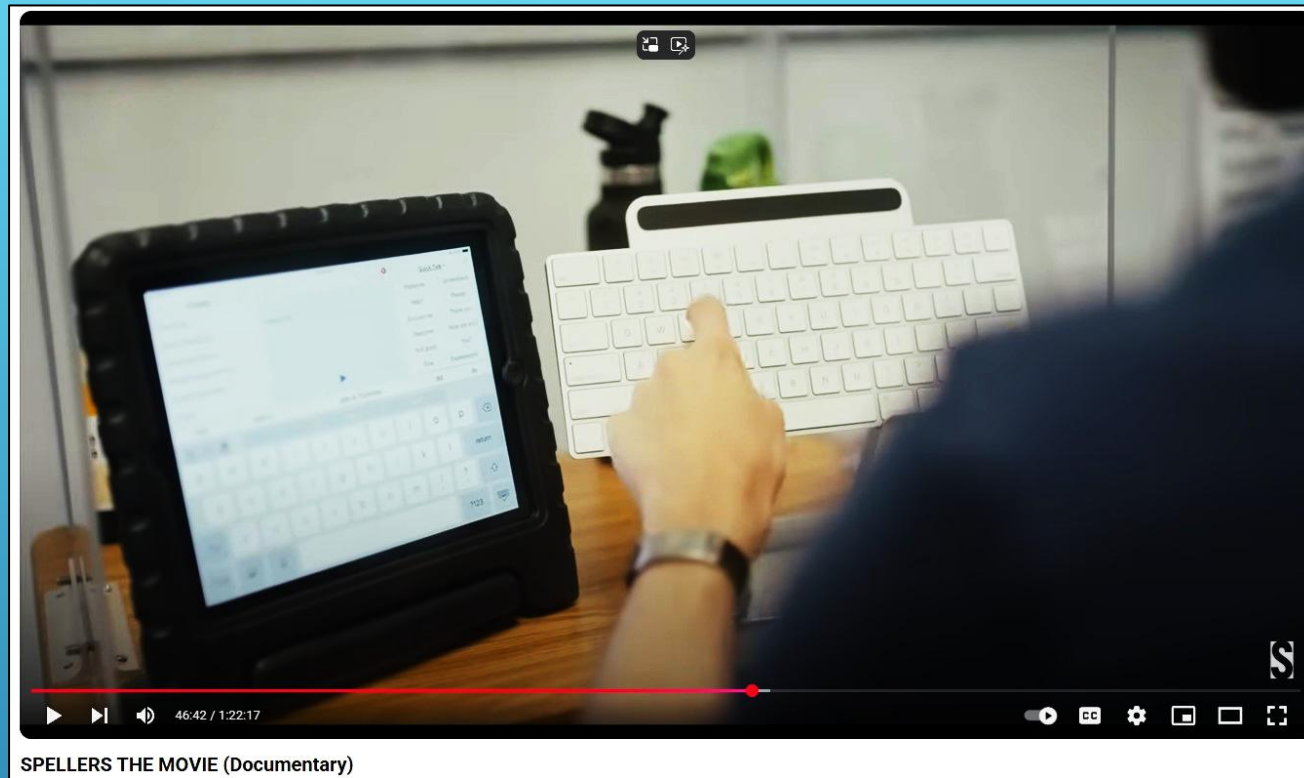
Please contact us for a complimentary trial

Amanda Marain – Adult Services Coordinator

Apelletier126@gmail.com

401-215-7182





**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 Touring (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.

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# Lingraphica<sup>®</sup>

<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<sup>®</sup>

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 >](#)





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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>



## Structured Sensory Enrichment Therapy: Individual programs

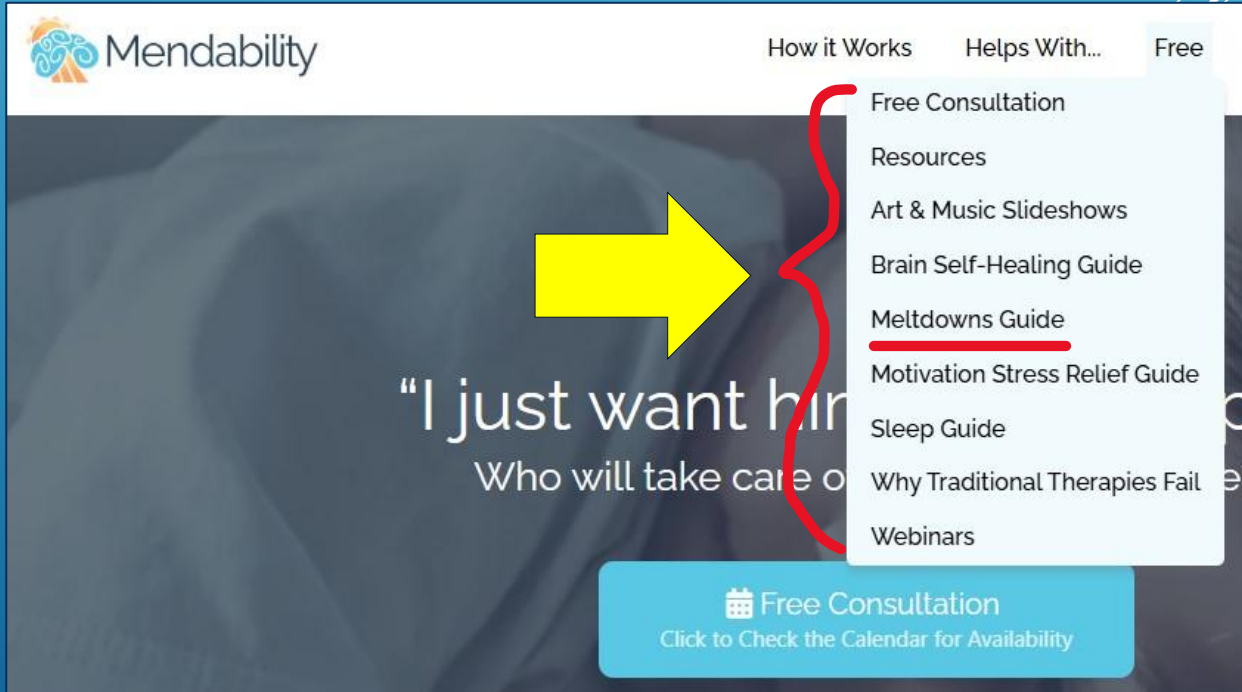
Structured SET involves more than just good sensory ideas such as those outlined above. To create an individual program, SET begins with an assessment that gives an idea of which areas of the brain to focus on, and therefore which daily sensory enrichment exercises to follow. A set of three or four exercises 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/>



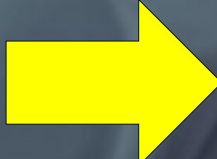
The screenshot shows the Mendability website. The header includes the Mendability logo, navigation links for 'How it Works', 'Helps With...', and 'Free'. A dropdown menu is open under 'Helps With...', listing various resources. A red bracket groups the last four items: 'Meltdowns Guide', 'Motivation Stress Relief Guide', 'Sleep Guide', and 'Why Traditional Therapies Fail'. A yellow arrow points from the text 'I just want him' to the 'Meltdowns Guide' link. At the bottom, there is a blue button for 'Free Consultation' with the text 'Click to Check the Calendar for Availability'.

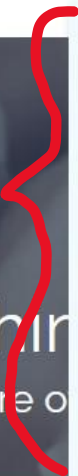
Mendability

How it Works   Helps With...   Free

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

"I just want him  
Who will take care of him?"





 Free Consultation  
Click to Check the Calendar for Availability



## Temple Grandin Explains Sensory Enrichment Therapy on Autism Live



Watch later



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MORE VIDEOS



0:12 / 2:27



YouTube



### 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.

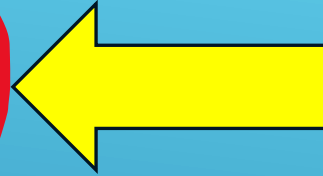
The Ultimate Guide To  
**Sensory Enrichment  
Therapy: A New  
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### Free program – just stick with it!

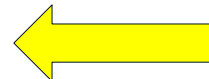
SET is done by the parent at home with their child and requires taking time every day to incorporate a new therapy. This is perhaps the “Achilles’ heel” of the therapy. SET works, but like introducing a new diet or exercise into your life, it can be hard to stick to.

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/>



# Sensory Integration: An Evidence-Based Intervention:







Brenda Smith Myles PhD - Shawn Henry - Autism planning system



Watch later



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MORE VIDEOS



0:54 / 7:05



YouTube



Brenda Smith Myles PhD - Shawn Henry - Autism planning system

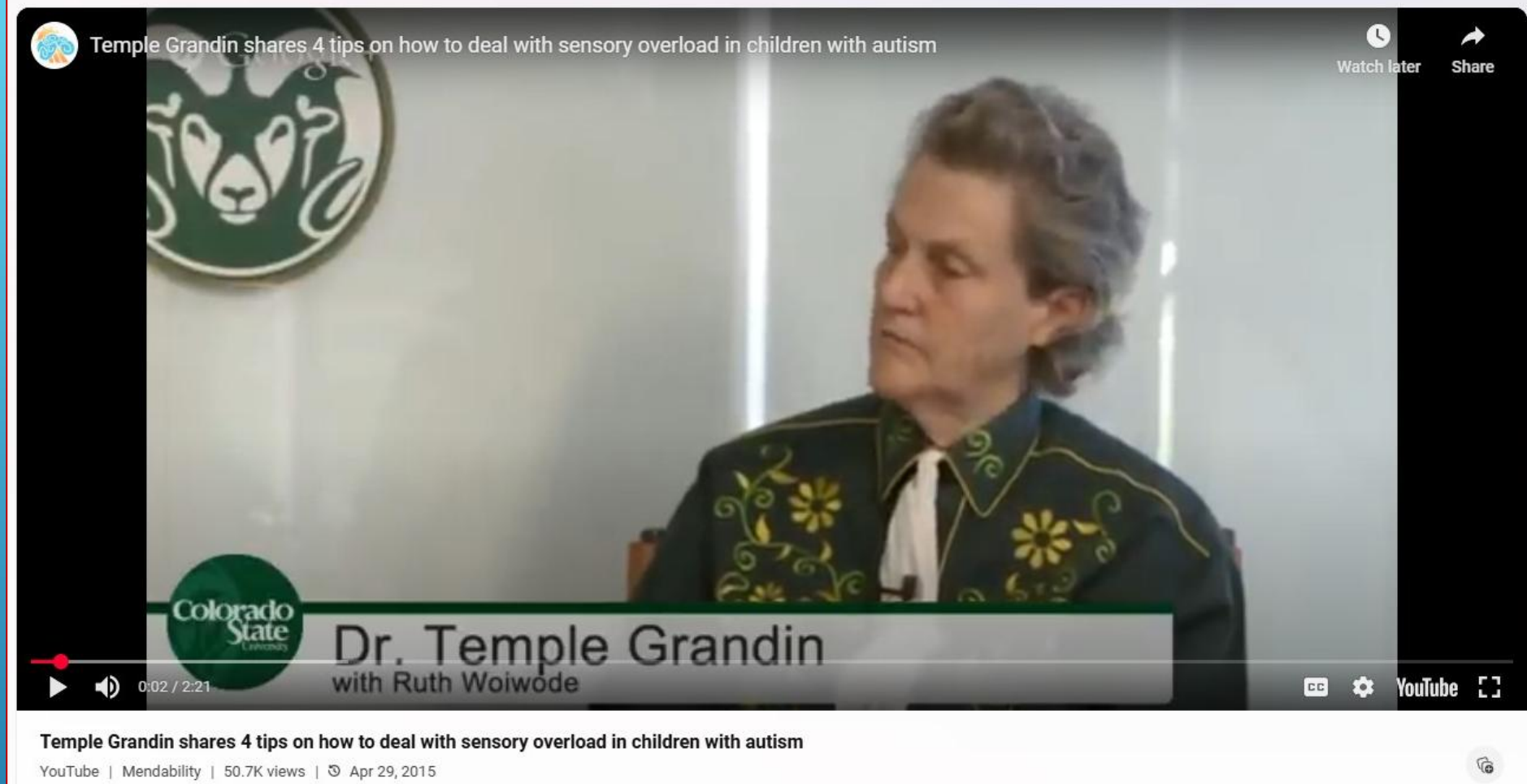
YouTube | American Health Journal | 385 views | Mar 18, 2017

# 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!”**



**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.”



**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!



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

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



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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!"





## 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>

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**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.

# Self-Help Tool for an ASD Person to Know How To Respond to Someone Else's Emotions:

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>What Do I Do When <b>You</b> Feel...</b> | <div><p><u>Feelings</u></p><p>→ Proud of an accomplishment</p><p><b>What it can look like (person w/o autism)</b></p><p>He smiles, express he finished a particular activity &amp; talks a little about it</p><p><b>What I need to do (person with autism)</b></p><p>Smile, give him a hug, &amp; say "I am proud of you!"</p><p>Ask ?s about accomplishment &amp; 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></div>                                                        | <b><u>ASD Relationship Tool</u></b> |
|                                             | <div><p><u>Feelings</u></p><p>→ Hurt</p><p><b>What it can look like (person w/o autism)</b></p><p>Scott becomes quiet &amp; isolates in room. He may cry, cover his head, or refuse to eat. His face has a frown on it.</p><p><b>What I need to do (person with autism)</b></p><p>Ask: "Are you ok?" &amp; "What is wrong?"</p><p>If I said or did something that upset him ask for clarification &amp; 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></div> |                                     |

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.

### Purging: I may be...

Overstimulated: What number of regulation am?

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

Anxious- What am I doing and thinking about?

If anxious I need to do relaxation techniques

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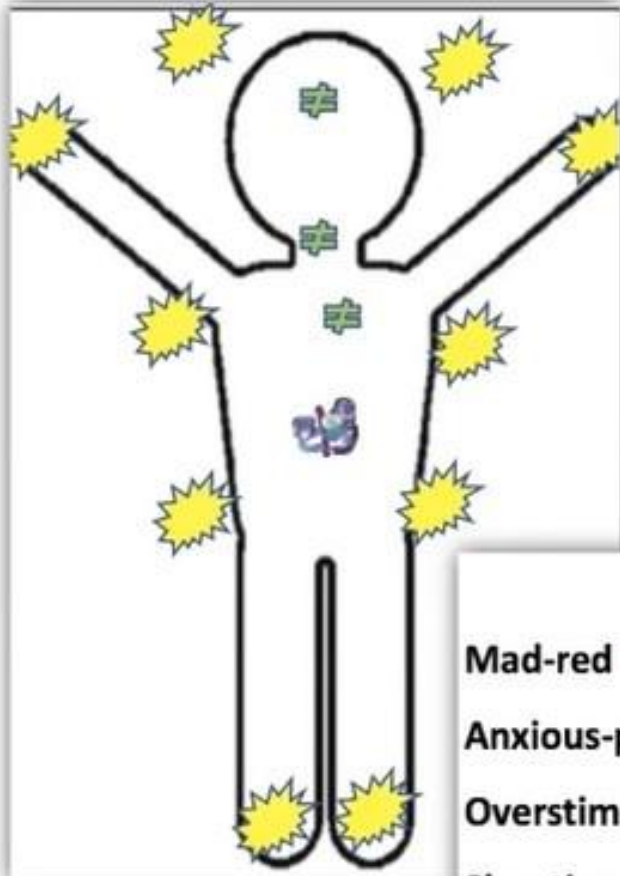
From Kim's husband: "That same class that Kim was talking about with the girl who only related sadness to death, they all had trouble with [labeling and identifying] these emotions. We asked them, "How many of you have ever been mad?" Interoceptive. That's what tells you you're mad. Everybody in the 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



| <u>Key</u>             |     |
|------------------------|-----|
| 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 Clairry 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.

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



## 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](http://www.zigguratgroup.com) (Ziggurat Model)  
[www.kelly-mahler.com](http://www.kelly-mahler.com) (Interoception)  
[www.paulakluth.com](http://www.paulakluth.com) (Inclusion)  
[www.judyendow.com](http://www.judyendow.com) (Self-Advocacy)  
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[www.drrossgreene.com](http://www.drrossgreene.com) (Problem Solving)  
[www.autismawarenesscentre.com](http://www.autismawarenesscentre.com) (Canada resources)  
[www.ausm.org](http://www.ausm.org) (Autism Society of Minnesota)  
[www.socialthinking.com](http://www.socialthinking.com) (Teaching Social Cognition)  
[www.zonesofregulation.com](http://www.zonesofregulation.com) (Emotional Regulation)  
[www.petervermeulen.be](http://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\*\*](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<br>Hitting my head                                                                                           | Take meds<br>Emily helps me to bed                                                                                                                                 |
| 4                 | Interrupted from project and need to pick up the girls. | -Interrupted from a project unexpectedly<br>-No plan<br>-Loud<br>-Routine changes<br>-People doing a lot of movement, talking | Confused<br>Don't know what is happening<br>Rushed | Laying on floor<br>Kicking<br>Yelling<br>Body tense<br>Clenched teeth<br>Squint eyes<br>Fists on ears<br>Tapping mouth | I need help at this level to initiate strategies. Strategies that help include...<br>-deep pressure<br>-my headphones<br>-a quiet place<br>-a plan with no choices |
| 3                 |                                                         |                                                                                                                               |                                                    |                                                                                                                        |                                                                                                                                                                    |
| 2                 | Emily interrupted me from my audiobook when in bed      | -Interruption of routine<br>-Talking from multiple sources                                                                    | Anger<br>Frustration<br>Annoyed                    | Not listening<br>Harsh tones<br>Covering ears<br>Closing eyes                                                          | -Turn off audiobook<br>-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.



## Number System

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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.

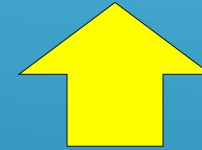
## Kim Clairry MS, OT (an adult with ASD):

“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](http://www.autismincontext.be)] 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.





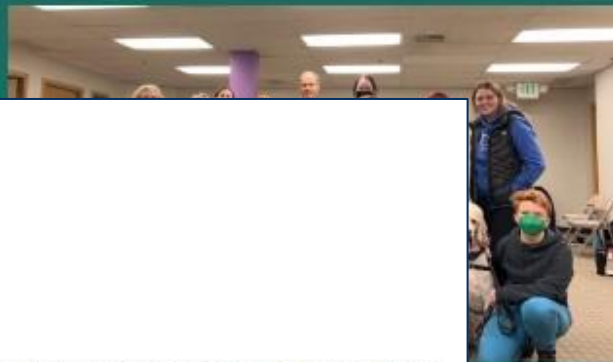
**Kimberly Clairry (ASD adult):** “When things are too loud, my vision gets blurry. I also get very uncoordinated. When things are too bright, the way things taste are different. Textures are different in my mouth. It is very important for me to incorporate all throughout my day sensory strategies, which 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

# 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.



# 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

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

**“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 – an adult on the Autism Spectrum):

- 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.





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## 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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Helping Autistic Clients Relate and Communicate through DIR/Floortime®:  
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Developmental Model That Works!  
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- Research repeatedly has shown that children in play enriched preschools have higher I.Q's at age 5 than children in academic enriched preschools

Play 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 ... ; [emotionally] 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. ”



“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





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## 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)



## 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.



# 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.

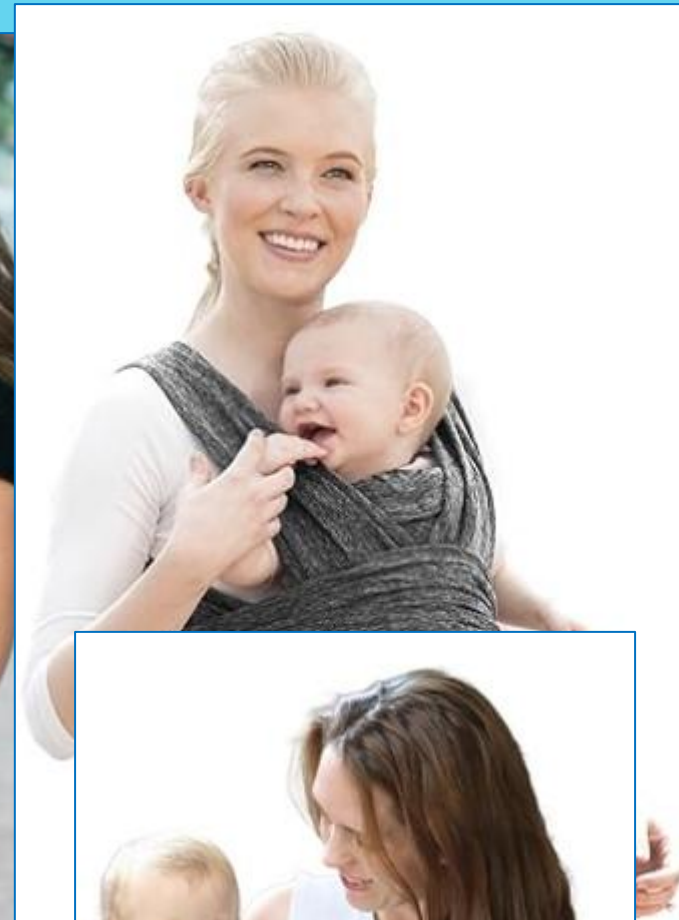


## Stimulation & Desensitization:

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, '**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 fifteen, 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 parents 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 surprises 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!"**





## = 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.





## About Ayres Sensory Integration®

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

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

**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



## Appendix C

### 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                                                                                                                                                                                                                                                        |

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                   | 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.



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 |



## Wilbarger Brushing Protocol (OT Brushing & Joint Compressions)



Watch later



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0:27 / 4:45



YouTube



## 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





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

★★★★☆ 28

\$180<sup>00</sup> 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/>

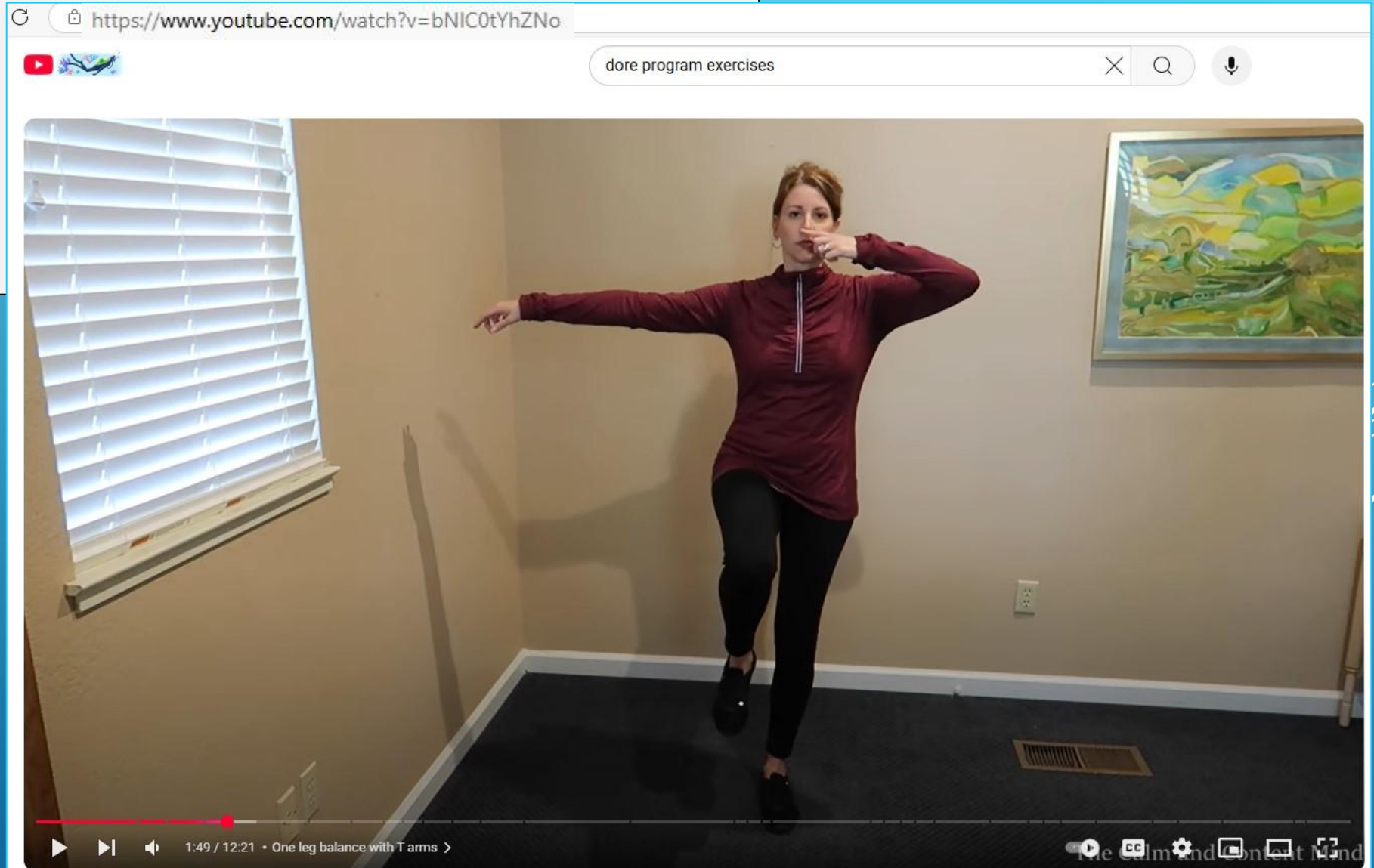
Crossing the midline research:  
<https://www.ncbi.nlm.nih.gov/pmc/arti...>

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

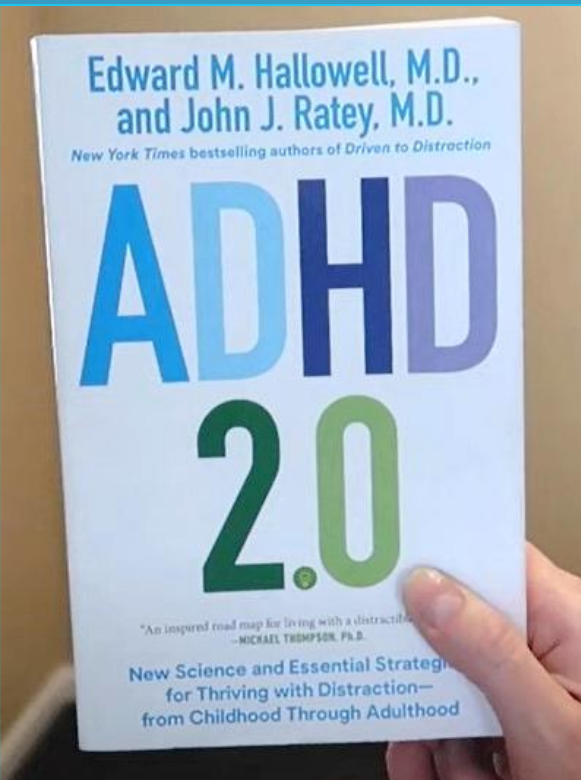
Here is more about Bal-A-Vis-X:  
<https://www.bal-a-vis-x.com/>

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:



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.



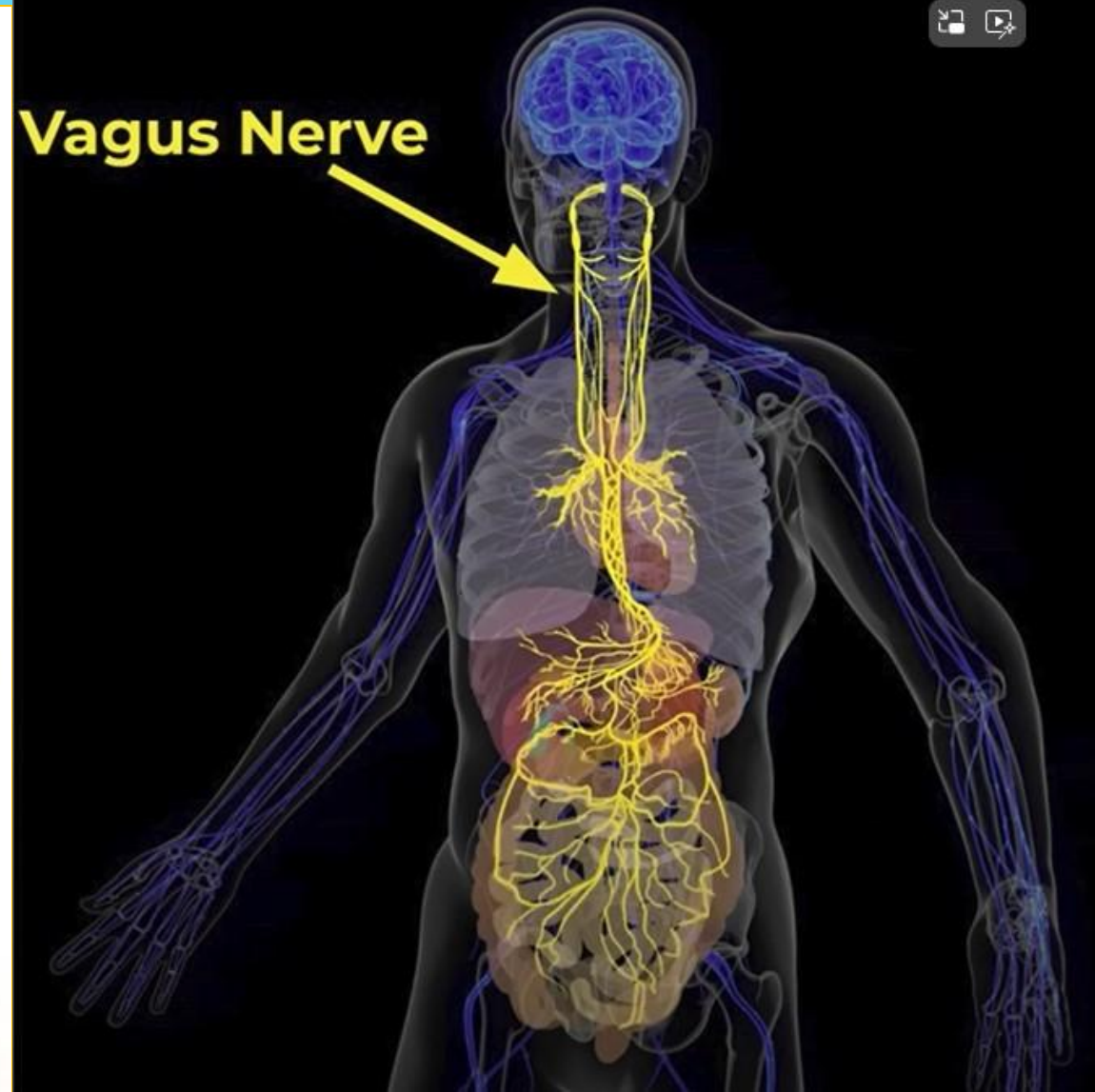
The sympathetic nervous system is responsible for the "fight or flight" response and increases alertness, energy, heart rate, and more.



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







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!**”

#### 4 Powerful Vagus Nerve Tools to Rewire Your Nervous System



Dr. Michael Ruscio, DC, DNM

144K subscribers

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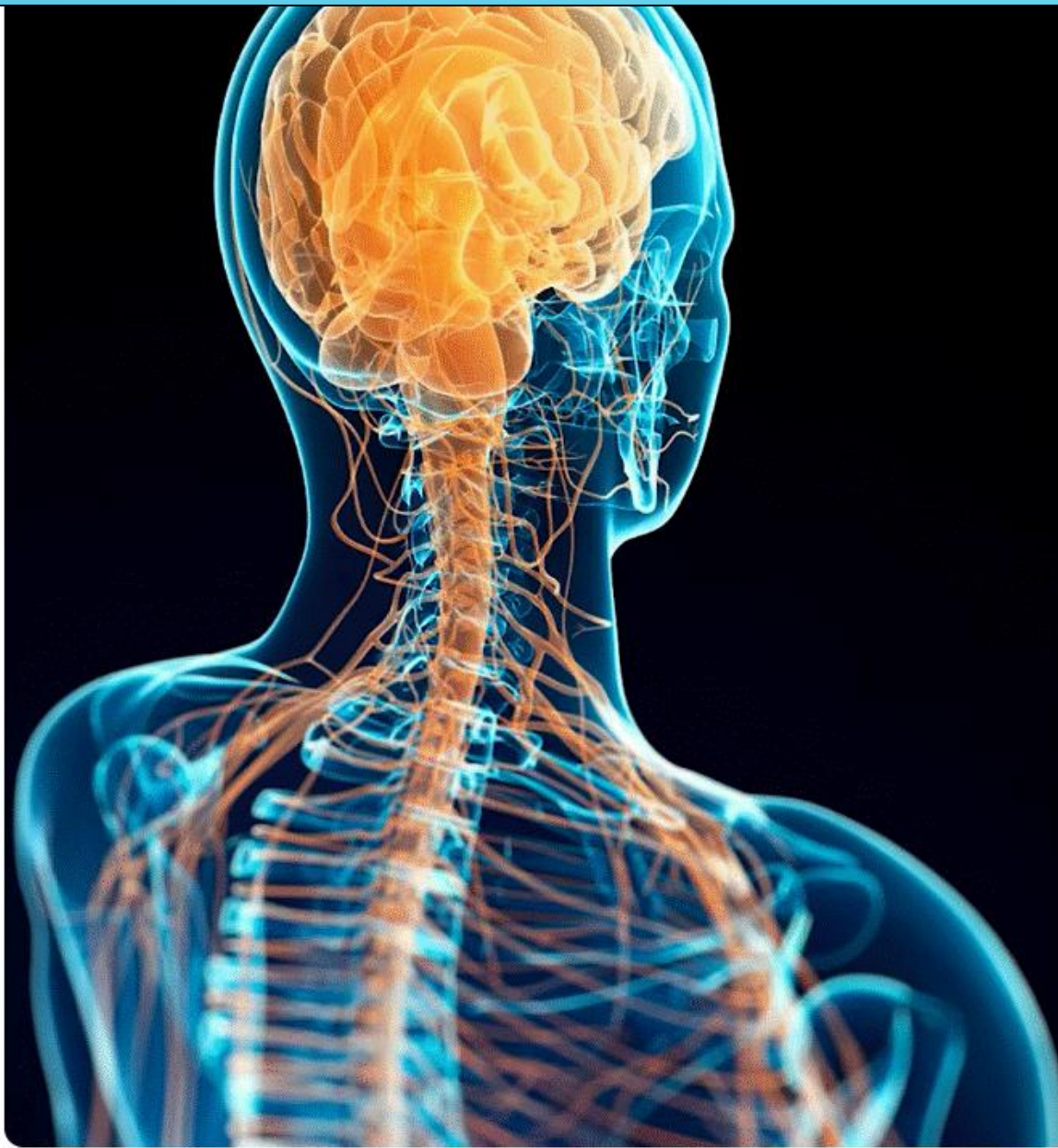


Ask



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## **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**



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Subscri

# Dealing with Aggression, Violence, and Threats of Violence

Three white diagonal lines of varying lengths are positioned in the bottom right corner of the slide, pointing towards the top right.



# Are Autistic Kids More Prone to Violence? ...

## The Short Answer:

“Yes, and No”:

**Yes**, because if an ASD person has difficulties with empathy, they tend to have *tremendous* difficulties with empathy (but, remember, many/most ASD people are quite altruistic).

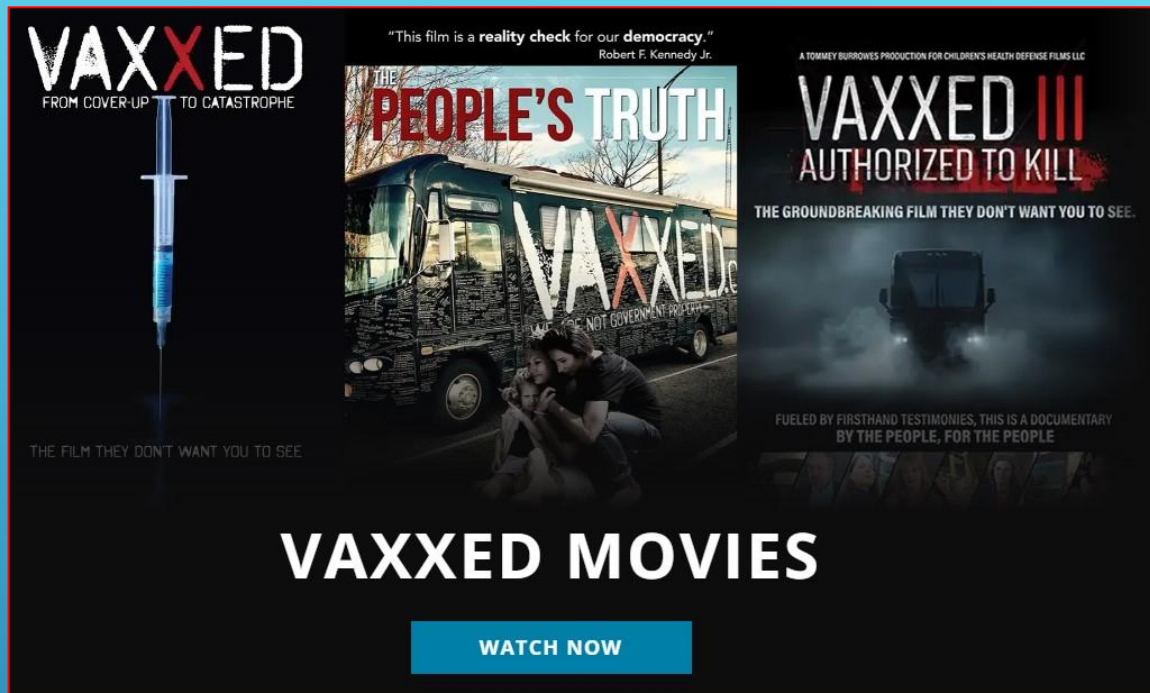
**No**, if the ASD has a sweet temperament and is someone who values doing things “right.”

## From Your Class Facilitator:

Dear parents, please keep in mind that the following material is meant to educate you, not to scare you or cause you to jump to false conclusions. The topic of the intersection of ASD and violence is a very complex one, just as the problem of deadly violence in neurotypical people can be very complex. For your own good, please do not use this material to make dire predictions about a loved one. It will also be important that you monitor yourself to make sure that you do not zero-in on one fact, one piece of research, or one statement and then use that information to jump to a solid conclusion or to make a dire prediction. As with all human beings, the two biggest predictors for future violence is (1) past violence/aggression, and (2) a person actually making threats to hurt or kill others. The main difference between neurotypical vs. neurodivergent (ASD) individuals will often be seen in the following, extreme example:

- If a neurotypical person threatens to kill someone, there are still times (not always, though) when that person might not feel very motivated to actually do it BECAUSE, for example, they know that someone else they love would be completely devastated by such an act – e.g., “I could never actually harm/kill \_\_\_\_ because my little sister loves them so much.”
- If a neurodivergent person (ASD) threatens to kill someone, they could possibly have fewer inhibitions BECAUSE, for example, they already struggle to grasp how their regular, day-to-day behaviors impact the people around them; therefore it could also be true that the impact of a murderous action on the people who would be affected by it would not register with, or come up in the ASD person's mind, at all.
- The best medicine is **prevention**. If parents don't want their ASD child to head down a path of violence, the best things they can do are: **Prevent trauma, identify and make the best use of their child's strengths and interests, get them connected with other peers on the Autism spectrum, make accommodations in the environment, and make sure that their child is not introduced to first-person-shooter games (and other gory and/or antisocial games where killing or harming people is fun, is rewarded, provides boosts in level, etc.) in the first place.**





“If you were not able to express your needs, your wants, your desires, your happiness and sadness and so on, **you** would become aggressive. That's often when we see the worst part of autism.”



# From: Mass Murderers and Shooters: Motives & Paths

By Mark Rose, BS, MA - a licensed psychologist and researcher in the field of alcoholism and drug addiction based in Minnesota.

**Head injury and brain dysfunction** are thought to be highly prevalent among mass murderers, with **10% being a conservative estimate** and considerably higher than in the general population. **Brain injury** may interact with adverse psychosocial factors to increase individual predisposition, suggested in the histories of Richard Speck, who sustained a head injury falling from a tree; Andrew Kehoe, who was in a coma for two weeks from a severe head injury sustained in a fall in early adulthood; and Charles Whitman, with severe headaches, changes in personality, and violent, intrusive ideation possibly from a large brain tumor found at autopsy [9; 13].

In mass shooters with psychiatric diagnoses, perpetration is motivated by long-standing, pervasive feelings of extreme anger, persecution, violent revenge, and severe narcissism, and **not by formal symptoms of the psychiatric disorder** [27]. These abnormalities reflect **character pathology** traits or symptoms of **personality disorders**, which **differ** from serious mental illness [26]. [In other words, problems with personality development are more causative than specific mental illness symptoms are].

**Personality disorders** are enduring, pervasive, inflexible patterns of [thinking, belief, and] behaviors. With typical onset in adolescence or early adulthood, these disorders of maladaptive attitudes, behaviors, and thought patterns remain stable over time. Such individuals **may conclude that violence is an acceptable or necessary response to their problems**, but they [i.e., some] are not disengaged from reality and are capable of logistical and rational processes necessary for long-term planning [26].

The umbrella term **“serious mental illness”** refers to psychoses, schizophrenia (including paranoid type), bipolar disorder, and severe major depression. **Active delusions and psychotic symptoms, such as command hallucinations, acutely elevate the risk of violent behavior, especially if substance abuse or cognitive impairments are present.** Some persons with serious mental illness who are **non-adherent to their medication** have a higher risk of violence, either against others or self-directed (e.g., suicidal behavior) [31]. Overall, however, persons with serious mental illness and other psychiatric disorders are **not** more violent than individuals without psychiatric conditions. Importantly, mass shootings committed during episodes of serious mental illness are **rare** [9].



# From: Mass Murderers and Shooters: Motives & Paths

By Mark Rose, BS, MA - a licensed psychologist and researcher in the field of alcoholism and drug addiction based in Minnesota.

**The role of autism spectrum disorder (ASD)** in mass shooters is controversial but significant and only recently identified [54]. ASD **alone** does **not** increase the risk for mass violence; this requires the presence of **additional factors** that interact with ASD features, such as deficits in social cognition and empathy, emotion-regulation deficits, intense restricted interests [of a violent nature] [57; 58] ... [as well as the presence of specific complaints and grudges]. A history of childhood neglect or abuse **correlates** with later criminal behavior. **Comorbid psychopathy with ASD** is rare but potentially very serious and a significant **violence risk and threat assessment issue**. At first assessment, it may be difficult to distinguish between the two because **lack of empathy** is characteristic of **both** disorders, but the underlying reasons differ [54; 57; 59; 60]. An **increased intensity of preoccupations with disturbing or violent content** is a possible warning sign [43].

**Research suggesting ASD may be over-represented in mass shooters** was investigated using the Mother Jones database of mass shootings (as noted, defined as at least four deaths in a single event). Evidence of ASD was evaluated in **75 cases**, and **8%** of perpetrators had a pre-event **ASD diagnosis**; this increased to **9%** after adding Elliot Rodger, the Santa Barbara mass shooter [43]. **An additional 21% of the cases had ASD traits or symptoms** [43].

\*\*

\*\*

\*\*

Because ASD kids have a more difficult time with developing empathy, warm attachments, and appropriate feelings of guilt when wronging others, it is even more important to limit or prevent:

- Free, unsupervised access to the internet. Any parent who allows this for *any* teen is asking for trouble!
- Free access to and obsessive use of first-person shooter games.
- Pornography of any kind, but especially child- and/or violent-porn.
- Horror films, especially those with lots of blood and gore.
- Media sources that promote violence and/or simply contain a lot of angry or rageful content.

# From: Mass Murderers and Shooters: Motives & Paths

By Mark Rose, BS, MA - a licensed psychologist and researcher in the field of alcoholism and drug addiction based in Minnesota.

THEMES IN PRE-ATTACK COMMUNICATIONS OF 12 MASS SHOOTERS

| Theme                    | Description                                                                                                                                                                              |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nihilism                 | An extreme form of self-centeredness<br>An utterly intolerable narcissistic injury becomes nihilistic—nothing matters, everything is meaningless                                         |
| Ego survival and revenge | The seeking of vengeance as a way of broadcasting one's pain                                                                                                                             |
| Heroic revenge fantasy   | The conviction that, by performing an act of violence, an individual will be freed from persecution                                                                                      |
| Pseudocommando mindset   | A cognitive perspective incorporating innate distrust and a persecutory worldview, creating a combination of narcissism and paranoia with persecution, envy, and obliteration            |
| Entitlement              | A dimension of destructive narcissism with extreme lack of empathy, whereby the individual feels he or she has a right to what others have and is thus justified in engendering harm     |
| Envy                     | An aspect of pathologic narcissism whereby the individual not only wants what others have, but is willing to destroy their enjoyment of the coveted thing or the state of this enjoyment |

Source: [28; 29; 46; 86]

Table 1

These are, of course, themes to be aware of. If your child is writing or saying things containing these extreme themes, you may want to remove potential weapons from your home. Also, any threats can be reported and a charge filed.



# From: Mass Murderers and Shooters: Motives & Paths

By Mark Rose, BS, MA - a licensed psychologist and researcher in the field of alcoholism and drug addiction based in Minnesota.

**The consumption of violent media**, in particular violent first-person shooter video games, has been suggested as a factor contributing to a likelihood of committing violent acts. The shoot-to-kill style of first-person shooter games is considered highly arousing and violent. This theory can be traced back to Columbine shooters Harris and Klebold, whose writings indicated they had used the video game *Doom* to prepare for their attack. Similarly, Anders Breivik claimed to have used the video game *Modern Warfare 2* during his preparation phase [71]. There is some evidence that exposure to media violence is a **risk factor** for aggressive behavior in youth, including violent criminal behavior [72]. However, other studies have found **no link** between video game violence and aggressive behaviors or reduced empathy in youth [73]. There is even **less evidence** of effects on adults, including adults with ASD [74]. It is important to note that **most video game players do not commit violence**, and **most mass shooters have no documented history of violent media consumption**.

But ...

Consider a game like **Grand Theft Auto**, where players can wreak acts of violence and destruction at will. The game is full of violent and antisocial themes. *A Longitudinal Study of Risk-Glorifying Video Games & Behavioral Deviance* by Jay G. Hull:

- **Tracked** a group of kids for 4 years playing Mature-rated games.
- **Hypothesis**: Games can alter self-perceptions of personal characteristics, attitudes, and values with broad consequences for behavior. Note: I had a Dungeons & Dragons friend in college who legally changed her name to her character's name.
- **Results**: Playing Mature and violent MRRG games was associated with increases in ALL measures of behavioral deviance:
  - Antisocial behaviors including violence, sexually inappropriate behaviors, disregard for the boundaries/property of others, thrill-seeking, rebellious attitudes, and affiliation with deviant peers.
  - **How might we predict these games would potentially impact ASD youth who tend to have less empathy, etc.?**



Now, there was questions also surrounding some, when we talk about preferences or specialized interests or your jam,\* if we have a jam that maybe is **more violent or disruptive or concerning, how do you recommend that providers manage that?** And is there a way to still use **strengths from that interest, but maybe turn it into something that's a little bit less violent?** Well, when I hear the term aggressive or violent, I really need to know what's going on specifically. In some cases, it literally, and I'm not dismissing the urgency and the importance of that question, but in some cases **I see kids being called aggressive or violent simply because of motor control issues.** They push somebody, they want to get somebody's attention, it looks like they're slapping them [REDACTED], or [REDACTED] it might be a fight or flight reaction. So if you startle a person by putting **your** hand on **their** shoulder or calling 'em by name, you might get **smacked or hit.** So I'm trying to think of the relationship between the violence and what is the interest or the talent. Now, I will tell you this. We did interview a mom and a young man on our podcast. We have a segment called Enthusiasms, and his passion was Rocky movies and what his parents helped him do, and when we interviewed him, he was 11, I think he's 13 now, is they literally set up a punching bag in the basement, and when he would get frustrated, that's when he would start punching things and punching people. And literally they helped him to understand that if he felt that way, he could go downstairs and punch the punching bag **and pretend like he's rocky.** He memorized all the lines from the Rocky movies. So again, that's a good example I think of we need to know more. You can't answer that question in a vacuum. [REDACTED]

## 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](http://www.barryprizant.com)  
[www.SCERTS.com](http://www.SCERTS.com)  
[www.uniquelyhuman.com](http://www.uniquelyhuman.com)

\* "Your jam" is just slang for your specialized interest, like asking, "What's your favorite thing to do?"

This transcript is a discussion between the PESI.com Symposium moderator and Dr. Prizant.





Rebecca Ward · 31w

I have an asd and adhd 15 yo son and believe me when he gets aggressive asd and adhd or not i take things away from him that mean something to him like his consoles yes it causes further outbursts and anger issues but he soon learns that he will not get what he wants behaving in that manner.

Yes the nhs and the system are useless and do not help parents in these positions but I also think parents and the way in which they handle matters can deeply change how these children behave. They may be autistic they may have pda like my boy BUT it is NO EXCUSE for them to behave in this manner!!

There are many different ways to try to handle such situations believe me I know it's far from easy you feel like you've tried everything humanly possible but **standing your ground as the parent and not letting them control the situation is THE biggest thing you can do and stand firm don't back down make them aware they are not the one in charge that YOU the parent are!!** This has been by far the best thing to help with my asd son who has pda in the family home.

"PDA": Pathological Demand Avoidance



Reply



548

# What to Do When Your Child Exhibits Dangerous Behavior

Learn strategies to address challenging behaviors. In some instances, outbursts can be handled within the family; that is, the parents' intervention may be enough to keep the child stable and the family secure. But in other cases, the behavior can be so extreme that parents need additional support. We developed this guide to help families get the support they need.

This guide will answer the following three major questions:

1. When should families seek help?
2. What should parents do when their child is exhibiting dangerous behavior?
3. Where can families obtain additional support?

[Download PDF version](#)

[https://ocali.org/dangerous\\_behavior\\_guide](https://ocali.org/dangerous_behavior_guide)

## What to Do When Your Child Exhibits Dangerous Behavior



## Thinking about the previous slide:

**NO CHILD**, Autistic or not, has the maturity to be able to actually handle having **all the power and control in the household**. While it may seem “best” or “safest” to let an out-of-control child have their way without consequences – especially if you believe your Autistic child is incapable of learning from consequences – there is no research that supports this idea when it comes to looking at positive versus negative outcomes. Kids who “run the show” often FEEL out of control and often FEEL like having power and control is the answer to their problems ... but it’s not. How could it be, since outwardly destroying property, hitting people, and being verbally assaultive cannot possibly solve their core problems and issues?

While aggressive behaviors do need to be dealt with in the moment, including sometimes needing to bring in Law Enforcement, most experts agree that the “answer” for these behaviors lies in a multifaceted approach that starts off by asking the question: “Which factors are overwhelming the child? Which skills do they still lack? Which accommodations and supports do they need?” ... and, yes also, “Which parent

## What to Do When Your Child Exhibits Dangerous Behavior

---

[www.OCALI.org](http://www.OCALI.org)

... behaviors and attitudes might  
also need to be tweaked?”

**Meltdowns? High anxiety? Extreme/Explosive Behavior?**

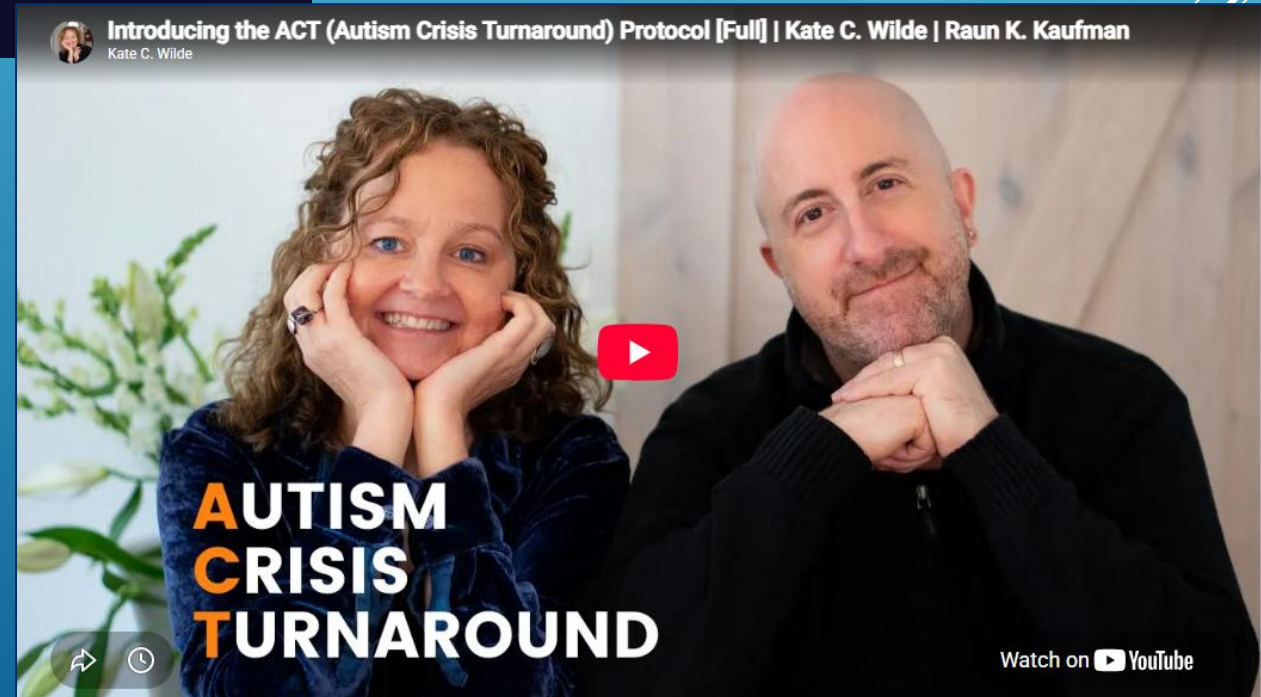
<https://www.safetoconnectapproach.com/home-new>

**We have your way out.**

# ACT

**Autism Crisis Turnaround**

**Start your Autism Crisis Turnaround now**







**Autism Crisis Lifeline Instant Mini Course  
and  
Autism Crisis Turnaround Live Rescue Course**

with Kate C. Wilde and Raun K. Kaufman

## The Autism Crisis Turnaround live rescue course

Well done!

Way to make the decision to take **The Autism Crisis Turnaround live rescue course!!**

And, guess what? We are also going to give you immediate access to the *Autism Crisis Lifeline* instant mini-course for **FREE!** (No strings attached here. We just want to give you the chance to get started on making your life and your child/adult's life better right away.) In this additional course (regular price: \$75), you will learn:

- The 7 causes of crises
- The truth about autism
- The first step to eliminating Crisis Intensifiers
- One key question you can ask yourself to circumvent the fear, frustration, and stress that triggers your child/adult's sensory overload
- 3 Lifeline Launchers: Steps you can take right now to calm things down, lower the temperature, and make an impact

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## 6 Steps: To resolve triggers and help Children Self-Regulate

1. Validate with Compassion and Empathy: Identify child's perceptions/gain insight into how child's brain processes/functions and what is upsetting them. Embrace their perspective.
2. Team: Identify Needs of the child and the environment. We're all in this together!
3. Provide the child with Choices and explore Pros and Cons.
4. Problem-Solve ways to meet everyone's needs and make appropriate accommodations.
5. Pace the process to match their ability to cope with the expectations appropriately.
6. Model and teach positive problem-solving and coping skills.

On what do therapist agree? Assessing therapist evaluations of *emotion regulation* strategy effectiveness

Southward MW, Wilson AC, Cheavens JS (2020).

► N=582

► General consensus that **problem-solving** is the most effective emotion regulation strategy.



**Meltdowns** (by Dr. Mark Bowers): “Once a child’s nervous system is fully activated, logic, lessons, and control are no longer available. And yet, this is the moment that parents are often told to fix it, de-escalate it, or make it stop. Here’s the issue: When a brain is in **full survival mode**, intervention can actually prolong the storm [through the use of] too many words, too much direction, [too many demands, and] too much urgency [which] keeps the nervous system running hot. So, here’s what we can do:

- First, recognize when regulation is no longer possible. Your job shifts from stopping the reaction to keeping everyone and everything safe.
- Reduce input: Fewer words, slower movements, neutral tone, [and ‘soft’ eyes].
- Allow the wave to crest and fall [or ‘come to shore’ naturally].

Holding the space means changing your role. You’re no longer the **Fixer**, you’re the **Anchor**. Your first job is to regulate *your* body, slow *your* breathing, lower *your* voice, and soften *your* face. A calm nervous system is contagious” ... and NECESSARY.

- Next, reduce stimulation without disappearing. Stand nearby but don't crowd. Fewer words are better than better words: No lessons, no logic, and no negotiating. If your child needs reassurance, use short and predictable phrases, like, "I'm here," "you're safe," and "this will pass." Then PAUSE.

Your goal is safety [and non-coercive de-escalation], not compliance. Move objects if needed. Create space.

**Protect bodies, not rules.** And remember, big emotions burn off faster when they're not being fought. In the moment, **your [calm and supportive] presence IS the intervention.**



# Anger, Personality Development, & Violence:

## Some additional things to keep in mind:

- Most kids who become violent hurt others **because of** hurt, anger, feeling overwhelmed, feeling powerless, feeling hopeless, not knowing what else to do, fear, and even self-hatred.
- On the other hand, some kids have gotten to a point where they actually **fantasize about** hurting or killing others. These kids often have trauma histories of their own, feel rejected, feel isolated, feel hopeless, and can't see any of these problems getting better. In these cases, yes, parents must do all they can to protect others in the home and in public while making sure their child is in therapy and has little or no periods of not being supervised. So, what can parents do besides “play defense” and “act like a police officer in my own home”?
- Read the book by Howard Glasser, ***Transforming the Difficult Child***. Learn **The Nurtured Heart Approach** and use it every day.
- **Wean them off of** all violent, gory, horror, and other similar forms of antisocial “entertainment” media.
- Get your child into **therapy**. If your child has experienced trauma, find out about **EMDR** treatment.
- Work with **AutismCincy.org** to get your child hooked up with same-age peers with Autism. Check out their **“Teen Connections” opportunities** for teens ages 13 – 17. Increase your child's pro-social activities.
- Talk with the **Linden Grove School** for Autism about possible attendance: **513.984.2272**; [info@lindengroveschool.org](mailto:info@lindengroveschool.org). It's possible that **mentoring** opportunities might exist through them, too.
- Go to **TACA.org** and see about what kinds of local **parent support groups** are available.
- Talk with **KidPower** in Milford, Ohio, to see what kinds of **socializing opportunities** parents of other Autistic children are having their ASD kiddos engaging in. KidPower can be a great place to **network**.
- You don't condone their hurtful words or behaviors, but even while dealing with these things, communicate **unconditional love and support** every day.
- Discover their **interests and strengths**, then use these things to develop fun social connections, etc.

- Address **other mental health concerns** that might be present. Sometimes **medication** is helpful or needed.
- Go to <https://clermontcountyohio.gov/Clermont-county-juvenile-community-resource-center> and then go down to where all the links for the Autism class handouts are listed. One of those handouts is a **recipe** for probiotic yogurt that reintroduces the healthy bacteria, *Lactobacillus Reuteri*, to one's gut flora. This yogurt can be made at home, and can be sweetened-up with fruit and/or honey. The idea here is that tons of research shows that improved gut health directly correlates with improved mood, less irritability, and fewer and/or less intense meltdowns. In other words, restored gut health reduces many negative mental health symptoms. Other probiotic supplements may be helpful as well.
- Go to <https://beacons.ai/allforthechunchy> and learn about **heavy metal detoxing** and **parasite cleanses**. These supplements do require some financial expenditure, but there are certainly other websites that teach you how to use natural herbs for the same purposes. Go to the **curriculum link** found at the Resource Center's webpage, listed above, and then go to the sections of the curriculum entitled, *Understanding the Brain-Gut Connection in Autism* and *Can Autism be Cured, Healed, or be Made Less Severe?* in order to do some more of your own research. Use the curriculum's *Success Stories* section as a starting point for inviting your child to do some research on adults with Autism who have crafted adult lives that are full of meaning, purpose, connection, and joy. Help them to discover an adult with Autism who can be their **role model** and who can, perhaps, even become their hero.
- If your child is highly skilled with English/writing, see if they can **start their own** writing club through one of the organizations listed above; or a Math club. Clubs should have at least one healthy and positive adult mentor/leader.
- **Remind your child every day** that they are not "broken," "disordered," "bad," "defective," "weird," or "damaged" but that the world needs their gifts, and your desire is to help them develop those gifts so that everyone, including your child, can celebrate them!



- If your child hurts someone at home or elsewhere, or if they are holding the entire family hostage through intimidation with their threats to hurt or kill family members, you must be willing to **press charges and follow through**. It is better for your child to deal with the Juvenile legal system now instead of waiting and seeing them ending up in the adult legal system.
- **Equine-Assisted Psychotherapy (i.e., Hippotherapy)** or **Equine Assisted Learning** – through Redemption Ranch in Goshen, or Cincinnati Therapeutic Riding and Horsemanship in Milford – can be wonderful resources. Many troubled and struggling kids have found healing through these incredible interactions with horses. There may be other facilities in the area offering EAP and/or EAL services.
- **Gradually replace excessive screen time** with more prosocial activities and interests that don't involve playing games with other people online – “But Mom, I'm playing this game with Jimmy in California!” doesn't count as social interaction. Possibly check out the “**Mightier**” social-skills-development games listed in this curriculum as a possible form of electronics-based-learning that has a social skills payoff.
- Is there a **form of art** that they do enjoy or might enjoy? The sky's the limit!
- Engage in a **daily “Huddle”** with your child where they know they have, for 15 minutes or longer, your undivided attention. Use this time to make sure they feel heard and, as much as possible, understood and validated. You can't validate unhealthy or toxic things, but there's a lot you can validate, even if it's just their (imperfect) efforts to feel better, problem-solve, deal with stress, etc.
- Help them to **develop expertise in something**, and to then start using to benefit others ... free of charge.
- **Partial Day Treatment programs** (such as through Children's Hospital's Eastgate location) might help to provide your child with some therapeutic benefits over a 4-6 week period.
- Don't talk about making sure your child can be “independent” by age 18, rather, focus on **skill-development and readiness, with ongoing support**. Most kids balk at the idea of learning new skills that, to them, are boring ... which is why even teenagers need to learn new skills in the context of having fun. Talk with other parents and therapists to get ideas and, most of all ... **NEVER GIVE UP!**